

Theme Group – Mental Health, Dementia & Learning Disabilities

Action Plan

Aim	Progress
A. Co-ordination of release dates and analysis	<ol style="list-style-type: none">1. Organisations have started sharing with each other details of planned work in advance, including indicative release dates.2. Where possible, release dates will be coordinated and publications will be shared prior to release.3. We will avoid duplication of similar analyses but collaborate where possible and be mindful of opportunities for joint badging of outputs.4. We will better understand the different outputs each organisation produces. We will develop user communications to make it clearer why different products exist and the benefits of each for users.5. Achieved – Monthly from May 2018 – co-ordinated release on the same day (super stats Thursday) of NHS Digital statistics (MHSDS and IAPT), NHS England (Combined Performance Summary)6. Earlier access to data - NHS Digital and PHE to explore whether it would be possible for PHE to have earlier access to the CYP MH survey dataset to enable new prevalence rates to be published as early as possible.
B. Combined activity to improve accuracy of data	<ol style="list-style-type: none">1. Collaborative data quality improvement group across organisations are working to improve data quality of MHSDS, in particular. This group are working collaboratively to achieve joint data quality improvement plan including how to remove duplicate data collections.2. We will consider how to better inform users about data quality issues.

C. Harmonise methods and definitions	<ol style="list-style-type: none"> 1. We will examine methodology issues and agree a consistent approach as far as possible and appropriate. 2. We will share methodologies including indicator production and better understand our different methodology processes. Initially we've identified that readmissions, mortality and how PHE/NHS use either people or place is not consistent and we will share these methodologies. 3. Where we identify that differences in methodology need to continue, we will be clearer with users about these differences and explain why they are necessary.
D. User engagement	<ol style="list-style-type: none"> 1. The MH data hub hosted by NHS Digital will be used as the central place to signpost users to MH data available across the system. We will consider how best to promote the use of this and seek user feedback. 2. We will explore how to better sign post users about future outputs. 3. The group will consider the benefits of undertaking joint user engagement activity on mental health outputs.

Contact for further information: Kate Croft, Chair, NHS Digital Mental Health Lead Information Manager
Email: kcroft@nhs.net

Members

Name	Organisation/Department
David Fearnley	Merseycare
Gabriele Price	PHE
Michael Jackson	PHE
Melissa Darwent	PHE
Claire Bradshaw	NHS England
Hassan Haji-Ahmed	NHS England
Giovanna Polato	CQC
Che Hector	CQC
Samantha Riley	
Richard Wilson	NHS Improvement
Danielle Cornish	ONS
Mary Lewis	Health Education England
Maryna Popova	Health Education England
John Thompson	Health Education England
James Greenwood	Health Education England
Ricks Llewellyn-Davies	Department for Health and Social Care
Alexandra Lazaro	Department for Health and Social Care
Hayley Butcher	Department for Health and Social Care
Kate Croft	NHS Digital
Ramesh Notra	NHS Digital
Adam Langron	NHS Digital
Hilary Tovey	NHS England
Carl Child	NHS England
Kazem Khundakar	NHS England
Carl Money	NHS England
Jason Pickles	NHS England
Thomas Bardsley	
Rebecca Musgrove	NHS England

Margaret Oates	NHS England
Gareth Staton	NHS England
Camellia Williamson	NHS England
Nilum Patel	Department for Health and Social Care
Sarah Matthews	NHS England