

NHS BOLTON CLINICAL COMMISSIONING GROUP
Public Board Meeting

AGENDA ITEM NO:11(i).....

Date of Meeting:9th April 2021.....

TITLE OF REPORT:	Encouraging Improving Access to Psychological Therapies (IAPT) referrals from BAMER communities	
AUTHOR:	Hannah Carrington	
PRESENTED BY:	Hannah Carrington	
PURPOSE OF PAPER: (Linking to Strategic Objectives)	Overview of the on-going piece of work to encourage members of the public from BAMER backgrounds to seek support from Bolton's IAPT services.	
LINKS TO CORPORATE OBJECTIVES (tick relevant boxes):	Deliver the outcomes in the Bolton Joint Health and Care Plan.	X
	Ensure compliance with the NHS statutory duties and NHS Constitution.	X
	Deliver financial balance.	
	Regulatory Requirement.	
	Standing Item.	
RECOMMENDATION TO THE BOARD: (Please be clear if decision required, or for noting)	For noting.	
COMMITTEES/GROUPS PREVIOUSLY CONSULTED:	Previously discussed at the CCG's Exec in March 2021.	
REVIEW OF CONFLICTS OF INTEREST:	None.	
VIEW OF THE PATIENTS, CARERS OR THE PUBLIC, AND THE EXTENT OF THEIR INVOLVEMENT:	This has been previously discussed at Bolton's BAMER Alliance and Equality Target Action Group (ETAG) for feedback and insight.	
OUTCOME OF EQUALITY IMPACT ASSESSMENT (EIA) AND ANY ASSOCIATED RISKS:	N/A.	

LET'S
MAKE
IT...

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Improving Access to Psychological Therapies (IAPT) – encouraging referrals from BAMER communities

March 2021

Hannah Carrington
NHS Bolton CCG



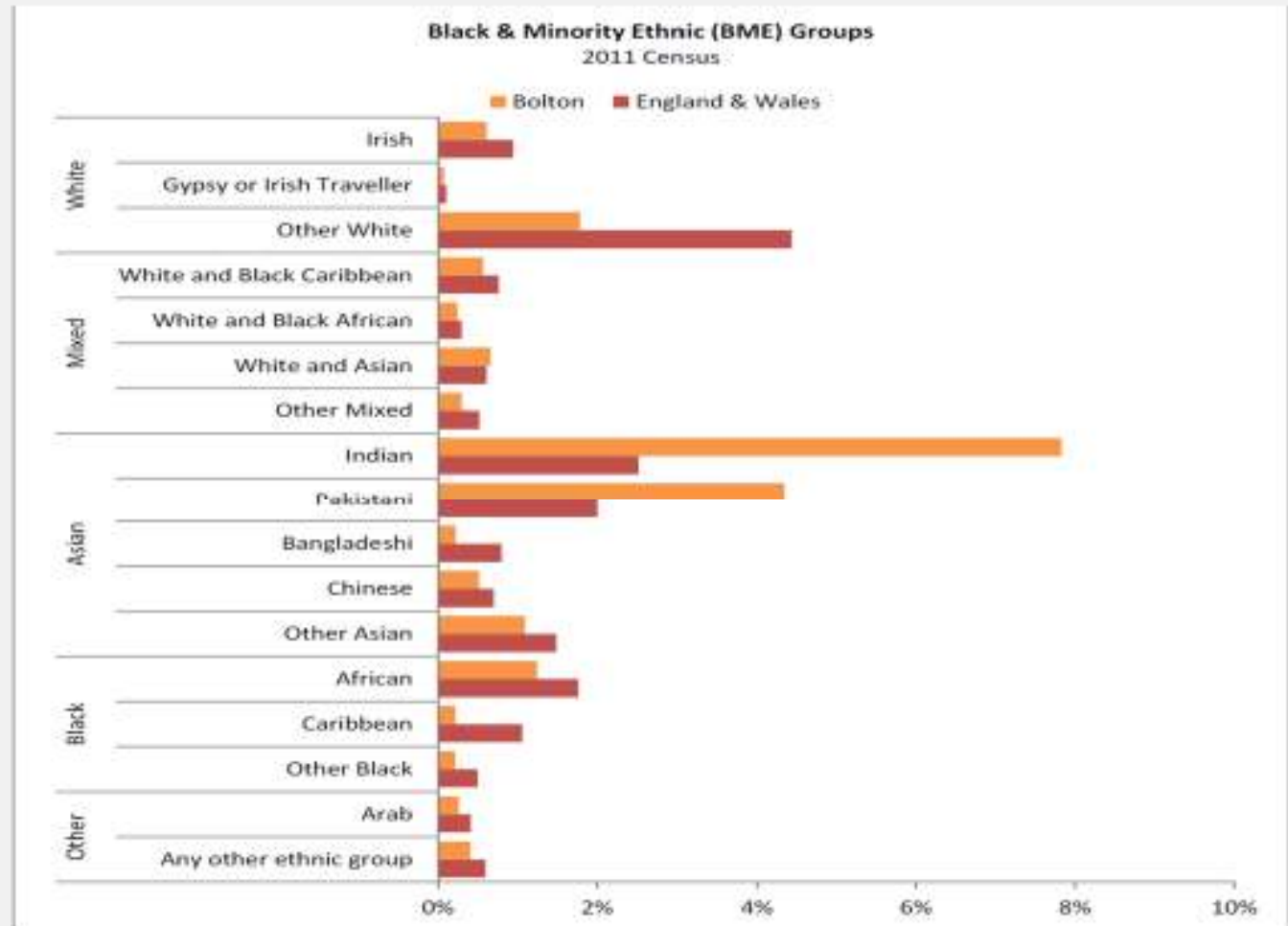
Actions taken so far

- Example CCG & GMMH worked together to developed greater links between GMMH's Memory Assessment Team and BAMER communities in Bolton. Worked well to increase awareness, forge links between staff & communities, and increased cultural awareness of staff.
- In house training for GMMH staff to improve patient experience of those from BAMER backgrounds.
- GMMH IAPT BAME champion established in Bolton.
- Links made with GM commissioned BAMER groups such as Yaran and local BAMER groups to encourage referrals.
- Full analysis of available IAPT data undertaken by CCG and GMMH.
- Two discussions at Bolton's BAMER Alliance and one discussion at Equality Target Action Group (ETAG)
- Initial discussion with CCG's comms to further promote Bolton specific social media channels as part of generally encouraging referrals into IAPT services.



BAMER population in Bolton

- Data is from the 2011 census
- Current projections by the Joint Strategic Needs Assessment (JSNA) show the BAMER population in Bolton has significantly increased since 2011
- This increase is predicting that Bolton has a larger community of individuals identifying as White European emerging



Source: 2011 Census, Key Statistics Table KS201EW, Office for National Statistics, Crown Copyright.



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Who is accessing therapy?

All data presented is based on patients accessing therapy over the past 18 months -

- White British – 85%
- Asian/Asian British – 8%
- Mixed – 2%
- Black or Black British – 1%
- Other Ethnic groups – 4%

Worth noting that number of 'not stated' (whereby a person chooses not to provide information on their ethnic background) is high.

Referrals from GPs does not always include this demographic information either.

The data suggests the number of patients accessing services is perhaps lower than we expect given the higher BAMER population we have in Bolton.



Engaging in therapy

Data was analysed based on those referred/self-referred into talking therapies and then attended therapy sessions –

- 75% identifying as from other ethnic groups
- 57% identifying as mixed White and Asian
- 60% identifying as Asian or Asian British or 89% from Asian British - Bangladeshi
- 68% identifying as White British
- 94% identifying as Black or Black British

Analysis also looked at rates of those deciding to not complete their therapy by ethnicity -

- 73% identifying from other ethnic groups
- 70% identifying from mixed White and Asian
- 56% identifying from White British background
- 33% identifying Black or Black British background
- 25% identifying from Chinese background



**Latest IAPT Performance
by Neighbourhood**

	Neighbourhood	Sep-20	Oct-20	Nov-20	Dec-20
REFERRALS TO IAPT	Brightmet/Little Lever	194	174	195	127
	Central/Great Lever	90	81	90	64
	Chorley Roads	156	151	160	135
	Crompton/Halliwell	101	97	92	87
	Farnworth/Kearsley	204	246	223	205
	Horwich	136	137	140	106
	Rumworth	110	134	130	117
	Turton	99	107	116	104
	Westhoughton	127	127	131	107
	z_Other	60	85	87	111
	Grand Total	1254	1323	1342	1146

Ave Refs per Month	Ave Per 1000 population
173	5.6
81	4.7
151	5.2
94	6.2
220	7.2
130	5.3
123	4.7
107	4.3
123	5.7
86	-
1266	5.8

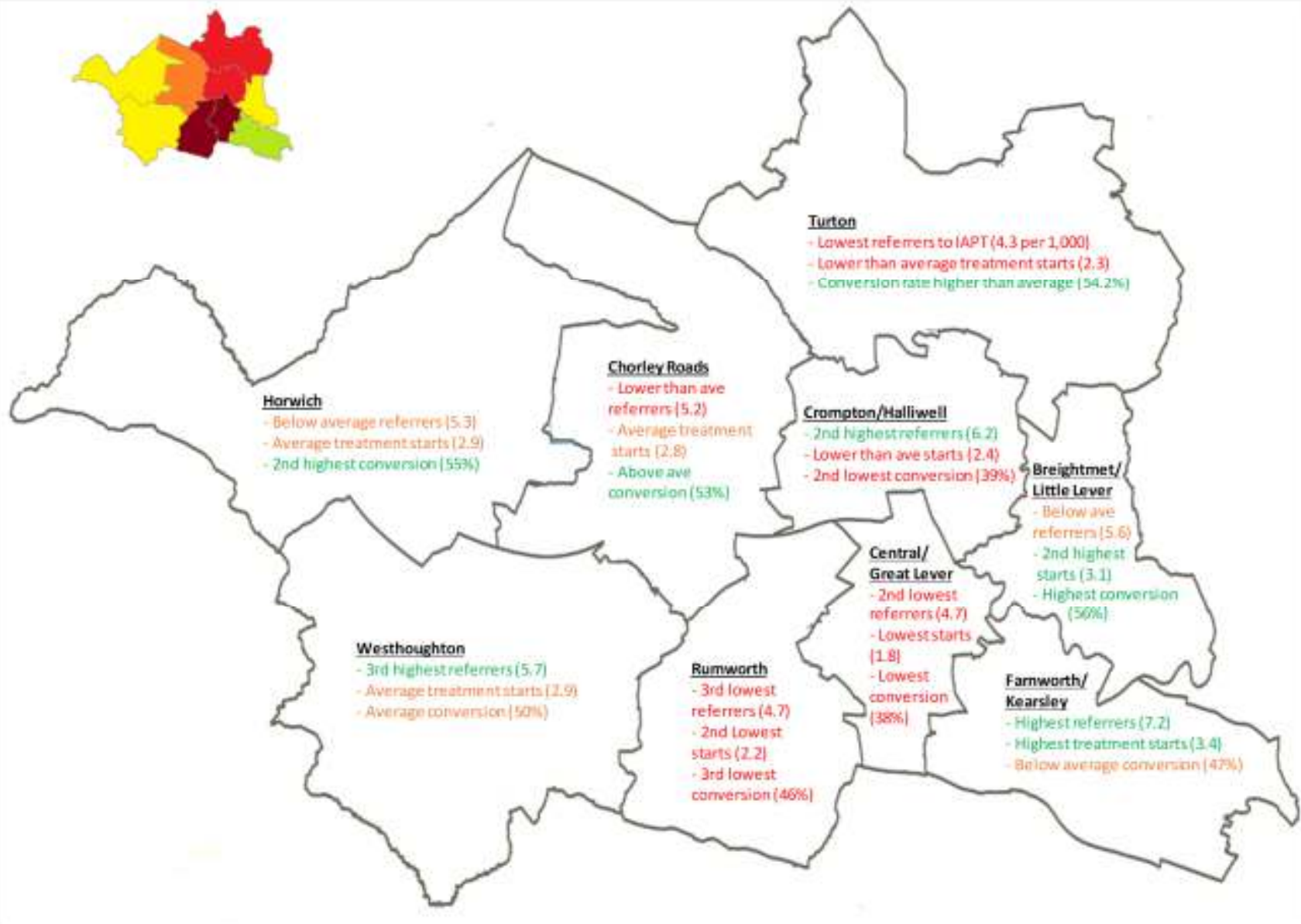
	Neighbourhood	Sep-20	Oct-20	Nov-20	Dec-20
FIRST TREATMENT STARTS	Brightmet/Little Lever	105	119	91	70
	Central/Great Lever	35	39	32	20
	Chorley Roads	79	95	81	66
	Crompton/Halliwell	40	47	31	30
	Farnworth/Kearsley	104	122	117	71
	Horwich	77	79	77	52
	Rumworth	56	61	68	43
	Turton	67	50	57	57
	Westhoughton	74	56	79	39
	z_Other	41	41	55	47
	Grand Total	678	709	688	495

Ave Starts per Month	Ave Per 1000 population
173	3.1
81	1.8
151	2.8
94	2.4
220	3.4
130	2.9
123	2.2
107	2.3
123	2.9
86	-
1266	2.9

	Neighbourhood	Sep-20	Oct-20	Nov-20	Dec-20
CONVERSION RATE % REFERRAL TO ENTER TREATMENT	Brightmet/Little Lever	54.1%	68.4%	46.7%	55.1%
	Central/Great Lever	38.9%	48.1%	35.6%	31.3%
	Chorley Roads	50.6%	62.9%	50.6%	48.9%
	Crompton/Halliwell	39.6%	48.5%	33.7%	34.5%
	Farnworth/Kearsley	51.0%	49.6%	52.5%	34.6%
	Horwich	56.6%	57.7%	55.0%	49.1%
	Rumworth	50.9%	45.5%	52.3%	36.8%
	Turton	67.7%	46.7%	49.1%	54.8%
	Westhoughton	58.3%	44.1%	60.3%	36.4%
	z_Other	68.3%	48.2%	63.2%	42.3%
	Grand Total	54.1%	53.6%	51.3%	43.2%

Average Conversion %
55.8%
38.8%
53.3%
39.3%
47.2%
54.9%
46.4%
54.2%
50.4%
-
50.7%





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Feedback – possible barriers

- Stigma – mental health seen as ‘madness’ or being ‘bewitched’ in some cultures
- Language – terms such as ‘talking therapies’ are not widely understood
- Inability to sometimes speak to a therapist of the same background as patient
- Cultural awareness of staff – needed in a therapeutic relationship
- Myth busting required
- Language barriers
- Lack of targeted service promotion
- Use of technology leading to privacy issues
- Digital poverty – lack of access
- Distrust of mainstream services by some communities – which can affect demographic collection
- Lack of childcare for pre-school children



Next steps

- Promote services with key groups and communities via Bolton's People's Network to reach a wide audience and have ongoing opportunities for feedback
- Develop translated promotional materials in various forms
- IAPT clinics based in local community venues not linked with mental health such as UCAN centres
- Increased opportunities for staff to access cultural awareness/encouraging adaptability when delivering therapy training
- Further encourage demographic collection where possible
- Provision of face to face appointments for those who are unable to engage digitally from April 21 onwards

