



***National Institute for
Mental Health in England***

NIMHE North East, Yorkshire and Humber

Focused Implementation Sites

**Resource Pack Two
For Implementing Race Equality in Mental
Healthcare**

June 2005

Purpose of the Resource Pack

This pack is the second of a series of packs developed by NIMHE North East, Yorkshire and Humber Regional Development Centre to support the Focused Implementation Sites (FIS) within the Region. Within this pack readers will find the following information:

- Reminder of FIS purpose and 2010 vision
- FIS checklist for end June 2005 (updated from Resource Pack 1)
- Regional expectations of FIS pilots
- Headline Partnership Project Plan – guidance and template
- Framework for developing an Outcome Based Project Plan
- Delivering Race Equality in Mental Health Self Assessment – guidance and template
- FIS reporting and monitoring – further guidance and reporting deadlines

'Focused Implementation Sites have a three year development plan to fast track implementation of Delivering Race Equality and act as a source of best practice for the National Health Service'

'Sites will be 'hot houses' of reform'

Professor David Sallah, National Race Equality Programme Director

Purpose of a FIS

The North East, Yorkshire and Humber Region has four FIS sites. These are:

- Northumberland Tyne and Wear Strategic Health Authority
- County Durham and Tees Valley Strategic Health Authority
- South Yorkshire Strategic Health Authority
- Bradford Primary Care Trusts, Bradford District Care Trust and Bradford Social Services (within West Yorkshire Strategic Health Authority area)

FIS pilots have been established to fast track implementation of Delivering Race Equality (DRE) in Mental Health Care¹ working over a three year period to drive development of services and practice within their locality towards achievement of the DRE 2010 vision. They are the next steps towards making Delivering Race Equality happen on the ground and will act as a valuable source of best practice and support for the rest of the NHS.

The aims of a Focused Implementation Site are to:

- demonstrate that a whole systems approach improves mental health services for BME groups, drawing on and adapting the “Collaborative” approach used successfully in other areas of health care
- provide leadership and raise the profile of the BME programme
- develop strategic partnerships between key organisations to lever investment and build capacity
- build capacity and intelligence that will facilitate further change
- directly and quickly improve mental health services for BME populations
- identify and spread best practice by developing the evidence base and facilitating the roll out of the *DRE Action Plan* demonstrating from the outset that change can be achieved.

Key Enablers:

- Lord Victor Adebawale (Joint Chair of National Race Equalities Steering Group)
- Minister Rosie Winterton (Joint Chair of the National Race Equalities Steering Group)
- Surinda Sharma (Department of Health Champion for Equalities within the NHS)
- Professor Kamlesh Patel (National Director of Health BME Mental Health Programme)
- Professor David Sallah (National Director NIMHE, BME Mental Health Programme)
- Selina Ullah (NIMHE North East, Yorkshire & Humber RDC Race Equality Lead)

The 2010 vision

The Delivering Race Equality in Mental Healthcare report clearly sets out the characteristics of fit for purpose services in 2010.

These are:

- **Less fear** of mental health care and services among BME communities and BME service users
- Increased **satisfaction** with services
- A **reduction in the disproportional rates of admission** of people from BME communities to psychiatric inpatients units
- A **reduction in the disproportionate rates of compulsory detention** of BME users in inpatient units
- **Fewer violent incidents** that are secondary to inadequate treatment of mental illness
- A **reduction in the use of seclusion** in BME Groups
- The **prevention of deaths** in mental health services following physical interventions
- An increase in proportion of BME **service users who feel they have recovered** from their illness
- A **reduction in the proportion of prisoners** from BME communities
- A **more balanced range of effective therapies** such as peer support services, psychotherapeutic and counselling treatments, as well as pharmacological interventions that are culturally appropriate and effective
- A more **active role for BME communities and BME service users in the training** of professionals, in the development of mental health policy and in the planning and provision of services
- A **capable workforce and organisation** to deliver appropriate and responsive mental health services to BME communities

Building Blocks of change:

More Appropriate Services	Community Engagement
Better & more intelligently used information	Workforce

FIS Checklist for end of June 2005
(updated from Resource Pack 1)

The following activity needs to be undertaken by all FIS pilots prior to the submission of Headline Partnership Project Plans to the CSIP director of the BME programme by 30 June 2005.

	Milestone	By Whom	By When	Resource
1.	FIS to have agreed Lead SHA Board Level Director and FIS Implementation Group Chief Executive as Chair.	SHA Chief Executive & RDC Director	Early May 2005	
2.	FIS to have agreed Governance arrangements for the pilot and dedicated resources.	As above with Lead SHA Board Director	End of May 2005	See Appendix 1
3.	FIS to have initiated recruitment arrangements for the supporting Project Coordinator post.	As above with Lead SHA Board Director	End of May 2005	See Resource Pack 1 for PC Job Description
4.	Inaugural meeting of FIS Implementation Group.	Lead Board Director and nominated Chief Executive of Group		See Resource Pack 1 for Outline Agenda for First Meeting
5.	FIS has agreed and signed up to the process of self assessment and development of Headline Partnership Project Plan with timescales to achieve	As above with stakeholders	Mid June 2005	See Appendix 2 Headline Partnership Project Plan Template
6.	Headline Partnership Plan is submitted to the Regional Race Equality Lead for submission to National Team	As above with Selina Ullah	Mid June 2005	
7.	Communication and Engagement Strategy has been agreed in outline form for FIS.	As above	End of June 2005	

Regional Expectations of FIS pilots

- ✓ Whilst the national context and drivers for FIS sites are clearly linked to *Delivering Race Equality in Mental Healthcare*, the Regional Development Centre is keen to ensure that localities use the opportunity of the FIS to address the wider equality and diversity agenda, promoting social inclusion and personal recovery.
- ✓ Key principles that should underpin the work of the FIS are:
 - Across all age groups
 - Open partnership working
 - Equity – gender sensitivity
 - Improved Access
 - Improved Experience
 - Outcomes focused
 - Recovery orientated
- ✓ Each FIS will need to engage with many stakeholders across complex organisational boundaries and within diverse, multi-cultural communities. An early part of the project will need to focus upon engaging with local communities and understanding their needs before services can be further developed.
- ✓ FIS sites will be prioritised in relation to national funding to support Community Engagement pilots and will be encouraged to use the role and posts of Community Development Workers (CDWs) to enable local capacity to actively engage communities and tackle agreed areas of work.
- ✓ Each FIS will have agreement with the relevant SHA Chief Executive to invest in a full time dedicated senior project coordinator to oversee the development and delivery of the FIS work plan.
- ✓ Each FIS site will be expected to consider the skills and capabilities that are required amongst staff and wider stakeholders and communities at all levels of FIS delivery. Support will be made available from the Development Centre to assist with this process.
- ✓ Each site will be expected to articulate six or seven achievable outcomes for year 1 which they will be monitored upon and report back into agreed local, regional and national governance structure. (See Appendix 1).

Headline Partnership Project Plan

A template for the Headline Partnership Project Plan to be used by all FIS pilots is provided in Appendix 2. The reason for the template is to assist progress against fairly tight deadlines but also to ensure consistency of reporting across the North East, Yorkshire and Humber sites.

The key activities and outputs that are required by FIS pilots over the next three to four months are outlined within the template. However, it will be for each FIS Implementation Group to agree the order in which activity takes place and the pace and timescales in which each output will be achieved. It is also for each pilot site to identify capacity and local processes for delivery.

It is the FIS Implementation Groups' responsibility to consider appropriate timescales that are in line with local context and capacity but which also ensure national and regional FIS expectations are met.

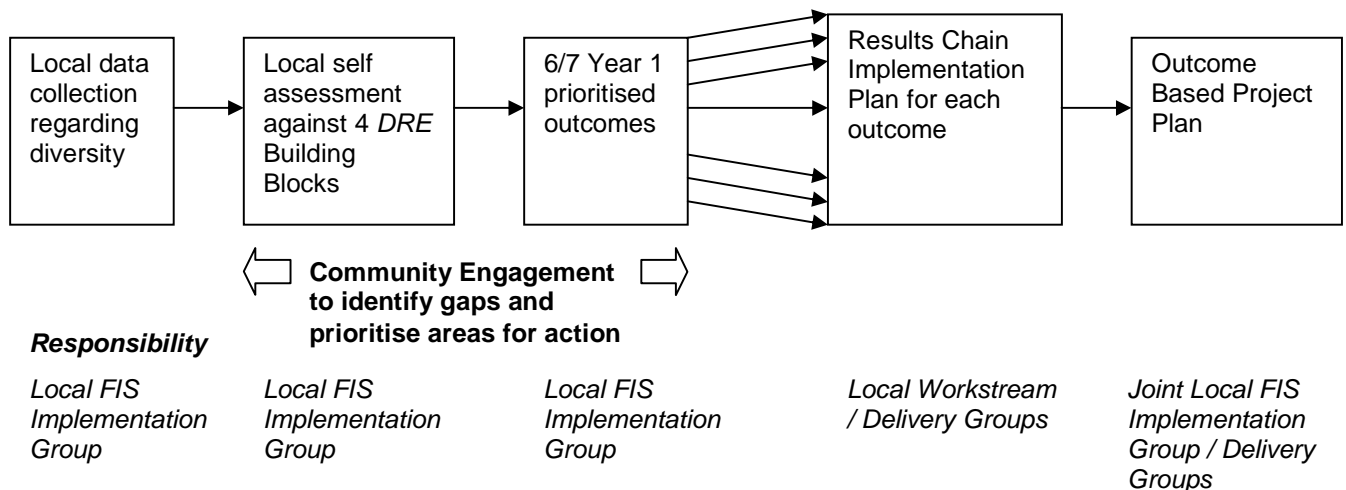
Headline Partnership Project Plans must be submitted to Selina Ullah (NIMHE Race Equality Lead) by 30 June 2005.

Framework for an Outcome Based Project Plan

Each FIS pilot will be expected to articulate six or seven achievable outcomes for year 1 which they will be monitored upon and report back into an agreed local, regional and national governance structure (see Appendix 1). Each outcome will relate directly to one of the four 'Delivering Race Equality' building blocks, however, choice of starting point will be the decision of the Local FIS Implementation Group.

The framework for developing an outcome based project plan is shown in Figure 1 below:

Figure 1



The first step in this process is to identify and gather local data and intelligence regarding diversity practice across all stakeholder groups. The following sources are suggested as a minimum, however, sites are encouraged to be as wide ranging as possible in their search for data.

- BME Themed Review – Autumn Assessments
- LIT action plans, Standard 7 Action Plans, Children's Services Partnership plans
- Local Health Needs Assessments
- BME Census data (national, regional and local statistics plus recent mental health inpatient census)
- Local surveys involving BME groups or addressing diversity issues
- SHA Race Equality Performance Framework
- Race Equality Schemes/review of race equality schemes
- Stock take of Community Development Worker position across the SHA region
- Local Delivery Plans
- Workforce plans

The data gathering process is likely to be ongoing throughout the life of the FIS, however, each site must decide at what point they feel they have gathered sufficient information to inform a baseline self assessment.

The second step in the process is for each FIS to undertake a baseline self assessment. A template for the self assessment is provide in Appendix 3 which is drawn from the four building blocks and key outcomes outlined in *Delivering Race Equality in Mental Health*.

Following self assessment each site will enter a diagnosis phase in which gaps and opportunities for development will be identified and consultation (as agreed in local Communication and Engagement Strategy) will take place with stakeholders to prioritise areas for initial action and develop six or seven immediate outcomes.

The NIMHE Regional Development Centre is keen to promote the 'Results Chain' methodology for the development of outcomes for each of the FIS pilots. Some initial information regarding this methodology can be found in Appendix 4 along with one or two example outcomes, however, further support in developing achievable and measurable outcomes will be provided by the Development Centre following completion of the local FIS self assessment. It is hoped that this methodology will be adopted by all FIS pilots so that there is a consistent way of describing outcomes both within each local workstream or delivery group as well as across the region.

A 'results chain' implementation plan will be developed for each outcome, most likely led by a local workstream or delivery group. Ultimately the Project Coordinator will be tasked with collating this information form a FIS Outcome Based Project Plan.

FIS Reporting and Monitoring

Nationally the expectation is that the pilots will report on a quarterly basis. There will be a standard format for reporting, which is likely to use the 'building block' headings and the twelve 2010 future service requirements. This is currently being worked on both nationally and regionally, however, the Development Centre would hope to include this within Resource Pack 3.

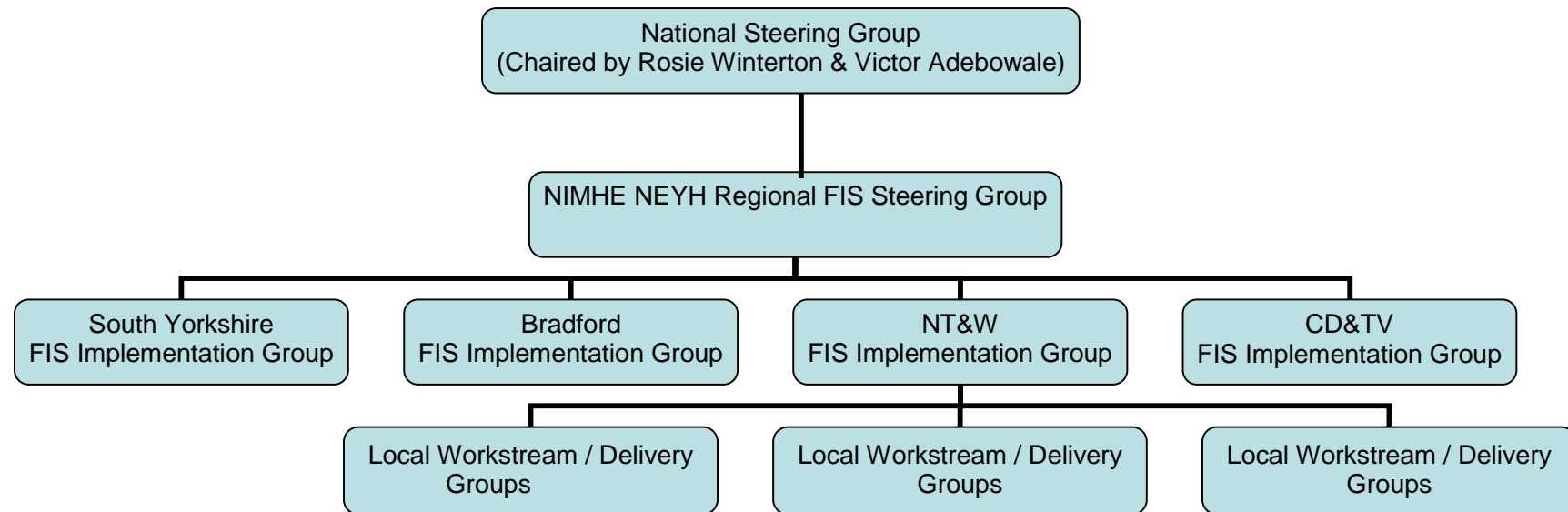
Locally each FIS site will be required to agree its reporting using the above suggested format. It is hoped that a consistent format of monitoring and reporting will also be replicated within each of the local delivery groups to ensure consistency and report progress against stated outcomes.

Each FIS will submit quarterly reports to the Regional Group who in turn will submit in summary to the national forum.

Likely Reporting Times, assuming pilots go live from July 2005:

Quarter	Report due to regional group	Summary report to national team
Initial Report of progress and plans	31 st June 2005	July 2005
Q1	1 st October 2005	Mid October 2005
Q2	2 nd January 2006	Mid January 2006
Q3	1 st April 2006	Mid April 2006
Q4	1 st July 2006	Mid July 2006

Proposed FIS Governance Framework



Headline Partnership Project Plan for Focused Implementation Sites

NIMHE Region:	North East, Yorkshire and Humber Regional Development Centre – Director Steve Shrubb	Executive Project Lead/Chair of the FIS Implementation Group	
Host SHA for FIS:		NIMHE Race Equality Lead for the FIS Pilot:	Selina Ullah
SHA Accountable Office/Board Director:		Dedicated project Coordinator (resource identified/name if in post)	

Focused Implementation Site population profile
Table 1: Ethnicity in (Locality name), percentage by ethnic group

Local Authority	Total persons = 100 per cent	Ethnic group - percentage:									
		White	Black Caribbean	Black African	Black other	Indian	Pakistani	Bangladeshi	Chinese	Other groups: Asian	Other groups: Other
(Area name)											

Source ONS Census 2001

Table 2: The number of asylum seekers supported by the National Asylum Support Service (NASS) in relation to accommodation and subsistence only support

Local Authority	No. of asylum seekers supported in NASS accommodation	No. of asylum seekers in receipt of subsistence only support from NASS	Total number	% of total population
(Area name)				

Source: <http://www.homeoffice.gov.uk/rds/pdfs2/asylumq203.pdf>

Number of CDWs for the pilot site area: (including total per SHA area and by PCT, current numbers in place and expected numbers by March 06)	
Description (brief) of any Community Engagement Pilots actual or strong proposals:	

Activity / output	By Whom	By When	Source/template/support	Completed √
Local FIS Governance arrangements agreed including reporting & monitoring	Director/Chief Executive of SHA	30 th June 2005	Appendix 1 and 7 in Pack 1	
Agree detail of resources, management & recruitment detail of Project Coordinator post		30 th June 2006	Appendix 2 in Pack 1 – Job Description Template	
Advertise Project Coordinator post and agree arrangements for interview and appointment		30 th June 2005	As above	
Implement FIS Management group, agree membership and first meeting held.		30 th June 2005	Appendix 3 and 6 in Pack 1	
Establish a common understanding of FIS purpose, aims and objectives amongst and with the management group			2010 vision as stated in the DRE document. Facilitated by Race Equality Lead	
Management Group develops and agreed strategy for implementation, engagement and communication processes across a broad stakeholder group inclusive of communities				
Project Manager appointed and in post with induction organised				
Identify and collect local data or intelligences regards diversity practice across all stakeholder groups to feed into baseline assessment				

Activity / output	By Whom	By When	Source/template/support	Completed √
Undertake baseline self assessment			See Appendix 3	
Identify gaps and opportunities (diagnose) for development and start to identify areas of high initial need for action			Support will be available from the RDC Race Equality Lead and Service Improvement Team	
Undertake consultation (as agreed in engagement and communication strategy) with stakeholders to review and agreed immediate outcomes				
Establish Delivery groups in relation to each of the immediate outcome areas				
Develop immediate outcomes in results chain methodology working closely with identified communities or key stakeholders	FIS Delivery groups		Support will be available from the RDC Race Equality Lead and Service Improvement Team	

Focused Implementation Site Self Assessment Template – Draft 1

FIS pilots are asked to use the following Self Assessment Rating:

1	No progress	No local progress has been made in relation to this outcome – not yet discussed
2	Intending	Some early discussions regarding this outcome but little understanding of depth of change required
3	Starting	Better understanding of local issues in relation to this outcome, which can be expressed in a high level vision
4	Developing	Clear understanding of local issues, gaps and opportunities but not prioritisation
5	Achieving	Clear vision regarding where locality wants to get to with prioritised plans in place to achieve specific local outcomes

DRE Building Blocks and 2010 outcomes	Self Assessment Rating					Supporting evidence	Gaps identified / Development opportunities
	1	2	3	4	5		
Appropriate and responsive services							
Local organisations are developed so that they offer high quality, non-discriminatory and recovery-oriented healthcare							
High quality clinical services are available for BME populations							
Inpatient services are safe and provide appropriate and responsive care for BME service users							
There is a balanced range of effective therapies such as peer support services, psychotherapeutic and counselling treatments, as well as							

DRE Building Blocks and 2010 outcomes	Self Assessment Rating					Supporting evidence	Gaps identified / Development opportunities
	1	2	3	4	5		
pharmacological interventions that are culturally appropriate and effective							
Appropriate and responsive services are available for specific populations, including older people, asylum seekers and refugees, children and young people							
Ethnicity and culture is reflected in assessment, diagnosis, risk management and care planning, including decisions about the most appropriate location of care.							
There are equitable pathways for BME service users including outpatient and community treatment environments , primary care, complementary treatment, and more flexibility in moving from the community to mental health care and back to the community							
Direct payments are being used to fulfil the independent sector's potential, and deliver more individual and culturally appropriate care provision							
Community Engagement							
There is effective community engagement across all BME populations and diverse communities							

DRE Building Blocks and 2010 outcomes	Self Assessment Rating					Supporting evidence	Gaps identified / Development opportunities
	1	2	3	4	5		
Mechanisms are in place that actively promote and support capacity building							
Local communities are delivering local mental health services							
There is less fear of mental health care and services among BME communities and BME service users							
There is increased satisfaction with services amongst BME populations							
There is an increase in the proportion of BME service users who feel they have recovered from their illness							
Better information							
There is effective monitoring of ethnicity and mental health service use							
There is effective analysis and dissemination of information							
There is knowledge available on effective services							
There is high quality information available for clinical governance purposes capable of being analysed by ethnicity on factors such as admission rates, Mental Health Act orders, diagnosis, the use of seclusion, physical interventions and medication							

DRE Building Blocks and 2010 outcomes	Self Assessment Rating					Supporting evidence	Gaps identified / Development opportunities
	1	2	3	4	5		
Workforce							
Process and procedures have been developed for the planning and monitoring of individuals' personal development, including cultural capability							
Within Mental Health Trusts and PCTs, professional bodies and governance structures have plans in place and are managing individuals' personal progress towards cultural capability, eg. through appraisal and continuing professional development							
Appropriate training is provided in the religious, cultural and linguistic requirements of people from BME groups, and in care and recovery planning, needs assessment, discharge planning and community engagement with BME communities							
There is an 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							
The workforce and local organisations are capable of delivering appropriate and responsive mental health services to BME communities							

Results Chain Methodology

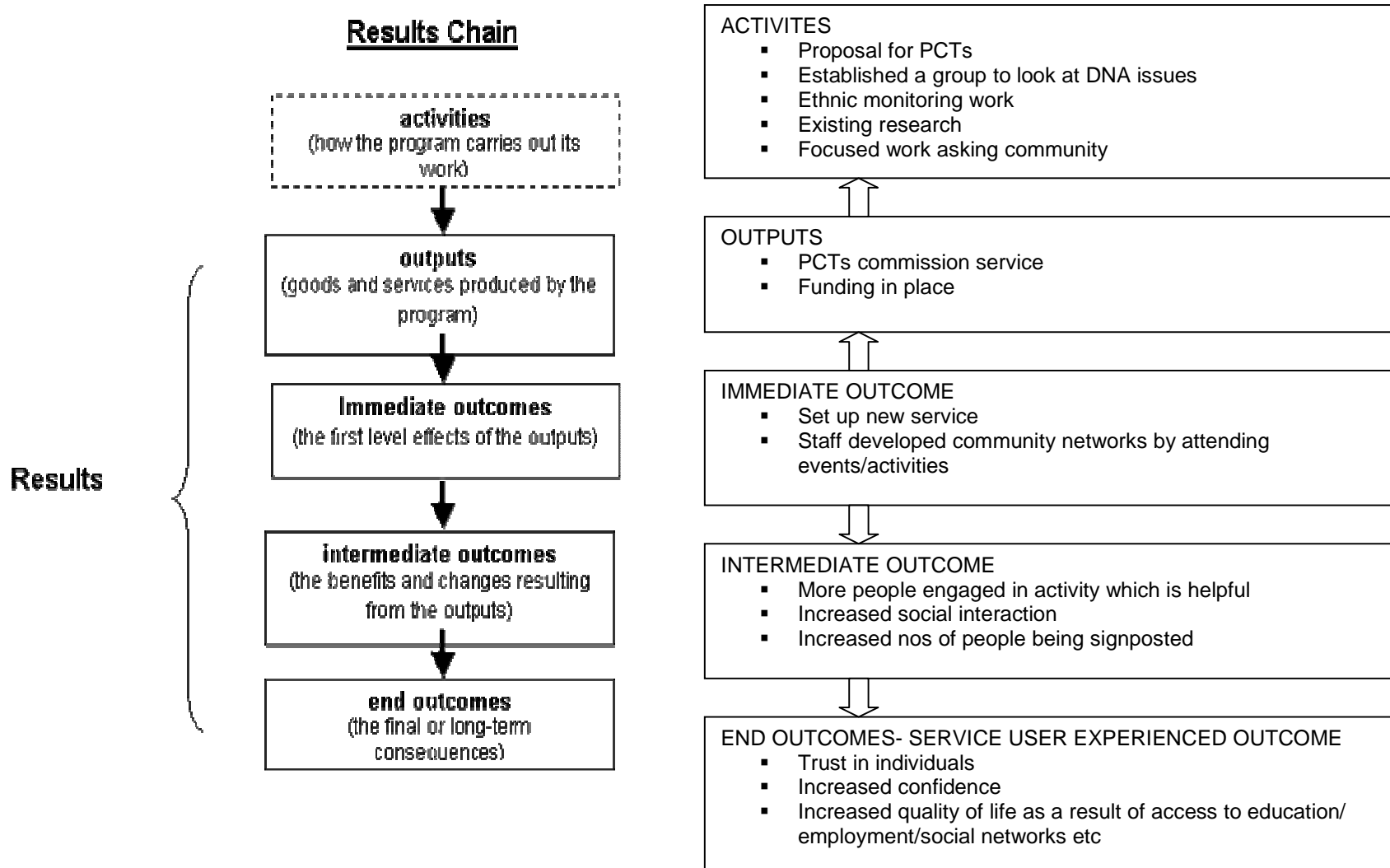
The Results Chain is currently used within service improvement in Canada. This methodology is one which can develop clear links between the work undertaken and the eventual results.

The Results Chain is an example of a tool to measure outcomes on both quantitative and qualitative level. Used correctly the results chain can help those involved with improving services to develop delivery plans and articulate them in a way which clearly links activity with a range of staged outcomes.

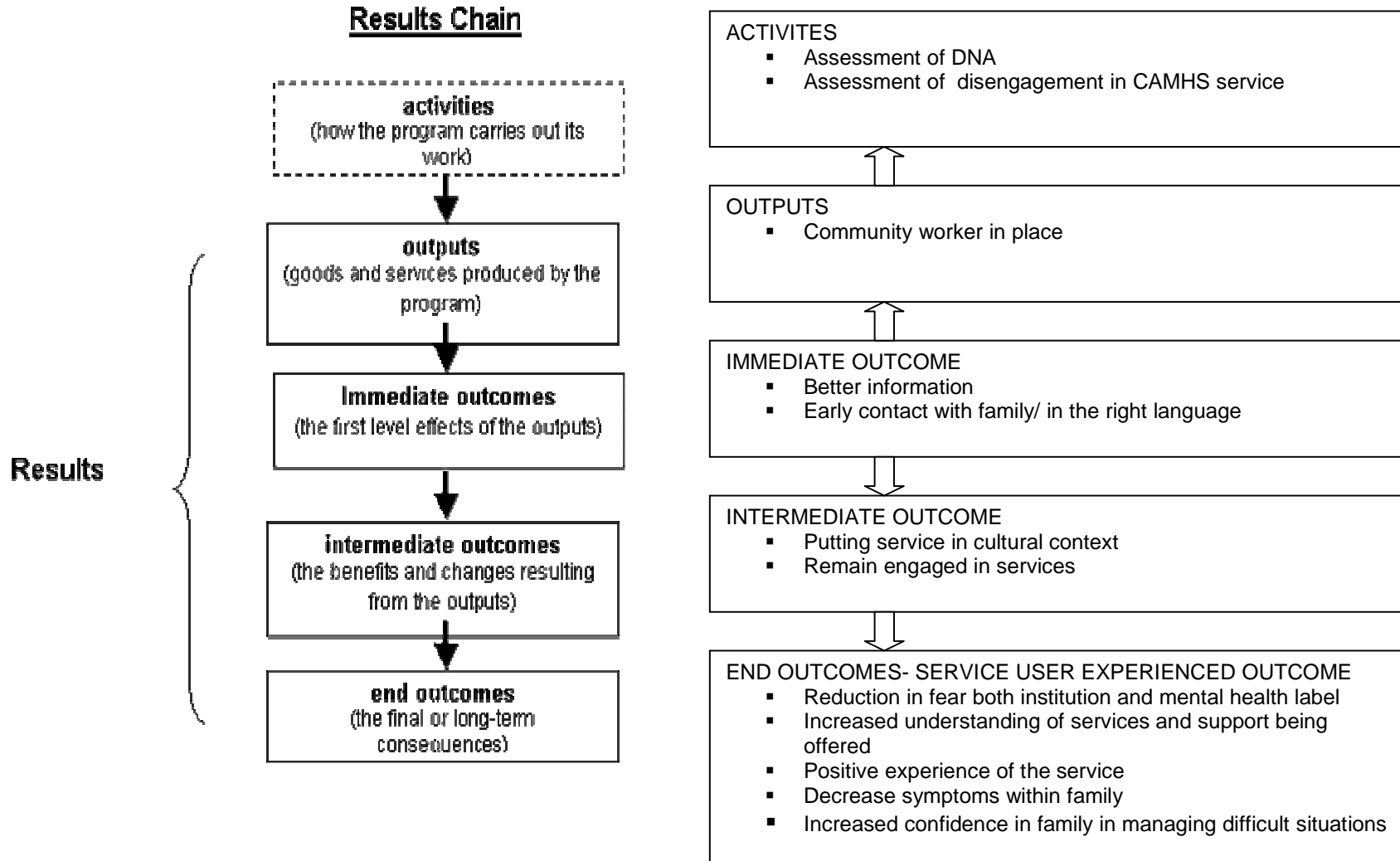
The stages are outlined in Figure 1 along with an example of an actual improvement initiative Figure 2. Further examples are also provided. As you can see in the examples, the 'Building Blocks' and related expected outcomes from the 'Delivering Race Equality in Mental Health Care' (DRE) can be readily placed in Immediate Outcomes, from here we can work back to Activity and forward to Results. In doing this we can demonstrate a clear flow and connections for our work streams from the activity we engage in to the ultimate benefit in service user experience whilst also demonstrating system and process changes. A further benefit is the ease with which this methodology can be linked to the nation outcomes with local meaning.

The Regional Development Centre's Service Improvement Team will run workshops in understanding and using the tool to develop clear outcomes for local FIS members if requested.

Example 1 - Engaged Communities



Example 2 – Appropriate and Responsive Services



Example 3 – More intelligently used Information

