

***Our Vision:***

***“to deliver excellent equitable mental health services  
to all communities of all cultures  
via collaboration and engagement  
between services and those who need to be served”***

**Review of Progress of Focused Implementation Site (FIS)**

**(21<sup>st</sup> November 2006)**

**Portfolio of Documents**

**October 2006**

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## **Focused Implementation Site**

**Delivering Race Equality (*DRE*)**

**Working towards the 2010 vision**

# **Local Action Plan**

**(Sept 05 – Sept 08)**

**Update September 2006**

**Version 2**

Foreword

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county durham and rees valley focused implementation site  
Delivering Race Equality in Mental Health Care

The North East Strategic Health Authority (StHA) has welcomed the opportunity to have the County Durham and Tees Valley area as one of the 17 National Focused Implementation Pilot Sites (FIS). These sites were set up to support the implementation of the Delivering Race Equality in Mental Health Care (DRE) action plan for reform both inside and outside NHS mental health services. (DH, 2005)

This local three year action plan details the short, medium and long term actions required to work towards achieving the 2010 vision stated within the DRE. The implementation of this plan will be through local FIS project groups that will demonstrate from the outset that change can be achieved in achieving equality and tackle discrimination within NHS mental health services.

This action plan is not a final document. It may develop and change in light of further Black and minority ethnic (BME) community and clinical consultations as it has a key focus on the involvement and engagement of clinicians, service users and carers of all age groups in mental health services.

As a FIS site, we are aware of the key role we have in providing leadership and raising the profile of the BME programme. The FIS project group is committed to developing partnerships between key organisations to lever investment and build capacity. Through this work we will facilitate and direct quick improvements in mental health services for BME populations. We will identify best practice and share and spread this learning across the region. Finally at the end of this three year project the FIS project group will ensure that capacity and intelligence is integrated within the mainstream services to ensure further and sustainable change.

A number of challenges will need to be overcome when delivering this local action plan. One of these is around the organisational complexity in relation to mental health service provision. The CDTV area has a large Mental Health Trust providing secondary and tertiary mental health services across the patch, Primary Care Trusts providing a range of primary mental health service, five Unitary Authorities, seven District Councils and one County Council providing a diversity of social care and housing support. In addition, the voluntary and independent sector provides a wealth of services locally, but in many cases these services and their host organisations are very small, with little sustainable funding and collaboration across the patch.

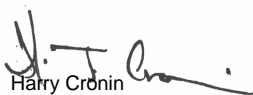
A further challenge is the diversity and geographical spread of the BME communities within the County Durham and Tees Valley area. According to the 2001 National Census statistics 1.2 million people live in the CDTV area. 96.9% were registered as White British, leaving a total population of 3.1% registered from a non-white British background.

Whilst overall the largest minority group was Pakistani at 0.67%, it is important to recognise the diversity of race, culture and religion within BME minority groups.

There is also complexity within these challenges as the CDTV area has a mix of urban and rural areas. Many hard to reach communities live in small rural pockets throughout the area and in some cases this could consist of one individual. There are also an increasing number of asylum seekers being supported by the National Asylum Support Service (NASS) who again have very particular barriers to accessing and using mental health services. We have a large gypsy and traveller community living within the County Durham area who make up one of the largest minority groups and who are a transient population. Durham University is also the third largest employer in this area with nearly 14,000 full and part time students at the university including a large number of foreign students.

Finally, it is important to acknowledge that all the statutory organisations within this FIS area have made some progress in working towards achieving equality and tackling discrimination. This varies from a commitment to the general duty of the Race Relations (Amendment) Act 2000 by taking positive action to eliminate discrimination along with having a Race Equality Scheme (RES), to more specific pieces of work including BME community needs assessments.

However, we recognise we still have a long way to go before we can deliver a mental health service that has equality of access, equality of experience and equality of outcome. Success of this action plan depends on the positive and proactive approach and effective partnership working of the independent, voluntary and statutory sector, service users, carers and BME communities. Together, with commitment, passion and energy this action plan will become a reality and will work towards eliminating discriminatory practice within mental health services for future generations.



Harry Cronin  
Director of Adult Mental Health and Nursing Services  
(FIS Director)

*D. Goodchild*

Deborah Goodchild  
FIS Project Manager



**FIS VISION STATEMENT:**

***“to deliver excellent equitable mental health services to all communities of all cultures via collaboration and engagement between services and those who need to be served “***

<b>APPROPRIATE &amp; RESPONSIVE SERVICE</b>				
<b>No.</b>	<b>ACTION</b>	<b>Project Group / Lead</b>	<b>Date</b>	<b>2010 Vision No.</b>
1.	Baseline assessment of organisations in SHA FIS with regards the current position in relation to delivering race equality.	Project Manager/ SHA	05/05	12
2.	To ensure updated and compliant race equality schemes (Updated May 2006)	MH Trust / SHA E & D Group	05/05	All 12
3.	Development of strategy for longer term communication and engagement across all stakeholders and communities	SHA Head of communications & all projects.	03/06	1,2,3
4.	Ensure the recommendations resulting from the David Bennett Inquiry and subsequent Audit are implemented and action plans developed.	MH Trust	03/06	3,4,5,6,7
5.	Gather and use the national evidence on best practice on anti-racist, culturally sensitive care and develop services in the light of such best practice	NIMHE Race Equality Lead	09/06	12,2,1,3,
6.	Develop action plans from the Oct 05 LIT BME Themed review.	LITs	03/07	All 12
7.	To develop plans towards ensuring that PALS are linguistically and culturally equipped	Project Manager PPI Lead PALS	09/08	1,2,3
8.	Review the pathways to referral for the Chinese communities in Easington. Identify practical steps to increase and encourage earlier access to care.	Easington PCT/ Community Mental Health Team.	03/07	10,12
9.	To provide local directories of local services to help BME children and their families get access to support	PPI / MH Trust / E & D Leads	09/06	1
10.	Draft policy statement developed : 'respecting dignity' Along with draft policy on harassment( <i>includes racial harassment</i> ) Along with posters for display			
11.	Ethnicity and culture to be reflected in the assessment, diagnosis, risk management and care planning. Carry out an sample audit case review	PCTs / MHT E & D Service Leads	09/07	2,10, 12
12.	Assessment and treatment care pathways to include ethnicity and diversity, which incorporates cultural sensitivity and awareness of the needs of people from ethnic communities, including the effects of racism on their mental well being.	All Service Providers / PCTs	09/08	1,2,10
13.	Provide access to Translation & Interpretation services for patients whose first language is not English	MH Trust / PCTs	09/07	1,2,,3
<b>BETTER INFORMATION</b>				
<b>No.</b>	<b>ACTION</b>	<b>Project Group /Lead</b>	<b>Date</b>	<b>2010 Vision No.</b>
14.	Comprehensive monitoring systems to be set up to measure & record the volume of access rates to MH Trust among BME service users	IM&T Dept / Governance	03/06	5,4,9
15.	Early Intervention, Crisis Resolution, Assertive Outreach Services to monitor ethnicity to ensure effective targeting.	MH Trust	03/06	2,3,8



16.	Ethnic monitoring training courses to be delivered in line with the National Good Practice Guidelines (DH 2005)	MH Trust / E & D Officer	10/05	10,12
17.	Ensure effective clinical monitoring systems are in place within mental health to record service users' ethnicity, religion & language	E & D Service leads. IM & T	09/06	1,2,12
18.	Set up systems to monitor the compulsory admission rate for service users with BME background.	MH Service Providers. Gov Leads.	03/06	4
19.	To analyse and monitor the ethnicity data for all serious untoward incidents including deaths of psychiatric in-patients that is reported to the Strategic Health Authority alongside national statistics.	Service providers / Suicide taskforce	09/06	7
20.	Ensure robust systems are in place for ensuring all patients are aware of their legal rights of detention and can utilise their appeals process.	Mental Health Act Team	03/06	4
21.	To conduct regular local patient surveys and one to one interviews with detained BME service users across the service.	MH Trust / MH act dept (Governance Leads)	09/06	2
22.	Ensure systems are in place to maintain up to date records of Control and restraint incidents and ethnicity recorded within these.	MH Trust	03/07	7
23.	To develop monitoring systems that record all future prescribed medication above the recommended dosage, according to the NICE guidelines.	MH Trust	09/06	10
24.	Each inpatient service provider to develop a plan of action to implement the findings from the National In-patient Census.	E & D Leads	03/06	10,12
25.	Organisation to make public documents and information about service provisions available and accessible in different languages, formats and styles.	PR Dept / PPI	09/06	1,2

## COMMUNITY ENGAGEMENT

No.	ACTION	Project Group /Lead	Date	2010 Vision No.
25.	Ensure that FIS locality has at least 1 community engagement project.	FIS Steering Group /Sahara Group	12/05	1,2,3
26.	Develop formal community engagement and consultation strategy Review and evaluate and monitor community engagement strategy.	PCTs SHA PPI Lead FIS Project Group	03/06	1,2,3
27.	Community mapping -Identify BME community groups and organisations in each locality	E & D Leads	03/06	1,2
28.	Support the development of community development workers (CDWs) posts	FIS steering group / Project manager/ SHA /CSIP	12/06	1,2,3,
29.	To share positive practice, local action plans and develop strategic approach to implementation of CDWs across CDTV area	SHA	12/05	All 12
30.	Undertake a mapping exercise of Asylum Seekers and Refugee groups in the Middlesbrough area	Asylum Seeker Project Grp	09/06	1,2,3, 12
31.	Commission MH survey to determined the MH needs of Gypsies & Travellers.	Project Manager	09/06	10
32.	To support and capacity <b>build the existing</b> VCS to be able to offer culturally sensitive mental health services to the BME community.	Project Manager VCS	09/07	10,12
33.	Support the BME VCS within rural areas to become more <b>involved</b> in the commissioning, planning and delivery of mental health services including the provision of practical support to the VCS i.e. training opportunities, capacity building, funding advice /support.	Rural project Group LITs E & D Leads	09/08	11
34.	Develop plans to practically support the capacity of local BME VCS within Middlesbrough to become involved in planning, designing & delivering services	Sahara Group / Project Manager	09/06	11
	Developing community listeners from different communities (individuals with a local constituency base) to lead community panels who can feed into the			



35.	planning, development and reconfiguration of services	Project Manager	03/07	11
36.	Commission specific BME community needs assessment that is community led and focused on mental health service delivery within the rural community.	Rural Project Group	09/06	1
37.	Make connections with all existing BME community and faith groups within project FIS areas.	Project Manager	09/08	1,2
38.	Community engagement strategy to form part of a wider strategic race equality framework to plan, develop and deliver appropriate MH services.	FIS Project Group / PCTs	03/06	1,2,3
39.	Integrate community needs assessment within the strategic planning process and key joint planning groups (LITS LSPs)	Service Providers	03/07	1,2,3
WORKFORCE				
No.	ACTION	Project Group /Lead	Date	2010 Vision No.
40.	Review current training programmes for clinical staff and review training needs annually thereafter. Identify the extent of BME involvement then to establish involvement of BME service users	Service Providers Project Manager HR Leads	09/07	12
41.	Develop a systematic training strategy and plan relating to anti-racist, anti-discriminatory and culturally sensitive practice.	Project Manager NIMHE/CSIP-	09/06	12
42.	Develop the leadership scheme and to systematically track staff from ethnic minorities in their career progression	Service Providers (HR Dept)	09/07	12
43.	Engage clinicians in leading on equality and diversity service improvements - <i>to enable local service based ownership of change programmes</i>	Project Director Project Manager Service Managers	09/07	All 12
44.	Developing targets and action plans in relation to a more representative workforce at senior manager level*	FIS Group Service Providers	09/06	All 12
45.	Mandatory training programmes to be delivered for all staff on the RR(A)A	Service Providers	04/07	12
46.	Clinical areas to develop partnerships with BME VCS	Service Providers	03/08	11,12
47.	Ethnicity data to be collected and analysed providing a profile of the workforce and used to set numerical targets for areas and levels of the organisation where the workforce is not representative of the community it serves*	Service Providers (HR Dept)	09/07	12,11,
48.	To support the implementation of the MH Trust strategy and action plans for Equality and Diversity	MH E & D steering group Project manager	03/08	All 12
49.	Clinical staff to be trained on how to access and use interpretation and translation services.	Project Manager	03/06	12
50.	Training to be delivered in equality and diversity.	Service providers	03/06	12



# Performance Framework

Project Management (2005 -2006)			
No.	ACTIONS	Rating	PROGRESS Sept 06
1.	Establish Pre-FIS Planning Group	■	Local Planning Group to maintain momentum and drive forward FIS whilst more permanent structures are put in place.
2.	Agree detail of resources, management & recruitment detail of Project Coordinator post	■	Substantive appointment of Project Coordinator for 2days week to provide short term leadership and coordination of local FIS delivery
3.	Interim Project Coordinator in post	■	Resource available to maximise FIS delivery whilst awaiting for substantive project managers (PM) post
4.	To develop an Headline Partnership Plan (HPP) & submit to the National Team	■	HPP completed with detailed proposed draft actions and indicators on the type of outcomes for the FIS
5.	Project Director/FIS Chair in post	■	Champion for the FIS. Support the PM, remove obstacles/barriers. Strategic lead and link at a SHA wide level
6.	Draft Framework for initial Community Consultation and Engagement in FIS	■	Initial draft framework completed to ensure effective engagement in formative development of the FIS. Will inform formal communication and engagement strategy
7.	Determine position status of Community Development Workers in FIS by writing out to PCT commissioners	■	Areas making progress identified and information on plans received by PCTs. Plans in place to achieve target towards a strategic approach to recruitment
8.	Substantive Project Manager appointed and in post with induction organised	■	Project management and coordination of the local DRE FIS action plan.
9.	Initial publicity from SHA to key stakeholders regarding FIS status, seeking membership for FIS steering group and views on outcomes	■	Letter circulated from SHA CE David Flory expressions of interest gathered for Steering group membership.(4 responses)
10.	Submit a proposal (Value Added Grant) for funding to the National Team to support FIS development.	■	Value added grant of £50K successful. Funding will support the development of clinical and community engagement between Jan 06 –Dec 06
11.	To determine baseline position in delivering race equality. Identify and collect readily available local data or intelligence regards delivering race equality across	■	Identification of gaps and opportunities for development and areas of high initial need for action to be discussed in wider & future community consultation events.
12.	Establish formal FIS Steering Group, agree membership and arrange first meeting.	■	Local multi agency group in place, providing leadership & accountability for FIS activity. First meeting held, terms of reference agreed.
13.	Local FIS governance arrangements agreed including reporting & monitoring	■	Clear governance and leadership arrangements in place to manage FIS locally
14.	Establish a common understanding of FIS purpose, aims and objectives with the steering group	■	Clear and written statement of values and commitment to the agenda agreed by the steering group
15.	Undertake draft baseline assessment, mapping current data and intelligence against DRE 4 building blocks. Request the reporting frameworks for race equality from each PCT equality & diversity lead.	■	RES gathered & information regarding the reporting frameworks within organisations. Production of a SHA wide baseline assessment mapped against the 3 Key building blocks.
16.	Send out an invitation to the BME VCS, service users & carer groups for representation on the FIS steering group so that BME Service user/carers are part of the planning and delivery of FIS objectives	■	Letters sent out to BME regional and local VCS groups No response. Requires further action.
	Develop a local action plan mapped against		Clear project plan that details short, long, medium term action required













17.	DRE 2010 vision with timescales. Plan to be submitted to the national team by December.	■	over the three years to achieve the DRE 2010 vision. Feedback received on action plan from national team and agreed by FIS steering group.
18.	Create links with the police and prison services mental health leads.	■	Links made with: Forensic community mental health team, Prison mental health manager & NIMHE/CSIP prison lead & M'bro Police.
19.	Trust Board reports to be submitted and proposals put forward for FIS support. To deliver 6 monthly update reports.	■	Both MH Trust boards noted that CDTV is a FIS. Trust boards supported the implementation of the FIS action plan, in particular engagement with clinical staff. Secured high level of trust commitment.
20.	FIS to support a community engagement project within Middlesbrough. VCS (Sahara group) to submit bid for national funding of £20k within the NIMHE community engagement programme.	■	Bid successful. Research data to be collected on the cultural and language needs of Asian women when accessing mental health services. Information to be used within the planning and provision of MH services. Project starts June 06
21.	Develop immediate outcomes in collaborative methodology working closely with identified communities and key stakeholders	■	Collaborative methodology implementation plan developed that details action required to achieve changes towards the 2010 vision.
22.	Undertake facilitated consultation session with FIS steering group to review draft baseline assessment and agree immediate priorities for year 1 and FIS vision statement	■	Clear and transparent process for agreeing priorities with local key stakeholders. Draft FIS vision set.
23.	Express an interest to become the FIS rural site for the National Enhancing Pathways into Care (EPIC) Programme	■	Expression of interest put forward and Easington locality agreed as the rural site for the EPIC rural project.
24.	Plan & set date for the formal strategic launch of FIS programme	■	Formal launch of FIS on the 25 <sup>th</sup> April, with key note speaker, SHA chief executive.
25.	Deliver a workshop at the national DRE conference on the collaborative methodology sharing good practice.	■	Demonstrate progress and leaderships of CDTV FIS at a National level
26.	Links to be made with the older peoples' voluntary organisation –Age Concern Darlington (Gul Singh). To engage and invite involvement with FIS.	■	Needs of BME older people identified. Successful engagement of lead within VCS.
27.	Commission Cynergy healthcare marketing to support the marketing and design FIS	■	Proposal put forward for the design and image of the FIS and associated promotional work. The FIS image/vision launched on 26 <sup>th</sup> April
28.	Invitation to attend the FIS formal launch event sent out to all key stakeholders and community groups	■	Awareness and Involvement of key stakeholders at the event
29.	Middlesbrough FIS workstream initial meeting on asylum seekers and refugees. 1 <sup>st</sup> meeting to secure engagement, discuss and plan action/priorities.	■	Engagement of key stakeholder within workstream. Whole system approach across, voluntary sector, housing and social care and police. Priorities set & plan of action agreed (focus groups with asylum seekers)
30.	To submit an expression of interest to the National BME workforce group to field test race equality and cultural capability (RECC) learning materials.	■	Access expert RECC training capacity in FIS. Capacity to deliver RECC within organisations through having a trainer trained in delivery of the RECC materials.
31.	Link in with the Local Acute care forum & NIMHE RDC acute Development lead	■	Create a FIS interface with acute inpatient programme and the BME programme.
32.	Agree FIS workstreams in relation to each of the priority areas	■	Key delivery workstreams in place for FIS priorities ensuring focused approach
33.	To attend the Consultant Psychiatrists regional forum and present the FIS.	■	Engagement of clinicians with FIS work.
34.	Prepare update report for the national team on progress made with the value added grant.	■	Demonstrating outcomes in relation to the VAG objectives









APPROPRIATE & RESPONSIVE SERVICES			
No.	ACTION	Rating	PROGRESS Sept 06
1.	Baseline assessment of organisations in SHA FIS with regards the current position in relation to delivering race equality.	■	Baseline position determined in delivering race equality. Local data collected across all SHA organisations. Gaps and opportunities for development identified and areas of high initial need for action. Project priorities identified.
2.	To ensure updated and compliant race equality schemes (Updated May 2006)	■	SHA carried out mapping exercise in relation to all organisations implementation of RES. All organisations carried out the SHA 'race equality performance framework'. Audit carried out by HCC and results followed up by SHA
3.	Development of strategy for longer term communication and engagement across all stakeholders and communities	■	Communications strategy developed thus supporting the FIS strategic objectives. Communication strategy is openly communicated across SHA, all stakeholders and communities. Communication strategy to be integrated within project groups.
4.	Ensure the recommendations resulting from the David Bennett Inquiry and subsequent Audit are implemented and action plans developed.	■	Audit completed and updated Dec 2005. Action plans developed by services.
5.	Gather and use the national evidence on best practice on anti-racist, culturally sensitive care and develop services in the light of such best practice	■	Best practice evidence distributed and shared with key stakeholders. Best practice articles accessible on a local data base.
6.	Develop action plans from the Oct 05 LIT BME Themed review.	■	LITs carried out BME review in OCT 05 where gaps were identified and action plans developed.
7.	To develop plans towards ensuring that PALS are linguistically and culturally equipped	■	Plans to involve PALS into training programmes delivered on race equality. To consider developing a business case for employing a PALS worker who is linguistically equipped.
8.	Review the pathways to referral for the Chinese communities in Easington. Identify practical steps to increase and encourage earlier access to care.	■	Easington is a rural site for the National Enhancing Pathways into Care (EPIC) Programme. A staff questionnaire and focus group has been used to determine a baseline of knowledge & understanding around the Chinese culture.
9.	To provide local directories of local services to help BME children and their families get access to support	■	Local directory of services will be developed for each service area as part of the Trusts framework for clinical learning and service improvement
10.	Ethnicity and culture to be reflected in the assessment, diagnosis, risk management and care planning. Carry out an sample audit case review	■	Clinical learning and service improvement framework will include action to carry out audit
11.	Assessment and treatment care pathways to include ethnicity, diversity, cultural sensitivity and awareness of the needs of people from ethnic communities, including the effects of racism on their mental well being.	■	Clinical learning and service improvement framework will include action to include within pathways ethnicity and diversity.
12.	Provide access to Translation & Interpretation services for patients whose first language is not English	■	Policy and procedures with good practice guidelines developed for the access and use of interpretation and translation services.
BETTER INFORMATION			
No.	ACTION	Rating	PROGRESS Sept 06
13.	Comprehensive monitoring systems to be set up to measure & record the volume of access rates to MH Trust among BME service users	■	Clinical Records system has query set up to measure the access of patients. Discharge questionnaire developed for the IPU. Participated in National Ethnicity Census. Analysis also carried out on ethnicity data per service setting for 2005-2006
14.	Early Intervention, Crisis Resolution, Assertive Outreach Services to monitor ethnicity to ensure effective targeting.	■	Early Intervention Team within Middlesbrough have carried out a ethnicity baseline assessment on the current use and access












15.	Ethnic monitoring training courses to be delivered in line with the National Good Practice Guidelines (DH 2005)		Training pack developed. Clinical staff trained within the MH Trust in the recording and monitoring of ethnicity. Evidence suggests improvements in the quality and intelligent use of information.
16.	Ensure effective clinical monitoring systems are in place within mental health to record service users' ethnicity, religion & language		Through the development of the National Care Records System Ethnicity will be a field along with religion and language. At the point of registering a new patient the referral details would not have that level of information.
17.	Set up systems to monitor the compulsory admission rate for service users with BME background.		National ethnicity Census results provide this information for 2005/2006. MHA activity reported on a quarterly basis ethnicity to be included within the reports.
18.	To analyse and monitor the ethnicity data for all serious untoward incidents including deaths of psychiatric in-patients that is reported to the Strategic Health Authority alongside national statistics.		The ongoing collection of suicide data from 1999 onwards has been occurring. This data collection follows on from the 'Deaths by Suicide' Report (2002). Trust collects the data for all SUIs including deaths of psychiatric in-patients. This information is reported to the Strategic Health Authority and contribute to national statistics.
19.	Ensure robust systems are in place for ensuring all patients are aware of their legal rights of detention and can utilise their appeals process.		Through the MHS procedure and Policy.
20.	To conduct regular local patient surveys and one to one interviews with detained BME service users across the service.		Through the MHS procedure and Policy. All trust leaflets include a section for concerns / suggestions
21.	Ensure systems are in place to maintain up to date records of Control and restraint incidents and ethnicity recorded within these.		A system is in place for the recording of all incidents of violence and aggression on the IR1 form. Within this form there is <u>no designated area which informs the Trust as to the ethnicity of the patient</u> , information has to be collected separately.
22.	To develop monitoring systems that record all future prescribed medication above the recommended dosage, according to the NICE guidelines.		Medicines Code in place which identifies roles & responsibilities. Review currently taking place in line with 'The Safe and Secure Handling of Medicines: A Team Approach' Nice guidance now incorporated into Care Pathway development.
23.	Each inpatient service provider to develop a plan of action to implement the findings from the National In-patient Census.		E & D leads will carry out a specific service improvement project using the data from the last two ethnicity census.
24.	Organisation to make public documents and information about service provisions available and accessible in different languages, formats and styles.		Strap line in six different languages regarding access of documents in other languages produced. Information is available in a range of formats for children & young people, people with learning disabilities and people with different languages / needs.






## Community Engagement

No.	ACTION	Rating	PROGRESS Sept 06
25.	Ensure that FIS locality has at least 1 community engagement project.		Bid successful. Research data to be collected on the cultural and language needs of Asian women when accessing mental health services. Project starts June 06
26.	Develop formal community engagement and consultation strategy Review and evaluate and monitor community engagement strategy.		Community Engagement strategy developed, will be integrated within overall Trusts equality and Diversity strategy. Partnership working with Middlesbrough LA on community engagement. To develop further in response to the FIS consultation/ launch event.
27.	Community mapping -Identify BME community groups and organisations in each locality		To form part of the MH trust E & D course. Identification of gaps and opportunities for development and areas of high initial need for action to be discussed in future community consultation events.
28.	Support the development of community development workers (CDWs) posts		Areas making progress, CDWs identified and information on plans received by PCTs. Plans towards a strategic approach to recruitment
29.	To share positive practice, local action plans and develop strategic approach to implementation of CDWs across CDTV area		Model for engagement of CDWs agreed within SHA. SHA wide approach agreed that will be strategically managed. Proposals to be taken to the commissioners group. Toolkit developed by SHA & regional CDW network.
30.	Undertake a mapping exercise of Asylum Seekers and Refugee groups in the Middlesbrough area		Report completed along with resource directory. To be distributed to the clinical service areas within the mental health trust and also the VCS









31.	Commission MH survey to determined the MH needs of Gypsies & Travellers.		Arranged contact and engagement with the Gypsy & Traveller community through the work of the Supporting People Programme Durham and District Partnership
32.	To support and capacity <b>build the existing</b> VCS to be able to offer culturally sensitive mental health services to the BME community.		Links started with the Mental Health North East forum to discuss on how to take this forward.
33.	Support the BME VCS within rural areas to become more <b>involved</b> in the commissioning, planning and delivery of mental health services including the provision of practical support to the VCS i.e. training opportunities, capacity building, funding advice /support.		To be developed alongside the community engagement strategy. To form part of the objectives within the rural project group in setting up a BME rural consultation forum.
34.	Develop plans to practically support the capacity of local BME VCS within Middlesbrough to become involved in planning, designing & delivering services		Spotlight Sahara group Middlesbrough. Community engagement project.
35.	Developing community listeners from different communities (individuals with a local constituency base)		This will be taken forward as part of the Middlesbrough community cohesion forum – Joint action working group. Meeting already had with different BME community groups to identify community needs.
36.	Commission specific BME community needs assessment that is community led and focused on mental health service delivery within the rural community.		Project brief completed with proposals to take forward a consultation forum for BME rural communities
37.	Make connections with all existing BME community and faith groups within project FIS areas.		Links already made within Middlesbrough community groups and MH services
38.	Community engagement strategy to form part of a wider strategic race equality framework to plan, develop and deliver appropriate MH services.		Community engagement strategy to be incorporated within the MHTrust business planning process and also the RES.
39.	Integrate community needs assessment within the strategic planning process and key joint planning groups (LITS LSPs)		Actions identified within the LITs

## Workforce

No.	ACTION	Rating	PROGRESS Sept 06
40.	Review current training programmes for clinical staff and review training needs annually thereafter. Identify the extent of BME involvement then to establish involvement of BME service users		The Trust training programmes have been reviewed alongside the workforce development plans. Training needs in race equality have been identified through the workforce development plans Race equality training is within the top 15 training priorities
41.	Develop a systematic training strategy and plan relating to anti-racist, anti-discriminatory and culturally sensitive practice.		Clinical learning and service improvement framework developed and to be delivered during Nov 06 –April07
42.	Develop the leadership scheme and to systematically track staff from ethnic minorities in their career progression		To be addressed within the workforce equality strategy
43.	Engage clinicians in leading on equality and diversity service improvements - <i>to enable local service based ownership of change programmes</i>		Clinical Governance framework includes engagement with clinical professionals in decision making, monitoring the quality of services & user and carer involvement Clinicians will be attending the formal FIS launch event. From this event training will be delivered to lead clinicians on race, ethnicity and cultural competencies and action learning set developed to lead on collaborative improvement projects.
44.	Developing targets and action plans in relation to a more representative workforce at senior manager level*		Part of the MHTrusts equality and diversity strategy within HR



45.	Mandatory training programmes to be delivered for all staff on the RR(A)A		Clinical learning and service improvement framework developed. To be delivered during Nov – April 07 which will include RR(A)A
46.	Clinical areas to develop partnerships with BME VCS		Clinical learning and Development plan has focus on developing partnership working with the VCS
47.	Ethnicity data to be collected and analysed providing a profile of the workforce and used to set numerical targets for areas and levels of the organisation where the workforce is not representative of the community it serves*		Ethnicity of staff in post is a mandatory requirement and is recorded on the Trust HR system. Monitoring arrangements are in place to ensure compliance with the Race Relations (Amendment) Act 2000. For potential employees this is addressed through information provided on the application form. The induction programme reinforces this and through IWL focus groups the profile is also raised for existing staff
48.	To support the implementation of the MH Trust strategy and action plans for Equality and Diversity		Equality and Diversity Steering group formed and FIS PM represented on this.
49.	Clinical staff to be trained on how to access and use interpretation and translation services.		Pilot course developed and delivered to a group of clinical staff, jointly with Interpreters, evaluation carried out. Plans to continue delivering courses in this area jointly with local provider of Translation services.
50.	Training to be delivered in equality and diversity.		Training course delivered over the past 2 years on equality and diversity to clinical staff, delivered to first line managers as part of the first line manager training course.



SEPTEMBER MONTHLY UPDATE 2006	Building Block A, B, C	DRE Characteristic Number	Links with other programmes
<p><b>Actions to date on FIS Project groups:</b></p> <ul style="list-style-type: none"> <li>• <b>Rural Project Group</b> – A project group has been formed and has had the first meeting. From this, a project brief has been put forward for agreement. The proposed area of focus is to develop a forum for BME rural community consultations.</li> <li>• <b>Enhancing Pathways into Care (EPIC)</b> – <i>Easington project</i>. Clinical staff from the community mental health team are leading on this work. Representatives attended an EPIC meeting in Manchester to deliver a presentation on the work that Easington is focusing on. To date this project group has carried out staff questionnaires and focus groups to determine a baseline upon which service improvements can be measured against. The focus of the questionnaires/focus groups is on staff knowledge and attitudes on the Chinese culture.</li> <li>• <b>Asylum Seeker &amp; Refugees Project</b> – A mapping study and resource directory has now been completed and reports prepared. The report will be sent out to the VCS for approval and to check for accuracy before circulating to a wider clinical audience and used as an essential resource directory for clinical staff for people access mental health services who are asylum seekers or refugees.</li> <li>• <b>Clinical Engagement</b> – A trust clinical framework has been developed to support clinical learning and service improvement requirements to deliver on the wider Equality and Diversity agenda. This will be discussed in a meeting set with senior managers on the 16<sup>th</sup> October. The proposal sets out plans to take forward strategically the E &amp; D agenda within the MH trust by having identified E &amp; D clinical leads within each service area.</li> <li>• <b>Communication</b> – A date has been set for the 16<sup>th</sup> December for sharing good practice and developments from the FIS projects. Community and voluntary groups will be invited to talk about their work and give services the opportunity to initiate networks.</li> <li>• <b>University Project</b> – Meeting set up to discuss the project focus with Durham and Chester le street PCT lead and University .</li> <li>• <b>FIS Regional Review</b> – Plans made to prepare the FIS areas for the review for this region. This will take place on the 21<sup>st</sup> /22<sup>nd</sup> November.</li> <li>• <b>CDW project work</b> – A regional project group led by the North East SHA in partnership with both FIS areas and CSIP/NIMHE have made plans for a regional network for sharing good practice local and national.</li> </ul>	<p>A,B,C A,B,C A,B,C A.B A,B,C</p>	<p>1, 2,3, 1, 2, 3, 10,12 1, 2, 3,12 (all 12) 1,2,12</p>	<p>RR(A) A</p>



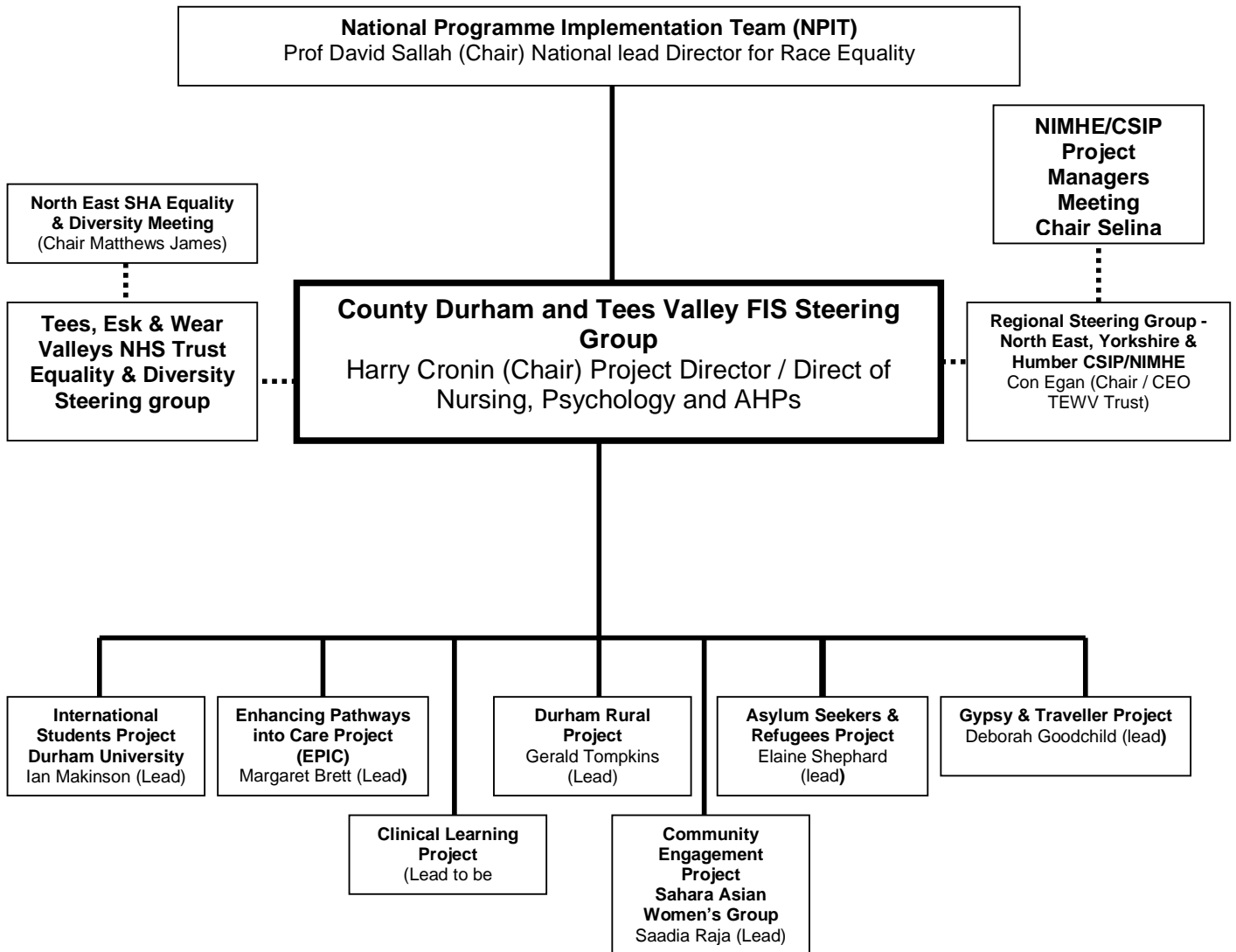


<p><b>What has been the Impact of these actions?</b> <b>Highlight good practice</b></p> <ul style="list-style-type: none"> <li>• <b>Rural Project</b> – project brief details a way forward for tackling some of the challenges of engaging with BME rural communities who are dispersed and isolated. It will be shared with the Northumberland rural FIS project.</li> <li>• <b>EPIC project</b> – Baseline assessment of training needs carried out with clinical staff and areas identified for developing links with the Chinese community within a rural area.</li> <li>• <b>Asylum Seeker Project</b>- An essential clinical resource directory developed to support the clinical areas in accessing help and information from the community and voluntary groups set up for Asylum Seekers and refugees. Promotes community engagement.</li> <li>• <b>Clinical Engagement</b> – Combined approach to delivering equality and diversity by using training alongside service improvement projects to ensure changes in practice.</li> </ul>			
<p><b>What lessons have been learned?</b> <b>Highlight Concerns/ Risks</b></p> <ul style="list-style-type: none"> <li>• The need for a strategic approach to delivering on the E &amp; D agenda that has in place committed and motivated E &amp; D service leads</li> </ul>			
<p><b>Actions for next month.</b></p> <ul style="list-style-type: none"> <li>• Start clinical learning and development course. Co ordinate nominations of E &amp; D leads for service areas.</li> <li>• Update/progress review meeting with the Sahara Community Engagement project.</li> <li>• Support the National Chinese mental health conference and network.</li> <li>• Agree project brief for the University project.</li> <li>• Develop resource packs for the Clinical learning and development course</li> <li>• Review Trusts RES and update in view of trust merger.</li> <li>• Identify training needs to support the RR(A)A</li> </ul>			





county durham and rees valley focused implementation site  
Delivering Race Equality in Mental Health Care



## Local Governance Framework



# VALUE ADDED GRANT OUTCOMES

JANUARY 2006 – DECEMBER 2006

N	Objective	Action	Outcome	Costs	Date
1.	<b>Early Expert FIS Consultancy</b>	Commission an external consultancy agency to provide support in creating a clear FIS vision that is locally defined. This will be time limited consultancy from a local agency / network with expertise in diversity and community engagement to provide 'expert advice' to the FIS Implementation Group in its early stages of development and be a 'critical friend'	Commissioned Robert Whitehouse consultant to facilitate a workshop with steering group members. FIS project steering group have a clear understanding of where mental health providers are now and what they need to focus on in order to improve – setting locally defined priorities for action. Four priority areas for projects identified.	£1,000	Jan 2006
2.	<b>PROJECT: Asylum Seekers and refugees</b>	To determine the local Mental Health Needs of Asylum seekers and refugees within the Middlesbrough locality. Commission a mapping study on the VCS groups within Middlesbrough for Asylum seekers and Refugees. Commission the development of a resource directory for Mental Health care professionals on VCS groups of Asylum seekers and refugees. This work will support the delivery of criteria set by the project will provide a valuable baseline as to work from, assessing and monitor progress. To support the Mental Health services to pilot a community support worker with the Asylum seeker and refugee population within Middlesbrough	Project group formed. This involves partner organisations from: the voluntary sector (North of England Refugee service), private housing company, education, social care, health, primary care, secondary care, specialist services (counselling). The project takes on a whole systems approach working across agencies and involving service users within the planning and the delivering of the action plan. The project group has had a facilitated session focusing and agreeing on a set of standards to achieve and an introduction to the collaborative methodology. Now have engagement with lead mental health police officers from Cleveland police. These are now active members of the FIS project on asylum seekers and refugees. Mapping study and resource director complete.	£2,000	March 06 – Dec 06  Sep 06
3.	<b>PROJECT: Community &amp; Clinical Engagement</b>	To have a formal launch of the CDTV FIS on the 25 <sup>th</sup> April during which the FIS logo will be endorsed & public commitment given by the organisations and communities. To commission expert facilitators to support the workshops on the launch in helping to identify local priorities.  To ensure good clinical and community engagement with the CDTV FIS.  To engage the local BME community with the FIS launch by using their skills to develop understanding about different cultures.	Formal launch event supported the creation of a clear vision that was locally specific to key stakeholders, realistic and aspirational, to deliver the DRE agenda in mental health services. The vision & action plan has been developed as a result of the workshops and a good understanding of the current inequalities and the needs and aspirations of the local BME community and organisations within the SHA patch. Clarity about outcomes and priorities have helped to focus the work. It has helped key stakeholders understand why race equality matters and to assess whether it is being achieved. Local Middlesbrough African band engaged with CDTV FIS launch to promote African music.	£10,000	April 06
4.	<b>PROJECT: Communication Strategy</b>	To commission publishers to develop a local logo to focus on the theme of <i>building blocks</i> . The FIS identity will concentrate on being vibrant & meaningful to unite and engage organisations, clinicians and communities with in DRE action plan.	The development of a local CDTV FIS 'branding'. Communication to all key stakeholders. The image of a building block was created as a physical object that depicted the changing and developing needs of the sector-thus giving scope to pictorially show and engaged different organisations and communities which represent BME groups within this regions society. Each organisation were asked to sign the building	£3,000	



			block as a 'contract' to work toward achieving the DRE.		
5.	<b>PROJECT:</b> <b>CDTV FIS Communication Strategy</b>	A regular quarterly newsletter to be produced to showcase the successes and progress of the project. This will involve those that are part of the project and encourage those that are not to become involved. It will be used as a vehicle to promote sharing good practice & the signposting of organisations that are being both collaborative & innovative in their approach to delivering DRE within CDTV	Full colour newsletter designed and printed and communicated key outcomes from the stakeholder event. Circulated to all key stakeholders. This communicated understanding of the project and aided involvement and integration of its work across all agencies.	£2,000	Sept 06
6.	<b>PROJECT:</b> <b>CLINICAL ENGAGEMENT</b>  <i>Good quality training for Clinical Staff in promoting Equality &amp; valuing diversity</i>	Training Programme to be delivered in July 2006 on equality and diversity. To develop a MH trust training course and service improvement framework for mental health staff, service users/carers on equality and diversity & specifically looking at cultural competencies. This will be developed in line with the national workforce training programme/framework. The CDTV training programme will be creative and flexible to meet the training needs of the clinical staff from all clinical services. It will use the capacity of community groups and organisations in the planning, delivery and evaluation of the training. One of the key features of this programme will be to embed within it sustainability, this will be done through the use of service improvement projects.	The clinicians who have attended an initial equality and diversity training course have: Examined what informs their opinions, values and principles, Demonstrated an awareness of what constitutes discrimination, prejudice and stereotyping, Identified the causes and effects of institutional racism, Identified attitudes to mental health issues, Examined what works well and not so well in relation to equality & diversity and formulated ideas for improvement, Examined barriers to engagement with race equality, Gained basic knowledge of legal responsibilities designed a personal action plan To clinical course and service improvement framework has been agreed by the MH Trust. Will be delivered over 6 months starting in Nov 06. To apply for accreditation from the local university	£10,000	<b>July 06</b>  <b>Nov 06</b>
7.	<b>PROJECT:</b>  <i>EPIC Easington Chinese Community</i>	To support the Enhancing Pathways into Care Project, through the work of the community mental health team in Easington. The aim of the project is to focus on improving access to mental health services for the local Chinese community. To commission a course in understanding the Chinese Culture.	Staff questionnaire delivered to over 45 staff working within the mental health services in Easington. Baseline assessment gathered on knowledge and attitudes about the Chinese community. Focus group carried out with staff within the Chinese community. Results will inform areas of gaps to focus training on.	£2,000	
8.	<b>PROJECT:</b> <i>Gypsy &amp; Traveller Community in County Durham</i>	Identify the mental health needs of the Gypsy & Traveller community This will be done through the work of the County Commissioning Manager (Supporting People Programme) Durham and District Partnership through a County wide Gypsy and Traveller survey through the work of the supporting people team.	Survey Commissioned by Durham County Council	£2,000	June 06 – Dec 06
9.	<b>Supporting the Development of CDW</b>	To deliver a SHA wide strategic planning day to develop a strategic approach for delivering the CDW target..	CDW strategic planning day held with commissioners from all PCTs. A strategic approach agreed. Teesside commissioners developed tender for CDWs in response to this day and tender was later successful by a local BME voluntary group.	£1,000	June 06
10.	<b>Share &amp; Spread of good practice</b>	To host a CDTV FIS 'good' practice event for all key stakeholders to share and gather information on outcomes from the CDTV FIS		£2,000	Dec 06



## COMMUNITY ENGAGEMENT PROJECT

### SAHARA ASIAN WOMENS GROUP- MIDDLESBROUGH

#### INTRODUCTION

The Sahara Asian womens group was set up is a joint project with Middlesbrough Council and Teesside University. Membership includes older women with physical disability, carers and frail older women, and women with mental health issues. The present membership is 60 and is growing. The group meets every Tuesday at the Pavilion in Albert Park from 10.30am to 12.30pm. The future vision for this group is to have a multicultural day centre. Now it is only a drop in centre. The project was launched in September 2003. The project is assisting Asian women living in Middlesbrough from the following communities: Pakistani, Indian and Bangladeshi. Women from these backgrounds are amongst the least confident and most socially isolated, many are isolated by their lack of command of English, suffer from depression, low morale and have poor health.

There are many reasons for the interest in undertaking this project. People from minority ethnic communities share with others problems of low income, poor housing and poor health. They also experience a sense of loss at being so far away from their country of origin and families. Women of all ages from ethnic minority communities and older women particularly feel isolated and neglected. Their role change in the family and within our community often leads them to depression in old age. They are often not able to access services and activities due to language, religion and cultural conflict.

The majority of Asian older women do not speak the English language, and they may have difficulty reading or writing their own language. All of the above points have exacerbated the plight of ethnic older people. Additionally inadequate facilities and lack of understanding of need by provider organisations resulted in negligible take up of service delivery.

Generally, services are geared predominantly to meet the needs of white service users. Mental Health services are inaccessible to Asian women due to language, religious and cultural conflict. This project aims to redress this situation, by raising awareness in statutory organisations about needs and aspirations of Asian communities regarding mental health. It is a first step to providing culturally sensitive support, activities and services, and to remove barriers.

The activity settings are based within the most deprived Wards in Middlesbrough. Consultation with Asian women, local mosques and the Asian Women's Group at Teesside University all concluded that the project requires specialist support, understanding and appreciation of differing cultures, respecting needs, diverse dietary, religious and other customs.

The project will contribute to the engagement process with Black and Ethnic Minority communities through the provision of capacity building, mentoring, employment and training guidance support. The focus of the work will be to carry out a focused small scale research project by recruiting people from the local BME community group Sahara to carry out a survey, using local knowledge, to determine the mental health needs of Asian women of all age group. Qualitative research methods will be used through focus groups and questionnaires

**Research Questions:** What are the mental health needs of Asian women living in the Middlesbrough Asian community? How can mental health service provisions be developed to meet these needs?

**Objectives:** To determine whether current mental health services meet the cultural and language needs of Asian women

**Overall Aim:** To help Asian women from BME communities to access support from mental health services with less fear, resulting in a greater take up of services. To engage with BME communities in order to develop mutual trust and understanding to enable the development of mental health services, which will best serve their need.



**The Project Outcomes:**

- To build capacity within the BME community by supporting four volunteers to undertake the research project. Through this they will learn and develop their skills and knowledge in research . It will also provide them with an opportunity to directly influence the planning and provision of future mental health services that are more culturally sensitive.
- BME communities will have the opportunity to influence mental health policy and service provision making services that better reflect the needs & aspirations of Asian women making them more willing to engage voluntary with services.
- Access to a safe, clinically effective and recovery-enhancing environment that respects language, cultural background, gender, age, sexual orientation, religious and spiritual beliefs and diverse values.
- To raise awareness of mental health issues and reduce stigma within Asian communities
- To increase understanding among mental health professionals of the importance of cultural and religious issues to Asian service users

The project is to work with and on behalf of Asian women of all age groups and their carers. It will take a holistic and integrated approach to assessing service users' health and social care needs. The research will attempt to improve the availability of culturally and religiously appropriate services. These principles will be extended to influencing the work of service providers with Asian women with mental health needs.

The project will recruit four part-time voluntary workers from the local BME community to carry out the research interviews and focus groups. They will advertise for researchers who have reading and report writing skills. Interviewees will be asked to attend the six days workshops away from home. The researchers will be supported by the chair of the Sahara community group as well as from the Statutory Sector leads and the FIS project manager. As part of this support a project steering group will be developed to:

- ensure the project is keeping to the agreed timescales
- achieving the outcomes
- monitoring the financial commitments

Key respondents would be local Asian women, service user and carers from BME communities. They would be able to consult 100 people i.e. each worker would consult 25 respondents.

They have close links with black and minority ethnic organisations and their members, we also have links with all religious places, asylum seekers centre and personal knowledge of community. Therefore, they do not see any difficulty in having access to the BME community. With support from the support worker, they would be able to write a report.



## BASELINE ASSESSMENT



This initial baseline assessment was carried out to determine the current position on delivering race equality in organisations within the County Durham and Tees Valley area of the North East Strategic Health Authority Focused Implementation Site (FIS). It is the aim of this initial baseline assessment to guide and inform the future planning and priorities of the FIS based on the needs of the local population, and helped by local demographic data; The following source documents were used as a minimum to provide appropriate information for the analysis of need and priorities to

inform understanding of the baseline position and the subsequent development of action plans.

- LIT BME Themed Review – Autumn Assessments (Oct 2004) and Subsequent Action Plans
- Local Health Needs Assessments
- SHA Race Equality Performance Framework
- Race Equality Schemes/review of race equality schemes (PCTs, Local Authorities, Trusts)
- Stock take of CDW position across the SHA region
- Local Delivery Plans
- Tees Valley Joint Strategy Unit Demographic Reports
- National Ethnicity Census (2005)

All Primary Care Trusts (PCTs) Local Authorities (LA) and Trusts have carried out some work with the Black and Minority Ethnic Communities (BME). This varies from local Race Equality Scheme (RES) action plans being produced, as part of the statutory duty under the Race Relations (Amendment) Act 2000 to specific needs assessments being commissioned within the BME community. All PCTs, LAs and Trusts have given a commitment through the Race Equality Scheme to take positive action to achieve race equality within the services it delivers.

Overall, some good and significant developments with regards the BME community have already happened, however some areas are still in the early stages of development.

What this baseline assessment has uncovered through searches in the available literature and resources, is that good practice is already happening but unfortunately this is not shared throughout other localities. The sharing and spreading of good practice, resources and support is an essential and key objective within the FIS. A collaborative approach will benefit greatly all areas engaged within the FIS, not only within the localities but also within the SHA region.



Indeed it is one of the key principles of the FIS is to demonstrate that a whole systems approach improves mental health services for BME groups, drawing on and adapting the “Collaborative” approach used successfully in other areas of health care. For example Middlesbrough, with the highest BME population, have good infrastructures and networks in place for supporting their local BME community. A number of needs assessment research projects have been carried out within this locality but not shared and effectively used within the planning and commissioning of Mental Health Services. Also Durham & Darlington have a well established Race Equality Council that offers services in Translation and Interpretation. This learning and information needs to be shared to assist in the development of other areas and health care systems.

The FIS will also need to consider what the specific needs are for those communities with very low numbers of people from a BME background or rural areas. These communities are often very disperse and diverse and a community may consist of two people/family. The FIS will need to understand and identify what these specific needs of these people are, set within their own culture and acknowledge that a focus is still required within these communities despite low numbers of BME people i,e Easington have a high need to set networks and infrastructure up based upon a local needs analysis. Within this locality positive action would need to be taken to identify and effectively engage those individuals who make up a very diverse and dispersed BME community.

### Summary of Key Findings from Baseline assessment

#### **Community Engagement -Voluntary & Community Sector (VCS)**

The Durham and Darlington **Racial Equality Council** works across the six PCTs of County Durham & Darlington, with a current level of finance of £5k from each PCT. A health visitor from Sedgefield is currently vice chair and the Chair. The added value of the REC needs to be recognised as a specialist local voluntary agency addressing issues across minority ethnic groups. However, across the SHA there appears to be very little information available about the infrastructure needs of the BME community. A research report carried out by South Tees Voluntary Development Agency and the Tees Valley Rural Community Council were awarded monies from the Home office Infrastructure Fund by Government Office North East (GONE). This research looked into ways in which infrastructure organisations can best support the voluntary sector to increase its role in public service delivery. Particular attention was paid to the needs of the BME groups. Only 17% of the respondents provided a specialist service for the BME communities. Of these 17 groups 14 were registered charities, 5 companies limited by guarantee, 1 housing association and 2 ‘other’. None of these services considered their service rural, 7 focused only on the urban and 10 covered both urban and rural. There are 600 voluntary organisations active in South Tees area (Middlesbrough & Redcar and Cleveland) relatively few deliver services under contract or SLA.

1. Build the capacity within existing voluntary groups to become more involved in the delivery of services under contract or service level agreement, in particular for the BME community.
2. In PCT areas where no voluntary or community service exists specifically for the BME community, the PCT should commission a BME community needs assessment to identify and support the future development of a specific VCS for the BME community and those ‘hard-to-reach



communities i.e. Gypsies & Travellers, Asylum Seeker & Refugees. However consideration needs to be given when exploring this option as although a separate service would provide a more culturally appropriate service there is an argument that by making a separate discrete service can further marginalise and make it more divisive. E.g. Although not recognised as a VCS *Redcar & Cleveland through the local the Methodist faith community in Newcomen became involved in the lives of the Asylum seekers and consequently have set up drop in centres to support this group of vulnerable individuals.*

3. Where the VCS claim to offer BME 'specialist' services to the BME community as part of their mainstream service, there is a need to make this explicit within the service delivery and more accessible. A positive action approach is necessary, to reach out to the BME community. PCTs need to provide practical support to the VCS i.e. training opportunities, capacity building, funding advice /support
4. Need to be aware of the specific needs of the BME community without grouping everyone under the term BME, Within the Asian community there is a huge diversity based on nation, region and religion. There are different languages, customs and beliefs. i.e young Asian women

### Community Needs Assessments

In terms of community engagement, little evidence was available that statutory organisations had good knowledge and understanding on who their community groups were, how many were employed and in what private business i.e Retail (market stalls), Taxis, Takeaways, what their health needs were and the actual make up of this population, the names and contact of religious groups and faith leaders.

1. In the first instance Organisations should identify if not already done so a community needs assessment .This should consider work that has already been carried out, community development workers and partner organisation i.e Police, Local Authority, what the specific concerns and needs of their communities i.e. South Bank Muslim Community are concerned about the educational needs of their children. What the BME community is made up of, who are the Faith Leaders? where are they based? E.g. Easington LIT commissioned cultural sensitivity assessment by MIND

### Appropriate and Responsive Services - Service User and Carer Support Groups specifically for the BME Community

Very little evidence of specific service user and care groups for BME community only aware of one group located in Stockton as part of the Carers Forum (The LINK) have a Women Asian Carer Group. This group wanted their needs to be addressed as a separate group but have links with existing carer support group. Having a separate carer group may help to address the specific cultural needs.

1. Mental Health Trusts Patient & Public Involvement Services (PPI) and existing User and Carer forums will need to support users and carers from the BME community to develop support groups/forum **if the need is identified.**



## Advocacy & Befriending Services

In terms of accessing befriending and advocacy services it was an expectation that the BME community would access existing services no specific befriending services or advocacy services are available to the BME community, There is a need to determine whether these services still meet the cultural and language needs of these communities when accessing these services and how much positive action is taken to make information available to the BME community on these services. What was evident from the LIT themed review (Oct 2004) was identified gaps in making information accessible to the BME community, limited information available in different languages and formats, again the assumption is made that people can access information in the required languages and formats if requested and if the person can read that statement in the first place !.

## Better Information - The Monitoring and Recording of Ethnicity

One of the key themes within the LIT BME thematic review concerned the reporting and monitoring of ethnic data. This was also a recommendation within the David Bennett Audit Framework education and training requirements, in recording and monitoring ethnic data for frontline staff when carrying out the National Ethnicity Census, are paramount in order that accurate and meaningful information can be produced. (Results from National Census on a MH Trust level see appendix 1)

All organisations collect the ethnicity of patients and have effective systems to collect this data however the quality of this data is variable. E.g. The 'old' Tees and North East Yorkshires Inpatients data set has 98.8% valid ethnicity codes recorded against the patient records sent this could be misleading as some of the codes may be under the category 'not stated'.. However, having an effective monitoring system that can produce this information is one thing; what is done with that information however, is key to reducing inequalities for black and minority ethnic patients. Currently what was evident was that this information was not being used effectively within the planning and commissioning of services.

1. All staff involved in recording, analysing and monitoring of ethnic data should be trained to do so, so that both staff and patients understand what is being recorded, how it is to be recorded and why it is being recorded.
2. Information should be integrated and used within business planning, workforce development, recruitment and retention, local strategic commissioning groups, planning and performance frameworks.
3. Ethnicity data is collected and analysed providing a profile of the workforce that is used to set numerical targets for areas and levels of the organisation where the workforce is not representative of the community it serves

## Access to Information

All areas assessed identified gaps with providing accessible information in different languages and formats. A lot of the organisation now have a standard statement making it available in different languages upon request on any information produced. Some have gone further than this to make a statement in a number of different languages stating the availability of the information in a different languages i.e Easington District Council have produced a statement on their Race Equality Scheme in 6 different languages. Hartlepool Borough Council have produced a community Strategy with one of the principles being around Equality and Social Inclusion.



## Workforce

All Organisations were compliant with the requirements of the Race Relations (Amendment) Act 2000 to monitor and record the ethnicity of the workforce. This information was accessible in some areas but not all, it could be available upon request. What was evident from the available information within some of the Equality Strategies was that the Organisations economically active workforce was not representative of the BME community it serves.

1. To support organisation to develop a workforce that is truly representative of the population locally or nationally (as appropriate for various services serving different populations), and across all grades.
2. Developing local targets and action plans, based on an analysis of the workforce in relation to the local population
3. Developing targets and action plans in relation to a more representative workforce at senior manager level.
4. Develop a better understanding of the barriers to entry to specific professions, or to progression for black and minority ethnic groups.

## COMMUNITY DEVELOPMENT WORKERS

Number of CDWs for the pilot site area:	National Target for December 2006	Number of Stand-Alone CDWs in post at 31 <sup>st</sup> March 2005	Number of CDWs expected in post at 31 <sup>st</sup> Dec 2006
Darlington	1	1	1
County Durham	3.81	0	3.81
Easington	1.4	0	1.4
Hartlepool	1.1	0	1.1
Stockton-on-Tees	2.0	0	2.0
Middlesbrough	2.4	0	2.4
Redcar and Cleveland	1.1	0	1.1
<b>Total for SHA</b>	<b>14</b>	<b>1</b>	<b>14.0</b>



## CLINICAL PROJECT

### ENHANCING PATHWAYS INTO MENTAL HEALTH SERVICES FOR THE CHINESE COMMUNITY LIVING WITHIN EASINGTON.

The specific pathway intervention will be aimed at the level of help-seeking behaviour i.e. the point prior to accessing services.

**FOCUS OF PROJECT:** *Consideration will be given to the following three areas:*

- the three groups of people: those who consult Chinese herbalists (or Traditional Chinese Medicine), those who consult GPs, and those who do neither
- the influence of family, social networks, beliefs and Internet
- how to engage with the community considering the high stigma, rural location and work ethic

### BETTER INFORMATION

Information will be developed that is culturally relevant and delivered in an appropriate way.

To do this, we will:

- use a Community Development approach by drawing on the knowledge and resources of the Chinese community
- involve community leaders (herbalists, church) and local people (Chinese businesses, advocacy workers, interpreters)
- engage people in a discrete and sensitive manner, ensuring this is low key and emphasising confidentiality
- avoid 'mental health' terms and instead refer to 'well being'
- consider that community leaders/figures may be outside Easington (e.g. church in Sunderland, herbalists in Newcastle/London)
- consider delivering information via Internet

### Future Plans will include:

- linking up with existing information and resources e.g. Chinese Mental Health Association
- developing partnerships and links with local GPs/primary care
- how the specific intervention will be measured i.e. what outcomes do we want to achieve?

### Links with DRE programme and CDTV FIS

The Easington EPIC project will support the delivery of outcomes within the DRE focusing specifically on these three key characteristics:

- Increased satisfaction with services
- Less fear of services among the Chinese community
- More BME service users reaching self-reported states of recovery



## **UPDATE**

The project group has carried out a literature search on information available on Mental Health issues for Chinese people.

## **Staff Cultural Awareness Training**

The focus on staff both in primary and secondary care would automatically benefit the community to build up partnerships. The results would be transferable to other areas. Group agreed to get a measure of staff's level of understanding now.

## **Better Information**

Contact has started with various Chinese groups to find out what we should achieve from these partnerships. This requires us to recognise the best way to contact the Chinese community eg where they visit most regularly, where they shop etc.

The information we gather needs to be accessible to the community in an accessible and appropriate format e.g internet, as part of the Trust website (although how would people find out about this), through links with other organisations.

Staff need to be trained before any of this information is developed and the population needs to be consulted to find out what to provide.

## **Baseline Audit**

To carry out baseline audit of staff knowledge and understanding on the Chinese culture. A Questionnaire for staff has been distributed with advice from clinical audit. The focus group will allow other ideas to be expressed. This should go out with a covering letter from the general manager.

The questionnaire and focus group should not just be about culture but about staff attitude, increasing understanding of the Chinese community, knowing who to contact, improve information provided by interpreters. There are 98 staff in Easington, we should aim to target them all. We could host the focus group in the Chinese community. The local community could provide food and service users deliver training. This could include taster sessions and workshops.



### Contact INFORMATION

(as at 05 July 2006)

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county durham and rees valley focused implementation site  
Delivering Race Equality in Mental Health Care