

Advancing Mental Health Equality Collaborative

Phase 1: Starter pack



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1. Introduction

1.1. About the AMHE Collaborative

The [Advancing Mental Health Equality \(AMHE\) Collaborative](#) is a 3-year programme, run by the National Collaborating Centre for Mental Health at the Royal College of Psychiatrists. It supports organisations to implement the [AMHE Resource](#) using a quality improvement (QI) approach. The programme offers flexible support to organisations by providing participating organisations with:

- dedicated QI Coach support
- national learning sets
- access to experts in inequality and co-production
- access to a network of teams working to advance mental health equality

The programme is split into three phases:

Phase 1: Identifying populations and designing QI projects

Phase 2: Testing and scaling-up changes

Phase 3: Sustaining changes

1.2. What's in this Phase 1 Starter Pack?

This starter pack describes the process of working through phase 1 of the AMHE Collaborative (shown on the timeline on the right).

Different organisations will begin this work at different stages, and QI Coaches will work with teams to ensure this process is applied in a flexible way that works best for each organisation.

Each section of this resource contains helpful resources for you and your team to use, as you progress through this phase.

AMHE TIMELINE (PHASE 1)



Helpful resource: Additional resources and information are available from the [AMHE Collaborative webpage](#) and your QI Coach.

2. Requirements for teams

When taking part in the AMHE Collaborative, each participating organisation will form a team that will be responsible for leading the work. Below are the key roles required for a successful AMHE project team.

2.1. Senior sponsor

A senior sponsor is an executive who will promote and support the work. We suggest that this is someone at Director level, who can help unblock barriers, champion the work within the organisation and help engage partners.

2.2. Project leads

If you haven't already done so, you will need to identify someone from your organisation who will lead your AMHE work. They will need dedicated time to establish and lead the project team, including time to plan and hold regular project team meetings.

Helpful resource: See our [Roles and Responsibilities](#) for further guidance on the role of project lead.

Initially, **project leads** will be responsible for forming the project team ([Milestone 1](#)). Once your organisation has **identified which populations** they will focus on for the work ([Milestone 2](#)), a process guided by their QI Coach, a **sub-team** to lead the work for each population will be formed ([Milestone 3](#)). Sub-teams will then report to the overarching team, as they progress through the rest of the milestones in Phase 1.

2.3. Project team members

Members of both overarching project teams and sub-teams will help move the work forwards, with everyone being responsible for taking on actions so that progress is made between each meeting. It is important that your project team includes people with lived experience from the start.

Helpful resource: See our [Roles and Responsibilities](#) for further guidance on roles for team members.

2.4. Dedicated time

Teams will need time for regular team meetings, which will help keep momentum with the work. We suggest a 1-hour meeting every other week.

Having regular meetings in the diary will ensure that the team meets with their QI Coach who is guiding them through the process. Having additional protected time for project leads is important so they can plan upcoming meetings with the support of their QI Coach and have the headspace to think about next steps for the project.

The project lead and team members will also need time to attend quarterly in-person, 4-hour learning sets at the [Royal College of Psychiatrists in London](#).

2.5. Other support

Project leads and senior sponsors should consider what additional support or resource is required for the project. For example, it will be helpful to consider roles such as, business administrators, team administrators or members of the organisation's QI team.

3. Milestone 1: Forming an overarching project team



Below is a list of roles to consider including in your project team, which we think will help provide fertile ground for success. This list should be used as guidance and is for you to customise as needed:

- Senior leaders in your organisation (they should have insights into and experience of equality issues within your organisation, and enough authority to drive this work forward)
- People with lived experience, their families and carers
- Integrated Care System (ICS) colleague representation.

- Key stakeholders (you may have local key stakeholder groups you'd like to bring in to the team from the start or once you have identified your populations of focus)
- Other members of your organisation with expert knowledge of equality issues

The table below lists the roles that three organisations included to make up their project teams, to give you an idea of the range of roles that participating trusts have found worked for them.

Norfolk and Suffolk NHS Foundation Trust	Southern Health and Social Care Trust	Somerset NHS Foundation Trust
<ul style="list-style-type: none"> • Chief Medical Officer (senior sponsor) • Medical Director for Quality (project lead) • Senior People Participation Lead • 2× service users/experts by experience • In-House QI Coach • Senior Lecturer at University of East Anglia with interest in inequalities • Head of Research • Director of Communications • 3× GP Clinical Leads/ Inequalities Lead • Head of Employee Experience • Equality Diversity and Inclusion Lead 	<ul style="list-style-type: none"> • Chief Executive Officer (senior sponsor) • Director of Mental Health and Disabilities Services (senior sponsor) • Consultant Psychiatrist (project lead) • Associate Medical Director + Consultant Psychiatrist • Assistant Director of Disability Services • Lead Nurse, Mental Health and Learning Disability Division • Lead Nurse • Director of Nursing • Service User Consultant 	<ul style="list-style-type: none"> • Medical Director (senior sponsor) • Consultant Psychiatrist (project lead) • Service Director for Mental Health and Learning Disabilities • Head of Patient Safety and Learning • Inclusion Lead • Recovery Partner • Community Mental Health Team Manager • 2× experts by experience • Equality, Diversity and Inclusion Lead, Somerset Integrated Care Board • Health Promotion Manager, Somerset County Council • Nurse, Open Mental Health • Head of NHS Collaboration, Rethink • Co-Production Manager, Rethink • Health Champion and Mental Health Hub Coordinator, Spark Somerset

Helpful resource: [Forming a multidisciplinary overarching project team](#)

4. Milestone 2: Identifying populations



The project team will play a key role in identifying the population(s) you want to prioritise in your AMHE project. It is important that people with lived experience participate in all stages of the process.

The four steps below are a guide, but it's important to note that the process may not be linear for teams, particularly if several populations are identified. QI coaches will support your project team through all of the steps.

4.1. Identify populations

First, the project group identifies local populations who experience inequality in outcomes, experience, and access to services. Here are some questions to support the project group in identifying potential populations:

- Who is not thriving? Who is at the edges?
- Where is there will and urgency to collaborate and do something different?

If the group identifies more than ten populations, it may be helpful to shorten the list to less than ten populations before you move to the next step. To do this, consider whether there is overlap between populations, and find out if there are any significant projects already underway in your organisation for a particular population (to avoid duplication).

Helpful resources:

- [AMHE resource](#) – on page 6, Box 2, you can find a list of characteristics that may increase the risk of experiencing inequalities
- [Learning set 2 recording](#) – Presentation 1: Identifying populations (Norfolk and Suffolk NHS Foundation Trust)

4.2. Collate and review information for each population

- Is there will and urgency to undertake AMHE work on this population? Why is there urgency?
- Is work already being done, either within your organisation or partner organisations?
- Are there existing relationships with key stakeholders?
- Is national and/or local data available?

Helpful resources:

- [Mind Area Dashboard](#)
- [AMHE resource](#) – pages 14–17, Table 2: Data sources for understanding the local population; page 20, Table 3: Data sources on mental health service use

4.3. Prioritise one to three populations

There are different ways that your QI Coach can support the project team to identify populations by consensus. One approach is to give everyone the opportunity to vote and rank the populations they think should be focused on as part of your AMHE project, taking into account any learning from ['4.2. Collate and review information for each population'](#) (above) and have a structured discussion to reach consensus.

Your first population could be one where data is available, some work is already being done and relationships are already established. This will give the project good traction, and you can learn how QI will be applied.

While you are establishing your first population, you can start to focus on another population – taking initial steps such as gathering data and building relationships with people or organisations that you may want to partner with.

Helpful resource: [Learning set 3 recording](#) – Presentation 2: Establishing your population needs in the absence of reliable data (Somerset)

4.4. Define each population

Each population needs to be clearly defined. The better you can define them, the more you can understand their needs and assets, and start to test out ideas with them.

You may be able to define the population(s) using the data and information collected and reviewed in the two sections above (['4.2. Collate and review information for each population'](#) and ['4.3. Prioritise one to three populations'](#)).

If you need to collect additional information to narrow down the focus, this can be done as part of the three-part data review (see [Milestone 4](#)). For example, you can use one or more of the characteristics below to describe the population segment of interest:

- Service user or potential service user, or type of service user (for example, inpatients)
- Demographic factors (age, gender)
- Disease burden (numbers or types of conditions)
- Patterns in service use (number of acute visits, medications)
- Geography (neighbourhood)
- Social factors (income level, housing status, ethnic background)

Examples of populations defined by teams already participating in the AMHE Collaborative include:

- adults with a serious mental illness who require an interpreting service
- young Black men accessing [IAPT \(Improving Access to Psychological Therapies\) services](#)/talking therapies
- Korean community
- Gypsy, Roma and Traveller communities
- asylum seekers and refugees
- women veterans

5. Milestone 3: Forming sub-teams



Once a population is identified, the project team will set up a sub-team to focus on that population. They will be responsible for delivering the QI project and reporting progress to the project team.

You will form a sub-team for each of the populations you focus on. You can either identify all populations at once and then form the sub-teams, or identify one population and establish the accompanying sub-team before identifying your next population(s).

The sub-team and project team will be supported by a QI Coach throughout the duration of the AMHE Collaborative. Your coach will work with you to ensure that the set-up of sub-teams and delivery of QI projects are as smooth as possible.

5.1. Composition of the sub-team

A sub-team may be comprised of:

- a sub-team project lead
- people with lived experience who are from the identified population
- staff members involved in the delivery of relevant services
- representatives from local community groups who work with the identified population

Creating sub-teams that represent the population you wish to work with will help enable communication, dialogue and the building of relationships with communities. It will provide a space for meaningful engagement and co-production.

Helpful resources: The National Collaborating Centre for Mental Health have produced helpful tools and resources on co-production, the [Working Well Together: Co-production in Mental Health Commissioning](#) provides guidance on how you can do this effectively.

NHS England have also recently published guidance on working with people and communities [Working in partnership with people and communities: statutory guidance](#).

5.2. Frequency of sub-team meetings

It's important that sub-team members have the capacity to meet regularly (we suggest every 2 weeks) and work on tasks outside of team meetings. Sub-group team members will be expected to attend regular team meetings, and contribute to the scoping, design and testing of the work using QI methods.

Helpful resource: The AMHE Collaborative [QI Roles and Responsibilities](#) document outlines the various roles of the sub-team lead, sub-team members, overarching project team lead and senior sponsor on the AMHE Collaborative from [Milestone 3](#) onwards. You can send it to sub-team members when the team is formed.

5.3. Role of the project team

Once the sub-teams are in place, they will take over the running of the QI projects, and the project team will be less involved on a day-to-day basis. At this stage, the project team will take on a governance function and support the delivery of the QI project by:

- securing resources for the projects
- ensuring relevant teams or groups across the organisation are aware of the ongoing projects
- providing senior support when needed

Helpful resource: You may find it helpful to develop, or review existing, terms of reference for the overarching project team at this point. This can help to ensure that everyone involved is clear on the differing roles of the overarching project team and the sub-team. A helpful example is the [Terms of Reference](#) the Avon and Wiltshire Mental Health Partnership NHS Trust AMHE team created, to help guide their team.

6. Milestone 4: Three-part data review



A three-part data review will be carried out for each population and will be led by the sub-teams.

An important aspect of beginning the journey to advance mental health equality for your chosen populations is to ensure that you understand the experiences, needs and assets of those groups of people. Having this understanding will allow your project team to ensure that the right stakeholders are involved, that your project is meaningful to the populations you're working with, and that you make best use of the existing resources.

Teams are expected to gather information in three parts:

1. Listening to the experiences of people in the population you are focusing on, from staff providing services and support to people from this population
2. Reviewing available quantitative and qualitative data for the population
3. Identifying common themes from both of these

Helpful resource: [Three-Part Data Review – Quality Improvement – East London NHS Foundation Trust: Quality Improvement – East London NHS Foundation Trust \(elft.nhs.uk\)](#)

6.1. Gathering information from the population

It's important to speak with the people you are trying to improve things for and listen to their experiences. They may or may not have used services, or they may be a carer for someone.

You can gather this information by visiting places where people in the community gather, for example churches, youth centres, charities, and voluntary sector organisations. You can also arrange to interview individuals (in person, by phone or online meeting), hold focus groups or engagement activities, create a survey or a combination of these.

6.1.1. Building trust and relationships

Be clear with people about how the information will be used and let people know that their information will be kept confidential. Keep an open mind, and really listen to and believe what people tell you. This helps build trust and relationships. Keep in mind that people may be sharing difficult or traumatic experiences, and it may be unpleasant for them to relive or explain them. Ask the person how their experience could be better and help them define alternatives. Afterwards, reflect on the strengths and assets identified, what needs are unmet, what the system has done to make things worse, and any changes suggested.

6.1.2. Starting small

Gathering information doesn't need to be on a large scale at first. Initially, you could talk to two or three people to gain insight into how you can best engage with a larger number of people (for example, 10–15) in future. This will give you information to make a start with your project, but engaging with the population will not be a one-off event. For example, you might tell people about your project, and they might be interested in joining your project team or being involved with a particular change idea. Involving people from the population you are focusing on throughout your project is essential.

6.2. Information from professionals that work with the population

Information from professionals helps you understand what is currently working and what needs improving. You can ask individual professionals, hold focus groups, set up a survey or a combination of these. Through this, you will learn what support is currently in place for the population, what is not working well (why is the population not thriving? What contributes to people deteriorating?), professionals' thoughts about the current system, strengths, and assets of the population and how well these are used, and what changes professionals would like to make. Look outside of your organisation: do you have links with any Voluntary, Community or Social Enterprise organisations who can share their insights?

6.3. Quantitative data

This could take as much time as you make available and more, because there will often be more places you can look for data and more questions to ask. However, it's important to be pragmatic because a lengthy search for qualitative data can detract from the overall project.

The aim is to learn from information that is already available rather than gather more data and undertake something that would resemble a research project.

Consider what the existing data can tell you about the needs and assets of the population, and whether you can access further data (within your organisation or from elsewhere) that would help you understand the needs and assets of the population.

6.3.1. Suggested types of data

We suggest including data around use of different services, geographical differences, potential inequalities by protected characteristics and wider determinants of health such as housing or employment status.

7. Milestone 5: Asset mapping



Asset mapping is a key step in AMHE. It enables teams to identify the strengths and resources in the population(s) they are focusing on.

Identifying the needs of the population is an important part of the process; however, using this approach on its own would lead to a focus on the deficiencies in a population. By taking an assets-based approach, we recognise that all individuals and populations have multiple strengths and capacities that could be harnessed so that they can thrive more.

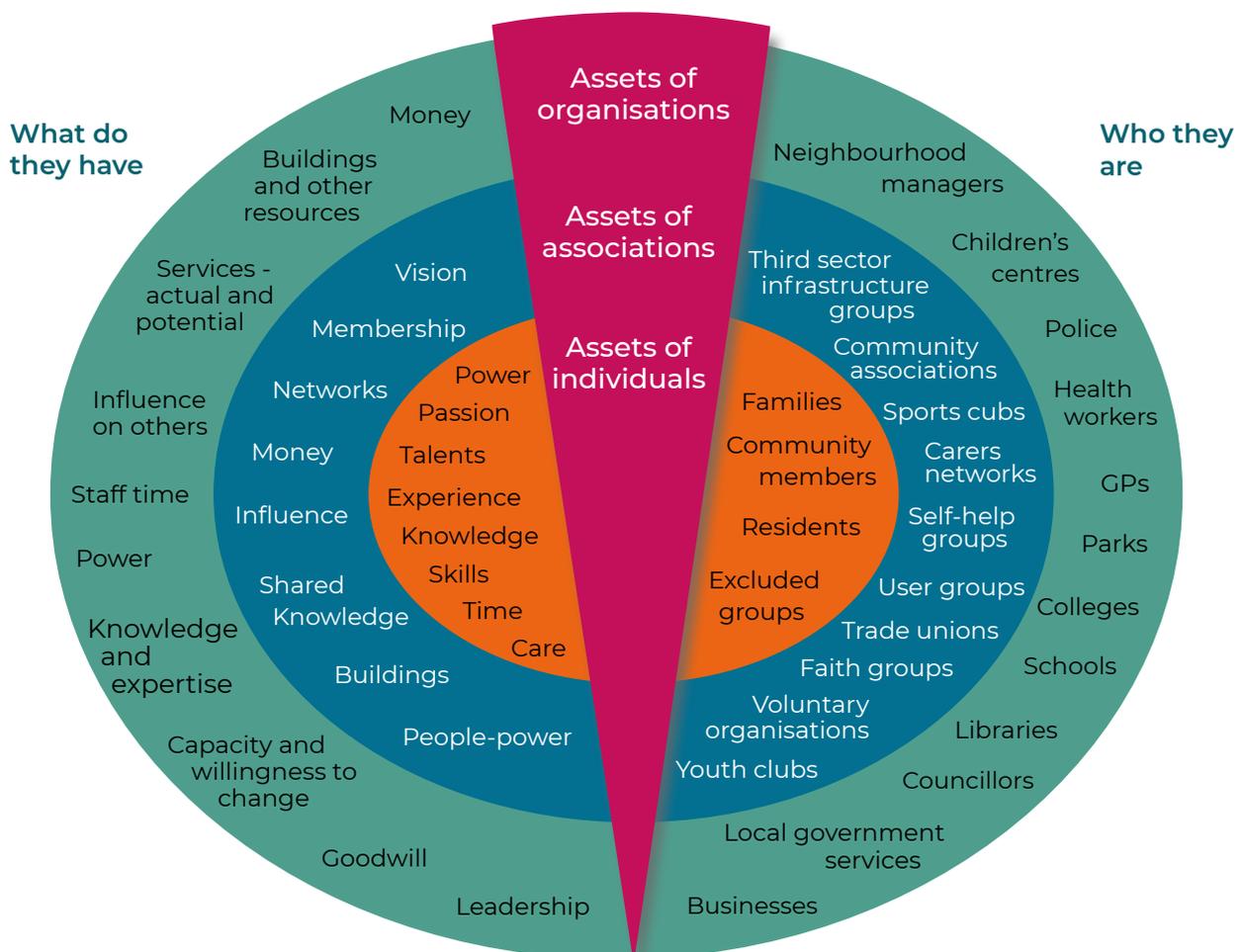
Assets can be described as the collective resources that individuals and communities have at their disposal that can help promote health and wellbeing. These can include:

- Individual: personal resilience, individual talents
- Community: community groups, social clubs, residents' associations
- Organisational: faith groups, coffee shops, libraries, health and social care services, barbershops

7.1. Identifying assets for your population(s)

Explore the community assets you can draw on for each population with the sub-team and the overarching team.

- Who could help us learn more about this population?
- What work is already happening to support this population?
- Who could help us access this population?
- Who could support our project?



As part of your three-part data review ([Milestone 4](#)), ask the population where people go to for support, who helps, which services are most critical and so on. Also, ask professionals what strengths and assets they can identify in this population that helps them stay well.

Helpful resource: [Three-Part Data Review – Quality Improvement – East London NHS Foundation Trust: Quality Improvement – East London NHS Foundation Trust \(elft.nhs.uk\)](#)

Map your assets and prioritise two to four of them that you can start to engage and collaborate with. As your project progresses, you will continue to engage with other assets.

Examples of populations and assets teams currently participating in the AMHE Collaborative engaged with in the initial stages of their project are listed below:

Population	Assets
Rural communities	Voluntary group who organises pop-ups at farmers markets to promote mental health and wellbeing in the farming community
Black men	Chaplain within the Trust who has links with local churches to discuss mental health
Asylum seekers and refugees	Doctor within the Trust who is running outreach clinics for refugees
Gypsy, Roma and Traveller communities	Armagh Roma Traveller Support charity, Armagh Support Group, School programmes, Sports initiatives



8. Milestone 6: Starting your QI project



The sub-team for each population will be responsible for the QI project, referred to in this section as the project team.

As you start to gather information from looking at data, speaking with people from the population you aim to improve things for and speaking with staff, you'll begin to get an understanding of the needs of the population and where the gaps are.

Through this engagement work, you will have already started your QI project – building links and trust with the population is an intervention in itself. From these conversations, you are likely to receive suggestions for change ideas (ideas that will help you achieve your aim), and your project will start to take shape.

8.1. Developing an aim

Your QI Coach will help you to identify an aim for your project. A specific aim might not be immediately clear and may take a little more time and work to identify. For example, your initial aim might be to improve access for the population you are focusing on and that is enough to get started with your project.

With time, you will narrow down your aim and your QI Coach will support you to develop a SMART aim:

- **S**pecific
- **M**easurable
- **A**chievable (but also aspirational)
- **R**elevant
- **T**ime-based

8.2. Developing a theory of change

Your QI Coach will support your project team to develop a theory of change – a theory as to how you can achieve your aim.

Helpful resource: We have an overall [programme-level theory of change](#), which will be helpful as a starting point.

You may want to focus on one part of the programme level theory of change to start with. If we take the example of 'access', conversations during your three-part data review might have given you ideas to try out and test or revealed some big topics you need to focus on to improve access. By developing a theory of change on access alone, you can start to see how the initial stage of your project is taking shape and keep you focused on working towards your aim. Having people from the population involved in the work, including on your project team, will ensure that you are generating and testing ideas that can help you achieve the aim of your project.

Think about the assets you have in your project team and how they can help with change ideas. For example, if they are from part of your service or a voluntary organisation, can they test out a change idea?

Your theory of change will evolve over the course of your project as you continue to learn and adapt to the needs of the population. Your QI Coach will support you with this throughout and our main piece of advice is to start somewhere and start with small ideas!

8.3. Deciding how you will measure improvement

As your project progresses, your QI Coach will support you to identify what data will help you determine whether the changes you are testing are having an impact.

8.4. Tailoring our approach

We can adapt our approach to suit the needs of your project team. The above process is based on how things have taken shape for previous teams on the AMHE Collaborative. However, we can also offer an alternative approach and hold design workshops. In these workshops your QI Coach will support you to set an aim, create a theory of change, and plan how you will measure improvement.