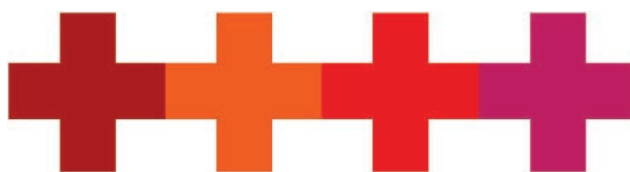


**race for health**



**a transformational change programme**

# Eastern Leicester PCT Peer Review

13th-14th September, 2005

Outcome paper

## Summary

The Eastern Leicester Peer Review was held on Tuesday 13th and Wednesday 14th September, 2005. It was one of a series of Race for Health Peer reviews; all PCTs in the programme have, or will be hosting one before March 2006.

The aim of the visit was to look at how the mental health needs of Black and Minority Ethnic (BME) communities could be better addressed through service planning and commissioning. Eight peers from PCTs in the Race for Health programme took part, including representatives from:

- Bristol South and West
- Ealing
- Lambeth
- Westminster
- Wolverhampton
- Shropshire County

All of the peers had an interest and expertise in mental health/commissioning, and were supported by members of the Race for Health project team (see Appendix 1 for team member biographies).

## Aims of the visit

The aims of the visit were to:

- identify and capture current good practice within Eastern Leicester PCT (ELPCT);
- offer examples of good practice from peer PCTs;
- support ELPCT to identify actions towards the development of a commissioning framework, that will ensure race equality is central to all commissioning decisions and plans;
- consider how the mental health commissioning framework might be transferable to other health commissioning areas;
- highlight areas for improvement; and
- support ELPCT to use the outcomes of the peer review to improve future commissioning, in partnership with users.

## **Presentations from ELPCT and partners**

### **Local context**

Carolyn Clifton, Chief Executive of Eastern Leicester Primary Care Trust (ELPCT) introduced the visit with a presentation providing an overview of Eastern Leicester and the PCT's approach to Race for Health.

ELPCT was established in 2001 following the merger of two Primary Care Groups (PCGs). It is an inner city PCT with a majority of BME residents. Fifty per cent of ELPCT's population live in wards that are among the ten most deprived in the country, and these areas receive Neighbourhood Renewal Funding. The PCT realises that meeting the needs of this very diverse community is its core business. The PCT faces many challenges, including influencing its providers to address the needs of its BME population effectively.

Clearly there is a major new challenge in addressing the reconfiguration of the PCT, which is likely to be city wide - if not incorporating Leicestershire as well.

### **Commissioning of BME mental health services**

Meena Ackbarally, Assistant Director of Strategy and Commissioning, spoke to the peer team regarding the commissioning of BME mental health services.

ELPCT is a focused implementer site (FIS) for the National Institute of Mental Health in England's (NIHME) programme to deliver race equality in mental health services. The FIS role includes undertaking work to co-ordinate research, disseminate information, and facilitate training in order to improve mental health services.

ELPCT has carried out a baseline assessment of BME mental health, and found that the community wants the PCT to improve services to meet their needs. The PCT believes that they are in a transitory stage, and will use their Local Implementation Team to drive themselves forward. They wish to achieve their vision of evidence-based commissioning; greater investment in primary care services for diagnosis assessment; and care option investment in community-based care management.

### **Child and Adolescent Mental Health Services**

Naina Patel and Cate Simmons from the Child Adolescent Mental Health Services Team (CAMHS) delivered a presentation on the development of this service.

The CAMHS team commissioned a Joint Strategy Group to carry out a needs analysis of the BME communities to inform planning for children's services. The Strategy Group consisted of the voluntary and community sector (VCS), a health visitor, schools, GPs, young people, parents, and city and council representatives. The CAMHS programme was designed to address the issues of a lack of referrals, lack of information regarding mental health and a lack of culturally competent services. The CAMHS needs analysis also highlighted the lack of trust in, and fear of mental health services by BME communities.

The CAMHS team has presented the findings to the CAMHS Joint Steering Group (Leicester, Leicestershire and Rutland) and the Children's Health Programme Board. Recommendations from the presentations are being taken forward by the recruitment of two BME Community Development Workers (one currently in post), specifically for CAMHS and the development of the BME strategy, which is nearly complete. This strategy will inform the work for the BME Community Development Workers.

## **Voluntary and community sector perspective**

The peer team met with colleagues from the local voluntary and community sector (VCS) including members of the External Reference Group – a body made up of VCS organisations which acts as a consultative forum and advisory group for the PCT. Membership of the Group is open to all local VCS organisations.

The VCS representatives acknowledged the work that the PCT has undertaken, but maintained that there was still along way to go. There was a common concern that the impact of a number of the current initiatives had yet to be felt in the community and that an ongoing process of community engagement with BME communities was essential.

### **Key challenges**

During the day's presentations and discussion, ELPCT identified four of the key challenges that they face:

- assessment of need - getting meaningful data that includes ethnic breakdown;
- formulating plans - utilising data to ensure that BME needs are integral to commissioning, and involving the voluntary and community sector;
- purchasing – developing joint approaches with the local authority, and ensuring that commissioned services from the voluntary sector provide services for all of the community; and
- review of services – ensuring that health provision/preventative work is responsive to BME communities.

## **Discussion and Q&A**

### **Assessment of need**

The PCT is committed to developing services that will address the health needs of the BME community. However, whilst some needs are ongoing and readily identifiable, the composition of the community is constantly evolving. This relates to changing needs and preferences amongst established BME communities and, in recent years, the emergence of newer BME communities who may have differing needs. The peers feel that the PCT needs to first develop a fuller understanding of changing community needs and the type of services required, and then use this information to inform service commissioning and design. A key question raised was around the balance between addressing BME needs within mainstream service provision and developing specialist BME services. ELPCT needs to be clear about its approach to striking this balance, before finalising the type of services it wants to commission.

Improving collection and analysis of ethnicity data is thus seen as key to the development of a mental health strategy that meets BME needs. It would also enable the PCT to establish who is best able to provide those services – for example, ELPCT was seeking a steer on how best to commission services from the black voluntary sector to meet BME needs.

However, the peer team heard several examples of the PCT's problems with data collection. The PCT has faced problems collecting data on ethnicity from their GPs, the local authority and their main acute provider. So far, the PCT has been unable to get any of this data from health equity audits, the Severe Mental Illness register or from the QUOIF register (a list of people with non-severe mental health problems). The equity audits do not record ethnicity and the Trust has had problems in getting data from its acute providers due to their capacity issues and their competing priorities. The PCT recognises that there is readmissions data available from social services – and that it needs to be more proactive in gathering and interpreting it.

The peer team suggested that the PCT would benefit from first deciding what information it needed and then carrying out a baseline assessment of the whole population using available local and national data. The PCT could also carry out patient profiling through their GPs, and make greater use of local and national information including data from the local authority, the main provider trust(s), the Health Survey for England (1999) - which is soon to be updated - and the forthcoming findings of the 'Count Me In' national census of mental health patients.

The team also suggested that the PCT use their Service Level Agreements (SLA) to ask for key data relating to age, gender and ethnicity to be supplied by their providers. Taking into account the fact that ELPCT's population is largely from BME communities, SLAs need to be developed in line with BME needs.

### **Formulation of plans**

The peer team also heard from PCT representatives about how it formulates plans. Clearly, ELPCT wants race equality to be at the forefront of all decision-making and planning. However, the peer team believed that in order to develop effective planning for service delivery the PCT needs to re-map its starting point, so that all known data is in one place. The PCT could then map its services and all of the mental health provision in its area to provide a point of reference when planning services.

The PCT also has to develop services that are accessible to everyone and this is why joint working is so important. The PCT needs to develop a strategy to engage and consult with its main providers, the local authority, the voluntary and community sector and service users. The peer team found that there is little involvement of these groups in the PCT's strategy making and commissioning. The peer team felt that more work needed to be done by the PCT to develop joint working with stakeholders and that this could lead to a joint vision. The PCT hopes that their use of Community Development Workers will open this up in the future.

The PCT also has to engage service users more systematically in developing services and this could be achieved by devising a patient and public involvement strategy with the involvement of the VCS. Two service user projects have been developed; the Genesis project, which was developed by the People's forum; and the People's Centre, which is run by a women's organisation and has a health and wellbeing wing located on the centre's premises. The PCT hope to use their status as a FIS PCT to stimulate and embed more service user involvement. The peer team felt that decision making processes of the board and senior managers needed to be made more visible in order for them to be accessible to the community.

### **Purchasing/commissioning**

The PCT wanted advice on how it could accelerate the commissioning of more 'culturally competent' services, as these have been identified as lacking by service users. To do so, the peer team advised it would first need to establish a definition of 'culturally competent' services, and then consider how they can be delivered.

An important aspect of achieving this involves consulting the community when developing commissioning strategies. The peer team felt that new processes for facilitating discussion with the community will need to be set up. The PCT could also invest in community groups and fund community training. The PCT needs to look at and commission more innovative forms of service delivery to stimulate major improvements. A key action identified was for the PCT to pump-prime smaller targeted projects within their overall procurement/commissioning strategy. The PCT will then be able to monitor these projects and develop a better understanding of the type of services BME groups need and respond to.

As potential service providers, the PCT also needs to gather evidence from the VCS before it starts commissioning services, as part of ensuring that BME needs will be met, and the VCS should be consulted on the revised Race Equality Scheme and action plan. The CAMHS presentation highlighted the good work of the VCS, and how low-key preventative services from the VCS had led to self-referrals to mental health services from the South Asian population. The BME strategy for CAMHS had engaged the BME communities in service commissioning. The PCT needs to invest in VCS infrastructure and engage the VCS when developing their mental health strategy. The PCT could use Voluntary Action Leicester (VAL) to improve communication between itself and the VCS, and to learn more about the services the VCS provide.

The PCT needs to ensure that clear outcome measures are specified in its commissioning of services and ensure that providers evidence progress against those outcomes. Robust specifications need to include data on ethnic monitoring and be built into contracts and SLAs. The peer team recommended that a designated member of the Trust should have overall responsibility for ensuring that services are culturally competent and that providers meet their legal responsibilities under the Race Relations (Amendment) Act. The PCT could consider creating a post of Director of Equality and Diversity to take the lead in ensuring that providers comply with the terms of contracts and SLAs, and to learn from the best practice in neighbourhood renewal and other PCTs. The Race for Health Programme's Action Group on Commissioning would help here, and ELPCT is contributing to that work.

The peer team would have liked more information on the model used by the PCT for commissioning, and on the type of services they provide.

## **Reflections from the peer team**

The team gathered to review its findings and discuss areas that required further questioning, with a particular focus on the four key challenges identified by the PCT. From their conversations throughout the day the peer team concluded that:

- there is a significant individual commitment to race equality, and BME health is seen as core business by the Trust;
- openness and willingness to learn is shown by ELPCT staff;
- the Board is engaged with race equality;
- the Trust has a significant number of Community Development Workers planned - nine in total;
- the Child and Adolescent Mental Health Services (CAMHS) initiative, including the needs assessment to address BME health inequalities, is good and is effecting change;
- a mental health reference group exists for engaging community involvement;
- the Trust has mental health workers in GP practices - the Common Mental Health Problem Service; and
- the Trust has a strong basis for community engagement.

## Recommendations

The ELPCT should:

1. Re-describe where it is in terms of mental health provision; i.e. a baseline assessment or mapping exercise. This should involve providers, the local authority and the VCS.
2. Carry out a baseline assessment of mental health services with providers, the local authority and the VCS.
3. Define 'what a culturally competent service is', as this will enable ELPCT to define its vision for the type of services it wants to provide for the BME community.
4. Decide what information it needs, and gather together all available local and national data for analysis. Put someone in charge of data gathering, and employ an information officer for a short period to interrogate local authority and trust systems to pull together this data.
5. Analyse the data and determine the needs of the BME community in relation to mental health.
6. Decide what type of services the PCT wants to commission, including whether it wants to mainstream BME services or develop specialist services for certain BME groups.
7. Develop the PCT's mental health strategy and the action plan for its race equality scheme (RES) based on an assessment of need.
8. Consult the VCS, service users and the PCT's provider when drawing up its mental health strategy and action plans for the RES.
9. Develop a Patient and Public Involvement strategy and consult the VCS when developing this strategy.
10. Ensure that the VCS, local authority, service users and providers are able to make a substantive contribution to the PCT's decision-making; for example when the PCT's commissioning strategy is drawn up. This will preferably include the representation of the external reference group on decision-making bodies, although a suitable mechanism may need to be created.
11. Write a simple commissioning strategy and discuss with the VCS and service users.
12. Incorporate race equality into all contracts and SLA's. Set outcomes that can be monitored and measured. Build in robust specifications with clauses that will be invoked if providers do not deliver or provide information on outcomes.
13. Within an effective procurement/commissioning strategy, pump-prime smaller, more targeted projects from the VCS, service users and other stakeholders.
14. Provide training on cultural competence to ELPCT staff, the VCS and other stakeholders.
15. Consolidate the management of the Equality and Diversity agenda in the PCT, for example,

## **Appendix 1: Peer Team Biographies**

### **Anjali Arya**

Anjali is the thinking partner for Eastern Leicester and an independent management and organisation development consultant. She has many years experience of working on manager development, performance management and diversity and equality. Past roles include Head of Personnel at the London Borough of Hounslow.

### **Gurdip Chima**

Gurdip is currently employed as a joint commissioning officer for mental health in Wolverhampton. He has worked as the performance management lead for substance misuse services in Wolverhampton, and has had a piece of work published which examined the future of social work. Gurdip has a particular interest in dual diagnosis services and services delivered to minority ethnic individuals/communities.

### **Errol Francis**

Errol Francis is presently joint programme manager at the Sainsbury Centre for Mental Health. Errol set up the African Caribbean Mental Health Association - one of the UK's first independent black mental health services – in Brixton in 1982. In 1996 he set up the Frantz Fanon Centre in Birmingham, another specialist mental health service for African-Caribbean people, where he was programme director until September 2002. He has recently returned to the field of Fine Art after completing an MA at Saint Martins College of Art and Design.

### **Ruth Gordon**

Ruth's present role is Assistant Director of Performance Development for City Teaching PCT. The job covers a range of portfolio areas which help the organisation perform better, including leading on CHD commissioning. Ruth's previous roles have included Mental Health Commissioner and performance lead for the PCT, as well as locality manager, line-managing over 150 community nurses and staff. Ruth has just returned from a secondment to the SHA where she led on urgent care issues, long term conditions and service improvement including a West Yorkshire-wide peer review.

### **Mike Jones**

Mick worked for many years as a generic social worker with an emphasis on family work, and has always been based in London. He subsequently shifted to mental health work at one of the last large psychiatric hospitals, and thereafter to CMHTs and management. Most recently, Mick moved to commissioning and development in a Joint Commissioning Team with Westminster PCT, where he commissions day-care and leads on race equality and social inclusion.

### **Jo Lawrence**

Jo is the Neighbourhood Service and Development Manager with Lambeth PCT. Her current post involves managing GP contracts for the local neighbourhood, with nine practices and a registered population of 68,000 people; managing their Health Visitors and District Nurses; and linking with the council, social services and secondary care. Jo also has a lead role in mental health across the PCT, having previously worked within a CMHT as administration manager and Site Services Manager for an in-patient unit.

### **Tara Mistry**

Tara is currently Chair of Bristol South and West PCT, with a background in the Probation Service and as a lecturer at Bristol University (mainly in education and social work). Tara has been involved in research, writing and policy development/practice around both racial and gender discrimination. Within health, Tara has been the non-executive lead on equalities and Chair of the Bristol Race

Equality Health Partnership (BREHP) for the last 4 years. In Bristol, BREHP has been a key vehicle for the Race for Health Programme.

### **Barry Mussenden**

Barry is Joint Branch Head at the Department of Health Equality and Human Rights Group, and has a shared lead on developing equality strategy within the Department and promoting equality in health and social care policy, service delivery and employment. Before joining the Department in 2000, Barry had a long history of working to deliver race equality at both service delivery and policy level, and has been involved in the Race for Health programme since its inception.

### **Marion Saunders**

Marion Saunders is Chair of Ealing Primary Care Trust. She is a qualified social worker and has worked for a number of local authorities, most recently as a development and training co-ordinator. Marion has also worked as an OFSTED inspector and as a Commission for Health Improvement reviewer, participating in several CHI reviews. Marion has a long history of working in the field of diversity, including the delivery of anti-racist training in the 1980s.

### **John Short**

John has been the Director of Mental Health and Learning Disability Services in Shropshire County PCT for nearly five years. John also currently sits on the steering groups for NIMHE in the West Midlands, the Rural Mental Health Research Group (Southampton University) and on the Executive Group of the National Mental Health Partnership. John has worked in mental health work for over 25 years, starting as a CSV in a night shelter in Scotland. Prior to taking up his current post, John was joint senior manager for mental health at the West Midlands Regional Office.

### **Amjad Taha**

Amjad has been working as the BME Health Forum manager for two years. As a refugee and former asylum seeker himself, he started as a volunteer with refugee community groups when he first came to the UK over ten years ago. After completing his MA in Politics and Administration at Birkbeck College in London in 1999, Amjad helped set up a campaigning organisation for issues affecting Palestinian refugees, including coordinating and managing a number of projects.