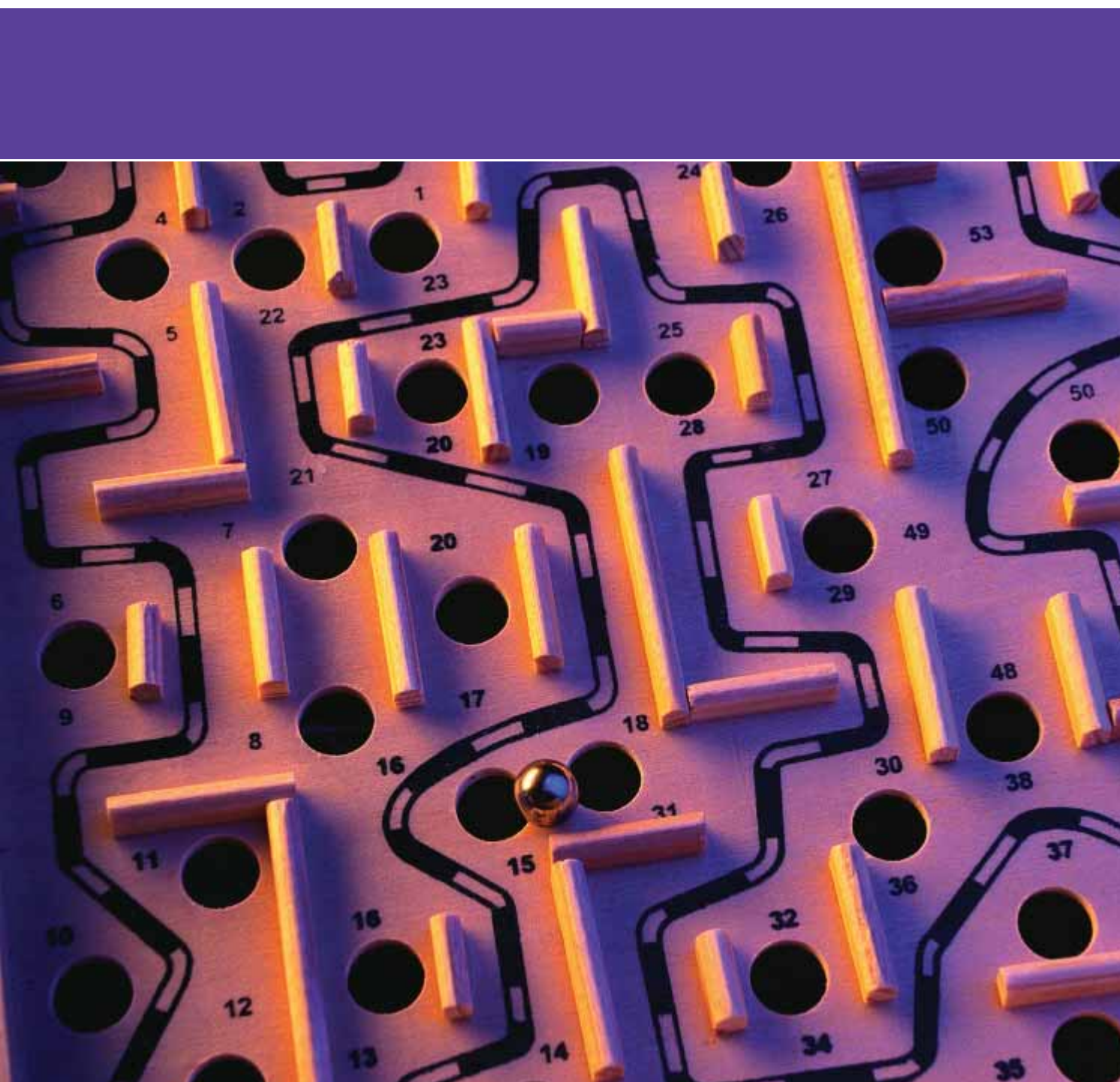


Navigating the Mental Health Maze

March 2007



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Chair's Foreword

Around one in five Londoners live with a mental illness – it is a major social issue for all of us because of the huge human and economic costs it entails. People with mental health problems are much less likely than others to have a job, and are far more likely to die early. Mental illness has been estimated to cost London £5 billion when the price of services, benefits, and lost earnings are all taken into account.

The one million Londoners who have a mental health problem need quick and easy access to services that can help them recover. However, before embarking on this investigation, we heard that many people faced real problems getting treatment. We therefore decided to investigate how easy it is for people to access community based mental health services, and what barriers can get in their way.

Our investigation found that getting the right help can be a long and complicated journey. Mental health services are provided by a bewildering range of organisations, but there is a real lack of information on what help is available and how to access it. A shortage of language support means that people whose first language is not English struggle to find services that can treat them. Talking therapies can have waiting lists of more than a year long, and are often only available to those who meet a range of strict criteria.

Our report makes a number of recommendations that we believe could make a real difference to Londoners, by improving access to services, and ensuring services are more attuned to their needs.

I would like to thank everyone who has contributed to our investigation, but especially the respondents to our user survey, who gave us a valuable insight into their experience of mental health services.

Joanne McCartney AM
Chair, Health and Public Services Committee

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Executive Summary

More than one million Londoners live with mental ill health, ranging from anxiety and depression to bipolar disorder and schizophrenia. Mental ill health is more common in London than in other parts of the country – 18% of people living in the capital have a common mental health problem, compared to 16% nationally.

London's mental health services face particular challenges including a highly mobile and ethnically diverse population, and large numbers of people with complex needs such as refugees and asylum seekers.

This investigation addressed two key questions: how easy is it for people to access the services they need, and how is access affected by the way services are funded and managed? We have had a good response to our investigation, hearing from over 40 contributors including NHS and voluntary sector services, mental health charities and user and carer groups. To ensure service users' voices were included, we also conducted a survey of people using mental health services across London.

We found that London spends more on mental health services than other parts of the country, even after weighting for need. However, the amount spent varies significantly from borough to borough, and importantly there is not always a clear link between the amount a Primary Care Trust (PCT) spends on mental health and the level of need in that PCT area.

We identified several barriers that prevent people accessing services quickly and easily, notably:

- Mental health services are complex, with a huge number of statutory, voluntary and private sector organisations providing treatment and support.
- There is a real lack of clear, comprehensive and easy to find information on what is available, or how to access it. This situation is further complicated by the fact that referral procedures are different in different parts of London.
- Many services are not meeting the needs of London's diverse population by only opening during office hours, or by not providing sufficient interpretation and translation services to meet users' needs.
- Waiting lists for some services such as talking therapies can be more than a year long, which can leave GPs with few options besides prescribing anti-depressants.
- NHS financial pressures have led to reductions in staffing and delayed implementation of new initiatives to improve access to services
- Commissioners lack good quality data on the mental health needs of local communities, making it hard for them to ensure services are accessible to their local population.

There are, however, several reasons to be optimistic. The Government is promoting individual choice in mental health services, and is seeking to put service users at the centre of service provision. We met many committed and hard working people in NHS and voluntary sector services who are passionate about improving the lives of people with mental health problems. We found many examples of good practice in delivering services, including the recruitment of GP specialists to train and advise their colleagues on mental health treatment and care. Finally, the vast majority of respondents to our user survey felt that the services that they had accessed had really helped them deal with their mental health problems.

Our report makes recommendations that we believe will tackle some of the issues we uncovered. These recommendations include the development of a website that provides clear and comprehensive information on all London's mental health services, and the need to agree a single pan-London referral system for specialist mental health services.

Summary of recommendations

The committee believes that the following recommendations should be implemented to improve community based mental health services in London:

Recommendation 1: The London Development Centre in partnership with NHS London should develop a website that can act as a one stop shop for information on services and treatment for people with mental health problems in London.

Recommendation 2: The London Mental Health Trust CEO Group should agree a single, coherent system to enable non-mental health professionals such as police officers to refer people they believe have a mental health problem for assessment and help. This system should include 24-hour contact numbers for every Local Implementation Team area.

Recommendation 3: PCTs that have yet to meet their targets for the recruitment of graduate primary care mental health workers should work with the London Development Centre and NHS London to tackle any barriers preventing them recruiting these workers, and meeting their targets.

Recommendation 4: The Mayor's health inequalities strategy should include initiatives to improve the collation and analysis of data available on Londoners' mental health needs, and on inequalities in accessing mental health services.

Recommendation 5: The London Mental Health Trust CEO Group should assess what data they currently collect to measure outcomes, and what gaps there are in this data. They should then develop a set of outcome measures to fill any gaps, and develop effective systems for collecting data on outcomes. New outcomes measures should be developed in partnership with service users and PCT representatives.

Recommendation 6: The pan-London commissioning forum being developed by NHS London and London PCTs should consider commissioning certain services on a pan-London basis including language support services, and forensic learning disability services.

Recommendation 7: If Supervised Community Treatment Orders are introduced, the Department of Health should provide mental health trusts with clear information about how SCTOs will be implemented, and how trusts could fund the extra resource demands involved in implementing the orders.

Follow up

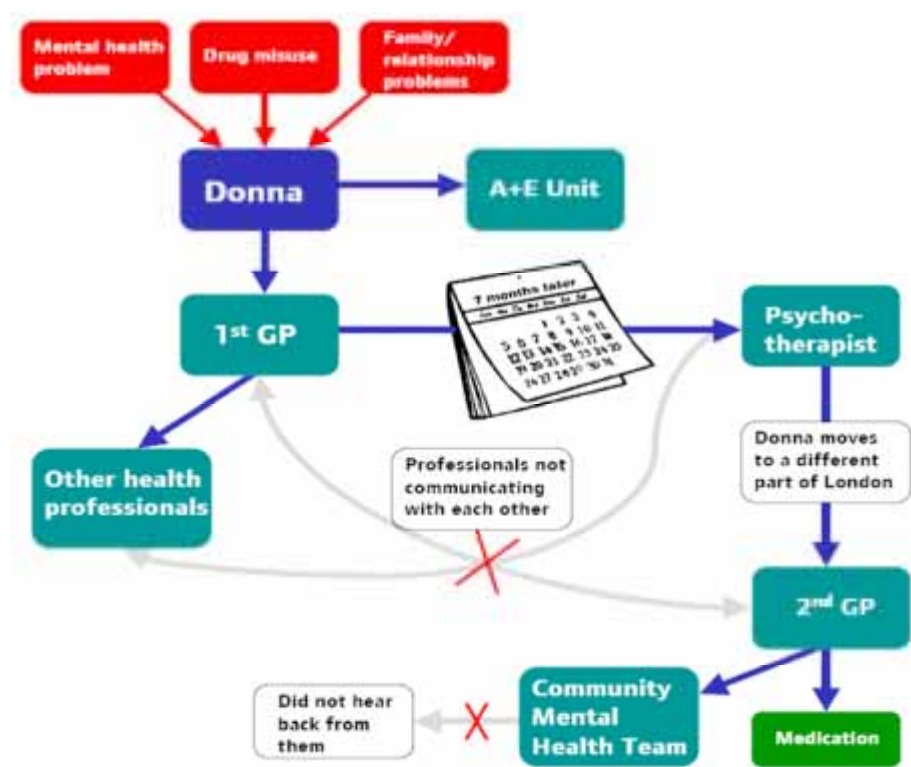
The Committee will contact recommendees six months after the report has been published to assess progress in implementing the recommendations.

1. Introduction

1.1 “Donna”¹ has a mental illness and a number of other problems affecting her mental health. Her mental health problem has been serious enough for her to have to visit A+E. After going to her GP for help, she waited seven months to see a psychotherapist on the NHS. She then moved to a different part of London, which meant that in the last year she has seen a number of health professionals in two different services. These professionals haven’t communicated with each other, so she has had to go over the same ground again and again. She feels that her new GP does not take her condition seriously, and gives her medication that she does not find particularly helpful. She has been in contact with the local community mental health team but has not heard back from them. She has found it difficult to find out what services are available and how she could access them. She feels that she is not getting the help she needs from NHS services, and does not know how she is still alive today.

1.2 Her journey is illustrated below.

Figure 1: Donna’s experience of mental health services in London



1.3 Unfortunately, Donna’s case is by no means unique. During our investigation into community based mental health services we have heard many examples of people struggling to navigate the maze of mental health services to access the help they need.

1.4 This report therefore aims to address two key questions:

- How easy is it for people to access the mental health services they need, and what barriers can stand in their way?
- How is access affected by the way services are commissioned and funded?

In answering these questions, the report explores the key access problems, and highlight examples of good practice. We have also made a number of recommendations, which we believe will tackle some of the major problems that we uncovered.

How we conducted this investigation

- 1.5 We have used a wide range of information to inform our investigation. More detail can be found in Appendix 1.
- We heard from a wide range of stakeholders including mental health trusts, primary care trusts, GPs, mental health charities and service user groups.
 - Members of the Committee visited mental health services in Lewisham to meet service users, frontline staff and service managers. The Committee Members met staff from a range of NHS secondary care services, and from a community group that provided support to members of the Vietnamese community who have mental health problems. Members also met staff and service users from Family Health Isis, a voluntary organisation that provides counselling, advocacy and a drop in service for people from African and Caribbean communities who have mental health problems.
 - The Committee held a public meeting in December 2006, which involved representatives from a range of agencies: NHS London, the King's Fund, the London Development Centre, the Healthcare Commission, a pan-London user/survivor group, a mental health trust, a primary care trust and the Royal College of GPs.
 - We commissioned a survey of mental health service users from across London to find out how easy users find it to access the services they need, and how helpful they have found the services they have received. The key findings of this survey are outlined below

Service user survey

- 1.6 As part of our investigation we commissioned a survey of people aged 18-65 who used primary or secondary NHS mental health services across London. More information about the survey can be found in Appendix 1
- 1.7 The key findings of this survey were:
- GPs are the main source of referral to mental health services, with over half (52%) of respondents using GPs to help them access other services.
 - GPs are also the main source of information on mental health services, with over half (52%) of respondents stating that they had found out about what was available through their GP.
 - Most respondents (57%) felt that they were not given enough information about services. The other main barriers respondents faced in accessing services were long waiting lists and unsuitable opening/ appointment times. People whose first language is not English stated that a lack of translated information, and problems getting good interpreters prevented them getting the help they needed.
 - Once service users overcame the barriers to accessing care, the vast majority found the NHS services they receive helpful. More than three quarters (77%) of respondents stated that the support they had received from the NHS had helped them deal with their mental health problem. Only 6% stated that NHS services had not helped them at all. Many users had positive comments to make about the NHS staff they had encountered including:
"The psychiatrist, community nurses and outreach team are all excellent at helping people with their problems".
"I have been very happy that the NHS – despite a lack of funding as promised by the government – can provide such a top class service".

"I [was] self harming, was homeless, epileptic. All staff and staff team brilliant. And [I've] stopped self-harming".

"I have been very well supported by my GP, who is monitoring my current medication and well-being".

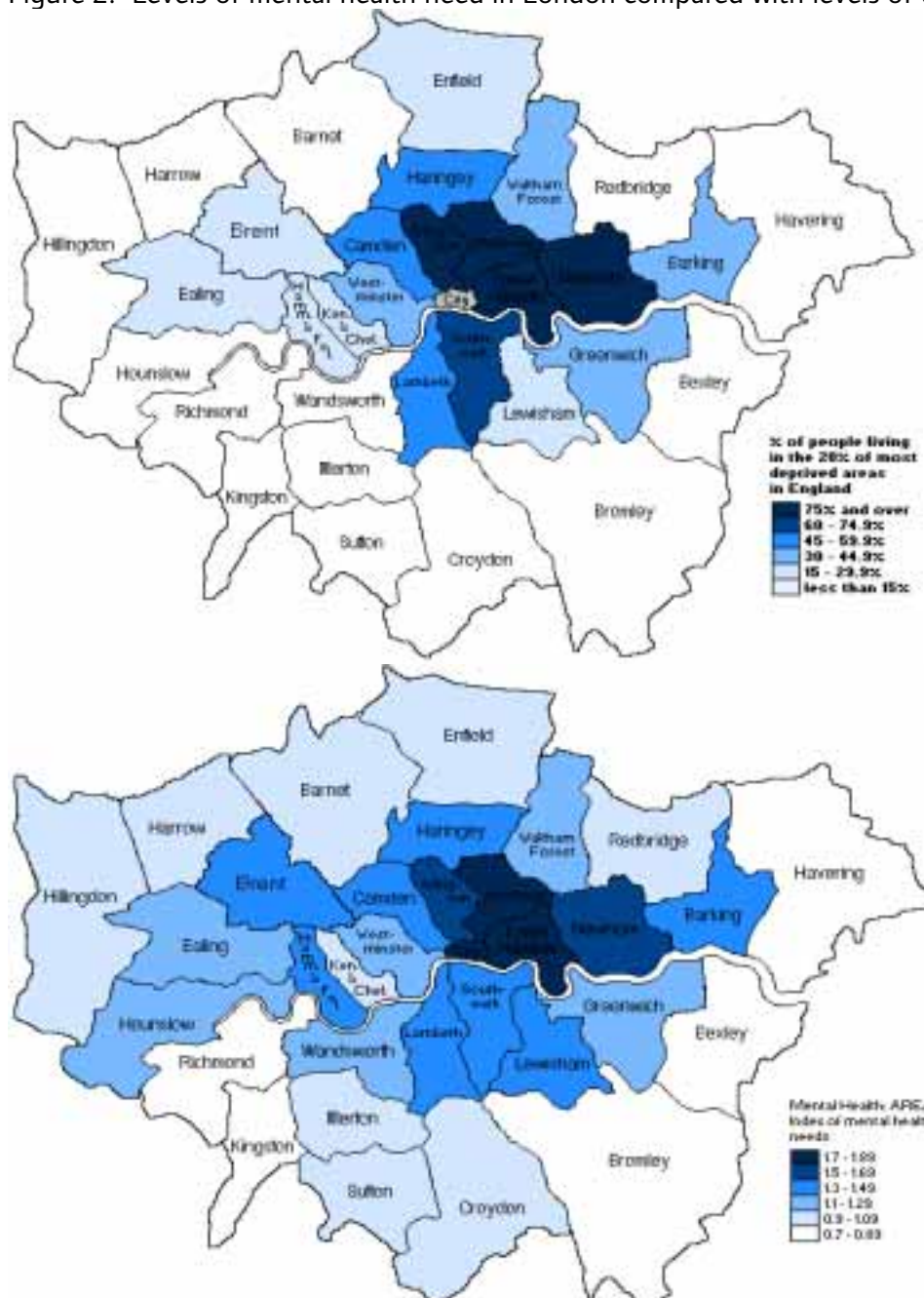
- However, a few respondents stated that they felt some mental health professionals could have shown them more empathy, respect and support. Some people also stated that they felt services should be more recovery-focused and emphasise user empowerment.
- London's mental health services are good at asking users what they think of their services. More than a quarter of respondents to our user survey (28%) had previously been consulted about NHS mental health services, with 4% stating they had been consulted several times. Importantly, Black, Asian and Minority Ethnic (BAME) respondents were more likely than others to have been asked to give their views². This may reflect recent legislation and policy guidance on promoting race equality and ensuring equal access to services³.

2. Context

The prevalence of mental health problems in London

- 2.1 More than one million Londoners have a mental health problem⁴. Mental health problems are more prevalent in London than in other parts of the country: 18 per cent of Londoners have a common mental health problem, compared to 16 per cent nationally⁵. The prevalence of mental illness is higher in London in part because of the demographic make up of the capital's population. Refugees and asylum seekers, people living alone and homeless people are all more prone to mental illness than other people, and are all present in large numbers in the capital⁶.
- 2.2 In London levels of mental health need and levels of deprivation are strongly linked. The maps below show that people living in deprived communities are more likely to experience mental ill health than those living in more affluent communities.

Figure 2: Levels of mental health need in London compared with levels of deprivation⁷



- 2.3 London's mental health services face particular challenges. The capital has higher than average numbers of people with complex needs including refugees and asylum seekers, and people with a dual diagnosis of mental illness and drug or alcohol problems. London is the most ethnically diverse city in the UK with over 300 languages spoken, making good language support services crucial. London's population is also extremely mobile, making seamless service provision extremely difficult⁸.

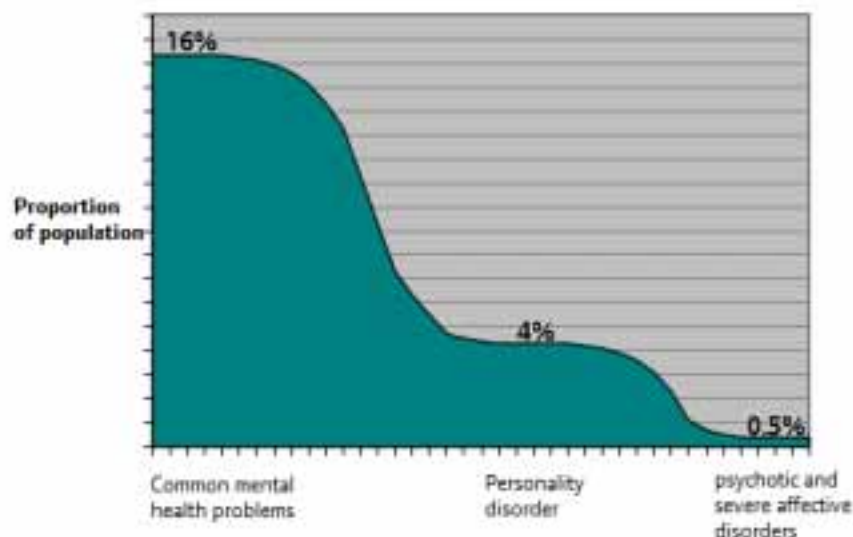
The social and economic costs of mental ill health

- 2.4 Mental illness has been classed as Britain's biggest social problem⁹. People with mental health problems are more likely to die early, and to suffer from physical ill health. In addition, less than a quarter of people with long-term mental illness have a job compared to three quarters of the general working age population¹⁰. More than one million people nationally are on incapacity benefit because of "mental and behavioural disorders" – more than the total number on Jobseeker's Allowance¹¹. Importantly, a recent London Assembly report has found that a higher proportion of incapacity benefit claims in London are due to mental or behavioural disorders than the national average¹².
- 2.5 London spends more than £1 billion annually on NHS mental health services. However, the true economic costs of mental ill health are far higher. If the cost of benefits, non-NHS services and lost output from people not working are all taken into account the cost of mental illness in London is estimated to be around £5 billion per year¹³.

Types of mental health problems

- 2.6 Mental health problems range from common mental health problems such as anxiety and depression, to psychotic and severe affective disorders such as schizophrenia and bipolar disorder to personality disorders. Personality disorders are defined as ways of thinking, perceiving and responding emotionally that deviate markedly from those generally accepted by society. The chart below shows the prevalence of different types of mental health problems.

Figure 3: Prevalence of mental health problems in Britain¹⁴



- 2.7 People with mental health problems often have other problems that affect their well-being. Most of the respondents to our survey identified other issues that were affecting their mental health. The most frequently mentioned were: relationship/ family problems (which 44% of respondents had experienced), financial problems (36%), physical ill health (31%), housing problems (24%) and employment related problems (24%)¹⁵. It is

therefore crucial that NHS services are properly linked to services that can help with these other issues, to ensure that people can get help with all of the issues affecting their mental well being.

Overview of community based mental health services

- 2.8. The Department of Health's National Service Frameworks and the NHS Plan together outline the national standards and priorities for mental health services. There are different National Service Frameworks for adults aged 18-65, people aged 65+ and children and young people, and services for these different groups are organised in different ways.
- 2.9. Every Primary Care Trust (PCT) area has a Local Implementation Team. This team is responsible for planning and providing services in that area, in line with the guidance outlined in the National Service Framework. Local Implementation Teams usually contain staff from NHS services, Social Services, voluntary sector organisations, users and carers.

Primary Care Services

- 2.10. Nine in every ten people who have mental health problems are managed entirely within primary care¹⁶. NHS primary care practitioners include GPs, counsellors, gateway workers and primary care mental health workers.
 - Gateway workers provide a single point of access for people in crisis and their families, and refer people on to secondary services if needed.
 - Primary care mental health workers (also known as graduate mental health workers) deliver brief talking therapies and support people to use evidence-based self-help techniques such as computer-aided cognitive behavioural therapy.

Secondary care services

- 2.11 Secondary care services help people who need more intensive or specialist support than primary care services can provide. Community based NHS secondary care services are provided by Mental Health Trusts, and services are provided jointly with local authorities. Secondary care services include:
 - Community mental health teams, which assess people's mental health needs, and provide them with treatment and care;
 - Assertive outreach teams, which provide ongoing support for people living in the community with severe and enduring mental health conditions, who have not tended to engage with other services;
 - Crisis resolution teams, which help people deal with an acute mental health crisis at home or in a residential crisis centre, so that they don't have to go into hospital. These teams were pioneered by Camden and Islington Mental Health and Social Care Trust;
 - Early intervention teams, which support people having their first experience of psychosis, helping them access the help they need quickly to try and ensure their recovery is as fast and full as possible. These teams were pioneered by South London and the Maudsley NHS Trust in London, and have now been rolled out across the country¹⁷.
- 2.12 Funding for mental health services is allocated to PCTs from the Department of Health. The amount a PCT receives is based on the size of the local population, the relative needs of the population and the cost of delivering services in that area. PCTs commission services from NHS providers, as well as from voluntary and private sector

organisations. Increasingly, mental health services are commissioned jointly by PCTs and local authorities, which can lead to more integrated service provision. PCTs invest money in services and treatment that they consider best meet local needs, although all PCTs should aim to implement the service provision targets outlined in the National Service Framework (which include targets for setting up early intervention, assertive outreach and crisis resolution teams in every PCT area).

The focus of our investigation

- 2.13 Our investigation focuses on community based NHS mental health services for adults aged 18-65 living in the community. This means that we have considered all primary and secondary care NHS services provided in the community. However, because people with a mental illness often also need support for other problems such as finding a job, or dealing with debt, we have also considered how well NHS services link with other local services. We decided to focus on adults aged 18-65 because services for this group are organised differently from those for children and young people and to those for older people.

3 How easy is it to access mental health services?

- 3.1 People who have mental health problems should be able to get the help they need quickly and easily. However, our investigation found that Londoners face a complex maze of services with confusing referral systems. Information on services and how to access them is inadequate. Access can be further restricted to people whose first language is not English and that services do not appear to be sufficiently sensitive to cultural and religious differences. This chapter describes the barriers people face during each stage of their pathway from initial contact with services through to accessing the help they need.

A complex maze of services

- 3.2 Understanding how to access the right treatment for mental health problems can be difficult for users and for professionals because of the complexity of service provision. Services for people with mental health problems are provided by the NHS and a wide range of other organisations including local authorities, voluntary sector organisations, private practitioners and community groups. Furthermore, the care and treatment pathways for different diagnoses are often not clear, making it difficult for people to know what services should be available to someone with a specific diagnosis. This situation is further complicated by the fact that services available in one part of London are not always available in another. For example, some PCT areas in the capital have recruited five or more graduate mental health workers, whereas several have yet to recruit any¹⁸.

“Feedback from users is often that once they find the right service, the quality and support is good, but locating the service is difficult to achieve and those they come into contact with can lack awareness of other services”¹⁹.
(Westminster PCT and City of Westminster Council)

- 3.3 Our user survey found that GPs are by far the most common gateway to treatment and care for people with mental health problems. More than half (52%) of respondents were referred to other services through their GP²⁰. However, many Londoners are not registered with a GP, so this route is not open to them. This is a particular issue for people who have recently arrived in the capital, who may find that none of their local GPs have open registration lists²¹.

- 3.4 However, GPs frequently lack specialist knowledge about mental health problems, and about what services and support are available in their area, so they may not always make the most appropriate diagnoses, referrals or treatment decisions²².

“I would have liked to have been able to access information on all that was available and choose what was right for me – instead I had to find out the information myself and ask my GP if I could have it”²³. (service user)

“GPs and psychiatrists in my experience, tend to prescribe anti-depressants automatically without discussing the full range of other options. They seem to have little contact with other services...they rarely know about Day Centres or voluntary organisations facilities and drop-ins”²⁴. (service user)

- 3.5 Haringey Teaching Primary Care Trust has developed a useful solution to GPs' lack of specialist knowledge about mental health. They are appointing a lead GP for mental health for each of the four commissioning clusters within the borough. The four specialist GPs will work with a Primary Care Mental Health Clinical Specialist to identify and map current primary care mental health services within their cluster. These lead GPs will then be responsible for raising awareness among other GPs about what is available locally, and will provide support and training for GPs and other practice staff on mental health issues and care pathways²⁵. **The Committee welcomes Haringey PCT's GP**

specialist approach, and believes that, if evaluation shows that it improves access to appropriate mental health services, PCTs across London should consider developing similar approaches.

Information about services

- 3.6 Service users have expressed a strong desire for better information on available services and treatment. In fact, over half (57%) of the respondents to our user survey said they didn't get enough information about what services were available in their area, or how they could access them. Without good quality information, people cannot make informed choices about what treatment and support options would suit them best.

"I am still unaware of support that I could access to help me with day to day living with my mental health. As I work I can't attend user groups/ events that happen in the daytime. There must be stuff that I can go to in the evenings and weekends". (service user)²⁶

"[Users want more information about] pretty much everything really... Information on what mental illness is in the first place... on drugs and side effects... on what services are actually available and how to get into them; on what alternatives there are... on your rights... on support services... on talking therapies."²⁷ (Co-chair, London Development Centre User/ Survivor Group)

- 3.7 Mental health professionals also lack information on local services and treatment. Professionals may be unaware of treatments and services provided by other teams or organisations²⁸. Our user survey showed that people with mental health problems expect health professionals to be able to inform them about the full range of services and treatment available. However, the reality is that people sometimes have to find this information out for themselves²⁹.

- 3.8 Currently, there is no pan-London information resource about different mental health services and treatments. Mental health trusts' websites and some PCTs' websites contain directories of local services. However, these websites are not always user-friendly. Furthermore, they require people to know where to look, and what mental health trust area or PCT area they live in. There is a huge range of other information on mental health available on the internet, but it is difficult for users to ascertain which sites provide high quality information and which do not.

"When I first had problems I didn't know where to go. It was difficult finding out. Even on the internet"³⁰ (service user).

"The internet is very, very helpful and bloody awful. You have no way of knowing the quality of the information that is being provided. It can be entirely off the wall, positively dangerous or enormously helpful" (Dr Cohen, GP)³¹.

- 3.9 A London-wide mental health information resource would enable people to access information on the full range of mental health services in one place. A pan-London approach would be particularly useful because many services are provided across borough/PCT boundaries; the mobility of the population means that people often have to find out about services in different areas. This resource could usefully include information on statutory, private and voluntary sector services as well as user support groups, advocacy services, and organisations that can help with problems often associated with mental illness, such as financial problems and relationship problems. This resource should be accredited by the NHS and Borough Councils, and mental health service users should be involved in its design to ensure it is user-friendly.

- 3.10 A website would be the best means for providing this information resource, as it would be easy to keep up to date and links to other useful sites could be built in. To keep the design of the website simple, it should be designed around care pathways for different mental illnesses, explaining what a particular diagnosis means and the different treatment and support options for this diagnosis. The website should include information on the full range of NHS, local authority and non-statutory services available in London, including contact details. It should also include information on user support groups, advocacy services and services that can help with associated problems such as debt and housing problems. The website could be backed up with a telephone information line, with links to an interpreting service in order to make it accessible to all Londoners, not just those who have internet access. The website should be linked to existing sources of information such as the “yourlondon” website, NHS Direct, PCT and mental health trust websites.

Recommendation 1: The London Development Centre in partnership with NHS London should develop a website that can act as a one stop shop for information on services and treatment for people with mental health problems in London.

Referral procedures

- 3.11 Some people come into contact with mental health services through other routes including the police, prison and probation services. Many professionals working in these services do not know exactly who they should refer people on to or how referral processes work. In particular, the Metropolitan Police have stated that they often struggle to make appropriate referrals when they encounter someone they think has a mental health problem because services in different areas have different referral systems³².
- 3.12 These non-mental health professionals would benefit greatly from a single, simple system across London that enables them to refer people they suspect have a mental health problem on to a mental health specialist. This system could be introduced alongside training to develop non-mental health professionals’ awareness of mental illness and of services available to treat it.

Recommendation 2: The London Mental Health Trust CEO Group should agree a single, coherent system to enable non-mental health professionals such as police officers to refer people they believe have a mental health problem for assessment and help. This system should include 24-hour contact numbers for every Local Implementation Team area.

- 3.13 People can self-refer to some mental health services, but others require professional referrals. Evidence received for this investigation suggests that if access to services is to be improved, more services need to accept self-referrals³³. The Members are aware that there are plans to close the 24-hour self-referral emergency clinic at the Maudsley Hospital in the next few months, because it is felt to duplicate other services. **The Committee calls on the NHS Trusts involved to ensure that other self-referral services have sufficient capacity to provide 24-hour specialist emergency care to people with mental health problems before the Maudsley Emergency Clinic closes.**

Choice and availability of services

- 3.14 People face a real lack of choice in terms of the services and treatment they receive. Service users want to be able to choose a treatment and care package that suits them. The Government agrees that people should be offered more choice about what treatments they receive³⁴. However, choice has yet to become a reality for many people. In fact, only 50% of the respondents to our survey stated that they had been

given a choice about the type of service or treatment they received³⁵. The biggest issue preventing choice is long waiting lists. More than half (52%) of the respondents to our survey who had problems accessing services stating that long waiting lists had been an issue.

- 3.15 The restricted availability of psychological therapies is the starkest example of limited choice. Official guidelines from the National Institute for Health and Clinical Excellence (NICE) state that evidence-based psychological therapies such as Cognitive Behavioural Therapy (CBT) should be available to everyone who has schizophrenia, depression, or anxiety unless their problem is very recent or mild. NICE found these therapies to be effective and provide value for money. However, because of a shortage of qualified therapists, waiting lists for psychological therapies can be more than a year long³⁶. This means that GPs often decide to prescribe anti-depressants even when they think talking therapy would be preferable³⁷. Our survey showed that the lack of therapists also means that people sometimes have to reach crisis point before they can access talking therapies.

“The only way I know how to see a psychotherapist is to get admitted as an inpatient into the hospital” (service user)³⁸.

“If there is a new cancer drug being talked about, it seems to me it is funded before it even has an evidence base, whereas many, many years after it has been very clear what the evidence base is for talking therapies, we still have not sorted out how it is to be funded properly” (Dr Cohen, GP)³⁹.

- 3.16 London is behind other parts of the country in recruiting graduate primary care mental health workers who can improve access to psychological therapies⁴⁰. These workers can take on a range of roles including providing brief psychological therapies and supporting people to use NICE approved self-help techniques such as computer aided CBT⁴¹. However, because of competing priorities and financial pressures, only a handful of London boroughs have met their Department of Health targets for graduate mental health workers, and several boroughs have not yet employed any⁴².
- 3.17 The Committee therefore believes that PCTs must prioritise the recruitment of graduate mental health workers. Such a move would give people who have mild or moderate mental health problems treatment options beyond medication. It would also help to reduce waiting lists for psychological therapies. The London Development Centre and NHS London should support them in this work

Recommendation 3: PCTs that have yet to meet their targets for the recruitment of graduate primary care mental health workers should work with the London Development Centre and NHS London to tackle any barriers preventing them recruiting these workers, and meeting their targets.

Access and diversity

- 3.18 Mental health services are not equally accessible to all Londoners. During our investigation, we discovered that language support services are inadequate, many services are not sufficiently sensitive to cultural and religious differences, and many services are only open during office hours, making them inaccessible to a significant proportion of Londoners.
- 3.19 A key problem is the lack of a comprehensive language support service. With over 300 languages spoken in the capital, many people whose first language is not English struggle to access mental health services⁴³. Our user survey showed that people whose first language is not English were not always offered information that they could understand, and as a result were less likely to be aware of the range of services

available, or how to access them. Survey respondents also stated that they had encountered difficulties with interpreting services taking a long time to arrange⁴⁴. **The London Health Commission is co-ordinating a project to improve the provision of language support services in the capital, by getting public sector agencies to agree to a set of standards for providing language support services. A report detailing these quality standards is due to be published in the next few months, and the Committee welcomes this work.**

- 3.20 BAME groups face other inequalities in accessing mental health services. Stereotyping of people from certain communities can be a major issue, affecting the way people are treated by services and even what services they receive. For example, evidence shows that people from Caribbean communities are more likely to be labelled as difficult to manage or dangerous by professionals, which can mean that they are less likely to be offered talking therapies and more likely to be offered medication⁴⁵. Because of the inequalities they face due to language barriers and cultural stereotyping, BAME community members tend to have lower levels of satisfaction with statutory services than White British people⁴⁶.

"My ethnic and cultural needs were always 'an issue' or a 'complex need'. There was very little understanding of the needs of African Caribbeans... There was no culturally acceptable counselling, just ... medication, section or psychiatric care" (service user)⁴⁷.

- 3.21 Voluntary sector services play an important role in tackling these inequalities, and act as a useful bridge between statutory services and BAME communities. During a visit to mental health services in Lewisham, Committee Members met representatives of a Vietnamese community group and Family Health Isis, a Black African and Caribbean voluntary sector organisation. Both these organisations are working with the local NHS to develop NHS staff's understanding of their communities' cultural and religious beliefs and how these relate to mental health. These organisations also provide advice and support to people experiencing mental health problems⁴⁸, which is particularly important because people from BAME groups often prefer to access voluntary sector services than statutory services⁴⁹.
- 3.22 The Government has recognised that BAME groups often face inequalities in accessing mental health services, and has developed proposals to tackle this issue⁵⁰. Notably, the Department of Health announced that community development workers should be employed in every part of the country by 2006 to ensure that local services are culturally appropriate, and that BAME community members can easily access local services. However, because of current financial challenges, and the Department of Health's restrictive definitions of what constitutes a BAME community development worker⁵¹, fewer than half of the target number of workers had been recruited in London by spring 2006. The date for achieving the target of almost 100 BAME community development workers in London has therefore been moved back to Spring 2008⁵².
- 3.23 Service provision in the capital outside office hours is patchy. Many services are only open during the day, making it difficult for people who work full-time or who have other daytime commitments to access care⁵³. A recent Healthcare Commission survey showed that London's mental health service users are less likely than others to have the phone number for someone they can call outside office hours⁵⁴. One respondent to our service user survey stated that it was almost as if the NHS assumes that you cannot have mental health problems as well as a full-time job⁵⁵.

"I am still unaware of support I could access to help me with day to day living with my mental health. As I work, I can't attend user groups/ events that happen in the daytime. There must be stuff that I can go to in the evenings and weekends" (service user)⁵⁶.

- 3.24 A person-centred approach is key to ensuring services meet Londoners' diverse needs. This approach involves services working together to meet the needs of the individual, rather than individuals having to fit in to how services operate. The Government has put increased emphasis on person-centred care in two recent policy documents – the white paper *Our Health, Our Care, Our Say* (2006) and *Our Choices in Mental Health* (2006).
- 3.25 Truly person-centred services can only be achieved through the widespread implementation of direct payments. Direct payments involve local authorities giving service users an agreed amount of money to choose and purchase personal care and other services to help improve their lives. However, the national roll out of direct payments for people with mental health problems has been slow, with less than 1,500 claimants in England by the end of 2006. The London picture is no different. There are fewer than 200 direct payments claimants who have a mental health problem in the capital, and the majority of London Boroughs have fewer than five claimants⁵⁷. **The London Development Centre is working with London boroughs and central government to increase the number of people with mental health problems accessing direct payments, and the Committee welcomes this work.**

4. How is access affected by the way services are commissioned and resourced?

- 4.1 The way services are commissioned and resourced can have major impacts on access to services. This section shows that the lack of good quality commissioning data, resource pressures and variations in spending across London have all affected the availability of mental health services and the extent to which they meet local people's needs. This section also highlights how Supervised Community Treatment Orders could potentially reduce the availability of services for people with more mild or moderate mental health problems.

Data and commissioning

- 4.2 The commissioning process should ensure that mental health services are designed to meet the needs of the local population, and therefore that services are equally accessible to everyone in that population. However, the lack of good quality data on needs is a major barrier to high quality commissioning.
- 4.3 Rapid changes to London's population present new challenges. Over the past few years, the capital has seen influxes of refugees and asylum seekers and women trafficked to work in the sex industry who may have quite serious mental health problems as well as physical health and language support needs⁵⁸. However, services are struggling to meet these people's needs because of a lack of up-to date information on the numbers of people from these groups and their needs⁵⁹.

*"I think that the populations we have now, we could not have imagined that we would have and perhaps we should have imagined. But, over the past few years, we have had huge numbers of asylum seekers and refugees who have come from populations that we, perhaps, had not envisaged the needs, particularly around really hard treatment-resistant post traumatic stress"*⁶⁰. (Alison Armstrong, NHS London)

- 4.4 Community based mental health services have not tended to record information about the ethnicity, language or religion of the people who use their services⁶¹. As a result, PCTs still lack good quality data on whether primary or secondary community based services are meeting local needs effectively, or whether some groups are experiencing inequalities in accessing mental health services.
- 4.5 Commissioners face further problems getting the data they need because different agencies' databases are not linked. This means that commissioners have to pull together data from a wide range of sources to help them make commissioning decisions⁶².
- 4.6 There is therefore a real need to improve the data available on Londoners' mental health needs and on inequalities in accessing mental health services. We have seen in section 3 that people from BAME communities face real inequalities in accessing mental health services. It will be difficult to resolve this issue unless good quality data is collected on the demographics of people who are accessing mental health services, and those who are not. Clearly, NHS Trusts must prioritise work to improve the data available to commissioners. Additionally, the Greater London Authority Bill, published in November 2006, includes a proposal for the Mayor of London to develop a health inequalities strategy. If this proposal is approved, the health inequalities strategy could provide an excellent opportunity for collating and analysing the data that is available on mental health needs and inequalities.

Recommendation 4: The Mayor's health inequalities strategy should include initiatives to improve the collation and analysis of data available on Londoners' mental health needs, and on inequalities in accessing mental health services.

- 4.7 Mental health trusts do not collect enough data to effectively assess the outcomes of the community services they provide⁶³. This lack of outcomes data makes it very difficult for commissioners to ascertain whether or not trusts' services provide good value for money, and whether certain treatments or services work better for some groups than others. There is therefore a need for mental health trusts to assess what outcomes data they already collect, and what gaps there are in this data. They should then develop a range of outcome measures and systems to collect and analyse outcomes data.

"Good data on outcomes is a bit of a dream actually. At this stage, just knowing how many people I am treating is what I am trying to get a handle on." (John Newbury-Helps, CEO of Barnet, Enfield and Haringey Mental Health Trust)⁶⁴

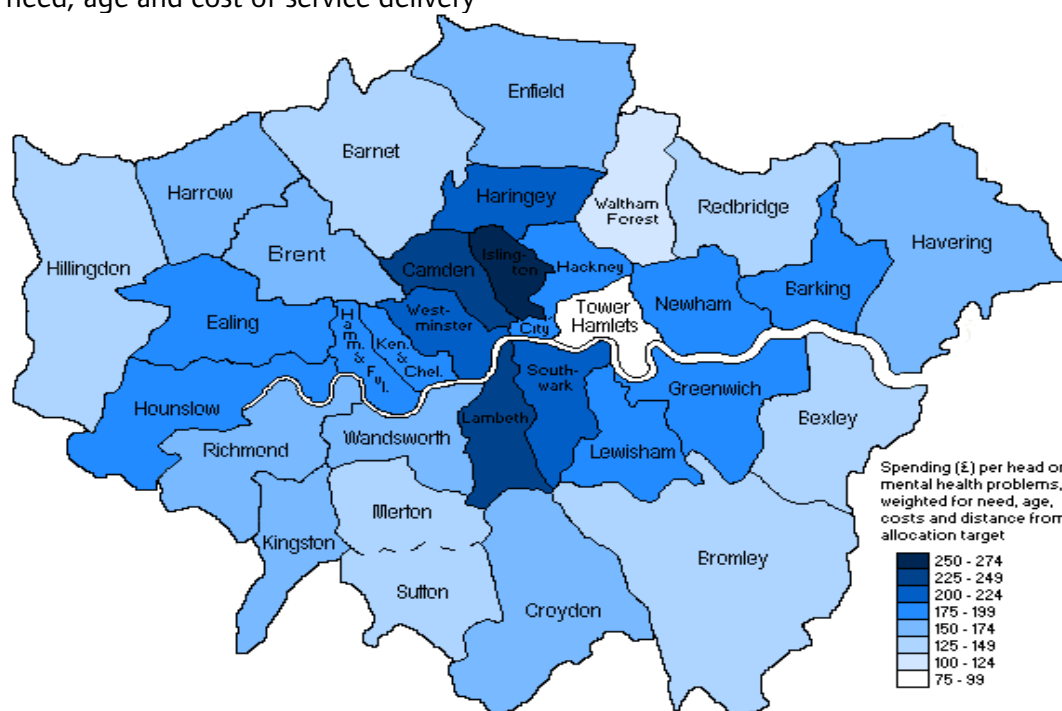
Recommendation 5: The London Mental Health Trust CEO Group should assess what data they currently collect to measure outcomes, and what gaps there are in this data. They should then develop a set of outcome measures to fill any gaps, and develop effective systems for collecting data on outcomes. New outcomes measures should be developed in partnership with service users and PCT representatives.

- 4.8 The lack of good quality mental health commissioning data is exacerbated by a lack of specialist mental health commissioners. This problem was highlighted by the King's Fund and the Mayor of London, in reports they published in 2003. Since then, the London Development Centre has worked hard to improve commissioners' skills and knowledge. They have set up a pan-London commissioning network, as well as running a training programme for mental health commissioners⁶⁵. These initiatives should help to raise the quality of commissioning. However, according to a representative of the King's Fund, there has not yet been a major impact on the ground; and services are still failing to meet people's needs and provide them with the range of help they want⁶⁶.

Resourcing and access

- 4.9 According to evidence received from the King's Fund and the London Development Centre, London spends significantly more on mental health services than the national average, even after weighting for need⁶⁷. In fact, figures for 2005/06 showed that PCTs allocated an average of £184 per head of weighted working age population for mental health services in London, compared to £153 nationally⁶⁸.
- 4.10 PCT spend on mental health varies considerably across London. This variation is mainly due to differences in levels of mental health need and in the costs of delivering services across the capital. However, according to recent reports by the Audit Commission and the King's Fund the variation is also partly due to long-term historic patterns of spend⁶⁹. Commissioners may have to rely on historic spending patterns when they make funding decisions because they do not have enough good quality data on needs, service inputs or outcomes to make more informed decisions. This variation in spending may mean that people living in areas of London which have invested heavily in mental health services could find it easier to access certain mental health services than those living in other areas. The map overleaf shows variation in mental health spending across London, and illustrates the lack of a clear link between spend on mental health services and the level of need.

Figure 4: Spending on mental health services by PCT: 2004-2005, after weighting for need, age and cost of service delivery⁷⁰



- 4.11 Historically, resources for mental health services have been focused on people with severe mental health problems, because of an emphasis on managing risk. Consequently, people with mild or moderate mental health problems have often struggled to find services that they can access beyond their GP. The Government is trying to tackle this imbalance by improving primary care services through new initiatives such as graduate mental health workers and gateway workers.

Resource pressures

- 4.12 Mental health services have been affected by budget cuts in 2006/7. Despite every London mental health trust reporting a surplus in 2005/06, deficits in other parts of the health economy meant that many mental health trusts' budgets were reduced during 2006/07 to help balance the books (as the NHS in London is aiming to achieve financial balance during 2007/08). Many PCTs have also had to reduce their budgets during 2006/07, to help balance the books. The impacts of these budget cuts on London's mental health services include:
- Posts in some services being frozen or cut, with some boroughs merging community mental health teams and early intervention teams⁷¹,
 - Reductions in primary care development budgets (which include funding for talking therapies in primary care)⁷²,
 - Staff training and development budgets being frozen⁷³,
 - Delayed implementation of new national priorities such as early intervention teams and BAME community development workers⁷⁴; and
 - NHS funding being withdrawn from services that are funded jointly with local authorities⁷⁵.

- 4.13 Inevitably, these budget reductions will make it harder for people to access mental health services. Financial pressures will slow down the implementation of initiatives such as BAME community workers, whose role is to make it easier for BAME community members to access appropriate services. A representative from the King's Fund told the Committee that recent funding cuts could also undo much of the work that has been happening over the past few years to improve services for people with mild or moderate mental health problems.

*"I think there is the sense that when funding is tight, it will be the people with the mild or moderate needs who end up getting nothing, rather than people with severe needs getting less"*⁷⁶ (Simon Lawton-Smith, King's Fund).

- 4.14 Some services commissioned by PCTs such as forensic learning disability services are specialist services that cost a great deal, but are used only rarely. These specialist services therefore can add greatly to PCTs' costs. A number of organisations that submitted evidence to our investigation therefore felt that the new London Strategic Health Authority (NHS London) could usefully co-ordinate the commissioning of high cost, low volume specialist services across London, or parts of London⁷⁷. This joint commissioning approach would give London PCTs much stronger purchasing power, and could lead to major resource savings. This approach could also prove useful for language support services, which could be a great deal cheaper if purchased across all London boroughs.

Recommendation 6: The pan-London commissioning forum being developed by NHS London and London PCTs should consider commissioning certain services on a pan-London basis including language support services, and forensic learning disability services.

Future resource pressures

- 4.15 A new Mental Health Bill is currently before Parliament, which could potentially lead to further resource pressures on NHS services. If passed, this Bill would lead to the introduction of Supervised Community Treatment Orders (SCTOs). SCTOs would allow some people with severe and enduring mental health problems, who had previously been compulsorily detained for treatment in hospital, to be treated in the community, on the condition that they comply with their package of medical treatment and care, under the supervision of mental health professionals.
- 4.16 NHS and other health professionals have raised concerns about the pressures that SCTOs could have on their resources. SCTOs would have major resource implications for mental health trust staff, because of the intensive level of supervision required. Unless SCTOs are accompanied by an increase in resourcing, people with less severe mental health problems may receive less support, as staff will have to focus their time on people with more complex needs under an SCTO. Professionals also fear that because of resource pressures, SCTOs could be used to get people out of inpatient wards before they are ready, on the grounds that community based treatment is generally cheaper than inpatient care. This could be a particular issue if Payment by Results tariffs are introduced for inpatient and community mental health services⁷⁸.

Recommendation 7: If Supervised Community Treatment Orders are introduced, the Department of Health should provide mental health trusts with clear information about how SCTOs will be implemented, and how trusts could fund the extra resource demands involved in implementing the orders.

5. The way forward

- 5.1 Many Londoners with mental health problems face real difficulties getting the help they need. Although the majority of people we surveyed found mental health services useful, the confusing range of referral procedures, a lack of clear information about what's available, and long waiting lists for certain services can prove to be major problems. These problems are exacerbated by a lack of data on local needs and resource pressures on NHS services.
- 5.2 The recommendations we have outlined in this report aim to tackle these issues and thus make it significantly easier for Londoners to access mental health services that meet their needs:
- A single pan-London referral system would make it far easier for non mental health professionals to refer people whom they suspect have a mental health problem on to specialist NHS services.
 - A London mental health information website would act as a one stop shop for anyone looking for information on mental health services in London, making it far simpler for people to find out what services were available in their local area, and how they could access them.
 - Increasing the numbers of graduate mental health workers would improve access to psychological therapies for people with mild or moderate mental health problems.
 - The Mayor of London's health inequalities strategy could provide an excellent opportunity to develop a high quality evidence base on mental health needs and inequalities to accessing mental health care. This could provide commissioners with vital data to improve the quality of their commissioning.
 - Developing a comprehensive set of outcome measures and systems for collecting data on outcomes would help commissioners assess the effectiveness of secondary mental health services.
 - Supervised Community Treatment Orders should be designed in a way that does not add to the resource pressures already felt by NHS services.
- 5.3 The Committee will contact all recommendees six months after the report has been published to assess progress on the implementation of its recommendations.

Appendix 1 – How we conducted this investigation

Written evidence

The Committee received written submissions from seven individual service users, two volunteers who work with people with mental health problems, and a large number of organisations which are listed below. A compendium of the evidence we received can be found at

<http://www.london.gov.uk/assembly/reports/health.jsp>

- NHS London
- GLA Health Policy Team
- London Development Centre
- King's Fund
- Royal College of General Practitioners
- Sainsbury Centre for Mental Health
- South London and Maudsley NHS Trust (we received one organisational response and a response from a consultant psychiatrist working in the Trust)
- Harrow Mental Health Service (part of Central and North West London Mental Health NHS Trust)
- Harrow Primary Care Trust
- Westminster Primary Care Trust
- London Health Commission
- Harrow Rethink Support Group
- Bexley Care Trust
- Kensington and Chelsea Council Housing, Health and Adult Social Care
- Lewisham PCT
- The Princess Royal Trust for Carers
- Rethink
- African and Caribbean Mental Health Commission
- Barking and Dagenham PCT with Barking and Dagenham Council
- Jane Pawley, volunteer counsellor
- West London Mental Health NHS Trust
- Metropolitan Police Service Mental Health Project Team
- Haringey Council Social Services Directorate
- Wandsworth Teaching PCT
- North East London Mental Health NHS Trust
- Werrington Young Offenders Institution
- BME Health Forum
- Carr-Gomm
- Royal College of Nursing
- Capital Volunteering
- Richmond and Twickenham Primary Care Trust
- The City of London Corporation

Public Meeting

The Health and Public Services Committee held a public meeting on 12 December 2006 to gather information on community based mental health services from a range of experts, and explore the issues arising from the written evidence in more depth. The transcript of the meeting can be found at http://www.london.gov.uk/assembly/health_ps/index.jsp. The meeting was split into two sessions: one session on strategic, London-wide services and one on local issues, and the external guests are listed overleaf:

Strategic issues

- Alison Armstrong, Director of Mental Health, Prison Health and Substance Misuse, NHS London
- Anthony Deery, Mental Health Strategy Lead, Healthcare Commission.
- Adewale Kadiri, London Region Manager, Healthcare Commission
- Simon Lawton-Smith, Senior Fellow, King's Fund
- Clive Stevenson, Service Improvement Manager, London Development Centre

Local issues

- John Newbury-Helps, Chief Executive, Barnet, Enfield and Haringey Mental Health NHS Trust
- Sarah Rushton, Head of Service Development - Mental Health, Westminster PCT and Westminster City Council
- Dr Alan Cohen, GP
- Hilary Hawking, co-chair of the London Development Centre Service User Group

Site visit

On 29 November 2006, Members of the Committee visited NHS and voluntary sector services for people with mental health problems in Lewisham

- The first part of the visit was to Family Health Isis, a voluntary sector organisation providing advice, counselling and advocacy services to BME community members in Lewisham. During the visit, Members met with Isis' senior management team, frontline staff and service users.
- The second part of the visit was to Speedwell Community Mental Health Team, an NHS team that provides specialist mental health services to residents of north Lewisham. During this part of the visit, Members had a chance to speak to staff from Speedwell team as well as NHS staff working in other parts of the borough and representatives of a Vietnamese community support organisation operating in Lewisham.

Survey of service users

As part of our investigation we commissioned an external agency (WRC) to undertake a survey of people who use mental health services in London. This survey aimed to find out what users thought about the services they receive, and how easy they have found it to access the help they need.

Service users and people working in mental health services fed into the development and design of the survey, to ensure it was relevant and effectively focused. People were offered the choice of completing the survey online, by post, face to face or by phone, and interpreting services were offered if needed. The survey was distributed through a large number of NHS and voluntary sector services across the capital to ensure we received a good range of responses.

Around 1,500 surveys were distributed and 287 were returned. Only people who were aged 18-64 and who had used primary or secondary NHS mental health services in the past year were able to give their views.

Appendix 2: References

- ¹ “Donna’s” story has been taken from a case study in *Users’ experiences of community based NHS mental health services*, a survey conducted by the Women’s Resource Centre for the London Assembly, 2007. Donna is not her real name.
- ² *Users’ experience of community based NHS mental health services: survey findings*, 2007, Women’s Resource Centre
- ³ *Delivering Race Equality in mental health care: An action plan for reform inside and outside services and the Government’s response to the Independent inquiry into the death of David Bennett* (2005) Department of Health
- ⁴ *Psychiatric morbidity among adults living in private households*, 2000, National Statistics; London Health Observatory website
- ⁵ *Psychiatric morbidity among adults living in private households*, 2000, National Statistics
- ⁶ *Availability of mental health services in London, A report for the Mayor of London*, 2003, Dr Foster; *Reaching out to refugees*, December 2005, Mental Health Today
- ⁷ Deprivation figures are derived from the Index of Multiple Deprivation available from www.communities.gov.uk AREA index figures are from *Mental Health Workbook 2006, Regional Atlas for London*; the Mental Health Observatory at NEPHO. The AREA index of mental health needs shows prevalence of common and severe mental health problems.
- ⁸ *Mental health in London – what are the special issues?* 2005, London Health Observatory, London Development Centre, and the London NHS Confederation; London Development Centre website; Written evidence – GLA Health Policy Team
- ⁹ *Mental Health: Britain’s Biggest Social Problem?* 2004, Richard Layard for the Strategy Unit
- ¹⁰ *We need to talk – psychological therapy on the NHS*, 2006 MHF, Mind, Rethink, Sainsbury Centre for Mental Health and Young Minds.
- ¹¹ Department of Work and Pensions figures, released following a Parliamentary Question on 30.01.07, quoted in the Financial Times 01.02.07 and Daily Mail 01.02.07.
- ¹² *Fit to work: incapacity benefit in London*, 2007, London Assembly Economic Development, Culture, Sport and Tourism Committee
- ¹³ London Development Centre website
- ¹⁴ *Psychiatric morbidity among adults living in private households*, 2000, National Statistics.
- ¹⁵ *Users’ experiences of community based NHS mental health services*, a survey conducted by the Women’s Resource Centre for the London Assembly, 2007.
- ¹⁶ *Availability of mental health services in London*, 2003, Dr Foster for the Mayor of London; *Adult mental health services in primary care*, 2005, NHS Confederation and Sainsbury Centre for Mental Health
- ¹⁷ Written evidence – London Development Centre
- ¹⁸ *Mental Health Workbook 2006, Regional Atlas for London*; the Mental Health Observatory at NEPHO
- ¹⁹ Written evidence, Westminster PCT and City of Westminster Council, October 2006.
- ²⁰ *Users’ experiences of community based NHS mental health services*, a survey conducted by the Women’s Resource Centre for the London Assembly, 2007.
- ²¹ *Access to Primary Care*, 2003, a joint London Assembly and Mayor of London scrutiny report
- ²² *Availability of mental health services in London*, 2003, Dr Foster for the Mayor of London; Written evidence – London Development Centre
- ²³ *Users’ experiences of community based NHS mental health services*, a survey conducted by the Women’s Resource Centre for the London Assembly, 2007
- ²⁴ *ibid*

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- ²⁵ *One in Four of us: Report of the Scrutiny Review of Access to General Mental Health and Early Intervention Services*, 2006, Haringey Council Scrutiny Services and; Scrutiny update provided by the PCT to Haringey OSC on 22.01.07. The model of a GP with special interest in mental health has also been implemented in Barking and Dagenham.
- ²⁶ *Users' experiences of community based NHS mental health services*, a survey conducted by the Women's Resource Centre for the London Assembly, 2007
- ²⁷ Transcript of Health and Public Services Meeting on 12 December 2006, p. 28
- ²⁸ Written evidence – Westminster PCT, Harrow PCT, London Development Centre
- ²⁹ *Users' experiences of community based NHS mental health services*, a survey conducted by the Women's Resource Centre for the London Assembly, 2007
- ³⁰ Ibid
- ³¹ Transcript of Health and Public Services Meeting on 12.12.06, p. 30
- ³² Written evidence – Metropolitan Police
- ³³ Written evidence – North East London Mental Health NHS Trust, Haringey Council, Harrow PCT, Westminster PCT
- ³⁴ *Our choices in mental health, a framework for improving choice for people who use mental health services and their carers*; 2006; Care Services Improvement Partnership, NIMHE and Department of Health
- ³⁵ *Users' experiences of community based NHS mental health services*, a survey conducted by the Women's Resource Centre for the London Assembly, 2007
- ³⁶ *We need to talk*, 2006 Mental Health Foundation et al; Written evidence, Jane Pawley, volunteer counsellor
- ³⁷ Written evidence, London Development Centre; *We need to talk*, 2006, Mental Health Foundation et al
- ³⁸ *Users' experiences of community based NHS mental health services*, a survey conducted by the Women's Resource Centre for the London Assembly, 2007
- ³⁹ Transcript of Health and Public Services Meeting on 12 December 2006, p. 33
- ⁴⁰ Written evidence – Royal College of General Practitioners; Durham Adult Mental Health Services Mapping project www.amhmapping.org.uk
- ⁴¹ *Technology Appraisal Guidance 97; Computerised cognitive behavioural therapy for depression and anxiety*, 2006, National Institute for Health and Clinical Excellence. This Guidance recommends the use of "Beating the Blues" software for treating mild and moderate depression and "FearFighter" software for managing panic and phobia.
- ⁴² Written evidence, London Development Centre, Regional Atlas for London, Mental Health Workbook 2006, Durham Adult Mapping project and NEPHO
- ⁴³ Written evidence – London Development Centre; *Availability of mental health services in London*, 2003, Dr Foster for the Mayor of London
- ⁴⁴ *Users' experiences of community based mental health services: survey findings*; 2007, Women's Resource Centre
- ⁴⁵ Written Evidence – African and Caribbean Mental Health Commission
- ⁴⁶ Ibid; *Our point of View*, 2003, Rethink
- ⁴⁷ Written evidence from JJ Charles, service user, survivor and Chief Executive of the National Council of BME disabled people
- ⁴⁸ Notes of site visit to Lewisham mental health services, November 2006
- ⁴⁹ Written evidence – King's Fund
- ⁵⁰ *Delivering race equality in mental health care: an action plan for reform*, 2005, Department of Health

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- ⁵¹ During a site visit to Lewisham, a representative of NHS secondary care services told committee members that they contract a voluntary sector organisation to conduct BAME community development work. However, the Department of Health would not count this arrangement towards the local target for BAME community development workers because it did not fit with their criteria for these posts
- ⁵² Written evidence – NHS London
- ⁵³ Written evidence – Westminster PCT and City Council; *Users' experiences of community based NHS mental health services*, a survey conducted by the Women's Resource Centre for the London Assembly, 2007
- ⁵⁴ Transcript of Health and Public Services Meeting, 12 December 2006, p.2
- ⁵⁵ *Users' experience of community based NHS mental health services: survey findings*, 2007, Women's Resource Centre
- ⁵⁶ *ibid*
- ⁵⁷ Written evidence – London Development Centre, email from London Development Centre, 15.02.07
- ⁵⁸ Transcript of Health and Public Services meeting, 12 December 2006, p.10; *Availability of mental health services in London*, 2003, Dr Foster for the Mayor of London; *Mapping the provision of mental health services for asylum seekers and refugees in London: a report*, 2005, ICAR and St Pancras Refugee Centre.
- ⁵⁹ Transcript of Health and Public Services Meeting, 12 December 2006, p.10-12
- ⁶⁰ Transcript of Health and Public Services Meeting, 12 December 2006, p.10
- ⁶¹ Email from Paul de Ponte, London Health Observatory, 8 September 2006
- ⁶² Transcript of Health and Public Services Meeting, 12 December 2006, p.41
- ⁶³ Transcript of Health and Public Services Meeting, 12 December 2006, p. 40-42; Written evidence – Royal College of General Practitioners
- ⁶⁴ Transcript of Health and Public Services Meeting, 12 December 2006, p.40
- ⁶⁵ Transcript of Health and Public Services Meeting, 12 December 2006, p.20
- ⁶⁶ Transcript of Health and Public Services Meeting, 12 December 2006, p.21
- ⁶⁷ Written evidence – King's Fund and London Development Centre.
- ⁶⁸ The figures of £184 and £153 come from SHAs' planned investment for 2005/6, quoted in the King's Fund evidence. £184 is the average of the 5 previous London SHA areas' planned investments.
- ⁶⁹ *Local variations in NHS spending priorities*, August 2006, King's Fund and; *Managing finances in mental health*, 2006, Audit Commission
- ⁷⁰ *Local variations in NHS spending priorities*, August 2006, King's Fund: Data is from the Department of Health National Programme Budget Data for 2004/5. A representative of Tower Hamlets PCT has stated that the data for Tower Hamlets was incomplete and so does not represent an accurate picture of their spend on mental health.
- ⁷¹ Written evidence – London Development Centre
- ⁷² Written evidence – Royal College of GPs
- ⁷³ Transcript of Health and Public Services Meeting, 12 December 2006, p.7
- ⁷⁴ Transcript of Health and Public Services Meeting, 12 December 2006, p.39
- ⁷⁵ NHS Confederation/ LGA survey of Social Services Directors July 2006
- ⁷⁶ Transcript of Health and Public Services Meeting, 12 December 2006, p.21
- ⁷⁷ Written evidence – London Development Centre, The Royal Borough of Kensington and Chelsea, Kings Fund
- ⁷⁸ Transcript of Health and Public Services Meeting, 12 December 2006 p.27, p.19

Appendix 3 – Orders and Translations

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ਜੇ ਤੁਸੀਂ ਜਾਂ ਕੋਈ ਤੁਹਾਡਾ ਜਾਣ-ਪਛਾਣ ਵਾਲਾ ਇਸ ਰਿਪੋਰਟ ਦਾ ਅਗਜ਼ੈਕਟਿਵ ਸਮਾਂ ਅਤੇ ਸੁਝਾਵਾਂ ਦੀ ਨਕਲ ਵੱਡੇ ਅੱਖਰਾਂ ਵਿਚ, ਬ੍ਰੇਲ ਵਿਚ ਜਾਂ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਮੁਫਤ ਪ੍ਰਾਪਤ ਕਰਨਾ ਚਾਹੁੰਦਾ ਹੈ ਤਾਂ ਕਿ੍ਪਾ ਕਰਕੇ ਸਾਡੇ ਨਾਲ 020 7983 4100 ਤੇ ਟੈਲੀਫੋਨ ਰਾਹੀਂ ਸੰਪਰਕ ਕਰੋ ਜਾਂ assembly.translations@london.gov.uk ਤੇ ਸਾਡੀ ਈ-ਮੇਲ ਕਰੋ।

Si usted, o algún conocido, quiere recibir copia del resumen ejecutivo y las recomendaciones relativos a este informe en forma de Braille, en su propia idioma, y gratis, no duden en ponerse en contacto con nosotros marcando 020 7983 4100 o por correo electrónico:
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اگر آپ یا آپ کا کوئی جاننے والا اس انگریزی کیٹوسمری اور اس رپورٹ میں سے سفارشات کی ایک کاپی بڑے پرنٹ میں یا بریل یا اپنی زبان میں بلا معاوضہ حاصل کرنا چاہیں تو براہ کرم ہم سے فون 020 7983 4100 پر رابطہ کریں یا assembly.translations@london.gov.uk پر ای میل کریں۔

Ta ba ri enikeni ti o ba ni ife lati ni eda ewe nla ti igbimo awon asoju tabi papa julo ni ede ti abinibi won, ki o kanswa lori ero ibanisoro. Nomba wa ni 020 7983 4100 tabi ki e kan si wa lori ero assembly.translations@london.gov.uk. Ako ni gbowo lowo yin fun eto yi.

Haddii adiga, ama qof aad taqaanid, uu doonaayo inuu ku helo koobi ah warbixinta oo kooban iyo talooyinka far waaweyn ama farta qofka indhaha la' loogu talagalay, ama luuqadooda, oo bilaash u ah, fadlan nagala soo xiriir telefoonkan 020 7983 4100 ama email-ka cinwaanku yahay assembly.translations@london.gov.uk

Appendix 4 - Principles of scrutiny

The powers of the London Assembly include power to investigate and report on decisions and actions of the Mayor, or on matters relating to the principal purposes of the Greater London Authority, and on any other matters which the Assembly considers to be of importance to Londoners. In the conduct of scrutiny and investigation the Assembly abides by a number of principles.

Scrutinies:

- aim to recommend action to achieve improvements;
- are conducted with objectivity and independence;
- examine all aspects of the Mayor's strategies;
- consult widely, having regard to issues of timeliness and cost;
- are conducted in a constructive and positive manner; and
- are conducted with an awareness of the need to spend taxpayers money wisely and well.

More information about scrutiny work of the London Assembly, including published reports, details of committee meetings and contact information, can be found on the London Assembly web page at www.london.gov.uk/assembly.

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