

South East Regional Development Centre

Hampshire and Isle of Wight

**Focussed Implementation Site
Review**

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FIS Review: Hampshire and Isle of Wight

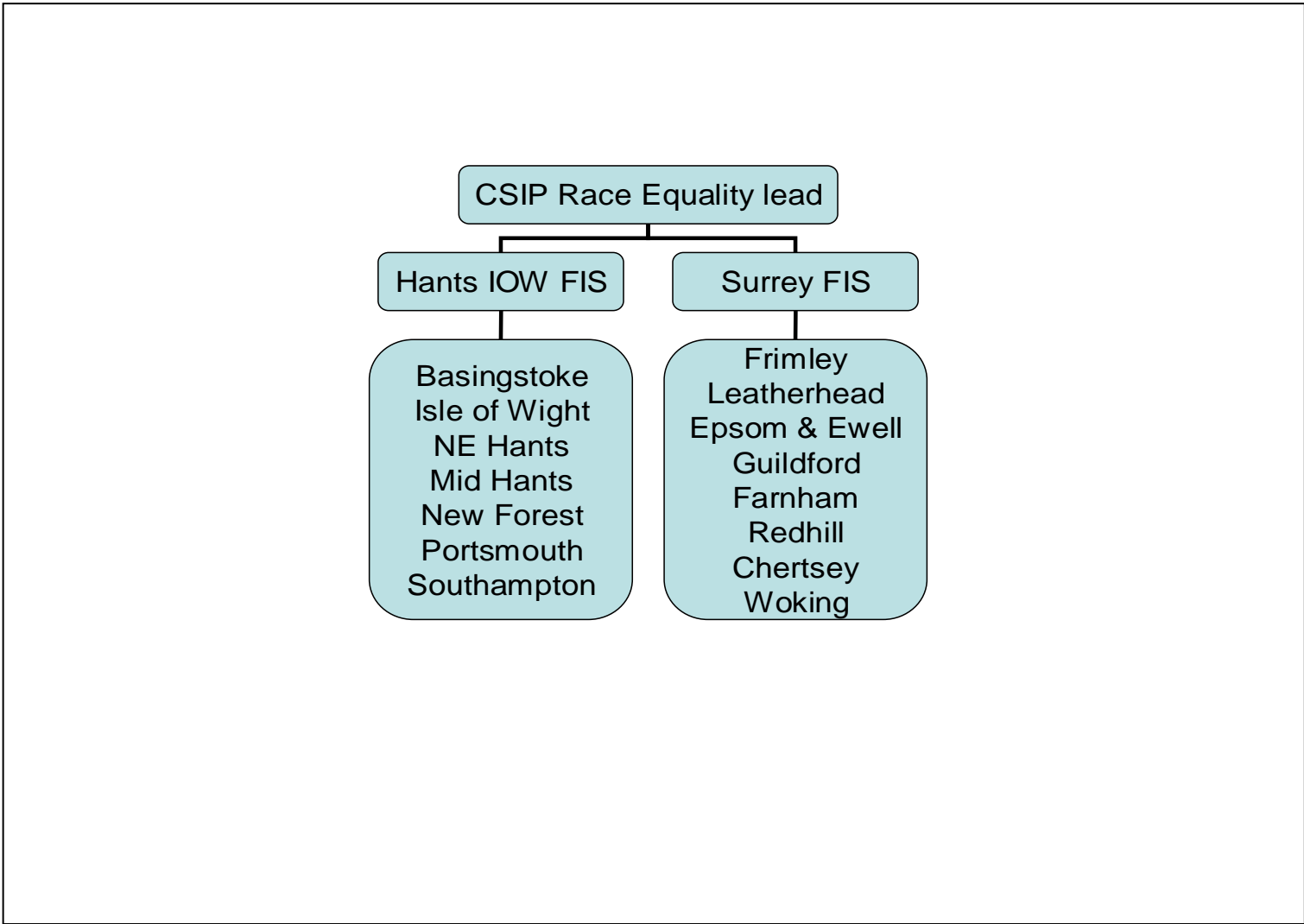
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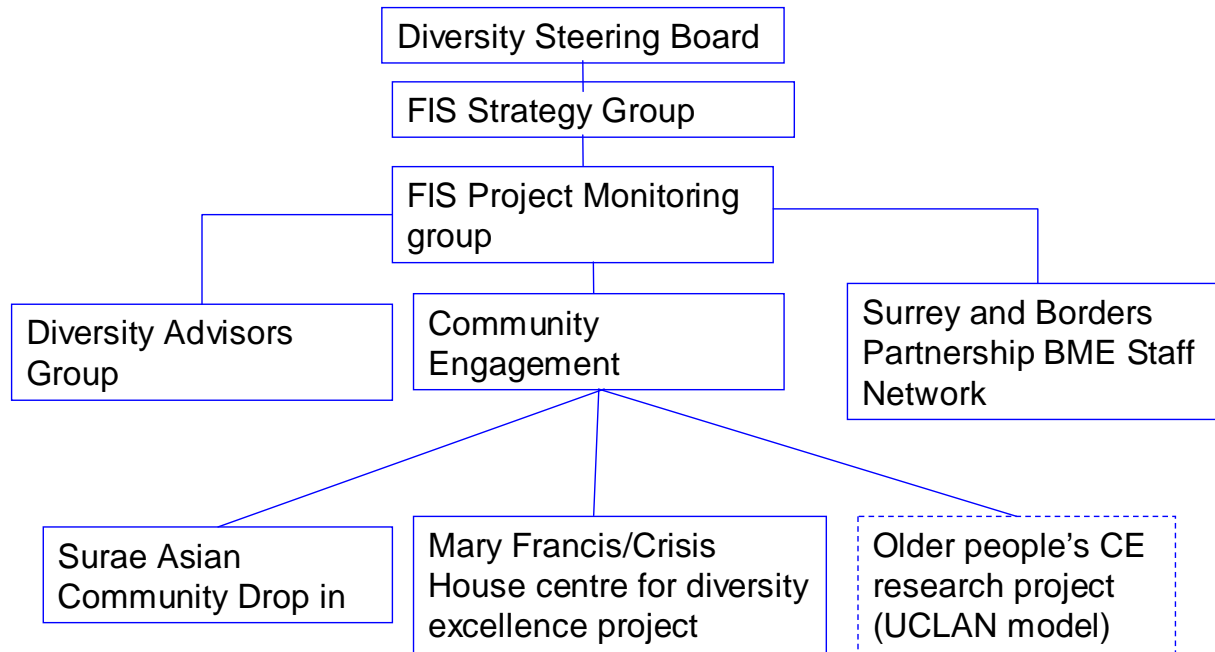
Time	Meeting Venue and Purpose	Attendees from HIOW FIS
9.00	Informal meeting at Medina Mosque with Muslim Council Southampton, Please note there will be no refreshments at this meeting as it occurs during Ramadan	Culture Works, BWA and Wiltshire trust service user and other researchers.
10.30	Visit to Department of Psychiatry to discuss main issues for inpatient services.	Vivia Cowdrill (Psychological services) and Jenny Searles (Ward Manager). Jenny and Vivia are both members of the FIS delivery group on intervention and recovery. Brendan O'Reilly Chair of CODES (race equality sub group of the LIT) and Community Services Manager, Martin Barkley, Chief Executive Hampshire Partnership NHS trust
11.30	Coffee, SHA A chance for the review team to formulate questions for the afternoon session	None
12.00	SHA Overview of the FIS and response to the review questions (Presentation)	FIS coordinator, steering group members, Martin Barkley, Roger Batterbury, Graham Collingridge, Phil Simmonds, Christina Richardson, Bernard Carter and Poppy Jaman, Mark Elmore
12.15	Questions from the review team to the FIS steering group	FIS coordinator, steering group members, Martin Barkley, Roger Batterbury, Graham Collingridge, Phil Simmonds, Christina Richardson, Bernard Carter and Poppy Jaman
1pm	Lunch for review team and FIS steering group	
2pm	Value added grants (Short overview and questions from the review team)	FIS coordinator, Project team and any members of the steering group that can stay. Sarah Leonard (Modern Matron)
2.30	Community development workers (Short overview and questions from the review team)	Mental health commissioners
3.30	Cultural capability training feedback	2 Course participants
3.45	Review team time to reflect, available to answer any questions, receive feedback on main issues to address	FIS coordinator
4.30	Finish	

South East Region Governance Structure





Surrey & Borders Partnership *NHS* Trust Board



**HAMPSHIRE AND ISLE OF WIGHT FOCUSED IMPLEMENTATION
SITE**

Monthly Project Report September 2006

**For the DELIVERING RACE EQUALITY NATIONAL PROGRAMME
IMPLEMENTATION TEAM**

Monthly Project Update: Hampshire and Isle of Wight

Progress between August 2006 and Sep 2006			
More appropriate and responsive services	Action plan link/ comments	DRE Characteristic Number	Links with other programmes
Actions this month			
<ol style="list-style-type: none"> 1 PDSA delivery groups: <ol style="list-style-type: none"> a. <i>Patient experience and satisfaction with services:</i> reviewed community engagement projects questionnaires and project plans b. <i>Intervention and recovery:</i> decided on pilot project options c. <i>Workforce and organizational capability:</i> agreed to set up BME service user events and draft framework for implementing race equality impact assessment 2 DRE targets on admissions and detentions incorporated into Southampton local area agreement 3 FIS coordinator presented to Learning Disability Directorate training event 4 Southampton LIT consulting on a service change to provide a single gateway to admission to our main target unit for service reforms on admissions and compulsory detentions 5 Unavoidable delay on cultural assessment project 	<p>S2</p> <p>IR5 OW5</p> <p>IR4 I1 OW4</p>	<p>1-2</p> <p>3, 4, 10 11-12</p> <p>3, 4 1, 2, 8 3, 4</p> <p>8</p>	<p>SU network</p> <p>Clinical network</p> <p>CRE</p>
What has been the Impact of these actions?			
<ul style="list-style-type: none"> ➤ Southampton staff wanting to improve their practice with Muslim service users, via cultural assessment and standardisation of CPA approach to include cultural issues across Southampton Community Teams ➤ Community engagement projects started piloting and collecting data 			
What lessons have been learned?			
Case study work and BME clinicians exemplifying their practice are powerful tools for shifting hearts and minds			
Actions for next month.			
Recruit new cultural assessment project provider			

Community Engagement	Action plan link/ comments	DRE Characteristic Number	Links with other programmes
<p>Actions this month</p> <p><u>Funded projects</u></p> <ul style="list-style-type: none"> • BWA with Culture works, in Portsmouth focussing on the MH needs of the Bangladeshi community, now piloting • JWT focussing on African Caribbean young men in inpatient settings, now collecting data • Winchester BME multi-agency rural engagement project, launched at planning event for agencies 6.9.06. report available of the views of Turkish, Bengali and Chinese restaurant trade in Winchester and East Hants <p><u>Planned projects</u></p> <ul style="list-style-type: none"> • Faith and mental health in Southampton Course for practitioners on Islam and mental health held 13.9.06 <p><u>CDW</u></p> <ul style="list-style-type: none"> ▪ Southampton: 57 applicants for 3 jobs, high quality of applicants, interviewed 12 talented individuals, offer of job to 3 ▪ Portsmouth setting up steering group and advertising in next 2 weeks ▪ Value added grant tender has gone out for the running of a CDW network 	<p>S2</p> <p>S2</p> <p>S2</p> <p>S2</p> <p>S2</p> <p>CDW4</p>	<p>1&2</p> <p>1&2</p> <p>1&2</p> <p>1&2</p> <p>1&2</p> <p>1&2</p>	
<p>What has been the Impact of these actions?</p> <ul style="list-style-type: none"> ➤ Bid drafted by LSP for further work building BME community capacity in Winchester 			
<p>What lessons have been learned?</p> <p>There is a significant resource of talent available in the Hampshire and Isle of Wight area for BME MH work, as evidenced by the response to the CDW adverts, many of them currently working in jobs which do not reflect their level of educational attainment and experience</p>			
<p>Actions for next month.</p> <p>Winchester : phase 2 work to concentrate on the views of women, reporting December Advertise Portsmouth, North Hants and NE Hants CDW posts, ensure remaining CDWs included in 2007/8 LDPs, review tenders for CDW network value added grant project</p>			

Better Information	Action plan link/ comments	DRE Characteristic Number	Links with other programmes
<p>Actions this month</p> <ol style="list-style-type: none"> 1. The Health and Wellbeing strategy BME task group has provided some soft data based on 7 focus groups of the African-Caribbean, Asian Chinese, Somali Women and Polish communities 2. The Learning Disabilities directorate has identified a need to profile the ethnicity of staff in their community teams 3. Race equality impact assessment received of the service change to the Culture Works service in Portsmouth 4. Race equality impact assessment proposed framework sent to 3 provider trust equality and diversity groups 	<p>BI 10</p> <p>OW2</p> <p>BI 15-16</p> <p>BI 15</p>	<p>1-12</p> <p>12</p> <p>11</p> <p>11-12</p>	
<p>What has been the Impact of these actions?</p> <ul style="list-style-type: none"> ➤ African caribbean people feel that discharge support is not available ➤ Asian people feel that there are no community services ➤ All groups feel that translation services/bilingual workers are not available particularly to enable talking about mental distress ➤ This data will be used in the workshops of the FIS conference on 10th November 2006 to plan work for next year 			
<p>What lessons have been learned?</p> <p>There is a strong need to advertise the variety of mental health services available to BME communities eg community services</p> <p>There is a need to discuss the provision of advice, specialist advocacy and counselling support with mental health commissioners</p>			
<p>Actions for next month.</p> <p>FIS peer review by East Midlands and by the national FIS project manager</p> <p>Review by the equality and diversity groups of the three provider trusts of the REIA framework</p>			

Key to Service reform characteristics

Theme: Satisfaction with Services

- 1) less fear of mental health services among Black and minority ethnic communities and service users
- 2) increased satisfaction with services

Theme: Therapeutic Intervention and Recovery

- 3) a reduction in the rate of admission of people from Black and minority ethnic communities to psychiatric inpatient units
- 4) a reduction in the disproportionate rates of compulsory detention of Black and minority ethnic service users in inpatient units
- 5) fewer violent incidents that are secondary to inadequate treatment of mental illness
- 6) a reduction in the use of seclusion in Black and minority ethnic groups
- 7) the prevention of deaths in mental health services following physical intervention
- 8) more Black and minority ethnic service users reaching self-reported states of recovery
- 9) a reduction in the ethnic disparities found in prison populations
- 10) a more balanced range of effective therapies, such as peer support services and psychotherapeutic and counselling treatments, as well as pharmacological interventions that are culturally appropriate and effective

Theme: Organisational and workforce development

- 11) 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
- 12) A workforce and organisation capable of delivering appropriate and responsive mental health services

Project Plan Hampshire FIS: Progress Plan (September 2006)

overdue or for action items

Activity / output	By Whom	By When	Source/template/su pport	Comments	Completed (including date)	Ref
Better information						
Define baseline assessment criteria	Steering group	17.02.06	DRE 12 characteristics, CMI Census	Awaiting national guidance for self reported recovery data	8.2.06 at FIS SG	BI1
Collect population data	SEPHO	21/02/06	2001 census		3.2.06	BI2
Collate count me in census data	Info depts, 3 trusts	5/03/06	CMI Census		HPT, PCPCT 8.2.06	BI3
Collect workforce data	HR depts, 3 trusts	10/03/06			HPT 20.04.06, PCPCT, July 06	BI4
Collect SUI and risk data	Risk depts 3 trusts	24/02/06	CMI Census		HPT 8.2.06	BI5
Define evaluation parameters for EIP and CRHT services	Service managers, 3 trusts	24/03/06	DRE 12 characteristics		HPT started 27.4.06	BI6
Collect EIP and CRHT data	Operational Teams	5/05/06				BI7
Collect prison data	CMHTs Winchester & IOW	10/04/06			IOW prison data shared 21.08.06	BI8
Complete comprehensive directory of BME and service user groups	Soton: Empathy Ports: PRENO IOW: ASP County: BMAP Carers: Rethink Users: SVS	10.4.06			BMAP and PRENO directory completed	BI9
Gather research and population data for race impact assessment	FIS coordinator	28/02/06	CRE guidance		28.2.06	BI10
Define REIA parameters for Hants PT Modernisation	FIS coordinator & Modernisation PM	03/03/06	CRE guidance		6.3.06	BI11
Identify leads for RIA for Hants PT modernisation	Modernisation PM	29/03/06		Modernisation PM to go for training		BI12
Collate current REIAs from PCPCT and IOW	FIS coordinator	25/05/06		None found	25.05.06	BI13
Identify gaps in REIA activity	CEs 3 trusts	31/05/06	CRE guidance, RR(A)A 2000	E&D leads supplied	15.08.06	BI14
3 Trusts REIA as a minimum induction, seclusion, C&R, compulsory detention policies	Service managers 3 trusts	30/08/06	CRE guidance	Delayed as framework for implementation to be agreed		BI15

Activity / output	By Whom	By When	Source/template/su pport	Comments	Completed (including date)	Ref
3 trusts RIA operational policies for EIP and CRHT teams	Team managers	06/10/06	CRE guidance	Already begun for HPT		BI16
Value added grant and Community Development Work						
Draft Work package and tender spec for VAG project: Cultural assessment for all patients	FIS coordinator	20/02/06	OGC standards, bid document		24.2.06	VG1
Approve tender specs	FIS steering group	21/03/06			21.3.06	VG2
Agree criteria for tender bids	FIS steering group	24/03/06			22.4.06	VG3
Advertise tenders	FIS coordinator	28/04/06			28.04.06	VG4
Shortlist and interview	FIS coord, FIS SG	12/05/06			8.6.06	VG5
Award tenders	FIS coordinator	18/05/06			15.6.06	VG6
Monitor tender progress	FIS coordinator	14/03/07				VG7
Approve final reports of VAGs	FIS steering group	14/03/07				VG8
Ensure LDPs contain CDW funding	SHA FIS rep	09/03/06		LDP inclusion for some PCTs, support for 8 CDW		CW1
Convene PCT consortium to appoint CDWs	Hants CC FIS rep & FIS coordinator	30/03/06			30/03/06	CW2
Draft Work package and tender spec for VAG project: CDW learning network	FIS coordinator	20/04/06	OGC standards, bid document	Delayed due to delay in recruitment	16.6.06	CW3
Phase 1 CDW recruitment (4 in county, 2 in PCPCT, 1 in Soton)	FIS PCT reps & FIS coordinator	16/10/06	DH CDW guidance	3 in Soton, 1 in PCPCT, 3 in county	1 st advert 14.08.06	CW4
Implement first CDW learning set	Hants CC FIS rep & FIS coordinator	20/11/06	DH CDW guidance			CW5
Satisfaction with services						
Convene group for Delivery area 1: Satisfaction with services	FIS coordinator	12/06/06			3.07.06	S1
Set up focus group or CDW activity with BME community groups	Delivery group 1 chair	25/07/06		Through community engagement projects	11.08.06	S2
Create liaison role for BME	Portsmouth Mind	31.05.06				
Complete review of detailed baseline assessment data	Delivery group 1	26/06/06	DRE 12 characteristics		11.08.06	S3
Create link with Ports BME workers	Ports Rethink	30.06.06				S4

Activity / output	By Whom	By When	Source/template/su pport	Comments	Completed (including date)	Ref
Culture works (Ports) leaflet designed and distributed	Ports visual arts group	30.06.06				S5
Complete review of language and interpretation services	Delivery group 1	18/07/06		Southampton PCT Access to Communication, not well used, Portsmouth, Interim solution of LInglad and Language Lline being launched	21.9.06	S6
Identify service gaps	Delivery group 1	22/08/06	DRE 12 characteristics	In the work plan	11.08.06	S7
Identify groups to submit at least 5 community engagement project bids	FIS coordinator	24/08/06	DH Project briefs	Need lead organisation for IOW project	11.08.06	S8
Accessible leaflets fro Together work	Together Portsmouth	31.08.06				S8
Develop pilot plan for at least one patient experience initiative	Delivery group 1	05/10/06				S9
Present at Autumn Conference	Delivery group 1	31.11.06				S10
Intervention and Recovery						
Convene group for Delivery Area 2: Treatment and Outcomes	FIS coordinator	12/06/06			24.4.06	IR1
Review of EIP CRHT evaluations and baseline data	Delivery group 2	16/08/06	DRE 12 characteristics		17.7.06	IR2
Review care pathway process mapping data	Delivery group 2	6/08/06	NIMHE SEDC guidance			IR3
Identify AMH service gaps	Delivery group 2	05/10/06	DRE 12 characteristics			IR4
Draft pilot plan for at least one service initiative	Delivery group 2	02/11/06				IR5
Present at Autumn Conference	Delivery group 2	31.11.06				IR6
Organisational and Workforce Capability						
Convene group for Delivery Area 3: Organisational and workforce capability	FIS coordinator	12/06/06			22.6.06	OW1
Review of baseline workforce and org data	Delivery group 3	03/07/06	DRE 12 characteristics		15.08.06	OW2
Review of E&D strategy	Delivery group 3 and E&D strategy groups 3 trusts	17/07/06				OW3

Activity / output	By Whom	By When	Source/template/su pport	Comments	Completed (including date)	Ref
Ensure diversity training in essential package across the FIS	Delivery group 3, D&T leads 3 trusts	04/09/06				OW4
Identify workforce and org service gaps	Delivery group 3	09/10/06	DRE 12 characteristics			OW5
Recruit service users for workforce and org work	Delivery group 3	04/12/06				OW6
Draft pilot plan for at least one workforce and org initiative	Delivery group 3	01/01/07				OW7
Present at Autumn Conference	Delivery group 3	31.11.06				OW8
Implementation						
Appropriate services for People with Learning Disabilities		30/03/07		This item of the plan will be developed further in late 2006		I1
Appropriate services for Older people with Mental health difficulties		10/08/07		This item of the plan will be developed further in late 2006		I2
Identify funding for wider take up of successful pilots		28/11/06		This item of the plan will be developed further in late 2006		I3
Roll out		20/05/08		This item of the plan will be developed further in late 2006		I4
Evaluation						
Rerun baseline assessment		01/08/08		This item of the plan will be developed further in late 2006		E1
Draft and agree with SG FIS final report		22/08/08		This item of the plan will be developed further in late 2006		E2
Make recommendations for future work		05/09/08		This item of the plan will be developed further in late 2006		E3
Lessons learnt report		10/09/08	OGC standards	This item of the plan will be developed further in late 2006		E4

Southampton Project Plan

Southampton Delivering Race Equality in Mental Health Services – Project Plan 2006/07													
DRAFT													
Activities	Who	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Set up Steering group	CR	✓											
Advertise 3x CDW posts	CR	✓											
Interview CDW posts	CR	✓											
Agree CDW workplan priorities	ALL	✓											
Recruit CDW posts	CR		✓	✓									
Induction programme	BM			✓									
Establishing links in community	CDW			✓	✓								
Faith Project													
Deliver Islam MH training for MH staff	CR	✓											
Deliver Islam MH training half follow up-theory into practice	CR			✓									
Deliver Islam MH training for Imams	CDW					✓							
Produce guidelines for working with Muslim inpatients and community clients	CDW						✓						
Deliver Sikh MH training for MH staff	CDW						✓						
Deliver Sikh MH training for Sikh faith leaders	CDW								✓				
Produce guidelines for working with Sikhs	CDW									✓			
Deliver Hindu MH training for MH staff	CDW									✓			
Deliver Hindu MH training for Hindu faith leaders	CDW											✓	
Produce guidelines for working with Hindus	CDW											✓	✓
Develop policy for sustaining culturally sensitive care across all ethnic groups	ALL												✓

Baseline Data Report April 2006. Executive Summary

1. Introduction

This report outlines the status of Hampshire Partnership Trust against key indicators identified by Delivering Race Equality (DH, 2005). It is likely that focussed implementation sites will be judged against the 12 characteristics for successfully delivering race equality by 2010 laid out in the DRE policy. These have been further divided into 3 themes:

Satisfaction with Services
Therapeutic Intervention and Recovery
Organisational and workforce development

2. Local Population

2001 census data updated to 2005 PCT population aged 15-64 indicates that the White British ethnic category accounts for 94.3% of the overall population served by the trust, ranging in the county from 93.5 – 96.8%. However this falls to 88.7% in Southampton City where a broader cultural mix is found.

Outside the city, higher numbers of people of Asian/Asian British Indian and White Irish backgrounds are found than other ethnic groups. Within the city other ethnic groups are also represented in higher numbers, notably Chinese and Black/Black British Groups.

3. Satisfaction with Services

The Healthcare commission patient survey provides national data on satisfaction with care. Local information through service user groups is needed.

4. Therapeutic Intervention & Recovery

- A comparison of percentage of admission of people from Black and minority ethnic communities to psychiatric inpatient units compared to PCT populations indicates:

1.8 % of patients admitted are from Black British origin although they comprise only 0.4% of the population.
91.7 % of patients are white, compared to a higher population of 96.9%

- Percentage of forensic admissions 2005 for Black/ British is 7.1 %. Patients from Asian/ Asian British origin make up 3.6% - compared to an Asian population of 1.3%.
- Rates of compulsory detention of black and minority ethnic service users in inpatient units. The number of Sections under the Mental Health Act 1983 in 2004/5 has been compared to the numbers of admissions. This indicates that 80.6% of Black British Admissions are compulsory compared to 20.7 % of white admissions. (This reflects the national trends highlights in the Count Me in census data).
- Assessment rates for Approved Social Workers with a view to determining compulsory detention show that 5% are requested and carried out for non white clients across the HPT area (excluding Southampton City) (Source: Hampshire County Council, adult services)
- Violent Incidents reported

ETHNICITY	INCIDENTS	%
A - British – White	3510	81.5
B – Irish – White	9	0.2
C - Other White – White	116	2.7
D - White & Black Caribbean – Mixed	29	0.7
E - White & Black African – Mixed	6	0.1
F - White & Asian – Mixed	6	0.1
G - Other Mixed – Mixed	17	0.4
H - Indian - Asian Or Asian British	46	1.1
J - Pakistani - Asian Or Asian British	2	0.0
K - Bangladeshi - Asian Or Asian British	2	0.0
L - Other Asian - Asian Or Asian British	2	0.0

M - Black Caribbean	36	0.8
N - Black African - Black Or Black British	150	3.5
P – Other Black - Black Or Black British	67	1.6
S – Other Ethnic Category - Other Ethnic	1	0.0
Z – Not Stated	159	3.7
not stated on incident form	148	3.4
TOTAL	4306	100.0

- Control and restraint

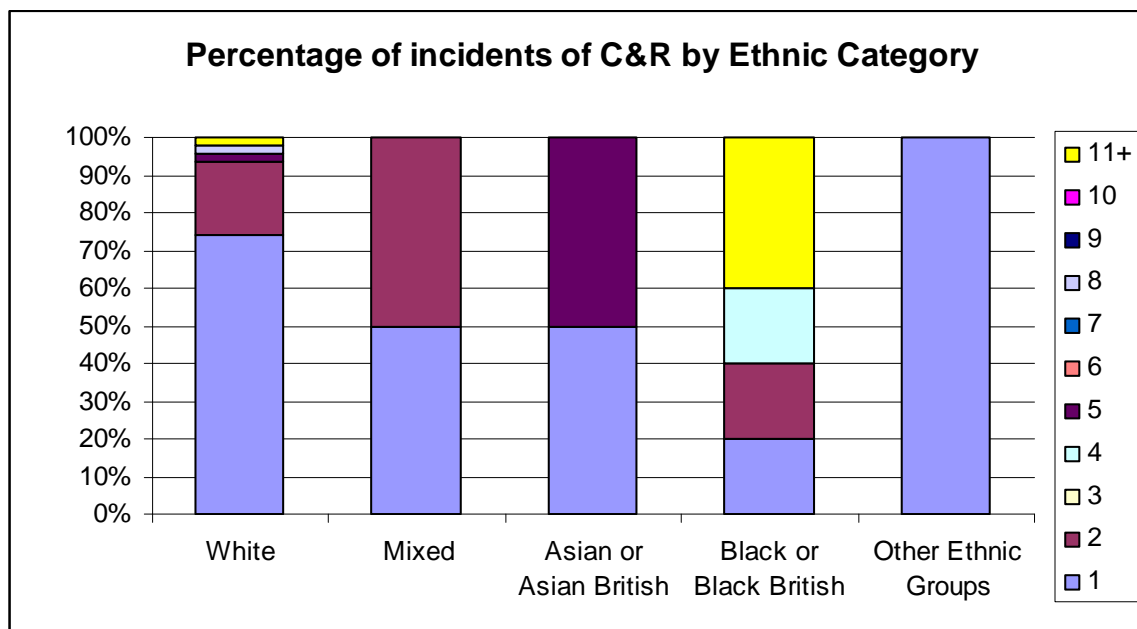
The Count Me In Census identified the incidents of use of control & restraint in patients in hospital as at 31 March 2005.

This identified the number of incidents of control & restraint in the inpatient stay or the last 3 months if the stay was longer.

The detail is set out in Annex D but is summarised below as **the baseline position:**

	No of incidents of Control & Restraint										
	1	2	3	4	5	6	7	8	9	10	11+
White	34	9			1			1			1
Mixed	1	1									
Asian or Asian British	1				1						
Black or Black British	1	1		1							2
Other Ethnic Groups	1										
Total	38	11		1	2			1			3

Of those people experiencing Control & Restraint, the vast majority experienced 1 or 2 incidents. However a small number experienced more than this and the overall breakdown by ethnic category is illustrated below. The small number of people from Black communities, who experienced C&R, was more likely to experience higher numbers of incidents.



- Use of seclusion

Seclusions for **the baseline** period 1 December 2004 – 31 November 2005 have been reported:

ETHNICITY	SECLUSIONS	%
A - British – White	58	59.8
C - Other White - White	1	1.0
D - White & Black Caribbean – Mixed	2	2.1
H - Indian - Asian Or Asian British	2	2.1
N - Black African - Black Or Black British	29	29.9
P - Other Black - Black Or Black British	1	1.0
Z – Not Stated	2	2.1
Not recorded	2	2.1
TOTAL	97	100.0

Source: Trust Risk Manager

A number of people had more than one period of seclusion.

The Count Me In Census gave a snapshot for people in hospital at 31 March 2005:

Ethnicity	Number of times client had period of seclusion				Grand Total
	1	2	3	7	
White – British	20		1		21
White - Other Background	1				1
Mixed - White & Black Caribbean		1			1
Black/Black British – African		2		1	3
Grand Total	21	3	1	1	26

This identifies the number of periods of seclusion during the admission or the last 3 months of the admission if it lasted longer than this.

- Deaths

Deaths during the period 1 December 2004 – 31 November 2005 have been reported:

Cause	Not on incident form	A - British - White	C - Other White - White	L - Other Asian - Asian Or Asian British	Z - Not Stated
Coroner Verdict Of Suicide		1			
Unnatural Death - Inpatient	1	5	1		
Unexpected Death - Inpatient		6		1	2
Unexpected Death - Outpatient		6			2
Unnatural Death - Outpatient	4	18	1		8
TOTAL	5	36	2	1	12

Source: Trust Risk Manager

These have been taken from incident reports on unnatural and unexpected deaths in inpatient and outpatient services and from Coroners' verdicts of suicide or misadventure or open verdicts.

- Referrals to voluntary sector providers

Rethink Southampton report 17% BME clients in the 1:1 Community support service compared to a 14.7 % DOP admission rate (source Rethink and SCPCT)

Solent Mind Southampton referrals show 19% Black/mixed, 9% Asian and 71% white (Source: SAIL database)

Further data are available for the Basingstoke rape and sexual abuse counselling service, for the Basingstoke advocacy service, for the Bridge Centre and Shaw Trust employment schemes and the "Together" network clubs and services.

5. Organisational & Workforce Development

A snapshot of the substantive workforce as at March 20 2006 is set out in Annex E of the main report. This relates to all directorates rather than only Adult Mental Health.

This data segmented by locality shows that:

	Population	Staff
Southampton	7.9%	10.5%
Basingstoke	4%	16.2%
Rest of County	2%	9.2%

92% of HPT's new starters received Working with Dignity (Diversity) training (April – December 2005). This equates to 14% of the total HPT workforce. (Source: Development & Training data base February 2006).

Bangladeshi Welfare Association (BWA) and Culture Works Community Engagement Project. September 06

Funded by the National Institute for Mental Health in England (NIMHE)
through the University of Central Lancashire (UCLAN)

In December 2005 the Bangladeshi Welfare Association (BWA) and Culture Works submitted a joint bid to the University of Central Lancashire (UCLAN).

In April 2006 we were notified that we had been successful with our project bid.

What do we want to research?

Our aim is to investigate the Mental Health needs of the Bangladeshi Community in Portsmouth.
We want to determine the levels of awareness and access / barriers to current mental health services.

Why do we want to do this research?

With the results we collect from this research we will produce a report.
This report will be distributed widely to the community and to local Mental Health services. We hope that this report will help to influence existing and future Mental Health services to meet the Bangladeshi Communities needs in Portsmouth.
Also by taking part in this project we want to raise an awareness of mental health issues within the local Bangladeshi Community.

We have a trained Bengali research team made up of 6 people.
Information will be collected through a structured questionnaire this will also be available in Bengali. There will be two researchers present at the interview one will ask the questions and the other will observe and record answers.

Progress so far:

- 6 community researchers have been trained by UCLAN

- An interview questionnaire has been drafted for community members to examine the following domains
 - Demographics, language religion and other factors
 - Definition and awareness of mental health
 - Access to mental health eservices
 - Factors/concerns preventing an approach to mental health services
 - Awareness of the range of treatment options
- A written questionnaire has been devised for service providers
- These questionnaires have been reviewed by the FIS delivery group and are ready for piloting.

**Bangladeshi Welfare Association (BWA) & Culture Works: Mental Health Community Engagement Project
(Portsmouth)
Project Plan May 2006 – March 2007**

ACTIVITY	WHO	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
Advertise and Recruit researchers	S.Khan SAH	XXXX										
Training on MH & Research	All		XXXX	XX			XX					
Research / focus group meetings	All			X	X X	X X	X X	X X	X X	X X	X X	X X
Steering group meetings	S.Khan SAH			X		X		X		X		X
Develop research tools	All			XXXX	XXXX	X						
Advertise project in community	S.Khan All					XXX						
Pilot Questionnaire	All					XX						
Start Research	All					X	XXXX	XXX				
Collate & Analyse data	All						XXX	XXXX	X			

Write Report / First Draft	S.Khan All						XX	XXXX	XXXX	XXXX	XX		
Send 1 st draft of report to UCLAN REL, FIS, for comments	S.Khan										XX		
Amend and finalise report / Print	S.Khan											XX	X
Send final report to Uclan, REL, FIS	S.Khan											X	
Organise Launch event / activities	S.Khan All										X X		
Official Launch - Project completed	All												date TBC

Winchester Black & Minority Ethnic Engagement Project

SUMMARY INTERIM REPORT August 2006

1 Background

Winchester has a relatively small but growing black and minority ethnic population, 2.16% at the time of the 2001 census. Winchester City Council, the Police and other statutory agencies, together with the voluntary sector recognised the need to improve their knowledge of and links with these communities. This project is funded by the Hampshire Local Strategic Partnership (LSP) and managed by Winchester Area Community Action. Hampshire County Council provided a grant with financial contributions from the Police and A2 Winchester, together with matched resources of staff time from Winchester City Council and training venue and event costs met by the University of Winchester. Sompriti, an organisation working with Black and Minority Ethnic people in East Sussex has also been involved with the project under of the ChangeUp programme. (see separate report)

2 Proposed Project Outcomes

- Increased knowledge and understanding of local BME communities, including asylum seekers/refugees and faith groups which will enable more targeted and appropriate communication and service provision.
- Increased capacity with statutory and voluntary partner agencies to liaise and consult with these communities.
- Greater understanding of the issues of BME engagement in rural communities.
- Learning through models of good practice which will be shared across Hampshire through the LSP practitioners network and the Councils for Voluntary Services Network.
- Identifying the scope and possible direction for future work in the Winchester District.

3 Steering Group Members

Diana Wooldridge, Chief Executive, Winchester Area Community Action
Elizabeth McKerracher, Deputy Chief Executive, Winchester Area Community Action
Jo Surtees, Head of Housing, A2 Winchester (Housing Assoc.)
Terri Sandison, Head of Widening Participation, The University of Winchester
Beverley Meeson, Race Equality in Mental Health, Hampshire Partnership Trust
Steve Lincoln, Community Development Manager, Winchester City Council
Dr. Bob Coates, Director of Public health, Mid-Hampshire Primary Care Trust
Inspector Kevin Baxman, Winchester Police
Abdul Kayum, Secretary, Winchester Muslim & Cultural Association

Lois Hutchinson, BME Project Worker, WACA

4 Methodology

- Project flyers were produced in A4 and A5 size and distributed widely to all steering group members and across the District eg. GP surgeries, community centres, libraries, sports centres, CAB offices.
- Internet search for any formalised BME groups in the District.
- Email, telephone conversations and meetings held with any identified organisations/workers who are involved with BME groups or individuals in the District.
- Face to face meetings with BME groups and individuals, where possible, to hear about their experiences of living in the District and their views about the local services.
- The ethnic data of statutory organisations' staff and clients was collected where possible.

5 Winchester District BME Groups Identified

Winchester Muslim and Cultural Association (WMCA)

WMCA is a registered charity that has been running for 6 years and that has over 400 members. This membership is quite diverse being made up of many different ethnicities - predominantly British Asians of Bangladeshi, Pakistani, Thai and Malaysian origins as well as British Muslims of Moroccan, Algerian, Sudanese, Somalian and Middle Eastern extraction. Members are engaged in different occupations including catering, legal, taxi driving, medical, and engineering and the public sector.

It is difficult to get precise figures on the number of Muslims in Winchester as many are migrant workers – travelling from Southampton, Basingstoke, indeed from other parts of the UK, to work in Winchester either during office hours or for part of the week. Furthermore, some people travel from rural areas outside Winchester District travel to attend some of the WMCA activities.

Muslim Women's Group

This is a sub-group of WMCA organised by Daisy Nessa. Daisy and the WMCA have recently started up children's education classes in Islam and Arabic and whilst the children have their classes the women meet downstairs to discuss a range of topics.

The main issue raised by this group is a need for a Mosque/ Muslim centre where they too can pray, have community and social gatherings and to continue to provide education for the children and set up classes for the adults. However, in education, it was felt that more can be done in helping Muslim children with learning difficulties. English language classes need to be more accessible for Muslim mothers to help them in dealing with public services.

Because many Muslim women in Winchester tend to be migrant settlers, there is a real lack of knowledge of general healthcare – such as dentistry, nutrition, diabetes, heart problems mental health and child development.

There is some staring at the Hijab worn by some of the Muslim women from some people in the city, and there is a feeling that the Police are inapproachable. Access to leisure activities for Muslim women is non-existent as facilities are open to mixed genders. Interest was expressed in activities such as yoga, swimming, self-defence and aerobics. Other activities which were of interest include sewing, cooking and beauty classes. Muslim women want to help the environment but communications to do with recycling initiatives are not reaching them.

Jigsaw

This is a black and minority ethnic user group for Housing Services, Winchester City Council which was initiated a few years' ago.

Weeke Multi-Cultural Club

There is a growing BME population in Weeke and Dorothy Nel, together with a group of residents, who meet as a Christian faith group monthly, are setting up a club. This would be planned from the children's point of view with story telling, dance, traditional dress and food from different cultures.

The University of Winchester The Race Equality Forum (REAF)

A "Talk-shop" about diversity and equality issues was held at the end of last term (July 2006). This is an excerpt from the report of the event as relates to the wider Winchester community.

- Culture-shock and the problem of being a small minority
Students experienced some form of isolation and culture shock especially in the first semester. There was also some difficulty in reading the Winchester culture; what looks like racism may be snobbery and perhaps more related to social class rather than a race issue.
Students described subtle forms of racism e.g. staring.
- ACAS – Afro-Caribbean and Asian students' society holds weekly meetings on campus.
- Some internal research on experience of BME students at the University was carried out in 2005-2006 – see the University of Winchester website – www.winchester.ac.uk - Minority Ethnic Project findings.

(Report provided by Dr Oluyinka Esan, REAF)

4.7 Polish/Portuguese Workers, Sparsholt College

There are a group of 7 Polish, 1 Portuguese and 1 Italian worker at Sparsholt College where they work in the catering and housekeeping departments. Several external issues were raised by this group:

- a) Inadequate bus service to Winchester and high taxi costs leads to feelings of isolation.
 - b) Concern about the appointment delay when seeing the GP and for hospital appointments and that the treatment they receive is not satisfactory.
 - c) ESOL classes are not always accessible due to shift work and they would like more lessons.
- Some internal issues raised will be discussed further in a meeting with the catering manager in September 2006.

Chinese Catering Businesses Group

15 Chinese people from the local catering industry (restaurants and takeaways) attended a focus group and a project worker from Sompriti translated. Representatives from the environmental health department of WCC and health agencies attended to provide information and answer questions. The main issues raised were: the need for further help with the new Law on Food Hygiene with suggestion of a course for Chinese restaurants/takeaways managers and workers, with translation; the need for interpreters at GP and hospital appointments and delays in getting doctor's and hospital appointments. 40% of the group did not know that they needed to register with a GP. The group requested some written/audio information on mental health in Mandarin and Cantonese and to have information meetings every 3 months with suggestions of representatives from the police, CAB, health – GP registering, and highways at future meetings.

Gypsies & Travellers

Tynefield Gypsy Site, Whiteley

This site is 20 years old and is managed by HCC and is one of 5 sites in the county. There are 18 plots on the site, 17 of them currently occupied by English, Welsh and Irish gypsies. 90% receive housing benefit and can opt for housing if they want to. There is good support from the Gypsy Education Welfare Officer who visits the site 3x week and from a Health Visitor who has been visiting 1x week (with a midwife when required) for the past 20 years. There are some issues with the local GP practice with reluctance to register the gypsies who are often on temporary registrations (holiday).. Over the past 18 months there has been an increase of cultural tensions between families on the site.

A report by forest bus in March 2006 refers to a number of housed gypsies in the district:

		No. of families
Bishops Waltham	-	26
Winchester	-	38

Unauthorised and Traveller Sites

In addition to the Tynefield Site, the Winchester District has the largest number of unauthorised encampments in the County. The majority of these, but not all, are New Travellers. There are also a significant number of privately owned traveller sites, half of which have planning permission and half do not (known as unauthorised developments). There is a lack of transient facilities in the County.

The following information is about unauthorised encampments on land owned by HCC as of 31st August 2006 in the Winchester District and was provided by HCC Gypsy Liaison Department.

- Unauthorised encampments: 3 sites with 7 caravans
- Private developments WITH planning permission: 7 sites, 11 caravans
- Private developments WITHOUT planning permission: 7 sites, 16 caravans
- Planning Enforcement could result in 27 households being rendered homeless.

There is concern about the humanitarian and accommodation needs which may arise from this action.

Gypsy and Traveller Forums

As a follow on from the Gypsy and Traveller Conference held on 7th April 2006, two Gypsy and Traveller Forums have been set up in the north and south of the county, with the next meeting being held on 16th September 2006 in Winchester.

Migrant Workers

The exact number of migrant workers in the district is unknown, but growing and varies due to the seasonal nature of some of the work. For example:

- There are 80 Polish workers at the Bendicks factory, Moorside Road, Winchester who live in Southampton and come by coach to Winchester daily. They are recruited by the ADS recruitment agency in Southampton and stay for 5 months.
- There are 37 Polish workers at the Alresford Salad Industry who also live in Southampton and are recruited by SA Manpower.
- Increasing numbers of care staff in residential care homes across the district are employing Polish, Philipino and other migrant workers. There are also an increasing number of Polish people working in Winchester's café bars, pubs and restaurants.
- Sparsholt College employs a small number of Polish, Portuguese and Italian workers in catering and housekeeping – see 4.7.
- There is a Polish Community Centre in Southampton and a Polish group in Winchester is being set up, details as yet unknown.

Faith Groups

Many of the Faith groups in the District are yet to be identified but links have been made with the following groups:

- Winchester Muslim and Cultural Association (see 4.1)
- Hampshire Interfaith Network has been initiated by HCC and aims to provide a place where people from different faith backgrounds can meet to exchange views and ideas to help foster better understanding.
- Three Faiths Forum is co-ordinated by Rev'd Tim Selwood and is a group of people from the Christian, Muslim and Jewish faiths which meets in Winchester twice a year to develop dialogue and friendship between the faiths.

Common Issues

Although the groups engaged with are diverse, there are some common issues.

Racism

Many incidents of racism were discussed, in particular verbal taunts and staring. All groups were reluctant to report these incidents for fear of further repercussions.

Health

Although there were some reports of good practice with regard to cultural sensitivity of GPs and hospital staff, there were several issues of delayed GP and hospital appointments, translation issues when visiting GPs and hospitals. Lack of understanding of mental health.

Education

Shared interest in promoting inter-cultural activities both in school and in the community to raise awareness and to provide positive experiences for the children who are in very small minorities within the District's schools.

Information

Lack of knowledge about what statutory and voluntary support is available in the District, including information about funding possibilities.

Recommendations

- The work that has been started with this project needs to be continued to build on the engagement with the BME groups already identified and to reach as yet unidentified BME communities in the district, particularly in areas other than Winchester City.
- [There is a need for bi-lingual/ multi-lingual workers to ensure that BME groups who speak less English can have the same support and opportunities.](#)
- A local BME website for BME workers and community groups/individuals which provides information about support and services, local forums, community groups and funding possibilities.
- To set up a local BME network where groups can gain knowledge of each others activities, exchange information, provide mutual support and inform local organisations.
- For all existing forums in the district to encourage and support representatives from the BME groups to join them.
- To link with the Gypsy & Traveller Forum in the north of the county.

- To explore further the issues facing Migrant Workers.
- To link with children's services, in particular schools and the youth service.
- To link with Winchester hospital and the prison.
- To identify and link with other faith groups.
- To support inter-cultural events, such as One World Day at the University, where people from different cultures can share food, show different styles of traditional dress and music.
- To support services to address the needs identified in the report and at the conference.

Summary

This project covers a wide geographical area. Although concerted efforts have been made to identify BME groups and clusters in the District, this is only a beginning and there are likely to be people from BME communities who are yet to be reached.

The project includes people from black and minority ethnic groups, gypsies & travellers, faith groups and migrant workers. This is a diverse range of people with differing needs who do not necessarily group themselves together. It is important to recognise and respect the differences, as well as acknowledging common issues, when thinking and planning for services.

Some local BME groups are well established such as the WMCA and others are just forming such as the Weeke multi-cultural club. If BME groups can be supported, both practically and financially, then they will have a louder voice and can then represent their group in the wider arena to inform better services for BME people. Local services also need to think creatively about how to reach out to the BME community. Information sessions such as the recent one held for the Chinese Catering Businesses group are an example of this. (See 4.8)

All the BME groups and individuals that the project worker met with have been willing to engage with the project and have appreciated the opportunity to give their views and discuss issues affecting them. There is also a willingness from the workers and their organisations to find ways to engage with and improve their services to the BME communities in the District.

The Role of Faith in Mental Health: Community Engagement Project for Faith communities in Southampton

Background to the project

This project is based on work on Bradford with Imams. It has been shown there and in a number of research publications that the spiritual dimension to mental health is neglected and that working with faith approaches can provide relief for patients with a faith. It is acknowledged that Southampton & Bradford have very different communities but the project team wanted to start somewhere in acknowledging this faith dimension.

The aims of the project are:

- To improve knowledge of Islam and other faiths among mental health professionals
- To improve the knowledge of mental health amongst Imams and other faith leaders
- To support Imams/other faiths in their supportive role to people with mental health problems
- To determine the level of support to people with mental health problems in Southampton by clerics/people from their faith communities
- To consider direct payments as a way of supporting people to remain supported in their communities
- Enhance the understanding of the experience of Muslim in patients and those of other faiths in mental health settings
- Develop guidelines for working with Muslim inpatients and community clients, in a mental health setting
- Develop policy for sustaining culturally sensitive care across all ethnic groups

The project team will do this in the first instance by:

- Developing/adjusting a recognised training package of Islam awareness to suit the information needs of mental health professionals
 - A group including the current course leader (Anas Al korj), a Muslim consultant, a Muslim community psychiatric nurse and a Muslim public health specialist will design the one day course
- Training 4 cohorts of mental health professionals

- This is needed prior to work with the Imams because it may prevent professionals from causing offence in their exchange of knowledge about mental health
- Training all Imams in the 6 mosques in Southampton in the breadth of mental health issues and services available
- Promoting exchange events and regular contact between professionals and Imams
- Consulting the Southampton council of faiths to see if the work can be extended to Sikhs and Hindus
- Writing up the views of faith communities, service users and professionals to create an action plan for change to services and guidelines for practice

Progress to date:

An Islam and Mental Health Awareness training day was held at Medina Mosque for mental health staff and feedback from staff that attended the day was very positive.

The day was seen as a success in the first instance because the training was delivered by members of the Muslim community in a community venue.

This helped build bridges between the community and mental health services.

For example an anonymous case was discussed and the worker expressed the difficulties encountered in being able to assess accurately the level of mental illness with someone that was professing 'possession' with the Jinn. Not only did the day help to clarify this dilemma but the training facilitators were able to advise the workers that the faith leaders would be happy to be consulted to advise on any cultural issues affecting service users.

The importance of culturally appropriate assessments was also discussed and it was clear that to conduct a meaningful assessment could take longer than with the white population. Some workers felt under pressure to complete all assessments at the work base in a limited amount of time.

These workers felt empowered by the evidence of the day to go back and to challenge the practice back in their workplaces

Training programme:

Muslim Council of Southampton
P.O. Box 1302 - Southampton - SO14 0WN
Email: mcs.soton@gmail.com
Tel: 07074 471 988
www.mcs-online.org

Islam and Mental Health Awareness Course

Delivered by [Anas Al-korj](#), [Parvin Damani](#), [RedwanEl-Khayat](#)

09.00- 09.15 Arrive, Tea, Coffee.

09.15- 09.30 Start, Welcome, Introduction, Ground rules, Aims and Reflection

09.30- 10.00 How ideology develops and may affect/influence policies and decisions

10.00- 11.00 Islam Awareness: Meaning, Objectives and Application

11.00- 11.15 Break

11.15- 11.30 Difference between culture and religion

11.30- 12.30 Family & Women: issues/structures and how to engage with the community

12.30- 13.00 Lunch

13.00- 14.00 Observations (Wudhu, Azaan, Prayer) and Q&A

14.00- 14.30 Models of Care / Care pathways

14.30- 15.00 Faith and Healing: Role of faith in healing, Jinn, etc..etc.

15.00- 15.30 Issues when dealing with Muslims (dress, worship, physical proximity)

15.30- 16.00 How to optimize the use of community resources to challenge barriers

16.00- 16.30 Final Q&A and explaining Plan/Homework for next session

16.30 End.

THE WILTSHIRE TRUST Progress Report

RESEARCH BRIEF

'To identify the needs of black and minority ethnic ex-service-users and carers so that their experience of using mental health services can be improved leading to reduced isolation/loneliness and an improvement in their mental health well-being'

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.
- Researching the unmet mental health needs and service gaps. To relieve isolation and loneliness which service users experience on wards

Main areas to be researched with ex-service users, carers, statutory and voluntary services

- Raising awareness in the communities
- The formation of a BME Support Group
- The introduction of a targeted information service

- Adding activities on the wards and communities
- Cultural Awareness Training for staff
- Promoting access to voluntary sector services on leaving wards
- Establishment of a Mentoring Scheme for wards
- Spiritual needs to relieve isolation and loneliness on wards

A total of 40 questions have been drafted from these eight sections

- Our two main priorities from the Delivering Race Equality 12 point Action Plan
- A reduction in the rate of admission of people from black and minority ethnic communities to psychiatric inpatient units.
- A reduction in the disproportionate rates of compulsory detention of BME service users in the inpatients units.

. Project Plan

Main highlights

- Fieldwork of the research is in September and October
- Analysis of collated data will be carried out in November and December
- Dissemination of report on findings and recommendations in February 2007.

(See appendix A for further details).

Added Value Grant 1: In-Patients To Have Access To Cultural Assessment

Activity supported

The purpose of this project is to establish the basis for a continuing service in which service users who are admitted to hospital will have access to a cultural assessment, recognising that people from different cultures have different needs and beliefs and these must be taken into account when a patient is having a mental health assessment and treatment. This scheme will seek to build on the system that exists in New Zealand and adapt it for the multi-cultural and multi-ethnic make-up of the population in Hampshire.

2. Amount: £25,000 invoiced in February 2006, spent to date £0

3. Progress to date

- Tender distributed to 12 organisations (including networks such as PRENO, BMAP and Empathy) April 2006 4 organisations applied and were interviewed on 8/6/06
- Tender awarded to Wiltshire trust June 2006
- Meeting with FIS coordinator and project team 6/6/06, agreed project plan
- Meeting with FIS delivery group on intervention and recovery 17/6/06, agreed service standards, eg response times, reporting, sharing of risk information by the trust staff.
- August 2006 first advance of £2,000 drawn but not sent for recruitment of cultural assessors, patient information leaflet drafted by Wiltshire trust
- August and September 2006. Negotiations over the service agreement, issue to resolve concerning share in intellectual property, FIS steering group set a limit of end of September to sign agreement

Added Value Grant 2: Coordinated Approach To Community Development

Activity supported

The purpose of this project is to establish a network of community development workers (CDWs) working with black and minority ethnic (BME) communities across Hampshire and the Isle of Wight. The network should, in addition to providing the basic training for CDWs in the mental health field, enable the CDWs from across all agencies to take a coordinated approach to their work, to target communities effectively and share learning and expertise.

Hampshire is a county of varied population characterised mainly by large areas of rural villages with a 2% average BME population. However in Portsmouth, Southampton and Basingstoke the BME population is significantly higher (5.3%, 8% and 4% respectively). A number of public sector bodies identified the need to build and nurture capacity within BME communities. This has led to the employment of CDWs in the county council, the fire service, some housing associations, some district councils and a few voluntary organisations. DRE mandates that 500 Black and Minority

Ethnic Community Development Workers (CDWs) should in post in England by December 2006. 15 CDWs have been allocated in Hampshire and the Isle of Wight

2 Amount: £25,000 invoiced in February 2006, spent to date £0

3 Progress to date:

- Extensive work to ensure that some CDWs would be in place to carry out the work of DRE and take advantage of the network, February to September 2006
- Purpose and scope of the network agreed with county council and PCT MH commissioner colleagues July 2006
- Tender sent out to xx organisations 14th September 2006

Non NHS stakeholder links

Steering group

Members who are not from health include:

Name	Role and Organisation	email
Phil Simmonds	Wiltshire Trust	pdazzler@excite.com
Richard Barritt	Chief Executive, Solent Mind	rbarritt@solentmind.org.uk
Mohammed Mossadaq	Race Equality Lead Hampshire County Council	Mohammed.mossadaq@hants.gov.uk
Graham Collingridge	Adult services Hampshire County Council	Graham.collingridge@hants.gov.uk
Andy Mallett	Community Safety, Hampshire Constabulary	Andrew.mallett@hampshire.pnn.police.uk
Rachel Hatcher	Manager, Rethink Hampshire	Rachel.hatcher@rethink.org
Rob Kurn	Southampton voluntary services	r.kurn@southamptonvs.org.uk
Parvin Damani	Councillor Southampton city council	

- Hosting one of the CDW workers and on interview and shortlist panel
- Providing information and PR material for conference packs
- Provided data on uptake of support time and recovery services by BME service users
- Sent worker on RECC training

Rachel Hatcher:

- Sent worker on RECC training
- Providing information and PR material for conference packs
- Provided data on uptake of support time and recovery services by BME service users

Phil Simmonds:

- Running a community engagement project

Graham Collingridge:

- Provided money for conference
- Chairs FIS in the absence of Martin Barkley

Andy Mallett:

Some examples of the work that these group members have done for the FIS

Mohamed Mossadaq:

- Provided training on race equality impact assessment
- Offered partnership with PCTs to host CDWs

Richard Barritt:

- Offered community engagement money, so long as a project could be seen to also reduce crime

Rob Kurn:

- Sits on FIS delivery group for workforce, setting up service user stakeholder events

Other FIS coordinator contacts

This is just a snapshot of other links:

Don John Southampton City council

- Sits on Southampton CDW steering group

New communities team Southampton City council (Gavin Barker, Tony Pascoe)

- Provide data on new communities demographics
- sit on BME health and well being task force with the FIS coordinator
- provided introduction to Muslim Council of Faiths to start off the faith and mental health project in Southampton

Hampshire deaf association

- Developing community engagement project

Winchester Community engagement project steering group

- AB housing (Jo Surtees)
- Winchester police,
- University of Winchester
- Winchester city council
- Community action Hampshire
- Muslim and Cultural association of Winchester and District

Working together on gathering the views of the local Chinese, Bengali and Turkish community and galvanising service response

Rajni Bali, Islam Jaliata (CDWs in criminal justice), Probation services

- Emerging links to work on areas of common interest, needs developing
- Islam has introduced the FIS coordinator to the Basingstoke diversity forum, Rajni to the Eastleigh diversity forum of local BME groups meetings of which she has attended

Hampshire race equality network (borough and county council diversity leads)

- FIS coordinator attends bi monthly meetings
- Sent out tender for CDW network to them

Rev Ian Johnstone, chair Southampton council of faiths

- SCOF has endorsed the faith and mental health project, two of its members are involved in developing the project and delivering training content, they wish to widen the project to other faiths and to receive signposting material

Mr Haque, Portsmouth Bangladeshi Welfare association

- Running a community development project

Tunde Bright Davies, Portsmouth Race Equality Network

- Sits on FIS delivery group for satisfaction with/fear of services
- Acts as a conduit for tenders to the extensive network in the Portsmouth area of BME and refugee and asylum groups
- Provided mapping of BME groups in Portsmouth for the FIS

Community Development Co-ordinators

Status regarding progress to achieve target of 15 CDWs by December 2006

The position as of **14/09/2006** is as follows:

PCT	Allocation	Funding identified for	Recruitment in progress	Comments
Mid Hampshire	1	0	0	
New Forest	1	0	0	<i>"I have been informed by Denise Foster, Director Adults and Older People Services that the funding for the CDW post was excluded from the LDP".</i>
North Hampshire	2	2	0	Finding host orgs at present, JD agreed, advertise late sep 06
East Hampshire	1	0	0	
North East Hampshire	2	1	1	Host org recruited, advertise Sep/Oct
Fareham & Gosport	1	0	0	
Eastleigh & Test Valley South	1	0	0	<i>As for New Forest</i>
Portsmouth	2	2	2	Advertised End of September 2006
Southampton	3	3	3	<i>"The funds have been identified to meet the target through the LDP".</i> Advertised August 2006, 57 applicants fro 3 posts interviews 25 th September
Isle of Wight	1	0.5	0	<i>"We understand the target for full achievement for the Isle of Wight = 1 wte CDW. We are committed to working towards this but as yet have been unable to identify funding."</i>

CDWs in post, date appointed:

Name	Contact	Covers
		African Caribbean and in patient links
		Asian and primary care links
		New communities and voluntary sector placement (Mind)

DRE Networks and the Hampshire and Isle of Wight FIS

The Hampshire and Isle of Wight Focussed implementation site has asked for membership of the following 3 networks:

1. Race Equality and cultural capability training, run by Ian McGonagle
2. Clinical learning network run by Kwame Mc Kenzie and Kamaldeep Bhui
3. Service user network. The FIS coordinator is unclear who runs this network, despite someone representing the FIS having attended every NPIT meeting this year.

Activity with the networks

RECC

The FIS has participated in the pre-course evaluation led by the Sainsbury's centre, completing an organisational questionnaire, a statistical questionnaire on staff, service users, complaints and grievance ethnic profile. Three of the 5 days have been held. The FIS provided 20 participants on the course from the 3 provider NHS trusts and 2 voluntary organisations: Solent mind and Rethink. The last 2 days and a focus group will be held in October. The RECC group have kept us informed via a newsletter, emails and face to face contact with Ian McGonagle at each NPIT meeting.

Reports on this activity feed into the delivery group on workforce

Clinical Learning

The FIS coordinator approached the leaders of this network at the DRE conference in February and was told that further information would be coming. Discussions were held between the FIS coordinator and the medical director of the Hampshire Partnership NHS trust, who agreed in principle to participate, once more was known. There has been no further word from this network. The FIS coordinator attempted to contact Kwame McKenzie, via an email address given by David Sallah's office and via the university contact voicemail. . The aim was to ask for a presentation at the FIS conference in November and to do some workshops with our senior clinical staff on risk assessment and BME service users. No reply has been received.

This network would greatly enhance the work of the Intervention and recovery delivery group.

Service user

It is not clear if this network is in existence. Further information has been requested at NPIT meetings but none has been forthcoming. This network would be a resource for the satisfaction with services delivery group.

This is an area of concern for the FIS we would like to be more engaged but with the exception of the RECC we cannot access them.

Hampshire and Isle of Wight FIS Contact details

Providers

Hampshire Partnership NHS trust

Role	Name	Address	Phone	email
Chief Executive	Mr Martin Barkley	Maples Buildings, Tatchbury Mount Hospital, Calmore, Southampton, Hampshire, SO40 2RZ	023 8087 4300	martin.barkley@hantspt-sw.nhs.uk
Chair	Maureen Robinson	Maples Buildings, Tatchbury Mount Hospital, Calmore, Southampton, Hampshire, SO40 2RZ	023 8087 4300	maureen.robinson@hantspt-sw.nhs.uk

Chair of the FIS steering group

Portsmouth City Teaching Primary Care trust

(NB, this trust is a provider and a commissioner of services)

Role	Name	Address	Phone	email
Chief Executive	Mrs Sheila Clark	Trust Central Offices, St. James Hospital, Locksway Road, Southsea, Hampshire, PO4 8LD	023 92 894484	sheila.clark@ports.nhs.uk
Chair	Zenna Atkins	Trust Central Offices, St. James Hospital, Locksway Road, Southsea, Hampshire, PO4 8LD	023 92 894484	zenna.atkins@ports.nhs.uk

FIS SG member, Mandy Sellers, AMH service manager

Isle of Wight NHS PCT

Role	Name	Address	Phone	email
Interim Chief Executive	Ed McAllister – Smith	St. Marys Hospital, Parkhurst Road, Newport, Isle Of Wight, PO30 5TG	01983 – 524081	ed.macalister-smith@iow.nhs.uk
Chair	Mr Danny Fisher	St. Marys Hospital, Parkhurst Road, Newport, Isle Of Wight, PO30 5TG	01983 – 524081	danny.fisher@iow.nhs.uk

FIS SG member, Martin Johnson, adult services manager for IOW

Primary Care

Eastleigh and Test Valley South and New Forest PCTs

(NB these are semi merged PCTs)

Role	Name	Address	Phone	email	
Chief Executive	Mr John Richards	8-9 Sterne Road, Tatchbury Mount, Calmore, Southampton, Hampshire, SO40 2RZ	023 8087 4272	john.richards@etvs-pct.nhs.uk	FIS SG member Jim Dassut, MH commissioner
Chair ETVS	Lynne Lockyear	8-9 Sterne Road, Tatchbury Mount, Calmore, Southampton, Hampshire, SO40 2RZ	023 8087 4272	lynne.lockyear@etvs-pct.nhs.uk	These 4 PCTs are due to be merged into one
Chair New For	Alex Lander	8-9 Sterne Road, Tatchbury Mount, Calmore, Southampton, Hampshire, SO40 2RZ	023 8087 4272	alex.lander@nfpct.nhs.uk	
East Hampshire and Fareham and Gosport PCTs (NB these are semi merged PCTs)					
Role	Name	Address	Phone	email	
Chief Executive	Mr John Wilderspin	Raebarn House, Hulbert Rd, Waterlooville, Hants, PO7 7GP	02392 248827	john.wilderspin@ports.nhs.uk	
Chair F&G	Lucy Docherty	Unit 180, 166 Fareham Road, Gosport, Hampshire, PO13 0FH	01329 229 432	lucy.docherty@ports.nhs.uk	
Chair E Hants	Margaret Scott	Raebarn House, Hulbert Rd, Waterlooville, Hants, PO7 7GP	023 9224 8829	margaret.scott@ports.nhs.uk	

Mid Hampshire PCT

Role	Name	Address	Phone	email
Chief Executive	Chris Evannet	Unit 3, Tidbury Farm, Bullington Cross, Sutton Scotney, Winchester, Hampshire, SO21 3QQ	01962 825265	chris.evannet@midhampshirepct.nhs.uk
Chair	Bridget Phelps	Unit 3, Tidbury Farm, Bullington Cross, Sutton Scotney, Winchester, Hampshire, SO22 3QQ	01962 825265	bridget.phelps@midhampshirepct.nhs.uk

FIS SG member
Jim Dassut, MH
commissioner

North Hampshire and Blackwater Valley and Hart PCTs

(NB these are semi merged PCTs)

Role	Name	Address	Phone	email
Chief Executive	Debbie Glenn	Harness House, Aldermaston Road, Basingstoke, Hampshire, RG24 9NB	01256 332288	debbie.glenn@bvhpct.nhs.uk
Chair NH	Dr Tony Ludlow	Harness House, Aldermaston Road, Basingstoke, Hampshire, RG24 9NB	01256 332288	tony.ludlow@bvhpct.nhs.uk
Chair BWV &H	Mr John Parker	Harness House, Aldermaston Road, Basingstoke, Hampshire, RG24 9NB	01256 332288	john.parker@bvjpct.nhs.uk

FIS SG member Dr
Gill Spencer, public
health

Southampton City PCT

Role	Name	Address	Phone	email
Chief Executive	Brian Skinner	Western Community Hospital, William Macleod Way, Southampton, Hampshire,	023 8029 6949	brian.skinner@scpct.nhs.uk

FIS SG members
Christina
Richardson MH
commissioner and
Parvin Damani,
Public Health

Chair	Pauline Quan-Arrow	Western Community Hospital, William Macleod Way, Southampton, Hampshire,	023 8029 6949	pauline.quan-arrow@scpct.nhs.uk
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South Central Strategic Health Authority

Role	Name	Address	Phone	email
Chief Executive	Mark Britnell	Jubilee House, 5510 John Smith Drive, Oxford Business Park South, Oxford, Oxfordshire, OX4 2LH	023 8072 5400	mark.britnell@southcentral.nhs.uk
Chair	Dr Geoff Harris	Jubilee House, 5510 John Smith Drive, Oxford Business Park South, Oxford, Oxfordshire, OX4 2LH	023 8072 5400	geoff.harris@southcentral.nhs.uk

NB these are interim contact phone numbers for the SHA