



## HEALTH AND CARE OVERVIEW AND SCRUTINY PANEL

25 NOVEMBER 2021

### SUPPLEMENTARY PAPERS

**TO: ALL MEMBERS OF THE HEALTH AND CARE OVERVIEW AND SCRUTINY PANEL**

The following papers have been added to the agenda for the above meeting.

These were not available for publication with the rest of the agenda.

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**Page No**

### **Evidence pack**

This review is part of the Overview and Scrutiny work programme ([Overview and scrutiny work programme | Bracknell Forest Council \(bracknell-forest.gov.uk\)](https://www.bracknell-forest.gov.uk)) and will take place over a series of meetings. Some meetings will be open to the public and others will be closed. This will be determined by the nature of the session and the sensitivity of the information being shared. The priority will always be the effectiveness of the review. The Panel may produce interim reports as well as a final report capturing good practice, learning points and recommendations.

The evidence pack which supports this review can be found here:  
[Agenda for Health and Care Overview and Scrutiny Panel on Tuesday, 2 November 2021, 6.30 pm | Bracknell Forest Council \(bracknell-forest.gov.uk\)](#)

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## Mental health Health and Care Overview & Scrutiny Panel Good practice: principles and examples

### Principles

#### Centre for Mental Health

[CentreforMH\\_OurPlace.pdf \(centreformentalhealth.org.uk\)](https://centreformentalhealth.org.uk/CentreforMH_OurPlace.pdf)

This report, produced by the Centre for Mental Health working with the LGA, uses nine case studies to share some of the innovative work that councils are leading to promote good mental health and wellbeing.

The analysis identified four common principles across the successful programmes:

- **Public mental health as everybody's business:** health and wellbeing of the local population is the responsibility of every part of the council and the wider community.  
*"A workforce for prevention"*
- **Collaboration:** councils working together with other parts of the system (such as the NHS) and closely involving community groups and other stakeholders.  
*"Get people together and have the conversation"*
- **Place-based approaches:** using the concept of 'place' to galvanise residents and organisations to engage with the broader health and wellbeing agenda.  
*"The best place to live for health and wellbeing"*
- **Taking a holistic approach:** using a wide range of approaches and strategies to tackling the determinants of mental health.  
*"Addressing multiple needs instead of channelling people down single condition pathways"*

A number of key enablers were identified across different case studies:

- **Leadership:** including senior officer and political support
- **Relationship development:** building mutual trust with other agencies and taking time to engage the local voluntary and community sector
- **Community engagement:** learning from communities and engaging them in everything from strategy development to service delivery
- **Harnessing external resources:** making use of national programmes, research and funding, and sharing learning with other local areas

#### **Advancing Mental Health Equality (AMHE)**

The AMHE resource was commissioned by NHS England to support the delivery of the Five Year Forward View for Mental Health and the NHS Long Term Plan. It outlines comprehensive and practical steps for commissioners and service providers to reduce inequalities in an achievable and measurable way.

These **key principles** were co-developed with people with lived experience, mental health professionals, commissioners and service providers through focus groups, workshops and consultations. They are specific to advancing equality in mental health care and apply to all organisations, health and social care settings, services, and those commissioning them.

**Choice and advocacy:** People who use services, their families, carers and support networks (as appropriate) are actively and continually involved in decisions about their care and treatment and are provided with adequate support to communicate and make decisions. Commissioners and service providers resource local voluntary, community and social enterprise (VCSE) organisations to carry out advocacy as an integral part of the service delivery package

**Access:** All individuals in a community, including those from diverse population groups, have equal access to mental health assessment, support, care and treatment that meets their needs. Commissioners and service providers ensure that potential barriers to access for people who may be at risk of experiencing mental health inequalities are understood and actively minimised through flexible and responsive services.

**Competent workforce:** Staff working in mental health services are equipped with appropriate skills and training to minimise inequalities, and possess the competences to deliver fair, non-judgemental and least restrictive care

**Families, carers and support networks:** Services include families, carers and support networks (as appropriate) in a person's care. Services recognise that some families and carers may experience difficulties accessing care and support for themselves and, as such, procedures are in place to identify and address their needs, regardless of whether their needs are related to their caring role.

**Least restrictive care:** Service providers work to ensure that restrictive practices are only used when absolutely essential for the safety and protection of the person or others. Services actively address any potential inequalities associated with the use of restriction. All people are able to access appropriate, timely support to reduce the potential need for restrictive care.

**Co-production:** Co-production with people with lived experience is an essential and ongoing part of the commissioning, service development and service evaluation process; it is essential to advancing equality at every stage.

**Knowing your population:** The development and delivery of mental health care actively reduces inequalities by understanding the local population, its demographics, care needs and any gaps in service provision.

**Person-centred care:** Care is focused on the strengths and needs of the individual. Support, care and treatment are flexible enough to meet the varied needs of different groups and populations, including intersecting factors, to reduce the risk of unequal treatment.

**Data-collection and use:** Quality data is regularly collected and used to identify and minimise inequalities in access, service provision, treatment experience and outcomes. Data is used to understand issues relevant to people with intersecting characteristics that may perpetuate inequalities.

**Support and care across the lifespan:** Services are age- and developmentally appropriate to meet changing needs throughout a person's life and reduce the risk of age-related inequalities. Choice and advocacy Access Co-production

**Representative workforce:** The workforce is representative of the local population. Commissioners and service providers understand inequalities in access to job roles across all levels of the organisation, and actively provide support and opportunities for underrepresented groups.

This table summarises the most frequently reported anecdotal inequality issues raised by a range of clinical, commissioning and people with lived experience advisers:

<b>Access</b>	
People from BAME communities	<ul style="list-style-type: none"> <li>• Some BAME groups are more likely to access acute care through a criminal justice route than through the healthcare system</li> <li>• Some people from BAME groups mistrust services based on previous negative experiences</li> </ul>
Children and young people	<ul style="list-style-type: none"> <li>• Difficulty accessing appropriate out of hours crisis services results in reliance on A&amp;E</li> <li>• Lack of adequate mental health support in schools</li> </ul>
Older people	<ul style="list-style-type: none"> <li>• Lack of awareness of mental health problems and how to access mental health support</li> </ul>
People who are homeless or sleeping rough	<ul style="list-style-type: none"> <li>• A person with housing difficulties may have difficulty registering with a GP because of having no fixed abode, and will therefore struggle to access help through primary care</li> </ul>
People with learning disabilities	<ul style="list-style-type: none"> <li>• Diagnostic overshadowing: mental health concerns can be wrongly perceived as being part of another condition leading to difficulties accessing the right help</li> </ul>
Gypsy and traveller communities	<ul style="list-style-type: none"> <li>• People from these communities can have similar difficulties as those who are homeless, in that their living status makes it more difficult to access primary care</li> </ul>
<b>Experience</b>	
People from BAME communities	<ul style="list-style-type: none"> <li>• Cultural competence: services do not always consider cultural differences, religious beliefs and social stigma as part of mental health support</li> <li>• Increased use of the Mental Health Act 1983 (amended 2007) compared with white British people</li> </ul>
Women in need of support for perinatal mental health	<ul style="list-style-type: none"> <li>• Services are few and far between; where services are available, they are not always culturally appropriate or able to meet the diverse needs of different racial and ethnic groups</li> </ul>
People with a diagnosis of emotionally unstable personality disorder	<ul style="list-style-type: none"> <li>• Often labelled as 'attention-seeking' or 'manipulative'.</li> <li>• Exclusion from services for repeated presentations and various other reasons</li> </ul>
LGBTQ+ communities	<ul style="list-style-type: none"> <li>• Stigma due to lack of understanding of LGBTQ+</li> <li>• For transgender people, issues surrounding gendered wards can lead to poor experience of care</li> </ul>
Older people	<ul style="list-style-type: none"> <li>• Age appropriateness: all-age services are not always best able to meet the specific mental health needs of older people</li> </ul>
<b>Outcomes</b>	
Middle-aged males	<ul style="list-style-type: none"> <li>• Suicide rates: increased risk of suicide in middle aged males due to men being less likely to seek help for a mental health problem compared with females</li> </ul>
People with co-occurring physical health concerns	<ul style="list-style-type: none"> <li>• Diagnostic overshadowing: mental health problems are more likely to be ignored in favour of treating the physical illness. Conversely, physical health problems may be overlooked because of mental health issues</li> </ul>

## Examples

### **Surrey County Council**

[Mental Health Task Group Report](#), Surrey County Council, Adults and Health Select Committee, published October 2020

The Mental Health Task Group was set up to map the individual and carer's journey through adult mental health services in Surrey.

Surrey's review has a wider scope which includes secondary care so many of the findings go beyond the remit of this review. However, the Panel may recognise the following issues:

- patient involvement in care planning (page 29 of the report)
- lack of primary care understanding of what services third sector organisations offer (page 31 of the report)
- General Practice Integrated Mental Health Service (page 36 of the report)

The full recommendations of the Mental Health Task Group can be found on page 39 of the report.

### **The Community Mental Health Framework for Adults and Older Adults**

The [Community Mental Health Framework for Adults and Older Adults](#) (September 2019) aims to move away from siloed, hard-to-reach services towards joined-up care and whole population approaches, establishing a revitalised purpose and identity for community mental health services.

The report contains the following examples of **positive practice**:

[Community Restart](#) (Lancashire & South Cumbria NHS Foundation Trust)

*“Community Restart is a modern, forward thinking service that has co-production with service users at its heart. It is dedicated to improving quality of life, promoting opportunities and improving the outcome for people across Lancashire.*

*The Community Restart Service is characterised by partnerships and joint working. Fundamentally the service has sought to shift the service away from historical models that focused on needs and deficits, to one of personal aspiration, which promotes individual talents, skills and assets.”*

[Project Future](#) (Haringey)

*“Project Future is a community based holistic and youth-led, mental health and wellbeing service situated in Haringey. It seeks to transform the delivery of mental health for young men aged 11-25 years old who are involved in offending, have experiences of the criminal justice system, and specifically for those exposed to serious youth violence or labelled ‘gang-affiliated’.*

*It is primarily a wellbeing service in which evidence-based psychological interventions are delivered to young people in accessible ways. The project is accessed by peer referral only, helping create an environment where young people feel comfortable and safe. They are consulted at every level of the project and are responsible for co-producing a service that best meets the needs of themselves and their peers.”*

[Pathfinder](#) (West Sussex)

*“Pathfinder West Sussex is an alliance of organisations working together to enable people with mental health support needs, and their carers, to improve their mental health and wellbeing.*

*We value the expertise of people with lived experience of mental health challenges and actively involve them to design, deliver and monitor our services.”*

*Pathfinder provides:*

- *a single point of access to mental health and well being support*
- *a range of services to support people with their mental health and well being*
- *advice, information and sign-posting, including clear information about what support is available locally*
- *access to a clinical service provided by nurses and occupational therapists from Sussex Partnership NHS Foundation Trust who work alongside other Pathfinder agencies:*
  - *providing support to successfully discharge people from Sussex Partnership teams (Step down) and to link them to the wider Pathfinder Alliance*
  - *providing proactive preventative support and link to Sussex Partnership teams if required (Step up) for people accessing Pathfinder Services*
  - *improving links for people between other critical partners (Step across) such as Time to Talk”*

#### [The Pod](#) (Coventry City Council)

*“The Pod sits in people directorate and is part funded by the CCG. From the perspective of the general public, the Pod could therefore be positioned as part of social services and social care. The Pod has successfully reframed what should be expected of a mental health services with its focus on the city at large, people, assets and outcomes – being part of something bigger.*

*Not on Services but instead...*

- *Social Activism*
- *Social Mobilisation*
- *Social Brokerage*

*Not on Care but instead...*

- *Connectivity – Bringing people, skills, neighbourhoods together (working without boundaries).*
- *Cultivation – Recognising that everyone has something to offer (promoting personal and social growth).*
- *Change - Enabling people to thrive (bringing value to a variety of ways of doing things)”*

#### [Care Navigator](#) pilot scheme (Aylesbury, Buckinghamshire)

The Westongrove Partnership GP Practice in Aylesbury has developed staff members into Care Navigators.

*“While we’d been signposting patients to the right clinician within the practice for a number of years, the opportunity to both improve our offer to people by making sure they get the right help when they need it and also reduce pressure on GPs was something we were keen to progress.*

*Care Navigators can have a range of ‘day jobs’ – in our practice they are receptionists and admin team members – and their role is to actively listen, to signpost people to sources of help, advocacy and support, and to help people play an active role in managing their own health.”*

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