



briefing

OCTOBER 2006

ISSUE 138

Commissioning race equality in mental health care

Key points

Commissioners have an important role in contributing to *Delivering Race Equality in Mental Health Care* by putting local services in place that respect different cultural and personal needs. Their role includes:

- the collation and active use of data, along with establishing the kind of services that would be helpful and necessary for BME communities
- developing quality standards
- ensuring evidence- and value-based good practice in all strategies and service level agreements
- effective engagement with BME communities, community engagement projects and CDWs
- strong local relationships with key stakeholders (including provider staff)

*Delivering Race Equality*¹ is part of a wider programme of action to develop greater equality in health and social care. Key core standards state that healthcare organisations must challenge discrimination and respect human rights, while giving equal access to services to all members of the population.

*Delivering Race Equality in Mental Health Care*² is an action plan for achieving equality and tackling discrimination in mental health services in England. It is for all people of black and ethnic minority (BME) background, including those of Irish, Mediterranean and East European origin. It aims to develop:

1. More appropriate and responsive services – through organisational and workforce development, and improved clinical services.
2. Community engagement – engaging communities in planning services, supported by 500 new Community Development Workers (CDWs).
3. Better information – through improved ethnic monitoring, better dissemination of information and good practice, and improved knowledge about effective services.

Introduction

There has been widespread concern about the mental health services received by BME communities. BME service users often come to services late, which can result in coercive responses. They are then more likely

to leave with a negative experience of the mental healthcare system, and not access services in a timely manner

1 *Delivering Race Equality: A Framework for Action*

2 *Delivering Race Equality in Mental Health Care: An action plan for reform inside and outside services, and the Government's response to the independent inquiry into the death of David Bennett*

‘There are several practical initiatives that will help successfully commission culturally sensitive mental health services’

in future. This reinforces a vicious cycle characterised by fear of services³. There is well-cited evidence that there is over-representation of BME populations in the most restrictive parts of the service⁴.

Commissioners have a big part to play in changing this. Through dialogue with communities, and better understanding of how different communities seek help with and explain mental health and illness, they can put local services in place that different groups find approachable and which respect their cultural and personal needs.

The national policy for *Delivering Race Equality in Mental Health Care* is a challenging agenda aiming to reform mental health services so that they are more sensitive to race, religion and culture. It is a five-year plan to improve the experiences of BME patients.

The policy sets out the 12 characteristics of reformed mental health services and suggests that success will not only depend on the actions of mental health services providers, but also on the strength and knowledge of mental health care commissioners.

This good practice briefing seeks to influence commissioners to consider race equality and person-centred

care in all processes and decisions. It highlights how they can help by procuring high-quality, value for money, sensitive and responsive care services, and also through working partnerships with organisations that influence health and well-being.

What is effective commissioning?

There are several practical initiatives that will help successfully commission culturally sensitive mental health services. The foremost of these is the collation and active use of detailed data that will help to build up an understanding of local BME

communities. It should include information on:

- demography
- health inequalities
- social and environmental factors
- religious beliefs
- specific aspects of the epidemiology of local populations
- how people access help and the pathways into care
- the differing aspirations of people from BME communities
- diversities within communities
- good and bad aspects of existing services.

Twelve characteristics of reformed services:

1. Less fear of mental health care and services among BME communities and users.
2. Increased satisfaction with services.
3. Reducing the disproportionate rate of admission from BME communities to psychiatric inpatient units.
4. Reducing the disproportionate rates of compulsory detention of BME users in inpatient units.
5. Fewer violent incidents due to improved treatment of mental illness.
6. Reduced seclusion in BME groups.
7. Prevent deaths in mental health services following physical intervention.
8. Increase the proportion of BME service users who feel they have recovered from their illness.
9. Reduce the proportion of prisoners from BME communities.
10. A balanced range of effective therapies such as peer support services, psychotherapeutic and counselling treatments, as well as pharmacological interventions that are culturally appropriate and effective.
11. A more active role for BME service users in the training of professionals, the development of mental health policy, and in the planning and provision of services.
12. A workforce and organisation capable of delivering appropriate and responsive mental health services to BME communities.

³ Breaking the Circles of Fear, The Sainsbury Centre for Mental Health (2002)

⁴ Healthcare Commission Mental Health Ethnicity Census (2005)

Appropriate and sensitive services can also be commissioned by:

- clarifying the standards and quality of services required – beginning with consultation with BME communities
- exploring the opportunities offered by practice-based commissioning to procure local services
- introducing individualised budgets.

What will drive commissioning for race equality in mental health services?

There are five drivers for commissioning race equality in mental health services:

- values and quality standards
- legal obligations
- the business case for success
- appropriate rewards and incentives
- evidence- and value-based good practice, which should be reflected in commissioning strategies and service level agreements.

Values and quality standards

Commissioners should clarify the values that underpin their approach to commissioning and ensure that these are clearly shared by any services providers.

In developing quality standards for contracts and service level agreements, commissioners must actively work with BME communities to get their views on what's important to them. These include:

- the interpersonal skills and competencies of clinical and clinical support staff

Heart of Birmingham PCT

Innovative re-design of commissioning processes

The Heart of Birmingham PCT created a new post to innovate their commissioning processes. Funded by the Health and Social Care, the Joint Strategy and Planning Commissioning Manager:

- sets up a process that commissions services from a patient's perspective
- addresses the fact that mental illness affects everything around the person. An extended inpatient admission may mean losing access to accommodation, existing employment or family links.

This ongoing work began with extensive consultation with the whole community, followed by a review of the National Service Framework (NSF) for Mental Health. A strategic review of the Local Implementation Team resulted in a broader range of members, ensuring that service users and the independent and voluntary sectors could be key players in re-designing services.

A revised commissioning strategy was built, establishing good links with public health to analyse data and to improve use of ethnic monitoring returns.

For further information contact Safina Mistry, email safina.mistry@hobtpct.nhs.uk

Somerset PCTs

The Community Engagement model

Launched in June 2006, four Somerset PCTs are taking part in a national project to deliver a nine-month community engagement programme across the county. The key aims are to identify, support and deliver on equality of access, experience and outcomes for BME communities.

Achieving these aims involves:

- the participation of BME groups and individuals in mental health provision
- identifying mental health services appropriate to the needs of BME groups and individuals
- using resources more effectively by tackling health and social needs collaboratively within the project steering group
- engaging communities in service planning and delivery.

For further information contact Loretta Ingram, email Loretta.Ingram@somcoastpct.nhs.uk

Trafford Primary Care Trust

Access for Black and Minority Carers

Trafford PCT formed the African Caribbean Carers' Support Group amid concerns that black carers were not accessing services. Their remit was to ensure black carers had access to a culturally sensitive carers' support service and to engage them in other associated services and meetings, such as emotional support groups, access to training, and awareness of respite opportunities.

The scheme highlights that PCT services need to be more culturally sensitive. This has been identified as a determining factor in carers accessing services, especially among the elderly.

The PCTs' future proposals are for commissioners to ensure that:

- providers are delivering a service sensitive to the needs and diversity issues of BME users
- service level agreements reflect this requirement and view this as a major way forward
- support for an extended service for this group is developed.

For further information contact Yolande Brown,
email ybrown01@hotmail.co.uk

University of Central Lancashire: Centre for Ethnicity and Health

Integrated Commissioning of Health and Social Care Professional Development Programme

A professional development programme has been developed and, following a successful five-day pilot, will be rolled out this autumn. (A MA/MSc will also be available from 2007.)

The innovative programme emphasises integration between health and social care, builds on and promotes the government's policy set out in the white paper 'Our health, our care, our say', and focuses on commissioning for diversity in line with service users and local communities.

It stresses the importance of race, gender and disability equality, along with the needs of minority groups, both in commissioning and in delivering culturally relevant care and locally accessible services. Along with a focus on individual care, it also anticipates the white paper on well-being and recognises the value of social enterprise in developing healthy communities.

For further information contact Prof Chris Heginbotham,
email CJHeginbotham@uclan.ac.uk

'Commissioners must actively work with BME communities to get their views on what's important to them'

- the behaviour and attitudes of all staff
- standards of staff knowledge and training
- the accessibility of services
- the communication of information about both general services and individual care programmes.

Providers should prove how they will deliver the standards, and also benchmark what they achieve with other organisations.

Mental health services commissioners should adopt practical examples from other public sector procurement agencies, who ensure that suppliers and providers adhere to race equality policies and procedures.

Legal obligations

All commissioners must be fully conversant with the legal obligations of all organisations who commission or provide public services.

Commissioning strategies and service level agreements should reflect legal obligations in all current race equality legislation, such as the positive duties of the Race Relations Amendment Act (2000) and the Human Rights Act (1998). Commissioners should also acknowledge any pending amendments to legislation that could impact on the delivery of race equality and sensitive services.

Business case for success

There is a clear business case for delivering more sensitive mental

'Good ongoing communication is vital if commissioners are to secure better mental health for people from BME communities'

health services, and this is built on commissioners being better able to:

- engage fully with service users to improve services and their responsiveness
- ensure that avoidable breaches of race equality law do not affect person-centred services for BME users
- reduce fear or antipathy towards mental health services among BME communities
- demonstrate value for money and obtain financial benefits by reducing the admission of people from BME communities as inpatients.

The Sainsbury Centre for Mental Health⁵ has described the 'disproportionate' amount of money spent on providing treatment for black people in acute, secure and intensive care psychiatric units. This sets a real challenge to find ways of working effectively to deliver better value for money, particularly through a shift to community-based services.

Incentives

Any discussion of rewards and incentives is not unique to *Delivering Race Equality in Mental Health Care* and will need to be considered within wider strategies for commissioning high-quality, responsive and sensitive mental health services. The next stage of the Department of Health's Commissioning Framework is

expected in December 2006 and will focus on mental health and community services. It is likely to give greater clarity about acceptable systems of rewards and sanctions.

There are a number of options available to commissioners to ensure that race equality standards are met:

- commissioning special support for providers who find difficulties in delivering the required standards
- having alternative providers available should one provider withdraw
- commissioning services from the voluntary sector through a cohort of organisations or one overarching organisation.

The third approach is already under consideration by some voluntary sector organisations, but the full operational details of such an overarching organisation would have to be worked out by commissioners with the local voluntary and community sector.

This cohort approach might offer practice-based commissioners easier access to some services by transaction with a single organisation rather than several. It potentially could also reduce their transaction times and costs, and enable them to monitor delivery in terms of outcomes and standards rather than have to deal with multiple small contracts.

Further benefits might be offered by the:

- ability to mould services around individuals
- opportunity to be more flexible and responsive in finding the right local

provider to meet the outcomes required in an individual care plan

- prospect to better nurture the less formal or well-developed organisations in local communities
- identification of and capacity to fill gaps in services in local communities
- development of a different commissioner relationship for small organisations compared with the statutory commissioner.

What support and help should commissioners look for?

Good ongoing communication is vital if commissioners are to secure better mental health for people from BME communities, and for race equality to evolve fully in mental health services.

Commissioners should make the most of the support, knowledge and help that is available in their locality. Building local partnerships and relationships will allow them to influence strategies and standards and to assist in commissioning a wider variety of services, which are a priority for BME communities.

Strong local relationships with people in BME communities could assist in:

- setting race equality standards for service delivery, processes and behaviour
- agreeing a code of practice for all providers
- extending the range and types of providers, in particular to serve

⁵ Policy Paper 6: The Costs of Race Inequality, The Sainsbury Centre for Mental Health (2006)



'Providers in all sectors need to know the importance of delivering race equality within services, and to understand the rewards and sanctions around it'

communities and small community groups

- creating effective feedback systems
- establishing sustainable relationships with communities and service users for continuous and flexible participation
- providing intelligence for commissioners about perceptions, stereotypes and cultural taboos
- helping to distinguish between mental health and mental illness for different BME communities, and to then inform health programmes run with other public sector agencies.

Care Services Improvement Partnership (CSIP)

CSIP help to improve services and achieve better outcomes for children and families, adults and older people, including those with mental health problems, physical or learning disabilities or people in the criminal justice system. CSIP work with and are funded by the Department of Health.
www.csip.org.uk

Suggested actions for commissioners and providers of mental health services

- Ensure that Boards and Senior Management Teams are committed to *Delivering Race Equality in Mental Health Care* as a core aspect of commissioning activities.
- Engage local mental health service providers in all sectors about the importance of delivering race equality within services, and to understand the rewards and sanctions around it.
- Jointly agree a data set for routinely monitoring performance against agreed standards.
- Routinely report performance against these defined standards to Boards.
- Establish effective ways of engaging service users and people from BME communities in order to understand their perceptions of quality standards. Community engagement projects and the systematic use of intelligence from CDWs provide innovative models for achieving this.
- Create robust systems for identifying and sharing good practice in commissioning race equality in mental health care.

Further information

Race Equality in Procurement for the NHS

www.mosaic.nhs.uk

Towards race equality in health:

A Guide to Policy and Good Practice for Commissioning Services published by Race for health www.raceforhealth.org

Health reform in England: update and commissioning framework

Health reform in England: update and commissioning framework – Annex: the commissioning framework

A stronger local voice: A framework for creating a stronger local voice in the development of health and social care services

All three documents can be obtained from the Department of Health website: www.dh.gov.uk/PublicationsAndStatistics/Publications/

Further copies can be obtained from:

NHS Confederation Publications
Tel 0870 444 5841 Fax 0870 444 5842
Email publications@nhsconfed.org
or visit www.nhsconfed.org/publications

© NHS Confederation 2006. This document may not be reproduced in whole or in part without permission.

Registered Charity no: 1090329

THE NHS CONFEDERATION



The NHS Confederation
29 Bressenden Place London SW1E 5DD
Tel 020 7074 3200 Fax 0870 487 1555
Email enquiries@nhsconfed.org
www.nhsconfed.org

BRI013801