

Care Services Improvement Partnership **CSIP**

West Midlands  
Development Centre

**NHS**  
*West Midlands*

**BBC Focused Implementation Site**

**Update on**  
**Project Implementation Plan Nov 2006**

**Delivering Race Equality in Mental Health Care**

**An action plan for reform both inside and outside services**

**‘Beyond Basic Chatter’**

**February 2006- 2008**

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## INTRODUCTION

Birmingham and the Black Country Focused Implementation Site has continued to support and provide focus in its commitment to reduce health inequalities and make a real difference in promoting equality in mental health care. We want to persist in our efforts to move 'beyond chatter' and see active change in access, experience and outcomes in mental health care for BME communities.

Over the last 6 months we have achieved steady progress since the development of our Project Plan. The reconfiguration and process of redesign and modernisation of services across the Strategic Health Authority, Mental Health Trusts and Primary Care Trusts has heightened further an awareness and focus with regards the challenge of priority, but the Birmingham and The Black Country (BBC) organisations have continued in their commitment to deliver organisational change throughout the whole system to produce and sustain the desired outcomes in mental health.

Productive discussions have been held at Board level and across the BBC with the aim to enable and maintain strategic alignment of the FIS with existing and developing work streams across all levels of the organisation.

### **West Midlands Strategic Health Authority**

The process of reconfiguration of the Strategic Health Authority in the West Midlands has not been consequent in a shift from its 7 key priorities for health and health services. The framework outlined in the old Birmingham and The Black Country document, 'a *wider view*' offered a guide for organisations, which included Race Equality and Health Inequalities. This is in sync with local priorities for health with stakeholders and partners, which would enable optimum benefit for the health of the population.

Through the transition of responsibility of the steer and leadership of many of the SHA work streams to the PCTs as part of the development in national organisational change, it is determined that the majority of the FIS work programme will become embedded within PCT/MH Trust at Board level and throughout the organisations. The SHA will be instrumental in providing some leadership to ensure that this is delivered.

## **BACKGROUND - Demographic and Geographical Information**

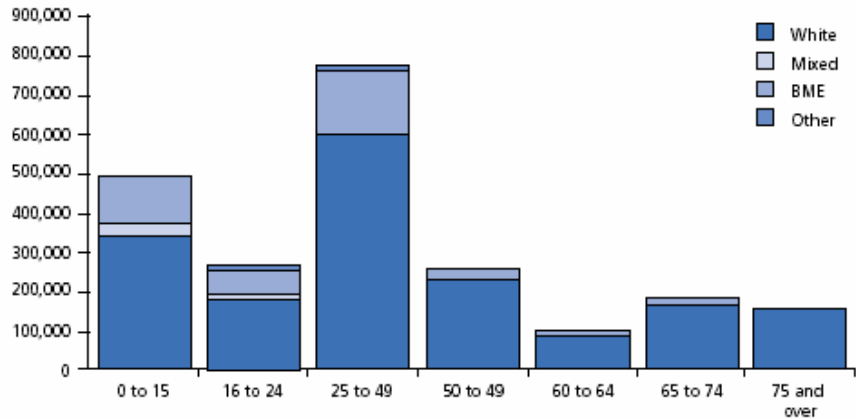
The West Midlands Strategic Health Authority is one of ten Strategic Health Authorities in England, which act as local headquarters of the National Health Service. The area we cover is a large urban and semi rural conurbation in the West Midlands of England.

The Birmingham and the Black Country region which is hosted by the Focused Implementation Site (FIS) is a geographically small in comparison, but vast measured on population covered .Latest population estimates that we have 2.25 million people resident within our borders; however, we have over 2.43 million people registered with GP practices in the 12 Primary Care Trusts in our area.

We have a predominantly younger population than the population of England as a whole, although there are large variations in the age structures of the populations of our PCT's.

Over 40% of the populations of Solihull, North Birmingham and Dudley South PCTs are over 45, in the Heart of Birmingham; this figure is less than 30%. Whilst there is an overall presence of BME people across the patch, these areas are significantly proportioned with representation from BME communities. In particular, the Heart of Birmingham BME population represents the majority community at over 70%

[Age profile and ethnicity of BBCSHA population](#)



A distinctive feature of the area is the ethnic diversity of our population. Over 20% of the total population (nearly 450,000 people) are black or from a minority ethnic community. The profile of BME population indicates that it is a much younger age profile than the profile for the population as a whole.

Unless the birth rate is significantly lower than the white population it is likely that the proportion of BME groups will grow. We might also expect to see, as in the United States, significant growth in the number of people who classify themselves as ‘mixed race.’ It is expected that over the next twenty years, this figure is likely to increase by a significant proportion. It is anticipated that as the BME population grows, so to will there be a greater need for health services.

The BME population is not distributed evenly across our patch. It can be seen that it is largely concentrated in Heart of Birmingham, South and Eastern Birmingham, Oldbury and Smethwick, Wolverhampton and Walsall

**BME populations of BBCSHA PCTs**

| Primary Care Trust               | All people | No In Black and Minority and Mixed Ethnic Groups | % In Black and Minority and Mixed Ethnic Groups |
|----------------------------------|------------|--|---|
| Birmingham and the Black Country | 2,254,744  | 447,116  | 19.83   |
| Dudley Beacon and Castle         | 111,959    | 9,765  | 8.74  |
| Dudley South                     | 193,196    | 8,346  | 4.32  |
| Eastern Birmingham               | 208,570    | 40,171   | 19.26   |
| Heart of Birmingham Teaching     | 250,735    | 172,932  | 68.97   |
| North Birmingham                 | 160,279    | 14,137   | 8.82  |
| Oldbury and Smethwick            | 87,936     | 26,706   | 30.37   |
| Rowley Regis and Tipton          | 91,126     | 9,714  | 10.66   |
| Solihull                         | 199,517    | 9,517  | 4.77  |
| South Birmingham                 | 357,503    | 51,230   | 14.33   |
| Walsall                          | 253,499    | 33,563   | 13.24   |
| Wednesbury and West Bromwich     | 103,842    | 19,979   | 19.24   |
| Wolverhampton City               | 236,582    | 51,173   | 21.63   |

Race inequality is closely correlated with health inequality and economic deprivation. The BME population live predominantly in the most economically deprived areas of our patch and the areas with the highest levels of health problems.

### **Leadership and Commitment**

The West Midlands Strategic Health Authority have a strong steer and commitment to deliver organisational change throughout the whole system to produce and sustain the desired outcomes in mental health. We are fully signed up to supporting the improvements detailed in *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*.

## AIMS & OBJECTIVES

### **Key Aim:**

To improve access, outcome and experience for BME people who have a mental health problem or need to use mental health services.

### **Key Objectives:**

#### **Appropriate and responsive services**

1. Ensure core services mainstream care for BME people within a whole system approach including CAMHs, adults, older people, primary and specialist services, ensuring existing processes and systems are inclusive or challenged where appropriate to meet local need
2. Demonstrate leadership, commitment and sustainability at board level

3. Improve, corporate and clinical governance accountability for BME issues at a strategic and local level
4. Ensure each locality has a clear implementation and workforce plan which includes outcome that will impact on the 12 characteristics in DRE (page 19) to inform better commissioning outcomes, resource allocation and a targeted approach which reflects priorities, community engagement, identified need and service gaps
5. Ensure clinical engagement for improving pathways to care

#### **Building capacity**

6. Build capacity, strategic engagement and an increased role with the community, voluntary, independent and private sectors
7. Demonstrate partnership working, levers for change and practical solutions to issues with Local Strategic Partnerships (LSPs), Government Office, and Local Government and Criminal Justice System etc
8. Deliver increased choices in respect of the type, location and provider of treatment in statutory, voluntary and independent sector organisations and develop choice pilots across the BBC area
9. Ensure the development and implementation of the targets for Community Development Workers (CDWs) in the BBC area

#### **Better information and spreading innovation**

10. Improve the quality of ethnic monitoring data and the use of information by building on the national census to develop a baseline from which progress can be measured in addition to clinical ownership of baseline data to effect change in practice.

Share positive practices and benchmarking across the West Midlands and nationally.

## SUMMARY OF PROGRESS

### **Local Level Implementation**

#### **Board Leads/Directors -PCTs and MH Trusts**

Board leads and Directors of PCTs and MH Trusts have designated lead responsibility for the Equalities in Mental Health Agenda. Each local economy has determined their 3- 4 key priorities for action and are progressing to develop the work through the development of their local implementation and commissioning plans.

#### **Local Implementation Teams**

All local economies have established a sub- group for BME and Equalities as part of the on—going work of the LIT. Recent Autumn Assessment Peer Review saw an indication of the steady progress that has been maintained in the development of Plans in line against the DRE guidance.

Work is underway to support the further development of local plans in line with DRE (Jan 2005) recommendations for service reform. This will be assisted through the BBC wide Development Programme.

## **Clinical Engagement/Pathways and Protocols**

Work is now in progress to support the development of the enhanced Care pathway model in areas across the BBC. The Birmingham and Solihull MH Trust has continued to develop as a pilot site as part of the National EPIC programme for BME communities. A parallel site will be identified in the Black Country area. The sites will demonstrate clinical engagement and pathway development, linking with mainstream processes such as clinical governance, clinical audit and service improvement.

BBC FIS has established links with the Health and Social Care in Criminal Justice Programme which will enable a collaborative approach on Prison Mental Health to impact on the Offender Care Pathway for BME prisoners. The Enhanced Care Pathway model will be used as an identifier for the critical route on the Pathway for BME prisoners. Pilot sites will include Reaside Forensic Unit, HMP Birmingham as well as a Young Offenders institution.

## **Race Equality Schemes and Plans from PCT/ Trusts**

All Race Equality Schemes (RES) have been reviewed by the SHA and the key points determined from a mental health perspective. This work was undertaken by the Birmingham Race Action Partnership (b: RAP) who are currently leading on the Development Programme for BBC wide support to develop local level planning and implementation of the DRE.

Updated Race Action Plans will now be developed against the DRE recommendations and RES as part of this overall process.

## **Workforce and training Development**

Workforce development and training continues to be a priority for most organisations across the BBC. Key activities being undertaken include:

- Development of workforce planning tools

- SHA support for role redesign
- Continued roll out of the BME Mentoring Support Network
- Aggregation of workforce profile by ethnicity and Grade
- Pilot of Cultural Competency framework as part of DRE and 10 Essential Shared Capabilities
- Monitoring and supporting CDW development across BBC

An action plan to coordinate activity across the BBC is in progression.

### **Service Improvement /Development**

Links with NIMHE/CSIP, through the work of the Service Improvement Lead for African Caribbean communities will enable a focused and specific support for services targeting impact on improving access and experience for African Caribbean users and families.

The Development Programme will support BBC wide service improvement and development as part of the second phase of the Programme implementation

### **BBC Wide Level Development**

### **FIS Programme Board**

The Board continue to provide steer and leadership for the Programme. In order to maintain the representation on the Board to be reflective of partners across both health and non- health economies, including representation from West Midlands Police, Public Health and CAMHS. We are currently reviewing Board membership.

User Consultant and Carer representation is still active on the Board.

### **FIS Operational Group**

The Operational Group is now in place to assist the strategic development of the overall programme. Membership of the Group includes the Chair of the Focused Work Groups.

Current Priorities in Work Plan for Year One include;

- Developing the Action Plan for the Value Added Grant and ensuring its implementation across the BBC
- Charting the progress and development of the overall Work Plan in line with the 12 service characteristics for service reform as outlined in the DRE guidance

## **BME Users/Carers and Survivors Forum**

The Forum has continued to develop initiatives to support and facilitate BME user, carer and survivor's empowerment and development to strategically interface with the current activities around service reform and redesign.

The objectives of the Forum are to:

- Advise the FIS and act as a point of reference
- Develop a safe platform for BME users, carers and survivors to raise issues and feed into the process
- Work with the Letting Through Light Model to develop a framework for service user and carer audit, which will contribute to the programmes of work both in and outside of the FIS.

The first of a series of Taster days to support the 'Training the Trainer Programme have now taken place with plans underway for a two- day residential to support the delivery of the programme.

## **Better Information Group**

Chair: Eddie Quaynor – Clinical Services Director, Sandwell Health and Social Care Trust

The Better Information Group was formed last year to help to focus on providing support for local organisations with regard the specific requirements for BME data collection and analysis. The 2004, Autumn Self- Assessment had been inclusive of a BME

Themed Review and data collection and analysis of information with regards BME user and carer experience had been identified as a priority action across the BBC.

The group is currently revising its membership to enable more effective steer and coordination of the work required to improve information collection and analysis for delivering race equality in mental health care.

Baseline data from across the BBC had identified gaps in both the information collated and analysis of the data. Year one information that had been collected from the National Count Me In Census, has added to the body of data held. This information will be aggregated to give an accurate understanding of where the BBC is as a whole and consequently identify areas that will benefit from additional support. This work will be supported by the West Midlands Public Health Observatory.

Within the BBC, local developments are underway that will add to the efficacy of the baseline data and analysis processes. This will include the work of South Birmingham PCT and Birmingham and Solihull Mental Health Trust who plan to pilot specific work on improving the quality and effectiveness of their ethnic monitoring data and then share the learning across the BBC.

Sandwell have already utilised their local data and are now piloting a clinical forum that is user-led to articulate more effective use of the data in relation to local need.

The Better Information Group will be equipped by the end of the year to help develop a performance framework that will assist in the delivery of better and more appropriate, clinically effective and recovery orientated care for BME communities.

### **Community Development Worker (CDW) and Workforce Development Group**

Chair: Jennifer Johnson - Workforce Development Lead, BBC SHA

This group continues to meet to support the development and monitoring process for the Department of Health target for Community Development Workers to be part of the workforce by December 2006.

They are in the process of defining the Work Plan for 2006 – 2008.

Priorities for this 1<sup>st</sup> year include the following;

- Mapping of the Job Descriptions for CDW's across the BBC to encourage the development of a standard job description in line with Agenda for Change protocols
- Collate baseline evidence with regards CDW total across the region as part of Workforce Development across the BBC
- To monitor the outcomes from the CDW Early Implementer Sites
- Identify workforce development outcomes from the DRE guidance and prioritise work plan objectives for 2007 - 2008

### **Building Capacity and Strategic Development with Voluntary Sector Group**

Chair: Sharon Annekie – Assistant Director, Future Housing, Non – Executive Director, Heart of B'ham Primary Care Trust.

This Group is tasked to develop strategic engagement and development of the BME voluntary and community sector, lever regeneration funding, build effective capacity and promote joint commissioning approaches across PCTs and Social Care with the BME Community and Voluntary Sector organisations.

The Chair was appointed in February 2006 and work is now underway to progress membership of the Group, with Terms of Reference and Work Plan for 2006 – 2008.

As a member of the West Midlands Health Consortia we are working with Race Action West Midlands (RAWM) and the Voluntary Sector to assist strategic development and build capacity within the community and voluntary sector. The Consortia has been successful in achieving the following objectives to date:

- Development of a regional web- site that will identify best practice and raise awareness around effective commissioning.
- Awareness raising event with regards health inequalities, regeneration and the community and voluntary sector. The role of the FIS in addressing inequality in mental health care was one of the workshops.

### **Development Programme**

Lead: Joy Warmington – Chief Executive, Birmingham Race Action Partnership (Brap)

We have been successful in commissioning the services of Birmingham Race Action Partnership (b: RAP) to lead and coordinate the implementation of the Development Programme for the BBC. This specialist support will help progress local level planning and development of service reform and improvement.

Local priorities for action will be targeted and also good practice disseminated and shared across the BBC. This will also highlight current and new innovations in practice that are impacting specifically in improving access, experience and outcomes for local BME communities. B:Rap is working with Trusts in the Birmingham and the Black country region to help them improve upon their action plans and interrogate their thinking around equalities, to make better progress towards meeting the requirements and recommendations of the DRE and assist with improving and transforming mental health service planning for BME service users.

## **In Patient Care Pathway and BME communities**

In 2004 all Trusts were tasked to develop and detail the Care Pathways for all users of secondary care services. The Mental Health Care pathway is sometimes integrated, but all in all it provides a graphic framework for providers to use the process to determine meaningful engagement and evidence based interventions that can be used to promote recovery to mental health.

There is an element of risk at certain points on the pathway, as a consequence of some of the decisions that are made which can result in culturally inappropriate assessments. This serves to increase the level of variance in the experience of BME people who come into contact with mental health services, particularly impacting upon choice and access to alternative treatments.

The differential experience, at the point of access or entry into services for BME people is likely to predetermine what occurs in the in-patient experience. The recent National Census of inpatients in mental health hospitals and facilities in England and Wales, 'Count Me In', offers concrete evidence of statistics with regards over- use of the Mental Health Act to detain BME users, who have longer lengths of stay, limited access to alternative treatments and higher dosages of medication.

This state of affairs is unacceptable and requires focused interventions that will impact directly on the current provision of clinical service in the in - patient setting.

We propose to utilise the Care Pathway as a benchmarking tool that will highlight the critical pathway of risk to the BME service user who comes into contact with mental health services.

Using a baseline of the current Pathway activity through random case note Audit, we will employ the use of PDSA methodology and process mapping to then determine solution focused interventions at the critical points on the Pathway that impact upon BME communities access and also experience of mental health services. This will enable more effective targeting of focused interventions that will influence a change on the Pathway experience for BME users.

#### **Enhanced Pathways Into Care (EPIC) National Pilot**

Birmingham and Solihull Mental Health Trust have been identified to be one of the four pilots on the National Enhanced Pathways in Care programme. This work is focused on the pathway out of care for African Caribbean males, who are cared for by Assertive Outreach services. The Pilot team is strengthening its collaborative approach through partnerships with local community initiatives; engaging clinical staff and utilising different approaches to working within African and African Caribbean communities and working with a CDW to support the work in their locality.

Other work in progress includes the development of alternative provision for Places of Safety and the use of Psychiatric Intensive Care support for BME communities within the BME independent and voluntary sector.

#### **Prison Mental Health and BME Offenders/ Re- Offenders Pathway**

The FIS will support the development of collaborative work on the Offender Care Pathway for BME prisoners, in partnership with the Health and Social Care in Criminal Justice Programme. (HSCCJP)

We had conducted a workshop at the launch of the HSCCJP in March 2006 which raised specific needs for BME prisoners and young offenders and the work of CAMHS.

We aim to progress the work in year two of the FIS to develop forensic pilot projects in HMP Birmingham, Reaside Secure Unit and a Youth Offender establishment in the BBC.

As part of the work around BME and Criminal Justice we will develop a series of workshops aimed at exploring and influencing change in the use of Section 135/ 136 and Places of Safety. This will be done in collaboration with the West Midlands Police dedicated Lead on Mental Health, Michael Brown, who also sits on the FIS Programme Board.

### **Choice Pilots**

The BME Choice Navigators Pilot in Wolverhampton had been successful in linking the work of the Pilot with local resource centres and the Local Implementation Team. The objective of the Pilot was to train and develop Service users to become Choice Navigators in the community to signpost and encourage individuals in the community to make independent and informed choices to improve access to services.

This work is in the process of building sustainability and capacity for its on-going development with the LIT and primary care services

### **Community Engagement Projects**

As part of the National Community Engagement development we had two pilots that had been successfully developed in the first wave.

Both the Vine Project , Aston Christian Centre and the BME Housing Consortium ,Asian Men's Support Group, Wolverhampton Project have been instrumental in engaging local communities, raising awareness and increasing access to a more diverse range of support and services.

Both pilots are seeking to develop further strategies for sustainability and spread through links with Local Implementation Teams, PCTs and Mental Health Trusts.

We are now in the early stages of development of a further four community engagement projects. This work will be linked to the Building Capacity and Strategic Development of the Voluntary Sector Group, in order to support capacity building and further sustainability. (Appendix d)

### **Spirituality and Mental Health Programme**

The relevance of Spirituality in the concept of healing and recovery orientated processes has been long recognised to be a contributory and pivotal factor to a whole systems approach to care. The role of faith communities as a partner to this process has been well researched as a positive element. However, within the area of Mental health further work needs to be focused and coordinated that begins to impact on improving access and experiences of care both in and outside of mental health services.

We have strategically linked the work of the FIS with the Birmingham and Solihull Mental Health Trust as a pilot site for Spirituality and Mental Health.

This work will help to foster and sustain effective partnerships and engagement with BME faith communities that will influence future strategic development.

Plans are underway to coordinate the work to influence local, regional and national development of the Spirituality and Mental health care agenda.

#### **Value Added Grant**

The award of the Value Added Grant will be used to develop appropriate and responsive promotional mechanisms by which the FIS can effectively engage with the wider health and non-health economies. This will support and add longevity for the effective engagement and active participation of all key partners in driving the FIS agenda within the BBC area and to ensure the overall effectiveness of the outcomes outline in the DRE, using a whole systems approach.

This will be achieved through the development of a multi media package that will target specific communities and health and non – health economies to ensure engagement.

Work is now underway to develop the Work Plan and engage a User led design team to develop the resources. (Appendix c)

## BBC FIS PROGRAMME BOARD MEMBERS

**Chair (Interim)**

Professor David Cox      Chair of South Birmingham Primary Care Trust

**Project Director**

Jackie Lynton      Programme Lead for mental health SHA

**Project Coordinator**

Loretta Fuller      Service Improvement Manager SHA

Ranjit Senghera      Race Equality Lead    NIMHE West Midlands

Sue Turner      Chief Executive Birmingham and Solihull Mental Health Trust (BSMHT)

|                   |  |
|-------------------|--|
| Ian McPherson     | Director NIMHE/ CSIP West Midlands                             |
| Joy Warmington    | Chief Executive Birmingham Race Action Partnership             |
| Paul Jennings     | Chief Executive Walsall Primary Care Trust                     |
| Jon Cook          | Programme Lead for Children/Modernisation Lead                 |
| Sharon Palmer     | Strategy and Policy Co-ordinator Regional Action West Midlands |
| Loris Tapper      | Carer Representative   |
| Yvonne Perry      | User Consultant  |
| Asylum /Refugee   | Representation to be confirmed                                 |
| Michael Brown     | Chief Inspector West Midlands Police                           |
| Andrea Pope Smith | Interim Director of Adult Services Health / Sandwell           |
| Public Health     | Representation to be confirmed                                 |
| Local Govt Office | Representation to be confirmed                                 |

# **BBC Focused Implementation Site**

**Work Plan  
2006 – 2008**

## Abbreviations Guide

|         |   |
|---------|---|
| BBC     | Birmingham and the Black Country Strategic Health Authority               |
| PCT     | Primary Care Trust  |
| MHT     | Mental Health Trust   |
| DRE     | Delivering Race Equality in mental health care                            |
| LIT     | Local Implementation Team   |
| BME     | Black and Minority Ethnic   |
| FIS     | Focused Implementation Site   |
| EPIC    | Enhanced Pathways in Care   |
| HMP     | Her Majesty Prison  |
| PICU    | Psychiatric Intensive Care Unit   |
| MAPPA   | Multi- Agency Public Protection Arrangements                              |
| BSMHT   | Birmingham and Solihull Mental Health Trust                               |
| BCSDVSG | Building Capacity and Strategic Development of the Voluntary Sector Group |

|                       |  |
|-----------------------|--|
| CDW                   | Community Development Worker   |
| <b>LEAD PERSONNEL</b> |  |
| LF                    | Loretta Fuller FIS Project Coordinator BBC FIS   |
| RS                    | Ranjit Senghera Race Equality Lead NIMHE West Midlands / CSIP  |
| JJ                    | Jennifer Johnson Workforce Modernisation Manager (Mental Health ) BBC SHA/ Chair CDW/ Workforce Group    |
| LR                    | Lakhvir Rellon Director of Diversity BSMHT/ Chair Better Information Group                               |
| BC                    | Barbara Crosland User Involvement and Social Inclusion Lead NIMHE West Midlands / CSIP                   |
| PW                    | Peter Woodham Carers in Partnership Lead NIMHE West Midlands / CSIP                                      |
| LC                    | Laura Cooper BBC Network Manager   |
| JW                    | Joy Warmington Chief Executive Birmingham Race Action Partnership  |
| KW                    | Karen Williams Director of Modernisation Walsall Primary Care Trust                                      |
| AL                    | Alison Longwill, Health and Social Care in Criminal Justice Programme Lead                               |
| SA                    | Sharon Annemie Chief Executive Servol Community Trust/ Non- Exec Director HoB PCTt Trust / Chair BCSDVSG |
| KS                    | Kate Sallah Director of Nursing BBC SHA  |
| SA                    | Sandra Thomas Head of Spiritual Care, Birmingham and Solihull Mental Health Trust                        |

### **Work priorities – 2006 - 2007**

The work programme for the Birmingham and the Black Country Focused Implementation Site has been developed to focus streams of work across the main building blocks outlined in Delivering race equality in mental health care (DRE), around improving access, experiences and outcomes for Black and Minority Ethnic (BME) communities who come into contact with mental health services

However, in order to strategically develop and build sustainability into the programme, we will focus on the following priority areas for 2006 – 2007.

#### **1. Better Information**

To achieve more accuracy and effectiveness in the use of baseline data and analysis that will inform the LDP process for 2006 – 2007.

| Objective  | Activities/outputs   | Outcomes  | Timescales  | Timescales  | Timescales  | Lead                             |
|--|--|---|---|---|---|----------------------------------|
|  |  |   | Year 1 2006   | Year 2 2007   | Year 3 2008   |                                  |
| 1. To ensure leadership, commitment and sustainability of the DRE programme within PCT/MH Trust at Board level | PCTs and MH Trust Board level engagement to ensure governance and leadership in systems reform for BME communities.  | Local organisations developed governance framework, monitoring and action processes to comply with DRE guidance and existing legislation that will impact on service reform | Identify leads for Race Equality in mental health and establish an update of top three priorities for each PCT/MH in the area<br><br>Produce and distribute Boards BME Checklist to the PCT/MH Boards<br><br>Quarterly meetings to progress transition of FIS work programmes within PCTs and MH Trusts | Race Equality Board lead working with BBC FIS to support identified role and transitional function of FIS work programme to PCT<br><br>PCT operant of governance framework for Local Implementation and delivery of DRE programme | PCTs performance monitoring of DRE programme with MH Trust and FT Trusts                              | <b>LF /RS and PCT Board Lead</b> |
|  | Each LIT and BME Sub group to the LIT will have developed strategies and Action Plans that reflect the main components of DRE policy guidance for systems reform | Local Delivery Plans reflect specific and quantifiable outcomes that will improve the quality of services to BME groups   | Race Equality Action Plans and DRE implementation Plan in place across all LITS Benchmark plans against DRE<br><br>Identify gaps analysis and facilitate support  | Local Strategic Partnerships more inclusive of BME voluntary and independent sector across both health and non- health economies<br><br>Local Delivery Plans reflect changes to   | Regular evaluation and monitoring to maintain Board level governance<br><br>BME mental health becomes | <b>PCT Board lead</b>            |

|   |   |   |  |  |  |  |
|---|---|---|--|--|--|--|
|   |   |   | required through FIS development programme                                 | commissioning appropriate services for BME communities | embedded in mainstream as core business                              |  |
|   | Development of Board Governance Check list and Performance Indicators to benchmark progress |   | Use the framework to benchmark Race Equality Schemes/Action plans with DRE | Development of Performance indicators                  | Regular evaluation and monitoring to maintain Board level governance |  |
| Success criteria against DRE service reform characteristics |   | <ul style="list-style-type: none"> <li>PCTs and MH Trusts will have developed governance framework, monitoring and action processes to comply with DRE guidance and existing legislation that will impact on service reform.</li> </ul> |  |  |  |  |

This will enable more strategic planning, service development and improvement to improve access, experience and outcomes for BME people who come into contact with mental health services.

## 2. Community Engagement

The strategic development of the BME voluntary and community sector through providing information and developing strategic vision around sustainability and capacity building which will allow them to be equal players in the mental health market

## 3. Clinical Development

To develop clinical involvement and engagement with the DRE framework for service reform that will enable mental health service providers to become more appropriate and responsive to the needs of BME users and carers on the journey into and out of mental health care

| Objective   | Activities/outputs  | Outcomes  | Timescales  | Timescales  | Timescales         | Lead                     |
|---|---|---|---|---|--------------------|--------------------------|
|   |   |   | <b>Year 1 2006</b>  | <b>Year 2 2007</b>  | <b>Year 3 2008</b> |                          |
| <b>2. To develop a BME User/Survivor and Carer Involvement / development Programmes</b> | To develop a BBC wide BME User/Survivor and Carer Involvement / Forum | <p>To advise the FIS and act as a point of reference and guidance on all programmes of work</p> <p>To provide a safe platform and voice for BME users and carers to have a say on service improvement</p> | Joint BME Users and Carers event to establish the Forum by Oct 2006 | Evaluation and audit of user/carers involvement re engagement and influence in shaping DRE implementation | On- going          | <b>LF and RS, BC, PW</b> |

|  |  |  |   |  |   |                           |
|--|--|--|---|--|---|---------------------------|
|  | BME Users and Carers identified for the BBC FIS Board and work programmes  | Effective BME User/Survivor and carer Voice on the FIS Board and within FIS programme. | BME User/ Survivor and Carer representation identified and operant on FIS Board and within work programmes  | On- going  | On- going   |                           |
|  | Develop a framework for BME Users/ survivors participation and development programme jointly with Users in partnership | Minimum of 30 BME Users/survivors training in the 'Training the Trainer Programme'     | Taster day on the programme organised for Feb 2006<br><br>Two day residential being planned for June 2006<br><br>Service User Audit on user satisfaction and confidence of services - Sept 2006 | Build the capacity and enable the effective contribution of service users to the ongoing delivery of the programme<br><br>Service User Audit on user satisfaction and confidence of services - | On – going<br><br>Ongoing and benchmarking final third year audit with review | <b>LF , RC, PW and BC</b> |

|   |  |   |  |   |  |                         |
|---|--|---|--|---|--|-------------------------|
|   |  |   |  | Sept 2007<br>Benchmark progress Action Plan developed for Year 2 and 3  | towards local evaluation                             |                         |
|   | Developing Framework for BME Carers participation and development programme jointly with Carers in Partnership | Minimum of 15 BME Carers training in the Training the trainer Programme | Two initial Taster days on the programme organised Jan 2006 / April 2006<br><br>Two day residential being planned June - July 2006<br><br>BME Carers Audit on Carer and families satisfaction and confidence of services - Sept 2006 | Build the capacity and enable the effective contribution of BME Carers to the ongoing delivery of the programme<br><br>BME Carers Audit on BME Carers and families satisfaction and confidence of services - Sept 2007<br><br>Benchmark progress Action Plan developed for Year 2 and 3 | On –going<br><br>Ongoing Re - evaluation of outcomes | <b>RS LF, PW and BC</b> |
| Developed appropriate and responsive mechanisms for : |  |   |  |   |  |                         |

Success criteria against DRE service reform characteristics

- Monitoring and benchmarking less fear of mental health care and services;
- Monitoring an increased satisfaction with services
- Monitoring active role for BME communities and BME users/carers in the training of professional and development of mental health policy and in the planning and provision of services.

| Objective | Activities/outputs | Outcomes | Timescales<br>Year 1 2006 | Timescales<br>Year 2 2007 | Timescales<br>Year 3 2008 | Lead |
|-----------|--------------------|----------|---------------------------|---------------------------|---------------------------|------|
|-----------|--------------------|----------|---------------------------|---------------------------|---------------------------|------|

|  |   |   |  |  |  |  |
|--|---|---|--|--|--|--|
| <p><b>3. To improve the quality and effective use of the ethnic monitoring data across the BBC</b></p> | <p>Establish Better Information Group to steer and coordinate work around data collection and analysis across the BBC</p> <p>Aggregate local baseline data from the national Count me in Census 2005 – 2006 in the form of a report to inform local development</p> | <p>Development of a performance framework for better information across the BBC</p> <p>Developed a baseline of ethnic monitoring data across the BBC to measure progress and establish clinical ownership</p> | <p>Develop work plan priorities for 2006 – 2008 using National Census data and local analysis</p> <p>Better Information Steering group to develop a baseline of aggregated BME Census data for BBC FIS area April 2006</p> <p>Link Census data analysis to RES performance management framework and activity</p> | <p>To continue to develop and build on the priorities identified in year 1</p> <p>Review and audit against year 1 baseline</p> | <p>On - going</p> <p>To continue to develop and build on the priorities identified in year 1 and 2 through yearly audit and evaluation</p> | <p><b>LF/RS/LR</b></p> <p><b>PCT MH Trust BME Census Lead /IT Lead</b></p> |
|  | <p>Identify and establish two pilots to focus on improving the quality and effectiveness of the</p>   | <p>Improved quality and effective use of the ethnic monitoring data with shared learning</p>  | <p>Pilot Project to conduct data analysis of ethnic monitoring with South Birmingham PCT and</p>   | <p>Action Planning on Project outcomes to inform service improvement</p>   | <p>Review and evaluation of Pilot</p>  | <p><b>RS LF LR</b></p>   |

|  |  |  |  |   |                                |                 |
|--|--|--|--|---|--------------------------------|-----------------|
|  | ethnic monitoring data for users of services   | across the BBC in the form of an Evaluation Report and a BBC wide seminar  | BSMHT<br>Pilot Project in Sandwell - The development of a user led clinical forum to influence action from data analysis   | Action Planning on Project outcomes to inform service improvement | Review and evaluation of Pilot | <b>RS LF</b>    |
| <b>3.1 Better Information to inform staff training and workforce and organisational equity</b> | Aggregate baseline data of Trust Staff by ethnicity and Grade to inform workforce development<br><br>(ref: 6.1. Workforce Development)                   | Provide a baseline to measure progress against future workforce development and succession planning for all staff to achieve organisational equity | BBC Network Workforce Action Group<br>To aggregate BBC wide data of Trust Staff by ethnicity and Grade May 2006<br><br>Action Plan with recommendations for Workforce Implementation | Action Planning on outcomes to inform workforce Development       | On – Going                     | <b>LM RS LR</b> |
| Success criteria against DRE service reform characteristics                                    | <ul style="list-style-type: none"> <li>Improved information to enable more effective targeting for all the service characteristics for reform</li> </ul> |  |  |   |                                |                 |

| <b>Objective</b> | <b>Activities/outputs</b> | <b>Outcomes</b> | <b>Timescales</b>  | <b>Timescales</b>  | <b>Timescales</b>  | <b>Lead</b> |
|------------------|---------------------------|-----------------|--------------------|--------------------|--------------------|-------------|
|                  |                           |                 | <b>Year 1 2006</b> | <b>Year 2 2007</b> | <b>Year 3 2008</b> |             |

|  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| <p><b>4. To ensure core services begin to mainstream care for BME people within a whole systems approach that is appropriate and responsive to BME</b></p> | <p>Develop Clinical Forums across the BBC that will use Better Information to inform clinical effectiveness and governance to increase access, quality and flexibility of care for BME people</p> | <p>More coordinated approach to clinical development that impacts on the Care Pathway for BME communities.</p> <p>Development of a performance assessment framework to measure clinical performance and effectiveness of DRE implementation</p> | <p>BBC wide Clinical Forum for DRE – Develop Work Plan, ToR and Members to steer and provide clinical governance to the work programme June 2006</p> <p>Clinical Leads Workshops on DRE Sept - Oct 2006</p> <p>Identified priority clinical actions for each locality within Local Implementation Plans</p> | <p>To continue to develop and build on the priorities identified in year 1</p> <p>Benchmark progress from Year 1 through DRE/ Census Indicators, Clinical Governance and Audit process / Performance Monitoring Framework</p> | <p>On- going evaluation and monitoring at PCT and Trust level</p> | <p>LF KS<br/>PCT/MH Trust<br/>Clinical Lead</p> <p><b>KS<br/>Clinical Leads<br/>PCT/ MH Trust</b></p> |
|--|---|---|---|---|---|---|

|  |   |   |  |  |  |   |
|--|---|---|--|--|--|---|
|  | Provide specialist support for local level planning and development of Implementation and Workforce Plans   | Each locality to have developed an implementation and workforce plan which is inclusive of the DRE framework for service reform<br><br>To ensure effective development of Plans in accordance to Local needs  | Birmingham Race Action Partnership commissioned to lead and coordinate Development Programme Nov 2005<br><br>Identify and target local priorities across BBC Jun 2006<br><br>Develop support mechanisms to implement priority actions for year 2 Sept 2006 | Local Action Plan Implementation to inform service improvement         | Review progress                                | LF RS and JW<br><br>MH LIT<br>MH Trust<br><br>LF RS<br>JW |
| <b>4.1 Establish focused initiatives across the BBC that will impact on the development of appropriate and responsive services</b> | To support the development of the Enhanced Care Pathway model as a pilot programme of work to improve access experience and outcomes for BME service users/carers | To ensure clinical engagement for improving pathways to care for BME service users/carers<br><br>Identify and show how to overcome barriers to care and recovery the impact on access experience and outcomes | BSMHT National EPIC site development June 2006   | To evaluate progress made in year 1 and target improvements April 2007 | BBC wide learning event to share good practice | MH Trust<br>RS LR<br>and LF                               |

|  |  |  |  |   |   |   |
|--|--|--|--|---|---|---|
|  | Develop a collaborative Forum on Prison MH that will affect and inform change in BME access, experience and outcomes on the Offender Care Pathway  | Forum established that will provide steer and support to pilot programmes of work on BME Offender Care Pathway   | Enhanced Care Pathway Pilot HMP Birmingham<br>Develop Action Plan<br>Oct 2006<br><br>Enhanced Care Pathway Pilot - Young Offenders<br>Oct 2006<br>Develop Action Plan<br>Oct 2006  | Evaluation Report on year One progress of Pilots<br><br><br>Seminar/ Event on BME Offender Care Pathway                               |   | <b>LF/RS/AL</b>   |
|  | Support the development of alternative provision for Places of Safety and the use of PICU for BME service users<br><br>Support local development of alternative models on the care pathway that contribute to effective engagement of communities to improve access and experience of BME service users/carers | Increased choice in the provision of Places of Safety and use of PICU for BME service users<br><br>Develop alternative models on the care pathway through more effective use of local knowledge, peer support and strategic partnership with BME voluntary sectors | Workshops on Places of Safety and use of PICU<br><br>2 BME voluntary sector Pilot developments for the BBC (pending)<br>Breaking the Circles of Fear In- pt Pilot which incorporates the David Bennett recommendations<br>Wolverhampton (Work pending) | Local Action Planning to inform service improvement<br><br>Evaluation and Benchmark Progress<br><br>Evaluation and Benchmark progress | Review and Benchmark Progress<br><br>Review and disseminate Learning<br>Review and mainstream pilot work locally<br><br>Shared learning event | <b>LF/RS MB</b><br><br><b>RS AS LF</b><br><br><b>RS and LF</b><br><br><b>PCT/ MH Trust Lead</b> |

|  |  |   |   |  |  |                         |
|--|--|---|---|--|--|-------------------------|
|  | <p>To link with the Breaking the Circles of Fear development s for BME communities through collaborative activity within the work programme</p>  | <p>Service Improvement initiatives developed with African Caribbean communities</p> | <p>BBC Network to develop BBC wide focus on promoting physical health and safety in mental health practice through MAPPA training Forum</p> <p>Submission of proposal to National Lead</p> <p>Older Adult Pilot on DRE (pending)</p> <p>A/C Service Improvement Lead develop Work Plan with priority actions for year 1 to year 3</p> |  |  | <p><b>RS and TI</b></p> |
| <p>Success criteria against DRE service reform characteristics</p> | <ul style="list-style-type: none"> <li>• <b>A reduction in the disproportionate rate of admission of people from BME communities to psychiatric in pt units</b></li> <li>• <b>A reduction in the disproportionate rate of compulsory detention of BME users to in pt units</b></li> <li>• <b>Fewer violent incidents that are secondary to inadequate treatment of mental illness</b></li> <li>• <b>A reduction in the use of seclusion in BME groups</b></li> <li>• <b>Prevention of deaths in mental health services following physical interventions</b></li> <li>• <b>A reduction in the proportion of prisoners from BME communities</b></li> <li>• <b>A more balanced range of effective therapies</b></li> <li>• <b>Less fear of mental health care and services among BME communities and BME service users</b></li> <li>• <b>Increased satisfaction with services</b></li> <li>• <b>An increase in the proportion of service users who feel they have recovered from their illness</b></li> </ul> |   |   |  |  |                         |

| Objective   | Activities/outputs  | Outcomes  | Timescales   | Timescales                                | Timescales   | Lead                 |
|---|---|---|--|---|--|----------------------|
|   |   |   | Year 1 2006  | Year 2 2007                               | Year 3 2008  |                      |
| <b>5. To build capacity and have better informed and strategic engagement with the BME community, voluntary and independent sectors</b> | Establish Building Capacity and Strategic Development of the Voluntary Sector Steering Group to give steer and coordinate activity across the BBC | To have developed a performance framework to assist strategic development and capacity building for commissioning and use of regeneration funding for BME voluntary and community sector. | To develop work plan priorities for 2006 - 2008  | On – going                                | On- going  | <b>LF and RS, SA</b> |
|   | Align the work of the FIS with regional activity to build and sustain communities   | Local Strategic Partnerships have more effective engagement of BME voluntary /independent sector. to improve commissioning and procurement of services                                    | Membership and working in partnership with Regional Health Consortia<br><br>Health Consortia website launched Nov 2006<br><br>Health Inequalities and Voluntary Sector Regeneration event Feb 2006 |   |  | <b>LF,SA and SP</b>  |
|   | BSMHT Pilot site to focus on improving health and engage strategic partnerships with BME faith communities  | To develop strategic partnerships with BME faith communities both inside and outside of mental health services  | BSMHT Pilot site for Spirituality and Mental Health Feb 2006   | Year one evaluation of Spirituality Pilot | To develop and build on good practice identified in Year 1 and 2 | <b>LF, SA and ST</b> |

|   |   |  |   |  |  |  |
|---|---|--|---|--|--|--|
|   |   |  | Evidence best practice across the BBC with regards BME faith communities  |  |  |  |
| <b>5.1 To ensure the development and implementation of the targets for Community Development Workers (CDW) in the BBC area</b><br><br>(ref: 6.2. Workforce Development) | See 6.2 Workforce Development   |  |   |  |  |  |
| <b>5.2 To develop focused Community Engagement and Choice Projects to ensure plurality of care</b>  | Identify and establish community engagement and Choice pilot sites across the BBC | Community Engagement Pilots integrated into LITs and Local Strategic Partnerships to develop sustainability and on-going support | The Vine Community Engagement Pilot completed Feb 2006<br><br>Asian Men's Community Engagement Pilots completed and evaluated Feb 2006<br><br>Develop links with pilots and LITs / FIS BCSDVS Group |  |  | <b>RS, LF</b><br><br><b>LF,RS</b><br><br><b>RS LF and SA</b> |



| Objective  | Activities/outputs   | Outcomes   | Timescales   | Timescales  | Timescales  | Lead   |
|--|--|--|--|---|-------------|--|
|  |  |  | Year 1 2006  | Year 2 2007   | Year 3 2008 |  |
| <b>6. To support workforce development across the BBC in line with DRE recommendations</b> | To conduct a BBC wide staffing profile to provide aggregated baseline data of Trust Staff by ethnicity and Grade (ref: 3.3. Better Information ) | <p>Better information to inform staff training, workforce development and organisational equity</p> <p>Provide a baseline to measure progress against future workforce development and succession planning for all staff to achieve organisational equity</p> <p>Organisations are more representative of the communities they serve at all levels of the organisation</p> | <p>BBC Network Workforce Action Group to aggregate BBC wide data of Trust Staff by ethnicity and Grade<br/>May 2006</p> <p>Action Plan with recommendations for Workforce Implementation</p> | <p>Yearly review and audit across Trusts/PCTs</p> <p>Yearly review and audit across organisations</p> |             | <p><b>JJ LC and LF</b></p> <p><b>JJ and LC</b></p> |
|  | Development of Workforce Planning Tools and Training roll-out  | More effective workforce training delivered across the BBC organisations   | Roll- out of Workforce Planning Tools and Training across BBC  | Review and Evaluation of Training   |             | <b>JJ and PCT/ MH Work Lead</b>                    |

|   |   |  |  |  |  |   |
|---|---|--|--|--|--|---|
| <p><b>6.1 To ensure the development and implementation of the targets for Community Development Workers (CDW) in the BBC area</b></p> | <p>Establish the CDW and Workforce Development Group to support and provide steer to the BBC with regards the DH target (ref: 5.2. Appropriate and Responsive Service Development)</p> <p>Identify CDW Early Implementer Sites across the BBC</p>   | <p>To provide a support mechanism to enable the development and implementation of 28 new posts across the BBC ensuring model validity</p> <p>To fast-track the development and implementation of CDWs into the Workforce</p> | <p>28 CDWs in place across the BBC Dec 2006</p> <p>CDW Network Group established to support CDWs in place Sept 2006</p> <p>Develop the BME CDW Network Regional Education and Training for CDW agenda</p> <p>5 Early Implementer Sites identified across the BBC</p> | <p>Evaluation of the work of CDWs Dec 2007</p> <p>Best practice identified and shared across the BBC June 2007</p> |  | <p><b>JJ and RS</b></p> <p><b>RS</b></p> <p><b>RS JJ</b></p> <p><b>RS, JJ</b></p> |
| <p>Success criteria against DRE service reform characteristics</p>  | <ul style="list-style-type: none"> <li>• <b>A workforce and organisation capable of delivering appropriate and responsive mental health services to BME communities</b></li> <li>• <b>A more active role for BME communities and BME service users in the training of professionals, in the development of mental health policy, and in the planning and provision of services</b></li> </ul> |  |  |  |  |   |

| Objective  | Activities/outputs  | Outcomes   | Timescales  | Timescales   | Timescales  | Lead             |
|--|---|--|---|--|-------------|------------------|
|  |   |  | Year 1 2006   | Year 2 2007  | Year 3 2008 |                  |
| <b>7. Local Evaluation of the BBC FIS Programme</b>  | Develop Local evaluation process to conduct a three year evaluation of the FIS programme  | Local evaluation of FIS programme to inform progress and development | Tender local universities<br><br>Commission Evaluation Project team                                   |  |             | <b>LF and RS</b> |
| <b>8.Strategic development of FIS work programme</b> | Operational Group developed to assist strategic development and FIS programme implementation  | Coordinated delivery of the Work plan                                | Analysis of baseline year 1, FIS activity<br>Oct 2006   |  |             |                  |
|  | Value Added Grant used to develop support materials and resources to promote better understanding of FIS programme to deliver race equality in mental health care |  | User led design team<br>May 2006<br><br>Commission local BME outlets to produce resources<br>May 2006 | Disseminate resource pack across BBC for use across agencies<br>Oct 2006 |             |                  |

|   |  |  |   |  |  |  |
|---|--|--|---|--|--|--|
|   | Organise and develop events to share the FIS programme with wide group of stakeholders and key partners  |  | BBC FIS launch event<br>Sept 06<br><br>Best Practice in DRE event<br>Oct 06 |  |  |  |
| Success criteria against DRE service reform characteristics | <ul style="list-style-type: none"> <li>• <b>Increased awareness of the DRE and other reforms in health and social care and their ability to produce more equitable mental health care for BME groups.</b></li> <li>• <b>Improved standard of reducing inequalities in health and improving access to services</b></li> </ul> |  |   |  |  |  |

# VALUE ADDED GRANT

## **Project Aim**

The aim of the project is to develop tools and resources that will assist in providing different ways to engage with both health and non health economies. This will promote wider understanding and influence a more positive outcome of the issues of access and experiences of BME communities who come into contact with mental health care services.

## **Project Objectives**

1. To commission a BME independent community agency to develop the resources and tools.
2. To develop a user led video and narrative project that focus's on the issues of access, experience and outcomes for BME communities with particular reference to newcomers, refugees and asylum seekers. This work will be developed in collaboration with BME user-groups and a learning establishment in the area.
3. To cascade the information into health and non health economies through a series of events
4. To share the learning and to develop more effective partnerships through collaborative working.

## **Project Outcomes**

- Better engagement of the wider health and non- health economies
- Increased awareness and involvement / participation within the FIS
- Creating a wider evidence base of the positive good practice which can be developed and learned across the FIS and regionally

- Influence other policy drivers in health and social care integral to partner organisations who are working towards delivering race equality in mental health care
- Developed processes to ensure sustainability and spread of good practice

### Timescales

| MONTH              | ACTIVITY  | LEAD              | COST       |
|--------------------|---|-------------------|------------|
| Sept 06            | Proposals and submissions for Project by end of Sept 2006   | Operational Group |            |
| Oct 06             | SLA and tendering process finalised and agreed by third week in October 2006  |                   | 30k        |
| Nov 06             | First draft of resource development<br><br><b>Mid way Report on work of the Project</b>   |                   |            |
| Dec 06<br>- Jan 07 | Tool kit and resource pack complete by week 2<br>Dates for delivery to both health and non health economies and wider established   |                   |            |
| Feb 07             | <ul style="list-style-type: none"> <li>• Community Awareness Event/Seminars</li> <li>• Community radio to promote awareness</li> </ul>  |                   | 10k        |
| Mar 07             | <ul style="list-style-type: none"> <li>• BBC FIS – ‘Beyond Basic Chatter- one year on’ Event</li> <li>• Presentations within Clinical Forums at PCTs/MH Trusts and LITs.</li> </ul> |                   | 10k        |
| Mar 07             | <b>Final report on work of the Project</b>  |                   |            |
| <b>Total</b>       |   |                   | <b>50k</b> |

# airWAVES Media

## **Company Background:**

airwaves Media holds a unique insight into the minority ethnic market and is especially attuned to reaching the rapidly growing community in Birmingham. airwaves Media has established an impressive track record in successful campaigns to date and have assisted in promoting major mainstream projects.

Past projects have included substantial amount of promotional campaigns for the minority ethnic communities commissioned by major broadcasters such as, BBC, Channel 4 and many governmental departments such as Home Office, Employment Service and the NHS. airwaves Media use extensive market research and client knowledge to develop effective promotions and marketing campaigns. airwaves Media has been working within the West Midlands area in the last ten years creating innovative and creative methods of communication to the minority ethnic communities. Extensive work has been carried out for the some of the following clients:

- Birmingham Women's Hospital
- Birmingham and Solihull Mental Health Trust
- Heart of Birmingham Primary Care Trust
- Eastern Birmingham Primary Care Trust
- Surestart
- Birmingham City Council
- Jobcentre Plus

airwaves Media uses Innovative and creative methods of communication relating to all ethnic communities living in West Midlands. Following communication ways have been used to get the message across with great success

- Corporate films in various ethnic languages
- Innovative and creative CD-ROMS
- Audio CD'S
- Radio adverts in various different languages
- Effective newspapers adverts in ethnic press

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## **Product Information**

### Corporate video:

The corporate video will be produced and directed by airwaves Media. The video will involve service users and carers as case studies and will reflect the vision and the direction of the FIS Plan. The video will also demonstrate and reflect the following:

- Better information delivery in the community
- Encourage organizations to become part of FIS after watching the film
- Clinical development will encourage mental health service providers to become more efficient when delivering mental health to the BME communities
- The film will also demonstrate leadership consisting of current stakeholders
- The film will also encourage future stakeholders from the community

The video will be of professional broadcast quality consisting of the following with 15 minutes duration time using DV CAM:

- Research
- Story board
- Production
- Direction
- Cameraman using DSR 500 Camera

- Soundman
- Director
- Producer
- Copy right free music
- Two master tapes on completion
- Editing off line and on line
- Tape logging
- 3000 DVD Copies in full colour with sleeves
- Lighting
- Set
- Administration

#### Audio CD'S:

This is a very effective way of communicating to all the ethnic communities living in West Midlands. The CD'S will be produced in five languages Urdu, Patios-Creole, Gujerati, Punjabi and Bengali reflecting the largest ethnic communities living within the West Midlands. The information in the CD'S will be no more then 7 minutes per language and will include the following:

- Core information about what FIS wants to do in terms of making mental health delivery far more effective within the BME communities
- Encouraging local people from the communities to come forward and be counted and have their say in service delivery of mental health in the BME communities
- The information will also promote the role of stakeholders and how local people can get involved as part of the FIS Plan 2006-2008
- The audio information will make ordinary people better understand the formation and the implementation of FIS vision for the future
- The audio will also have sound bites from community leaders , service users and stakeholders encouraging engagement of ordinary folk and the organizations

The audio CD'S will be produced in five languages using the following:

- Professional voiceovers
- Transcription of script in all languages stated
- Production
- Music
- Thirty second adverts in between the script promoting FIS ...these adverts will be played twice during broadcast of each language
- 3,000 CD copies in full colour with sleeves

#### CD-ROM:

CD-ROMS will be fantastic to do particularly when encouraging new stakeholders to come forward and be part of FIS vision for the future the CD- ROM will encourage the following organizations:

- Education institutions
- Police
- Housing
- Probation
- Regeneration
- Social Care
- Mental Health service providers

The above organizations and more need to be targeted to make the FIS plan a success and thus make mental health service delivery more effective amongst the BME groups living in the most deprived wards of the West Midlands.

The CD-ROM will be very innovative and creative with the video access also available. The CD-ROM will have a click page for the future stakeholders and people from the community to access the video. The CD-ROM will be able to give all too potential interested parties. The CD-ROM will consist of the following:

- Research
- Implementation of state of the art graphics
- State of the art latest software will be used to create the pages
- A full page will be created for the interactive video in the CD-ROM
- Music
- 3,000 CD-ROM Copies in colour with sleeves

Branding of FIS:

airwaves Media will create and design a corporate logo for FIS that will used for all the work carried out the branding logo will give the following advantages:

- It will give FIS Independence and a professional stand when delivering messages in the community
  - It will give FIS credibility when delivering presentations and information to stakeholders and the wider community
  - The logo will feature in all the above methods of communication to the general public and the stake holders
-

## COMMUNITY ENGAGEMENT PROJECTS

**African Caribbean Citizens Initiative:** ACCI was set in 1987 as a result of the concern of the Black community about the growing numbers of African Caribbean's who suffer enduring or at risk of suffering Mental illness and mental health problems. Also as a response to the disproportionate numbers of African Caribbean people in psychiatric hospitals, lack of appropriate after care and day care provision. ACCI offers culturally sensitive specialist services to its users, many of whom experience severe mental health problems, isolation, rejection and marginalisation from society.

**Project Focus:** The project focus is to look at the pathways of African Caribbean women into Mental Health services, the causes and experiences, and the appropriateness of services, and make recommendations for the improvement of these services.

The research team has completed UCLan ethics proforma, and is awaiting decision from the ethics committee. Research team have also begun devising an information/consent sheet. The group intend to carry out research using structured questionnaires and focus groups, and are also exploring the idea of doing a case study. The group intend to target 100 women. An information sheet for the project has been developed which is being used to raise awareness of the project. The group has also devised a detailed timeline for the duration of the project.

Two members of the research team have attended the Aafiya trust conference on the 18<sup>th</sup> and 19<sup>th</sup> of September 2006.

Researchers have attended Mental Health 1 and 2, and Research workshops 1, 2 and 3. Personal development planning has also begun with the researchers.

Lead researcher is also in the process of arranging a presentation to the LIT board to bring them up to speed with regards to the project.

Researchers are having regular weekly meetings to work on the project, and fortnightly support meetings taking place with Uclan support worker.

**Research Team:** A team of five female researchers have been recruited to the project, all the researchers are from an African Caribbean background, and all have been recruited from the Wolverhampton area. Four of the researchers are former service users that have extensive first hand experience of mental health services.

“Getting service users involved in all aspects of the project is great; it shows that things are moving in the right direction“(Researcher, ACCI)

**Steering Group:** The project has set up a steering group and the first three meetings of this group have taken place, membership is continuing to be built on. At present the steering group has representation from the following organisations, UCLan SW, REL, FIS Coordinator, ACCI research team, Asian women’s mental health group, women’s strategy group, and mental health commissioner. The steering group is clear of its role within the project, the steering group will provide, advice, guidance, expertise knowledge, it will also comment on research tools, ethics, final report, help with the formation of recommendations and ensure that the project fits in with local priorities, and support the group around launch, dissemination and sustainability, also members will identify shadowing/mentoring and training opportunities for researchers.

The research team has also presented at the first regional community engagement steering/networking event.

**Irish Welfare and Information Centre:** IWIC was formed in 1957 to assist Irish emigrants arriving in Birmingham, many of whom arrived poverty stricken with lack of food, finance or accommodation. Initially the organisation was managed by the local clergy with the assistance of a few invaluable volunteers. Help was given in the form of providing the needy with food, a small amount of finance or to provide accommodation where possible. Over the years the group has expanded immensely with 30 paid members of staff now employed. Services currently provided by the organisation include: community care project, primary care project, Alcohol and Substance Misuse project, supporting people and the older Irish Adults project. IWIC also provide advice and advocacy on areas around benefits, debt, housing, health and returning to Ireland.

**Project Focus:** The research project is aiming to gain insight into the current issues facing older Irish adults in terms of mental health issues and access to services. Specifically the group will focus on the ability of the target group to access available services and in turn what factors may improve or hinder the quality and availability of service.

The project has started a literature review. Also the research team have visited the majority of Mental Health service providers, to raise awareness of the community engagement project and to find out what services are provided by them. The researchers have submitted their ethics proforma to Uclan ethics committee, and preparing the information/consent sheet for the project. They are

also in the process of preparing a detailed pamphlet about the project, which they will give to respondents. A detailed gant chart for the duration of the project has been developed, which will be revisited and revised accordingly on a regular basis.

The group have decided on methodology of using questionnaires, and have started brainstorming questions for service users, and also service providers.

The lead researcher has attended the mental capacity Act Regional Launch, on 6<sup>th</sup> September in Birmingham. The event was organised by CSIP West Midlands. The project has good support from CDW for Irish communities.

**Research Team:** A team of three researchers have been recruited from Birmingham. The research team have a diverse range of skills and expertise between them. They are also in the process of recruiting further volunteers to the project.

“The Irish for too long have been the unseen, unheard of community, this community engagement project will really benefit the Irish people, not just in Birmingham but much wider” *(Researcher IWIC)*

**Steering Group:** The first steering group meeting has taken place in September, representatives from a variety of organisations have been invited to the steering group, Uclan SW, REL West Midlands, FIS Coordinator, Research team, IWIC management, Birmingham and Solihull diversity director, Mental health commissioner Heart of Birmingham Primary Care Trust. The research team has also presented at the first regional community engagement steering/networking event.

**Smethwick Bangladeshi Youth Forum:** SBYF was founded in 1997 by young Bangladeshis who wanted to improve the prospect of their community to overcome isolation and disadvantage. The forum was set up to address the social and economic deprivation experienced by the Bangladeshi community in North Smethwick. The organisation aims to achieve its objectives by providing access to education, training and employment opportunities to enable local people to realise their potential. The key activities of the organisation are: Education and Training, Skills development activities, Health Development and inequality of opportunity and Access, Adult Guidance, Employment and Support, ICT and internet access facility, Out of school learning, and Youth engagement.

**Project Focus:** The aim of this project will be specifically, to improve mental health services for the Bangladeshi community in Sandwell. The project intends to achieve this by using research to identify what services are available, their appropriateness and how they can be improved. In particular, this will be achieved by looking at the perceptions of mental health by the community, their experience of mental health services, accessibility and issues faced by service providers. The intended results of this research will be: the development of more appropriate, sensitive and responsive services; the engagement of BME communities with service providers and; good quality, intelligently used information on the Bangladeshi community and service users.

Researchers have attended Mental Health 1 and 2 workshops, and Research 1, 2, and 3 workshops. A detailed timeline/ action plan has been developed for the duration of the project. This will be reviewed on a regular basis. Researchers have also submitted their ethics proforma to UCLan ethics committee, and information/consent sheet for the project. and are awaiting a decision from the ethics committee.

For data collection the group will use focus groups and questionnaires, and they have begun brainstorming questions for this. The group is meeting on a weekly basis for team meetings, and a fortnightly basis to meet with the support worker. The Group have also had an article in a Ramadan newsletter about the project, which has gone out to 10 000 households in Birmingham.

**Research Team:** A team of 5 researchers have been recruited from the Bangladeshi community in Smethwick to work on the research project; all the researchers are able to speak sylheti. Some of the researchers have first hand experience of being carers, and are aware of the issues faced by service users.

*“We hope that this project will really put the needs of the community on the map, and the implementation of any recommendations that come out of the research, will enable services to be delivered in a more appropriate manner.”* (Researcher, SBYF)

**Steering Group:** The first meeting of the steering group has taken place, the steering group has representation from REL, UCLan SW, FIS coordinator, Bangladeshi Women’s Association at Tipton Muslim Centre, CHN manager, BME Mental Health Promotion Officer, Mental Health Commissioner Sandwell PCT, Bangladeshi Islamic Centre, Senior Counsellor of the Asian Mental Health Counselling Service, Consultant Psychiatrist at the Solihull NHS Mental Health Trust. The steering group membership is continued to be built on, with a number of individuals identified at the last meeting. The steering group is clear on its role and responsibility in relation to the project, it will support, advice and guide the project, members will also comment on research focus, research tools, ethics proformas, report, and also support the project with launch and dissemination of the final report. Members from the steering group have also identified shadowing opportunities for the researchers within their organisations.

The research team has also presented at the first regional community engagement steering/networking event.

**Rethink:** Established in 1972 as the National Schizophrenia fellowship, Rethink is a membership campaigning charity that combines both local service delivery and self help, with national research and campaigns for people affected by severe mental illness and their carers. Rethink aims to help everyone affected by severe mental illness recover a better quality of life. Rethink believes that increased public understanding, policy reform and progress in treatment and prevention will lead to improvements throughout the mental health system. Rethink aims to lead these changes by: reaching people early, supporting the people most affected by severe mental illness, increasing public understanding and tackling discrimination, and increasing the direct involvement of service users and carers in Rethink and local communities.

**Project Focus:** The group intends to research into the attitudes of Mental Health, in the Pakistani community of Small Heath, Birmingham. The research will be conducted with over 17's men and women. The research will target, service users, carers, service providers and the general community.

The group have attended their first 5 UCLan workshops, and have submitted UCLan ethics proforma, and information/consent sheet, and are awaiting a decision from the ethics committee. The group have decided to use Questionnaires and focus groups as their research tools, and have begun to brainstorm questions for these. A detailed timeline has been produced by the group for the duration of the project; this will be revisited on a regular basis, and updated as appropriate. The lead researcher and CDW for the area have visited the Sahayk project in London (one of the 11 pilot projects), to gain information, attend launch of the project, and learn from good practice. The project also has good support from Rethink research lead, and a very strong relationship with the CDW's who are very supportive of the project. The research team is meeting on a weekly basis to work on the project and a fortnightly basis with UCLan SW. Personal development planning has also begun with the researchers. CDW has also identified shadowing opportunities within his team for the researchers. The Group have also had an article in a Ramadan newsletter about the project, which has gone out to 10 000 households in Birmingham. As a result of the newsletter the group have had a fantastic response from within the community. People have expressed an interest in taking part in the project, and also volunteering to do work on the project. The group have are also due to go onto QTV (Asian sky channel), where they will have a five minute slot to raise awareness of the project. The group will also be speaking on Radio Ramadan and Unity FM in Birmingham. The Group have also met with Inzamam Ul Haq (captain of Pakistan Cricket team), who has offered his support to the project.

**Research Team:** The project has recruited a team of ten researchers, Male and female from the Pakistani community in Birmingham. Between themselves the researchers speak several different languages, and come from a diverse range of backgrounds. The research team also consists of former services users and carers.

*I have first hand experience of using mental health services, and want to ensure that through this research project, appropriate changes are made to the delivery of metal health services” (Researcher, Rethink)*

**Steering Group:** The first meeting of the steering group is due to take place at the end of August, members have been invited as follows: UClan SW, West Midlands REL, FIS Coordinator, Rethink research lead and service manager, Birmingham and Solihull Director of Diversity and deputy Director of Diversity, CDW, and Birmingham Social Care and Health. The research team has also presented at the first regional community engagement steering/networking event.

# COMMUNITY DEVELOPMENT WORKERS

## Update in West Midlands on Community Development Workers

The allocation for CDW in the region is 54 CDW to be recruited by December 2006.

The West Midlands has three localities in the region which make up the NHS West Midlands area:

- Birmingham and the Black country with a target of 28 CDW
- West Midlands South with a target of 13 CDW
- Staffordshire and Shropshire with a target of 13 CDW

The following Tables 1-3 provide a breakdown of the progress in meeting the target in the West Midlands region:

- Provide a breakdown progress according to each locality area
- Provide a breakdown progress according to each PCTs and Trusts working to meet the BME CDW Target across the West Midlands.
- Provide an update on PCTs and Trusts who are progressing beyond the allocated CDW target for the area, these
- The Tables identify progress in relation to the Adult Self assessment mapping for 2005 and how they have reported on the progress
- Each Table identifies what progress in being planned to meet the Target by December 2006

**Table 1 – CDW Update in Birmingham and the Black Country area**

Target is 28 CDW; however a number of areas have developed CDW posts over the stated allocation and these have been identified in the report.

**\* BBC SHA is West Midlands National Focused Implementation Site for Delivering Race Equality**

| Name of the PCT/Trust   | Named Lead  | CDW currently in post and score in Autumn Self Assessment 2005   |
|---|---|--|
| <p><b>Dudley PCT<br/>Dudley Beacon &amp;<br/>Castle PCT</b></p> <p>(Early Implementer site for CDW)</p> | <p>Jacky O’Sullivan<br/>Operational Manager</p>             | <p>1 senior Race Equality Clinical Lead in post<br/>3 CDW being recruited October 2006</p> <p>Target is 3.5</p> <p>Dudley – AMBER</p>    |
| <p><b>Sandwell PCTs</b><br/>(Early Implementer site for CDW)</p>  | <p>Lesley Brougham –<br/>Mental Health<br/>Commissioner</p> | <p>Target for 4 CDW</p> <p>Currently employed CDW researcher, researching a range of models that can be implemented within Sandwell.</p> |

|   |   |   |
|---|---|---|
| Murray Hall Community Trust and Sandwell Children's Fund    | BME CDW for CAMHS<br>Leonard McDonald<br>CDW                  | The LDP allocation has been agreed. for 4 CDW, all generic CDW posts – Asian women, Pakistani communities, Refugee and asylum seekers and Senior post working generically.<br><br>Sandwell – RED<br>Post currently being identified |
| <b>Walsall tPCT</b><br><br>(Early Implementer site for CDW) | Karen Williams<br>General Manager for<br>Mental Health        | Target 3 CDW<br><br>Developing BME strategy and following model of 1 senior CDW in PCT; one in community and 1 linked to Public Health<br><br>Walsall PCT is recruiting CDW.<br><br>Walsall tPCT - RED, soon to move to AMBER       |
| <b>Wolverhampton PCT</b>                                    | Gurdip Chima<br>Joint Commissioner,<br>Health and Social Care | Target of 3 CDW<br>PCT having problems identifying funding in the baseline.   |

|   |   |  |
|---|---|--|
|   |   | <p>Strategy and Business Plan for CDW implementation has been developed and ready but hold up is the finances; uncertainty over actual in the PCT LDP for 2005/6</p> <p>PCT is RED on self assessment</p>            |
| <p><b>East Birmingham PCT</b></p> <p>North PCT and East are merging so strategy has been developed together</p> | <p>Tony Ruffell<br/>Commissioner for<br/>Mental Health</p>  | <p>Target for CDW is 3 for East and 2 for North PCT</p> <p>Proposal being ratified by Board is:<br/>3 CDW in Community<br/>1 in CAMHS<br/>1 senior post in Public Health</p> <p>East is AMBER is self assessment</p> |
| <p><b>North Birmingham PCT</b></p>  | <p>Tony Ruffell<br/>Commissioner for<br/>Mental Health</p>  | <p>As above</p> <p>North as a RED on self assessment</p>   |
| <p><b>Heart of Birmingham tPCT</b></p>  | <p>Safina Mistry<br/>Commissioner for<br/>Mental Health</p> | <p>Target for CDW is 4</p> <p>Current update for CDW is:<br/><br/>5 CDW in post –<br/>Chinese communities<br/>Irish Communities CDW</p>  |

|   |   |  |
|---|---|--|
|   |   | <p>South Asian communities CDW<br/>2 CDW working in CAMHS</p> <p>3 CDW tenders have been awarded and workers in post:<br/>African Caribbean men<br/>Asian Women's and Domestic violence<br/>Muslim Communities</p> <p>All based in the community with direct links back to the Mental Health commissioner.</p> <p>HOB as GREEN</p> |
| <p>Provider Trust<br/><b>Birmingham and Solihull Mental Health Trust</b></p> <ul style="list-style-type: none"> <li>- New Hospitals Project</li> <li>- Yardley Green Forensic Unit</li> </ul> <p>(Early Implementer Site for CDW)</p> | <p>Lakhvir Rellon<br/>Diversity Director for BSMHT</p> <p>Yassar Mohammed<br/>CDW</p> <p>Tanvir Chaudhary<br/>CDW</p> | <p>Trust has employed the Community development worker model in two areas:<br/>2 CDW in post</p> <p>HOB tPCT area – GREEN</p> <p>East PCT – AMBER</p>  |

|   |   |  |
|---|---|--|
| BSMHT Older adults Directorate CDW                                  | Surinder Gill – Asian CDW<br>Verona Reid and Susan Kennedy - AC CDW | Cover all Birmingham   |
| <b>South Birmingham PCT</b><br><br>(Early Implementer Site for CDW) | Cherry Dale<br>Commissioner for Mental Health                       | Target for 4 CDW<br>1 senior CDW post Inside to be housed with BSMHT<br>3 posts contracted to Voluntary sector – Servol Community Trust – recruiting in March /April 2006 for CDW<br><br>South Bham PCT – RED<br><br>Recruitment on hold |
| <b>Solihull PCT</b>   | Allan Craig   | Target 2 CDW<br><br>Developing strategy to implement<br><br>RED on self assessment   |

**Table 2 – CDW update in West Midlands South area**

Target is 13 CDW

\* Coventry and Warwickshire are working towards developing a buddy FIS for DRE

| <b>PCT/Trust</b>    | <b>Named Lead or CDW in post</b>                              | <b>Update on progress and assessment against Adult Mapping 2005</b>   |
|---------------------|---|---|
| <b>Coventry PCT</b> | Colin Murker<br>Director for Mental health<br><br>CDW in post | Target for 4 CDW<br><br>One senior CDW/Race Equality Lead<br>One Senior CDW being recruited<br>Two CDWs in post<br><br>GREEN on self assessment |
| <b>Hereford PCT</b> | Mike Metcalfe<br>Director of Mental Health                    | Target of 2 CDW<br><br>2 CDW being implemented targeting Travelling communities and Eastern European communities<br><br>RED on self assessment  |

|   |  |  |
|---|--|--|
| <b>North<br/>Warwickshire<br/>PCT<br/>Includes<br/>Rugby PCT</b>                    | Gill Ferguson – BME lead for<br>PCT  | Target of 2 CDW<br><br>One CDW in post<br>North Warks - AMBER  |
| <b>South<br/>Warwickshire<br/>PCT</b><br><br>(Early<br>Implementer<br>Site for CDW) | Bob Peel – Mental health<br>Manager<br>Jas Dhadli - CDW  | Target of 2 CDW<br><br>1 CDW in post<br>1 BME STR worker<br>1 BME CDW in LDP for 2006 to<br>meet target<br><br>South Wks – GREEN   |
| <b>Worcester<br/>PCTs</b>   | Mental Health Commissioner<br><br><b>Lucy Aldridge and two other<br/>colleagues - Gateway worker/<br/>CDW</b><br><b>Logan CDW/race equality lead</b> | Target of 4 CDW<br><br>On target with 2 posts appointed,<br>one working as strategic race<br>lead with mental health trust and<br>other CDW based in Primary<br>care and linking with community<br><br>Developing action to recruit 2<br>new CDW for March 2006<br><br>AMBER |

**Table 3 – CDW update in Staffordshire and Shropshire area**

Target is 13 CDW

\*North Staffordshire Mental Health Trust is developing an outline of a Buddy FIS site.

| <b>PCT/Trust</b>                                | <b>Named Lead or CDW in post</b>                                   | <b>Update on progress and assessment update against Adult Mapping</b>                            |
|---|--|--|
| <b>Shropshire PCT</b>                           | Carl Griffiths   | Target 2 CDW<br><br>Identifying CDW in LDP and developing strategy for implementation<br><br>RED |
| <b>Telford and Wrekin PCT</b>                   | Nick Davies<br>Mental Health Commissioner – Telford and Wrekin PCT | Target 2 CDW<br><br>Identifying CDW in baseline and LDP<br><br>RED                               |
| <b>Stoke-on-Trent PCTs</b><br><br><b>2 PCTs</b> | Suzanne Worthington  | Target 3 – North 2; South 1  |

|   |   |  |
|---|---|--|
| <p><b>South Stoke PCT</b><br/><b>North Stoke PCT</b></p>  | <p>Mental Health Commissioner</p>                                       | <p>PCTs are currently reviewing the CDW agenda in line with the DRE and CDW has been forwarded in the LDP, awaiting the outcome. Previous roles of CDW has been terminated but were Peer educators and not CDW roles</p> <p>AMBER – move to a RED</p>              |
| <p><b>Staffordshire PCTs</b></p> <p><b>6 PCTs</b></p> <p><b>East Staffs PCT</b><br/><b>Newcastle Under Lyme PCT</b><br/><b>South Western Staffs PCT</b><br/><b>Cannock Chase PCT</b><br/><b>Staffordshire Moorlands PCT</b></p> | <p>Lesley Gerhardt</p> <p>Mental health Lead for Staffordshire PCTs</p> | <p>Target of 1 CDW per PCT, proposed for PCT merger. Joint strategy being developed for CDW team for Staffordshire, funding being identified in LDP.</p> <p>Discussions on developing 1 senior role and five community based roles across the area.</p> <p>RED</p> |

## **TERMS OF REFERENCE BME COMMUNITY DEVELOPMENT WORKERS NETWORK**

### **Aims**

To work towards eliminating ethnic inequalities in mental health and social care, ensuring that service provision in the south west becomes more appropriate, accessible and responsive to the needs of black and minority service users and communities.

### **Objectives**

1. To share good practice and successful community development strategies that can bring about better services for BME Communities, families, and individuals.
2. To offer an information and support network to the many dispersed BME CDW's across the region.
3. To report on the progress and achievement that can be achieved by utilising Community development work in the implementation of 'Delivering Race Equality in Mental Healthcare Action Plans'
4. To provide a central vision and direction in delivering culturally competent health and social care services to BME individuals, families, and communities.
5. To develop a better understanding of the varying organisational cultures that CDW's have to work with and how these can block or enable BME communities across the region.
6. Ensure that the needs and aspirations of BME communities are integral within local and national strategies.
7. To be a central voice for BME CDW's to highlight what is going well within the region, and what is not.

8. To use the network as place to address some training and personal development needs.
9. To share ideas on how to make care pathways more accessible for people from BME groups, paying particular attention to implementation of effective mental health promotion strategies to facilitate engagement of hard to reach groups.
10. To support and enable the future recruitment and retention strategies for BME Community Development Worker's in West Midlands.

**Chair and Vice Chair**

- **Chair - Michelle Bhalroo – CDW Heart of Birmingham PCT**
- **Vice – Chair - Jas Dhadli – CDW South Warwickshire PCT**

**Frequency of Meetings**

Bi-monthly meetings

## FIS CLINICAL NETWORKS

### **PROMOTING PHYSICAL HEALTH AND SAFETY IN MENTAL HEALTH PRACTICE FOR BME COMMUNITIES NETWORK**

#### **Background and context**

The Independent inquiry into the death of [David Bennett](#) made recommendations to improve the application of physical skills in managing disturbed behaviour. It concluded that the challenge to mental health services is to make real changes that ensure the safety of patients, and to minimize the need for physical intervention by finding better ways to prevent and manage aggression. The following specific recommendations are relevant:

- 1 *Under no circumstances should any patient be restrained in a prone position for a longer period than three minutes.*
- 2 *A national system of training in restraint and control should be established as soon as possible and, at any rate, within twelve months of the publication of this report.*
- 3 *The Department of Health should collate and publish annually statistics on the deaths of all psychiatric inpatients, which should include ethnicity.*
- 4 *Records should be kept of all psychiatric units' use of control and restraint on patients. The Department of Health should audit the use of control and restraint*
- 5 *All medical staff and registered nurses working in the mental health services should have mandatory first-aid training, including CPR training.*

To help meet the challenge NIMHE has been working with the [National Patient Safety Agency \(NPSA\)](#) on a programme of work, including new guidance on the management of aggression for trainers and service providers to work to. It published an interim guidance In February 2004 – [Developing Positive Practice Standards to Support the Safe and Therapeutic Management of Violence and Aggression in Mental Health Inpatient Settings](#). Service providers are expected to follow this now. It includes guidance on:

- 6 Restraining patients on the floor, or in a prone position, only as a last resort;
- 7 In settings where the use of restraint is foreseeable, having in place systems that ensure immediate access to medical or paramedical assistance;
- 8 Training in the risks associated with restraint and in life support skills;
- 9 Race and cultural awareness training for all staff;

Other publications that give reference to the relevance and the need to implement more appropriate management of physical harm and safety include the following;

- NICE guidelines on Management of Violence and Aggression
- Delivering Race Equality in mental health care (DRE) DH 2005

### **National context of the Network**

As part of the DRE National Programme, the Physical Harm and Safety Network has been developed to look specifically at the recommendations and explore strategies for implementation. A Strategy Group has been formed, that will lead and develop three practice based Pilot sites. One of the Pilots will be hosted by the Birmingham and The Black Country Focused Implementation Site.

The Network is led by Yvonne Scott, Managing Violence and Aggression (MVA) Operational Services Manager, Merseycare NHS Trust, who will provide direct support to each Site and facilitate through the Strategy Group, the development of processes to share

the learning and expertise across the pilots before the national roll out of the programme. The Strategy Group meets on a quarterly basis.

### **Aims and objectives of the Pilot**

The Pilot will focus on addressing the issues and recommendations identified in the Governments response to the independent inquiry of the death of David Bennett, in particular those that relate to managing disturbed behaviour in practice.

The Pilot will also work closely with other projects and pilots within the BBC FIS, to ensure that activity relating to improving training and development of staff equips them to improve services to patients.

### **Focus of activity of Pilot Sites:**

We have identified one site within the BBC Focused implementation Site (FIS) area, who will pilot and develop the work through this Network. The pilot will work as a collaborative to improve processes around reducing physical harm and improving safety in mental health practice for Black and minority ethnic communities in its local area.

### **Promoting Health & Safety in Mental Health Practice for BME Communities**

To examine the range of de-escalation techniques and management of aggression techniques within the intensive care environment within Wolverhampton City PCT amongst BME ward community.

### **Project Description and Scope of BBC FIS Pilot**

Within Wolverhampton City PCT up to 50% of the client inpatient community is from the BME community and a high percentage are currently detained under Sections of the Mental Health Act 1983. A higher proportion of inpatients are male. This statistic is also reflective within the intensive care unit. The project would examine the demographics within the intensive care unit over a period of time and explore the management of disturbed behaviour to explore the implementation of current evidence based training on reducing the disturbed behaviours and promoting of physical and mental health and safety.

## **Outcomes, Monitoring and Evaluation**

1. To examine demographic detail of ward over a designated time period including client and staff demographics.
2. To explore % of staff on duty over the designated time period and their levels of skill and training in the management of aggression.
3. To examine incidents over the designated time period including BME clients, the antecedents, behaviours and consequences. The techniques used and the outcomes of incidents (including physical methods of treatments).
4. To explore the de-escalation techniques used to alleviate violence and aggression over this time period.
5. To inform the training staff within the directorate as a result of exploration of the incidents.
6. To inform the directorate, as a result of the activity on actions needed to reduce BME admissions to PICU under Section of the Mental Health Act 1983.
7. To inform the directorate as to the recommendations for improving the patient experience of I.C.U. including activity and environmental changes to reduce disturbed behaviour.

## **Start Date: November 2006**

### **Resource Implications**

MAPA forms are already in situ and Clinical Governance facilitation is available. This facilitation would need to continue for the duration of the project. In addition, staff on duty would need to record reflecting experiences of antecedent of such behaviour and possible preventative measures to such behaviour (i.e. occupational therapy). This would necessitate staff completing a further audit form on I.C.U. to assist in qualitative data.

### **Leadership**

Vanessa Scott, Head of Nursing

Simon Rolfe, Inpatient Co-ordinator

### **Identification of 3 Clinical Staff and Trainer**

S Burns      S Howes      V Allsopp      D Fisher

## **RACE EQUALITY AND CULTURAL CAPABILITY (RECC) LEARNING MATERIALS PILOT PROJECT**

### **Background**

We had invited Expressions of Interest from Trusts interested in piloting the recently developed learning materials on Race Equality and Cultural Capability (RECC), through the National Network. Wolverhampton had been identified as one of the 4 National Pilot sites to participate in the Project on behalf of the BBC FIS.

The RECC materials were delivered by Peter Ferns of Ferns Associates and BME Service Users. They worked in collaboration with the Trust trainer to deliver the RECC materials to members of the local mental health community.

### **About the Materials**

The RECC learning materials represent a significant development of the Essential Shared Capability introductory learning materials providing an in-depth practical and theoretical expansion of race equality and cultural capability issues. The aims of the materials go beyond 'raising awareness' of RECC issues and into the realms of practice and service development. Consequently the development and evaluation of the materials required an approach which was consistent with the project aims. An explicit aim of the RECC learning materials pilot programme was to aid the development of an expert RECC training capacity in each RDC region.

### **Result for pilot site**

Wolverhampton has now completed 5 days of RECC training. The process of feedback and evaluation has now commenced and the Evaluation Forms submitted by all course members are being scrutinised by an independent research team.

It is anticipated that there will be a wider roll out of the training on both a national and local level in March 2007

## **FIS CLINICAL NETWORK**

Progress has been limited with this Network.

## NON- NHS STAKEHOLDER PARTNERSHIP DEVELOPMENT

There has been much activity across the FIS sites which has involved engaging our partners and stakeholders from across the health and non- health agencies, both statutory, voluntary and independent sectors. Some innovative and creative work has been demonstrative across the region and the plan is to share these developments at our FIS Showcase event planned for early 2007.

However, here is a small example of some of the progress that has been made:

- **Pattigift Centre**

**Lead Contact – Rameri Moukan**

This service has aimed to provide real partnership working across agencies with a culturally specific service. As the first independent in patient facility for BME patients, they have been successful in receiving their registration and await their first patients. They aim to provide culturally specific treatment for people of African and Caribbean descent by the end of December 2004.

- **Birmingham Street Pastors**

**Lead Contact – Mike Royale**

The Birmingham Street Pastors are a Church led initiative who provide support to individuals on the streets at night, in predominantly inner city communities. They offer on the spot supportive counselling, advice and some spiritual direction. They have Chapters in London, Manchester and also Wolverhampton.

We are now regular contributors to the Street Pastors training course, offering a presentation and discussion around Pathways into Mental Health and Primary Health care, with particular regard to BME communities.

Street Pastors

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**Professor David Cox – Chair**

South Birmingham Primary Care Trust





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