



East London
NHS Foundation Trust

Tackling Inequalities in Local Mental Health Service

Presentation to Health in Hackney Scrutiny Committee
– 8th February 2023

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Mental Health

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Equalities is integral to our service goals

- Neighbourhood community connectors and links with VCS (Derman, Irie Mind, etc.)
- Neighbourhood Approach – addressing the social determinants of Health & Inequality
- System wide focus on Tackling Health Inequalities



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Tackling Health Inequalities in City and Hackney



The breadth and depth of the impacts of COVID-19 emphasise the need for collective, system-wide action to address health inequalities that have been starkly exposed by the current pandemic.

The City and Hackney Health Inequalities Steering Group has been convened to ensure our collective efforts have maximum impact, and that we make best use of our combined resources, through collaboration and a partnership approach.

Ten broad areas for local system-wide action to tackle health inequalities in City and Hackney

Act:

SG leadership and mobilisation of system resources

1. Inequalities data and insights
2. Tools and resources
3. Tackling structural racism and systemic discrimination
4. Community engagement, involvement & empowerment

- Routine collection and analysis of equalities data and insight to inform action
- Develop / enable system-wide adoption of tools to embed routine consideration of health equity in decision-making
- Adopt a partnership position and action plan to tackle racism and wider discrimination within local institutions
- Build trust and adopt flexible models of engagement to work in partnership with residents to improve population health

Sponsor:

Led from elsewhere, but SG role to champion, facilitate partnership working, ensure focus on reducing inequalities

5. Health (equity) in all policies
6. Anchor networks
7. Strengths-based, holistic approach to service provision
8. Staff health and wellbeing

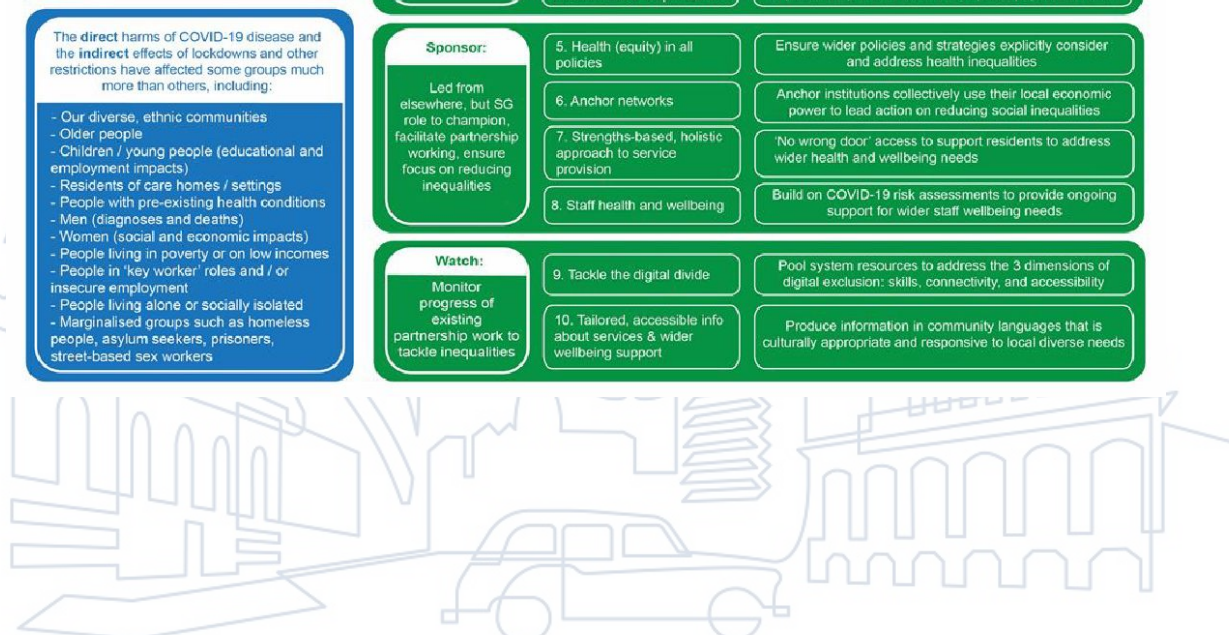
- Ensure wider policies and strategies explicitly consider and address health inequalities
- Anchor institutions collectively use their local economic power to lead action on reducing social inequalities
- 'No wrong door' access to support residents to address wider health and wellbeing needs
- Build on COVID-19 risk assessments to provide ongoing support for wider staff wellbeing needs

Watch:

Monitor progress of existing partnership work to tackle inequalities

9. Tackle the digital divide
10. Tailored, accessible info about services & wider wellbeing support

- Pool system resources to address the 3 dimensions of digital exclusion: skills, connectivity, and accessibility
- Produce information in community languages that is culturally appropriate and responsive to local diverse needs



“It is widely known that mental health services struggle to meet the needs of Black, Asian and minority ethnic groups. Despite this knowledge and previous attempts to engage with the BAME communities, many of the same issues remain: difficulties engaging the BAME community, an overrepresentation of BAME people in acute settings and an underrepresentation in psychological therapies.” - Lets Talk Report

In Feb /March 2021 – A Series of focus groups were held with BAME Service Users across East London to understand their experience of Mental Health Services – and views on what would make them more accessible and culturally appropriate for service users from BAME communities . – This led to the “LetsTalk Report”

Over the last 12 months ,Our Clinical Director has led a Working Group about how we can implement the recommendations from this report



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A Service with Cultural awareness, empathy and compassion

Participants in all boroughs highlighted a lack of cultural awareness as a key issue. Misunderstandings, and a lack of knowledge about different cultures was thought to perpetuate stereotypes and reduce compassion and empathy.

Our Response

- ▶ Planning to pilot Cultural Awareness training, Train the Trainer and to then spread in teams
- ▶ Spreading existing good practice – SPS Race and privilege discussions, HTT cultural exchange day
- ▶ BAME Access Psychologists - presentation at DMT
- ▶ White allies discussion



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Lets Talk Report - Key Themes – and our Response

Improving Accessibility

Accessibility of services was also a key issue for participants who highlighted specific barriers for BAME people.

Our Response

- ▶ Blended teams, partnering with voluntary sector – Bikur Cholim, Derman, Mind IRIE, HCVS, Gypsy and Traveller community
- ▶ Open access service

Providing Services in welcoming Community spaces

The importance of being able to access support within their communities

What currently Exists

- ▶ Core Arts
- ▶ Hatch
- ▶ St Mary's Secret Garden



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Lets Talk Report - Key Themes – and our Response

Accountability

The accountability of staff was another key concern highlighted by participants across the three boroughs. Participants spoke the difficulty of holding staff members to account, particularly those in powerful positions, and highlighted that the lengthy complaints process made this even harder.

What we need to do

- ▶ Learning lessons from complaints on the theme of discrimination
- ▶ Need to increase access to advocacy

Holistic understandings

Participants felt that a more holistic understanding of distress was needed both for professionals and for the community to reduce stigma, increase understanding, and allow services users to be “seen” in their entirety.

Initiatives that address this challenge

- ▶ ELFT Carers strategy
- ▶ Pharmacy input and outreach



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A Glimpse into the Future

- Our **EQUIP** (Early Intervention Service) for people experiencing First Episode Psychosis and our Early Detection Service – **Heads Up** may be beginning to break down the “Circles of Fear” in Black and other BAME Communities which mean they are fearful and distrustful of Mental Health Services -consequently they do not seek help and come into services in Crisis often detained under the Mental Health Act.
- Our **EQUIP** (Early Intervention Service) supports service users for between 2 – 3 years . They provide the type of comprehensive “ holistic offer” BAME Service Users are asking for including CBT for Psychosis and Family Therapy
- **EQUIP** staff work hard to build links with Local BME Communities
- They have looked critically at how they work with young black men and woman to try and ensure that their approach is culturally appropriate and inclusive
- Audits of the Psychology offer in the Team demonstrate the Black Men and Woman in the service are accessing both CBT for Psychosis and Family Therapy more than White Service User in EQUIP



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Olasen “Seni” Lewis was a 23 year old black man who died as a result of prolonged restraint by police officers in a Hospital in on 31st August 2010. Investigations following his death were critical of how the restraint was carried out. The Mental Health Units (Use of Force) Act 2018 (‘the Act’) was enacted on 1st November 2018. Guidance on the implementation of the Act was issued in December 2021 with an aim to start implementation from 31st March 2022.

The Act’s objectives of reducing and ensuring accountability and transparency about the use of force in mental health units

Use of Force” refers to;

- the use of physical, mechanical or chemical restraint; or
- the isolation of a patient
- ‘Physical restraint’ means physical contact which is intended to prevent, restrict or subdue movement of any part of a patient’s body.
- The purpose of the Act, is to clearly set out measures intended to reduce the use of force, prevent the inappropriate use of force, and ensure accountability and transparency about the use of force in mental health units.



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1. Learning together and developing our workforce

2. Data

3. Leadership

4. Working with service users and families.

5. Trauma Informed Care

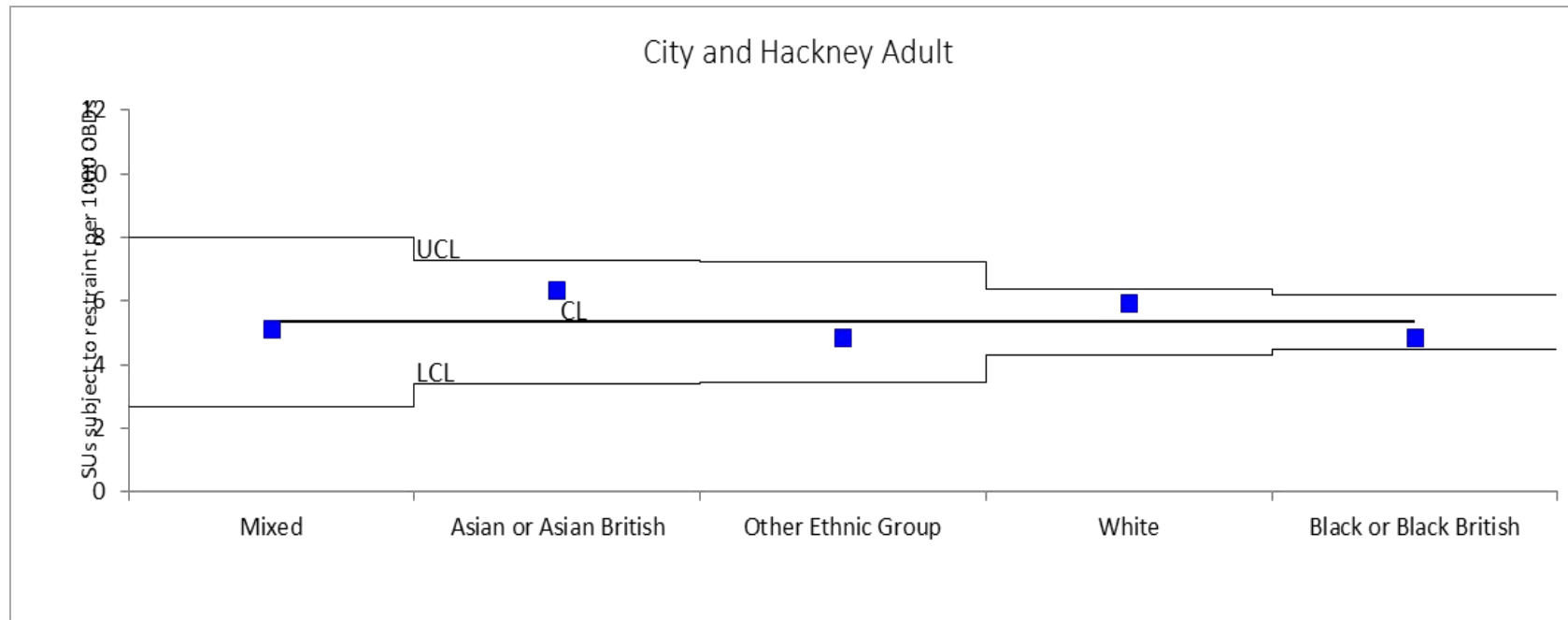
6. Rigorous debriefing.



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Use of force data – City and Hackney

Service users subjected to restraint per 1000 occupied bed days July 2018 – June 2022 by Ethnicity



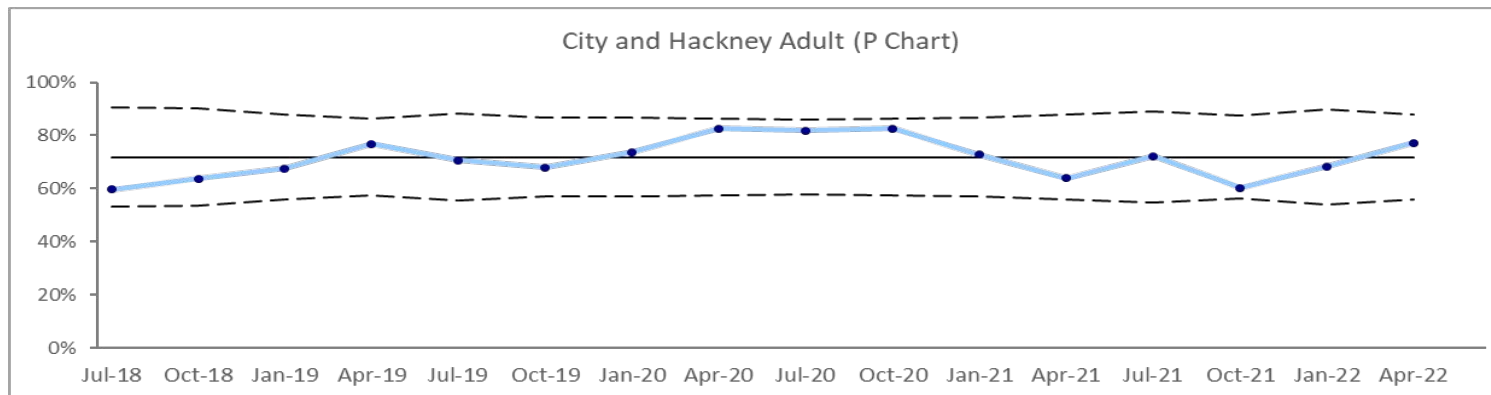
The Data shows variation within normal limits with no one group greater impacted.



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Total seclusions preformed on ethnic minorities July 2018 – June 2022



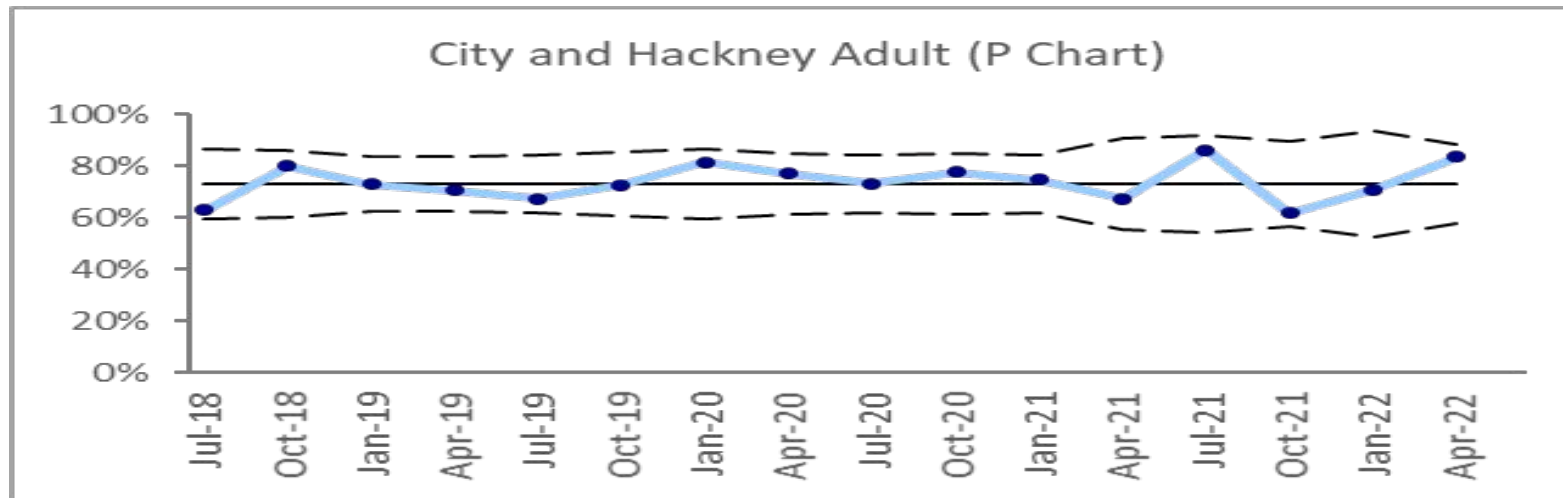
The data for seclusion rates shows in-between April and December we saw a higher percentage of seclusions preformed on ethnic minorities.



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Use of force impact Data

Total Rapid Tranquilisation performed on ethnic minorities July 2018 – June 2022



In City and Hackney we have seen a gradual rise in rapid tranquilisation performed on ethnic minorities in the last 3 quarters



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PCREF

Patient and Carers Race Equality Framework

The East London NHS Foundation Trust has piloted the PCREF (Patient and Carer Race Equality Framework) in its London Boroughs. At its core, the PCREF aims to support NHS Mental Health Trusts to:

1. Improve their interaction with racialised and ethnically and culturally diverse communities,
2. Raise awareness of organisations' own cultural and racial bias and provide a framework to reduce them
3. Improve governance, accountability, and leadership on improving experiences of care for racialised and ethnically and culturally diverse communities

Existing monitoring of PCREF metrics has been identified across various systems in ELFT including health and safety, operational performance, and quality improvement reporting.

PCREF work will be streamlined and monitored within the Trust's Equality Governance Framework. In addition, ELFT recognises the bilateral relationships that ELFT holds with other trusts within their joint geographical boundaries. As a result, ELFT is working closely with North East London Foundation Trust and Oxleas NHS Foundation Trust on implementing PCREF.

These meetings provide an opportunity to share learning in a space with experts by experience and PCREF leads from all three sites.



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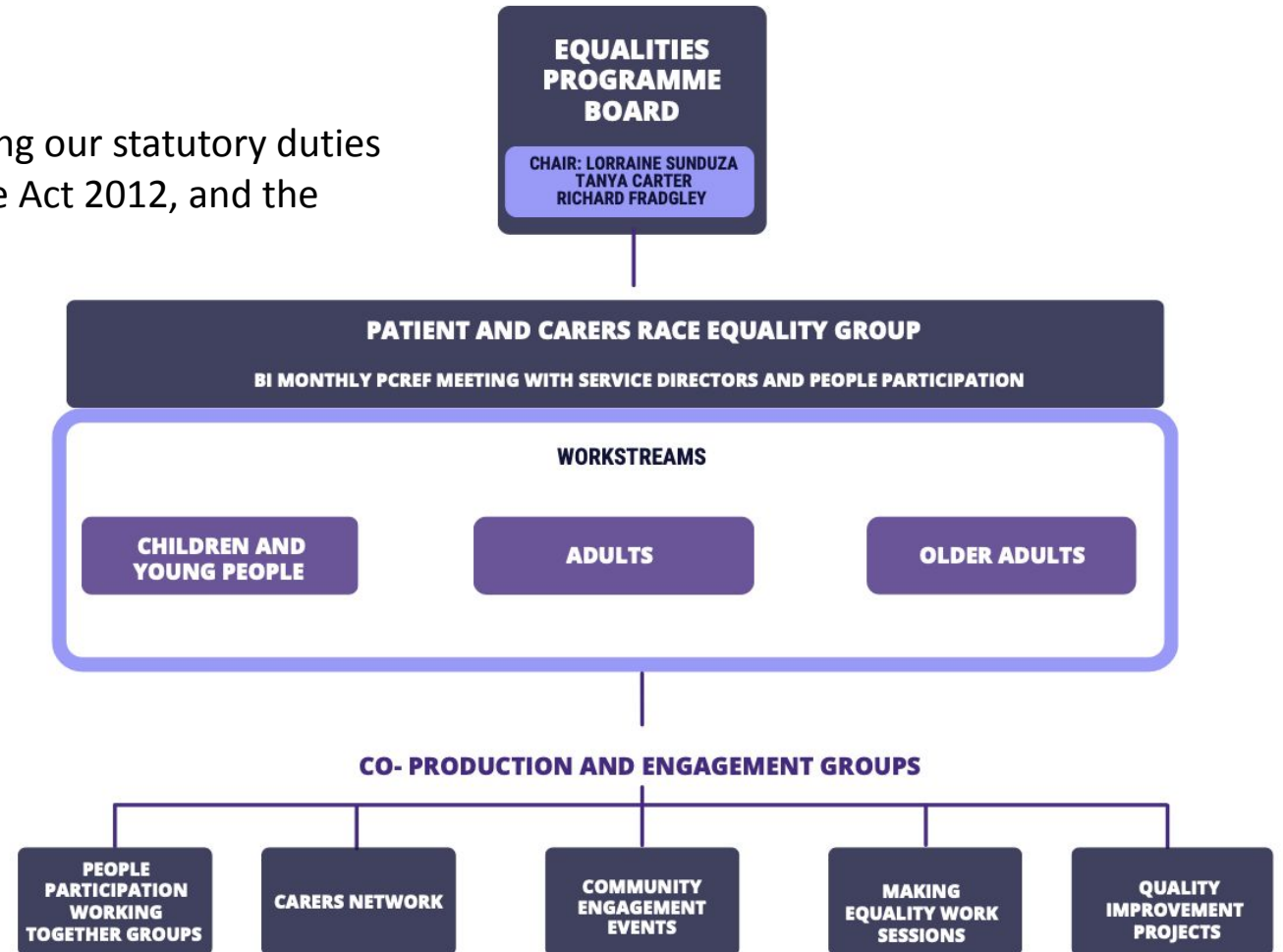
The PCREF framework has been embedded into our 3-year Patient and Carers Equality Strategy and is supported by our 5-year Carers Strategy.

This will ensure that ELFT meet the national expectations in fulfilling our statutory duties under core pieces of legislation, such as the Health and Social Care Act 2012, and the Equality Act 2010.

ELFT Equality Governance Structure

Bi-monthly reporting and review of PCREF inequality metrics and quality of data.

Three workstreams designed to ensure the experiences of particular groups are included, and intersectionality is considered.



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Initial Engagement

Led by Mina and Jennifer, two experts by experience (South Asian and Black women respectively) , the first stage of ELFT's PCREF engagement was a questionnaire which closed in October 2021.

This was followed by consultation with six charitable organisations. These organisations serve different but often overlapping communities.

- **Mind in Tower Hamlets & Newham**
- **East London Mosque**
- **Coffee Afrique**
- **Solace Women's Aid**
- **London Black Women's Project**
- **JAMI**

Also, feedback from existing internal groups such as **Making Equality Work**



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A: ELFT have engaged with racialised and ethnic minority communities to identify and agree core organisational competencies requiring further development.

National

- Cultural Awareness
- Staff Knowledge and Awareness
- Partnership Working

Local

- Trauma Informed Care
- Intersectionality
- (Identify any additional competency specific to the needs of children and young people; and older adults)

- Co-production

B: ELFT PCREF workstreams to agree measurable and practical actions to define and develop Organisational Competencies in local PCREF Plan.

Experts by experience have created a report from the patient and carers lens defining:

- What does good look like?
- What does outstanding look like?



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The Patient and Carers Feedback Mechanism, seeks to embed patient and carer voice at the heart of the planning, implementation and learning cycle. This part of the framework is heavily supported by NHSE to encourage standardisation and improved quality of data.

Patient Report Experience Measures

ELFT routinely monitors differential experience and outcome measures, disaggregated by ethnicity, across all service pathways within the trust

This is currently done at directorate level, also Trust-wide reports are produced for board. This will become a permanent agenda item at the Trusts Equality Governance Structure.

Working Together Groups:

With consideration of intersectionality, there are specific People Participation Workers for population groups facing health inequalities, including older adults, young adults, carers, Complex Emotional Needs, Disordered Eating, Carers, BME groups and those accessing MH rehab.



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Learning so far:

There should be recognition of learning during the London pilot and what could be improved, such as

- Accessibility
- Breadth and awareness of previous research
- Service user “Survey fatigue”
- The impact of COVID-19 lockdowns and lack of face-to-face engagement
- Language barriers
- Digital poverty
- BAME LGBTQ community - and faith
- Voices of CYP
- Intersectionality - a definition, as well as examples of intersectionality (i.e., a Black disabled lesbian have different experiences from a white disabled lesbian)

In Progress:

CAMHS services scoping with CYP to identify any additional Organisational Competencies specific to the needs of CYP.

Bedfordshire and Luton services to test local organisational competencies and PCREF implementation plan.

QI Project: Mixed approach of co-producing in-house training and outsourcing training for Cultural Awareness, Humility and Safety in each London borough. (Tower Hamlets have secured 100 places in partnership with The Islamic Centre).

Development of an Equity section of our Community Mental Health Analytics Dashboard in Power BI, showing breakdown of caseload and waiting list by ethnicity, age, gender and deprivation decile.

Somali task and finish group to develop cultural awareness for the whole Trust

Providing microgrants to grassroots organisations



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• Questions



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