EQUALITIES REPORT FOR SOUTH STAFFORDSHIRE AND SHROPSHIRE HEALTHCARE NHS FOUNDATION TRUST CRISIS RESOLUTION AND HOME TREATMENT TEAMS

PROJECT REPORT FEBRUARY 2016

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Contents

1.Foreword 3
2.Background 3
2.1.Glossary..4
3.The Project..4
4.Methodology 4
5.Results 6
5.1.Results of CRHTT teams' anonymous questionnaire 6
5.2.Observations from staff shadowing..7
5.3.Summary of the ICE (Improving Customer Experience) CRHTT Surveys 8
5.4.Comments received from Focus Group at Tamworth Changes .... .16
5.5.Comments from Matt Long, Service User of SSSFT 17
5.6.Analysis of PALS compliments and complaints from 1/9/2014-30/9/2015.. 18
5.7.Results of demographic study from 2014/2015 of service users accessing CRHTT......................20
5.8. Results of demographic study from 2014/2015 from ALL service users accessing SSSFT.........22
5.9.Meeting with Agnieszka Florian and Rukhsana Manir, Changes BME workers 23
5.10.Discussion with Lesley Faux, equality officer for North Staffordshire combined NHS Trust...... 23
5.11.Focus group at Staffordshire Buddies LGBT over 50s group in Lichfield 1/2/16.....................24
6.Conclusions 25
6.1.Ethnicity, Gender and Sexuality 25
6.2.Celebrating success 25
7.Key recommendations 26
Other Discussion Points.. 27
8.Lessons learned for future projects 28
9.Appendix A: Copy of CRHTT staff survey 30
10.Appendix B: Copy of ICE 31

1. Foreword

This report concerns a project which was commissioned by South Staffordshire and Shropshire Healthcare NHS Foundation Trust (SSSFT) to look at three specific areas of equality with their Crisis Resolution and Home Treatment Teams. It gives three clear recommendations and many discussion points around how well SSSFT's Crisis Resolution and Home Treatment Team (CRHTT) services meet the needs of a population with a range of equality needs. The project worker found many examples of good practise and to summarise the findings, there are several issues around RIO, the software system on which SSSFT record information concerning its service users, which could be modified to enable capturing vital data much easier as there is a large amount of data which is not currently being recorded. There is a clear issue around 'branding' and service users' expectations of the role of CRHTT. Some issues and complaints that arise from service users are because the expectation of the service provision is not the same as how the service was designed or what is actually received. During 2014/2015, there were 7% more white British people and 4% less people from a Pakistani background accessing CRHTT in East Staffs compared with the population. Sometimes there can be issues regarding how transgender people want to be addressed and recorded so that unnecessary distress is not caused. Staff could utilise resources which are already available to help with training and awareness such as 'A Multi-faith Resource for Healthcare Staff', because when staff were asked about their information resources, they were not aware of the existence of such documents. Service users could be asked about their literacy levels before being given leaflets to read and many crises' could be alleviated much quicker with fast and in-depth access to help with subject matters such as debt and welfare benefits. More discussion points are included in this report.

Many thanks to Donna, SSNMH volunteer, for her support on the project and to everyone who contributed to this report, including all of the service users that shared their experiences with the project worker and the managers and staff at CRHTT for sharing their ideas and making the project worker feel welcome.

2. Background

South Staffordshire Network for Mental Health (SSNMH) is a charitable organisation with 13 years proven experience of promoting and developing local mental health services throughout the six districts and boroughs of South Staffordshire, from the perspective of people with experience of mental illness. SSNMH currently provides the 'Your Voice' Service User Participation Service for Staffordshire County Council and have a long history of supporting SSSFT with engagement, both long term (for example, Service User Reference Forum) and project working (for example, Smoke Free Trust, Day Hospital Consultation). In this report, the term 'service user' refers to a person who uses mental health services.

SSSFT provides a wide range of services, including both inpatient services and services in the community, across a broad geographical area. This project focused on the Crisis Resolution and Home Treatment Teams (CRHTT) in the East and West of Staffordshire, which are multi-disciplinary teams that provide mental health services to the residents of Stafford, Burton, Uttoxeter, Lichfield, Burntwood, Tamworth, Cannock, Seisdon and the surrounding areas. The teams are based in

Stafford and Lichfield and provide a service for people who are experiencing a mental health crisis which is having a detrimental effect on their mental health. Because SSSFT offer such a broad range of services, it is particularly important that the services they provide meet the diverse and varied needs of their many service users. It is also important to SSSFT that they provide services that are accessible and fair. According to the Equality and Human Rights Commission, the nine protected characteristics of people who use services include:

- Disability
- Age
- Pregnancy and maternity
- Ethnicity
- Religion or belief
- Gender reassignment
- Marriage and civil partnership
- Sexuality
- Gender

2.1 Glossary

SSNMH	South Staffordshire Network for Mental Health
SSSFT	South Staffordshire & Shropshire Healthcare NHS Foundation Trust
CRHTT	Crisis Resolution and Home Treatment Team
ICE	Improving Customer Experience
LGBT	Lesbian, Gay, Bisexual and Transgender
RIO	Software System SSSFT uses to record service user information
EDS2	Equality delivery system for the NHS
PALS	Patient Advice and Liaison Service
CMHT	Community Mental Health Team

3. The Project

For 12 weeks over autumn and winter 2015, South Staffordshire & Shropshire Healthcare NHS Foundation Trust (SSSFT) commissioned SSNMH to provide a project worker and a project volunteer to engage and consult with management, staff, and service users of the Crisis Resolution and Home Treatment Teams to find development opportunities for **three** equality characteristics. The three areas chosen by SSSFT's Equality Team were; ethnicity, gender and sexuality. SSNMH have investigated how well SSSFT's CRHTT services meet the needs of a population with a range of equality needs. The scope included:

- Accessibility
- Treatment and Provision
- Exit and Discharge

4. Methodology

The outcome of the project was to prepare a report which produced clear, realistic and achievable recommendations that would improve the experience service users had with any or all of the three protected characteristics. SSNMH also wanted to note any other ideas or suggestions which came

out of the project that did not focus on these characteristics but would improve the service for everyone.

SSNMH have provided qualitative and quantitative data using the following methods.

The project team shadowed and questioned staff members from CRHTT which helped to gather feedback, ideas and observations, spending 1 day in the West and 2 in the East. The project worker reached out to service users and held a focus group at Tamworth Changes which is a commissioned day opportunity in the East and attended an open day and spoke to staff and service users at Richmond Fellowship Life Links which is a commissioned day opportunity in the West. The team also consulted and engaged with SSNMH's membership of service users, conducting in-depth customer experience surveys with willing participants.

Time was taken reviewing equality documentation and a Healthwatch and Engaging Communities report titled 'Dignity and Respect- "In Practice" South Staffordshire and Shropshire Healthcare NHS Foundation Trust'. In addition, appropriate CRHTT policies and procedures were reviewed and comparisons in demographic data using information provided by SSSFT about people who have accessed CRHTT during 2014 and 2015 and information from the Staffordshire Observatory were made. Compliments and complaints received by PALS about CRHTT during a similar timeframe were also reviewed.

Finally, relevant organisations were contacted for ideas around best practice and contact was made with Mike Harbridge from Birmingham LGBT (lesbian, Gay, Bisexual and Transgender), Alan Ferrans from Staffordshire Buddies and the LGBT over 50s group, the Eaton foundation and Rukhsana Manir and Agnieszka Florian who are the BME workers at Burton Changes. Lesley Faux, equality officer for North Staffordshire combined NHS Trust was also asked about the equality and diversity work that they were undertaking.

5. Results

5.1. Results of CRHTT teams' anonymous questionnaire

19 questionnaires were handed out and 9 were returned.

The questions asked were:

Is there anything you can suggest which would help you, to ensure that service users are informed and supported to be as involved as they want to be in decisions about their care?

Suggestions included:

- At 1st contact, offer an easy to read questionnaire, making options clear and leave with the service user to complete in their own time and collected on the next visit.
- To have a single person taking overall responsibility for their care. Have a named person to contact.
- There is a system to enable laptops to be taken out into the community, but laptops and pebbles don't hold charge for long enough to complete paperwork. Some service users have little money, so we can't charge these in their homes and so community work from patient to patient is more difficult to document than it should be.
- To ensure as much info regarding care is given to provide consistency.
- Permission sought for referral to crisis team and explanation of what to expect unless risks are too high.

Do you have any suggestions which would help you in your role to ensure that service users pathways are smooth from entry to discharge and that they are supported appropriately and effectively?

Suggestions included:

- Text service for quick queries.
- Offer training to people in regular contact with service users. Carers could have higher quality training in mental health and other areas such as financial matters.
- Automatic alerts to care-coordinator via RIO on updates about service user involvement with CRHTT.
- Clearer pathways and agreements for referrals to CMHT.
- Faster allocation to CMHT's. Wards to make referrals on admission.
- More joined up approach and working with care coordinators and community teams.
- Fewer people involved to enable trust to be built.
- Limited services are available and transfers between services are often not seamless.

Do you think that there are any barriers for people with the following protected characteristics, to access and engage with services? Ethnicity, sexuality, gender. If so, please provide details.

- Use RIO to identify transgender service users more easily.
- Difficult to access interpreters quickly and easily.
- Specific mandatory training around protected characteristics, not just something to be included in equality and diversity training.
- More awareness and training, access to appropriate and helpful services.
- Not enough representation of ethnic groups in teams. No Eastern European individuals in East.
- There is no notification that a service user is transgender on RIO.
- Include 'alias' on RIO for preferred names and more options of gender identity for clarity when staff contact service users.
- Offer Braille.
- If people are interviewed with their partners/family members for support or language reasons, give them an opportunity to speak alone too.

5.2. Observations from staff shadowing

The project worker spent two days with the East team on 22/10/15 and 18/11/15 and one day with the West team on 11/11/15. The teams were welcoming and the team in the West were especially open. The project worker witnessed busy, caring teams who took the opportunity to review cases, communicate with each other and was really impressed with the way that they spoke to and spoke about service users. They were keen to share their ideas and there were a number of opportunities for service users to make their voices heard in a variety of ways, from being given a feedback and complaints form at first contact to ward meetings and comment ‘bubbles’ that service users were encouraged to complete and give feedback. The teams were very well organised with white boards constantly being used, appointment books being introduced and a member of staff who managed hospital admission.

The project worker felt that the room layout in the West helped the atmosphere, dynamics and feel of the team as the room was larger and in a square shape which was really helpful for team meetings. The East has more corridors and separate offices that appear to make it more difficult for the team to communicate together. The team in the East have to answer the 'crisis line' telephone out of hours. This means that a team member could be with a service user who is in crisis and then have to answer the telephone to another service user who is also in crisis which could cause great difficulty and compromise.

The project worker went out on visits on all 3 days with a social worker and nurses and was really impressed with the caring way they spoke to service users, how they evaluated the safety of the person in crisis and the fact that a care plan was started straight away. Each service user was also asked if they had a carer and if they would like a carers assessment. It was noted that it was always assumed that the service user could read and this may not always be the case. The main point that struck the project worker was the fact that half of the service users that were seen were having massive issues with debt and/or benefits and that if they were offered immediate help with these things then they may well not be in crisis anymore. Service users were given offers of support

workers, urged to make phone calls and visit other agencies such as Citizens Advice Bureaux, but it was thought from observation that the service users often felt so helpless, that the chances of them feeling up to making telephone calls or visiting agencies and explaining their situation were extremely slim.

5.3. Summary of the ICE (Improving Customer Experience) CRHTT Surveys

SSNMH asked all of its members if they had used CRHTT in the last 2 years and if they would like to complete an in depth, improving customer experience survey. 16 responses were received from participants who had used the Crisis Team within the previous 24 months.

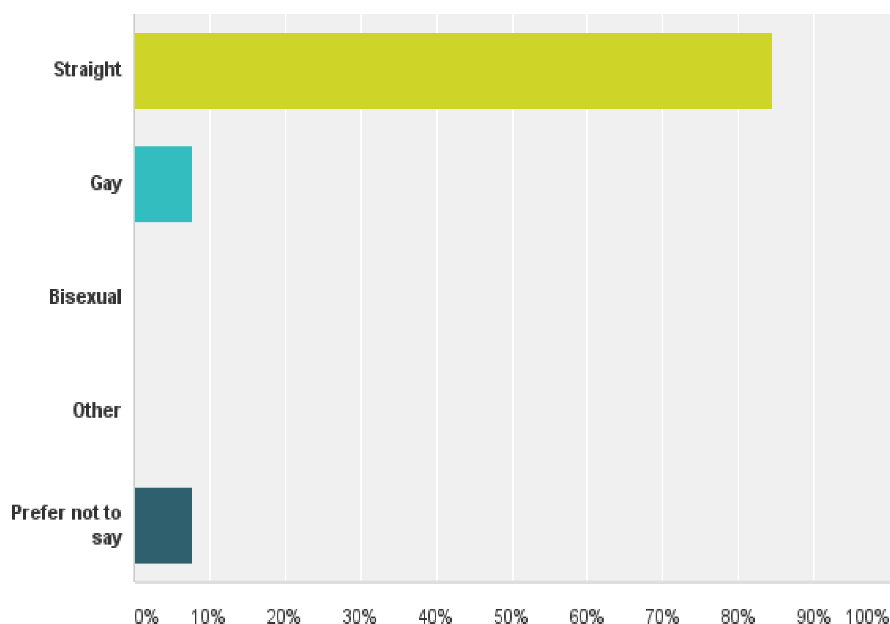
46.2% of the participants used the South Staffs East Crisis Team (Burton, Uttoxeter, Lichfield, Burntwood and surrounding areas) and 53.8% used the South Staffs West Crisis Team (Stafford district and surrounding areas).

The average age of the participant was 42.

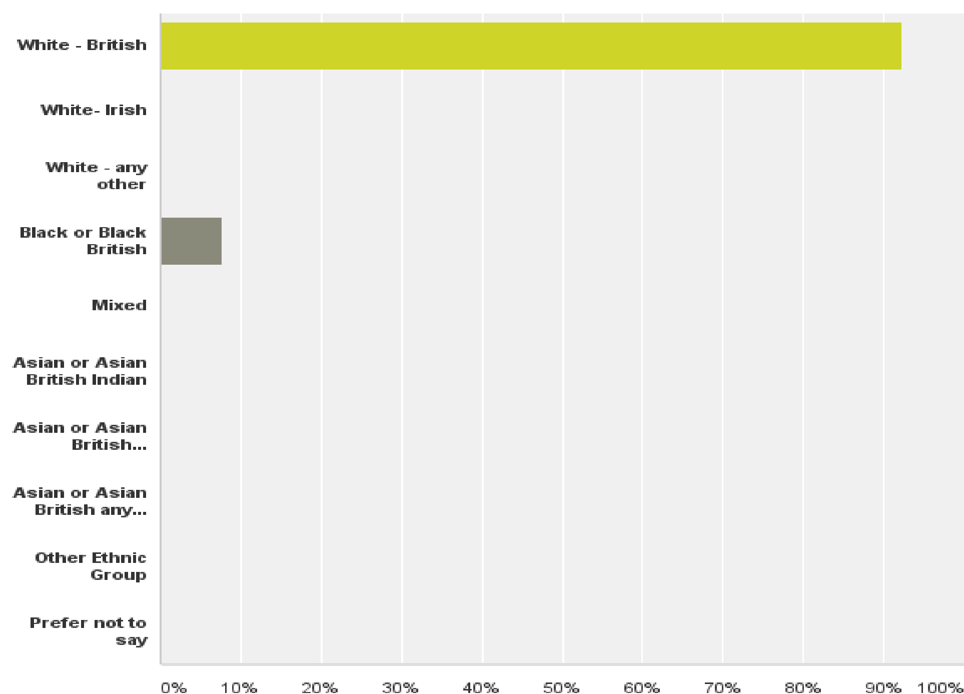
25% of the participants were male.

Below we show detailed responses from the survey together with the participants' comments:

Sexuality



Ethnicity



1. Accessing the CRHTT

The term 'to access a service' refers to the process which starts from when you first used the CRHTT. What are your thoughts on this process? How did you access the CRHTT initially?

- I'd had depression for years, I know I was much worse and went to my GP but he was too busy. My friend rang 111 and the paramedic that came contacted the crisis team.
- My step brother rang 111 and the ambulance came.
- My GP contacted them. The CRISIS team rang me within 30 minutes of me coming home from the GP.
- Can't remember.
- They were accessed via a hospital admission.
- My partner contacted them, they came out pretty quickly, no problems.
- Called GP, he came out to see me and then contacted the Crisis team.
- I have used the service several times over many years. Initial contact was made by my mother (my carer) after overdosing because the eating disorder service had discharged me because I was too depressed for them to treat me. This, despite the fact I had told them I was suicidal, had written my will, my letters and had every intention of carrying this through because no one was helping me and I could not carry on. I was still discharged and my mother (who was waiting outside) was called in but not told of my intentions. 3 days later my therapist called and said my case was possibly going to be discussed at the weekly meeting the following week at St Michaels for depression. No appointment. No hope. No mention of a crisis team - until I overdosed and unfortunately survived.
- Park House contacted them for me.
- My GP rang them for me.

- My neighbour recommended them to me. I accessed them through my GP.
- I saw my GP as I had suicidal feelings and she referred me. They rang me later that same day.
- The process was very quick.

Did you encounter any difficulties?

- Not with the Crisis team, only with my GP whom I going to make a complaint.
- No.
- No, think they came out pretty quickly.
- Stafford hospital released me after seeing a psychiatrist and after I told her I had every intention of doing it again with no follow up. We were not aware there was a crisis team and Stafford did not contact them. My mother contacted my previous therapist at the Eating Disorder Service and told her what had happened. It was only then that we were told about the crisis team and she asked if I wanted their help which of course my mother accepted as I was not being offered any other help.
- Yes they came out initially but then said I'd be ok in a couple of days but I was really ill and they had to come out again.
- No none at all.
- No not at all with accessing them just the stigma made me hesitant in contacting them but everyone around me told me I should.

How were you treated by the staff when you first accessed the service?

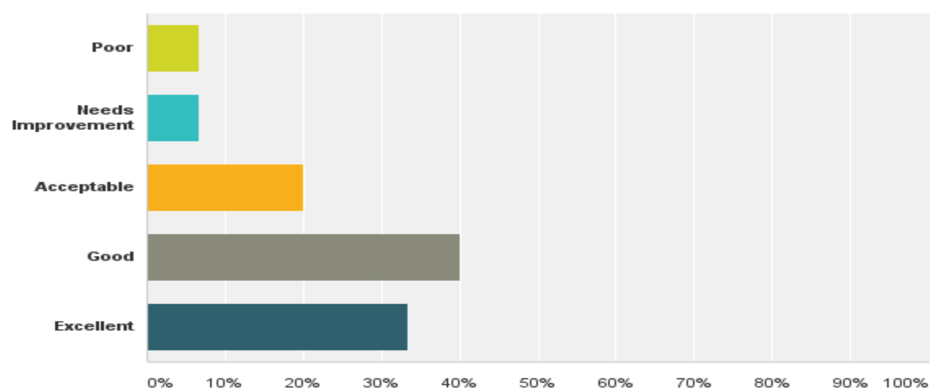
- Staff were brilliant, fantastic.
- Staff were really nice.
- They were amazing, so good.
- Staff were friendly and polite.
- I thought the staff were really nice.
- Staff were good – understanding.
- Can't really remember but think they were good.
- Staff were fine.
- My initial contact with the Crisis Team in 2011 was 5 days after this overdose (November 2011). 2 people came out, Sandra and Kevin and they were lovely. They came for 3 days and arranged for a psychiatrist to visit me. For the first time I felt listened to and they arranged for me to be seen at St Michaels Hospital in Lichfield again.
- I was originally given an appointment with St Michaels in April 2011 after urgent referral from my GP after a 2 hour consultation they referred me to the eating disorder service (8-9 week wait) and left me with no help at all despite being suicidal. In desperation my mother called the eating disorder service to see if there was anything they could suggest she could do whilst waiting for the appointment. She spoke to the Manager, Wendy Bell who felt my depression and bulimia were so severe that she saw me twice a week for the 9 weeks it took for a therapist to be free. She gave me hope and if it were not for her I would have overdosed again I was so desperate for help.

- Staff were very good.
- Very good.
- Staff were very polite and courteous.
- My initial contact was very supportive and I was told if I felt unable to keep myself safe to call back.

Is there anything you can think of which would have improved your experience?

- Not from the Crisis team, cannot praise them enough.
- Not really.
- No.
- Can't think of anything.
- Well I would have liked them to come out sooner, it took 4-5 hours for them to come out but I understand it's difficult for them.
- At the time of the initial contact with the crisis tem in November 2011 the same 2 people came to see me every day so I did not have to go over and over my history. The only problem then was that I never knew what time they were coming so I was on edge all day until they had visited. Further contact with the crisis team was made several times after 2011 because I was in crisis and suicidal and overdosed many times. Only at the initial contact did the same people come out each day so I felt more comfortable knowing who was coming. After this different people were sent every day and I had to keep going over and over my long history which was not helpful and made me more stressed so I told them not to come again.
- It was awful having to wait those two days.
- Can't think of anything.

How would you rate your overall experience of accessing the CRHTT?



2. What are your thoughts about the treatment and provision you were given during your time with the CRHTT? How did you feel about the support you received from CRHTT?

- Fantastic, always came when they said they were going to. Did their job brilliantly. One nurse was particularly fantastic, I had CBT (cognitive behavioural therapy)and he knew the right time to challenge me to progress me further, really understood me.
- Thought the support was ok. I was assessed by the doctor but they didn't give me any medication and I thought I should have had some.
- They were fantastic. Saw me every other day the first week and gradually saw me less and less till I was discharged. They set up a plan and followed through with everything. They changed my medication.
- They took me off all my tablets and didn't explain why, I wasn't happy about this.
- Support was good, they came every day.
- Fine, everything was fine.
- They were very thorough.
- It was ok someone came to see me every day for about 2 weeks, it was someone to talk to
- Apart from the initial contact in 2011 further contacts with the crisis team were not positive at all and as previously stated I did not feel supported by CRHTT in fact it was a waste of time as it made me more anxious when I didn't know when they were going to turn up and who was going to turn up.
- I felt like a guinea pig, I was on so much medication.
- Fine.
- Very good they told me some breathing exercises and gave me some worksheets to do which I still refer back to.
- Yes. I felt worse as the day went on so I rang back. I was told by a different person that they would refer me to social services if I couldn't promise to keep myself safe. This is because I had a toddler. I felt pressured into saying that I would be OK as I didn't want social services involved. It felt very threatening. This destroyed my trust in the team and the process.

How did you feel about the staff? Were they approachable, pleasant and easy to talk to?

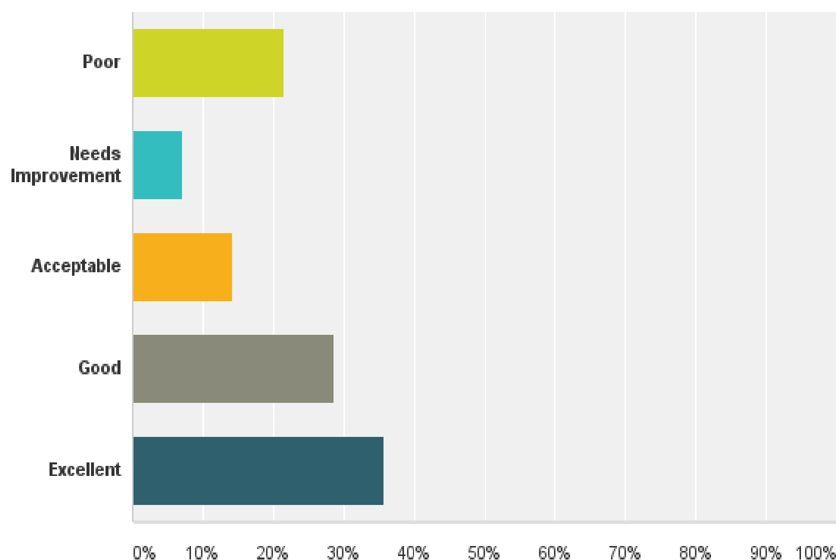
- Fantastic. I wanted to know why I was on the medication they gave me and a consultant came out to answer all my questions.
- I could talk to the staff fine.
- They were fantastic, definitely easy to talk to and so supportive.
  They even gave me a plan and notes for a meeting I had to go to.
  Definitely felt in safe hands.
- Staff were polite to me.
- The staff were really friendly.
- Staff were approachable, fine.
- I wasn't in the right mindset, I didn't want to talk but think they were approachable.
- I thought the staff were very good.
- No, apart from the initial contact with Sandra and Kevin further contacts were no help, because I have a long history of overdoses, self harm, and bulimia (15 years +) the visits were with different people every day so the time was taken up going over and over my history then they left. Some were pleasant some were unpleasant to the point of rudeness, especially over my sexual orientation. I felt they were just going through the motions and ticking boxes rather than actually listening to me.

- Staff were fine.
- Staff were very approachable, easy to talk to.
- Staff were very good, very easy to talk to.

Did you have any issues with your treatment and provision? Did you feel these were recorded and dealt with to your satisfaction?

- No problems at all.
- Not really, sure they knew best.
- No.
- I didn't complain, just wanted to get out of the hospital.
- No problems at all.
- I did not feel I had any treatment in all but the first contact. Previous contacts did not give any help at all In fact the reverse as already explained.
- Just felt like a guinea pig.
- Didn't have any issues.
- No problems at all.

How did you rate your support, treatment and provision during this time?



3. Leaving the services of the CRHTT

How did you feel when you were discharged from the service? Were you given a plan when you left the service?

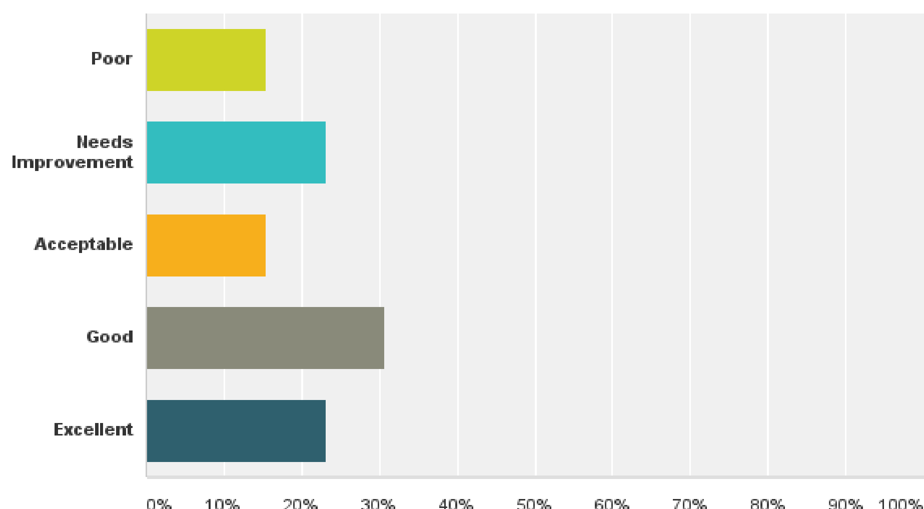
- Yes I was given a care plan, it was discussed fully with me.
- Yes I was given a care plan.
- I was given a detailed plan.
- No don't think so.

- Yes I was given a care plan.
- I was given a care plan.
- Yes I was given a plan and referred to a CPN.
- I was given a green piece of paper, that may have been a plan.
- I felt there was no hope as no one cared and I was promised by everyone they would make me better but they didn't they made me lose all hope of ever getting better. Most times I was not given a plan when I left the service.
- Yes I was given a care plan.
- I was probably given a plan but I can't remember.
- Given worksheets that I still use now.
- I wasn't officially discharged and I wasn't given a plan.

Did you feel empowered, engaged and supported when you were discharged?

- I feel completely different, so positive. I'm so grateful to the Crisis team.
- Yes, I now go to college because of the steps in the care plan and will continue to do some courses. I also now do some voluntary work and lead a group with my friend, taking them on activities.
- I didn't really feel ready to leave even though I understood there was no more they could do for me. They gave me a mobile no. that I could ring any time if I needed them again so that made me feel better - the cord wasn't totally cut.
- No, I told them I felt better but I didn't really just wanted to get out of hospital, couldn't sleep at all in there.
- I did feel supported.
- I did feel better than I did when I started.
- I felt better and supported.
- No, I didn't feel ready to be discharged, I was only offered CBT again and I'd been through that twice.
- No, No and No. I felt miserable because yet again I had failed to kill myself and I now have an existence not a life.
- No, I didn’t feel ready to be discharged at that time.
- I felt strong enough not to need the service any more.
- I still go see someone from the Crisis team.

How did you rate the way you were treated when you were discharged from CRHTT?



4. Did you feel you were treated differently because of your gender, sexuality or ethnicity at any time, from accessing the service to being discharged from the service?

- No.
- No.
- No.
- No.
- No.
- No.
- No.
- No.
- Yes. There were some people who visited when I was in crisis who obviously had a problem with my sexuality.
- No.
- No.
- No not at all.
- Not sure.

5. Are there any other comments you would like to make regarding the CRHTT, either positive or negative?

- They were fantastic, non-judgemental and really listened to me.
- They were really quick to intervene. The only negative comment I would make is the time taken to see EWISS, the time taken to set up the appointment took longer than was acceptable. This is not the fault of the Crisis team though and when I told them they chased it up for me.
- No support offered after I'd been discharged.
- From my point of view the Crisis Team needs a complete overhaul. Especially in the following areas:

1. Crisis teams seen in Stafford and Burton Hospitals. We were kept waiting hours for someone to come to the hospital. After 10 minutes they leave with no follow up. This happened several times.
2. If visiting more than once, try and keep at least one person consistently and not send different people every day
3. Make people more aware of who you are, what you do and how to contact you. This should be given at the first point of contact, i.e GP referring to mental health.
4. Give appointment times or at least say a.m. or p.m. and send a text an hour before - keep in touch by telephone or text and keep updating. That will make client less anxious.

- I think St George's should have more beds.
- Not really.
- Thought they were very good.
- No but I can say I haven't been impressed with subsequent mental health treatment I've received.

5.4. Comments received from Focus Group at Tamworth Changes

16th December 2015

SSNMH advertised the fact that a focus group would be held at Tamworth Changes and explained what would be discussed. The group did not have many positive things to say about their experiences with CRHTT, but their feedback has been included in this report. As the focus group began to open up, it became clear that some of the members present had previous issues with the Crisis Teams specifically that was not apparent at the beginning.

Present: 5 members of Changes present with one member of staff

- A client came to Changes and was obviously unwell, desperate for help, said they were going to kill themselves. Member of staff rang Crisis who said they couldn't come out for a couple of days.
- Client said they felt like they had to take an overdose to get the Crisis Team to come out.
- Changes staff member noticed 'red flag' from client so rang Crisis Team. Crisis wouldn't come out, said that the client had to go to GP, so Changes rang police who came out and said everything was ok, but client ended up in hospital that same night.
- Client contacted Crisis team who just said just do breathing exercises.
- Client asked for a female staff member to come out but they sent a male staff member.
- Client was really in distress at Changes and was going to drive off. Changes took the car keys from member and contacted Crisis who told them to give the keys back to the client and get them arrested.
- Social workers talk ok to Changes staff, but awful to the clients.
- Clients are afraid to speak up because they are afraid the service or their medication will be withdrawn and just afraid because of the nastiness shown to them.
- PALS not very good, seem to come down on the side of the Crisis Team, not impartial.
- One client was released from hospital, didn't feel safe but was on her own for 48 hours and when the Crisis team did come out, they were talking about their own plans for the future.

- Social worker met Tony (member of staff) at Changes and said 'good to put a face to a name' quite threatening. They seem to think Changes at Tamworth was very unprofessional.
- No continuity, crisis came out 5 days but different people each day, have to explain situation over again.
- Support worker saw client in the street and said 'oh you haven't killed yourself then'.
- Client arrested because he was carrying knives, police took the client to his GP, GP rang Crisis but they wouldn't come out so client was sent to Changes, frightening situation.
- Client told Crisis Team they couldn't see her at home, they were accommodating and met her at supermarket etc.

5.5. Comments from Matt Long, Service User of SSSFT

As a mental health service user who was hospitalised in the Margaret Stanhope Centre for four months back in 2009 I received the support of crisis teams in late 2008 to 2009 before my admission to hospital. Those who visited me were hardworking, professional and caring. This being said it was obvious to me that these people were under massive stress in terms of the limited time they had with me before needing to move on to another appointment and that it was like their role was more actuarial in terms of risk assessing the danger I posed to myself rather than about treating the underlying causes of my problems. The modus operandi understandably seemed to be about risk assessment rather than treatment. Whilst still a campaigner in Burton on Trent for the reintroduction of a safe space (I am following the efforts of the likes of Trudy Jones and Keri Lawrence), it upsets me when service users attack the crisis teams and certainly when I played a role in trying to save the Margaret Stanhope Centre through the wider campaign of the Burton Mail newspaper, it upset me that people worked in the binary that in order to make the case for retention of institutional care, they felt they had to proverbially 'trash' the efforts of crisis and home treatment teams. Crisis and home treatment teams provide an invaluable service and I applaud the staff who work for them. The potential reintroduction of a small safe space in Burton would in no way undermine the role of crisis and home treatment teams - far from it - it would actually take some pressure off them and allow them to do their job even more efficiently. Mental health provision is a jigsaw and for that jigsaw to be complete we need every piece of the puzzle to be available in the box. I applaud the services I received from crisis and home treatment teams several years ago and wish all who work in them and manage them well.

Whilst my comments may appear somewhat dated I still think they should be of some relevance and I sincerely hope the home treatment teams have been able to move beyond risk assessment towards more holistic treatment since 2009. People forget what pressure crisis and home treatment teams are under. I hated it when people who back the Save the Margaret Stanhope Campaign in Burton criticised them.

Dr Matt Long
OCD sufferer and Mental health patient at Margaret Stanhope Centre 2009
Mental health campaigner.

5.6. Analysis of PALS compliments and complaints from 1/9/2014-30/9/2015

Over the period of time indicated above, PALS received 21 compliments, suggestions, complaints and concerns. 6 were concerns, 7 compliments, 3 suggestions, 3 interpreter requests were made which were provided and 5 formal complaints were made. None of these issues were about ethnicity, gender or sexuality and nearly all complaints were resolved and satisfied. A complaint that was not resolved and a risk had been identified was around attitudes and comments from some members of the team and a manager had replied to this, apologising. It is worth noting that there were some compliments about the caring way that some service users felt they were treated and where an interpreter was requested, one was provided within 4 hours.

5.7. Results of demographic study from 2014/2015 of service users accessing CRHTT

East				
Ethnicity Comparison			East Staffs	difference to known
	Patients	Patients	Population	
	%	% known	%	
Asian or Asian British - Any other background	0.65	0.88%	1.19%	0.31%
Asian or Asian British - Indian	0.16	0.22%	0.81%	0.59%
Asian or Asian British - Pakistani	0.49	0.66%	4.93%	4.27%
Black or Black British - Caribbean + Any other background	0.65	0.88%	0.90%	0.02%
Mixed - Any other mixed background	0.33	0.44%	1.43%	0.98%
Not Known or stated	25.86			0.00%
Other Ethnic Groups - Any Other Group	0.33	0.44%	0.33%	-0.11%
White - Any other background	1.80	2.43%	3.79%	1.36%
White - British	69.07	93.16%	86.15%	-7.00%
White - Irish	0.65	0.88%	0.48%	-0.41%
		100%		
Gender Comparison	%		%	
Males	47.46		49.64	
Females	52.54		50.36	
Age Comparison				
Age Group	%		%	
16-17	0.7		3.33	2.68
18-19	5.4		2.84	-2.56
20-24	15.7		7.32	-8.39
25-29	12.3		7.84	-4.43
30-44	31.4		24.89	-6.54
45-59	23.1		25.32	2.24
60-64	3.6		7.62	4.02
65-74	5.4		11.29	5.89
75-84	1.8		7.02	5.22
85-89	0.3		1.69	1.37
90+	0.3		0.83	0.51

West					
Ethnicity Comparison			West Staffs	West Staffs	difference to known
	Patients	Patients	Population	Population	
	%	% known	%	% known	
Asian or Asian British - Indian	0.59	0.87	1.04	1.07	0.20
Asian or Asian British - Pakistani	0.30	0.43	0.28	0.29	-0.14
Black or Black British - Caribbean + Any other background	0.30	0.43	0.85	0.87	0.44
Not Known or stated	31.75		2.85		
White - Any other background	0.89	1.30	1.82	1.87	0.57
White - British	65.88	96.52	92.58	95.29	-1.23
White - Irish	0.30	0.43	0.59	0.61	0.17
		100.00		100.00	
Gender Comparison					
	%		%		
Males	51.34		50.09		
Females	48.66		49.91		
Age Comparison					
Age Group	%		%		
16-17	1.5		2.95	1.46	
18-19	6.2		2.94	-3.29	
20-24	14.8		7.37	-7.46	
25-29	11.6		6.54	-5.03	
30-44	28.5		23.36	-5.12	
45-59	28.2		25.13	-3.06	
60-64	3.9		8.44	4.58	
65-74	3.6		12.84	9.28	
75-84	0.9		7.40	6.51	
85-89	0.6		1.93	1.34	
90+	0.3		1.10	0.80	

Working through the above tables, it can be demonstrated that the ethnicity of 31.75% in the West and 25.86% of service users in the East was not recorded in 2014/15. There are some differences in

the ethnicity, gender and age of the population of each area, compared with thoses using services, but when the 'not known' figure is taken out, these figures become more obvious. There are 4.2% less service users in the East from an Asian or Asian British Pakistani background than is reflected in the population of the area and there are 7% more white British service users accessing CRHTT than is reflected in the population.

Gender is fairly evenly split in both teams and reflects the population. There are more service users aged 18 – 59 in both areas accessing the service than you would expect to see when looking at the population of the area and there are up to 9% less service users aged 60 plus.

5.8. Results of demographic study from 2014/2015 from ALL service users accessing SSSFT

SSSFT Patients Totals Breakdown during 2014/15	**for Lichfield & Burntwood, Tamworth, Burton & Uttoxeter**					
Ethnicity Comparison	Patients	%	less unknown	Pop	Pop %	Diff
Asian or Asian British - Any other background	8	0.23	0.32	2270	0.78	0.47
Asian or Asian British - Indian	12	0.34	0.47	2179	0.75	0.28
Asian or Asian British - Pakistani	49	1.39	1.93	5802	2.00	0.07
Black or Black British - African	4	0.11	0.16	537	0.18	0.03
Black or Black British - Caribbean	8	0.23	0.32	1050	0.36	0.05
Black or Black British - Any other background	4	0.11	0.16	310	0.11	-0.05
Mixed - Any other mixed background	5	0.14	0.20	3206	1.10	0.91
Not Known	549	15.57		0	0.00	0.00
Not Stated	438	12.42		0	0.00	0.00
Other Ethnic Groups - Any Other Group	9	0.26	0.35	583	0.20	-0.15
White - Any other background	45	1.28	1.77	8763	3.01	1.24
White - British	2380	67.50	93.74	266101	91.51	-2.23
White & Asian	5	0.14	0.20	0	0.00	-0.20
White & Black Caribbean	10	0.28	0.39	0	0.00	-0.39
Grand Total	3526		2539.00	290801		
less unknown	2539					

Age	No. of Patients	%	Popn	Popn %	Diff
16-17	22	0.62	7591	3.21	2.59
18-19	140	3.97	6631	2.81	-1.16
20-24	400	11.34	16698	7.07	-4.28
25-29	362	10.27	17393	7.36	-2.91
30-44	1057	29.98	58266	24.65	-5.32
45-59	921	26.12	59730	25.27	-0.85
60-64	178	5.05	19507	8.25	3.21
65-74	214	6.07	28833	12.20	6.13
75-84	148	4.20	15932	6.74	2.54
85-89	56	1.59	3843	1.63	0.04
90+	28	0.79	1921	0.81	0.02
	3526		236345		

Gender	Patients	%	Pop	Pop %	Diff
Female	1906	54.06	147051	50.52	-3.53
Male	1618	45.89	143999	49.48	3.59
Unknown	2	0.06	0	0.00	-0.06
Total	3526		291050		

Working through the above table shows that during 2014/2015, nearly 1000 service users which amount to 27% did not have their ethnicity recorded. These figures represent **everyone** who

accessed any of SSSFT's services which is a similar figure to the unrecorded ethnic origin of CRHTT service users over the same period. There are more service users aged 18 – 59 in total accessing all of SSSFT's services than you would expect to see when looking at the population of the area and there are up to 9% less service users aged 60 plus which mirrors the results from the CRHTT figures. The main point that comparing these studies shows, is that the whole of SSSFT's services seem to be delivered to a fair representation of the population it covers in terms of ethnicity which is not the case when CRHTT's services are looked at seperately. More research is needed to look into why this may be the case.

5.9. Meeting with Agnieszka Florian and Rukhsana Manir, Changes BME (black and ethnic minorities) workers

Burton on Trent 18/12/15

Pakistani and Polish communities were discussed with peer support workers with experiences of their communities.

- Pakistani: most would be too proud to call or use crisis, would rather use family or doctor, may not trust that others can help with mental health. Fathers, husbands should be strong! They may only say they are sad.
- People rarely say they have mental health problems. Attracted to groups to do skills such as crocheting and then talk.
- Polish community: closed community, no understanding of how system works, what roles are, language barrier. They do want to talk about their mental health. It is very difficult to discuss feelings in a foreign language. Polish community believe that GP's only prescribe medicine as in Poland, you would not see your GP about mental health, you would see a psychologist straight away. Some of community use Polish psychologists in Birmingham and pay privately. The BME worker is targeting ESOL classes, 5 members so far and 15/16 in schools. STIGMA: Some service users think that if they go to see their GP about their mental health, it will be difficult for them to get a job.
- People are individuals in all ethnicities; ask the person, what do they need?
- The BME (black and ethnic minority) workers were surprised that there was not a wider gap in the ethnicities using crisis and surprised that so many did, especially people from a Pakistani background.

Their suggestions to improve Crisis services to become more inclusive and diverse were to ensure that literature is available in a range of languages and that interpreters are available to access fairly quickly. They also suggested that it is important to speak to each service user alone, as well as with their carer or partner who may be interpreting and/or supporting them because they may not feel comfortable disclosing everything they want to.

5.10. Discussion with Lesley Faux, Equality Officer for North Staffordshire Combined NHS Trust.

Lesley is working on the 'Listening into Action' approach with the Trust which is where a 'bottom up' way of feeding back and improving things is taken. They hold a round of 'listening into action' meetings each month and discuss a different topic among staff, service users and carers and then a number of actions are taken. Issues are identified by staff members and then resolved by them.

They talk about a number of different equality and diversity issues and people are listened to at a grass roots level. Lesley told the project worker about some great resources that are on a website called 'Stonewall'. Some of the resources that can be ordered from Stonewall include posters that showcase the variety of family relationships that exist. Lesley arranged to have any equality issues to be brought to her attention and is looking for common themes and trends and is also identifying ways in which problems can be tackled and people be better equipped to deal with them such as abusive behaviour from patients to other patients on wards. Lesley is organising 'big conversations' which are events for staff, service users, carers and outside agencies to look at equality and diversity and to analyse whether the Trust is meeting the needs of the diversity of the community. She has just started to ensure that she has data such as ethnicity and sexuality of all the staff and she will then move onto patients because she has noticed that there are many gaps in data. Finally, she is applying for a cinema licence and she is showing films periodically at the Potteries shopping centre on a variety of subjects, the first one being 'Pride' which is a film set in 1984 and looks at an LGBT (lesbian, gay, bisexual and transgender) group that raised money for miners and families and looks at how two seemingly alien communities form a surprising and ultimately triumphant partnership. This looks like an innovative, imaginative and interesting way to open the discussion and highlight a range of equality topics.

5.11. Focus group at Staffordshire Buddies LGBT over 50s group 1/2/16

The project worker visited a Lesbian, Gay, Bisexual and Transgender over 50s group which is held in Lichfield once a month and is organised by Staffordshire Buddies. There were 9 members of the group present and a group leader who were all very open and shared thoughts and ideas. Some of the comments received were;

- A friend of mine had several episodes of depression and spent some time in St Georges. You will often find that gay people have an extremely close circle of friends and we wanted to make comments about his progress because we felt that he wasn't moving on as much as we felt he should be. We felt that staff did not really listen to us and we found it difficult to find out who the right person to talk to would be. We wanted to say to the ward staff that his circle of support were gay friends but we didn't know how to say it. Once we had asked his family member to explain the situation, he came on leaps and bounds and has been fully recovered ever since.
- I tell my GP I'm gay. I want it to be on my records so that health professionals know my past and I do not want any awkward questions such as someone asking me how my wife is.
- Staffordshire buddies ask people what their gender is and then ask if that is the gender of their birth.
- Partners should be treated equally, no matter what their gender is. Be sensitive and don't make assumptions. Transgender is about gender and NOT sexuality.
- What imagery is there on walls and in waiting rooms for LGBT people to identify with? People want something to identify with and there should be positive references. Magazines such as 'Zone' and 'Attitude' should be in waiting rooms to make people feel comfortable.
- We run workshops and one to one sessions in schools. In 2004/2005, all attendees of a youth group we were running were on tranquilizers.
- There is a Rainbow Charter Mark (RCM) which gives an award to healthcare providers for excellence in Lesbian Gay and Bisexual Healthcare. This is endorsed by SSSFT, yet they do not have an award themselves.

6. Conclusions

6.1. Ethnicity, Gender and Sexuality

Focussing on the three protected characteristics, it is clear that there is not enough data being recorded and that mechanisms need to be put into place to ensure that data is collected and recorded in every instance. The materials that are available are not being put to good use and staff have a range of tools to help them that they are not aware of. These materials need to be refreshed and revisited by staff periodically. There are a range of leaflets and posters available from the 'Stonewall' website which can be ordered and used with service users and staff. Staff need to be made aware of EDS2 (equality delivery system for the NHS) and who is working on and accountable for each topic. This needs to be embedded into the way that every team works. Staff need to be made aware if a service user identifies themselves as transgender or by a name which may not be the name on the recorded information if they have used services previously, before they make a visit to ensure no distress is caused to service users.

6.2. Celebrating success

SSNMH found evidence of lots of good practice during the investigations. SSSFT website is user friendly and jargon free with opportunities to feedback through the website and patient experience surveys that are carried out with all service users. There are many opportunities to feedback to the teams and SSSFT from service users and carers through the website, PALS, Meridian, ward meetings and 'feedback bubbles'. There is also evidence of how SSSFT is following the EDS2 (equality delivery system for the NHS) framework and a named person is accountable for each heading, although when staff were questioned about EDS2, some were not aware of its existence. Most of the staff and managers including Jacquie Lakin-Woodward showed great inclusivity and compassion when they were talking about and to service users. A good sense of humour was present and great organisation, both appointing initial assessments within the 4 hour time frame and allocating beds when needed and every member of staff I shadowed showed professionalism and gave a person centred approach.

7. Key recommendations

1. Improved Use of Rio

1.1 Ensure that ethnicity, gender and sexuality is recorded as soon as possible on RIO so that SSSFT is certain that they are providing a service to all of the community and be able to identify where there are any gaps and then investigate why. If these are not known at first contact which may be on the telephone, create a prompt which will remind the initial assessor to get the missing information.

1.2 Use the prefix MX to indicate that the service user may be transgender or that they do not identify with a gender or do not want to be defined by their gender. Or, ask service users what their gender is and then if that is the gender of their birth.

1.3 Have an 'alias' or 'would like to be known as' box on RIO as service users may not want to be called by the name that is registered or recorded.

2. Improved Information for Service Users

2.1 Ask the service user if they would like the leaflets they are given in any other format and check literacy levels.

2.2 Use and give out the leaflet developed by Stonewall which is called 'What's it got to do with me?' Other useful resources are on the Stonewall website. Link: http://www.stonewall.org.uk/our-work/community-resources. Have imagery on leaflets, posters and magazines which LGBT service users can identify with and makes them feel comfortable.

2.3 Ensure that an up to date list of other services that may benefit service users is available and ensure that a well-stocked library of relevant leaflets in a variety of languages is available as hard copies or electronically.

3. Improved information for Staff

3.1 Train staff on EDS2 (equality delivery system for the NHS) and the useful benefits of the system.

3.2 Utilise the materials that are available to help inform staff about cultures and beliefs using documents such as 'A Multi-faith Resource for Healthcare Staff'. This is a booklet produced by NHS Education for Scotland (NES) through its healthcare chaplaincy training and development unit.

3.3 Work towards and gain the Rainbow Charter Mark. This is a mark which is endorsed by SSSFT, but I believe does not have the award. It is a benchmarking process for healthcare providers to ensure that they are fully committed to ensuring that their lesbian, gay and bisexual patients and service users are treated fairly and are able to discuss their issues openly.

Other Discussion Points

Whilst undertaking the study, SSNMH have captured the following points for discussion with SSSFT. The points may not be directly related to equality, but may certainly support SSSFT and the service that CRHTT delivers in the future.

4. Operational

4.1 Have a dedicated member of staff to answer the crisis line telephone number out of hours so that a staff member who is with a service user in the East, does not have to answer the telephone to another service user who is in crisis.

4.2 Consider 'drying out' facilities such as the 'Edward Myers Unit' in Stoke on Trent which is an inpatient detoxification unit provided by North Staffordshire Combined Healthcare Trust if this is ever financially available. When time was spent with each team, it appeared that there were huge issues around drug and alcohol addiction and service users are often not able to be assessed because they are under the influence of substances. According to staff members, once service users are not under the influence of alcohol or drugs, they may not be in crisis anymore and home treatment, assessment and care plans **may** not be necessary.

4.3 Provide an experienced debt, welfare benefits and housing adviser to be able to talk to service users on the telephone or via Skype for initial contact while the first assessment is being made if needed. A concrete appointment can be made on the telephone and the adviser can get a good idea of the main issues, identify any emergencies and reassure the service user that ANY issue can be looked at and more often than not, dealt with and improved on. If this service was provided, the need for daily visits from the Crisis Team may be reduced and the feeling of hopelessness for some service users in crisis could be reduced.

4.4 Utilise resources that are already available to help service users such as the TAP (Tamworth Advice Partnership) and RAFT in Lichfield District (Right Advice First Time). If SSSFT became associates of initiatives like these, they would have access to referral platforms and be able to make direct referrals for service users for a range of services to ultimately alleviate some of the stress they are currently experiencing and help with their mental wellbeing.

5. Rebranding

5.1 Re-brand CRHTT including changing the name to another which does not include the words 'home treatment' to make it clearer to service users what they can expect from the service. Suggestions include CAPS (Crisis Assessment and Pathway Service), or simply Crisis Resolution Teams. Many of the complaints and disappointed comments received from service users would not have occurred if it was clearer to them that the crisis team were not there to 'treat' service users in their homes with talking therapies and that they were there to ensure that service users were safe until they were either not in crisis anymore or discharged to inpatient care or other services. It is recommended that the team needs to be re-branded and this would lessen much of the confusion that currently exists.

5.2 SSSFT website could make it clearer HOW Crisis services can be accessed and what someone can expect from those services. Although Crisis services are not designed to particularly encourage

people to use and so it is difficult for them to 'advertise' themselves to a wide range and full spectrum of the community with one, some or all protected characteristics, it is important to ensure that all members are aware of the services, what they offer and how to access them.

8. Lessons learned for future projects

SSNMH are committed to continuous development and self-evaluation. SSNMH would look to repeat this project for other teams within SSSFT. In future projects, we would like to not only try to speak to other Trusts for ideas around best practice, but I would find it enormously helpful to have the opportunity to shadow teams in other Trusts for one or two days to look at, research, question and compare the way they do things. This would really help inform future reports. We would like to be able to access service users' names and contact details to find out if they would like to be involved in focus groups and hold more groups to provide even more qualitative data.

Many ways of working within this project have been very successful and have worked really well. A large number of service users were able to be asked for feedback using SSNMH's far reaching membership, and the in-depth surveys that were carried out with willing participants were invaluable. The days spent shadowing staff and observing the process that service users go through when accessing CRHTT were extremely informative, and as the survey given to staff was anonymous, they felt able to express their views and opinions in an open way. SSNMH is pleased with the co-operation it has received from staff and service users and hope that the recommendations and discussion points included in this report are useful.

9. Appendix A: Copy of CRHTT staff survey

Staff Questions - please send back in the freepost envelope provided within 1 week.

Thank you for your time.

CRHTT 2015 Equality report

Anonymous

Gender

Ethnicity

Sexuality

Q1:

Is there anything you can suggest which would help you, to ensure that service users are informed and supported to be as involved as they want to be in decisions about their care?

Q2:

Do you have any suggestions which would help you in your role to ensure that service users pathways are smooth from entry to discharge and that they are supported appropriately and effectively?

Q3: Do you think that there are any barriers for people with the following protected characteristics, to access and engage with services? Ethnicity, sexuality, gender. If so, please provide details.

10. Appendix B: Copy of ICE (improving customer experience) survey for service users who have used CRHTT in the last 24 months.

Improving Customer Experience

Crisis Resolution Home Treatment (CRHTT)

Your help is needed for equality project about crisis and home treatment team in SSSFT!

Your views **REALLY** matter and will be fed back to SSSFT and the teams themselves, so please, get in touch and have your say!

This questionnaire is aimed to be a dialogue to understand how well the CRHTT are meeting people's needs. This questionnaire can either be answered over the telephone, (please call the office on 01543 301139 and leave your name and number for Tracey to call you back) or in a focus group.

Date	
Name of Interviewer	
Number of people questioned	
Full name of member	
CRHTT (East/West)	
Gender	
Sexuality	
Ethnicity	
District	
Age	
Office Use	**Mbr Number:**

1. Accessing the CRHTT

The term 'to access a service' refers to the process which starts from when you first used the CRHTT. What are your thoughts on this process?

How did you access the CRHTT initially?

Did you experience any difficulties?

How were you treated by the staff when you first accessed the service?

Is there anything you can think of which would have improved your experience?

Comments				
Poor	Needs Improvement	Acceptable	Good	Excellent
1	2	3	4	5

2. What are your thoughts about the treatment and provision you were given during your time with the CRHTT?

a. How did you feel about the support you received from the CRHTT?

b. How did you feel about the staff? Were they approachable, pleasant and easy to talk to?

c. Did you have any issues with your treatment and provision, did you feel these were recorded and dealt with to your satisfaction?

Comments				
Poor	Needs Improvement	Acceptable	Good	Excellent
1	2	3	4	5

3. Leaving the services of the CRHTT

How did you feel when you were discharged from the service?

Were you given a plan when you left the service?

Did you feel empowered, engaged and supported when you were discharged?

Comments				
Poor	Needs Improvement	Acceptable	Good	Excellent
1	2	3	4	5

4. Did you feel you were treated differently because of your gender, sexuality or ethnicity at any time, from initially accessing the service to being discharged from the service?

Comments

5. Are there any other comments you would like to make regarding the CRHTT, either positive or negative?

Comments