COUNCIL OF GOVERNORS' MEETING

10 NOVEMBER 2016

Paper Title:	Protected Characteristics of those People using Mental Health Services
Section:	Public
Lead Director:	Michael Smith, Chair
Paper Author:	Stella Jackson, Deputy Trust Secretary
Agenda Item:	5
Presented For:	Information

PURPOSE OF THIS PAPER:

To provide Governors with an update about:

- The protected characteristics of those People using Mental Health Services; and
- To provide information from the Count Me In survey in 2010 and comparisons with local data for 2014, 2015 and 2016.

RECOMMENDATIONS:

That the Council of Governors:

- Notes the content of the paper.

1. Introduction

The Chair of the Mental Health Legislation Committee and the Mental Health Legislation and Care Programme Approach Lead, attended the Council of Governors meeting on 11 August 2016 and presented slides on the work of the Mental Health Legislation Committee.

The Council asked if it would be possible to review the data we collect on a number of protected characteristics and compare our local data with the data collected in the Count Me In Survey.

The last data collection for the Count Me In survey took place on 31 March 2010. This was a snapshot of all patients occupying a mental health care bed on that date. We have used the 2010 data and gathered local information for 2014, 2015 and 2016. All were snap shots of patients occupying a hospital bed on 31 March each year.

2. Committee approach to issues where limited assurance has been provided:

The Mental Health Legislation Committee has been proactive in asking for further analysis, or a deeper dive into particular practice issues. Here are some examples:
The use of Physical Intervention (Restraint) in people from a Pakistani background seemed disproportionately high compared to mix of patients admitted. It was suggested that language spoken may have been a contributory factor. The Committee asked for a detailed breakdown and it's Dashboard now includes narrative to explain if the person's language has been a contributory factor that led to an episode of physical intervention.

The Committee receives reports every 6 months focusing on the Care Programme Approach Audit and its findings. The Committee has asked for further assurance from operational services that Service user and carer involvement in the assessment and care planning processes and for services to provide evidence that local quality and safety meetings are developing actions to address any audit issues.
Consent to Admission and Treatment became an important focus in 2014, when the Supreme Court ruled that Clinicians must use either the Mental Health Act or Mental Capacity Act to deprive a person of their liberty. The Committee received assurances that new Consent to Admission and Treatment processes were in place and being regularly monitored.

The Tribunals Judiciary wrote to every Chief Executive in December 2014 requiring improvements in the way reports were provided to Tribunals. The Tribunal give 21 days for reports to be provided for a patient's tribunal and most trusts were not complying with this deadline. Locally we found that only 37% were submitted on time. Local action by the MHA Department and communication form the Medical Director enabled us to move to 90% within 2 months. Currently over 95% arrive within 21 days. The small percentage that does not arrive in time are usually explained by changes in Responsible Clinician, or sickness absence of the care co-ordinator or named nurse. The Tribunals Judiciary is usually sympathetic to

unforeseen events and will allow short extensions for the covering person to prepare the report.

The Committee has asked for more detail on how Section 17 leave for patients detained under Section 2 or 3 (and others) where escorted or unescorted leave forms part of the patient's therapeutic recovery plan. They were interested in understanding the impact of the No Smoking policy and what proportion of leave may be cancelled, due either to the patient being too unwell or there not being enough staff to escort patients. The Committee was assured that a very small amount (less than 2%) of several hundred episodes of leave were cancelled due to staffing issues

3. Findings from the comparisons to Count Me In survey data:

The most complete data sets record a person's age, gender, ethnicity and religious beliefs.

Data on Disability, sexuality are less complete

Data on Gender Reassignment and Pregnancy were absent in the data collected in 2010. It was also not possible to tell within our local biographic data whether these factors were being recorded.

All results shown are in percentages (%).

4. Summary of Data:

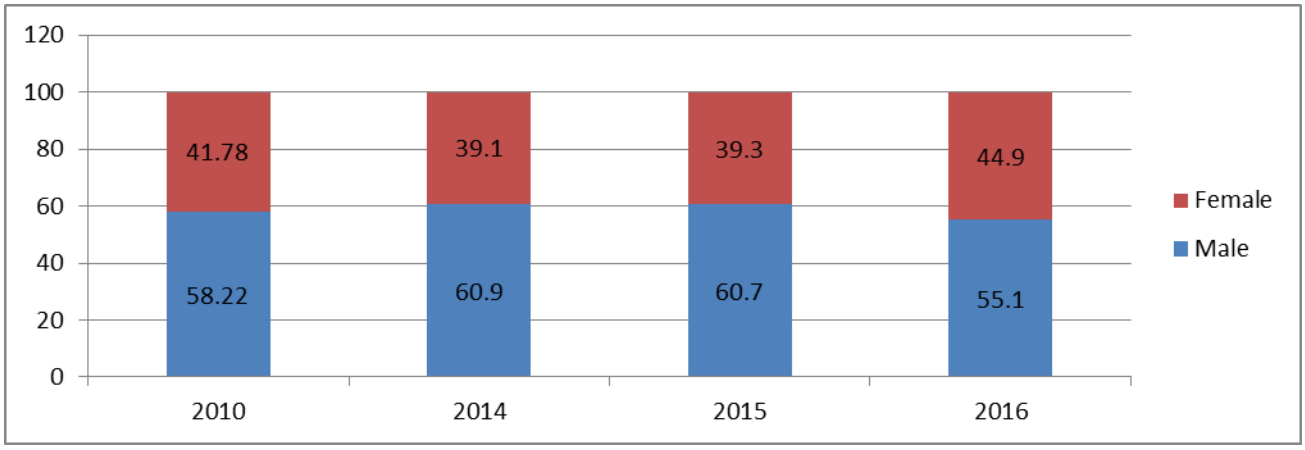
The Count Me In Survey collected data on 32,799 in patients across England and Wales

Our local numbers are understandably significantly smaller. Data is based on 184 in patients in 2014, 191 in patients in 2015 and 187 in patients in 2016

Gender split:

There has not been a noticeable shift away from there being more males admitted than females.

Year	Male	Female
Count Me in Data 2010	58.22	41.78
Local Data 2014	60.90	39.10
Local Data 2015	60.70	39.30
Local Data 2016	55.10	44.90

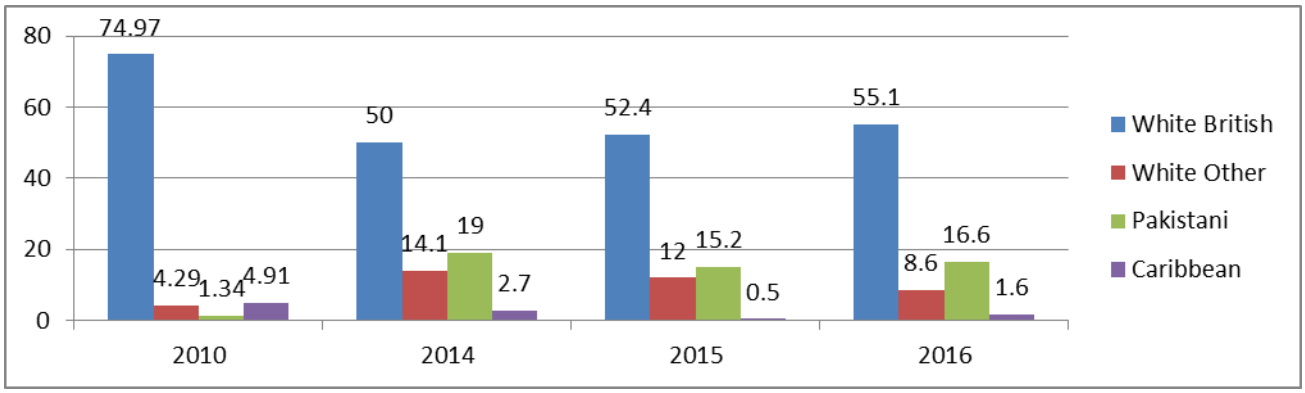


Ethnicity:

The 2010 data showed a larger proportion of beds were occupied by someone from a white British background.

Locally, we have seen an increase of admissions for people from a Pakistani descent and decrease in those from a Caribbean background

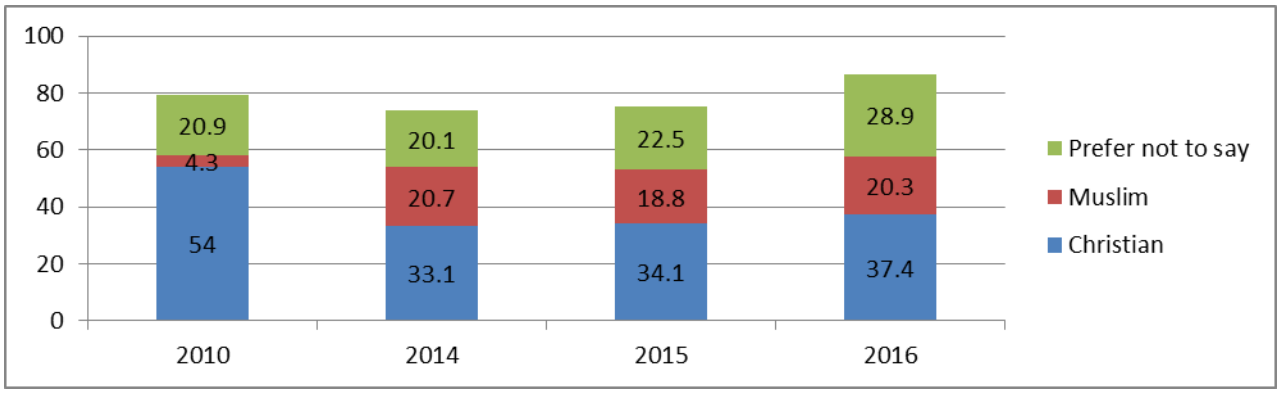
Year	White British	White Other	Pakistani	Caribbean
Count Me in Data 2010	74.97	4.29	1.34	4.91
Local Data 2014	50.00	14.10	19.00	2.70
Local Data 2015	52.40	12.00	15.20	0.50
Local Data 2016	55.10	8.60	16.60	1.60



Religion:

The changes in data on religious belief mirrors that seen in the ethnicity data. In essence 1 in 5 patients admitted is Muslim. There is still a significant proportion of admissions (around 20%) where people declare No Religious beliefs.

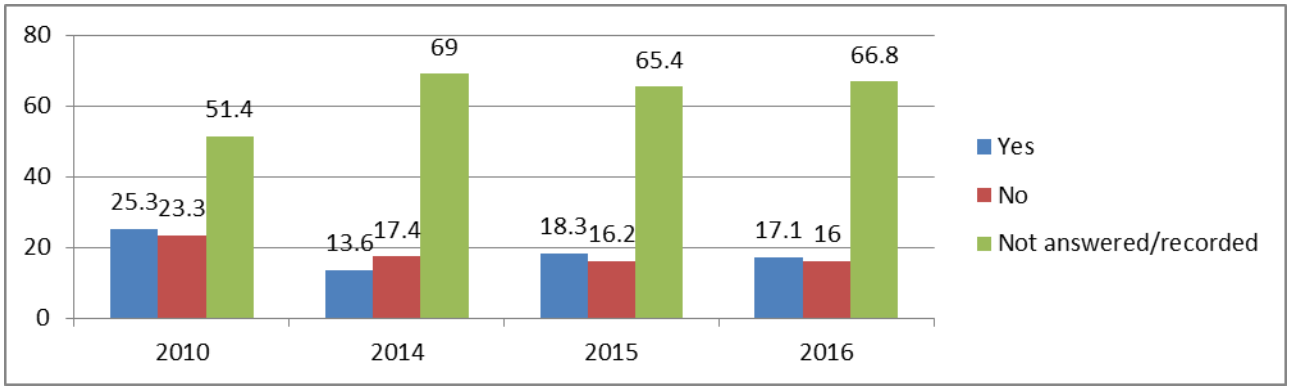
Year	Christian	Muslim	Prefer not to say
Count Me in Data 2010	54.00	4.30	20.90
Local Data 2014	33.10	20.70	20.10
Local Data 2015	34.10	18.80	22.50
Local Data 2016	37.40	20.30	28.90



Disability:

There are still a significant proportion of patients where disability is not known, not asked, or not recorded. Under 20% of in patients have stated definitively that they have a disability, A similar percentage have stated definitively that they do not.

Year	Yes	No	Not answered/recorded
Count Me in Data 2010	25.30	23.30	51.40
Local Data 2014	13.60	17.40	69.00
Local Data 2015	18.30	16.20	65.40
Local Data 2016	17.10	16.00	66.80

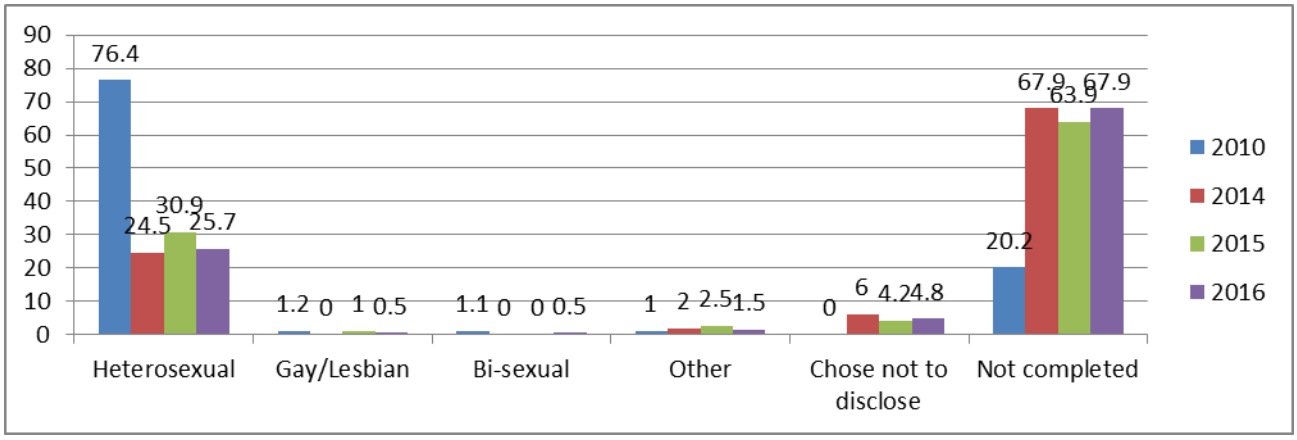


Sexuality:

The Data recording a persons' sexuality

This data is limited to the choices a person can declare. Our electronic care record only allows for the recording of: Heterosexual; Gay Man, Lesbian, Bi Sexual, Other, or Chose not to state. We also have a significant number where this filed was blank. It is most likely left blank by admitting staff if at the time of admission, the person was too disturbed to enter into this level of detail. Unfortunately, it appears staff are not then returning at a later date to complete this issue.

Year	Heterosexual	Gay/ Lesbian	Bi-sexual	Other	Chose not to disclose	Not completed
Count Me in Data 2010	76.4	1.20	1.10	1.00	0.00	20.20
Local Data 2014	24.5	0.00	0.00	2.00	6.00	67.90
Local Data 2015	30.9	1.00	0.00	2.50	4.20	63.90
Local Data 2016	25.7	0.50	0.50	1.50	4.80	67.90



Final Comments:

The Committee will continue to ask for further analysis of issues related to a range of practice or data accuracy issues, as they come to light.

Two Governors recently attended the last Mental Health Legislation Committee in October. The invitation is a standing one and we would welcome other Governors joining future meetings to observe how the Committee functions and what issues are brought there.