Startwell

Know yourself, know your values, acquire your skills & connections, value your support team at home and work

Being a psychiatrist is one of the greatest of life’s privileges and one of the most exceptional specialties that equips you to play a role as a societal community leader as well as a doctor

Dr. Geraldine Strathdee

*Working on population mental health policy, strategy, information & intelligence, improvement, positive practice & building dynamic leaders @DrG_NHS*

*If I can be of help to you in your journey, contact me on geraldine@strathdee.biz*
StartΨell: Think Big, Dream Big

12:30 – 13:30 Lunch & Registration

13:30 – 13:45 Introduction to StartΨell
Dr Abu Abraham, Startwell Lead, Eastern Division
Essex Partnership University NHS Foundation Trust

13:45 – 14:30 Session 1: Climbing the Ivory Tower: My journey
Prof. Geraldine Strathdee

14:30 – 14:40 Break

14:40 – 15:30 Session 2: Understanding yourself: Having Values to being valued
Prof. Geraldine Strathdee

15:30 – 15:45 Coffee break

15:45 – 16:30 Session 3: Delivering outcomes: Working smart, having fun and Flourishing
Prof. Geraldine Strathdee

16:30 – 16:45 Feedback & Close

16:45 Close
Learning outcomes from Startwell: EOE Oct 17th 2017

Session 1: Starting to:
• Understand the different types of clinical leaders you can & need to be
• Build Insight into your own values, vision, resilience tool kit
• Think about having Portfolio careers as a mental health leader

Start 2: Brief introduction to
• Learn more about the new population health approach
• Working smart & achieving outcomes in your life and teams

• Make friends, allies, fellow travelers on your life & career journey today
Session 1: Starting to:

• Understand the different types of clinical leaders you can & need to be
• Build Insight into your own values, vision, resilience tool kit
• Think about having Portfolio careers as a mental health leader

Make friends, allies, fellow travelers on your life & career journey today
Start well: RCPsych supporting our young leaders to maximize your potential
Clinical leadership for your future: the world of opportunities awaits you......
What will you aim to do over your career in sequence or in portfolio

Clinical practice role model leader: the most important role of all as seeing teams & leaders valued by their patients, delivering transparent measured outcomes, with great teamwork shapes policy, research, innovation

Informatics scientist & Digital clinical leader / CCIO

Policy clinical leader

Clinical Management leader

Academic leader

Standards & accreditation clinical leader

Training & education clinical leader

Strategy, Improvement science & Quality Improvement clinical leader

Population & public health community clinical leader

Personal life: MH leader in your local schools, employers, housing, 3rd sector, council, faith & cultural communities, etc

Other
Personal resilience; know yourself, your values, your friends

• Who are you

• What are your values

• What really matters to you & why

• What would your ‘excellent’ service look like? If your brother, sister, mother, son became unwell, what would your vision of the service be? Life changing Gr8 experience & ‘back to life’ outcomes?

• Where / who do you get your energy from? In trouble who do you call/ talk to?

• What are your own emotional regulation tools?

• Who grounds you at work and at home?

• What plans do you have to help your team have the same leadership development
Who are you? Map the richness and resilience in your life

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
What will you aim to do over your career, in sequence or in portfolio......
Remember your life expectancy

| Clinical practice role model leader: the most important role of all as seeing teams & leaders valued by their patients, delivering transparent measured outcomes, with great teamwork shapes policy, research, innovation |
| Informatics scientist & Digital clinical leader / CCIO |
| Policy clinical leader |
| Clinical Management leader |
| Academic leader |
| Standards & accreditation clinical leader |
| Training & education clinical leader |
| Strategy, Improvement science & Quality Improvement clinical leader |
| Population & public health community clinical leader |
| Personal life: MH leader in your local schools, employers, housing, 3rd sector, council, faith & cultural communities, Sports, arts. Trusteeships, public education etc |
| Other |
For each type of leadership you will need

- To understand the system in that ‘world’
- The current evidence base for that type of work
- The leading edge discovery / innovation
- Make connections with field leaders Face2Face and in social media
- Join live and virtual learning / thinking networks
- Know the data and informatics
- Top up your Negotiation skills+++++ conflict resolution skills+++Working smart skills
Learning outcomes from Startwell: EOE Oct 17th 2017

Start 2: Very Brief introduction to

• Your rapidly changing world & the influences on you as a clinical leader
• Learn more about the new population health approach
• Working smart & achieving outcomes in your life and teams

Make friends, allies, fellow travelers on your life & career journey today
Why is a new population approach necessary in your world ......where are new ideas progressing in the same direction and where are they diverging

Changes in population demographics, demand, complex longevity, affordability

Generational differences in attitudes, behaviours, challenges, access, service delivery models

Changing meaning of democracy    Globalism &    localism

Changing patterns of employment practices and public service trends across the world

Big data and translational informatics opportunities

Social media trends, cyber, and speed of communications

Digital, Artificial Intelligence, Genomics etc.
A few of the changing trends in healthcare

• People want more control over their own lives and their mental, physical & behavioural health, & they want prevention strategies

• The ‘Art’ of medicine is having a resurgence to balance the ‘science’ & ‘protocols’ of medicine

• ‘Everyone is an ‘expert’ through google, so what is the changing role of ‘specialists?’

• Frustration with translational science’s 17 years from ‘discovery to implementation’ gap is driving more ‘in vivo’ QI and innovation testing & not being afraid to publish outcomes

• Issues of affordability, sustainability, ‘green’ & ‘parity of access’ see digital as a major force for home based, on line therapies & coordination of care with less travel, more home working
Population health: The new global health care thinking on what influences longevity of life

Public services are only sustainable if we increase prevention through education & motivational approaches to behaviour change.

But is this right for mental health and Quality of Life?

70% of mental illness has manifested by age 24 years & is the greatest cause of death in younger generations.
In your population where you live or work, what are the socio determinants & common root causes of mental ill-health:

- Bullied children
- In school & home
- Socioeconomically deprived
- Young carers
- CYP with Dyslexia/dyspraxia
- Those lacking access to green spaces
- Those with English language/ literacy difficulties
- Obesity in CYP
- Children in poverty
- PPI with long-term physical health problems/disability
- Substance misusers & family
- Teenage pregnancies
- Those living in overcrowded households
- Lonely/ Socially Isolated
- CYP who are gang culture Victims
- NEETs Not in education or training CYP / adolescents
- Homeless or fragile housing
- Victims of violence/crime
In previous centuries we have tackled infectious diseases and plagues:

now lets do the same to stop childhood physical, emotional, sexual abuse & ACEs in CYP & violence towards adults
People in Modern society want personalized approach tailored to their generation in the life course
Aim 1: driving more control over our lives and Aim 2: The best of health care when ill

Design AIM 1: For each generation life course stage: focus on accessible knowledge, personal empowerment, community assets

Mental & physical health ‘fitness’ knowledge → Peer support & Carer support Self management → Community assets → Primary Prevention

Design Aim 2: When a person needs to access ‘treatment’:
make it early, Integrate physical, social, mental care , focus on recovery & prevention,
### Working smart: Understanding your local population is key to ‘Smart QI’: 9 facts you need to know

1. Who are the people in your area: age, gender, ethnicity, protected characteristics profiles
2. What are the causes of good and poor physical and mental health in this area
3. What community assets are the local people and their cultural communities & leaders developing
4. What is the incidence and predicted prevalence of people with mental health conditions in your area
5. What services are available and what proportion of people with ill health get them
6. What are the standards and quality of the services
7. What’s the level of spend on mental health
8. What is the experience of people using these services
9. What are the outcomes for the people who use services

10. Your Board needs to know:
What is the cost to the people and that local area of the pattern of spend in terms of levels of school success, healthy lifestyles, employment, institutions, use of all services, social success and economic stability and success in that area

Find the data for your area at

**Mental health Intelligence Network:**
[https://fingertips.phe.org.uk/profile-group/mental-health](https://fingertips.phe.org.uk/profile-group/mental-health)
Working smart: we have brought all that information together for you in a series of profiles for every Local Authority and CCG in England. 

https://fingertips.phe.org.uk/profile-group/mental-health

---

### Mental Health Dementia and Neurology

#### Introduction

The Mental Health Dementia and Neurology Intelligence Network - improving the health of communities by making data and information accessible.

These system profiling tools are available to all. They are primarily intended to provide better access to data and information to support people involved in commissioning, planning and providing services locally. The tools bring together a wide range of publicly available data to offer a broad picture of mental health dementia and neurology, and provide the means to focus on specific topic areas. The tools enable and advocate benchmarking against peers. The core aim is to provide information for improvement, not judgement.

To view a video introduction to the network and a guide to using the network’s profiling tools click here.

Comments on these tools are welcome, please send your feedback to email: mhdinfra@phe.gov.uk

#### Mental Health Dementia and Neurology

<table>
<thead>
<tr>
<th>Children and Young People’s Mental Health and Wellbeing</th>
<th>Common Mental Health Disorders</th>
<th>Co-occurring substance misuse and mental health issues</th>
</tr>
</thead>
</table>

This tool presents data describing the mental health and well-being of children and young people. Metrics are available around identifying mental protective factors for positive mental health and well-being, primary prevention addressing adversity and vulnerability; and spend on children’s education and social care services. As data improves from the mental health services rotation, metrics will become available around early intervention, services and clinical outcomes.

**Crisis Care Profile**

This profile brings together nationally available data on mental health crisis care, including metrics for: prevalence, risk factors, prevention, access to support, access to urgent care, and quality of treatment. The data is presented at local level to help develop understanding and support benchmarking, commissioning and service improvement.

**Dementia Profile**

This profile presents data following the dementia pathway of care including indicators for: prevalence, preventing well, diagnosing well, living well, supporting well and dying well. These aim to measure the health needs of the population in order to support processes such as the Adopt Strategic Needs Assessment.

**Mental Health JSNA**

This profile is designed to support local Health & Wellbeing Boards in developing Mental Health JSNAs. It brings together nationally available data on mental health prevalence, risk and protective factors and healthcare services. The data is presented at local level to help understand and support benchmarking, commissioning and service improvement. There are several maps that allow local areas look at within area variation.

---

### Neurology Profiles, Severe Mental Illness, Suicide Prevention Profile
Structured into 6 domains

Get the data
Download an Excel spreadsheet for
- CCG in 
- CCG in 

Map colour: Comparison to benchmark

<table>
<thead>
<tr>
<th>Area</th>
<th>Count</th>
<th>Value</th>
<th>LCI</th>
<th>UCI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bristol</td>
<td>2.825</td>
<td>4.53</td>
<td>4.37</td>
<td>4.69</td>
</tr>
</tbody>
</table>

Proportion – %, Sep 2015

Bristol, City of 4.53%

100,000 population aged 16-64

Get more data. Download the data, please see the full dataset.
If data geek is not for you...... to understand your local population & do QI read

Read your LA / CCG ....

- 1. Your local area Director of Public Health Annual report
- 2. Your Local Joint Strategic Needs Assessment (check it is good on mental health)

Read YOUR Trust’s

- 3. Must read : your Trust’s Annual NHS Benchmarking Club report
- 4. Your CQC report on its well led, safe, effective, caring, responsive services

5. Your Trust’s Use of the Mental Health Act report and if there is not one, help to establish it

Ask for a CPD session or courses & learn how to use Population data.....
Quality supported by digital development England is developing digital exemplars

Make data easy to collect: Transform Electronic care records

Empower people & their clinicians

✓ Interoperability
  • Primary, acute, social care, ECRs

✓ Functionality
  • Remote access in community
  • E prescribing, monitoring, GASS
  • On line diagnostics
  • Clinician decision support tools
  • Skyp/ tele/ zoom consultations
  • Text care plan & OPC reminders
  • Online Outcomes PROMs PREMs. CROMs

✓ Free time to care
  • Digital dictation

✓ Functionality
  • Remote access in community
  • E prescribing, monitoring, GASS
  • On line diagnostics
  • Clinician decision support tools
  • Skyp/ tele/ zoom consultations
  • Text care plan & OPC reminders
  • Online Outcomes PROMs PREMs. CROMs

End the MH data Bermuda Triangle where 52% clinical time is spent entering data & none comes back!

Clinical Dashboards in vivo:
Give every clinical team back its data on a clinical dashboard so they can have continuous improvement

Patients: give access to their records & self monitoring data & care plans

Continuous Quality improvement:
• Clinical team digital dashboards
• Care plan Touch screen in wards and teams every day

Respect our SUs skills & activation
Give them information tools

✓ Apps for mind/body fitness and literacy
✓ Big Data to self manage & stop relapse
✓ Self Management apps
✓ On-line peer and clinician moderated wellbeing networks, improving outcomes and preventing relapse
✓ Psychosis avatars
✓ Interactive digital treatment sessions
✓ On line city platforms & white label digital therapies
✓ Sim City to showcase what can be done

2
Population MH approach in vivo Taking Lambeth as an example
What’s are worst problems in your population?

- Lambeth’s Black Caribbeans were also more likely to:
  - be excluded from school
  - live in poorer housing and poverty
  - Be a victim/perpetrator of crime
  - Suffer worse physical ill health
  - Have lower life expectancy

- 26% of people in Lambeth identify as Black.

- But make up 67% of our residents in secure psychiatric units.

- Black Caribbeans are 7% of the population registered with Lambeth GPs and yet accounted for 17% of people with serious mental illnesses.

Slide from: Ed Davie; Lambeth local government councillor & Mental Health Foundation Communities Lead
Taking a population & partnership approach
Lambeth Black Health and Wellbeing Commission

4 QI aims
1. Prevention
2. Access to appropriate treatment
3. Improving patient experience
4. Representative leadership and co-production

- **Improve housing** (Lambeth Housing Standard)
- **Education** (Attainment of Black Caribbean pupils)
- **Decent jobs and training** (Brixton BID etc)
- **Parenting support** (Sure Start and LEAP)
- **Pride** (Black Cultural Archive, Windrush Square, Black War Memorial, Mary Seacole)
- **Lifestyle education** (risky behaviour)

**Better patient experience**

- Minimise restraint and coercive practice
- Train police and health staff WITH black service-users
- Establish community links and control
- Co-produce services

- Access to appropriate services
- Perinatal
- Children and Adolescent services
- Talking therapy
- Training of community leaders
- Social prescribing
- More representative staff

Slide from: Ed Davie; Lambeth local government councillor & Mental Health Foundation Communities Lead
Lambeth Population approach outcomes in 8 years are:

• Retained all Sure Start Centres for parenting
• 95% of schools are ‘good’ or ‘outstanding’ with exam results in country’s top 10%
• Created more affordable homes than any other London borough
• Created more jobs and new businesses locally for local people
• Reduced child obesity against trend
• Reduced avoidable repeat adult in-patient MH admissions
• But has....still got huge challenges
• Now working on an innovative Alliance model of commissioning and care

Slide from : Ed Davie; Lambeth local government councillor  & Mental Health Foundation Communities Lead