

**North West Regional Development Centre**

**Greater Manchester**

**Focussed Implementation Site  
Review**

**October 2006**

## Contents

<b>Project Plan and Progress .....</b>	<b>3</b>
<b>Outline of governance structure .....</b>	<b>10</b>
<b>Value Added Grant .....</b>	<b>13</b>
<b>Community Engagement Projects .....</b>	<b>16</b>
<b>Summary of baseline data .....</b>	<b>33</b>
<b>Community Development Workers (CDW) statistics .....</b>	<b>38</b>
<b>Non NHS Stakeholder Involvement .....</b>	<b>40</b>
<b>Clinical Networks .....</b>	<b>42</b>
<b>Contact Lists .....</b>	<b>45</b>

**Project Plan and Progress**

<b>DRE Item</b>	<b>Data Sources</b>	<b>Deliverables</b>	<b>Outcome Measures</b>	<b>Progress to date</b>
Less fear of mental health services among BME communities and BME service users.	<ul style="list-style-type: none"> <li>Trust databases</li> <li>Patient records (GP, IP)</li> <li>Community engagement needs analysis – break down by different BME groups</li> </ul>	<ul style="list-style-type: none"> <li>Increase use of primary care</li> <li>Decrease use secondary care and forensic</li> <li>Positive BME service evaluation</li> <li>Organisations delivering RRA(Act)</li> </ul>	<ul style="list-style-type: none"> <li>Number BME at different levels of service</li> <li>Number voluntary admissions</li> <li>Service user and carer surveys</li> <li>Positive community evaluation</li> </ul>	<p>Data collected from National Count Me In Census Enhanced Pathways into Care project with 3 provider Mental Health Trusts. Project worker recruited. Clinical teams established in each trust. Local steering group established for the work. Black and Minority Ethnic Voluntary Sector organisations signed up to the project. Consultation event held. Six Community Engagement Projects in progress. Community Engagement Network established. Work in progress with a number of small</p>

				<p>Black and Minority Ethnic Voluntary Sector agencies to build capacity. Race Impact Assessment events held. Event held on Mental Health Bill. Asylum seeker and refugee conference in planning stages.</p>
<p>Increased satisfaction with services</p>	<p>Enhanced Pathways to Care</p>	<p>Higher levels of service user and carer satisfaction</p>	<ul style="list-style-type: none"> <li>• Service user and carer surveys</li> <li>• PALS data</li> </ul>	<p>Launch of Focused Implementation Site consultation event held. Same as Enhanced Pathways into Care project. Implementation of Race Equality Schemes undergoing audit. Race Impact Assessment events held. Event held on Mental Health Bill. A local evaluation tool for the Focused Implementation Site</p>

				has been developed. CAMHS BME Project in progress with Oldham. Partnership working with Trafford Carers Project Lead and Carers.
A reduction in the disproportionate rate of admission of people from BME communities to psychiatric inpatient units	<ul style="list-style-type: none"> <li>Trust databases</li> <li>Acute Care Pathways Project</li> <li>Count me in</li> </ul>	Rates BME inpatient admission in line with % population	Number BME admissions to secondary and specialist services	Same as Enhanced Pathways into Care project. Specifically with the Manchester Mental Health and Social Care Trust work begun in improving relationship with Black and Minority Ethnic Voluntary group.
A reduction in the disproportionate rates of compulsory detention rates of BME users in inpatient units	<ul style="list-style-type: none"> <li>Trust databases</li> <li>Acute Care Pathways Project</li> <li>Count me in</li> </ul>	Rates BME inpatient admission in line with % population	Number BME admissions to secondary and specialist services	Same as Enhanced Pathways into Care project.
Fewer violent incidents that are secondary to inadequate treatment of mental health	<ul style="list-style-type: none"> <li>Service records:                             <ul style="list-style-type: none"> <li>- Patient/medical</li> <li>- Nursing</li> </ul> </li> <li>Trust training records</li> </ul>	<ul style="list-style-type: none"> <li>Fewer violent incidents</li> <li>Evidence link between Equality &amp; Diversity training</li> </ul>	<ul style="list-style-type: none"> <li>Number of violent incidents</li> <li>% staff accessing culturally appropriate training</li> </ul>	Same as Enhanced Pathways into Care project. Patient Safety Network pilot site,

illness		and change of treatment & care	<ul style="list-style-type: none"> <li>• impact of training on attitudes/performance</li> </ul>	clinical team established.
A reduction in the use of seclusion in BME groups	<ul style="list-style-type: none"> <li>• Service records: <ul style="list-style-type: none"> <li>- Patient/medical</li> <li>- Nursing</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Decrease number and % BME in seclusion</li> <li>• Less time in seclusion</li> </ul>	<ul style="list-style-type: none"> <li>• Monitor seclusion rates</li> <li>• Implementation David Bennett Inquiry</li> </ul>	Same as Enhanced Pathways into Care project. Patient Safety Network pilot site, clinical team established.
The prevention of deaths in mental health services following physical intervention	<ul style="list-style-type: none"> <li>• Service records: <ul style="list-style-type: none"> <li>- Patient/medical</li> <li>- Nursing</li> </ul> </li> <li>• Investigations: serious untoward incidents, internal inquiries etc</li> </ul>	<ul style="list-style-type: none"> <li>• Fewer deaths</li> <li>• Improved training</li> </ul>	<ul style="list-style-type: none"> <li>• Rates/number deaths</li> <li>• Monitor Mandatory training - C &amp; R CPR</li> </ul>	Same as Enhanced Pathways into Care project. Patient Safety Network pilot site, clinical team established.
An increase in the proportion of BME service users who feel they have recovered from their illness	Acute Care Pathways	Increased number BME recovered	Service user reports	Monitoring of service user reports to begin as part of Enhanced Pathways into Care project.
A reduction in the proportion of prisoners from BME communities	<ul style="list-style-type: none"> <li>• Police and prison records</li> <li>• Court diversion</li> </ul>	<ul style="list-style-type: none"> <li>• Fewer BME prisoners with mental illness</li> <li>• More BME going through court diversion schemes</li> </ul>	Number & % BME going into prison	Meetings held with BME Voluntary Sector and partnerships to be developed with statutory services to look at reduction of BME prisoners and to

				develop good practise. Community Engagement project in progress.
A more balanced range of effective therapies such as peer support services, psychotherapeutic and counselling treatments, as well as pharmacological interventions that are culturally appropriate and effective	<ul style="list-style-type: none"> <li>Trust records</li> <li>Patient records</li> </ul>	<ul style="list-style-type: none"> <li>Increased range of culturally appropriate therapies</li> <li>More therapists from BME backgrounds</li> </ul>	<ul style="list-style-type: none"> <li>More BME accessing alternative therapies</li> <li>Service user satisfaction surveys</li> </ul>	As part of Enhanced Pathways into Care project work has begun to look at evidence, provision and access.
A more active role for BME communities and BME service users in the training of professionals, in the development of mental health policy, and in the planning and provision of services	<ul style="list-style-type: none"> <li>Trust training records</li> <li>VAG programme</li> <li>University &amp; college curricula</li> <li>Membership policy forums</li> </ul>	Evidence of BME involved in training, planning & delivery of services, policy making	Evidence of BME service user involvement in: <ul style="list-style-type: none"> <li>Staff training and induction</li> <li>Research &amp; evaluation</li> <li>Local, regional and national policy making</li> </ul>	Cultural Capability Training pilot begun, some parts of the training delivered, range of staff from clinical areas including forensic, administrative staff and staff working within substance misuse. Looking to role out training with other Mental Health Trusts and Primary

				Care within the FIS. Partnership work with South Asian Women's Refuge in the completion of research for Women With No Recourse To Public Funds.
A workforce and organisation capable of delivering appropriate and responsive mental health services to BME communities.	Trust records – HR, training Numbers of Community Development Workers recruited	<ul style="list-style-type: none"> <li>• Workforce culturally aware</li> <li>• Workforce includes BME</li> </ul>	<p>'Rigorous ethnic monitoring'</p> <ul style="list-style-type: none"> <li>- % workforce BME</li> <li>- evidence mandatory Equality &amp; Diversity training</li> </ul>	<p>Community Development Workers Network established. Value Added Grant BME Leadership Programme commissioned, large number of applications. Course commencing November. Race Equality Schemes undergoing audit. Pilot Community Development Workers post-graduate certificate for 20 workers. Commissioned with Salford University, to commence in</p>

				February. CAMHS cultural competency training completed for a number of CAMHS Leads, train the trainers training completed and cultural competency training being rolled out.
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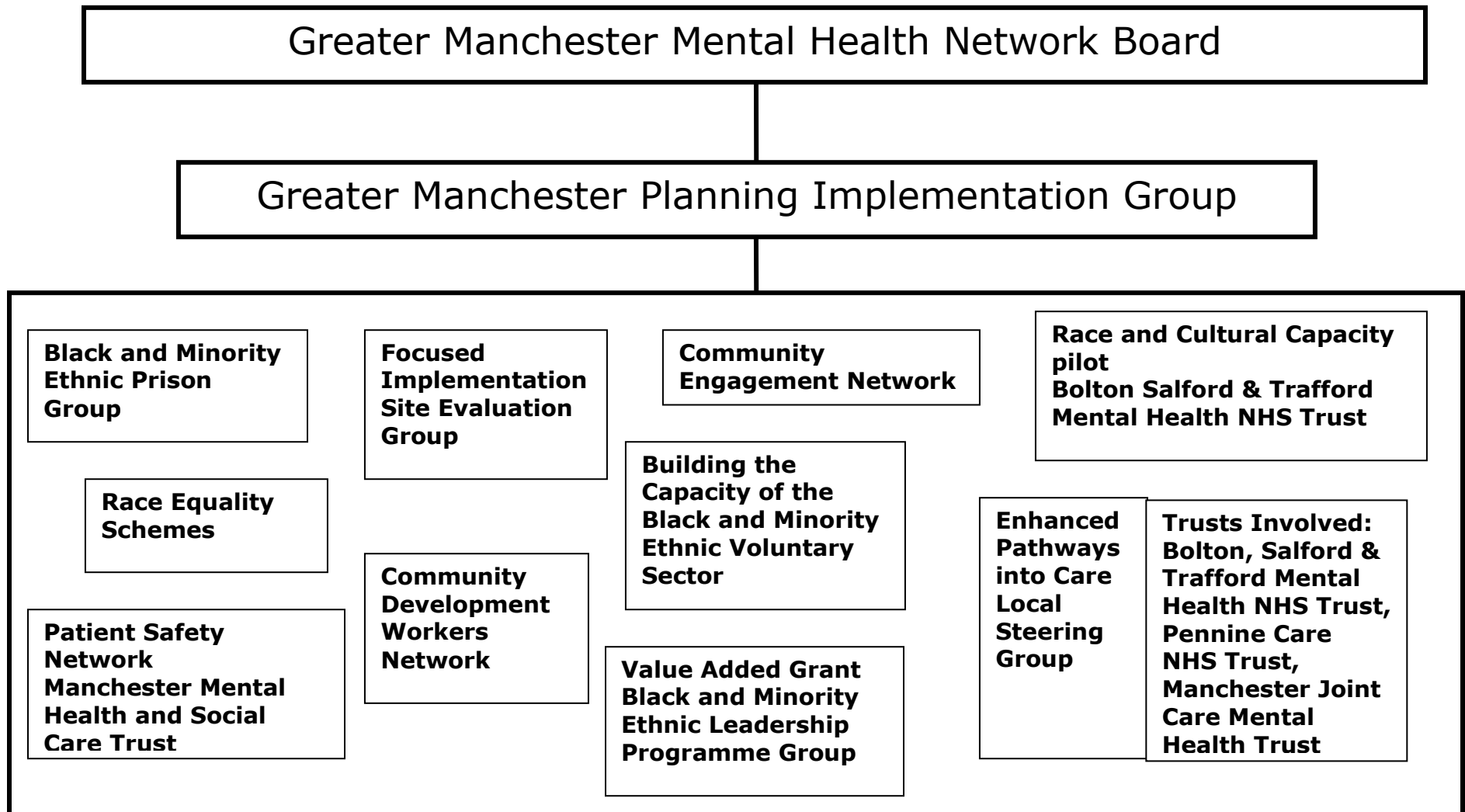
## Greater Manchester Region

Focused Implementation Site  
Governance Structure

Areas within the Greater Manchester Focused Implementation Site

**Ashton, Wigan & Leigh**  
**Bolton**  
**Bury**  
**Heywood & Middleton**  
**Manchester**  
**Oldham**  
**Rochdale**  
**Salford**  
**Stockport**  
**Tameside & Glossop**  
**Trafford**

## Governance Structure of Greater Manchester Focused Implementation Site



## **Value Added Grant**

### **Care Services Improvement Partnership, North West Development Centre – BME Leadership Programme**

#### **Background**

The Care Services Improvement Partnership (CSIP) North West Development Centre is seeking a development programme for up to twenty BME key staff working in health, social care and related organisations within the Greater Manchester FIS area. This will be open to organisations from all sectors, i.e. the statutory, voluntary and independent sectors

- This is to form part of the Development Centre's task in supporting organisations in implementing the 'Delivering Race Equality Plan' hence people that represent local Black, Minority Ethnic and cultural groups within the Greater Manchester Focus Implementation Site are to be targeted as participants
- The main themes of the programme are to be health and social care development and related issues, including community and economic development and regeneration
- CSIP has established the following overall aims for the programme:
  - Develop and build on existing leadership competencies and qualities
  - Gain a broader perspective in which to work more successfully in their own organisations
  - Developing and reaching solutions to meet the needs of BME community
  - To progress strategic goals in an increasingly complex environment.
- There is a desire to expose participants to different environments, to find out how leaders operate in different contexts, to help to open up new networks and to help participants to identify key relationships they should develop for future partnerships and collaborations. Participants are to be encouraged to develop relationships across organisational and sector boundaries
- The Development Centre is seeking a programme that will assist participants in understanding local networks and structures so they can develop a better understanding of the wider context within which they operate and identify potential partners

- The programme should also encompass aspects of leading outside authority to enable participants to improve their capacity to influence outcomes where they have no direct authority.

## **Progress**

### Working in Partnership

Common Purpose, a regional, national and international charity, has been commissioned to deliver the programme at a cost of £50,000.

Common Purpose is an organisation that seeks to improve the way society works by expanding the vision, decision-making ability and influence of all kinds of Leaders. They run a variety of Leadership Programmes, which:

- Bring together leaders from diverse backgrounds and sectors
- Are rooted in the communities where the participants live and work
- Help leaders learn to lead outside their authority, both as professionals and citizens

### Participants

- Go out into the community and grapple with real life problems
- Visit hospitals, prisons, housing developments, and businesses, in order to find inspiration outside their usual experience
- Exchange leadership experiences and strategies with others
- Discover common interests and develop wider networks.

### Course Evaluation

Salford University have been commissioned to provide an independent evaluation of the programme which will include direct contact with Common Purpose and programme participants and attendance at some of the programme.

### Recruitment Process

The Focus Implementation Site planning group agreed the following:

- Written application form for the selection of participants and support from manager with agreement by the manager to provide opportunities to complete a project in a senior capacity within the participant's organisation.

A launch event was held to publicise the programme and provide information. An experiential workshop was included to expose potential participants to the methods, style and content of the intended programme.

The Regional Race Equality Lead and Common Purpose worked together to develop a five day programme including a two day residential.

### Current Position

More than 50 applications have been received from across Health and Social Care and the Voluntary Sector.

### Interviews

Interviews will be taking place at the end of October.

### Course Commencement

The course will begin at the end of November with a two day residential and then will continue one day per month from January to March.

### **Continuing Support and Development**

On completion of the programme participants will be offered the opportunity to be involved in a bi-monthly development, support and network which will continue for the duration of the Focus Implementation Site. This group is also intended to track the career progression of programme participants.

## **Community Engagement Projects**

### **COMMUNITY ENGAGEMENT PROJECT – WAI YIN CHINESE WOMEN SOCIETY *Progress Report***

#### **RESEARCH BRIEF**

'To investigate the needs of older Chinese people with dementia and their carers in the Manchester area and to explore whether the local health services meet their needs.'

#### **❖ So far what has been accomplished since May to present?**

- 13 volunteer researchers have been recruited in this project
- Set up a Steering Group and meet monthly.
- Volunteer researchers had attended 5 Workshops, two on Mental Health policies and three on Community Research which was facilitated by the University of Lancashire, Centre of Health.
- Volunteer researchers also attended 4 dementia awareness training, one IT training which was organized by Wai Yin.
- Planning and development of research project. and submission of Ethic Form.

#### **❖ Research the unmet mental health needs and service gaps.**

**To investigate the needs of Chinese older people with dementia and their carers.**

#### **❖ Main areas to be researched**

- Awareness of dementia among Chinese older people
- Attitudes towards Chinese older people with dementia
- Awareness of the availability support and services for people with dementia and carers both from the mainstream services and voluntary organizations
- Cultural needs of the older people with dementia and their carers such as treatment, respite care and support services.

It is planned to run two focus group interviews and to hold at least 60 one-to-one interviews.

**❖ Our main priorities from the Delivering Race Equality 12 point Action Plan**

- Less fear of Mental Health care and services among BME communities and BME service users
- Increased satisfaction with services
- A more balanced range of effective therapies such as peer support services, psychotherapeutic and counselling treatments, as well as pharmacological interventions that are culturally appropriate and effective
- A more active role for BME communities and BME service users in the training of professionals, in the development of mental health policy, and in the planning and provision of services
- A workforce and organization capable of delivering appropriate and responsive mental health services to BME communities.

**❖ Project Plan**

**Main highlights**

- Fieldwork will be carried out between October and November.
- Data analysis will be carried out in November and December
- Dissemination of report on finding and recommendation in February 2007.

**Name: Wai Yin – Jun – Feb 2007**

Activities	Who	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
Mental Health Workshops	All VR									
Research Workshop 1,2,3	All VR									
Mental Health Training	All VR									
Support worker meeting	All VR									
Group meeting	All VR, PW									
Steering Group meeting	SGM									
Research focus	All VR									
1st PDP meeting with S. W.	Individual VR									
Ethics form submitted	S.W and P W									
Support worker meeting	All researchers, PW									
Group meeting	Group researchers PW									
Steering Group meeting	SGM									
Focus group questionnaire drafted	Group VR									
Run focus groups (Pilot)	Group VR									
Select sample group	All VR PW									
Questionnaires to be numbered, coded	All VR PW									
Venues for fieldwork arranged	PW									
Incentives agreed	All VR SP PW									
Field work carried out	All VR									
Support worker meetings	All VR									
Group meeting	Group VR									
Steering Group meeting	SGM									
Data collected	All VR PW SW									
Date analysed	All VR PW SW									
Research Workshops 4 and 5	All VR									
Steering Group meeting	SGM									
Report writing	PW, PM									
Steering Group meeting	SGM									
Meeting Support Worker	All VR									



**COMMUNITY ENGAGEMENT PROJECT – PARTNERS OF PRISONERS AND  
FAMILY SUPPORT GROUP**  
*Progress Report***RESEARCH BRIEF**

'To identify the mental health needs of BME Offenders (Male) in HMP Garth. We hope the research will identify the perception they have of their mental health needs and how they feel about the services that are available to them.'

**❖ So far what has been accomplished since May to present?**

- Recruitment of Project Coordinator
- Liaison with HMP Garth Diversity Manager

**❖ Researching the unmet mental health needs and service gaps.**

**Using peer researchers to access information with regards to mental health needs of offenders.**

**❖ Main areas to be researched with offenders in HMP Garth**

- Raising awareness in prison
- The formation of a BME Support Group via peer researchers
- Perception BME offenders have of their mental health needs
- Perception the prison have of BME offenders' mental health needs

**❖ Our main priorities from the Delivering Race Equality 12 point Action Plan**

We believe that understanding how BME Offenders feel about:

- The way that their mental health needs are categorised
- If they have been correctly diagnosed
- Whether they believe they have been labelled with a certain type of mental health problem because of their ethnicity?

Will enable the Department of Health to develop a more appropriate and responsive service, engaging with this community in prison

**❖ Project Plan**

- Gain access to HMP Garth to begin project as soon as possible

Project Plan - POPS											
Activities	MAY -1	JUN -2	JUL 1	AUG 2	SEP 3	OCT 4	NOV 5	DEC 6	JAN 7	FEB 8	MAR 9
<b>Establish Contact/ Lead Personnel</b> Race Equality Lead – Manjeet Singh	✓										
<b>Recruitment of 'Researchers'</b> To attend Workshop days in June and The Autumn Notify key groups in community about work											
<b>'Researchers Attend' Workshops</b> Familiarisation with community and peer research. Key aims of 5 year plan DRE document											
<b>Develop Work Plan with Support Worker-</b> Nadia Ahmed. Steering group facilitation plans – focused implementation site											
<b>Monitoring Tool of the Research</b> Nine months of the research, from inception to the completion of the community based research											
<b>Brainstorm: All relevant documents</b> Invitation letter, information letter, consent form, Filling out demographic Personal details, Draft Questionnaire & complete Draft Research Tool											
Submission of Research Documents											
<b>Researchers Undertake Fieldwork HMP Garth</b> Attend Remaining Workshops											
<b>Researchers Undertake Analysis of Data Collected.</b> Start writing up report and first draft											
<b>Submission of Draft Report</b> 1 Hard Copy & 1 Electronic to UCLAN											
<b>Review, Amendments and Final Report Dissemination –</b> Launch of Work											

**COMMUNITY ENGAGEMENT PROJECT – COMMUNITY LINKS MENTAL  
HEALTH**  
***Progress Report***

**RESEARCH BRIEF**

To carry out research with Mental Health carers from the South Asian communities in Blackburn with Darwen (BWD) to explore their needs, views and experiences of existing Mental Health Services.

**❖ So far what has been accomplished since May to present?**

- Recruitment of 'researchers' from the communities.
- Attending 5 workshops, two on Mental Health policies and three on Community Research which was facilitated by the University of Central Lancashire.
- Meeting weekly to plan, and develop the research tool.
- Developing and completing the relevant documentation for ethics approval.
- Gaining ethics approval from the regional ethics committee.
- Steering Group set up comprising of representatives from BWD Borough Council, PCT, NHS, CVS etc.
- Arranging a pilot focus group where the questionnaire will be put to members.
- 'Appearance' on Radio Ramzan (Awaz FM 87.7) to talk about the project.

**❖ Main areas to be researched** with mental health carers

The group intends to carry out focus groups and individual interviews with BME Mental Health carers. Questions are being formulated to address the following core areas:

- Access to Mental Health services
- Experience of current services
- Experiences as carers
- Recommendations for improving Mental health services

This information will help the group:

- Raise awareness of mental health issues within BME communities.
- Produce a directory of information for local communities.

- Make recommendations for the improvement or service development for BME communities.

❖ **Main priorities from Delivering Race Equality 12 point Action Plan**

- Less fear of mental health care and services among BME communities and BME service users.
- Increased satisfaction with services.
- A more active role for BME communities and BME service users in the training of professionals, in the development of mental health policy, and in the planning and provision of services.

❖ **Project Plan**

**Main areas of work**

- focus group and individual interviews between October – December
- Analysis of collated data will be carried out in January
- Dissemination of report on findings and recommendations in February 2007.

Name: BLACKBURN WITH DARWEN	Who	Training and Development			Fieldwork			Analysis & Report Writing		
		Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Activities PROJECT END DATE - MARCH 2007										
Mental Health workshops		√	√							
Research workshops 1,2,3		√	√							
Research workshops 4,5				√						
Support worker meeting, group meeting,		√	√							
Steering group meetings					√					
Personal Development Planning		√	√							
Research focus			√							
Ethics form submitted			√							
Research tools designed			√							
Pilot research tools, select sample group					√					
Field work										
Run focus group					√					
Interviews/questionnaires					√					
Mental Health training/conferences										
Data collected										
Data analysed										
Report writing										
Outcomes										
Launch planned										
Launch/disseminating findings										

**COMMUNITY ENGAGEMENT PROJECT – BINOH**  
***Progress Report***

**RESEARCH BRIEF**

**❖ So far what has been accomplished since May to present?**

- 6 Community researchers have been recruited and are involved in the project.
- The workshops on mental health and research issues have been attended and a second set are happening in three weeks time.
- Project Steering Group has been set up consisting of professionals, community leaders and ex-service users and will meet in a few weeks time.

**❖ Researching the unmet mental health needs and service gaps.**

**❖ Main areas to be researched**

- Reasons behind the low uptake of Mental Health Services by the Orthodox Jewish community in Manchester.
- To develop recommendations for improved engagement with the Orthodox Jewish community and Mental Health Services.

**❖ Our main priorities from the Delivering Race Equality 12 point Action Plan**

- Less fear of mental health care services among BME communities and BME service users
- Increased satisfaction with services
- A more balanced range of effective therapies such as peer support services, psychotherapeutic and counselling treatments, as well as pharmacological interventions that are culturally appropriate and effective
- A more active role for BME communities and BME service users in the training of professionals, in the development of mental health policy, and in the planning and provision of services
- A workforce and organisation capable of delivering appropriate and responsive mental health services to BME communities

### ❖ **Project Plan**

- The University Ethics Committee is about to study our ethics form.
- The research will take the format of a questionnaire and three focus groups (two for women and one for men).
- Interviews with local health professionals have been held and are currently being transcribed and recorded

**COMMUNITY ENGAGEMENT PROJECT—BAND**  
***Progress Report*****RESEARCH BRIEF**

To compare access to and cultural appropriateness of specialist mental health services at the hospital and in the community between White British, Asian and Refugee/Asylum Seeker individuals who experience mental health problems and to evaluate the findings to make recommendations to mental health commissioners for improvements based on the outcomes.

**❖ So far what has been accomplished since May to present?**

- Development of robust steering group ensuring commissioning representation from Bolton Primary Care Trust and senior management from Bolton Primary Care Mental Health Services and Bolton Salford Trafford Mental Health Trust.
- Recruitment of four paid and one volunteer researcher from the target communities
- Attendance at first five workshops facilitated by University of Central Lancashire
- Completion of documents for ethics
- First draft of questionnaire to present to steering group
- Event to raise awareness with services and the local communities of the research
- project

**❖ Main areas to be researched**

- Access to and appropriateness of response from GP
- Referral to/access to and appropriateness of response from single point of access via
- Primary Care Mental Health Service
- Referral to/access to and appropriateness of response from Secondary Care Mental Health Services including CMHTs, outpatient and inpatient services
- Specifically where, if anywhere, access failed as a result of inappropriate responses
- in relation to cultural issues surrounding mental health problems

**❖ Main priorities from the Delivering Race Equality 12 Point Action**

- Less fear of mental health services among BME communities and service users

- Increased satisfaction with services
- Reduction in the rate of admission of people from BME communities to psychiatric inpatient units
- A more active role for BME communities and BME service users in the training of professionals, in the development of mental health policy, and in the planning and provision of services
- A workforce and organisation capable of delivering appropriate and responsive mental health services to BME communities

❖ **Project Plan**

**Main highlights**

- Field work to be carried out in November and December 2006
- Analysis and evaluation in January and February 2007
- Publication of report on findings and dissemination in March 2007—Launch event

**COMMUNITY ENGAGEMENT PROJECT – SAHELI**  
***Progress Report*****RESEARCH BRIEF**

To assess the Mental Health needs of Asian Women, who experience domestic violence.

To identify the barriers that prevent the Asian Women from seeking help in relation to their Mental Health.

**❖ So far what has been accomplished since May to present?**

- Recruitment of researchers from the communities.
- Attending 5 workshops, two on Mental Health policies and three on Community Research which was facilitated by the University of Lancashire, Centre of Health.
- Planning and development of the research tool including documents for the Ethical Committee for approval and the questionnaire formulation.
- Development of the Confidentiality Statement to accompany the questionnaire.

**❖ Main Areas to be researched:**

- Researching the mental health needs of Asian Women, who experience domestic violence.
- Main area to be researched with ex service users, current service users, women who experience domestic violence and seek outreach support from our project, women living in the community and other refugees.
- To identify the mental health needs of Asian Women, who experience domestic violence.
- To identify the gaps in the service provision.
- To identify the barriers that prevent the Asian Women with mental health needs to seek support.
- To set up a support group for Asian Women with mental health needs, who are victims of domestic violence.
- To identify more creative ways of signposting the women with mental health needs to the appropriate agencies.
- To develop ways of delivering appropriate and responsive mental health services to Asian women.

The work on developing the questionnaire is currently being done with the help of the support worker.

❖ **Our two main priorities from the Delivering Race Equality 12 point Action Plan**

- Less fear of mental health care and services among BME communities and BME service users.
- increase satisfaction with services

❖ **Project Plan:**

**Main highlights**

- Design research instrument in September and October
- Pilot instrument in October
- Select sample group September, October and November
- Collect data – October and November
- Disseminate findings – April 07.

**Saheli CEP: June 06 – April 07 – Action Plan**

Activities	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April
Recruitment of Researchers	█	█									
Decide research focus			█								
Submit work plan to ethics committee				█							
Design research instrument				█	█						
Pilot instrument					▨						
Select sample group				█	█	█					
Collect data (fieldwork)						▩	▩	▩			
Focus groups					▨	▨	▨	▨			
Input/ Analyse data							▨	▨	▨		
Write report	▨	▨	▨	▨	▨	▨	▨	▨	▨	█	█
Feedback and revision on draft report									▨	▨	
Plan dissemination events											▨
Disseminate findings											█
Steering group meetings				▩			▩			▩	
Workshops		▨			▨			▨			

Support visits										
PDP										

## **Summary of baseline data**

The Greater Manchester Focused Implementation Site serves a population of 2.5 million people, 9.1% Asian, 4.1% Black, 3.2% Mixed, and 2.2% Chinese. (ONS National Census 2001). It also has a large asylum seeker and refugee community. Greater Manchester has some wards which have the highest levels of deprivation and health inequalities for example 21.5% of the population identified themselves as having a limited long term illness. (ONS National Census 2001) and some of the most deprived wards in the country.

Manchester is the centre of the City Region (Greater Manchester) with a population of 437,000 (2004).

The city has a BME population of 96,900 (22%) a 3% increase since 2001 and predicted to increase further. Current ethnicity data recorded through our schools now show an actual number to date of some 33% of BME children in the city.

## **Other information on Ethnicity from Mental Health Trusts**

The BME population percentages of the Bolton Salford and Trafford Mental Health Trust's principal catchments areas are:

Bolton: BME 11%

Salford: BME 3.0%

Trafford: BME 8.4%

Overall: BME 8%

## Other information on Ethnicity from Mental Health Trusts

### Pennine Care Comparison of Ethnicity Breakdown

	<b>Pennine Care NHS Trust at 30th September 2005</b>	<b>Bury MBC*</b>	<b>Oldham MBC *</b>	<b>Rochdale MBC *</b>	<b>Tameside MBC *</b>	<b>Stockport MBC *</b>	<b>North West *</b>	<b>England *</b>
Ethnic Group - Percentages; White - Total	92.07	93.88	86.14	88.57	94.57	95.68	94.44	90.92
Ethnic Group - Percentages; White; British	88.5	90.75	84.36	86.09	92.7	92.88	92.17	86.99
Ethnic Group - Percentages; White; Irish	2.1	1.67	0.9	1.46	0.91	1.46	1.15	1.27
Ethnic Group - Percentages; White; Other White	1.47	1.45	0.88	1.02	0.96	1.33	1.11	2.66
Ethnic Group - Percentages; Mixed -Total	0.93	1.09	1.13	0.93	0.79	1.06	0.93	1.31
Ethnic Group - Percentages; Mixed; White and Black Caribbean	0.44	0.4	0.59	0.3	0.31	0.33	0.33	0.47
Ethnic Group - Percentages; Mixed; White and Black African	0.04	0.12	0.09	0.11	0.11	0.15	0.15	0.16
Ethnic Group - Percentages; Mixed; White and Asian	0.18	0.36	0.32	0.37	0.24	0.32	0.26	0.37
Ethnic Group - Percentages; Mixed; Other Mixed	0.27	0.22	0.13	0.14	0.13	0.26	0.2	0.31
Ethnic Group - Percentages; Asian or Asian British - Total	3.76	4.05	11.88	9.8	3.97	2.1	3.42	4.58
Ethnic Group - Percentages; Asian or Asian British; Indian	2.2	0.67	0.72	0.36	1.45	0.66	1.07	2.09
Ethnic Group - Percentages; Asian or Asian British; Pakistani	0.71	3.04	6.33	7.71	1.22	1.04	1.74	1.44
Ethnic Group - Percentages; Asian or Asian British; Bangladeshi	0.22	0.09	4.52	1.26	1.17	0.12	0.39	0.56
Ethnic Group - Percentages; Asian or Asian British; Other Asian	0.63	0.24	0.31	0.47	0.14	0.28	0.22	0.48
Ethnic Group - Percentages; Black or Black British -Total	1.9	0.47	0.57	0.32	0.27	0.42	0.62	2.3

Ethnic Group - Percentages; Black or Black British; Caribbean	0.36	0.28	0.43	0.14	0.16	0.23	0.3	1.14
Ethnic Group - Percentages; Black or Black British; African	1.5	0.15	0.08	0.15	0.08	0.12	0.24	0.97
Ethnic Group - Percentages; Black or Black British; Other Black	0.04	0.04	0.06	0.03	0.03	0.06	0.08	0.19
Ethnic Group - Percentages; Chinese or Other Ethnic Group -Total	0.62	0.51	0.28	0.38	0.4	0.75	0.6	0.89
Ethnic Group - Percentages; Chinese or Other Ethnic Group; Chinese	0.22	0.32	0.19	0.24	0.3	0.46	0.4	0.45
Ethnic Group - Percentages; Chinese or Other Ethnic Group; Other Ethnic Group	0.4	0.19	0.1	0.14	0.11	0.28	0.2	0.44

### Count me in Census 2005 and 2006

<b>Greater Manchester Mental Health Trusts</b>	<b>2005 CENSUS RESULTS</b>	<b>2006 CENSUS RESULTS</b>
Manchester Mental Health and Social Care Trust	<b>92</b>	<b>89</b>
Bolton Salford and Trafford Mental Health NHS trust	<b>127 (B)</b> <b>147 (S)</b> <b>114 (T)</b> <b>219 ( specialist provision)</b>	<b>112 (B)</b> <b>146 (S)</b> <b>89 (T)</b> <b>211 ( specialist provision)</b>

### Pennine Care NHS Trust Ethnicity Numbers 2006

Ethnic Category Code		
Census groups	Census categories	Persons
White	British	430
White	Irish	6
White	Other White	10
Mixed	White and Black Caribbean	2
Mixed	White and Black African	1
Mixed	White and Asian	1
Mixed	Other mixed	3
Asian or Asian British	Indian	3
Asian or Asian British	Pakistani	15
Asian or Asian British	Bangladeshi	4
Asian or Asian British	Other Asian	2
Black or Black British	Caribbean	4
Black or Black British	African	4
Black or Black British	Other Black	1
Other Ethnic Groups	Chinese	2
Other Ethnic Groups	Other	8
Not Stated	Not stated	7
invalid	invalid	
Grand total		503

Consultation event was held to launch the Focused Implementation Site and delegates identified the following areas for the site to focus on:

1. to develop workforce
2. to develop commissioning processes
3. to identify good practise and share through the development of a database
4. to develop the skills of the black and minority ethnic communities
5. to mainstream race equality in mental health

### Community Development Workers Statistics

Community Development Workers								
Primary Care Trust	Number allocated	Numbers in post	Name	Contact Details	Date of appointment	Geographical area covered	BME communities they serve	Comments
Manchester	8							Tender documentation has been prepared and are awaiting confirmation of available funding for eight posts.
Ashton, Leigh & Wigan	6	4	Linda Adhana		26.10.1005			
			Philomene Uwamaliya		02.08.2006			
			Sadia Nawaz		25.09.2006			
			Randeep Somal		30.10.2006			
Oldham	5	3	Bing Findlater	0161 622 6623 <a href="mailto:bingfindlater@nhs.net">bingfindlater@nhs.net</a>	22.05.2006	Oldham Metropolitan Borough	Pakistani, Pakistani/Kashmiri, Bangladeshi, African Caribbean, Indian, African, Polish/Ukrainian, Chinese	There are a number of objectives specifically around work with our newer or emerging communities, with a particular emphasis with Asylum Seekers and Refugees.
			Mohammed Mujahid Ali	0161 622 6532 <a href="mailto:m.ali2@nhs.net">m.ali2@nhs.net</a>	10.07.2006	Oldham Metropolitan Borough	Pakistani, Pakistani/Kashmiri, Bangladeshi, African Caribbean, Indian, African, Polish/Ukrainian, Chinese	There are a number of objectives specifically around work with our newer or emerging communities, with a particular emphasis with Asylum Seekers and Refugees.

North West  
Development Centre

			Abdul Rashid	<a href="mailto:bingfindlater@nhs.net">bingfindlater@nhs.net</a>	tbc			
Tameside & Glossop	2	0						There are 2 new funded posts hopefully to be filled by December for Ashton and Hyde; they will cover the whole borough as well as their allocated areas. There is a target of 3 CDWs
Stockport	4	0						
Rochdale	3	0						
Bury	3	0						
Stockport	4	0						
Bolton	5	1	Wazir Muhammad	<a href="mailto:wazirmuhammad@bt.com">wazirmuhammad@bt.com</a>				
Heywood and Middleton	2	0						
Salford	5	11						Information submitted indicated 11 Community Development and User Development Workers
Trafford North	2	0						
Trafford South	2	0						

## **Non NHS Stakeholder Involvement**

Good relationships have been developed across the Focused Implementation Site with a range of Black and Minority Ethnic Voluntary sector groups and the Voluntary sector as a whole. This can be supported by several pieces of work that are currently evolving including the following:

- Six Community Engagement Projects in progress.
- Partnership developed with Saheli South Asian Women's Refuge in which a successful bid has been made to complete research on "Women with No Recourse to Public Funds. As part of this research working closely with Oxfam who commissioned the work and their Northern Race Programme Manager. Also engaged members of the Black and Minority Ethnic Community to work as volunteers, receive training and assist with interviews for the research.
- As part of "Building the Capacity of the BME Voluntary Sector working with CSIP North West lead for the Voluntary Sector and in partnership with Manchester Alliance for Community Care which has led to working with a range of small organisations such as South Trafford Asian Mental Health Project, and some of the groups who are engaged in the community engagement projects. Currently looking at adding some human resources to this work in order to make greater progress.
- Partnership developed with Salford University to develop a pilot Community Development Workers training course at postgraduate certificate level, which is intended to commence next year. The Director for CSIP North West has supported this fully with appropriate resources.
- Commissioned Common Purpose a registered charity to deliver the BME Leadership Programme as our Value Added Grant.
- Director CSIP North West provided considerable sponsorship for the National BME Network Conference held within our Greater Manchester Focused Implementation Site and with the Regional Race Equality Lead gave support and guidance to the development of some aspects of the programme.

- Working in partnership with African Caribbean Mental Health Services and South Trafford Asian Mental Health Project and Manchester City Council as part of our Enhanced Pathways into Care Project.

## **Clinical Networks**

### **EPIC – Enhancing Pathways into Care for Black and Minority Ethnic Communities**

The work within the EPIC project in Greater Manchester is supported by the appointment of a Project Manager. This appointment is funded by CSIP/NIMHE Northwest. The fundamental role of the project manager is to work with the three Mental Health Trusts and link to Primary Care within the Focused Implementation Site and clinical teams established to engage in the process of service development which will enhance pathways into care and subsequently out of care for BME service users.

The work of the project is facilitated and supported by a local steering group which includes representation from the three Trusts and workers from relevant BME Voluntary Sector agencies. Overall responsibility and support for the project is provided by Manjeet Singh, **Regional Race Equality Lead CSIP/NIMHE Northwest.**

### **Bolton Salford and Trafford Mental Health NHS Trust**

Team: Richard Backhouse (Director of Equality and Diversity), Gilli Painter (Senior Manager), Approved Social Worker, Avril Harding (modern Matron), Representative from South Trafford Asian Mental Health Project

This team decided to focus on addressing pathways into care under the Mental Health Act 1983 within Trafford Adult mental health services. This was to be achieved in the following ways:

1. An evaluation of all ASW assessment and admission reports for a 6 month period. The framework for analysis to include communication/use of interpreters, the nature of how questions about ethnicity established and processed, availability of appropriate alternatives to admission, the extent of involvement of independent sector BME agencies, involvement of carers, police involvements, perceptions of risk and dangerousness. A tool for analysis is being developed in conjunction with the EPIC Project manager.
2. A Race Equality Impact Assessment on the Ward environment. This focus responding again to the Pathways into care. The work in this context beginning with a 'walk through' the wards addressing BME issues with regard to the environment. Following this initial work a 'tool'

- will be developed to carry out a specific Race Equality Impact Assessment with recommendations for immediate appropriate changes.
3. Carry out one Focus group with the ASW 'team'.

During the process of the above work it is intended to engage immediately in at least one aspect of service development. For example, 'addressing ways in which the Trust can change/extend BME workers involvement in the assessment process'

The work with this team is supported by other data, the Count Me In Census. Further, the team intends to consult with other BME agencies and other BME community engagement projects within the area, including the Salford BME forum, to inform and support the work.

Though the project team is working within one geographic area of the Trust it is intended that all learning will be shared across the Trust.

### **Manchester Mental Health and Social Care Trust**

Team: Lacey Ingham (Director of Social care and Inclusion), David King (Director of Nursing), Frank Margison (Medical Director)

Focus of work: **Inpatient experiences of formal and informal patients/service users – admission processes.**

1. To conduct a Race Equality Impact Assessment on the ward environment. It is intended to work with all three localities and their hospital sites – North, South and Central. The process for this work to include liaising with 'modern matrons' to carry out this work. Issues with regard to nature of information given to patients and carers, control and restraint, health and safety, specifics regarding ward environment and cultural appropriateness.
2. To look at bed management and over representation of specific Black and Minority Ethnic Groups.
3. To rebuild/extend links with specific BME Voluntary Sector Agencies, and address issues on service provision and ways forward to enable service users and service delivery to remain connected with those communities. These changes to be enabled through specific dialogue with 'team', BME Voluntary Sector Agency and project manager with a focus on immediate and deliverable changes. It is intended to conduct this work with the **African Caribbean Mental Health Service.**

### **Pennine Care NHS Trust**

Team: Jacqui Bailey (Equality and Diversity Manager). Liz Lawton (Standard and Day Care Manager), Asian Mental Health resource agency

This piece of work will be focused within the Oldham borough of the trust.  
Focus: Experience of Services

1. Work has begun to develop a questionnaire to assess the experience of service users who have accessed service delivery through the centre.
2. Project manager to work with BME agency to collect narratives of service delivery experience and address at least one specific change in service development.

The work in this project is supported closely by that of the Equality and diversity Manager for the Trust. This provides a solid framework for relevant and achievable changes.

### **Patient Safety Network Pilot**

Team: Lacey Ingham (Director of Social care and Inclusion), David King (Director of Nursing), Frank Margison (Medical Director)

Manchester Mental Health and Social Care Trust have established a clinical team and have made significant progress in adopting good practise for example, rapid tranquilisation.

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