

in Harrow

Improving Mental Health Services for Vulnerable Adult Migrants: A Commissioning Approach Mind in Harrow – Josie Hinton

Commissioning Guidance



Commissioning mental health services for vulnerable adult migrants Guidance for commissioners

Yohannes Fassil and Angela Burnett August 2014



Project Plan/Activities

<u>Aim:</u> Vulnerable migrants living in Harrow have access to mental health services that are responsive and culturally appropriate

<u>Community focus</u>

Somali (UK home to the largest Somali community; 7-8000 in Harrow)

Tamil (Harrow is home to the largest Sri Lankan community in the UK; 10,392 Sri Lankan born residents in Harrow)

Afghan (52,000 UK residents born in Afghanistan, 70% live in northwest London; one of the ten largest migrant groups in Harrow)

South Asian (subcontinent of India, Pakistan and Bangladesh; 21,538 in Harrow were born in India; Guajarati is Harrow's most widely spoken language after English)

Project Plan/Activities

Awareness raising workshops

Mind in Harrow's current work with 4 migrant communities

2 Capacity building workshops

- 1st: commissioning process and role of key partners (CCG, public health, Health watch). Started to identify community mental health and wellbeing needs and gaps in service provision
- 2nd: Preparation for commissioning workshop; summary of recommendations for commissioners outlined in national policy and guidance

Project Plan/Activities

Commissioners - half day workshop

- Presentation from community representatives: migration experience, local demographics and personal testimonies illustrating areas of unmet need
- Presentation from Mind in Harrow: our engagement model and national guidance for effective engagement with BAMER communities (e.g. Bradley Commission briefing, 2013)

Debriefing/feedback

- 1 session with community representatives
 - What went well and areas for improvement
 - Involvement in future work
- Written feedback from commissioners
- Follow up work: formal response to draft commissioning intention 2015/2016, voluntary sector involvement in JSNA

 Engagement: 12 community representatives (3 from each community) and 3 organisational representatives (1 from the Tamil, Somali and Afghan communities)

Outcome 1 (raising awareness of commissioners and service providers about needs and gaps in service delivery)

- Engaging commissioners: GP lead for mental health, lay member (diversity lead), commissioning manager and public health representative
- Attended Harrow CCG Equality and engagement sub-committee used wider policy context (local and national) to state why this work is important (e.g. DOH Crisis concordat, Out of Hospital strategy, `no health without mental health'

- Effectively used individual stories to convey broader unmet need (feedback)
- Community and organisational representatives talked about local demographics, migration experience, health and well being status and service utilization
- Summarised key issues across migrant communities which informed local recommendations
- Examples: poor recognition of diversity within communities, poor interpreting services, poor joined up working across services (need for holistic service provision)

Outcome 2 (mental health services are accessible and culturally responsive, monitoring uptake and outcomes)

- JSNA poor evidence base: included in formal response to draft commissioning intentions 2015/2016; involved Health watch
- Managed to get an additional statement in draft commissioning intentions requiring service providers to make 'reasonable adjustments' for 'underserved groups'
- Formal response to draft commissioning intentions asked what commissioning/contracting changes will be introduced to ensure and monitor the above
- Information available about numbers of migrants accessing a service but limited data available regarding outcomes for specific groups

Outcome 3 (enabling migrant service users – services, entitlements and role in influencing the design and delivery of services)

Feedback from capacity building workshops

1st: 100% - learnt new information at this workshop specifically about the commissioning process and other organisations
83% - more able to engage with the local commissioning process and influence it

91% - planned to or were already involved with (1) with influencing or campaigning around mental health services

2nd: 75% - felt more able to engage with the local commissioning process and influence it
Individuals wanted to know more about how the 'system' works
Challenge providing 'a full understanding of the restraints of the commissioners and the framework within which they are operating'
Engagement and capacity building takes time and requires investment – this is true for both organisational and community representatives

Outcome 4 (increasing cooperation between commissioners, voluntary sector, statutory sector and the local community)

Unique model: first time for this kind of round table discussion

- Recommendation: local multi-agency migrant health forum bringing together the local community, culturally specific agencies and commissioners. This would inform strategic planning and build trust) (Women's Health and Equality Consortium, p31)
- Response to draft commissioning intentions 2015/2016: culturally specific engagement activities to be detailed in the CCGs Public Equality Duty Action Plan 2015/2016

Learnings/Challenges

- Engagement and capacity building takes time and requires investment – this is true for both organisational and community representatives – LONG TERM INVESTMENT
- Culturally specific organisations are struggling with day-day survival – lacking capacity to engage in bigger picture. Difficult to get consistent engagement
- Need time to create a common language and approach that commissioners and the local community understand and can work with
- Structural challenges: CCGs are relatively new structures, huge cuts (competing priorities), coordination between CCG and public health
- Integrating the local and the national
- Transparency regarding decision making/priorities