

Fair Treatment Assessment (FTA) Form



Area for Assessment:	
Name of service or function etc	Adult Mental Health
Which Service does this affect?	Adult Mental Health
Is this a new, existing or revised function?	Existing
Summary of findings:	
Main conclusions on the likely impact of the function on different equality groups (protected characteristics):	
<p>Mental health problems are common (affecting 1 in 6 adults and 1 in 10 children). They start early (50% by 14 years of age), often persist, they occur as a result of many determinants and have adverse consequences including premature mortality and social/economic crisis.</p> <p>Access to services is unequal and rates of illness are unevenly distributed, with higher rates in excluded groups. To deal with these problems effectively and efficiently requires a whole system focus across both mental and physical health services. A wide range of effective, evidence based early interventions applied across health and social care can build resilience within the population, prevent problems starting and improve outcomes.</p> <p>The Solihull Mental Health Strategy aims to improve the health of the population of Solihull as a whole by mainstreaming mental health. It promotes mental health as intrinsic to everyone's health; it looks at how best to improve access to a full range of high quality mental health services for those with mental ill-health and aims to ensure that people with mental health problems have a good experience when accessing mental and physical health services. The Solihull Strategy has adopted at its core the key outcomes identified within the National Mental Health Strategy "No Health Without Mental Health" which are:</p> <ul style="list-style-type: none"> • More people will have good mental health - more people of all ages and backgrounds will have better wellbeing and good mental health. Fewer people will develop mental health problems – by starting well, developing well, working well, living well and ageing well; • More people with mental health problems will recover - more people who develop mental health problems will have a good quality of life – greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they need for living and working, improved chances in education, better employment rates and a suitable and stable place to live; • More people with mental health problems will have good physical health - fewer people with mental health problems will die prematurely, and more people with physical ill health will have better mental health; • More people will have a positive experience of care and support - care and support, wherever it takes place, should offer access to timely, evidence-based interventions and approaches that give people the greatest choice and control over their own lives, in the least restrictive environment, and should ensure people's human rights are protected; • Fewer people suffering avoidable harm - people receiving care and support should have 	

confidence that the services they use are of the highest quality and at least as safe as any other public service; and

- Fewer people with mental health problems will suffer stigma and discrimination - public understanding of mental health will improve and, as a result, negative attitudes and behaviours to people with mental health problems will decrease.

To achieve this within current resources required us to better understand how people were accessing services, to assess whether these were the right services for them at the right time and identifying what other services, if provided earlier or were more readily available, may have enabled someone to be managed in a less restrictive way. We started talking to service users and carers to find out what they thought about current services and what they felt would make a difference to them. Most felt that admission should be the last resort and only where it was in the persons best interests. Once admitted they wanted admissions to be as short as possible as the longer the length of an admission the more difficult it is once discharged to get back to normal. All agreed though that there needed to be inpatient services to be available and wanted these to be provided as close to home as possible. They wanted more opportunities in the community provided by the third sector as those accessing such support saw it as one of the most crucial elements in maintaining their mental health. They wanted opportunities to increase their independence and to feel part of and safe within their local community.

Following this initial engagement with service users and carers we undertook a range of audits to look at current inpatient usage and to identify whether we could reduce this capacity whilst still meeting the needs of our local population. We identified that we could reduce our in patient capacity by 3 beds and use this resource to invest in other community and primary care services. Birmingham commissioners were undertaking a similar exercise and were no longer using the beds that they had previously commissioned in Solihull. This meant that the Trust could no longer afford to run two half empty wards and hence undertook capital works to provide both the male and female wards on what had previously been a male only ward. The ward alterations ensured that the two new units were compliant with the gender specific requirements and ensured that inpatient services could continue to be provided within Solihull. Since this move we are using on average 17.5 beds at any one time which supports the results of the detailed audit work undertaken.

The equality impact consultation as part of the wider stakeholder day identified that this was not ideal and we will therefore work with service users and carers to identify a range of options that could be considered as alternatives to what is currently in place.

Through the current redesign of adult mental health services we have been able to release resources to invest in a dedicated home treatment team consultant for Solihull and to provide the recurrent funding for IAPT (Solihull Healthy Minds). There has also been significant additional investment in specialist alcohol services which had been identified as a problem within Solihull.

All services commissioned have contracts which make it clear that all services provided should be accessible to people with a disability and sensitive to religious beliefs and cultures. We have worked hard to assess likely impacts relating to equality and diversity and feel that the strategy once fully implemented will improve the experience of the majority of people accessing mental health services within Solihull.

Actions:

Actions identified to address negative impacts identified or to better promote equality, human rights, cohesive and sustainable communities and safeguarding issues

Action	Outcome	Timescale
Campaigns to tackle the stigma associated with mental illness	More people with a Mental illness will be willing to seek a diagnosis and the required support to help them recover.	March 2013
Improve access to talking therapies for younger and older people.	<p>More young people aged 16 and above and older adults aged over 65 will access the Solihull Healthy Minds Service. Target increase in referrals of 10% during 2012/13.</p> <p>More people will feel that there has been an improvement in their mental health and wellbeing.</p>	March 2013
Improve access to talking therapies for those who are from socially deprived backgrounds.	Increase in the numbers of people accessing the Solihull Healthy Minds Service from deprived communities.	March 2013
Improved health related quality of life for the population of Solihull.	More people with a mental illness will have improved physical health and vice versa.	March 2013
Ensure all services are accessible to people with mental health and other disabilities.	<p>Improved awareness of mental health problems and other physical disabilities in primary care.</p> <p>Improved awareness in mental health services and primary care of the needs of people with learning disabilities.</p>	March 2013
Ensuring that MH services take account of the ethnicity and cultural and religious factors when providing services.	<p>More people from BME communities will feel that their cultural and religious beliefs are provided for if they are required to access primary or secondary care mental health services.</p> <p>Mental Health Trusts have a chaplaincy service and a spirituality strategy in place.</p>	March 2013
Ensuring that the use of the MH Act in BME groups is not disproportionate.	That more people from BME communities are willing to access appropriate support earlier thus reducing the numbers of people admitted under a section when in crisis.	March 2013
To work with services to identify the numbers of LGB people who self-harm and to look at what can be done to reduce the rates of self-harm.	Fewer LGB people will self-harm	March 2013
Date Assessment Signed Off	13 September 2012	