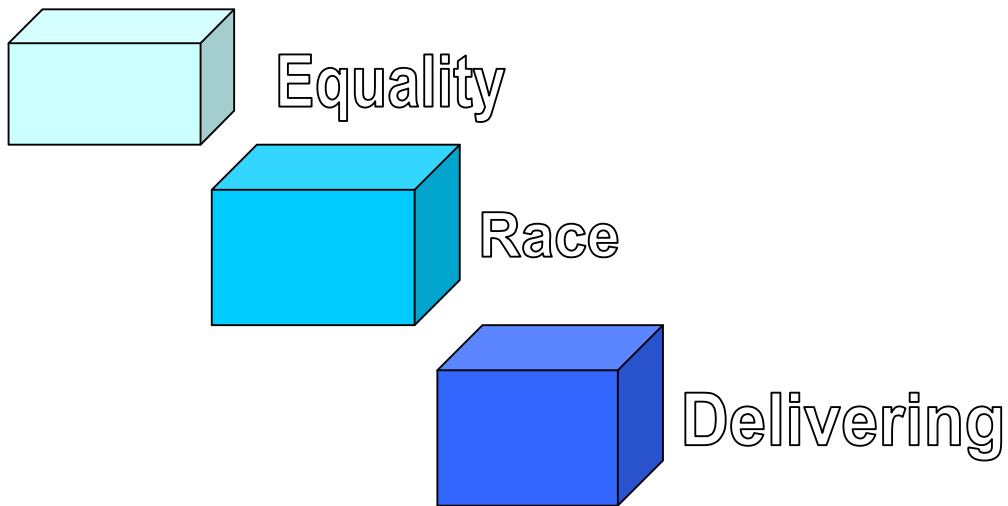




Yorkshire and the Humber

South Yorkshire Focused Implementation Site



**South Yorkshire Focused Implementation Site
Portfolio of Evidence**

**Sarwar Khan
Project Manager
October 2006**

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South Yorkshire Focused Implementation Site

Delivering Race Equality across South Yorkshire:

A Brief Synopsis

September 2006

Background

The January 2005 publication of the *“Delivering Race Equality in mental Health Care – An Action Plan for Reform Inside and Outside Services”* heralded a new way of working within mental health services. This combined the recommendations of the Blofeld Inquiry and delivering race equality in mental health services set out three building blocks for mental health services to meet along with twelve characteristics to action plan against.

The identified building blocks were:

- Better information
- Appropriate and Responsive Services
- Community Engagement

Armed with Ministerial backing and a national programme team to oversee its implementation, Strategic Health Authorities were requested to submit Focused Implementation site bids.

On notification of a successful South Yorkshire bid, key partners from Barnsley, Doncaster, Sheffield, and Rotherham came together as a SY FIS. Dr. Gillian Fairfield was nominated as the Chief Executive Lead for the SYFIS; In August Sarwar Khan was appointed as Project Manager.

What is a FIS?

The Focused Implementation Site is in essence a focused demonstration site looking to assist in the identification of best practice developed locally and spread across the FIS area. It will assist in developing the evidence base and facilitate the dissemination of the DRE Action plan; it will demonstrate that change can be achieved through collaborative ways of working.

The FIS aims to achieve equality and tackle discrimination in mental health services across South Yorkshire for all people from black and ethnic minority background, this will include people who are of Irish, Mediterranean and East European descent, and any other group who are classed as invisible and non visible minority groups such as Gypsy and traveller groups.

Purpose

- To demonstrate that a whole systems approach does improve mental health services for black and Minority Ethnic Groups (BME), for this the FIS will draw upon collaborative approaches which have been evaluated as being successful within a health care setting.
- FIS will facilitate and guide the change process.
- FIS will build capacity and intelligence to support further change
- Develop and sustain strategic partnerships between key stakeholders and build capacity
- Provide leadership and raise the profile of the national BME programme

Current Position

Agreed Local Arrangements

1. Development of South Yorkshire wide Professional Executive Group to provide initial steer and guidance for localities
2. SYFIS Stakeholder group, 2 mini conferences will be held a year, and will be open to everyone living in and working across South Yorkshire.
3. SYFIS Steering group representations have been locally selected across the four locality implementation group areas. This group will meet bi – monthly, and will monitor and evaluate the success of the project preceding the Professional Executive group. Dr. Fairfield, Chief Executive project lead for SYFIS will chair these meetings.
4. Local priorities have been identified and met by local providers.
5. Local BME voluntary and community groups are fully involved in the local service delivery.

Governance Structure

1. SYFIS governance structure has been agreed and is updated at regular intervals (see attached structure)
2. Local Governance Structures have been agreed through local Implementation Groups and through local stakeholder events with community, clinician and statutory sector input
3. SYFIS steering group membership have been locally identified through local action; Barnsley, Rotherham, Doncaster and Sheffield have now identified local representatives to enable decisions to be made on a South Yorkshire basis.

Value Added Grant

1. Value added grant submitted and approved
2. Activity identified includes capacity building in BME community and voluntary sector with a focus upon social prescribing for men, communication and consultation strategy, supporting BME children and

South Yorkshire Focused Implementation Site (SYFIS)

young people within schools, engaging with clinicians and practitioners within the FIS agenda

3. SYFIS have agreed arrangements for tendering and ways of promoting the grant across South Yorkshire to BME community and Voluntary sector and through NHS statutory sector providers, managers and practitioners.

Enhancing Pathways into Care (EPIC) Site

1. Bid was submitted and approved. This makes the SYFIS one of the four national FIS sites to be able to participate in the EPIC.
2. The EPIC project will be focusing upon Sheffield and will feed into the SYFIS, reporting to the SYFIS Steering group. Ultimate responsibility for the EPIC will be with the FIS Project manager and Chief Executive Lead director.
3. An initial meeting has taken place between the Sheffield Implementation group, local clinicians and practitioners, who will lead on the EPIC, community representatives, and equality leads and managers, also in attendance were the National Epic Consultants Professor Kamaldeep Bhui and Kwame McKenzie.
4. The EPIC Progress includes:
 - Appointment of an Advocacy Worker based in the Pakistan Muslim Centre (PMC)
 - Promoting the model of EPIC to the local Pakistani community, resulting in gaining Pakistani (male and female) volunteers to support service users accessing the PMC for social prescribing and community based activities
 - Training and raised awareness re: the DRE for the volunteers.
 - Development of a standard pathway and the development of an Enhanced pathway.
 - Audit of service delivery and provision
 - Active engagement of all Crisis and Home Treatment (CAHT) team.
 - EPIC community development model promoted south Yorkshire wide and nationally.

Delivering Race Equality Demonstrating Progress and local assessment

1. A template was developed based upon the 3 building blocks and the 12 characteristics identified within the Delivering Race Equality Action plan. This was circulated to the four locality implementation group chairs and local leads for completion by December 2005, with the aim to identify local needs based upon community engagement, and current position against the 12 characteristics.
2. An action plan is in place, which aims to deliver the SYFIS across South Yorkshire. The action plan is colour coded so that the Steering group can monitor progress effectively.
3. The EPIC site project will feature within the plan and new and existing pathways will be featured as positive examples of SYFIS examples of good practice.

Community Development Workers

1. South Yorkshire allocation for CDW's is 15. Rotherham, Doncaster and Barnsley will be appointing the first three CDW's by March 2006. Barnsley is aiming to appoint its further 2 CDW's by April 2006, whilst Rotherham and Doncaster is aiming to appoint its further 2 CDW's by December 2006.
2. Barnsley has appointed its allocation of three CDW's in July 2006.
3. Rotherham will appoint the first of its three CDW's by September 2006.
4. Doncaster has consulted very widely and will be appointing their three CDW's no later than November 2006.
5. Due to its current financial situation, Sheffield will not be able to appoint to its allocation of six CDW's

SYFIS Action plan

1. The action plan is currently under review by all stakeholders
2. The recommendations have been tabled and are being reviewed in line with services being provided.

Key Priorities for immediate action

1. Clinical engagement at all levels across South Yorkshire, aiming for seamless quality of care and uniformity of clinical practice across South Yorkshire. A clinical group will be set up to ensure staff are provided the opportunity and the space to share good practice and innovations
2. Improved community engagement wider than umbrella organisation input, aim to ensure service users, carers, faith groups and individuals are included and encouraged to attend.
3. Ethnic monitoring of current service take-up, based upon gender and age.
4. Actively engage with SY Police, Criminal Justice System and Probation services.
5. Host a South Yorkshire wide BME Carers Conference to be held in November. Professor David Sallah will be one of our Keynote speakers.

Community Engagement Projects (CEP's)

1. Barnsley:

- Barnsley Black and Ethnic Minority Initiative (BBEMI), was successful in becoming a Community Engagement Project.
- BBEMI have recruited 5 community researchers to work on the project.
- The focus is upon the mental and emotional needs of Refugees and Asylum seekers, what services currently exist and identifying the gaps.

2. Doncaster:

- Doncaster Women's Centre was successful in becoming a Community Engagement Project.
- Their Project will focus upon improving engagement with BME women in terms of shaping mental health services so that they are responsive to their needs.
- Twelve women researchers have been appointed from various diverse ethnic minority backgrounds and language abilities.
- The researchers have led the CEP with support from Doncaster Women's Centre staff.

The project will aim to focus upon the following Communities:

- Turkish
- Albanian
- Hindi
- Punjabi
- Urdu
- Arabic

Priorities based upon each locality as of December 2005

Barnsley:

1. Improved BME community involvement in service planning and delivery
2. Increased BME representation in the workforce
3. Improved access to mental health services by BME community
4. Improved use of ethnic monitoring

Doncaster:

1. Improve BME community involvement in Doncaster, with a view to ensuring Commissioning and service delivery is appropriate and responsive to the needs of local BME communities
2. Increased BME representation in the workforce. Appointment of the three CDW's by November 2006
3. Scoping local mental health needs of BME communities
4. Improved use of ethnic monitoring.
5. Commissioning are currently reviewing their processes and considering improving service delivery and provision of services to BME communities. Commissioning are consulting with BME communities to improve their relationships with communities.

Rotherham:

1. Improved community engagement and involvement in mental health services
2. Improved ethnic monitoring

South Yorkshire Focused Implementation Site (SYFIS)

3. Mapping local needs and identifying gaps in current provision
4. Increased BME representation in the workforce
5. Increased clinical engagement in Rotherham FIS

Sheffield:

1. Inclusive approach to engaging with BME communities in service design and planning
2. Improved data collection and mapping gaps in current services
3. Improve ethnic monitoring, active use of the Census data to improve service provision
4. Develop new and emerging pathways through the EPIC Site project
5. Increase BME representation in the workforce
6. Improved clinical engagement in the Sheffield FIS

South Yorkshire FIS: Population data based on the 2001 Census

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
Barnsley	218063	216069	69	67	28	412	136	29	398	99	152
Doncaster	286861	280216	736	229	84	1247	1503	60	747	262	1777
Rotherham	25160	244497	180	180	40	497	4704	26	180	269	1027
Sheffield	513234	457728	5171	3204	677	3030	15844	1910	2201	2598	29009

Table 1: Ethnicity in (Locality name), percentage by ethnic group

South Yorkshire Focused Implementation Site (SYFIS)

Local Authority	No. of asylum seekers supported in NASS accommodation	No. of asylum Seekers in receipt of subsistence only support from NASS
Yorkshire And Humber	7685 (22%)	365 (3%)
Barnsley	440	
Doncaster	675	
Rotherham	660	
Sheffield	1155	

Table 2 Asylum data end of March 2006

	Local Authority Accommodation	Private Accommodation
Barnsley	364	61
Doncaster	327	198
Rotherham	264	369
Sheffield	539	463

Table 3: Data Source: Asylum Newsletter August 2006

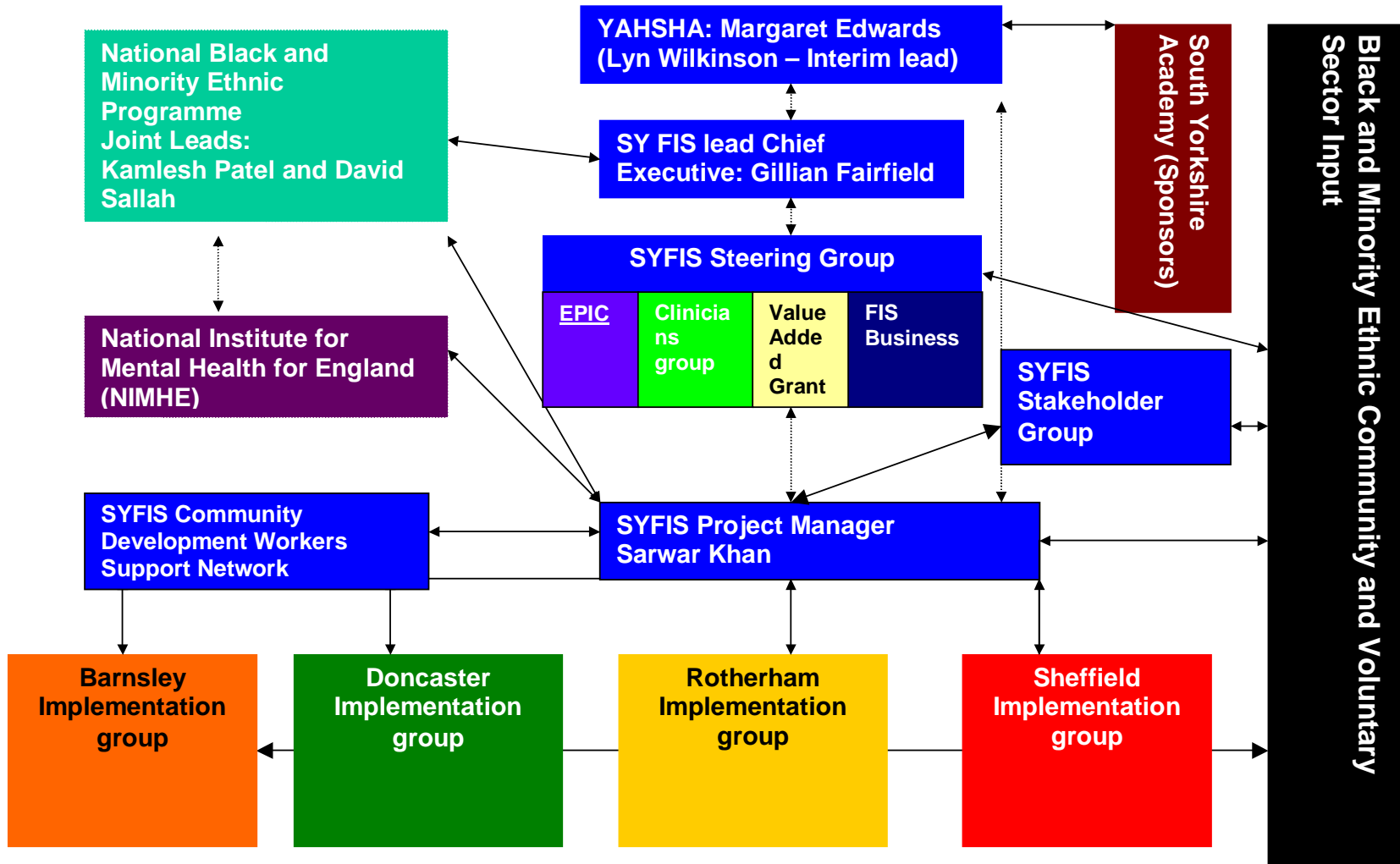
Religion

Local Authority	All Persons	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other Religion	No Religion	Religion Not Stated
Barnsley	218063	176851	139	177	35	505	180	303	23429	16444
Doncaster	286866	228225	219	448	94	21120	798	542	32530	21890
Rotherham	248175	197102	133	260	41	5407	192	365	25360	19315
Sheffield	513234	351841	1096	1675	763	23819	773	1215	91894	40158

Table 4: Data Source 2001 Census

South Yorkshire Focused Implementation Site (SYFIS)

Current Structure for Governance (amended as of January 2006)



**South Yorkshire Focused Implementation Site Steering
Group
Terms of Reference**

1. Purpose and Aims

- To contribute to improvements to the mental health and well being of BME communities and those socially excluded groups in the South Yorkshire Strategic Health Authority Area by leading and influencing strategic change in local health and social care systems using a whole systems approach.
- To support and manage the local implementation of “Delivering Race Equality in Mental Health Care” (DRE) and related mental health policy.
- To ensure sustainability of the FIS and planning the exit strategy for the SYFIS.

2. Objectives

- To identify good practice and shared learning through South Yorkshire events.
- To be a central point for communication and consultation in respect of the DRE across the SYFIS area.
- To develop multiple vehicles for communication which are agreed locally, sub-regionally, regionally and nationally.
- To ensure Local Implementation Groups (LIG's) identify mental health need priorities and ensure they are reflected in the SYFIS Work programme and action plan respectively.
- To produce and agree the FIS work plan.
- To work with other partners and stakeholders, maximising opportunities for mainstream race equality in mental health care across all age groups and in particular Social inclusion.
- To benchmark progress and identify gaps in service delivery and provision.
- To ensure effective delivery of the SYFIS objectives to the timescales and format as determined by the Department of Health.
- To guide the SYFIS towards providing more appropriate and responsive services for BME communities.
- To monitor and report on progress to the Strategic health Authority and National programme board with regard to implementation of the DRE within localities across South Yorkshire.
- To consult and negotiate with other relevant partners, including service users and BME communities on the development of local and South Yorkshire wide mental Health priorities.

3. Membership

Chief Executive Lead for South Yorkshire Focused Implementation Site	Dr.Gillian Fairfield	Chief Executive, Doncaster and South Humber Healthcare NHS Trust
South Yorkshire Focused Implementation Site Project Manager	Sarwar Khan	Yorkshire and Humber NHS
Chair of Barnsley Implementation Group	Martin Farran	Executive Director, Barnsley Metropolitan Borough Council
Vice Chair of Barnsley Implementation Group	Lorraine Hickie/ Kwai Hong Mo	Commissioning Manager, Barnsley Metropolitan Borough Council
Barnsley Umbrella Organisation	Trenton Wiggan	Manager, Barnsley Black and Ethnic Minority initiative
Doncaster Umbrella Organisation	Peter Singh	Manager, Doncaster Ethnic Minority Regeneration Partnership
Rotherham Umbrella Organisation	Taiba Yasseen	Manager, Rotherham Ethnic Minority Alliance
Sheffield Umbrella Organisation	Frieda Cottrill	Manager, Sheffield Black Card
Chair of Rotherham Implementation Group	Zafar Saleem	Equalities Manager, Rotherham Metropolitan Borough Council
Vice Chair of Rotherham Implementation Group	Alice Kilner	Joint Commissioning Manager, Rotherham Primary Care Trust
Chair of Doncaster Implementation Group	Karen Robinson	Director of Commissioning, Doncaster Primary Care Trust
Vice Chair of Doncaster Implementation Group	Andrea Owens	Commissioning Manager, Doncaster Primary Care Trust
Chair of Sheffield Implementation Group	Chief Executive: to be confirmed	Sheffield Primary Care Trust
Vice Chair of Sheffield Implementation Group	John Ramsden	Executive Director, Sheffield Care Trust
Interim Mental Health Lead	Lyn Wilkinson	Yorkshire and Humber
Business Manager	Shergul Miah	National Institute for Mental Health for England / Care Services Improvement Partnership work stream leads
Race Equality Lead	Selina Ullah	National Institute for Mental Health for England / Care Services Improvement Partnership work stream leads
Enhancing Pathways Into Care lead	Dr. Simon Mullins	Sheffield Care Trust
Regional faith lead	Mr. Inderjit Bhogal	Director, Regional faith Forum
Commissioning lead for mental health	Lorraine Hickie	Barnsley
Commissioning lead for mental health	Alice Kilner	Rotherham
Commissioning lead for mental health	Tony Nuttall	Sheffield
Commissioning lead for	Andrea Owens	Doncaster

South Yorkshire Focused Implementation Site (SYFIS)

mental health		
Provider leads for mental health	Wendy Beresford	Barnsley Primary Care Trust
Provider leads for mental health	Dr. Gillian Fairfield	Doncaster and South Humber Healthcare NHS Trust
Provider leads for mental health	John Ramsden	Sheffield Care Trust
Older people's Commissioning lead	Margaret Gibson	Sheffield Primary Care Trust
Child and Adolescent Mental Health	Tracey Clarke	Doncaster and Rotherham
Child and Adolescent Mental Health	Diane Phuller	Director for Child and Adolescent Mental Health, Sheffield

4. Roles and Functions of members

- To provide leadership and guidance for the SYFIS
- Commitment to real service improvement for BME service users, their carers and communities.
- Mandate to attend on behalf of the locality implementation group.
- Commitment to monitoring and disseminating information within and from their respective localities.
- Share access to networks and information.
- Share skills, knowledge and understanding of BME Mental Health issues and needs.
- Ongoing monitoring of outcomes and shared learning and development to maintain.
- To measure ongoing success and concerns.
- Ability to influence and motivate their localities.
- Ensure FIS links into local and wider race equality agenda.

5. Values

- To ensure all age groups are included with open and honest debate.
- To ensure there is equity and acknowledgement of gender, disability religion and cultural sensitivity.
- To ensure there is open access to minutes and discussion points.
- To ensure there is good quality information shared across South Yorkshire.
- To ensure the Steering Group is outcome focused.
- To ensure SYFIS is acceptable and responsive to everyone in the SYFIS area, regardless of race, gender, sexuality, social status.

6. Frequency of Meetings

- Meetings of the Steering Group will be held bi-monthly.

South Yorkshire Focused Implementation Site (SYFIS)

- Minutes will be distributed through LIG chairs. It will be their responsibility to circulate the minutes.

Sarwar Khan
September 2006

Community Development Workers

Current Status

South Yorkshire was allocated 15 Community Development Workers, target for employment is December 2006.

Barnsley

Employed 3 CDW's June 2006. The three workers will cover generic mental health issues. Areas to be covered initially are:

- Muslim community engagement
- African/ Caribbean community engagement
- Asylum seeking and refugee community engagement

Doncaster

After a detailed community consultation exercise, the BME communities of Doncaster shared their views and aspirations of the CDW's. It was identified that Children and families, BME women, adults and older people were areas of concern and these should be identified as the initial focus for the 3 CDW's. It is anticipated that these workers should be in post by December 2006, if not earlier.

Rotherham

Similarly to Doncaster, Rotherham started consulting upon their 3 CDW's well before SYFIS went into operation. It was agreed with BME communities that these workers should cover:

- Children and adolescent Mental Health
- Adult Mental Health
- Older people's Mental Health

The first worker is now in post, and will focus upon BME Older Peoples mental health. Two further workers are pending.

Sheffield

Due to its current financial position, Sheffield PCT has agreed not to appoint its allocation of 6 CDW's.

CDW Contact details:

Area	CDW	Email/Contact details
Barnsley	Mirban Hussain	mirban@bbemi.org , 01226 284499
Barnsley	Carol Anderson	carol@bbemi.org , 01226 284499
Barnsley	Roya Pourali	roya@bbemi.org , 01226 284499
Doncaster	Pending interviews	
Rotherham	Shazia Idris	Shazia.idris@rotherhampct.nhs.uk

Community Engagement Project:

Site: Barnsley Black and Ethnic Minority Initiative

Research Summary

Background

Evidence exists that mental health services do not meet the needs of BME groups in Barnsley.

Research Title

“Are existing mental health services in Barnsley appropriate & responsive to the needs of Refugees, Asylum Seekers and Migrant Workers?”

Aim

- To identify the mental health needs of Refugees, Asylum Seekers & Migrant Workers
- To evaluate whether the available information is relevant & accessible to this group

Objectives

- To identify specific needs
- To identify how many of the group are accessing mental health services
- To identify levels of satisfaction with services
- To identify the mental health service providers in Barnsley
- To identify what mental health services are provided

Methodology

Consultation with the target group & data gathering from service providers

Methods

- 1:1 interviews
- Focus groups
- Postal questionnaire

Sample

100 men and women from the Refugees, Asylum Seekers & Migrant Workers community will be invited to participate

Justification

Fastest growing BME groupings in Barnsley. Diverse cultural & religious identity

Potential impact/outcomes

Better information means more appropriate and responsive services, which would lead increased uptake

Lead Contact:

Vladimer Sanatze: 01226 284477

Email: vladimer@bbemi.org

Sarwar Khan
South Yorkshire FIS project Manager

Community Engagement Project:

Site: Doncaster Women’s Centre, Doncaster

Introduction

Doncaster Women’s Centre applied and were successful for the University of Central Lancashire (UCLAN) Community Engagement Project. As a result 12 volunteers were recruited from Doncaster, due to the diversity of languages used, interpreters were employed to assist to aide further communication.

Research Title

“Better engagement of BME groups in shaping mental health services and supporting innovative, community informed services”.

Data Collection

The data will be collected via facilitated workshops held in community languages, namely:

- Hindi
- Arabic
- Albanian
- Urdu
- Turkish
- Punjabi

The facilitated workshops have already begun, the community researchers have started collecting oral histories from women attending but also aiming to provide counselling for women suffering from various levels of distress.

Translators and scribes support the community researchers; each woman who attends from the community receives a £5 gift voucher as thanks for participating.

The community researchers have prepared a short tick box questionnaire, which will be disseminated to 650 women currently registered with Doncaster Women’s Centre.

The aim is to collect their experiences and level of satisfaction with Doncaster mental health services.

Lead Contact:

Ninda Randhawa,
Doncaster Women’s Centre
Telephone: 01302 309825

Value Added Grant

Service Specification 1: £10K

Black and Ethnic Minority Cultural Awareness Training for Statutory sector staff

To provide a birds eye view of factors impacting upon black and minority ethnic communities and their access routes in to mental health services

Service Specification 2: £15K

Capacity building in black and minority ethnic community and voluntary sector with a focus upon social prescribing for men

To provide culturally specific support for black and minority ethnic men of all age groups in accessing and engaging with mental health services.

Service Specification 3: £10K

Communication and Consultation Strategy for South Yorkshire Focused Implementation Site

To develop a robust communication and consultation strategy for the SYFIS

Service Specification 4: £5k

Early Intervention work with Schools to support Black and Minority Children and Young People

To provide information based upon 'Celebrating our Cultures' (DOH: 2005). This would specifically target early intervention teams and partners involved in the care, education and development of black and ethnic minority children and young people.

Service Specification 5: £ 10k

Engaging with Clinicians and Practitioners

To seek active engagement of clinicians and practitioners from across South Yorkshire encompassing CAMHS, Adult and Older People's Mental Health Services, and substance misuse services.

Enhancing Pathways into Care (EPIC)

Pilot Site: Sheffield

Background

The EPIC is based upon the “Sukhoon” project developed by the Nurse Consultant lead for the EPIC. Sukhoon means peace of mind and has been developed over some time looking into the mental and emotional =well being needs of the South Asian community.

The EPIC is based in the heart of the Pakistani community in Sheffield. The Pakistan Muslim Centre, is based in Darnall, geographically it has its own social difficulties, high unemployment and a high prevalence of mental health problems.

The Chief Executive of the Pakistan Muslim Centre was eager to support the EPIC in-house as a means to develop support for community members currently lost within the system.

The Sheffield EPIC aims to:

- Divert Pakistani people from inpatient care to home treatment
- Bridge the gap between the statutory sector providers and the community voluntary sector.
- Develop capacity at the Pakistan Muslim centre
- Work within a community development model to develop stronger partnership
- Increase the number of volunteers involved in the EPIC so that the support provided by the EPIC project is culturally appropriate

Leadership

The EPIC has senior level sign up and is currently led by Dr. Simon Mullins and supported by the founder of “Sukhoon” the Nurse Consultant lead Rashna Hackett.

The EPIC hosts 1 day a week for respite care based in the Pakistan Muslim Centre. Wednesday’s have been allocated for drop in sessions and supporting inpatients referred by the early intervention teams, and the CAHT.

Volunteering

Local volunteers have been recruited and are involved in the EPIC. Local schools have identified parents with mental health problems who are using the EPIC for supporting local people.

Audits

CAHT clinical staff have developed audit tools and staff are using these to monitor inpatients ethnicity among other things. This Enhanced culturally competent checklist will provide key data, enabling the CAHT to provide the right level of support at the right time.

Enhanced Pathways into Care

Audit Checklist V1.1

Standard Care

Basic Demographics

Insight number :

Gender: Male (1) Female (2)

Date of Birth: ___ / ___ / _____

Date of Admission/Assessment: ___ / ___ / _____

Date of Discharge: ___ / ___ / _____

Diagnosis: _____ (ICD-10: F _____)

Ethnic group:

Not asked Refused to answer Unable to answer

White White British White Irish White Other

Black/Black British Africa Black/Black British Caribbean

Somali Black Other

Asian or Asian British Indian Asian or Asian British Pakistani

Asian or Asian British Bangladeshi Asian Other Yemeni

Chinese Vietnamese Mixed White and Black Caribbean

Mixed White and Black Africa Mixed White and Asian

Mixed White Other Other

English as First Language: Yes (1) No (2)

Other Language(s):

Case Note Review:

		Comments / Variance
Triage form	Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2)	
Assessment form	Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2)	
CTRS scale	Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2)	
<i>Within 7 days:</i> Care plan Risk Assessment form Assessment summary Medic Review	Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2) Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2) Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2) Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2)	
<i>Prescribing:</i> Prescribing assumed by CAHT Drug chart Drug review	Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2) Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2) No <input type="checkbox"/> (2) Yes – indirect <input type="checkbox"/> (1.1) Yes – direct <input type="checkbox"/>	
<i>Other Assessment Tools:</i> BDI LUNTERS Other	Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2) Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2) Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2)	
<i>Physical Health needs:</i> Physical Examination Blood tests ECG Other	Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2) Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2) Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2) Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2)	
Children in household Number of children Ages identified Child protection issues identified Liaison to other agencies for children's needs Referral to meet children's needs	Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2) Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2) Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2) Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2) Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2) Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2)	
Sarwar Khan South Yorkshire FIS project Manager		Page 24 of 47

South Yorkshire Focused Implementation Site (SYFIS)

<p><i>Home visit:</i> Risk Assessment Mental state Carer needs Adult protection issues</p> <p><i>Psychoeducation to Patient:</i> Meds - verbal Meds - written Mental health – verbal Mental Health - written</p>	<p>Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2) Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2) Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2) N/A <input type="checkbox"/> (3) Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2)</p> <p>Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2) Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2) Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2) Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2)</p>	
<p><i>Psychoeducation to Carers:</i> Meds - verbal Meds - written Mental health – verbal Mental Health - written</p> <p><i>Seen by:</i> Consultant SPR SHO Nursing Social Worker Occupational Therapy Psychologist STR</p>	<p>Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2) Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2) Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2) Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2)</p> <p>Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2) Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2) Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2) Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2) Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2) Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2) Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2)</p>	

South Yorkshire Focused Implementation Site (SYFIS)

Enhanced Pathways into Care Audit Checklist V2.1 Culturally Appropriate Care

Basic Demographics

Insight number :

Gender: Male (1) Female (2)

Date of Birth: ___ / ___ / _____

Diagnosis: _____ (ICD10: F_____)

Date of Admission/Assessment: ___ / ___ / _____

Date of Discharge: ___ / ___ / _____

Ethnic group:

Not asked (1)

Refused to answer

Unable to answer
(16)

White (2)

White British
(17)

White Irish (18)

White Other
(19)

Black/Black British Africa (3)

Black/Black British Caribbean
(4)

Somali (5)

Black Other (6)

Asian or Asian

British Indian (7)

Asian or Asian

British Pakistani (8)

Asian or Asian

British Bangladeshi (9)

Asian Other (12)

Yemeni (1)

Chinese (1)

Vietnamese (1)

Mixed White and
Black Caribbean (20)

Mixed White and
Black Africa (21)

Mixed White and Asian (22)

Mixed White Other (23)

Other (25)

English as First Language: Yes (1) No (2)

Other Language(s):

English as First Language: Yes (1) No (2)

Other Language(s):

<p><i>South Yorkshire Focused Implementation Site (SYFIS)</i></p> <p>Case Note Review:</p>	<p>Standard Care</p>	<p>Culturally Appropriate Care</p>	<p>Comments / Variance</p>
<p>Triage form</p>	<p>Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2)</p>	<p><i>Ethnic origin identified:</i> Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2) <i>English as first language identified within form:</i> Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2)</p>	
<p>Assessment form</p>	<p>Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2)</p>	<p><i>Interpreter Offered:</i> N/A English as first language <input type="checkbox"/> (0) No <input type="checkbox"/> (2) Yes – Family member <input type="checkbox"/> (1) Yes – staff member <input type="checkbox"/> (1.1) Yes – Independent <input type="checkbox"/> (1.2) Yes – Refused <input type="checkbox"/> (1.3) Ethnicity checked from patient perspective: Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2) Assessed spiritual practice: Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2) Immediate Care plan identifies cultural/spiritual needs: Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2)</p>	
<p>CTRS scale</p>	<p>Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2)</p>		
<p><i>Within 7 days:</i> Care plan Risk Assessment form Assessment summary Medic review</p>	<p>Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2) Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2) Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2) Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2)</p>		
<p><i>Prescribing:</i> Prescribing assumed by CAHT Drug chart Drug review</p> <p>Sarwar Khan South Yorkshire FIS project Manager</p>	<p>Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2) Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2) No <input type="checkbox"/> (2) Yes – indirect <input type="checkbox"/> (1.1) Yes – direct <input type="checkbox"/> (1.2)</p>	<p>Drugs offered are reviewed with consideration of appropriateness to spiritual beliefs (i.e. olanzapine velotabs) Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2) Timing of administration is reviewed with consideration of appropriateness to cultural practice (i.e. administration times during Ramadan) Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2)</p>	<p>Page 27 of 47</p>

South Yorkshire Focused Implementation Site (SYFIS)

<p><i>Other Assessment Tools:</i> BDI LUNSERS Other</p>	<p>Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2) Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2) Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2)</p>	<p>Culturally sensitive/validated tools have been considered Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2) Translated self administration tools <i>(insert here list of appropriate alternatives)</i> Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2)</p>	
<p><i>Physical Health needs:</i> Physical Examination Blood tests ECG Other</p>	<p>Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2) Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2) Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2) Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2)</p>	<p>Appropriate chaperone offered Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2) Appropriate gender offered Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2)</p>	
<p>Children in household Number of children Ages identified Child protection issues identified Liaison to other agencies for children's needs Referral to meet children's needs</p>	<p>Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2) Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2) Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2) Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2) Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2)</p>		

Delivering Race Equality in Mental Health Services South Yorkshire FIS

POSITION STATEMENT

Demonstrating Progress: September 2006

PROJECT NAME	South Yorkshire Focused Implementation Site	Chief Executive Lead	Dr. Gillian Fairfield	Report Month	September 2006
Programme	National BME Mental Health - NPIT	PROJECT MANAGER	Sarwar Khan	PROJECT END DATE	August 2008
Race Equality Lead	Selina Ullah	NIMHE CSIP Regional Development Centre	North East Yorkshire and Humber (NEYH)	Yorkshire and Humber SHA Chief Executive Lead	Margaret Edwards

Project Overview

SYFIS project was launched August 2005 after the appointment of the Project Manager. The initial group identified that there was a need for the development of clear governance structures that would support the local Implementation groups in their delivery and the identification of local priorities for action in mental health services. This document sets out current locality progress and areas of work prioritised by the four localities across South Yorkshire.

This document supports the locally agreed action plans, which are now in the process of being colour coded to reflect progress and delivery.

Headline summary report against Delivering Race Equality Action Plan

September 2006

Project Manager's Report

Provide a brief narrative account on progress: what has happened? What factors have affected performance?

Building Block 1: Appropriate and Responsive Services

- **SYFIS Progress** – Various meetings have been held across South Yorkshire in terms of statutory sector service providers and commissioners, as well as BME service providers, community based groups and organisations with a view to collate progress data for the one year on report. This is still in progress.
- **Value Added Grant** – Sub- group has been set up to finalise this
- **FIS Newsletter** – 2nd issue has been circulated across South Yorkshire, work is commencing on Issue 3.
- **Translation and Interpretation** –Sheffield Community Access and Interpreting Service will run a training day on this theme. On take up this will be evaluated and further training sessions negotiated. This will be organised to run in November 2006. The focus will be for professionals.
- **Refugees and Asylum Seekers** –. Discussions held in terms of how we progress this across South Yorkshire. This is a theme for the Barnsley Community Engagement Project.

Building Block 2: Community Engagement

- Develop further links with Community organisations across South Yorkshire that are not yet Engaged
- Support Community Engagement Projects. Support further groups to apply.
- Job Descriptions for 3 permanent CDW post's in Doncaster.
- Develop further links with Acute care leads, modern matrons, and other practitioners. Anevent ids planned for late October
- Working closely with Rethink in order to develop an understanding of BME carers needs Carers conference is planned for 7th November
- Promoting EPIC to local BME communities with a view to recruiting volunteers. The aim is to recruit volunteers to support Pakistani inpatients who are accessing the Pakistan Muslim Centre for community based support. Men and women will be recruited and trained.
- EPIC Advocacy worker now in post.

Building Block 3: Better Information

- Developing an evidence base of service use
- Discussions underway to collate service user's experiences and concerns. This will be completed through the EPIC and other avenues such as the BME community based services provided.
- Collecting data from statutory and community based service providers in terms of ethnicity, service use/ treatment, gender and age
- Presentations to various strategic partnership boards, and health groups
- Discussions with mental health service providers with an aim to collate data of BME inpatients and service use.
- Presented SYFIS as a poster presentation at Doncaster and South Humber Health Care NHS Trust.
- Developing a poster presentation for South Yorkshire mosques.

South Yorkshire Focused Implementation Site (SYFIS)

Key Characteristics	SOUTH YORKSHIRE WIDE			
Building Block 1: More appropriate and responsive services				
<p>Develop organisations so that they offer high quality, non-discriminatory and recovery –orientated healthcare.</p> <p>1. Develop a workforce that can deliver equitable care to BME people</p> <p>2. Improve clinical services for BME communities</p> <p>3. Improve services for specific populations, including older people, asylum seekers and refugees, children and young people</p>	DEMONSTRATING PROGRESS			
	<p>More appropriate and responsive services are achieved through action to develop organisations and the workforce. To improve clinical services and to improve services for specific groups, such as older people, asylum seekers and refugees, and children.</p>			
	<p>BARNSELEY</p> <p>The Barnsley implementation group is representative of stakeholders from each of the identified groups.</p> <p>2 stakeholder events have taken place in order to determine priority areas for action resulting in a plan of action with which to address the issues raised by the communities themselves.</p> <p>A clinical governance structure is in place with the integrated provider of mental health services in Barnsley. As part of this place each representative group of which BME communities are one gives involvement.</p> <p>3 Community development workers have recently been appointed and are about to take up posts, This service has been awarded to a BME umbrella organisation with agreed direct links and access to providers of Mental Health services in Barnsley.</p> <p>Inclusiveness across all age groups is explicit within the service specification, which forms part of the contract with the BME umbrella organisation.</p>	<p>DONCASTER</p> <p>Mandatory Equality and Diversity training is ongoing for all staff. Training has also been delivered in General Practice via CPD sessions for staff (TARGET). Regular update to Boards Promoting Equality and Diversity Group in place.</p> <p>The DIG has established regular meetings and has developed its local Community Action Plan</p> <p>The Group has members representing older people, children, travellers and BME Key Strategic Partnership. The Group's priority is to build relationships, specifically with local BME communities, to co-ordinate the implementation of the action plan.</p> <p>Doncaster's Women's Centre has been successful in its application against the Community Engagement Process.</p> <p>A key success, supported by the FIS, has been the development and agreed funding to support the recruitment of three mental health – BME Community Development workers.</p> <p>Build on the work of the Count Me In Census and take forward locally agreed recommendations</p> <p>Build on the work of the BME Health Assessment Report</p>	<p>ROTHERHAM</p> <p>The Rotherham Implementation Group (RIG) is representative of each of the identified groups, however further work is underway to improve engagement with clinical staffing groups. Attempts are being made to involve voluntary and independent mental health providers in the RIG. Work is ongoing to identify a robust system of including BME users and carers in consultation process.</p> <p>All staff in the statutory provider organisations undergo mandatory equality and diversity training.</p> <p>Funding has been agreed to employ one Community Development Worker to focus upon Older People, which has been identified during several consultation exercises as a priority.</p>	<p>SHEFFIELD</p> <p>Unit manager is also maintaining an overview of incidents of violence and aggression including BME users. SIG membership is under review to include CAMHS and others.</p> <p>The Trust has now allocated time to a Consultant Psychiatrist, who is now the link to the Trust's Doctors' committee. SCT aims to work one session on a regular basis with PMC.</p> <p>There are strong connections to in-patient services, led by the acute in-patient services manager, who chairs a transcultural interest group, is part of the acute care forum and links into the senior managers' group within acute and community care.</p> <p>We are happy to share the training information with other members of the FIS.</p>

South Yorkshire Focused Implementation Site (SYFIS)

Key Characteristics	SOUTH YORKSHIRE WIDE			
BUILDING BLOCK 2: COMMUNITY ENGAGEMENT				
1. Employment of allocation of Community Development	DEMONSTRATING PROGRESS			
	Community engagement is delivered through healthier communities and by action to engage communities in planning services. The actions needed (inside and outside services) to give BME communities Genuine opportunities to influence mental health policy and provision, and to promote mental health and recovery			
	BARNSELY	DONCASTER	ROTHERHAM	SHEFFIELD

South Yorkshire Focused Implementation Site (SYFIS)

<p>Workers by March 2006 and December 2006</p> <ol style="list-style-type: none"> 1. Building healthier communities 2. Community engagement, builds capacity, deliver services and facilitate change in local mental health services. 	<p>BME communities and/or their representatives form part of the membership of the Barnsley implementation group.</p> <p>There are representatives of the BME communities appointed as members of the Barnsley Fit for the Future steering and leaders group. This group is the delivery arm of the health stream of Barnsley's local area agreement, which is called "One Barnsley" and is the local strategic partnership for Barnsley.</p> <p>Public health specialists have taken up membership of Barnsley implementation group.</p> <p>2 Local stakeholder events have taken place specifically targeted to engage the local BME community and identifying local priorities and actions in order to improve mental health in this population.</p> <p>Barnsley has been successful in achieving community engagement financial support to recruit local researchers and participate in the community engagement research programme facilitated by the University of Lancashire. This project will build on the work of identifying local need, which is in progress.</p> <p>BME membership is in place across all mental health planning groups.</p>	<p>BME Stakeholder Event in April 2006, promoting the work of FIS and raising awareness of MH services, Community engagement ongoing to inform future service improvement/development/changes and ensure continuation of links with BME Groups represented</p> <p>Gypsies/Traveller community Local Strategy Launched in June 2006. Make links with Doncaster Gypsy and Traveller Strategy Group and support delivery of their action plan</p> <p>Presentations and community consultation taking place for development of the job roles for CDWs in Doncaster. Is anticipated that all 3 will be in place by late Autumn 2006.</p> <p>Plan a number of BME Mental Health Stakeholder Events to engage and communicate with BME communities when CDWs in post. Develop the role of the 3 BME CDWs by meeting with individual community groups and develop a Focus Group discussions around the role of the CDWs</p> <p>To review BME needs assessment and ensure recommendations are implemented i.e. BME Health Needs Assessment.</p> <p>User and carer 'patient satisfaction surveys' continue to gain access to views/opinions of service to inform ongoing developments. Carers Strategy for Doncaster launched in May 2006.</p> <p>Develop or check Local Directory of Mental Health Services. Establish existing local directories. Review the information. Identify gaps and developments.</p>	<p>RIG has held various consultation exercises with BME communities and has aimed to include smaller more marginalised groups such as asylum seekers, Chinese and the Yemeni communities.</p> <p>RIG is supporting communities in the development of Community Engagement Project proposals.</p>	<p>Through ISBME, BME service providers and community groups have been able to discuss improving community engagement.</p> <p>SIG ensures BME communities are involved in the implementation of the DRE.</p> <p>SIG is also holding discussions with BME community service providers.</p> <p>SCT is aiming to develop capacity to deliver responsive mental health services in partnership with BME communities.</p>
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South Yorkshire Focused Implementation Site (SYFIS)

Key Characteristics	SOUTH YORKSHIRE WIDE			
BUILDING BLOCK 3: BETTER INFORMATION	DEMONSTRATING PROGRESS			
<p>1. Improve ethnic monitoring and mental health service use</p> <p>2. Improve the analysis and dissemination of information</p> <p>3. Improve the knowledge available on effective services</p> <p>4. Evaluation of the DRE action plan.</p>	Better information from improved monitoring of ethnicity, better dissemination of information and good Practice. Improved knowledge about effective services. This will include a new Ethnicity Census data for mental health patients.			
	BARNSELEY	DONCASTER	ROTHERHAM	SHEFFIELD
	Ethnic monitoring is in place across all statutory services. The requirement to record such information is explicit in service specifications for all MH services and is monitored by the performance management sub-group of the mental health board. Work is currently underway in gathering evidence based practise information in a manner, which is accessible to all. The mental health information book has recently been reviewed and up dated. Information is given on the front sheet in several languages, which directs those from BME culture on how and who to contact to have the information translated for them.	To support the Mental Health provider to share BME information on seclusions, detentions etc to feed into the Doncaster FIS work plan Review Mental Health service provision and needs for BME prisoners. The Prison Health lead for the PCTs has chairs and works in partnership with the Prison Mental Health working group. As one of the actions from the Prison Health Strategy, local prisons are mapping the journeys of BME prisoners experience from a Mental Health perspective and will explore information sharing in relation to prisoners, ethnicity, mental heath status and cultural needs. The Prison Health Commissioner is also a member of the DIG. Working with current Mental Health provider on sharing information re serious/violent incidents etc. This will feed into FIS work plan. Plan further Key Stakeholder Event. Peer support and mentorship for CDW's from health and social care professionals (include the CDW for Gypsy & Traveller community as identified in the Local Gypsy & Traveller Strategy). Maintain and continue to strengthen relationships with BME Community Groups, BME Health Group, BME Key Strategic Partnership, Community Empowerment Network AND ensure that they work in a co-ordinated way	Ethnic monitoring is in place across all services provided by statutory organisations. Work needs to take place to improve information and the appropriate dissemination and use of information collected to analyse BME service take up and promotion of alternative care and treatment that is responsive to BME community needs'. Work is still ongoing to draw the differing BME communities together to develop a more coordinated approach.	Some audit work is on-going in relation to the use of seclusion, reviewing cases where BME users have been put into seclusion. The EPIC has developed an audit tool for developing and enhanced cultural audit to monitor patients

South Yorkshire Focused Implementation Site (SYFIS)

Key Characteristics		SOUTH YORKSHIRE WIDE			
DELIVERING RACE EQUALITY VISION 1.					
Less fear of mental health care and services among BME communities and service users	DEMONSTRATING PROGRESS				
	BARNSELEY	DONCASTER	ROTHERHAM	SHEFFIELD	
	Identified within the job description/ work plan and service specification for 3 community development workers.	<p>Continue to work with and support Doncaster BME community Key Leaders/Workers who are currently proactive</p> <p>Develop capacity within BME groups to participate or provide by learning from other areas/identify best practice i.e.</p> <ul style="list-style-type: none"> To support small and medium sized BME groups to develop an understanding of the socio economic impact on BME people with Mental Health problems and support their learning through joint staff training and development. 	This is an area identified in the CDW Job description and person specification.	<p>Through the EPIC site, Sheffield will be promoting mental health services to BME communities and ensuring services are appropriately delivered through consultations and open discussions.</p> <p>Sheffield Care Trust have appointed an Advocacy worker to Pakistan Muslim Centre. One of her duties will be to develop relations between CAHT and BME communities.</p>	

South Yorkshire Focused Implementation Site (SYFIS)

Key Characteristics		SOUTH YORKSHIRE WIDE		
DELIVERING RACE EQUALITY VISION 2.				
Increased satisfaction with services	DEMONSTRATING PROGRESS			
	BARNSELEY	DONCASTER	ROTHERHAM	SHEFFIELD
	<p>At the recent stakeholder event a number of measurable outcomes were agreed which the performance management sub-group of the mental health board will monitor. The needs analysis will identify the current level of satisfaction this will be followed up by the commissioning of a service user questionnaire in the Autumn together with the findings of the national BME findings expected to be published in the Autumn. Monitoring of complaints and compliments. Monitoring the number of take up of mental health services by BME communities.</p>	<ul style="list-style-type: none"> • Continue to take forward recommendations from the BME Health Needs Assessment and support implementation of action plan. • Use information from MARASIS System to support ethnic monitoring and mental health service use. • Use Public Health Minimum Data set for health and social care community information to identify BME specific mental health needs and ensure service match. • CDW's will take forward existing BME development and MH promotion information to services users and carers. Continue to work on the recommendations from Count Me In 	<p>This is an area for further development</p>	<p>Through the Improving Mental Health Services for Black and Minority Ethnic (ISBME) Communities, BME communities are able to voice their needs and concerns. The group also identifies ways forward and are able to host discussions and debates on specific topics.</p>

South Yorkshire Focused Implementation Site (SYFIS)

Key Characteristics		SOUTH YORKSHIRE WIDE			
DELIVERING RACE EQUALITY VISION 3.					
Reduction in the disproportionate rate of admission of BME people to psychiatric inpatient units.	DEMONSTRATING PROGRESS				
	BARNESLEY	DONCASTER	ROTHERHAM	SHEFFIELD	
	<p>This is not applicable in Barnsley as the take up of in-patient beds from this client group is extremely small comparably. This information is reported through the performance management framework in Mental health and any increasing trend will be reported to the strategy development group for appropriate action.</p>	<ul style="list-style-type: none"> The CRISIS Team are to undertake audit the ratio of BME clients who access CRISIS services Work is ongoing through community engagement to ensure that all BME groups are fully informed and aware of services to support early intervention at community level before admission is required. <p>Development of CDW's ensuring they receive peer support and mentoring from health and social care professional and better relationships with community groups</p>	<p>This is not applicable in Rotherham as the take up of in-patient beds from BME backgrounds group is small. However this will be monitored through the performance management of contracts.</p>	<p>The SIG is working within Inpatients. Clinicians are involved within the Acute Care Forum to monitor this. SIG uses the ethnicity Census to review rates of admission.</p>	

South Yorkshire Focused Implementation Site (SYFIS)

Key Characteristics	SOUTH YORKSHIRE WIDE			
DELIVERING RACE EQUALITY VISION 4.				
Reduction in the disproportionate rates of compulsory detention of BME service users in inpatient units.	DEMONSTRATING PROGRESS			
	BARNSELY	DONCASTER	ROTHERHAM	SHEFFIELD
			As above	SIG will be reviewing this through current work streams.

South Yorkshire Focused Implementation Site (SYFIS)

Key Characteristics		SOUTH YORKSHIRE WIDE			
DELIVERING RACE EQUALITY VISION 5.					
Fewer violent incidents that are secondary to inadequate treatment of mental illness.	DEMONSTRATING PROGRESS				
	BARNESLEY	DONCASTER	ROTHERHAM	SHEFFIELD	
	Each violent incident is identified, recorded and appropriate care planning reviewed through the supervisory processes of the Primary Care Trust. Thought is required as to how this can be addressed with non-statutory providers as part of service specification and monitoring.	This is an area for future action. The main priority is to collate and analyse information to understand the current position.	This is an area for future development.	A review of training has been commissioned and delivered through Hallam University. The work included reviewing current training, utilising a range of sources, including the recommendations in the Blofeld Report. The training covers managing violence & aggression, conflict resolutions, rapid tranquillisation and resuscitation. The Trust has increased the number of accredited trainers in managing violence & aggression and conflict resolution.	

South Yorkshire Focused Implementation Site (SYFIS)

Key Characteristics	SOUTH YORKSHIRE WIDE			
DELIVERING RACE EQUALITY VISION 6.				
A reduction in the use of seclusion in BME service users.	DEMONSTRATING PROGRESS			
	BARNSELEY	DONCASTER	ROTHERHAM	SHEFFIELD
	There have been no episodes of Seclusion in this monitoring period. A proposed new build acute mental health unit with a Psychiatric Intensive care unit is due to be completed in 2007.	This is an area for future action. The main priority is to collate and analyse information to understand the current position.	This is an area for future action.	<p>Sheffield will be involved in the National Health and Safety in the Workplace network focussing upon Physical restraint.</p> <p>Sheffield will be participating as one of the national focused site for detailed work. The aim is to reduce MVA and identify key areas for further work.</p> <p>Through this a checklist has been developed to assist Sheffield to identify the “patient journey” into and from care services. John Ramsden will be the Executive Director who will lead this process.</p>

South Yorkshire Focused Implementation Site (SYFIS)

Key Characteristics	SOUTH YORKSHIRE WIDE			
DELIVERING RACE EQUALITY VISION 7.				
The prevention of deaths in mental health services following physical interventions	DEMONSTRATING PROGRESS			
	BARNESLEY	DONCASTER	ROTHERHAM	SHEFFIELD
	<p>An active clinical governance structure is in place. This together with mandatory workforce training in safe techniques plus refresher training reduces the risk of occurrences. Non-statutory services are also eligible to undertake this training. Once again service specifications require appropriate training to be undertaken with the workforce concerned.</p>	<p>No deaths reported. Maintain by continuing to review Violence and Aggression Training for staff.</p> <p>All deaths reported as Serious Untoward Incidents, supported by Internal/External reviews, if appropriate, overseen by clinical governance leads.</p>	<p>There have been no deaths reported following physical interventions.</p>	<p>Please see above.</p>

South Yorkshire Focused Implementation Site (SYFIS)

Key Characteristics	SOUTH YORKSHIRE WIDE			
DELIVERING RACE EQUALITY VISION 8.				
DEMONSTRATING PROGRESS				
	BARNSELY	DONCASTER	ROTHERHAM	SHEFFIELD
<p>An increase in the proportion of BME service users who feel they have recovered from their illness</p>	<p>Consideration on how this information can be collected will be discussed at the next Barnsley implementation group meeting.</p> <p>The CDW's will support this.</p>		<p>Exit surveys are completed to determine user satisfaction, but this is across the board, no specific surveys held for BME users.</p>	<p>Through the EPIC site, service users perspective of services will be taken and their stories logged by members CAHT team and PMC staff.</p> <p>The Enhanced pathway will support elements of this. Volunteers will also support this.</p>

South Yorkshire Focused Implementation Site (SYFIS)

Key Characteristics		SOUTH YORKSHIRE WIDE		
DELIVERING RACE EQUALITY VISION 9.				
A reduction in the proportion of prisoners from BME communities	DEMONSTRATING PROGRESS			
	BARNSELEY	DONCASTER	ROTHERHAM	SHEFFIELD
	<p>There is no prison in Barnsley however there is a diversion from custody and court liaison service that collect ethnicity information.</p>	<ul style="list-style-type: none"> • The mental health lead from CSIP has undertaken a baseline assessment of mental health services in HMP Lindholme. A report is expected shortly. Further assessments are to commence in HMP Moorland and HMP Doncaster during June/ July (2006). • Regular review meetings take place with providers to ensure that the delivered services are culturally sensitive. This is reflected in the in the contracts with individual providers. • Commissioning Manager for Prison health is working with the mental health lead for CSIP and the prisons to see how this piece of work can be implemented across the prisons. • Diane Domenico: Commissioning Manager – Prison health. Prison MH Sub-group in place with multi-agency membership overseeing development of MH services in Prison – including the Internment Centre • Prison MH In-Reach in place • Prison Health Strategy in Place • Robust links between Prison Health Strategy and the Doncaster FIS/DIG Action Plan 	<p>There are no prisons in Rotherham; a court diversion and prison in-reach service does exist.</p>	

South Yorkshire Focused Implementation Site (SYFIS)

Key Characteristics	SOUTH YORKSHIRE WIDE			
DELIVERING RACE EQUALITY VISION 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	DEMONSTRATING PROGRESS			
	BARNSELEY	DONCASTER	ROTHERHAM	SHEFFIELD
	Identified by the communities as being important and currently developing priorities for action to present to the Mental Health board. An action plan exists	Doncaster now a Pilot Site for IAPT work. Link IAPT work specifically to BME communities, as different model/care pathways may be required. (Links to BME community support i.e. Peer support etc. This work is still in the early development stages but will demonstrate a more balanced range of effective therapies	Some services exist such as the Housila Project, but the services that do exist focus upon a small minority of the BME communities. Black and Asian Young Peoples Project is based in Youth start, this provides instant access to BME young people in distress.	SIG members will consider this as part of the main service provision. The Transcultural team, Aman Service, SACMHA, Somali Mental Health Project, Kinhon Chinese Mental Health Project, Yemeni mental health and the Pakistani Mental health project workers all feed into the ISBME / SIG groups. Sheffield Care Trust delivers most of the counselling and therapeutic services. SACMHA, Somali Mental Health Project, Kinhon Chinese Mental Health Project, all have contracts to provide community-based services to specific community groups.

South Yorkshire Focused Implementation Site (SYFIS)

Key Characteristics		SOUTH YORKSHIRE WIDE			
DELIVERING RACE EQUALITY VISION 11.					
A more active role for BME communities and service users in the training of professionals, in the development of mental health policy, and in the planning and provision of services.	DEMONSTRATING PROGRESS				
	BARNSLEY	DONCASTER	ROTHERHAM	SHEFFIELD	
	Participation in board processes and part of the mental health service specification.	The CDW's, will link with BME Networks, of representatives from users/carers from this client group who will be called upon to feed into policy and strategy development, training and education programmes and feed into recruitment systems. Involvement of BME community through consultation and planning processes is ongoing to inform service redesign /improvement/ change	Tassibee works alongside professionals to deliver training. This has been identified as part of the CDW role as described in the job description.	SACMHA, Somali Mental Health Project, Kinhon Chinese Mental Health Project are involved in SCT discussions and training programmes. This is under review.	

South Yorkshire Focused Implementation Site (SYFIS)

Key Characteristics	SOUTH YORKSHIRE WIDE			
DELIVERING RACE EQUALITY VISION 12.				
A workforce and organisation capable of delivering appropriate and responsive mental health services to BME communities.	DEMONSTRATING PROGRESS			
	BARNSELEY	DONCASTER	ROTHERHAM	SHEFFIELD
	<p>All providers of mental health services are required to operate a diversity and equal opportunity policy. Compliance is part of the contract monitoring policy.</p>	<p>To have a culturally competent workforce</p> <ul style="list-style-type: none"> To undertake an audit of cultural competence within the work place To ensure the findings feed into the training and development plan <p>Consider innovative ways of improving the BME representation within the workforce.</p>	<p>All providers of mental health services are required to operate a diversity and equal opportunity policy. Compliance is part of the contract monitoring policy.</p> <p>Consultation has taken place with BME communities to identify best practise in achieving a representative workforce.</p> <p>Further discussions with gender specific BME groups have identified that Rotherham BME communities would prefer a gender specific workforce, ie men and women in the workforce that reflect the local community profile.</p>	<p>SACMHA, Somali Mental Health Project, Kinhon Chinese Mental Health Project currently provide community based mental health services, which are culturally appropriate.</p> <p>SCT are currently reviewing this target.</p>

South Yorkshire Focused Implementation Site (SYFIS)

Delivering Race Equality in Mental Health Services South Yorkshire FIS

Priority Summary

Locality	Appropriate and Responsive Services	Community Engagement	Better Information
Barnsley	Under Review. Clinical engagement is key for further development and data collection	3 CDW's now in post. CEP in place, researchers appointed, community engagement workshops planned	Improvements under review. Data collection not submitted.
Doncaster	Commissioners looking at needs of BME and commissioning structure being reviewed. New ways of working being developed with active community engagement	3 CDW'S permanent funding agreed, consultation developed the job descriptions and person specs, short listing process completed interviews November 2006	Improvements under review. Information is currently a key theme for further development
Rotherham	Under review. Clinical engagement is key for further development and data collection	1 CDW appointed by August 06. Further two CDW's pending December 2006.	Commissioner to develop cultural focus upon service developments with key age groups such as young Asian men, identified as a priority.
Sheffield	Training under review, EPIC setting standards for enhanced pathways. Pakistani Advocacy worker employed at the Pakistan Muslim Centre, volunteers and CAHT teams working alongside each other, joint visits planned and executed.	Improved user/ carers links, staff engaged with communities. No CDW's planned, engagement at all levels of the community, in particular with BME community based service providers.	Under review. Physical Restraint pilot based in Sheffield will look to improving quality of data collection. Acute care forum have built DRE into plans. Data collection underway, e.g. ethnicity and being used to enhance services