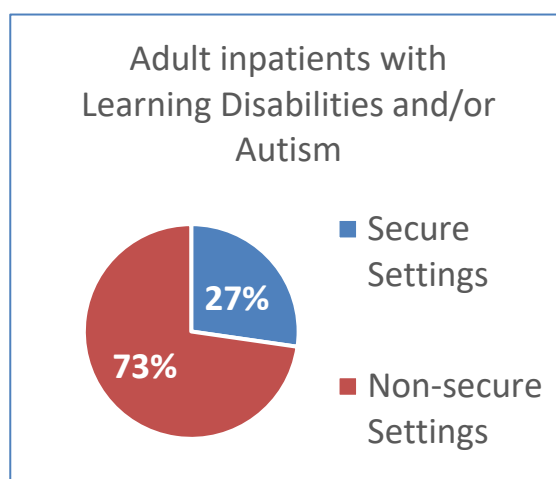


NHS Frimley Integrated Care System

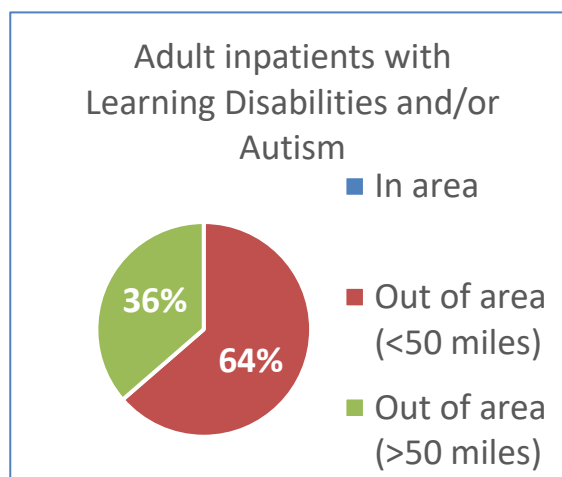
Equality and Human Rights Commission Monitoring Project

The inappropriate detention of people with Learning Disabilities and Autism

NHS Frimley comply with regulatory requirements to report data on inpatients with Learning Disabilities or Autism.



The ICB currently has 22 adult inpatients with Learning Disabilities and/or Autism (NHS England's target is 20).



Of this group:

- 16 are in non-secure settings and 6 are in secure settings
- All are classed as being 'out of area', but 8 are a significant distance (over 50 miles) from their home address
- 11 are ready for discharge but facing barriers.

Barriers to discharging these inpatients include sourcing suitably skilled providers, funding panel approvals, engagement of hospital teams, lack of clarity on roles and responsibilities across health & social care, social care caseloads, legal representation and views of the person, their family and / or advocates.

Case Study

L was admitted to hospital in October 2020, and was transferred from Prospect Park Hospital in Reading to Mild May Oaks in Hampshire in February 2021 following an escalation in challenging behaviour.

L was ready for discharge for over 1 year but it was challenging to identify a provider with the necessary skills and experience as L had a history of fire-setting.

The ICB worked with the Local Authority and found a provider in Kent who had the skillset to support L, as well as a vacancy near to L's extended family.

L was discharged in mid-December 2023 and spent Christmas at their new home. Things are going really well for L and there have been no subsequent incidents.

The ICB have found a recent increase in reporting from Mental Health inpatient services of autistic adults without Learning Disabilities being admitted – this could be due to previous under-reporting or lack of awareness rather than being a marked increase. At the time of writing, 73% of our inpatients are Autistic but do not have a Learning Disability.

As a result of ongoing data and needs analysis, several workstreams have commenced to better support our patients following discharge, and to prevent unnecessary readmission.

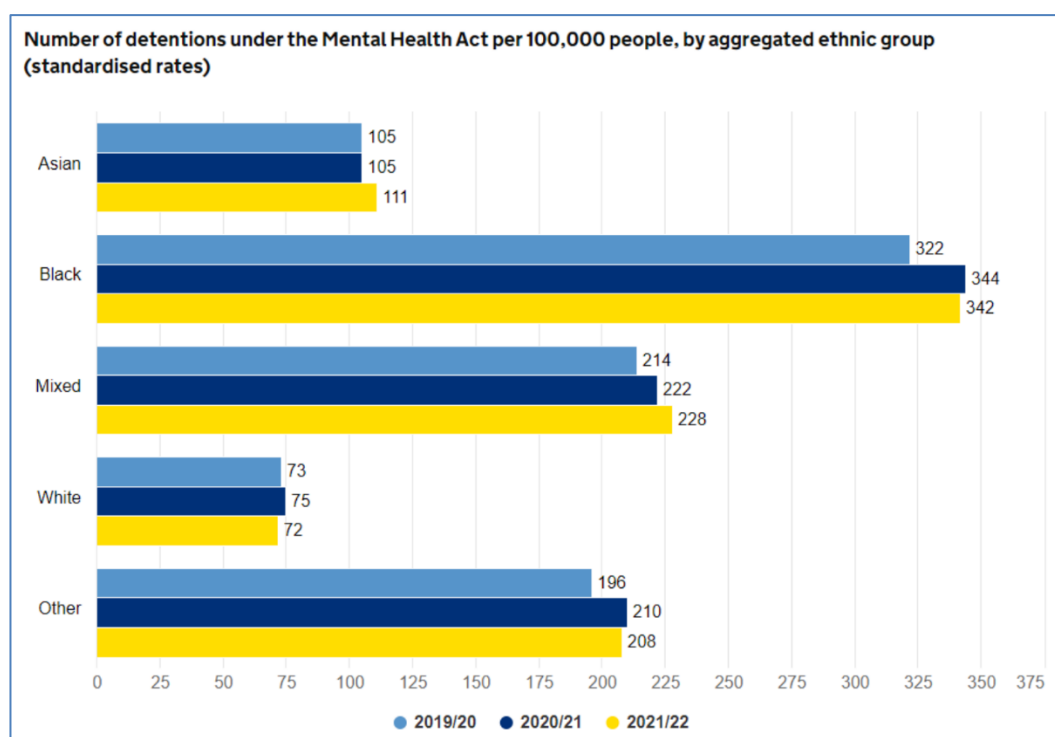
These include but are not limited to:

- BHFT have an Intensive Support Team, who work with adults with Learning Disabilities in the community
- Improving inpatient settings for Autistic adults, for example by delivering training to Acute and Mental Health Hospital staff, and auditing by Autism Berkshire
- 8-weekly Commissioner Oversight visits to all inpatients in Mental Health wards from East Berkshire, working closely with other ICBs and Providers who oversee inpatients residing in North East Hampshire, Farnham and Surrey Heath
- Close Multi-Disciplinary Team working by the ICB's Head of Learning Disabilities and Autism to facilitate complex discharges.

As an ongoing commitment to this work, in the operational planning for 2024/25, the ICB intends to prioritise Community Services for Autistic Adults that reduce the likelihood of Mental Health relapses requiring future admission.

The disproportionate detention of people from ethnic minorities under the Mental Health Act

In the year to March 2022, [National Government Ethnicity Facts and Figures](#) showed Black people were almost 5 times as likely as White people to be detained under the Mental Health Act.



Berkshire Healthcare NHS Foundation Trust (BHFT) have analysed their local data from April 2020 to January 2023, which shows that Black people are more likely than White people to be detained under the Mental Health Act across East Berkshire.

Locality	Representation of Black people sectioned compared to Census representation
Bracknell Forest	2.95 times more likely
Royal Borough of Windsor & Maidenhead	2.99 times more likely
Slough	1.07 times more likely
Berkshire Wide (East and West Berks)	2.43 times more likely

BHFT have implemented four main workstreams to address this disparity, including:

1. Case reviews of detentions under Section 2 of the Mental Health Act
2. Mapping holistic mental health offerings across localities
3. Engaging with local communities and learning their lived experiences
4. Understanding the drivers leading to detentions.

Outcomes of their work so far can be found [on their webpage](#).

Ethnic disparities in maternity care

In September 2022, the [Frimley Local Maternity and Neonatal System \(LMNS\) Perinatal Equity and Equality 5-Year Plan](#) was published. This recognised multiple challenges, such as:

- Poor uptake (lower than national average) of folic acid from BAME service users
- High rates of close relative marriage (consanguinity) linked to high risk of autosomal recessive disorders
- Rates of service users at risk of developing Gestational Diabetes Mellitus

Since its publication, the LMNS has constructed an Action Plan to prioritise and clearly define workstreams. These include:

- Improving knowledge around Folic Acid, and making it more widely available to service users (See [Healthwatch Slough report here](#)).
- NHS England-funded pilot project to offer an enhanced genetics service and improve genetic literacy in the community, including appointing a Close Relative Marriage Midwife to the Screening Team and regular data analysis and submission to National Teams
- Steering Group to improve education around Gestational Diabetes Mellitus and its' impacts on pregnancy, birth and future health, including patient-facing information about competent diet and lifestyle for those 'at-risk'

This work cuts across many teams and steering groups and an Equity and Equality Steering Group has been established to oversee the plan's implementation and monitor progress of key areas. Equity in maternity care has been established as a standing agenda item at the quarterly LMNS Board Meeting, allowing the opportunity for projects and improvements to be widely shared.



Race equality in NHS recruitment and retention

Inclusive Recruitment Toolkit

Launched in September 2023, the Inclusive Recruitment Toolkit provides a guide on how to recruit diverse teams and covers best practices at each step of the recruitment process, from writing a job description to appointing to post. It considers what inclusive recruitment is and why it is important to consider.

To support our ambition of having more BAME staff at senior levels, we have included a structured feedback form to improve the quality of feedback, and to gather experiential feedback from the candidate in order to keep improving our processes.

Copies of the Inclusive Recruitment Toolkit are available on request by emailing: FrimleyICB.EDI@nhs.net

Frimley Health and Care		BAME Candidate Feedback Form	
Candidate Name:		Date of Birth:	
Ethnicity:		Contact number(s):	
Other protected characteristic(s):		Date of call:	
"How did you find the interview process?"			
"As a panel, what were our strengths? What were our gaps?"			
"How can we improve our interview process?"			
Strengths identified (with specific example):		Ways to leverage this strength in the future:	
Example: We were impressed with your ability to work in a team through project A.		We felt like we didn't get the full picture of Project A, maybe next time you could elaborate more on the way your teamwork impacted project outcomes.	
1.			
2.			
3.			
Areas for improvement (with specific example):		Opportunities for development:	
Example: We liked your approach to answering the question about X and appreciate that you haven't had working experience with this.		We believe that looking into courses about X or Y might give you a deeper understanding to develop your answers with lived experience.	
1.			
2.			
3.			
Stretch assignments offered:			
Would the candidate like to be included in our Talent pool? Yes / No			
<input type="checkbox"/> Candidate unable to take the call, please contact on:			
Concluding your conversation: Remain empathetic and understanding. You might choose to say something like:			
"I understand that this may be disappointing, but I hope this feedback has given you some ideas for development and success in future opportunities".			

The document has been well received across health and social care providers. Some of our System partners have been reviewing their recruitment processes following circulation of this document, and are embedding concepts into their new policies and procedures. BHFT have implemented the following interim steps:

- Adding equality and anti-racism questions to their bank of interview questions
- Introducing recruitment stage outcomes to their 'people' dashboard so that services can review disparities at local levels
- Sharing requirements for teams to add health inequalities and anti-racism to their annual 'plan on a page'
- Discussing a number of other countermeasures in anti-racism workstreams led by their Deputy Chief Executive.

International Recruitment Workbook

Our System Allied Health Professionals Team utilize Padlet to centralise their resources. They have a specific page (available publicly [here](#)) consolidating information about their Buddying System, overall recruitment guidance, and a Welcome Booklet.

The Welcome Booklet is a comprehensive document that gives staff information about how "Allied Healthcare Professionals" are grouped within the UK, the organisation, and how it fits into the wider UK healthcare system. It explores how the financial system operates, how local government services such as waste collection are arranged, and where places of worship can be located.

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The document is available freely to staff at any stage in their recruitment process.

Clicking the image will take you to the page directly.

LGBTQ+ Healthcare

Supporting our adult LGBTQ+ community

Within the System, HIV services provided by Thames Valley Positive Support identified the disparity in adult community support services between Reading (with over 20 different offers) and Slough, which had no offers.

They now provide monthly 'safe space drop-in' evenings for the LGBTQ+ community under the name "BeYOU". The networking opportunities provided by this group have allowed members to arrange additional informal coffee meetings, walks and lunches. This service is well received, and feedback has included 100% of people who attend BeYOU feel more supported with their sexuality or identity and 90% feel they have built a network of support.

Supporting our LGBTQ+ children and young people

The need to support LGBTQ+ children and young people (CYP) was identified through extensive experience working with them in other groups. CYP support, and professional development, are areas that have been consistently mentioned as a need by professionals, CYPs and their patients/carers. A core cohort of LGBTQ+ CYPs was formed and extensive consultation to shape the project, develop understanding of their needs and inform the funding bid were completed.

The LGBTQ+ support project, now called Spectrum, will initially include a regular LGBTQ+ youth group and a professionals training programme. Moving forwards it will develop an Allies' Network of professionals and patients/carers across Slough. All of this will be informed by a panel of LGBTQ+ Young Governors, whose meetings will be overseen by an independent chair.

In the first 12 months, Spectrum is hoping to:

- Grow attendance within the Youth Group and provide a safe space for LGBTQ+ CYPs
- Develop and roll out a comprehensive professionals training programme
- Create an Allies Network
- Support the Young Governors to develop their leadership and project management skills.

PRIDE

We understand that the LGBTQ+ Community have had a challenging year, with political threats to education and gender identity at national news levels, as well as the murder of Brianna Ghey in February 2023 and subsequent offender sentencing in 2024.

The System have worked across partners, charity and voluntary sector organisations to strengthen the LGBTQ+ support provided at staff and population levels. One way we supported both groups was attending PRIDE events across the Frimley ICS geography, as well as joining with events hosted in other System areas but for whom we provide some health and social care services.

The EDI System Programme Coordinator supported the planning and delivery team of Bracknell Forest's first PRIDE event, which was hugely successful and well attended. Partner organisations such as BHFT (via the Talking Therapies team), Thames Valley Police, Berkshire Fire and Rescue and South Central Ambulance Service (via Community First Responders) were present alongside charities and volunteers. Community members valued the opportunity to learn about the newly formed Integrated Care Board and wider System, as well as a safe space to ask about personal questions and receive signposting advice from the Talking Therapies team.



A dual-System attendance was supported by the EDI System Programme Coordinator at Pride in Surrey. This saw Frimley and Surrey Heartlands ICS' NHS organisations join Surrey County Council to support the community, offer signposting and recruitment opportunities. Our colleagues in BHFT also supported their local PRIDE in Reading (as per image above).

AI & Digitisation

Frimley Academy: Wavelength Leadership Programme

There is a need to embed ways of working that embrace joined up digital transformation across our System. One of the ways we support this is the delivery of 'Wavelength', a 5-month leadership programme to develop the skills, mindset, knowledge and relationships that support joined up digital transformation at a System level.

This provides a highly collaborative development journey that is cross-functional (for frontline clinical, operational and digital staff), cross hierarchical (for any level of experience) and cross geography (for providers, commissioners, community, voluntary, local authorities, police, fire and ambulance services from across Frimley ICS). This helps enable a positively disruptive conversation around digital innovation and population health analytics, without needing to have a technical background. As a result, any leader thinking about how we can do things differently is empowered to positive digital and data at the core of their transformation effort.

[Click here for more information.](#)

Optimizing Hypertension Care using Digital Tools

Our Slough Place Team found that over 3500 patients with diagnosed hypertension had not formally captured a blood pressure (BP) reading within the preceding 12 months. Without a recorded BP, clinicians aren't able to offer treatment and optimize management, especially in those who are not achieving control or are out of range and may not be aware.

A Place-wide programme of work, led by Primary Care Networks and implemented by multi-disciplinary teams of Pharmacists, Public Health, Voluntary Sector Organisations and other Leads, was established to improve measurement of BP in our communities. The aim was ensuring patients had access to clinical advice and support, including medication titration, adopting lifestyle measures to improve overall control of BP.

Patients accessed BP monitors themselves or within a community pharmacy. Their readings were regularly reviewed by clinicians who then advised patients, either via a phone call or face-to-face consultation. The use of the digital tools and text messages streamlined patient access to support, and in some cases improved uptake of clinical services and patient understanding. Patients from all ethnicities have improved their BP reporting by 8% (at December 2023) from the previous year. The success of this work means we will cross-apply learning to other types of reviews, for example Asthma, Diabetes and Weight Management.