

BRADFORD FOCUSED IMPLEMENTATION SITE
Driving Change Together: Making Equality in Mental Health Care a Reality!

Bradford Portfolio: DRE Peer FIS Review
22nd November 2006



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1. Bradford FIS Introduction

The (West Yorkshire) Bradford Focussed Implementation site (FIS) has been operational since October 2005. The Bradford FIS has adopted a whole systems approach to change working across the health and social care community including the Bradford and Airedale PCT, Bradford District Care Trust and Social Services, while at the same time engaging the voluntary and community sector and the non mental health sector to strengthen existing partnerships and create new partnerships.

The Bradford FIS is part of the wider equalities agenda, and brings together cross cutting themes with modernisation and service improvement initiatives that are focused on Citizenship, social inclusion and recovery. A fundamental factor to making race equality a reality for BME communities and excluded groups is the meaningful and practical engagement and involvement of clinicians, frontline staff, service users and the wider communities. This lies at the heart of the change process in Bradford.

Bradford FIS Context

Within the Bradford FIS there was up until very recently four PCTs, these have now merged to form one PCT. Mental Health and Social Care services are provided by Bradford District Care Trust on behalf of the PCTs and Bradford Social services. The district also has a strong record of commissioning services from the voluntary sector, including a number of user led organisations.

Bradford is an extremely varied, diverse and vibrant metropolitan area with a total population of about half a million people. The area surrounding the city centre itself consists largely of terraced properties and council estates and the very varied BME population is in excess of 60% of the total population within the inner city areas as a whole. Other areas within the Bradford district also include middle class suburban estates together with small satellite towns and villages towards the rural areas of the Pennine Mooreland in the west and the Dales to the North. Keighley (principle town for Airedale) also has a substantial South Asian population but there are also less visible groups such as long established Irish and East European communities.

The total recorded population of Bradford District during the 2001 Census was 467,655 although a further 40,098 were shown as being registered by Bradford GPs in July 2001. By July 2003 23% of the recorded population (119,000) were of South Asian descent – predominantly

Pakistani but with significant numbers of Indians and Bangladeshis. Whilst over 100 different countries were identified as the place of birth there are particular concentrations of people from Africa and the Caribbean as well as China. The City is also home to more than 1600 Germans and Austrians, 1000 Italians and 950 Poles.

The South Asian population is essentially a young and growing population. The 2001 Census shows 22% of the population are from an ethnic minority background. 26% of the population is aged between 0 and 17. 34% of 0-17 year olds are from an ethnic minority background. The 0-17 year old population will increase from 124,000 to 126,000 by 2010. Bradford has the third largest population of under 16s in any UK city outside London. Whilst the population of the City has largely remained stable in recent years, this has hidden a reduction in the numbers of white residents who now represent only 77% of the total population.

Whilst some real progress has been made in developing strategies to meet the needs of the district's diverse communities, it is well recognised that there is still some considerable way to go in developing equitable and culturally competent mental health services in Bradford. The number of different traditions represented within Bradford's cosmopolitan communities provides additional challenges for both practitioners and commissioners if the objectives in "Delivering Race Equality in Mental Health Care" are to be realised. Real choice is currently difficult to offer service users and their carers. There is already some BME mental health voluntary and community sector involvement but a considerable amount of work needs to be done to build capacity within community groups.

2. Bradford FIS Project Plans-Project Methodology

A number of key documents have been consulted to inform and guide the development of the overarching FIS action plan. These include 'Delivering Race Equality' (DH 2005), recommendations from the independent inquiry in to the death of Rocky Bennet and the Bradford BME themed review. Furthermore, the main themes and issues that emerged from the Bradford FIS Launch and Stakeholders event have also informed the development of this plan. The plan also incorporates existing work streams from the Bradford District Care Trust (BDCT) Citizenship agenda, wider Race Equality agenda the Bradford older peoples mental health programme and emerging good practice within the Community and voluntary sector in Bradford. **The Bradford FIS action plan will continue to develop in light of further, user, carer, community, and clinical engagement and consultation.**

The Overarching Bradford FIS action plan has been broken down in to stakeholder plans (BDCT, Social Services, PCT, and Voluntary Sector) which outline minimum requirements in terms of community engagement and cross organisational/sector involvement and identified leads with timescales. These plans in some case have been further broken down in to directorate and then service/team plans.

The BDCT directorate plans have been broken down in to service/team plans. The FIS service/team plans have merged with the service/team Race Equality Plans to ensure that the process of communicating and mainstreaming the DRE is paramount from the outset. The BDCT FIS/RES service and team plans will be performance managed both internal to the organisation and by the FIS performance and governance arrangements (please see diagram below)

BDCT Equality & Diversity Change Delivery Pathway



The action planning process within each organisation has involved directorate and service level meetings. This process has facilitated the communication of DRE, FIS and the process of increasing ownership internally within the health and social care community.

Through the stakeholder plans a number of cross organisational/sector groups have been identified that will be linked to the FIS action plan. The role of these groups will be to coordinate actions, support implementation and test the quality of work being developed. (Please refer to page 10 FIS Implementation/Governance structure) Project plans- please see separate attachments as follows

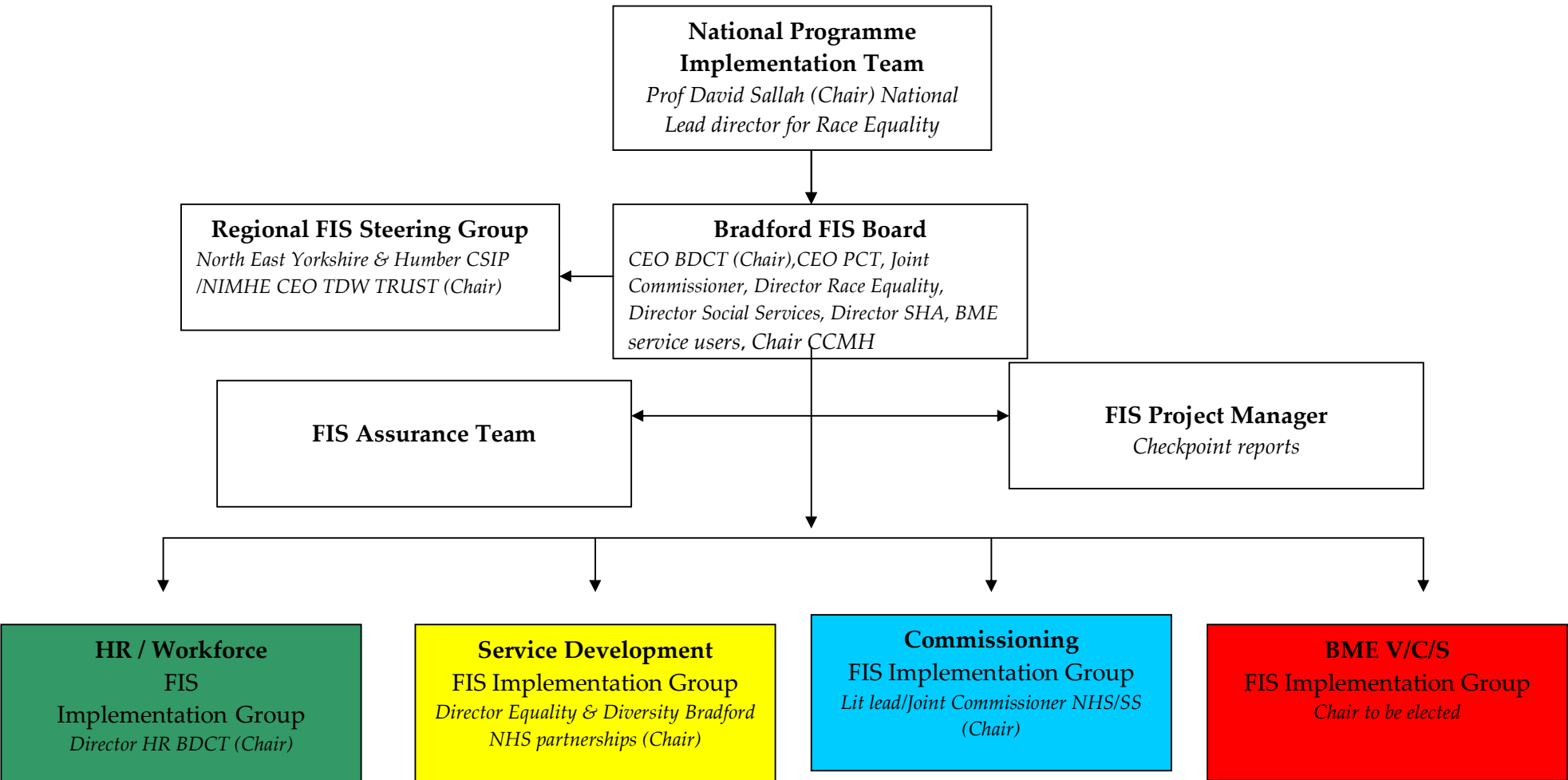
- 1) BDCT
- 2) PCT
- 3) LA
- 4) Voluntary Community Sector

3. Progress report September 2006

| <p align="center">SEPTEMBER MONTHLY UPDATE 2006</p> | <p>Buildin g Block A, B , C,D</p> | <p>DRE Characteri stic Number</p> | <p>Links with other program mes</p> |
|---|---|---|---|
| <p><u>Progress on Action Planning</u></p> <ul style="list-style-type: none"> - BDCT FIS/RES Service plans complete for Inpatient areas, for adults/older people in Bradford & Airedale, Supported Accommodation, Crisis Resolution services, City CMHT,Forensic services - FIS action planning meeting held with CAMHS - HR FIS implementaion group convened/Cross organisational objectives discussed - BDCT draft resucitation policy and training plans developed to be reviewed by BDCT SIG next month <p><u>Community Development Workers</u></p> <ul style="list-style-type: none"> - Propsal developed district wide CDW service to recruit outstanding 4.9 CDWs <p><u>Community Engagament</u></p> <ul style="list-style-type: none"> - SVB Annual AGM held - Official lauch of NIMHE/CSIP community engagemant report held - SLA Being negotiated with Roshni Ghar - Five community focus groups held (part of baseline assessmant project) south asian women, men only, African/Carribbean, young people, asylum seekers refugees - Capcity building post propsal submitted for CIF funding - Radio Ramdan –mental health shows VCS <p><u>Clinical engament</u></p> <ul style="list-style-type: none"> - Comuunity Involvement Project – planned BME community engament event for next month - Jinn project BDCT commenced - Proposal for BME Social Inclusion Project developed to target clinical and community engament to reduce overrepresentaion of south asian women in depot clinic | <p>ABC D</p> | <p>ALL</p> | <p>RR(A) A</p> |

| | | | |
|--|--|--|--|
| <p><u>Information and Data Collection</u></p> <ul style="list-style-type: none"> - BDCT taking part in MHAC/HCC Count me in pilot community census, data collection commenced - BDCT developed comprehensive monitoring systems of service use by service setting, monthly reporting systems in place <p><u>National Networks</u></p> <ul style="list-style-type: none"> - VBP projects planning meetings held, plans in place for two out of four projects - DRE commissioning network- discussions to locally support project proposal to develop culturally appropriate outcome measures. | | | |
| <p><u>What has been the Impact of these actions?</u></p> <ul style="list-style-type: none"> - Continue to communicate and embed FIS objectives at directorate/service/team level - CDW recruitment prioritised - Raised profile of community engagement project - Local people engaged in FIS activities to communicate their views and priorities for change - Clinical areas where there is over representation, service redesign proposals include community and clinical engagement - Strengthening mechanisms for data collection - VBP pilots planned | | | |
| <p><u>What lessons have been learned?</u></p> <p><u>Highlight Concerns/ Risks</u></p> <ul style="list-style-type: none"> - The need to maintain momentum at strategic level considering changes in leadership | | | |
| <p><u>Actions for next month.</u></p> <ul style="list-style-type: none"> - BDCT to commence Care Pathways work - Complete the outstanding FIS plans for Helios/Drug & Alcohol services/remaining CMHT's/psychotherapy/Assertive Outreach and the Rehabilitation services. - Plan DRE review programme - Complete DRE Review portfolio - Finalise plans for VBP pilots GP's and Forensic unit - Review FIS plans - Negotiate commissioning plan outcomes - CIP BME Consultation event - Staff Interviews for MHS/DRE Project | | | |

4. Bradford FIS Implementation and Governance structure



5. Summary of baseline data

Mental Health Strategies and Bradford District Care Trust Delivering Race Equality Baseline project

The BDCT took the decision to commission an independent management consultancy Mental Health Strategies to support BDCT to establish an objective baseline assessment by carrying out a project to critically determine and isolate the enabling factors and obstacles in Bradford District Care Trust in relation to delivering the building blocks and achieving the vision for Delivering Race Equality by 2010. The project will establish a “baseline” and assist Bradford Focus Implementation Site in identifying which areas they need to focus their energies upon, and which areas they are performing well in.

This project consists of 4 main elements which will be utilised in order to achieve this objective:

- collection of service user and workforce data
- interviews with Trust staff
- community focus groups with local people, and
- audit of a small number of patient notes.

Having collected and analysed the project data, Mental Health Strategies will produce a final written project report. The report will outline the project findings and make a small number of recommendations.

Project Progress

Ethical Clearance

In May 2006, the project team approached the chair of the Bradford Research Ethics Committee for advice in relation to whether the project team required ethical clearance prior to commencing the project. The project team were advised that ethical clearance would be required. The

project team submitted the project proposal to Bradford Research Ethics Committee for consideration in June 2006. Minor changes were requested. The committee granted permission for the project to proceed in July 2006.

Service Activity Data

The project team have requested a range of service activity data from Bradford District Care Trust. The service activity data was requested by patient ethnicity, religious affiliation, age, gender and post code. The information has been requested for a two year period from April 2004 – 2006 includes the following data:

- Use of Section 136 and 136 according to ethnicity
- Admissions to hospital from April 2004 – 2006 by gender, age, ethnicity, religious affiliation and partial postcode
- Patients on enhanced CPA by ethnicity, age, partial post code and religious affiliation
- Patient incidents including patients going AWOL by ethnicity
- Patients detained under the MHA (1983) by gender, age, ethnicity and religious affiliation
- Requests for Mental Health Tribunal Hearings and their outcome by ethnicity – April 2005 to end June 2006.
- Formal patient complaints and outcome by ethnicity and service area for the period 2004 – 2006.
- Length of stay by gender, age, ethnicity, religious affiliation and postal postcode
- Primary diagnosis on discharge by gender, age, ethnicity, religious affiliation
- Self discharges according to gender, age, ethnicity, religious affiliation and primary diagnosis
- Use of seclusion
- Use of control & restraint
- Access to psychological therapies
- Attendance at Occupational Therapy
- Attendance at Day Services
- Requests for a second medical opinion
- Requests to be moved to another hospital site
- Requests to be cared for by another Consultant Psychiatrist / team member
- Copies of any audit on use of prescribed medication by ethnicity

- Use of ECT
- Use of Interpreting Services.

The project team will also clarify the extent to which information is collected in relation to the patient's country of origin and languages spoken.

Workforce Data

The project team received a list of all Bradford District Care Trust staff. Mental Health Strategies subsequently conducted a random stratification analysis on the workforce data, according to gender and profession. A total of 40 Trust staff have been randomly identified to be interviewed by either Sue Salas/Peter O'Neill from Mental Health Strategies. An additional list of 20 staff were also identified in the event that any of the initial 40 are unavailable, or decline to be interviewed. The list of potential interviewees was made available to the FIS project manager to coordinate staff interviews and focus groups

Data on the ethnicity and gender of senior Trust Executives and Senior Managers has been received. The workforce data requested by ethnicity and gender is as follows:

- Access to training
- Job applicants
- Access to promotion
- Length of service in the Trust
- Use of Grievance Policy
- Use of Trust Bullying, Harassment & Victimisation Policy
- Suspensions
- Formal disciplinary action

Focus groups with people from local BME communities

The aim was to conduct a total of five focus groups with local people via the community development workers at Sharing Voices Bradford using their formal and informal networks. Five focus groups were conducted during August and September 2006. The groups consisted of local people from the following communities:

- South Asian Women
- South Asian Men
- Black African & Afro-Caribbean Women
- Young People from BME communities
- Asylum seekers and refugees

Potential participants were recruited via the community development workers at Sharing Voices Bradford. Each Participant was paid £10 in recognition of their time. They were also invited to stay for lunch. The FIS manger will invite all the community participants to an event to provide a summary of the findings and recommendations arising from the project. The data generated by the focus groups is in the process of being analysed at present.

Audit of Patient Notes

An audit of patient notes using a template devised by the project team was undertaken by the researcher. A total of 12 sets of patient notes were audited. Six sets were selected by Medical Records staff. They were asked to select one set of patient notes from CAMHS, MCOP, Adult, Forensic and Learning Difficulties Services. They were asked to select any set of notes from a number which had been returned to the department that day. The researcher then randomly selected six sets of notes from the medical records storage area. The data collected is currently being analysed

Staff Interviews/Focus groups

The researchers will interview a total of 40 Trust staff either individually, or in focus groups over a three day period.

The project team consists of the following members:

- Salma Yasmeen, Project Manager
- Liz Parsons, Equality and Diversity Co-ordinator
- Tom McCarthy, Managing Director, Mental Health Strategies
- Sue Salas, Senior Consultant, Mental Health Strategies
- Peter O'Neill, Consultant, Mental Health Strategies
- Dr Pat Bracken, Academic Supervisor and 'critical friend'

Membership of the Project Steering Group

- Salma Yasmeen, Focus Implementation Site Manager (Chair).
- Sue Salas, Mental Health Strategies (Chief Investigator).
- Phil Thomas, Chair, Centre for Citizenship, Bradford University.
- Chris Bielby, Director Strategic Planning, Bradford District Care Trust.
- Ali-Jan Haider, Director, Equality & Diversity PCTs & Bradford District Care Trust.
- Simon Baugh, Medical Director, Bradford District Care Trust.
- Maureen Goddard, Assistant Director Human Resources, Bradford District Care Trust.
- James Drury, Assistant Director, Mental Health, Bradford District Care Trust.
- Mohammad Shabbir, Manager, Sharing Voices, Bradford.
- Saeed Hussain, Residential Social Worker, Assertive Outreach Team, Representative Black Workers Support group, Bradford District Care Trust.
- Lesley Hewson, Director, Children & Adolescent Mental Health Services, Bradford District Care Trust.

BDCT and Count Me In Survey

The "Count me in" survey is a national survey of all in patients by ethnic group. It is completed as a snapshot at a particular point in time in March each year. It is designed to monitor whether the numbers of in patients, and the number of those inpatients who are detained, reflect the local demographics. It is planned to roll out the survey to community based services in the future.

BDCT felt that the survey gave useful information which could prompt further investigation and action if the snapshot demonstrated that our services were consistently treating and/or detaining a high proportion of people from minority ethnic groups. However it was felt that a yearly survey was inadequate and that the survey should be completed quarterly. We now have the results of five quarterly surveys conducted between March 2005 and March 2006 this level of information means that any trends which are revealed by the figures are statistically significant if the trend is over all five points. The plan is to continue the quarterly monitoring, which is currently done manually, until electronic systems can make this information available at the touch of a button.

The Findings

A great deal of information is available and it has been decided to focus on a small number of issues that are statistically significant. This approach enables a more in depth analysis of important issues to clarify what action is needed and find ways of remedying any problems. The plan is to develop improvements incrementally from this baseline.

The issues chosen are: -

a) Lynfield Mount Acute Wards

To understand why a high number of Black people are admitted to the wards and why, of those admitted, a high number are also detained. Action: - Information and Audit Department will investigate. Hypotheses include the possibility that people from Black Ethnic Groups come into contact with mental health services at a later point in the illness process than other groups and present in a more disturbed state as a result.

If this were to be the case, it would also be likely that the number of service users from Black ethnic groups in Assertive Outreach Service would also not reflect the local population. Figures from this service will be obtained.

b) Airedale Acute Wards

To understand why the number of people from Asian ethnic groups admitted to the wards, of whom a number are detained, is increasing.

Action: - Information and Audit Department will investigate by checking whether the trend is maintained and any causative factors so that a decision can be made as to what action is needed.

c) Forensic Services

To find out the ethnic origin of the patients defined as "other" in this service. Proportionately this is a large group.

Action: - Information and Audit Department will investigate.

However data about service use including the census has informed a number of the current FIS developments within Bradford including the projects highlighted in the next section (clinical and community engagement highlight report). The projects have been prioritised to address the issues of over and under representation in identified critical areas.

6. Bradford FIS Clinical/Community Engagement Highlights

'In Reach' Pilot Projects

Focusing on an inpatient ward at Lynfield mount Hospital and one in Airedale. This will involve two voluntary sector organisations Sharing Voices (Bradford) and Roshni Ghar. Both organisations will support a number of volunteer befrienders to support those individuals who are admitted to an inpatient unit for the first time. There is also a plan being developed for a befriending scheme in older adult services for non English speaking adults, including south Asians and polish. These pilots aim to reduce fear, and ensure that a culturally appropriate package of care is negotiated during the first admission.

Social Inclusion Project

The BDCT Rehab service is under review. As part of this review an audit of current service users has revealed that there are a disproportionate number of South Asian women receiving depot medication, many of them on non therapeutic doses. The only support they receive is contact with the depot nurses when receiving prescribed medication.

The revised plans for the service will involve the care of all clients under the depot service being transferred back to locality Community Mental Health teams with the aim of all clients receiving a full review of their care and medication. To support the introduction of the use of different medication and or the reduction in the use of depot medication a proposal for a social inclusion project has been developed. This project will support South Asian women to access meaningful daytime activities and develop alternative understandings of there experiences. This will be a parallel process to that of reducing and or eventually stopping the use of depot medication.

It is envisaged that a BME social inclusion project worker will be recruited to work in partnership with the community and voluntary sector to engage the women in setting up user/community led initiatives which will be based around the concept of peer support and self help that is culturally relevant within non stigmatising community settings. These initiatives will be jointly facilitated initially by the project worker and community/voluntary sector staff including the community development workers from Sharing Voices (Bradford) The project will be evaluated and mainstreamed. If the project demonstrates an increase in the number of South Asian women reporting recovery and a reduction

in the number of women on depot medication then a similar model will then be developed for men from BME communities whom are within the Rehab services.

Jinn Project- Oakburn Ward Lynfield Mount Hospital

Traditionally the Muslim community, in times of emotional and psychological crisis, have found relief and solace in their faith. Historically, mainstream mental health services have ignored the role that the Islamic faith plays in the support and recovery from mental and emotional distress. At the present time the provision of spiritual care is ungoverned and does not work within a code of practice. Whilst it is recognised that belief in spiritual possession is a valid belief, it may be argued that there are some unhelpful elements, in that a person might view himself as unable to move forward as he is a passive recipient of an active phenomena.

The project will engage both the Muslim community and mainstream mental health services. They will work collaboratively, within a framework that places faith and spirituality at the centre of mental health care and support to Muslim patients. This will ensure that the BDCT are able to provide appropriate, needs lead and responsive service to the male, Muslim in patient population of the adult acute wards at Lynfield Mount hospital.

The aim of the project is to expand the care package offered to male Muslim patients, to include spiritual therapy, thus providing a holistic approach to care. The objectives include raising the level of awareness within the staff group; of the role faith plays in the recovery of people of the Muslim faith, thus promoting an understanding of how spiritual care can complement traditional mental health practice. Developing a framework in which practitioners from differing backgrounds can work together to provide comprehensive care. Improving relationships between mainstream mental health services and families and carers of male Muslim patients. And the patient to identify and experience positive changes in their personal mental health and well-being as a result of receiving spiritual therapy.

The project will be evaluated by capturing the views and perceptions of the service user. To ensure that the service users are able to communicate their experiences in their chosen language and personal frame of reference a community development worker from the third sector may be recruited to support this process.

CRHT-direct self referral system

The CRHT services will pilot a self referral system initially opening up access to the service for BME clients who are known to the service. They will also enable two voluntary sector organisations to refer to the service. The aim of this is to encourage early access and prevent individuals being admitted in to inpatient units under a section of the mental health act.

Bradford Older Peoples Programme (Community Involvement Project/Managed Clinical Networks Project)

The Community Involvement project will focus on developing the capacity of the voluntary and community sector to deliver appropriate support and develop enhanced pathways to care including safe spaces and community cafes for older adults with mental health issues. The FIS manager has been engaged in discussions with the POPPS programme manger to ensure the Objectives of both Poppo and FIS are aligned and that the equality agenda is a central consideration to the development of the programme. This has resulted in a specific BME design team being developed, the team will be made up of BME voluntary and community representatives who will shape and influence commissioning priorities for developing the capacity of the BME voluntary and community sector to develop and provide appropriate support and community led initiatives for older adults. It is envisaged that this model will be innovative in that shared outcome measures and commissioning criteria will emerge.

As part of the POPPS programme BDCT are leading on developing managed clinical networks for older adults. The management team have agreed to pilot a BME participation role. The post holder will work alongside clinical teams to ensure that Community engagement and BME participation is central to the work of the older adult's community mental health teams, and ensure that links are established with the community and voluntary sector projects that are funded by the community involvement project, this will ensure that older adults from BME communities receive support in the most appropriate community setting.

7. Value Added Grant (Summary)- Spirituality and Mental Health

| Justification for the amount | | | | |
|--|---|---|-------------|-----------------------|
| Objective | Proposed activity | Progress | Cost | Date (comp by) |
| Describe evidence base for provision of therapies relevant to Bradford's BME communities | Systematically review, plot and interrogate the existing evidence base for effective therapies, interventions, and service delivery models that are culturally and religiously appropriate, and effective for black and minority ethnic communities in Bradford | CSIP/NIMHE CE Project launch held | £10,000 | Sept 06 |
| | | Establish cross organisational Spirituality governance group | | Nov 06 |
| | | Commission a systematic review of cultural therapies | | Dec 06 |
| Increase cultural and religious awareness | Provide protected study time for clinicians and practitioners to learn how cultural and religious practices influence the expression and underlying belief systems vis-à-vis mental illness. | Values Based Training pilot projects targeting a diverse group of professionals planned/delivered | £7,500 | Oct 06/Jan07 |
| Provide learning on culturally appropriate therapies | Provide protected study time for clinicians and practitioners to examine and improve culturally and religiously sensitive psychotherapeutic/counselling treatments. | Spirituality group to coordinate a national Symposium on DRE and values based | £7,500 | Sep 07 |

| | | | | |
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| | | approaches to care | | |
| Facilitate links with Community Engagement projects to influence redesign and delivery of new therapies | Forge links with users and community groups that cultivate trust, and allows communities to have meaningful involvement in planning, and where practicable, the delivery of services, ensuring that a more balanced range of therapies are available, but designed around the needs and wishes of what local black and minority ethnic users want and need. | Develop a FIS Video, <i>'The road to recovery; many paths one journey'</i> Develop a BME mental health VCS network Facilitate a time out and develop shared action plan Training for CDWs BME service users/carers on Service redesign, mental health policy, participation | £8,000 | Jan 06 Oct 06 Nov 06 Dec 06 |
| Share learning with wider West Yorkshire communities | Develop a communication strategy for West Yorkshire that facilitates learning through the sharing of best practice by promoting the <i>"what works here, and how"</i> , and by providing snippets of <i>"embarrassing moments"</i> of <i>"what did not work here, and why"</i> , | Develop intranet best practice guide Commission development of localised FIS Logo and publicity material | £5,000 | July 07 Dec 06 |

| | | | | |
|--|---|---|---------|----------------------|
| | | | | |
| Provide feedback loops for service improvement | Providing structured space for clinicians, users, and voluntary service providers to work together to monitor and scrutinise the impact of services by improving the quality of data and information available to them. | Commissioned Mental health strategies work to establish baselines BME VCS network established | £12,000 | Nov 06 Sep 06 |

8. Community Engagement Projects

8.1 Sharing Voices (Bradford)

Aims

1. To stimulate and support voluntary sector activity in the area of BME mental health by developing capacity within communities and supporting the development of self- help/support groups and networks.
2. To liaise with statutory service providers and commissioners working with them to provide more choice for people with mental health issues from BME communities.
3. The staff will also contribute to wider debates locally about the nature of mental health. We will contribute to debates nationally/internationally about the nature of mental health, diverse perspectives and ethnicity.

Many approaches are needed to achieve the above aims, involving statutory and voluntary sector providers, community groups, local people as well as audiences across the UK.

Objectives

1. To develop and support mechanisms whereby the BME perspective can influence the provision of mental health services
2. To facilitate and support a range of community groups and networks addressing health and well-being amongst the BME population
3. To promote the full social, spiritual, cultural and economic potential of individuals with experience of distress
4. To stimulate debate with Black and minority ethnic communities, groups and organisations on ethnicity, mental health and well-being
5. To participate in national and international debate on ethnicity, mental health and well-being.

6. To ensure the continuous development of transferable skills within the staff team

SVB Community Development Activity

The work of the community development workers is diverse and varied. Key tools of one to one befriending, outreach, in reach, presentation, seminars, signposting etc remain a key feature of their work.

Community Initiatives

Hamdard: Is a faith based group for women having secured a substantial amount of money last year they have used it to great benefit for all the women. They plan all of their own activities which have included pampering sessions, jewellery making, art work, social events and more recently a trip attended by over 50 people to Southport for all the women their families, friends and children. With the previous organiser (Nazreen Akhtar) moving on to her social work degree the group has been in a transition period with new members having been identified to develop and take forward the group

Men's Fitness group: Like Hamdard the fitness group was one of the first groups to be established and remains a popular group for men from various backgrounds to come together, not just to increase their fitness but to also socialise, support each other, share experiences and have a lot of fun.

Women's fitness group: This Group had been running for a few months and takes place each Friday morning at Manningham Sports Centre. This has proven to be a success.

Cue group: The cue group is a spin off from the men's fitness group, the men wanted to meet more than once a week at the gym, and they had on occasion socialised at the snooker hall. They enjoyed it so much that they decided to make it a regular session; they now meet weekly and use the group not only for socialising but also as a form of offering each other mutual support and sharing their experiences in a non-medical environment.

Rehm-nuwaa: This group targeting women with children who are isolated and may have a diagnosis of 'post natal depression' now meets on a regular basis at Women's Zone in the form of a drop in rather than weekly sessions.

Creative Expressions: This group brings together women from diverse backgrounds to share their experiences using creative means such as arts, crafts, drama, and poetry.

Radio Training: Members and volunteers have been meeting since April at BCB Radio under the guidance of the development worker (John Gill). John has taken the group through the whole process of how to make radio shows including the more technical side such as how to run the desk, using the recording equipment and making jingles and having confidence to speak on air. The group have put together their own shows around mental health and well – being, topics include medication, creative arts and spirituality. The group will be on air for World Mental Health Week.

8.2 Roshni Ghar

Roshni Ghar provides support to South Asian women in Keighley, despite having been established many years ago, Roshni Ghar continues to support many South Asian women .However Currently the organisation is undergoing a transition in terms of reviewing its aims, objectives and focus of work, it seeks to adopt new ways of working that promote the DRE and increase BME community participation in Airedale.

Objectives

1. To provide support to Asian women with mental health issues
2. To break the isolation, share experiences and knowledge and provide a caring network to reduce the impact of mental ill health on a individual
3. To work alongside existing support agencies dealing with Asian women with mental health difficulties in order to improve their ability to respond appropriately to the needs of Asian women

4. To create and increase the awareness and knowledge around mental health issues amongst Asian women so that they can develop coping strategies to enable them to live more fulfilling lives.

Key areas of work include one-one support, drop in sessions, support groups, alternative and complimentary therapy and English Classes. Roshni Ghar will work in partnership with a ward at Airedale hospital to develop a 'In reach' project focusing on south Asian women.

8.3 CSIP/UCLAn Community Engagement Project *'Self identified Needs Of muslim Communities*

Background to Project

The project was funded by the National Institute for Mental Health in England (NIMHE) and supported by The Centre for Ethnicity and Health, University of Central Lancashire (UCLAn) using the Community Engagement Model. This study was undertaken by Sharing Voices (Bradford) (SVB) an organisation that engages people living with mental distress through the conceptual and practical tools of Community Development and Post Psychiatry.

SVB engaged, identified and trained two community researchers and involved some 87 people from a broad spectrum of the Muslim community of Bradford. The research was guided by a steering committee comprised of local stakeholders including Race Equality Lead (National Institute of Mental Health England) representative from the Centre for Citizenship and Community Mental health (CCCMH) Bradford District Care Trust (BDCT), Bradford City Teaching Primary Care Trust (tPCT), Bradford NHS Focus Implementation Site (FIS) Manager, a community researcher and by the University of Central Lancashire (UCLAn) who also hold overall responsibility for the community engagement pilots.

Aims and Objectives of Study

The focus of the Community Engagement Project at Sharing Voices (Bradford) in line with the government's vision of improving engagement, information, access and choice, is to engage Muslim service users and the Muslim community to help them articulate their understandings of mental health, their priorities and agendas

Aims

1. To enable Muslim people in Bradford between the ages of 18-40 to describe how they understand the relationship between their faith, their personal identity and the cultural and political context we all live in.
2. To enable Muslim people between the ages of 18-40, to describe how they see the factors and relationships in *Aim 1* impinging on their emotional well-being and or mental health.
3. To enable Muslim people to describe how they see the contexts in *Aim 1*, as influencing their choice of support and help when they are in crisis or in time of need.

Objectives:

1. Building capacity in the non-statutory sector by recruiting, training and providing resources to community researchers to undertake research.
2. To establish links with interested parties – local people, academics, services and institutions to guide and direct the project through establishing a Steering Group.
3. Encouraging the engagement of the Muslim communities, groups, mosques and leaders in terms of their understanding and perspectives on mental health and in relation to the aims of the project.
4. Contributing towards a better understanding for statutory sector of commonly held approaches, that exist within the Muslim communities based on an Islamic framework.
5. Involving the Muslim communities in identifying their needs and informing the design and delivery of more appropriate, effective and responsive services through conducting focus groups and semi structured interviews.
6. Allowing local Muslim communities to influence the way services are planned and delivered
7. To disseminate the key themes and recommendations highlighted throughout the field work.

Methodology

The research group decided to use qualitative methods with focus groups and in depth interviews, using a semi structured interview schedule. This allowed participants to speak freely and fully about their personal experiences of mental health in a group or one to one setting. Individuals who had experiences of using both primary (GP) and secondary (specialist) services were recruited. It was agreed that the researchers would complete six focus groups, all gender and age specific. It was agreed that all focus groups would incorporate individuals with disabilities. It was also agreed that the community researchers together would conduct between 10-15 semi-structured interviews. This was primarily for individuals who were unable or not comfortable with participating in the focus groups and who did not express their views.

Results and Findings

A total of 87 participants were involved in the project. This is illustrated as:

- Focus groups 75
- Semi-structured interviews 12

Out of which:

- Female Participants 43
- Male Participants 44

Findings

The study found that Muslim participants talked around the following distinct themes including;

- Politics and Personal Identity
- Faith and Lifestyle

- Identity and paranoia
- Individual racism
- Community Denial.

Recommendations

Many of the following recommendations reflect the 'choice' and 'modernisation' agendas of the NHS; promote social inclusion and citizenship reflected in the vision for reform promoted in "Delivering Race Equality" (DH 2005). In view of the fact that there are recognised health inequalities particularly amongst BME mental health services users, of which the Muslim community is significant, the authors of this report suggest that these recommendations should be implemented as an integral part of:-

- Improving and developing the quality of outcome and experience
- Choice options for Muslim mental health service users.

The following recommendations are drawn from participants' experience and comments. This work should shape the future development of a "Choice" framework for Muslim service users.

In addition, the general principles underlying these recommendations have broader implications and the potential to improve the experience and outcome for non-Muslims too.

1. Gender specific safe spaces and community-based Alims:
2. Choice:
3. Cultural Competency and Good Practice in Services
4. Support and Mediation

5. Developing voluntary sector to deliver appropriate services
6. Good Practice Models
7. Cross Cutting Themes

This report has also broader implications and its recommendation are relevant to a wider range of statutory service providers such as Local Education Authorities, social services, environment, Home Office, immigration, housing, criminal justice systems and a range of institutions who work with Muslim communities.

Conclusion

This study and the themes that emerge are not new, they reaffirm much of what is known already. It is clear that people have and continue to experience social exclusion and live with stigma, racism and Islamaphobia and have clear personal and social identities that are informed by their faith and beliefs. They are also certain and articulate and suggest to service providers responses that would be congruent with their needs and which crucially offer 'choice' and thus increase the possibilities of recovery through non medical interventions. The study will only be of value if the recommendations proposed are taken forward and implemented and a timescale for reporting back the outcome to the community is set in motion.

Steering Group Members

Kamran Yunis (CDW Sharing Voices)
Fozia Sarwar (CDW Sharing Voices)
Abdul Raqeeb (Community Volunteer)
Dr Atif Imtaiz (Community Consultant)
Grant James (Commissioner Bradford City tPCT)
Nazreen Akhtar (Volunteer SVB)
Nadia Ahmed (Support worker UCLAn)

Dr Rashid Skinner (Psychologist Bradford District Care Trust)
Dr Philip Thomas (Chair Centre for Citizenship and Community Mental Health)
Collin Perry (senior manager, Bradford District Care Trust)
Salma Yasmeen (Bradford FIS Project Manager)
Selina Ullah (Regional Race Equality Lead, NIMHE North East)
Mick James (LIT Lead and Joint commissioner mental health)
Mohammad Shabbir (Manager SVB)

9. CDW Stats

Status regarding progress to achieve target of 8.9 CDWs by December 2006

The position as of 1/10/2006 is as follows;

CDWs Currently in post

| | Name of CDW | Contact Details | Date of appointment | Area Covered |
|---|------------------|---------------------------|---------------------|---|
| 1 | Mohammad Shabbir | Sharing Voices (Bradford) | Oct 05 | Generic CDW project manager |
| 2 | Fozia Sarwar | As above | Mar 05 | South Asian- primary care/secondary care/and wider BME community |
| 3 | Jennifer Powell | As above | Mar 05 | African/Caribbean primary care/secondary care/and wider BME community |

Outstanding CDWs

| PCT | Allocation | Funding Identified for | Recruitment in progress | Comments |
|------------|-------------------|-------------------------------|--------------------------------|-------------------------------|
| South West | 1.9 | 1 | Yes | In post by December |
| Airedale | 2 | 0 | 0 | To be built in to LDP process |
| North | 1 | 0 | 0 | As above |

10. Clinical Networks

DRE Commissioning Network-Lead Shahana Ramsden

Bradford is part of the national commissioning network in light of the model for commissioning VCS projects for older adults being developed through the POPPS Community Involvement project and identified objectives within the FIS action plan that include the development of a standardised criteria for commissioning BME services. This will involve a short pilot with BME VCS to develop shared outcome measures and culturally relevant outcome measures. It also links to the development of the Payment by Results agenda and the need to develop and implement appropriate and effective packages of care with relevant and measurable outcome measures. This will also enable us to build on the work already carried out by the Bradford Race for Health project

Values Based Network-Lead Professor Bill Fulford

VBP training has been identified as a key objective that will contribute towards improving the confidence and skills of clinicians and health and social care workers in making complex decisions to improve the support and responses provide to service users and their families from diverse communities. It has also been identified as a valuable tool to support and underpin change initiatives that have been identified in the local FIS action plans

The BDCT Citizenship agenda and the wider social inclusion agenda its principles and work streams reflect some of the priorities set out in the DRE and local FIS action plan. Therefore it is important to stress that the VBP pilots would complement the existing work while providing the necessary tools for staff to implement the Citizenship and Social Inclusion agenda in a very real and meaningful way when working with people from diverse ethnic communities. Furthermore, the values and principles explicit in the BDCT Citizenship agenda with its emphasis on choice, user/carer/community involvement, staff attitudes and stigma have relevance to the wider health and social care community, particularly when considering a patients journey and the need for a whole systems approach, therefore the VBP pilot sites will cut across primary and secondary care, service provider and commissioning functions.

The VBP work is part of the wider FIS agenda in Bradford and will be project managed by the FIS manager. However, the national Values Based network lead Bill Fulford will support the work in Bradford together with Malcolm King an experienced VBP trainer from Sainsbury's Centre for mental health. Malcolm King will develop a VBP programme that will include a focus on culture and identity in partnership with identified leads from the selected pilot sites and Phil Thomas from CCMH. He will also be involved in delivering the programme.

Summary of Progress

The VBP work plans will be overseen by the HR (Workforce and training) FIS implementation group. This group is cross organisational and is chaired by Maureen Goddard Acting Director HR BDCT.

The VBP pilots have been selected by the group to maximise learning from different parts of the health and social care system, including different professional groups and differing functions. The FIS project manager, Malcolm King and the identified project leads have developed the focus of each project as follows.

BDCT CAMHS- Lead Dr Lesley Hewson (Consultant Psychiatrist/director CAMHS) Identified that the BME agenda is currently not integrated within the children and young people's agenda in Bradford this has resulted in the BME agenda being marginal to developments. The plan involves carrying out VBP sessions with Healthy Minds Steering group and or the Children and young people's partnership board to support the development of a joint BME Mental health and young people's vision with clear objectives emanating from this vision.

BDCT Medium Secure Unit- Lead Sharon Lumb (Modern Matron) VBP sessions with the multi disciplinary team to build on the work the service has already done to provide more culturally appropriate care for BME service users. The work already done has focused on practical changes around appropriate diet, the provision of a faith room and cultural awareness sessions with staff. The service currently does not have a shared vision in terms of how the services will develop in the future. It is envisaged that the sessions will underpin the development of a service philosophy/vision that will shape the future development of the service

PCT-Salaried GPs-Lead Lyn Stinson (Teaching Trust) A VBP/DRE session is planned with salaried GPs to support them to explore the role of values and culture within their practice. It is envisaged the session will support them to develop objectives to address issues at primary care level.

Commissioners-Lead Mick James (LIT Lead and joint commissioner mental health) This project is still to be planned in detail, it is envisaged that commissioners from the LA and PCTS will undergo training focusing on VBP/Commissioning this will underpin the development of a standardised criteria for commissioning BME services. This will involve a short pilot with BME VCS to develop shared outcome measures. This will also enable us to build on the work already carried out by the Bradford Race for Health project. FIS objectives

It is envisaged that the VBP programme will support and contribute towards FIS change initiatives in the selected areas. The contribution and impact of VBP will be monitored and the learning will be disseminated nationally. It is also envisaged that a VBP and Diversity toolkit will be developed that will incorporate evidence and learning from the pilot sites.

11. Contact List Bradford FIS

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|---|--|
| <p>CSIP NIMHE NEYH Director Steve Shrubbs NMHE North East Yorkshire and Humber Genesis 5, Innovation Way- Heslington York- YO10 5DQ</p> | <p>CSIP/NIMHE Race Equality Lead Selina Ullah NMHE North East ,Yorkshire and Humber Genesis 5, Innovation Way- Heslington York-YO10 5DQ</p> |
| <p>Chair Bradford District Care Trust Brenda Toward Daisy Hill House - Heights Lane, Bradford, BD9 6DP - Telephone Number - 01274 363839- brenda.toward@bdct.nhs.uk</p> | <p>CEO Bradford District Care Trust (Interim)Chair/Project Director Bradford FIS Simon Large Daisy Hill House - Heights Lane, Bradford, BD9 6DP - Telephone Number - 01274 363839 – simon.large@bdct.nhs.uk</p> |
| <p>Chair Bradford & Airedale TPCT John Schuter Douglas Mill, Bowling Old Lane, Bradford, BD5 7JR – 01274 237700 - john.schuter@bradford.nhs.uk</p> | <p>CEO Bradford &Airedale TPCT Simon Morritt Douglas Mill, Bowling Old Lane, Bradford, BD5 7JR - 01274 237700 – simon.morritt@bradford.nhs.uk</p> |
| <p>CEO SHA Yorkshire & Humber Strategic Health Authority Margaret Edwards Blenheim House, Duncombe Road, Leeds, LS1 4PL - 01132 952000 - Margaret.edwards@yorksandhumber.nhs.uk</p> | <p>Chair SHA Yorkshire & Humber Strategic Health Authority Kathryn Riddle Blenheim House, Duncombe Road, Leeds, LS1 4PL - 01132 952000 – Kathryn.riddle@yorksandhumber.nhs.uk</p> |
| <p>Director Social Services Kath Tunstall Olicana House, 35 Chapel Street, Little Germany, Bradford, BD1 5RE, 01274 432918</p> | <p>Director Equality and Diversity Bradford & Airedale tPCT FIS Executive Management Team Ali Jan Haider Douglas Mill, Bowling Old Lane, Bradford, BD5 7JR – 01274 237423 – alijan.haider@bradford.nhs.uk</p> |

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|--|--|
| <p>Joint Commissioner Bradford & Airedale TPCT FIS Executive Management Team Mick James Douglas Mill, Bowling Old Lane, Bradford, BD5 7JR – 01274 237680 – mick.james@bradford.nhs.uk</p> | <p>Bradford FIS Project Manager Salma Yasmeen Bradford and Airedale tPCT - Douglas Mill - Bowling Old Lane Bradford BD5-7JR – 01274 237389 – salma.yasmeen@bradford.nhs.uk</p> |
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