



**NHS SW FOCUSED IMPLEMENTATION SITE
FOR DELIVERING RACE EQUALITY IN MENTAL HEALTH CARE**

25 November 2006

Delivering Race Equality in Mental Health Care Plymouth and Somerset Local Area Action Group (LAG)

28th November 2006, 9am – 4pm

Section 1 Venue: Plymouth DRE FIS
Plymouth Race Equality Council
3rd Floor Prideaux Court
Palace Street
Plymouth, Devon
PL1 2AY

A G E N D A

Plymouth LAG Review – Section 1

9.30	Welcome and Introductions	Lyn Nightingale - DRE FIS Co-ordinator Steve Waite - Director of MH and LD Services
9.45	Where does this DRE FI Site Operate <ul style="list-style-type: none">- Pen picture of Plymouth City and surrounds.- Ethnic profiles of the area.- Plymouth PCT and partners – our business	Anne Wilkinson – Director Plymouth REC Steve Waite – Director of MH and LD Services
10.00	Plymouth DRE Work Programme – Action Plan, PDSA Projects 2006/07.	Lyn Nightingale Nic White, Kevin Parrish, Shei Ling
10.20	DRE Value added grant – BME Counselling Service Pilot	Lyn Nightingale, Shahin Pople, Anne Wilkinson, Isabelle Lindsey-Clarke
10.40	Coffee	
10.50	<ul style="list-style-type: none">• The role and impact of Community Development Work with BME Communities.	Simon Newitt Rosie Shrubb MH ASR Team representative
11.15	<ul style="list-style-type: none">• UCLAN Community Engagement Projects	Hikmat – Exeter Penwith CDF - Truro
11.35	<ul style="list-style-type: none">• Race Equality and Commissioning in Plymouth	Julie Wilson & John Harrison
12.00	Plymouth Local Area Action Group Reflection Circle - Successes and Challenges	Review Panel Key personnel from the DRE LAG
12.20	Final Plymouth FIS Questions	
12.30	Panel Timeout for recording	
1.00	Lunch	

Somerset LAG Review – Section 2

1.45	Welcome and Introductions	Sandra Benjamin – Chair DRE Regional Group
	A Regional Perspective – SW DRE Steering Group	
2.10	Where does Somerset LAG Operate <ul style="list-style-type: none">- Pen picture of Somerset- Ethnic profiles of the area.- Somerset PCT and SOMPAR MH Trust and – Our business	Annette Hill- Director of HR James Marriott – DRE Lead
2.25	Somerset DRE Work Programme – Action Plan, PDSA Projects 2006/07. <ul style="list-style-type: none">• BME Community Development Work in Somerset.	Annette Hill- Director of HR James Marriott – DRE Lead
2.55		Loretta Ingram – CDW Manager (Somerset PCT)
3.10	<ul style="list-style-type: none">• UCLAN Community Engagement Projects	Andy Merryfield – Somerset Race Equality Council
		Loretta Ingram – CDW Manager (Somerset PCT)
3.30	<ul style="list-style-type: none">• Somerset Local Area Action Group• Reflection Circle - Successes and Challenges	Review Panel Key personnel from the DRE LAG
3.50	Final Somerset FIS Questions - Close	
4.00pm	Peer Reviewers Travel to Dorchester	

Delivering Race Equality in Mental Health Care West Dorset Local Area Action Group (LAG)

29th November 2006, 9.00am – 11.30am

Section 1 Venue: 1A Acland Road, Dorchester

A G E N D A

Dorset LAG Review – Section 1

9.00	Welcome and introductions	Brian Goodrum Director of Mental Health Dorset Primary Care Trust
9.05	Where does this DRE FIS Operate	Brian Goodrum
	<ul style="list-style-type: none">- Pen picture of West Dorset- Ethnic profiles of the area- Dorset PCT – The core business	
9.15	<ul style="list-style-type: none">• West Dorset Local Area Action Group	Gilbert Gundu
	<ul style="list-style-type: none">- Governance Structure- Membership- Accountability- DRE Plan	
10.00	West Dorset LAG - Action Plan/PDSA Projects	Brian Goodrum
	<ul style="list-style-type: none">- Equalities training in an acute MH setting- Improving ethnic data recording and service delivery.- Cultural Competence within Prison's	Mark Humphries – MH Practice Development Manager. Gilbert Gundu – BME CDW Dorset PCT
10.30	<ul style="list-style-type: none">• The role of the Community Development Worker	Dr Jane Horne – Public Health Consultant
	<ul style="list-style-type: none">- The organisational experience of CDW recruitment.- Developing a work plan/educational and training for the CDW Team.- A Community development workers progress and aspirations so far.	Gilbert Gundu – BME CDW Dorset PCT
11.00	<ul style="list-style-type: none">• West Dorset Local Area Action Group• Reflection Circle - Successes and Challenges	Review Panel Key personnel from the DRE LAG
11.20	FIS Review team question	Shanana Ramsden and Panel
11.30	Depart for the next site	

Delivering Race Equality in Mental Health Care Dorset Local Area Action Group (LAG)

29th November 2006, 12.30 -4pm

Dorset Health Care Trust,
11 Shelley Road,
Boscombe,
Bournemouth, BH1 4JQ

01202 303400

A G E N D A

Dorset LAG Review – Section 2		
12.30	Welcome and Buffet Lunch	Jane Elson, <i>Operational Director Health and Social Care, Bournemouth and Race Equality Lead. Dorset HealthCare Trust (DHCT)</i>
1pm	Mainstreaming Race Equality: DRE and Foundation Trust Status.	Roger Browning, <i>Chief Executive, Dorset HealthCare NHS Trust.</i>
1.15pm	Overview of local area, demographics and current Trust position on delivering race equality.	Julia Reid, <i>Equality and Diversity Development Worker, DHCT</i>
1.30pm	Mapping Exercise Presentation Experiences of the BME community mapping project and recommendations to date.	Gemma Genco, <i>Black and Minority Ethnic Community Development Worker (CDW), DHCT and stakeholders involved in the project.</i>
2.00pm	UCLAN Community Engagement Project.	Timon Hughes-Davies, <i>Director Bournemouth Mind.</i>
2.30	Race Equality Training Programmes Diversity Directory	Julia Reid
3.00	Consultation and Dorset Equalities Group Tea Break	
3.15	<ul style="list-style-type: none">• Dorset Local Area Action Group• Reflection Circle - Successes and Challenges	Review Panel Key personnel from the DRE LAG
3.35	Final Questions and Answers	
3.45pm	Review Finish / Panel note takers to meet	

SOUTH WEST STRATEGIC HEALTH AUTHORITY
DORSET AND SOMERSET FOCUSED IMPLEMENTATION SITE
FOR DELIVERING RACE EQUALITY IN MENTAL HEALTH CARE

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SOUTH WEST STRATEGIC HEALTH AUTHORITY

DORSET AND SOMERSET FOCUSED IMPLEMENTATION SITE FOR DELIVERING RACE EQUALITY IN MENTAL HEALTH CARE

1. INTRODUCTION

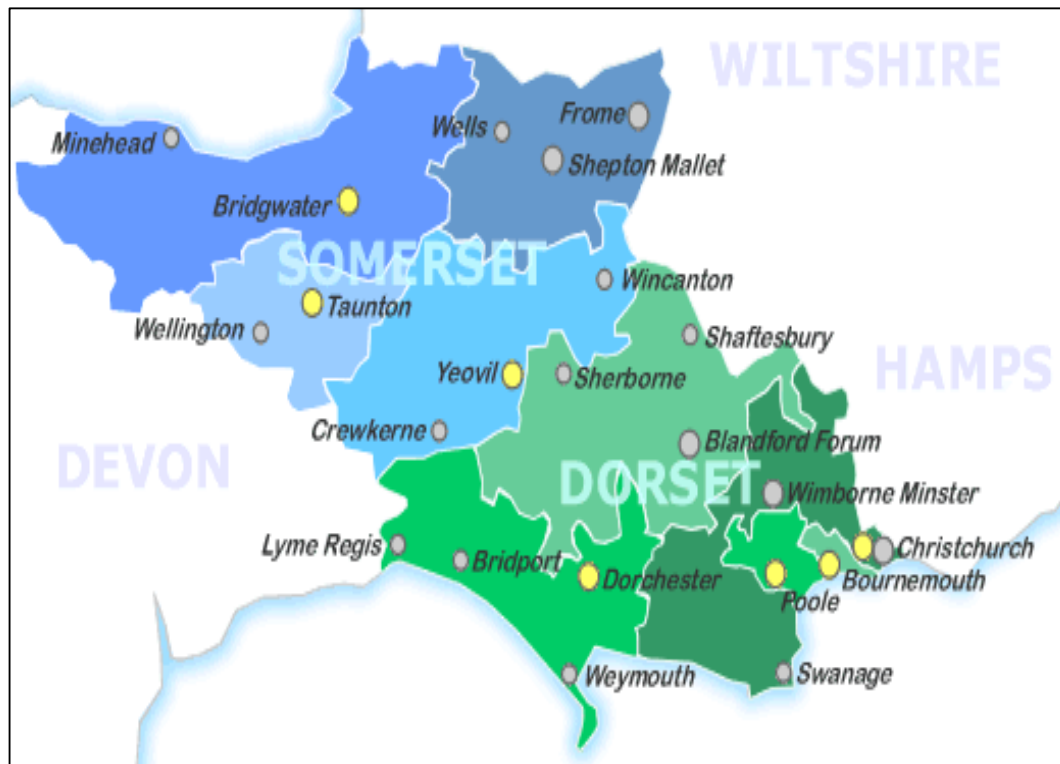
- 1.1 This dossier of information aims to provide a briefing about the Dorset and Somerset Focused Implementation Site prior to the review visit which will take place over 28 and 29 November 2006.
- 1.2 This is a general introduction and is supplemented by a series of information in the Appendices One to Eleven.

2. GEOGRAPHICAL AND ORGANISATIONAL CONTEXT

- 2.1 The Dorset and Somerset Focused Implementation Site covers a large geographical area which at the time of the inception of the Focused Implementation Site was Dorset and Somerset Strategic Health Authority.
- 2.2 With the exceptions of the urban centres of Poole and Bournemouth the Focused Implementation Site covers an area which is essentially rural with a dispersed the population living in towns, villages and hamlets. Transport within the area is both limited and limiting.

FIGURE ONE:

Map of the Dorset and Somerset Focused Implementation Site



2.3 The organisational composition of the Focused Implementation Site is shown in Table One.

TABLE ONE:
Organisational composition in the Dorset and Somerset Focused Implementation Site

Primary Care Trusts	<p>Nine Primary Care Trusts have reduced to three with effect from 1 October 2006 and these are:</p> <ul style="list-style-type: none"> • Bournemouth and Poole Primary Care Trust; • Dorset Primary Care Trust; • Somerset Primary Care Trust.
Trusts providing mental health services	<p>Three Trusts provide mental health services and these are:</p> <ul style="list-style-type: none"> • Dorset HealthCare NHS Trust; • Dorset Primary Care Trust; • Somerset Partnership NHS and Social Care Trust.
Local Authorities	<p>There are two unitary authorities and two shire county council in the Focused Implementation Site:</p> <ul style="list-style-type: none"> • Bournemouth Borough Council; • Borough of Poole Council; • Dorset County Council; • Somerset County Council. <p>Within the two shire counties of Dorset and Somerset there are eight and five District or Borough councils respectively.</p>
Ambulance Services	<p>The Focused Implementation Site is served by the South Western Ambulance Service NHS Trust (this was formerly two Trusts which merged on 1 April 2006).</p>
Police	<p>The Focused Implementation Site straddles two police areas:</p> <ul style="list-style-type: none"> • Dorset Constabulary; • Avon and Somerset Police.
Race Equality Councils	<p>The following two Race Equality Councils are active:</p> <ul style="list-style-type: none"> • Dorset Race Equality Council; • Somerset Race Equality Council (which is also host for the Somerset Black Development Agency).

2.4 In addition to the above a range of voluntary sector organisations are active in the mental health sector in Dorset and Somerset, notably MIND and Rethink.

3. POPULATION CONTEXT

- 3.1 Population data recorded by ethnic group through the 2001 census are shown in Appendix One which offers evidence that the numbers of people in black and minority ethnic communities are comparatively small and this represents a challenge both in terms identifying the needs of these groups and in terms of communicating with small numbers in rural communities.

4. DOSSIER OF INFORMATION

- 4.1 The Appendixes contain a range of summarised information from within the Dorset and Somerset Focused Implementation Site which it is hoped will provide helpful background for the review.

- 4.2 The information provided covers:

- summary **population data** [Appendix One];
- overall **project plan** [Appendix Two];
- specific **local action plans** [Appendix Three];
- the **governance structure** for the Dorset and Somerset Focused Implementation Site within the South West [Appendix Four];
- progress on the use of the **Value Added Grant** [Appendix Five];
- summary information about the **community engagement projects** [Appendix Six];
- summary of the **learning workshops programme** [Appendix Seven];
- **baseline data sets** which are being used [Appendix Eight];
- summary position for establishing **community development workers** in Dorset and Somerset [Appendix Nine];
- **clinical networks** [Appendix Ten].
- **contact lists** [Appendix Eleven].

APPENDICES

- APPENDIX 1 POPULATION DATA**
- APPENDIX 2 PROJECT DATA**
- APPENDIX 3 LOCAL ACTION PLANS**
- APPENDIX 4 GOVERNANCE STRUCTURES**
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- APPENDIX 10 CLINICAL NETWORKS**
- APPENDIX 11 CONTACT LISTS**

APPENDIX 1

POPULATION DATA

This Appendix sets out a summary of the population data.

**POPULATION DATA FOR THE DORSET AND SOMERSET FOCUSED
IMPLEMENTATION SITE**

1. INTRODUCTION

1.1 The following two tables show the percentages and numbers of the populations according to the former nine Primary Care Trusts in the Dorset and Somerset Focused Implementation Site.

2. POINTS TO NOTE

2.1 The following points are worth noting:

- with one exception the proportions of people from black and minority ethnic backgrounds range between 3.73% and 4.48%;
- the exception is in the Bournemouth area where the proportion is 7.04%;
- in all areas the largest proportion of people form black and minority ethnic communities are those in the group who described themselves as “White: Other White”.

3. CHANGING POPULATIONS

3.1 The data shown were taken from the 2001 census and therefore do not reflect fully the changes in populations over the past five years.

3.2 It is known that there have been numbers of people who have settled in Dorset and Somerset from eastern European countries either as asylum seekers or as a result of the expanding membership of the European Community.

APPENDIX 1

TABLE ONE:
PERCENTAGES OF BLACK AND MINORITY ETHNIC POPULATIONS BY FORMER PRIMARY CARE TRUSTS

Primary Care Trust	All people	Percentage of people in ethnic groups: White: British	Percentage of people in ethnic groups: White: Irish	Percentage of people in ethnic groups: White: Other White	Percentage of people in ethnic groups: Mixed: White and Black Caribbean	Percentage of people in ethnic groups: Mixed: White and Black African	Percentage of people in ethnic groups: Mixed: White and Asian	Percentage of people in ethnic groups: Mixed: Other Mixed	Percentage of people in ethnic groups: Asian or Asian British: Indian	Percentage of people in ethnic groups: Asian or Asian British: Pakistani	Percentage of people in ethnic groups: Asian or Asian British: Bangladeshi	Percentage of people in ethnic groups: Asian or Asian British: Other Asian	Percentage of people in ethnic groups: Black or Black British: Caribbean	Percentage of people in ethnic groups: Black or Black British: African	Percentage of people in ethnic groups: Black or Black British: Other Black	Percentage of people in ethnic groups: Chinese or other ethnic group: Chinese	Percentage of people in ethnic groups: Chinese or other ethnic group: Other ethnic group
North Dorset	87,337	96.27	0.53	1.64	0.11	0.06	0.18	0.13	0.05	0.03	0.07	0.19	0.05	0.08	0.01	0.37	0.23
Bournemouth	147,370	92.96	0.92	2.91	0.25	0.18	0.39	0.37	0.28	0.06	0.13	0.2	0.12	0.24	0.04	0.43	0.53
South and East Dorset	147,872	96.80	0.62	1.46	0.12	0.06	0.18	0.13	0.08	0.02	0.05	0.05	0.03	0.04	0.01	0.17	0.18
South West Dorset	132,332	96.90	0.59	1.21	0.16	0.07	0.18	0.14	0.09	0.02	0.06	0.05	0.14	0.08	0.03	0.16	0.13
Somerset Coast	140,956	97.59	0.47	0.92	0.13	0.05	0.15	0.1	0.1	0.04	0.1	0.03	0.07	0.04	0.03	0.12	0.07
Mendip	106,795	96.40	0.6	1.8	0.12	0.07	0.2	0.11	0.11	0.02	0.05	0.04	0.06	0.07	0.01	0.19	0.14
South Somerset	148,043	97.36	0.45	1.08	0.15	0.06	0.12	0.12	0.1	0.05	0.05	0.04	0.07	0.06	0.01	0.16	0.11
Taunton Deane	102,299	96.64	0.53	1.27	0.11	0.04	0.21	0.15	0.18	0.06	0.1	0.06	0.07	0.1	0.02	0.32	0.13
Poole	177,801	95.52	0.66	1.93	0.15	0.08	0.25	0.19	0.23	0.05	0.12	0.13	0.07	0.1	0.02	0.25	0.23

APPENDIX 1

TABLE ONE:
NUMBERS OF BLACK AND MINORITY ETHNIC POPULATIONS BY FORMER PRIMARY CARE TRUSTS

PCT	All people	number of people in ethnic groups: White: British	number of people in ethnic groups: White: Irish	number of people in ethnic groups: White: Other White	number of people in ethnic groups: Mixed: White and Black Caribbean	number of people in ethnic groups: Mixed: White and Black African	number of people in ethnic groups: Mixed: White and Asian	number of people in ethnic groups: Mixed: Other Mixed	number of people in ethnic groups: Asian or Asian British: Indian	number of people in ethnic groups: Asian or Asian British: Pakistani	number of people in ethnic groups: Asian or Asian British: Bangladeshi	number of people in ethnic groups: Asian or Asian British: Other Asian	number of people in ethnic groups: Black or Black British: Caribbean	number of people in ethnic groups: Black or Black British: African	number of people in ethnic groups: Black or Black British: Other Black	number of people in ethnic groups: Chinese or other ethnic group: Chinese	number of people in ethnic groups: Chinese or other ethnic group: Other ethnic group
North Dorset	87,337	84,083	462	1,435	92	54	155	111	46	23	64	168	45	68	7	327	197
Bournemouth	147,370	136,988	1,349	4,284	372	259	573	543	417	86	192	294	178	359	60	639	777
South and East Dorset	147,872	143,135	921	2,162	178	83	272	185	121	34	75	76	42	61	13	251	263
South West Dorset	132,332	128,234	777	1,601	212	94	237	185	115	32	76	67	182	105	42	207	166
Somerset Coast	140,956	137,556	663	1,292	190	70	214	142	136	54	137	48	97	53	39	167	98
Mendip	106,795	102,954	638	1,924	123	80	217	122	122	21	52	41	61	73	13	204	150
South Somerset	148,043	144,133	668	1,606	223	92	184	184	153	68	71	60	104	89	19	232	157
Taunton Deane	102,299	98,865	540	1,297	108	45	216	154	188	62	103	66	75	99	16	330	135
Poole	177,801	169,836	1,175	3,432	261	148	453	344	416	85	210	225	131	185	44	440	416

APPENDIX 2

PROJECT PLAN

This Appendix sets out an extract from the updated action plan for the Dorset and Somerset Focused Implementation Site which was submitted to and approved by the National Director for Delivering Race Equality at the end of December 2005.

Dorset and Somerset 
Strategic Health Authority

**UPDATED ACTION PLAN FOR DELIVERING RACE EQUALITY IN MENTAL
HEALTH CARE IN THE D&S FOCUSED IMPLEMENTATION SITE**

28 December 2005

DORSET AND SOMERSET STRATEGIC HEALTH AUTHORITY

**Delivering Race Equality in Mental Health Care:
Dorset and Somerset Focused Implementation Site Action Plan**

1. INTRODUCTION

- 1.1 In November 2005 Professor David Sallah, National Director for Delivering Race Equality asked Focused Implementation Sites to submit updated action plans reflecting the local position as at 31 December 2005.
- 1.2 This paper contains updated action plans for Delivering Race Equality in the Dorset and Somerset Focused Implementation Site.
- 1.3 The action plans identify priorities for the coming year and action which is required to achieve longer term change within the framework of the key characteristics for a reformed service.

2. AGREEING AND IMPLEMENTING ACTION PLANS

- 2.1 In the Dorset and Somerset Focused Implementation Site agreeing and implementing local action plans has been delegated to three area action groups which are broadly representative of the three localities in Dorset and Somerset:
 - Somerset;
 - western Dorset
 - eastern Dorset.
- 2.2 This paper sets out the action required in each area over the longer term and this reflects the varied local need of each area.
- 2.3 The three area action groups have also agreed a series of actions which is common to all and which needs to be implemented as a matter of priority in the coming year.

3. SHORT TERM PRIORITIES FOR ACTION

- 3.1 The three area action groups in the Dorset and Somerset Focused Implementation Site have agreed that the short term priorities are to:
 - introduce community development workers in the three specified action areas;
 - engage people from black and minority ethnic communities;
 - improve local intelligence about local black and minority ethnic communities;
 - continue to strengthen training across all staff groups.
- 3.2 Appendix One sets out the action plans and milestones which have been agreed in order to address the short term priorities. The action which is set out in Appendix One is supported by:

- a detailed project plan for the use of the Value Added Grant;
- detailed submissions for the community engagement pilot projects.

3.3 The action plan in Appendix One will be used by the Strategic Health Authority and NIMHE South West to monitor closely what progress has been made on delivering agreed priority action.

4. FRAMEWORKS FOR LONGER TERM ACTION

4.1 Each area action group has drawn up a framework for action which will deliver the key characteristics of a reformed service which were described in Delivering Race Equality in Mental Health Care.

4.2 Appendix Two contains the frameworks for action in each of the local areas and the action that is required will be further developed largely according to the outcomes of action in the short term.

APPENDIX 1

PRIORITIES FOR ACTION IN 2006

This appendix describes priority action that will be taken in 2006.

**APPENDIX ONE:
PRIORITIES FOR ACTION IN 2006**

COMMUNITY DEVELOPMENT WORKERS				
<i>Objectives</i>	<i>Action</i>	<i>Responsibility</i>	<i>Key Milestones</i>	<i>Achieved</i>
Deliver the Dorset and Somerset share of the national target community development workers.	Recruit three community development workers.		31 March 2006	Two recruited to take up post early in 2006.
	Recruit further six community development workers.	All Primary Care Trusts in Dorset and Somerset.	31 December 2006	

ENGAGING PEOPLE FROM BLACK AND MINORITY ETHNIC COMMUNITIES				
<i>Objectives</i>	<i>Action</i>	<i>Responsibility</i>	<i>Key Milestones</i>	<i>Achieved</i>
Implement community engagement pilot project in Bournemouth, Poole and Dorset.	Submit formal application in line with guidance.	Dorset MIND	16 December 2005	Achieved.
	Agree central funding for the pilot project.	NIMHE; UCLAN;	31 January 2006.	
	Commence pilot project.	Dorset MIND	1 April 2006	
Implement community engagement pilot project in Somerset.	Submit formal application in line with guidance.	Somerset Race Equality Council.	16 December 2005	Achieved.
	Agree central funding for the pilot project.	NIMHE; UCLAN;	31 January 2006.	
	Commence pilot project.	Dorset MIND	1 April 2006	
Use Value Added Grant to engage people from black and minority ethnic communities and staff in mental health services to develop and design <i>E-quality</i> website which will provide: <ul style="list-style-type: none"> information for users and carers about mental health and mental health services; a sustainable knowledge and training reference for staff in mental health services. 	Identify contributors from black and minority ethnic communities and staff from Trusts.	Area action groups; Dorset Race Equality Council; Somerset Race Equality Council; North Dorset Primary Care Trust.	20 January 2006	
	Agree content and style of the website for users;		17 March 2006	
	Determine staff information needs and operational access requirements.		17 March 2006	
	Launch and promote system.		31 May 2006	

IMPROVE LOCAL INTELLIGENCE ABOUT BLACK AND MINORITY ETHNIC COMMUNITIES				
<i>Objectives</i>	<i>Action</i>	<i>Responsibility</i>	<i>Key Milestones</i>	<i>Achieved</i>
Improve insights, knowledge and intelligence of black and minority ethnic communities in local areas.	Assess local mental health services against standardised rates in Count Me In.	Dorset HealthCare NHS Trust; North Dorset Primary Care Trust; Somerset Partnership NHS and Social Care Trust.	31 January 2006	
	Use local intelligence sources about communities and populations: <ul style="list-style-type: none"> • examine Local Authority surveys; • Local Authority Race Equality leads to present to Area Action Groups. 	Area Action Groups.	31 January 2006 31 January 2006	
	Prioritise work programmes of community development workers to strengthen local insights and intelligence.	Area Action Groups.	31 March 2006	

TRAINING AND AWARENESS RAISING				
<i>Objectives</i>	<i>Action</i>	<i>Responsibility</i>	<i>Key Milestones</i>	<i>Achieved</i>
Build on and extend existing training and awareness raising opportunities to make race equality part of mainstream training for all staff in mental health services.	Equality and diversity training is part of induction and mandatory training programmes.	Trusts providing mental health services.	31 March 2006	Achieved in Dorset HealthCare NHS Trust.
	Link to other public sector training with a view to joint training.		30 June 2006	Achieved in Dorset HealthCare NHS Trust.
	Routinely assess equality and diversity competency of staff in rolling out the Knowledge and Skills Framework.		30 June 2006	
Involve users in training	Recruit current and former users to train staff and to raise awareness through recounting their own experiences.	Trusts providing mental health services.	30 June 2006	
	Use user surveys to inform training needs.		30 June 2006	
Create access to sustainable knowledge and training reference for staff in mental health services	Staff to work with people from black and minority ethnic communities to develop E-quality website.	Trusts providing mental health services.	17 March 2006	

APPENDIX 2

<i>Objectives</i>	<i>Action</i>	<i>Responsibility</i>	<i>Key Milestones</i>	<i>Achieved</i>
Deliver race equality through changed and improved clinical practice.	Seek an external psychiatrist from a black and minority ethnic background to provide training for clinical practitioners.	Dorset and Somerset Strategic Health Authority	30 November 2005	Achieved. Agreement reached in principle.
	Agree and commission training programme.	Dorset and Somerset Strategic Health Authority	30 April 2005	

APPENDIX 3

LOCAL ACTION PLANS

This Appendix sets out a series of up-to-date local action plans which are being implemented through three Area Action Groups in Dorset and Somerset:

- **East Dorset**
- **North and South West Dorset**
- **Somerset**

DORSET AND SOMERSET STRATEGIC HEALTH AUTHORITY

Delivering Race Equality in Mental Health Care

LOCAL ACTION PROJECTS 2006/07

Area Action Group	EAST DORSET
Name of Project	DEVELOPMENT OF A DIVERSITY DIRECTORY
Policy Context	<p><i>Which characteristics of a reformed service within Delivering Race Equality in Mental Health Care will be Addressed by this project.</i></p> <p>12. A workforce and organisation capable of delivering appropriate and responsive mental health services to BME communities.</p>
Local Priorities	<p><i>What specific local priorities will this project address?</i></p> <p>A limited knowledge of local and national services and organisations which can provide support; advice guidance and treatment to people from BME communities.</p>
Baseline	<p><i>What is the baseline from which this project is planned to progress?</i></p> <ul style="list-style-type: none">• An absence of comprehensive, current information shared across agencies and available in accessible formats to the BME people living in East Dorset; Poole and Bournemouth.• Staff not approaching diversity and equality workers with queries or concerns about people and services for people from different ethnic groups.
Aims and Outcomes sought	<p><i>Summarise the aims for and outcomes required from this project:</i></p> <ol style="list-style-type: none">1. A directory of services and organisations for people from all communities in the Trust patch will be available to statutory and voluntary service providers across East Dorset and will be available to the public in English and community languages via the internet (DHCT website).2. The directory will prompt workers to contact the equality and diversity team with queries and concerns about their BME service users and families and the services available to them.

Project details: KEY DELIVERABLES	<i>Please provide the following details:</i> <ul style="list-style-type: none"> • A comprehensive, directory updated every 6 months, of local and national services and organisations available specifically to people from BME backgrounds available in translated form.
Milestones and dates for delivery	<ul style="list-style-type: none"> • The Directory is available in hard copy and on the DHCT intranet site currently. • The Directory will be updated and shared across Bournemouth; Poole and South and East Dorset via the Dorset Equality Group from 21st June.
PROJECT LEAD	Julia Reid. Equality and Diversity Development Worker.
OTHER CONTRIBUTORS	Gemma Genco. Black and Minority ethnic Community Development Worker.
Sign off and endorsements	Jane Elson.
Innovation and learning	<p><i>What aspects of this project are particularly innovative and what learning will be derived from it?</i></p> <p>This project involves working with and sharing the fruit of the project with many partners including the County and Borough Councils; Housing Associations; our Race Equality Council; Bournemouth College; Dorset Police; The Fire Service and Age Concern.</p> <p>The learning derived from this project:</p> <ol style="list-style-type: none"> 1. working effectively with people requires that we look outside our organisation to see what is already available so we have a better understanding of what people want and avoids the duplication of services. 2. looking inside our own area and comparing with what is available nationally helps us find out what the strengths and gaps in service are and helps us with our service planning and prioritising.

DORSET AND SOMERSET STRATEGIC HEALTH AUTHORITY

Delivering Race Equality in Mental Health Care

LOCAL ACTION PROJECTS 2006/07

Area Action Group	EAST DORSET
Name of Project	MAPPING THE PERCEPTIONS AND EXPERIENCES OF LOCAL BME POPULATIONS regarding mental health and mental health service services and identifying the strengths and development needs in DRE of the local mental health service provision.
Policy Context	<p><i>Which characteristics of a reformed service within Delivering Race Equality in Mental Health Care will be Addressed by this project.</i></p> <ol style="list-style-type: none"> 1. Less fear of mental health services. 2. Increased satisfaction with services. 3. A reduction in admissions. 4. A reduction in detention under the act. 5. Fewer violent incidents secondary to inadequate treatment of mental illnesses. 6. Reduction in the use of seclusion. 8. An increase in the proportion of BME service users who feel they have recovered from their illness. 10. 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.
Local Priorities	<p><i>What specific local priorities will this project address?</i></p> <p>Limited knowledge of the perceptions and experiences of our local BME populations and the strengths and development needs of our local mental health service provision regarding:</p> <ul style="list-style-type: none"> • Experiences of using the services we currently provide. • Culturally defined perceptions of mental health and mental ill health. • Expectations of an accessible; effective and culturally congruent mental health service.
Baseline.	<p><i>What is the baseline from which this project is planned to progress?</i></p> <p>Please see 'Local Priorities' above.</p>

Aims and Outcomes sought	<p>Bournemouth; Poole and South & East Dorset will have a baseline of local knowledge from which to</p> <ol style="list-style-type: none"> 1. Develop culturally congruent services. 2. Build capacity in local BME communities and groups and individuals. 3. Facilitate access to all aspects mental health service. 																			
Project details: KEY DELIVERABLES	<p>A report arising from a questionnaire and semi –structured interviews surveying local BME individuals and groups. The target for this survey is a minimum of 100 individuals drawn from the minimum datasets 16 ethnic groups and across both gender and all age groups.</p>																			
Milestones and dates for delivery	<table border="1"> <thead> <tr> <th data-bbox="529 705 688 739">Date</th> <th data-bbox="701 705 1287 739">Objective</th> </tr> </thead> <tbody> <tr> <td data-bbox="529 747 688 898"><u>June</u></td> <td data-bbox="701 747 1287 898">Throughout June, continue to network, follow leads & identify & set up meetings with community members, putting in place translators where necessary.</td> </tr> <tr> <td data-bbox="529 907 688 1041">1st – 9th</td> <td data-bbox="701 907 1287 1041">Complete a “standardised script” to be translated outlining aim of research. Also complete semi structured interview questions</td> </tr> <tr> <td data-bbox="529 1050 688 1184">1st -15th</td> <td data-bbox="701 1050 1287 1184">Bournemouth Interpreters Group (BIG) to act as Pilot group & carry out translation into identified languages of working draft.</td> </tr> <tr> <td data-bbox="529 1192 688 1318">16th</td> <td data-bbox="701 1192 1287 1318">Questionnaire to be presented to Steering Group (also in translated form where possible).</td> </tr> <tr> <td data-bbox="529 1327 688 1419">30th</td> <td data-bbox="701 1327 1287 1419">Deadline for all translations into identified languages.</td> </tr> <tr> <td data-bbox="529 1428 688 1596"><u>July</u></td> <td data-bbox="701 1428 1287 1596">Undertake primary & secondary research, writing up results & observations where possible, getting further translations when necessary and getting questionnaire translated back into English as part of a rolling program.</td> </tr> <tr> <td data-bbox="529 1604 688 1772"><u>August</u></td> <td data-bbox="701 1604 1287 1772">Undertake primary & secondary research, writing up results & observations where possible, getting further translations when necessary and getting questionnaire translated back into English as part of a rolling program.</td> </tr> <tr> <td data-bbox="529 1780 688 1904"><u>September</u></td> <td data-bbox="701 1780 1287 1904">Analyse results & undertake any final primary research. N.B. By end of Sept, no further (primary) research to be carried out.</td> </tr> </tbody> </table>	Date	Objective	<u>June</u>	Throughout June, continue to network, follow leads & identify & set up meetings with community members, putting in place translators where necessary.	1 st – 9 th	Complete a “standardised script” to be translated outlining aim of research. Also complete semi structured interview questions	1 st -15 th	Bournemouth Interpreters Group (BIG) to act as Pilot group & carry out translation into identified languages of working draft.	16 th	Questionnaire to be presented to Steering Group (also in translated form where possible).	30 th	Deadline for all translations into identified languages.	<u>July</u>	Undertake primary & secondary research, writing up results & observations where possible, getting further translations when necessary and getting questionnaire translated back into English as part of a rolling program.	<u>August</u>	Undertake primary & secondary research, writing up results & observations where possible, getting further translations when necessary and getting questionnaire translated back into English as part of a rolling program.	<u>September</u>	Analyse results & undertake any final primary research. N.B. By end of Sept, no further (primary) research to be carried out.	
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	<p><u>October</u> Be writing up final report, reporting back to communities & clarifying any responses</p> <p><u>November</u> 16th Be completing final draft Present final draft to Steering Group</p> <p><u>December</u> 14th Be completing final document for submission All requested amendments/suggestions from steering group to be received. 22nd Submission date for report</p>
PROJECT LEAD	Jane Elson. Operational Director for Bournemouth Mental Health and Social Care.
OTHER CONTRIBUTORS	Gemma Genco, Black and Minority Ethnic Community Development Worker. Julia Reid. Equality and Diversity Development Worker. East Dorset Area Action Group.
Sign off and endorsements	Jane Elson.
Innovation and learning	<p><i>What aspects of this project are particularly innovative and what learning will be derived from it?</i></p> <p>The creation of a post with the sole aim of engaging and surveying the local rural and urban BME population regarding mental health has not been done in this area before.</p> <p>The learning from this project:</p> <ol style="list-style-type: none"> 1. An understanding of BME peoples experience of the mental health services available currently. 2. How we can make our services more accessible and effective to people from BME groups. 3. How we can support local BME groups and individuals in representing their strengths and needs directly to the service providers through policy and service development and training. <p>The learning we have done is already informing our work; improving BME service user access to Health and mental health services and helping us to develop networks across communities; agencies and individuals.</p>

DORSET AND SOMERSET STRATEGIC HEALTH AUTHORITY

Delivering Race Equality in Mental Health Care

LOCAL ACTION PROJECTS 2006/07

Area Action Group	EAST DORSET
Name of Project	BME SERVICE USER SATISFACTION SURVEY.
Policy Context	<p><i>Which characteristics of a reformed service within Delivering Race Equality in Mental Health Care will be Addressed by this project.</i></p> <p>All 12 Characteristics.</p>
Local Priorities	<p>An understanding of the experiences of our BME service users and carers of the services we provide in secondary mental health services.</p> <p>The gaining of feedback and suggestions as to how services can be made more effective; accessible and sensitive to BME service users and carers.</p> <p>Finding out what we do well in meeting the needs of BME service users and carers.</p>
Baseline	<ol style="list-style-type: none">1. The absence of standardised feedback about the experience, specifically of BME service users and carers of the services provided by Dorset HealthCare Trust.2. The absence of an invitation to BME service users and carers to comment formally and confidentially about their experience of mental health services as BME people.
Aims and Outcomes sought	<p><i>Summarise the aims for and outcomes required from this project:</i></p> <ol style="list-style-type: none">1. BME Service user and Carer survey will inform service planning and training across all secondary MH service provision and the information will be shared with our partners in primary care and the voluntary and statutory sectors.2. BME service users and carers will have the opportunity to inform us confidentially about their experiences of the services we provide and how we could develop our cultural competencies.3. The publication of a report indicating any changes made arising from the survey placing evidence of the trusts commitment to delivering race equality in the public domain.

<p>Project details:</p> <p>KEY DELIVERABLES</p>	<ul style="list-style-type: none"> • Survey to be carried out with all BME service users over a 6 month period at the point of discharge from DHCT. • Recommendations arising from survey to be mainstreamed throughout DHCT.
<p>Milestones and dates for delivery</p>	<ul style="list-style-type: none"> • First survey to be carried out from January 2007 – July 2007. • Recommendations to be incorporated into DHCT action plans by October 2007. • Repeat survey to be carried out from January 2009 – July 2009
<p>PROJECT LEAD</p>	<p>Jane Elson. Operational Director for Bournemouth Mental Health and Social Care.</p>
<p>OTHER CONTRIBUTORS</p>	<p>Julia Reid. Equality and Diversity Development Worker. DHCT clinical staff.</p>
<p>Sign off and endorsements</p>	<p>Jane Elson.</p>
<p>Innovation and learning</p>	<p><i>What aspects of this project are particularly innovative and what learning will be derived from it?</i></p> <p>We will learn about our growing rural and urban BME populations experience of the services we provide, hear their suggestions and find out how we can develop more culturally sensitive, congruent ways of providing services and share this information with our partner agencies.</p>

DORSET AND SOMERSET STRATEGIC HEALTH AUTHORITY

Delivering Race Equality in Mental Health Care

LOCAL ACTION PROJECTS 2006/07

Area Action Group	EAST DORSET
Name of Project	TRAINING
Policy Context	<p><i>Which characteristics of a reformed service within Delivering Race Equality in Mental Health Care will be Addressed by this project.</i></p> <p>All 12 Characteristics.</p>
Local Priorities	<p>Variable levels of understanding among DHCT staff of</p> <ol style="list-style-type: none"> 1. The impact of racism on mental health. 2. Institutionalised racism 3. The duties of organisations arising from the Amended Race Relations Act (2000) 4. The role of the individual in recognising and addressing racist incidents and specific user, carer or staff members ethnicity.
Baseline.	<p><i>What is the baseline from which this project is planned to progress?</i></p> <p>Please see 'Local Priorities' above.</p>
Aims and Outcomes sought	<ol style="list-style-type: none"> 1. There will be an increase in racist incident reporting. 2. The service user survey will indicate and increase in satisfaction and cultural congruence in service provision.
Project details: KEY DELIVERABLES	<ul style="list-style-type: none"> • Mandatory Race Equality training for all DHCT staff. • Diversity E-learning tool available to 1200 DHCT in the first year. • 10 Essential Shared Capabilities training piloted by Poole CMHTs. • Programme for training to deliver race equality through improved practice. • Trust Diversity Champions carrying out Equality and Diversity updates across the Trust to work groups starting with '<i>Institutionalised Racism and how to combat it.</i>'

Milestones and dates for delivery	<ul style="list-style-type: none"> • Monthly Race Equality Training days started in April 2005 – 134 DHCT staff have completed the training to date. • Diversity E-Learning tool will be available to staff from November 2006. • Poole CMHTs have piloted the 10 ESC including the diversity and race equality modules and feedback to CSIP. • DHCT will be sending clinicians on the SHA Programme for Training to Deliver Race Equality through improved Practice in September and November 2006 and February 2007. • The Elderly Community Mental Health teams will be the pilot group for the Champions institutionalised racism training.
PROJECT LEAD	Jane Elson. Operational Director for Bournemouth Mental Health and Social Care.
OTHER CONTRIBUTORS	<p>Julia Reid. Equality and Diversity Development Worker. Lulu Dajani. CPN Denise Wootten. Patient Aid. Debbie Stevenson. Integrated service manager, Poole. Giovanna Edwards. Dorset and Somerset SHA. Peter Halliwell and Ann Khambatta of ‘Making Waves’ Training and Consultancy Agency. Jo Philips, Training Coordinator</p>
Sign off and endorsements	Jane Elson.
Innovation and learning	<p><i>What aspects of this project are particularly innovative and what learning will be derived from it?</i></p> <p>The Champions updates in Diversity and equality and specifically Race Equality were generated by the experiences of the staff champions themselves. We will learn if there are any differences in the learning experience between brief specific updates given locally to working groups and training days where many topics are covered and attendees are not with their day to day colleagues.</p>

DORSET AND SOMERSET STRATEGIC HEALTH AUTHORITY

Delivering Race Equality in Mental Health Care

LOCAL ACTION PROJECTS 2006/07

Area Action Group	NORTH AND SOUTH WEST DORSET
Name of Project	IMPLEMENTATION OF OUTCOME OF ANALYSIS OF INPATIENT CENSUS DATA
Policy Context	<p><i>Which characteristics of a reformed service within delivering race equality in mental health care will be addressed by this project?</i></p> <ul style="list-style-type: none"> • Fewer violent incidents that are secondary to inadequate treatment of mental illness • A reduction in the disproportionate rates of compulsory detention of BME groups • Prevention of deaths in mental health services following restraint • More BME service users reaching self reported states of recovery.
Local Priorities	<ul style="list-style-type: none"> • Inpatient services are safe and provide appropriate and responsive services to BME communities • There is a balance of effective services • Effective analysis and dissemination of information • Improvements in customer care to individuals and families
Aims and Outcomes sought	<ul style="list-style-type: none"> • Identify potential situations involving racism in services • Develop systems to robustly deal with racism in services • Analyse correlations in the inpatient census dataset that may help to explain the way in which BME patients are treated within mental health services.
Project details: KEY DELIVERABLES	<ul style="list-style-type: none"> • Widely distributed report with recommended initiatives • Detailed analysis of the inpatient dataset • Improvements in meeting individual needs (customer care) • Improvements in data quality from follow up audits

Milestones and dates for delivery	<ul style="list-style-type: none"> • Dissemination of report to acute care forum and Briefing to staff by July 2006 • Presentation on BME issues to staff in inpatient units by October 2006 • Use a questionnaire with BME to seek feedback • Staff access information systems such as website by December 2006
PROJECT LEAD	Brian Goodrum with support from Gilbert Gundu, Mark Humphries and Ally Howard
OTHER CONTRIBUTORS	<ul style="list-style-type: none"> • Inpatient mental health managers • Professional Head of Mental Health Nursing. Ally Howard • Practice development Lead for Clinical Governance Mark Humphries • Claire Onions (Mental Health Records and Administration manager.)
Sign off and endorsements	Brian Goodrum Director of Mental Health
Innovation and learning	<ul style="list-style-type: none"> • Facility for discussion on issues of racism in service delivery. • Involving of frontline staff, managers and community rep from BME community.
Measures	<ul style="list-style-type: none"> • A reduction of BME service users accessing services through other clinical specialities such as CADAS • A reduction in the numbers of BME service users in in-patient units. • Improvements in data quality as measured by audits

DORSET AND SOMERSET STRATEGIC HEALTH AUTHORITY

Delivering Race Equality in Mental Health Care

LOCAL ACTION PROJECTS 2006/07

Area Action Group	NORTH AND SOUTH WEST DORSET
Name of Project	BUILDING WORKFORCE CAPACITY IN RECORDING ETHNICITY
Policy Context	<p><i>Which characteristics of a reformed service within delivering race equality in mental health care will be addressed by this project?</i></p> <ul style="list-style-type: none"> • Increased satisfaction with services • Less fear of mental health services among BME communities and individuals • A reduction in the disproportionate rates of compulsory detention of BME service users.
Local Priorities	<ul style="list-style-type: none"> • Critical information is available for quality care to service users 24/7. • High quality data is available for clinical governance and service planning. • Effective analysis and dissemination of information. • Improved performance rating received from audits and inspections.
Aims and Outcomes sought	<p><i>Summarise the aims for and the outcomes required from this project:</i></p> <ul style="list-style-type: none"> • Improve quality of data collected on ethnicity • Empower staff to confidently and sensitively collect ethnic data • Develop guidance recording ethnicity data into a training package that can be delivered as part of mandatory training • Policy on recording ethnicity developed/incorporated into the data quality policy in the trust. • Identify local race equality champions and develop them as a resource for staff
Project details: KEY DELIVERABLES	<ul style="list-style-type: none"> • Training package delivered as part of mandatory training/induction. • Training for race equality champions • Detailed report on difficulties collecting data • Feedback from staff

Measures	<ul style="list-style-type: none"> • Increase in no of staff accessing training • Increase in number of equality and diversity champions • Data quality audit to evidence changes <p><i>(for milestones and dates of delivery refer to notes which follow)</i></p>
PROJECT LEAD	Mark Humphries with support from Gilbert Gundu
OTHER CONTRIBUTORS	<ul style="list-style-type: none"> • Trust Information Manager • Medical Records and Administration Manager • Senior Managers • Joint Mental Health Trainer • HR equality and diversity issues
Sign off and endorsements	Brian Goodrum Director of Mental Health
Innovation and learning	<ul style="list-style-type: none"> • Training packages designed to equip staff with the necessary tools to confidently and sensitively collect ethnicity data • Data will help inform planning of more appropriate and responsive services.

**Delivering Race Equality in Mental Health.
Initial Action Plan and Notes following Meeting With Gilbert Gundu and Mark
Humphries.**

SUBJECT/DEVELOPMENT	Actions	Leads/Target Date
Development of Equality and Diversity Leads in the Mental Health Directorate	<ul style="list-style-type: none"> ✓ A programme of training and support to be developed for identified leads. ✓ Gilbert Mark and Garry Hawker to meet in October to develop programme. ✓ All Teams to identify an appropriate lead to undertake the training and cascade local awareness in their area. named and provided to Sue Ives by Dec31st ✓ Communicate plan to team leaders and operational groups by end of October. ✓ Programme to be delivered through the practice development team from February 2007. ✓ Each Lead to have a resource pack ✓ Supervision and updates to be provided to designated leads twice yearly by Gilbert and Mark 	<p>GG MH GH Feb 2007</p> <p>Team Leaders and Locality Managers Dec 2006</p> <p>MH GG end of October 2006</p> <p>MH GH 2007</p> <p>GG MH Feb March 2007</p> <p>GG MH</p>
Awareness Training	<ul style="list-style-type: none"> ✓ In addition to local awareness sessions delivered by identified leads through Team meeting and local training events ✓ Core awareness training will be provided for new starters and as a foundation to all Mental health Staff twice yearly 	<p>MH GH</p> <p>2007</p>
Training and development events will be reviewed to ensure that they are consistent with the principles of equity and diversity.	<ul style="list-style-type: none"> ✓ All training will be reviewed scrutinized and updated 	<p>GH GG by Dec 2007</p>
Electronic versions of the resource packs will be accessible to all Staff members via the intranet	<ul style="list-style-type: none"> ✓ Resources identified will be uploaded to the intranet on the Mental Health Page. 	<p>MH SI April 2007</p>
Key to initials	<p>MH=Mark Humphries GG=Gilbert Gundu GH=Garry Hawker SI=Sue Ives</p>	

DORSET AND SOMERSET STRATEGIC HEALTH AUTHORITY

Delivering Race Equality in Mental Health Care

LOCAL ACTION PROJECTS 2006/07

Area Action Group	WEST DORSET
Name of Project	TOWARDS CULTURAL COMPETENCE IN HMP THE VERNE
Policy Context	<p><i>Which characteristics of a reformed service within delivering race equality in mental health care will be addressed by this project?</i></p> <ul style="list-style-type: none"> • All twelve characteristics of a reformed service
Local Priorities	<ul style="list-style-type: none"> • PCT to ensure the provision of prison in-reach mental health services that are responsive and culturally sensitive to the needs of BME populations.
Aims and Outcomes sought	<ul style="list-style-type: none"> • To produce a demographic profile of the prison in terms of ethnicity and mental health, and to identify initiatives from the dataset to develop culturally competent mental health services • To identify the existent infrastructure for delivering the race equality agenda. • To establish baseline data of the BME mental health experience in the prison.
Project details:	
KEY DELIVERABLES	<ul style="list-style-type: none"> • Demographic profile of the prison in terms of <ul style="list-style-type: none"> ○ Ethnicity/nationality ○ Mental health service uptake ○ Suicides and attempted suicides ○ Rates of transfer to mental health units • Identification of leads on delivering race equality
Milestones and dates for delivery	<ul style="list-style-type: none"> • Prison dataset (Sept 2006) • Identification of existent infrastructure (Sept 06) • Consultation of dataset with Race Equality Action Team; prison in-reach team; Local action group (October 2006) • Production of report and recommended initiatives
PROJECT LEAD	Gilbert Gundu

OTHER CONTRIBUTORS	Frances Stevens (Prison Health Development manager) Paul Millett (The Verne) Andy Gritt (Prison in-reach) Dorset Race Equality Council
Sign off and endorsements	Brian Goodrum

DORSET AND SOMERSET STRATEGIC HEALTH AUTHORITY

Delivering Race Equality in Mental Health Care

LOCAL ACTION PROJECTS 2006/07

PROPOSAL

AREA ACTION GROUP	SOMERSET DRE GROUP
Name of Project	CELEBRATION OF FESTIVALS
Policy Context	
Local Priorities	A more active role for BME communities in services
Aims and Outcomes sought	<p>The aim is to introduce celebration of major religious and cultural festivals for clients within in-patient units.</p> <p>Outcome is to raise awareness of cultural differences amongst staff and clients and to allow opportunities to discuss diversity issues.</p>
Project Details: Key Deliverables	<p>Equality and Diversity for Managers during 2006 has identified a lack of awareness of religious and cultural festivals and an anglicised aspect to client areas within in Trust units. Therefore, Festival Calendars have been purchased centrally for distribution across the Trust and multi-lingual 'Welcome' signs are to be placed in all entrance vestibules.</p> <p>In order to utilise the festival calendars it is suggested there will be a pilot of 12 festival events during the year that are celebrated on the unit. Possible mechanisms to celebrate specific festivals could include decoration of unit, special meals, external guests giving talks on the celebration and use of the 'sacred' space to promote self reflection in relation to the festival celebration.</p>

Milestones and Dates For Delivery	<ul style="list-style-type: none"> ➤ Festival Calendars circulated in Trust – September 2006. ➤ Discussion with Unit Managers to identify pilot unit – September 2006 ➤ Identify annual programme – October 2006 ➤ Plan content of programme – October 2006 ➤ Evaluate after six months – March 2007
Project Lead	James Marriott – Head of Workforce Development
Other Contributors	Acute In-patient forum Andy Coles Chaplains
Sign off and Endorsements	
Innovation and Learning	

DORSET AND SOMERSET STRATEGIC HEALTH AUTHORITY

Delivering Race Equality in Mental Health Care

LOCAL ACTION PROJECTS 2006/07

Draft **PROPOSAL**

AREA ACTION GROUP	SOMERSET DRE GROUP
Name of Project	USER SURVEY
Policy Context	Less fear of Mental Health Care amongst BME Communities.
Local Priorities	Engage with BME groups to discover the causes of fear.
Aims and Outcomes sought	The aim is to use a targeted survey of clients with registered BME backgrounds who have consented to allow their records to be used for audit purposes to identify their specific concerns. Outcome will be to address these concerns either at with the individual or at a general level.
Project Details: Key Deliverables	Clients from a BME will be sent a survey containing questions relating to their experience as a service user. The survey will cover attitudes from staff and other clients, experience of stereo typing, communication issues and suggestive areas for development. The results will be collated for prioritisation by the DRE Steering Group. Individual Managers will be notified where appropriate and consent has been given by the client.
Milestones and Dates For Delivery	<ul style="list-style-type: none">➤ Formulate appropriate survey form – September 2006➤ Approval by DRE Steering Group – November 2006➤ Forms sent out to Service Users – November 2006➤ Collation and summary – January 2007➤ Action taken based upon results – February 2007
Project Lead	James Marriott – Head of Workforce Development

Other Contributors	Clinical Effectiveness Team Corporate Information Team DRE Steering Group Managers as appropriate
Sign off and Endorsements	
Innovation and Learning	

DORSET AND SOMERSET STRATEGIC HEALTH AUTHORITY

Delivering Race Equality in Mental Health Care

LOCAL ACTION PROJECTS 2006/07

Draft PROPOSAL

AREA ACTION GROUP	SOMERSET DRE GROUP
Name of Project	CULTURAL COMPETENCE
Policy Context	A more balanced range of effective services.
Local Priorities	Examine the cultural appropriateness and effectiveness.
Aims and Outcomes sought	<p>Aim is to identify the level of cultural competence of staff assessing clients and to develop staff so that they assess in a more holistic fashion.</p> <p>Outcome to develop specific guidance for culturally sensitive holistic assessments that will benefit all clients including those from a BME background.</p>
Project Details: Key Deliverables	<p>Psychological Services have identified potential weaknesses in the cultural competence displayed within the Mental Health Assessments.</p> <p>Cultural competence check list will be used with a pilot team to identify strengths and gaps in the teams assessment process.</p>
Milestones and Dates For Delivery	<ul style="list-style-type: none">➤ Identify appropriate cultural competence check list – September 06➤ Identify Pilot Group – Suggest a team within Taunton or Yeovil. – November 06➤ Development guidance for culturally competence assessment➤ Train team in culturally competent assessment – February 07
Project Lead	Terry Roth – AMICUS Lead Rep
Other Contributors	James Marriott – Head of Workforce Development Team in Taunton/Yeovil

Sign off and Endorsements	
Innovation and Learning	

APPENDIX 4

GOVERNANCE STRUCTURE

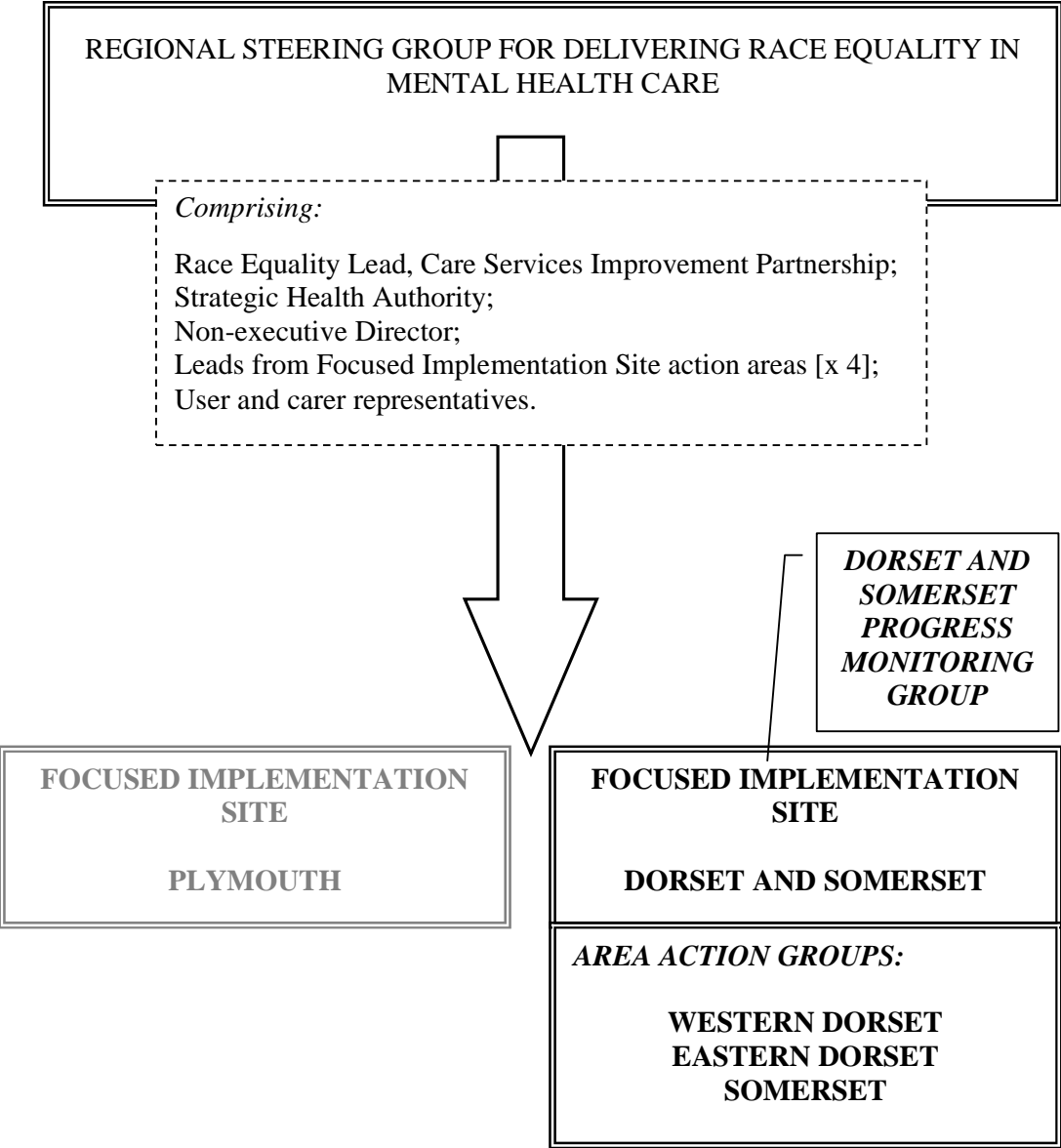
This Appendix sets out the governance structure for the Dorset and Somerset Focused Implementation Site within the South West.

GOVERNANCE ARRANGEMENTS IN THE DORSET AND SOMERSET FOCUSED IMPLEMENTATION SITE

1. INTRODUCTION

- 1.1 Figure One shows the outline governance structure for Delivering Race Equality in the South West.
- 1.2 The Dorset and Somerset Focused Implementation Site has to be viewed in the context of the overall structure for the South West the key feature of which is the Regional Steering Group.
- 1.3 It was agreed early in the implementation of the Focused Implementation Site in recognition of the large and differing area covered that there would be three Area Action groups.
- 1.4 The Area Action Groups are based on areas served by the three Trusts providing mental health services the Chief Executives of which agreed to take the lead in creating productive Action Groups in their areas.
- 1.5 The keys to managing the Focused Implementation Site in Dorset and Somerset are:
 - the Progress Monitoring Group which serves to track progress on a range of specific projects both across Dorset and Somerset as a whole and within the agreed three action areas;
 - the Area Action Groups have instrumental in drawing together both long term frameworks for action and, more important, immediate short term projects within their localities.

**FIGURE ONE:
Outline Governance structure for Delivering Race Equality in the South West**



APPENDIX 5

VALUE ADDED GRANT

This Appendix sets out the progress on the use of the Value Added Grant.

REPORT ON THE USE OF THE VALUE ADDED GRANT

1. INTRODUCTION

- 1.1 This paper reports progress on the use of the £50,000 value added grant that was made available by the National Director for Delivering Race Equality to the Dorset and Somerset Focused Implementation Site.

2. AIM AND OBJECTIVES OF THE PROGRAMME TO USE THE VALUE ADDED GRANT

- 2.1 The overall aim of the programme has been to develop a cultural website that will provide accessible information about race and culture and about mental health services both for users and carers from black and minority ethnic communities and for staff in mental health services.

- 2.2 This overall aim has been addressed through five objectives which are to :

- provide users and carers with accessible information about mental health and mental health services;
- commission users and other people from black and minority ethnic communities to assist in designing the website;
- engage users and other people from black and minority ethnic communities in order to enhance the understanding of cultural issues for staff who are involved in the programme;
- provide staff with cultural information and advice which supplements cultural training and which serves to create a sustainable source of knowledge and advice;
- link the website to existing sites about mental health services and race equality.

3. EXPECTED OUTCOMES

- 3.1 The following outcomes have been expected from this programme:

- accessible on-line information will be available for people from black and minority ethnic communities about mental health services in primary and secondary care in the public, voluntary and independent sectors;
- mental health services become more accessible for people from black and minority ethnic communities;

- heightened awareness of staff in mental health services about the cultural and related needs of people from differing black and minority ethnic communities and backgrounds;
- raised levels of confidence of people from black and minority ethnic communities and better relationships with local mental health services.

4. APPROACH TO THIS DEVELOPMENT

- 4.1 A key element of the approach to this development has been to engage people from black and minority ethnic communities within Dorset and Somerset with a view to getting beyond a simple descriptor of “black and minority ethnic communities” to an understanding of different communities and their different cultural needs.

5. RELATIONSHIP OF THE PROPOSAL TO KEY OBJECTIVES

- 5.1 It has been crucial to see what could be achieved in relation to the key objectives for Delivering Race Equality in mental health care in Dorset and Somerset.
- 5.2 Training and awareness is at the heart of Delivering Race Equality in mental health care and Attachment One demonstrates how the development programme proposed to contribute to the achievement of the key objectives.
- 5.3 The proposed programme will deliver not only a tangible end product in the form of an active website but also raised levels of engagement and shared confidence by people from black and minority ethnic communities and staff in mental health services. The relationships which this programme could deliver will serve as a strong foundation for further engagement and partnerships between people from black and minority ethnic communities and mental health services.

6. PROGRESS

- 6.1 The website was launched by the National Director for Delivering Race Equality on 12 October 2006 although great care has been taken to emphasise that the site will continue to be updated and approved.

- 6.2 The link for the site is:

<http://www.e-quality4mh-dorsetandsomerset.nhs.uk/index.html#>

- 6.3 External comments and contributions from outside Dorset and Somerset will be warmly welcomed.

ATTACHMENT ONE:

CONTRIBUTION TO REALISING KEY OBJECTIVES IN THE DORSET AND SOMERSET FOCUSED IMPLEMENTATION SITE

<i>KEY OBJECTIVE</i>	<i>CONTRIBUTION OF THE DEVELOPMENT PROGRAMME</i>
To understand what and where the black and minority ethnic communities are in Dorset and Somerset.	Phase one of the development programme will help to identify different communities.
To help staff in mental health services understand the differences between communities in terms of cultural needs and “mores”.	This will be achieved through working with the different communities to understand their cultural needs and sensitivities.
To improve the sensitivity of person-centred care through training and awareness-raising programme for staff, including cultural competence.	The development programme will produce a knowledge resource that will be accessible in the operational setting and which will supplement formal training and awareness-raising programmes.
To reduce fear of mental health services in black and minority ethnic communities and thereby to improve timely access to help and support for mental health problems.	<p>The development programme will contribute to achieving this objective by:</p> <ul style="list-style-type: none"> • creating an information resource about mental health and mental health services and how to access them; • offering black and minority ethnic communities opportunities to engage with staff from mental health services in determining the design and content of the website.
To raise levels of confidence in mental health services for users and other people in black and minority ethnic communities.	<p>Through engagement with staff from mental health services the development programme will offer users and other people an opportunity to:</p> <ul style="list-style-type: none"> • articulate any fears or anxieties to staff from mental health services; • understand more about mental health and mental health services and how they are delivered and by whom.
To improve access to and the delivery of mental health services from primary care to more specialist services.	The end product of this development programme will offer opportunities for anonymous feedback from users and carers about individual experiences of mental health services.

APPENDIX 6

COMMUNITY ENGAGEMENT PROJECTS

This Appendix sets out the summary information about the community engagement projects and recent progress report from ULCan.

COMMUNITY ENGAGEMENT PILOT PROJECT

1. INTRODUCTION

1.1 Two community engagement projects are being implemented within the Dorset and Somerset Focused Implementation Site.

1.2 The projects are being led by:

- Dorset MIND;
- Somerset REC.

2. DORSET PROJECT

2.1 In Dorset the project is focusing upon assessment and admission under the Mental Health Act in East Dorset and has two strands:

- The perceptions and attitudes towards the use of compulsory powers within black and minority ethnic communities;
- The provision for people from black and minority ethnic communities under the Mental Health Act, including admissions under section 135 and 136, as well as assessment and admission under sections 2 and 3.

2.2 The community based research will focus upon awareness of the scope of statutory powers and the circumstances in which they are used, and perceptions and beliefs about the nature of the process. This will provide a baseline of attitudes within black and minority ethnic communities towards the use of compulsory powers.

2.3 The second research strand will look at the elements of admission under the Mental Health Act, including removal to a place of safety under section 135 and 136; the provision of places of safety; the process of assessment for admission; and reception onto a ward. It is not anticipated that the project will look at procedures under part III of the Act.

2.4 Research will be mainly focused upon secondary mental health services, but will also look at the role of the police and general practitioners under the Act.

2.5 This research, in addition to being founded on the Delivering Race Equality building block of community engagement, will help to inform more appropriate and responsive services. It will provide a more active role for black and minority ethnic communities and service users in developing services and training professionals, help to reduce the use of compulsory treatment, as well as reducing the fear of mental health services within black and minority ethnic communities.

3. SOMERSET PROJECT

3.1 The shape of the project in Somerset is as follows:

- the focus is to develop a report containing recommendations which inform the nature of mental health service provision and delivery in Somerset for black and minority ethnic communities. Supporting this will be a Mental Health Development Forum which will take forward these recommendations in Somerset and will include representation from communities, SREC, voluntary sector and health organisations (Primary Care Trusts and acute sector).

3.2 This is a new piece of work as although black and minority ethnic communities have been identified there is little understanding of mental health needs and ways of addressing these needs within the communities. National work completed has often been in inner cities which cannot be applied to such a rural community where social and health needs, and barriers may be different.

3.3 This work will be achieved by:

- identifying researchers from black and minority ethnic communities for this piece of research;
- to provide the support and training required to the researcher to undertake the research;
- to provide the management infrastructure to enable the researchers to have a clear focus for the research and to ensure that recommendations are taken forward;

3.4 The key outcomes will be:

- to ensure participation of black and minority ethnic groups and individuals within Somerset;
- to create a Mental Health Development Forum as a direct result of the project. This group will communicate mental health needs to commissioners and engage commissioners and voluntary organisations to enable them to work together to create and redesign mental health services for black and minority ethnic communities;
- to provide more responsive care by addressing these needs through the Area Action Group action plan and commissioning plans;
- to use resources more effectively by tackling health and social needs collaboratively within the steering group;
- provide better information by giving qualitative information about who communities are and what needs the communities have;
- to engage communities in service planning and delivery which is sustainable.



National Institute for
Mental Health in England

Care Services Improvement Partnership **CSIP**

NIMHE/UCLan - Community Engagement in the South West 2006

There are currently 4 Community Engagement (CE) research projects running in the South West. All are funded by the National Institute of Mental Health in England (CSIP) and supported and managed by the Centre for Ethnicity & Health at the University of Central Lancashire (Uclan).

All projects are due to complete in March 2007.

The research being carried out by the 4 groups is in accordance with Delivering Race Equality (DRE) objectives and aims to address one or more of the 12 characteristics which are to be achieved in order to establish equality of access, experience and outcome in mental health services, as set out by the DRE in Mental Health Document, by 2010:

1. *Less fear of mental health and services among people from BME communities and BME service users*
2. *Increased satisfaction with services*
3. *A reduction in the disproportionate rate of admission of people from BME communities to psychiatric inpatient units*
4. *A reduction in the disproportionate rate of compulsory detention of BME 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 BME groups*
7. *The prevention of deaths in mental health services following physical intervention*
8. *An increase in the proportion of BME service users who feel they have recovered from their illness*
9. *A reduction in the proportion of prisoners from BME communities*
10. *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*
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 to BME communities. (Department of Health, 2005)*

In the course of each year-long project, researchers are encouraged to gain qualifications through attendance of 7 training workshops provided by Uclan. The first 5 of these have been attended by all groups, with the remaining 2 due to take place in November '06. The qualifications available are:

- i) University Certificate of Achievement in Community Research
- ii) University Certificate in Community Research
- iii) University Certificate in Community Research and Mental Health

PHASE 1 CE PROJECTS

Dorset Mind – Bournemouth

Research Focus: ***Research into attitudes and perceptions of the use of statutory powers in mental health among the BME community.***

In particular, the work will seek to explore issues of fear, with a view to feeding in to strategies which may reduce fear of MH services in the future.

The key question to be asked in this study is:

Is fear of ignorance about the use of compulsory powers as significant reason why people from BME communities are unwilling to engage with MH services?

DRE points addressed (see above)

1, 10, 11, 12

Achievements May-Oct 06

- Team of 7 recruited from variety of BME backgrounds including Black African Chinese, East European and White British
- All have attended five UCLan workshops in Mental Health and community research methods.
- Steering Group set up and meets monthly
- 2 Dorset wide CDW's involved in the project
- Planning and developmental work undertaken
- Ethics form submitted to UCLan
- Research instruments designed and initial pilot undertaken

Key dates for Nov 06-March 07

- Late October – commence primary research
- November - Attend final two UCLan workshops
- February 2007 – Draft report

Somerset Racial Equality Council (SREC)

Research Focus: *Research into mental health needs of BME residents in Somerset.*

DRE Points addressed (see above):

1, 2, 10, 11, 12

Achievements May-Oct 06

- Team of 13 recruited from wide range of BME backgrounds including Chinese, Polish, White British, Black African, Caribbean, Portuguese, Philippino, African
- CDW is co-leader of the project
- All have attended five UCLan workshops in Mental Health and community research methods.
- Additional training provided by the group with support from Steering Group
- Steering Group set up and meets every month
- Planning and developmental work undertaken
- Ethical approval given by Uclan
- Research instruments designed and final amendments being made.

Key dates for Nov 06-March 07

- Late October – commence primary research
- November - Attend final two UCLan workshops
- February 2007 – Draft report

Hikmat – Exeter

RESEARCH FOCUS: RESEARCH INTO EXPERIENCES OF OLDER MENTAL HEALTH USERS AND CARERS FROM BME COMMUNITIES

DRE Points addressed (see above)

1, 2, 10, 11, 12

Achievements May-Oct 06

- Team of 6 recruited from variety of BME backgrounds including Chinese, East -European, Egyptian, Pakistani and White British
- All have attended five UCLan workshops in Mental Health and community research methods.
- Steering Group set up and meets every eight weeks
- Planning and developmental work undertaken
- Research instruments designed and final amendments being made.

Key dates for Nov 06-March 07

- Mid October – Submit ethics approval form to UCLan
- Early November – commence primary research
- November - Attend final two UCLan workshops
- February 2007 – Draft report

Penwith Community Development Trust (PCDT)

Research Focus: *Investigate potential barriers to accessing mental health services among individuals from BME backgrounds in Cornwall. Also approaching service providers to gain information on services offered to people from BME backgrounds.*

DRE Points addressed (see above):

1, 2, 11, 12

Achievements May-Oct 06

- Team of 5 recruited including mental health service user. Ethnicity includes Chinese, Polish, Caribbean
- All have attended five UCLan workshops in Mental Health and community research methods.
- Steering Group set up and meets every month
- Planning and developmental work undertaken
- Ethical approval given by Uclan
- Research instruments designed and final amendments being made.

Key dates for Nov 06-March 07

- Late October – commence primary research
- November - Attend final two UCLan workshops
- February 2007 – Draft report

CSIP South West
Community Engagement
Black and Ethnic Minority groups - Mental Health
Research



Four groups from the South and South West of England have been successful in securing funding to conduct community research in their local areas, exploring mental health among Black and Ethnic Minority (BME) groups.

The project is funded by CSIP and is run by the University of Central Lancashire (UCLan). UCLan's Centre for Ethnicity and Health developed the Community Engagement model in the year 2000. Since then more than 200 community groups have taken part, exploring health related issues in their communities and working with statutory and voluntary services to implement recommendations and improve services for BME and disadvantaged/ seldom heard people and groups.

The four groups beginning their projects this summer are:

- Penwith Community Development Trust, based in Penzance
- Hikmat, based in Exeter
- Somerset Racial Equality Council, based in Yeovil
- Dorset Mind, based in Bournemouth.

The research focus for each project is currently being finalised, in conjunction with Steering Groups for each project. The projects will explore areas connected closely with the Delivering Racial Equality in Mental Health document, and in particular working on research that will assist in developing the outcomes proposed for 2010.

In addition to useful, meaningful pieces of research, a crucial component of UCLan's Community Engagement Model is capacity building. All participants are offered the opportunity to study for a University Certificate, with a choice of three levels available.

Each project works closely with a UCLan Research Support Worker to help guide the work and offer

academic and research advice. Joanna Hicks, Support Worker in the Southern Team, said:

"The attainment of sustainable outcomes is a key goal of the Community Engagement process. Our aim is to assist each group to conduct a solid piece of research, to assist and enable local groups and networks to work together and to help empower individual participants to contribute to their community."

Each project will run for nine months and reports will be completed by March 2007.

Click below to view the Centre for Ethnicity website.



Publications & Resources

Social Care Institute for Excellence
Working Together: Carer Participation in
England, Wales and Northern Ireland

This Position Paper is the result of work undertaken by the University of Sunderland and the Sunderland Carers' Centre (part of the Princess Royal Trust for Carers). It is premised on the belief that carers are experts in their own lives, and that their participation in service planning and delivery should lead to improvement in those services.

The Position Paper has been carer-led from the outset. Carers have had a key role in focusing on the methods adopted, formulating research instruments, reviewing the progress of the work, undertaking matched interviews with carers and appraising draft copies of the document. Carers in both London and Belfast have been involved in showcasing the work as it developed. Partnership principles and a participatory research paradigm have been adopted as the basis of the study and a wider Position Paper.

To view a copy of this document, please go to:



APPENDIX 7

LEARNING WORKSHOPS PROGRAMME

This Appendix sets out the learning workshops programme.

PROGRAMME OF LEARNING WORKSHOPS

1. INTRODUCTION

- 1.1 It is recognised that key training is crucial in terms of:
- cultural competency;
 - anti-discriminatory practice.
- 1.2 Both forms of training tend to be about external teaching and the Dorset and Somerset Focused Implementation Site has set up a third approach which is about giving mental health practitioners an opportunity to learn from within themselves.

2. PROGRAMME OF LEARNING WORKSHOPS

- 2.1 The intention has been to set up learning events in non-threatening environments which allow participants opportunities to explore their practice and behaviour in the broader context of race equality as well as in the more specific area of mental health services.
- 2.2 Nine workshops are being run each for approximately 30 people and three workshops in each of the three areas of the Trusts providing mental health services.
- 2.3 The programme has been funded by the Strategic Health Authority as part of the Focused Implementation Site programme.
- 2.4 Attachment One to this paper contains the description of the programme and Attachment Two shows the programme which is being followed in each workshop.

3. PROGRESS

- 3.1 Feedback has been taken about the shape and content of each workshop and refinements have been possible as a result.
- 3.2 Informal feedback from participants has been highly positive and it is intended to survey participant anonymously in due course to gauge how far the practice and behaviour of both individuals and teams has changed as a result of the workshops programme.

**ATTACHMENT ONE:
Initiating paper for the learning workshops programme**

**PROGRAMME OF LEARNING EVENTS DESIGNED TO DELIVER RACE
EQUALITY THROUGH IMPROVED PRACTICE**

4. INTRODUCTION

- 4.1 This paper sets out a programme for involving clinicians and practitioners in the NHS and social care in mental health services in Dorset and Somerset in learning events as a means of improving the delivery of race equality through individual practice and through service management.
- 4.2 The programme is part of the action plan for Delivering Race Equality in Mental Health Care in the Dorset and Somerset Focused Implementation Site and has been developed by:
- Giovanna Edwards, Human Resources Manager, Dorset and Somerset Strategic Health Authority
 - Dr Pearl Hettiaratchy OBE FRCPsych, Consultant Psychiatrist, former Mental Health Act Commissioner and associate member of the General Medical Council;
 - Barry Webb, Head of Service Improvement (Mental Health/Older People and Social Care) and Dorset and Somerset Focused Implementation Site Co-ordinator.

5. AIMS OF THE PROGRAMME

- 5.1 The aims of the programme will be to help:
- senior clinicians and practitioners to determine how their individual practice can influence the delivery of race equality in mental health services;
 - practitioners who manage services to explore together how they can bring about a stronger ethos of equality and person-centred care within their teams, professional disciplines or departments;
 - service managers and practitioners to have greater confidence to act and challenge practice and behaviour;
 - members of Boards to understand and to refresh their commitment to the programme for Delivering Race Equality in Mental Health Care.
- 5.2 NHS Trusts providing mental health services in Dorset and Somerset will be required to ensure that there is appropriate attendance at the training workshops as part of their Race Equality Schemes and that there is support from Trust training leads. Similar commitments will be sought from Social Services.

6. EXPECTED PARTICIPANTS

- 6.1 The workshops will be aimed at senior clinicians and practitioners working in hospital, primary care and community settings and particularly at practitioners who manage services.
- 6.2 Teams should be encouraged to attend where possible as a group at one workshop and if not all team members should try to attend over the three workshops available.
- 6.3 Attendees will be drawn from a range of disciplines including but not excluding the following:
- psychiatry;
 - mental health nursing;
 - social care;
 - psychology;
 - occupational therapy.
- 6.4 Community development workers working with black and minority ethnic communities in Primary Care Trusts will also be expected to participate.
- 6.5 In addition to participants from adult and older people mental health services Trusts should arrange to invite staff in prison health services, child and adolescent mental health services and in voluntary organisations providing mental health services locally.

7. OUTLINE PROGRAMME

- 7.1 The programme will comprise a total of nine workshop sessions formed of three workshop sessions in localities in each of the three mental health and social care communities.
- 7.2 Workshops will be run between July and November 2006 with each running from 1000 to 1500 hours.
- 7.3 A tenth training workshop is being considered in late February 2007 as a way of securing a high level corporate commitments to delivering race equality in mental health services particularly in new organisations in the NHS. This workshop will be open to Chairs, Chief Executives, non-Executive and Executive Directors, council members and Directors of organisations providing and commissioning health and social care in mental health services in Dorset and Somerset.

**ATTACHMENT TWO:
Typical programme for learning workshop for delivering
race equality in mental health care**

0945 **Arrival and refreshments**

1000 **Introduction to the day** **Barry Webb**

IMPROVING CLIENT CARE AND ENHANCING JOB SATISFACTION

1010 **Keynote address** – *Experiences of stereotyping and prejudices; how individuals (and organisations) must take responsibility for eliminating them.* **Wilfred Emmanuel-Jones**

1035 **Presentation from an external organisation** – *How attitudes and behaviour to race equality are being changed* **Jagtar Singh OBE**

CHALLENGES AND THE NEED FOR CHANGE

1100 **Presentation from Consultant Psychiatrist and former Mental Health Act Commissioner -** *Challenges and lessons from past inquiries in mental health services* **Dr Pearl Hettiaratchy OBE**

1130 **Discussion points** **Panel of presenters**

1145 **Break**

1155 **Work in small facilitated groups** **Explore:**

- **how can individual practice help to improve race equality in service delivery;**
- **how can teams work better in this respect?**

1300 **Lunch**

1345 **Feedback from small groups**

1430 **CONCLUSIONS AND NEXT STEPS** **What action is required to support practitioners in changing practice?**

What are the key messages for Boards of organisations?

1500 **Close**

ATTACHMENT THREE
Biographies of workshop speakers

Wilfred Emmanuel-Jones: The Black Farmer™

Wilfred Emmanuel-Jones is, in his own words, ‘a poor boy, done good’. He was born in Jamaica and raised in inner city Birmingham. Unqualified but ambitious and persistent, he talked his way into television, becoming a producer/director for the BBC. He is credited with bringing many of the to celebrity chefs to the small screen including Gordon Ramsay, Antony Worrall-Thompson, Brian turner and James Martin, before founding a food and drink marketing company with his wife in London, working on such brands such as Cobra beer, KETTLE Chips and Lloyd Grossman sauces. Wilfred subsequently fulfilled a lifelong ambition in purchasing a small farm in Devon and has been responsible for one of the most successful food launches of recent times in the UK with his own range of meat and sauces under The Black Farmer label™.

Flavours with Frontiers – the promise offered by his products also goes some way to sum up his personality. He will not be confined by race, convention or tradition. Wilfred’s strong opinions on issues such as rural affairs, justice for small producers and giving ethnic minorities more opportunity have driven much media attention in recent times.

The Black Farmer has recently launched a rural scholarship scheme through which young people from inner city communities are given the opportunity to experience what is it really like to live and work in the rural community. This scheme was the subject of a Channel 4 documentary and was aired in Spring 2005.

Jagtar Singh Associates Limited

Jagtar Singh retired from the fire Service in October 2005. Jagtar Singh set up Jagtar Singh Associates Ltd in 2005 and has in a very short time established himself as a consultant on Diversity. Jagtar has worked on building a Business case for diversity for the ODPM, Delivered national conference workshops for the local Government Association, The Chief Fire Officers Association and the Police Service in addition to Providing Equality and diversity training to a wide range of organizations. Jagtar has over many years organized and planned a number of national conferences and has spoken at national and international events on a wide range of issues.

Jagtar Singh was appointed Deputy Chief Fire Officer of Bedfordshire and Luton Fire and Rescue Service on 14 May 2001. Jagtar was born in February 1954 in the Punjab, India.

On achieving a degree in Business Studies at Birmingham Polytechnic, a chance encounter with a recruitment officer led him to join the West Midlands Fire Service where he served 24 years, reaching the rank of Senior Divisional Officer. He joined West Midlands Fire Service as a recruit firefighter in July 1977, rising through the ranks to Station Officer (March 1984), Assistant Divisional Officer (October 1989), Divisional Officer (May 1994) and Senior Divisional Officer in September 1996.

He successfully completed the Brigade Command Course at the Fire Service College in May 2003 and also received an MSc from Lancashire University at the end of May 2003.

A member of the Sikh community, Jagtar is keen to encourage greater ethnic minority representation throughout the Fire Service. He hopes he can encourage more people from ethnic minorities to consider a career with the Brigade in not only his Brigade area but throughout the country. Jagtar is happy to support positive action campaigns around Britain.

In January 2003 Jagtar received the Public Servant of the Year Award at the Asian Achievement awards ceremony in Birmingham.

In June 2003 he was awarded, in The Queen's Birthday Honours List, an OBE for his work on equality and diversity in the Fire Service.

He is active in voluntary work, being a member of the Advisory Group for Common Purpose, Trustee for the Healing Foundation a new charity and was, until recently, President of the 'West Midlands Fire Service Romania with Aid'.

His other interests include being a season ticket-holder of Birmingham City Football Club and playing cricket for a local cricket team, when time allows.

Jagtar is married to Gurjit and has a son Deneal, and a daughter Rumandip.

**Dr Pearl Hettiaratchy OBE FRCPsych
Consultant Psychiatrist**

Pearl Hettiaratchy is an Emeritus Consultant for the West Hampshire NHS Trust in the UK, having retired in February 2002 after a long and distinguished career in the NHS for 33 years.

Following her appointment as Consultant in 1975 she was instrumental in setting up nationally recognised services for the elderly mentally ill in Portsmouth and in Winchester. She set up the UK's first travelling day hospital for the elderly in Portsmouth in 1982.

She has worked closely with the Royal College of Psychiatrists and served as its Vice President from 1995 – 1997. Her interest in ethnic minority mental health dates back to the late 1980's when she served on the special committee set up by the College to look at "Psychiatric practice and training in a British multi-ethnic society". She has continued to serve on various College committees on race and cultural issues. She served as a Mental Health Act Commissioner for 9 years (1989-98) and as a Second Opinion Appointed Doctor (1999-date). As a commissioner she was a member of the Race and Culture Group and was on the core group of commissioners working in Broadmoor High Security Hospital. She served as an elected member of the GMC (1994-2003) and was closely involved in the General Medical Council's work on race equality. Since 2003 she serves the GMC as an Associate Member and is a member of the Interim Orders panel.

Dr Hettiaratchy has served as Medical Member of the Mental Health Review Tribunals since 1994 and she has recently discussed with the Regional Chairman issues of race and culture and its impact on the work of the Tribunal. Since 2001 she has worked closely with the Chief Medical Officer on race equality in medicine. More recently, she has been a member on the BMA's equal opportunities committee.

In 2002 Dr Hettiaratchy honoured by Her Majesty, Queen Elizabeth II, and was made an Officer of the Most Excellent Order of the British Empire for services to old-age psychiatry.

In June 2003 she was made an Honorary Fellow of the Royal College of Psychiatrists for a lifetime's contribution to psychiatry. Dr Hettiaratchy remains involved in many voluntary projects in the UK and in Sri Lanka. Although retired, Dr Hettiaratchy continues to work for the GMC, the Lord Chancellor's office, the Department of Health, the MHAC, BMA and remains associated with the CMO's work: Race Equality in Medicine.

APPENDIX 8

BASELINE DATA SETS

This Appendix sets out the baseline data sets which are being used.

- **Dorset Healthcare NHS Trust**
- **Dorset Primary Care Trust**

LIST OF THE BASELINE DATA SETS

Dorset Healthcare NHS Trust

At Dorset Healthcare NHS Trust they collect and/or use the following data:

- Local community census data;
- BME breakdown within CMHT / services;
- Inpatient ethnicity;
- Staff ethnicity (and other workforce data);
- Complaints, compliments and Serious Adverse Incidents by ethnic grouping;
- Adverse Incidents by ethnic group;
- Control and Restraint by ethnic group;
- Incidents of seclusion by ethnic group;
- We are just establishing a system to monitor access to training and development opportunities by staff ethnicity group.

They also use the inpatient Count Me In Census to analyse their position against the national standards and look at areas for improvement.

Dorset Primary Care Trust

At Dorset Primary Care Trust they collect the following key data for delivering race equality:

- 2001 Census data (source: Office for National Statistics);
 - * provides baseline data of BME population in West Dorset;
- Inpatient mental health census dataset (March 2006);
 - * Monitor inequities in BME access/experience of mental health services;
- Dorset PCT medical records
 - * BME Access to services;
 - * Experience of BMEs in services;
 - * Outcome;
- Crisis response service records;
 - * BME access;
- Prison in-reach medical records;
 - * Monitor BME rate of transfer to mental health hospitals;
 - * Uptake of mental health services (statutory/voluntary provision);
- Prison Statistics;
 - * Rates of self harm.

APPENDIX 9

COMMUNITY DEVELOPMENT WORKERS

This Appendix sets out the summary position for establishing community development workers in Dorset and Somerset.

COMMUNITY DEVELOPMENT WORKERS

Community Development Workers Briefing for Chief Executive

1. INTRODUCTION

- 1.1 In a letter to all Strategic Health Authority Chief Executives the Minister for Health, Rosie Winterton has reiterated the high level of importance attached to the programme for Delivering Race Equality and to the establishment of Community Development Workers in particular.
- 1.2 Simultaneously, Duncan Selbie and Professor Louis Appleby have set out the revised targets for establishing 500 community development workers in England.
- 1.3 Strategic Health Authorities need to ensure that Primary Care Trusts have established a minimum of 50% of their targets by 31 March 2007 and the balance by 31 December 2007.

2. POSITION IN DORSET AND SOMERSET

- 2.1 Table One sets out the current position against targets in Dorset and Somerset.

Table One:

Primary Care Trust	Target	Posts Established	Commitment
Bournemouth and Poole	2	1	2 (by 31.12.2006)
Dorset	3	1	3 (by 31.12.2006)
Somerset	4	1	2 (by 31.13.2006)
TOTALS	9	3	7 (by 31.12.2006)

- 2.2 The Primary Care Trusts have been asked to confirm that the commitments shown will be met (copies of letters attached).
- 2.3 Subject to this confirmation Dorset and Somerset will exceed the target of 50% of posts to be established by 31 March 2007.

3. FURTHER ACTION REQUIRED

- 3.1 Where appropriate Primary Care Trusts will need to demonstrate in their Local Delivery Plans for 2007/08 that financial provision has been made to ensure that the full target is achieved on or as soon as possible after 1 April 2007 and in advance of the national target date.
- 3.2 Primary Care Trusts need to demonstrate that new posts are being commissioned in line with the national model and to avoid re-badging existing posts.

**COMMUNITY DEVELOPMENT WORKERS
CONTACT DETAILS**

Dorset Healthcare NHS Trust

Gemma Genco
Black and minority Ethnic Community Development Worker
Dorset Healthcare NHS Trust
St Ann's Hospital
Canford Cliffs
Poole H13 7LN

Telephone: 01202 492888

Dorset Primary Care Trust

Gilbert Gundu
Community Development Worker for Black and Ethnic Minority Communities
Dorset Primary Care Trust
Forston Clinic
Charminster
Dorchester
Dorset DT2 9TB

Telephone: 01305361345

Mobile: 07771808244

Somerset Primary Care Trust

Loretta Ingram
Community Development Manager
Somerset Primary Care Trust
2nd Floor Mallard Court
Express Park
Bristol Road
Bridgwater
Somerset TA6 4RN

Telephone: 01278 432055

Mobile: 0781 542 7324

Fax: 01278 432099

APPENDIX 10

INVOLVEMENT IN CLINICAL NETWORKS

This Appendix sets out the position regarding involvement in clinical networks in the Dorset and Somerset Focused Implementation Site.

INVOLVEMENT IN CLINICAL NETWORKS

1. INTRODUCTION

1.1 There has been involvement in three of the networks set up by the National Director through the National Programme Implementation Team and these are:

- the clinical learning network;
- the values based practice network;
- the commissioning network.

2. THE CLINICAL LEARNING NETWORK

2.1 There has been the following involvement in this network:

- Julia Reid, Equality and Diversity Development Worker. for Dorset Healthcare NHS Trust will be a Champion for the East Dorset Area Action Group on the Clinical Learning Network which starts next month.

3. THE VALUES BASED PRACTICE NETWORK

3.1 There has been the following involvement in this network:

- Dorset Primary Care Trust remains keen to contribute to this network and is in contact with Malcolm King from the Sainsbury Centre. Brian Goodrum will be meeting him in Dorset on 7 November 2006.

4. THE COMMISSIONING NETWORK

4.1 Senior managers for the former Dorset and Somerset Strategic Health Authority have contributed actively to the work of this group which has culminated in the NHS Confederation Briefing Paper which was launched by Duncan Selbie at the NHS Confederation conference held on 17 October 2006: *Reforming Mental Health Services*.

APPENDIX 11

CONTACT LISTS

This Appendix sets out the contact lists of people involved in the Dorset and Somerset Focused Implementation Site.

CONTACTS LIST

AREA ACTION GROUPS

West Dorset

Charlotte Bickerstaff	North Dorset Primary Care Trust
Brian Goodrum	North Dorset Primary Care Trust
Sue Oliver	North Dorset Primary Care Trust
Jane Horne	South West Dorset Primary Care Trust
Ian Brennan	South West Dorset Primary Care Trust
Tony Hurley	West Dorset District Council
Derek Hardy	North Dorset District Council
Camilla Gibson	Dorset County Council
Martin Warne	CAMHS West Dorset General Hospitals NHS Trust
Gilbert Gundu	North Dorset Primary Care Trust
Richard Last	Dorset County Council

East Dorset

Roger Browning	Dorset Healthcare NHS Trust
Jane Elson	Dorset Healthcare NHS Trust
Gemma Genco	
Rosemary Shaylor	Bournemouth Social Services/Bournemouth Teaching Primary Care Trust
Phil Murphy	Dorset HealthCare NHS Trust
Rebecca Pearce	South and East Dorset Primary Care Trust
Julia Reid	Dorset HealthCare NHS Trust
Timon Hughes-Davies	Bournemouth and Poole MIND
Mark Patterson	
Glen Gocoul	Dorset Social Services
David Shire	Dorset Race Equality Council
David Palmer	Bournemouth Social Services
Joanne Labrow	Poole Social Services
Sally Ann Webb	Borough of Poole
Kath Granger	South and East Dorset Primary Care Trust
Mags Smith	Bournemouth Church Housing Association
Mo-Wah Leung	Chinese Christian Support Group
Ebi Sosseh	BME Consultant
Steve Collins	Age Concern

Somerset

Diana Rowe	Somerset Partnership NHS and Social Care Trust
Naomi Dash	Somerset Partnership NHS and Social Care Trust
Lynne Wilmot	Social Services
Carole Greenslade-Hodder	Somerset Partnership NHS and Social Care Trust
Keith Fox	Somerset Partnership NHS and Social Care Trust
Stuart Hooper	MIND
Shirley Hinde	Mendip Primary Care Trust
Dan Marshall	Taunton Deane Primary Care Trust
Terry Jones	Somerset Partnership NHS and Social Care Trust
Andrew Sinclair	Somerset Partnership NHS and Social Care Trust
Yvonne Vigar	Somerset Coast Primary Care Trust
Gerry Wadham	Rethink
Peter Hill	MIND (South Somerset)

