

Report of:	Cabinet Member for Health and Social Care
To:	Health, Wellbeing and the Environment O&S Committee
Date:	19th July 2016

Progress Report on Implementation: Mental Health – Working in Partnership with Criminal Justice Agencies

Review Information

Date approved at City Council:	7 th January 2014
Member who led the original review:	Councillor Waseem Zaffar MBE JP
Lead Officer for the review:	Rose Kiely/Baseema Begum
Date progress last tracked:	20 th October 2015

1. In approving this Review the City Council asked me, as the appropriate Cabinet Member for Health and Social Care, to report on progress towards these recommendations to this Overview and Scrutiny Committee.
2. Details of progress with the remaining recommendations are shown in Appendix 2.
3. Members are therefore asked to consider progress against the recommendations and give their view as to how progress is categorized for each.

Appendices

1	Scrutiny Office guidance on the tracking process
2	Recommendations you are tracking today
3	Recommendations tracked previously and concluded

For more information about this report, please contact

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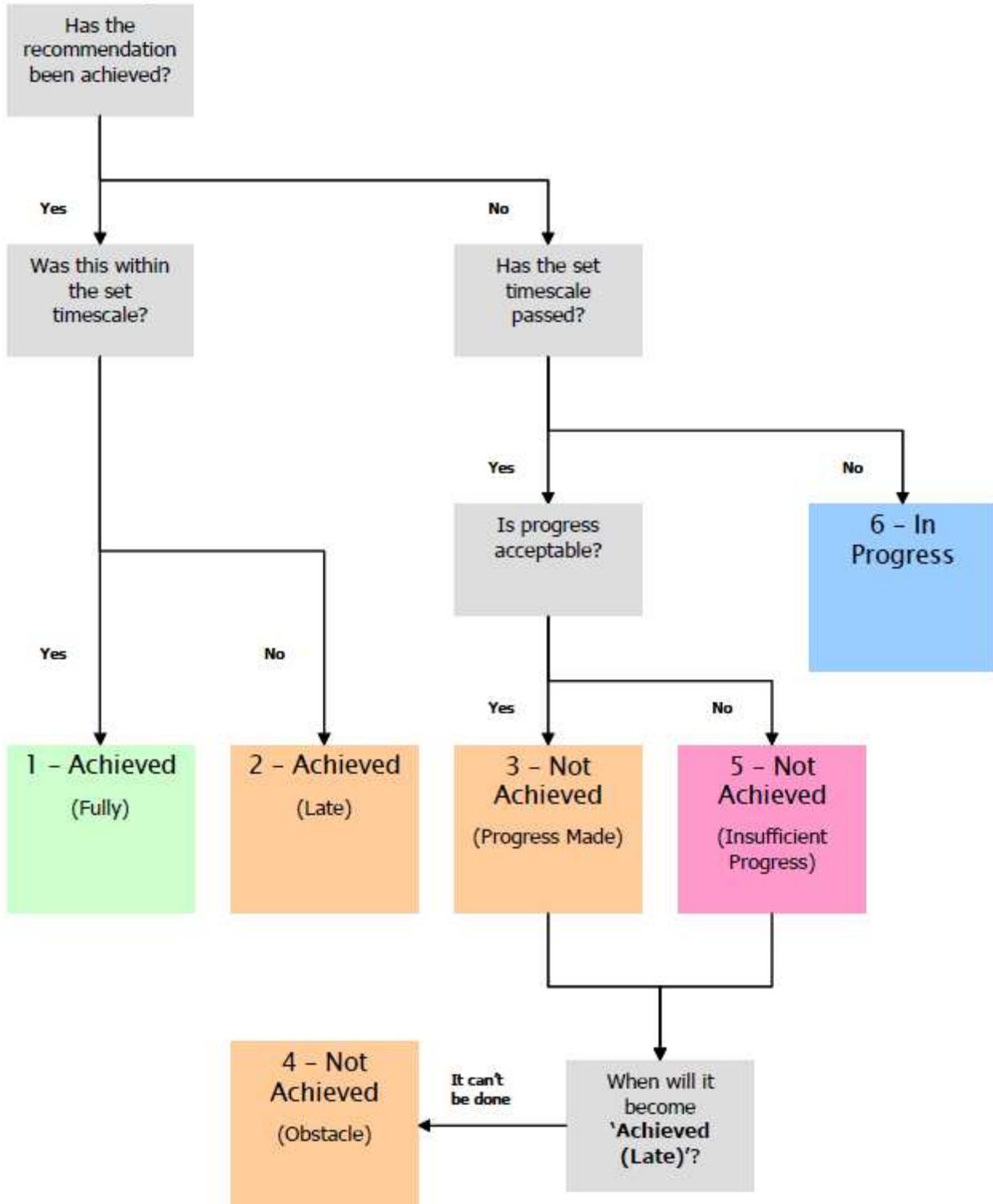
Appendix 1: The Tracking Process

In making its assessment, the Committee may wish to consider:

- What progress/ key actions have been made against each recommendation?
- Are these actions pertinent to the measures required in the recommendation?
- Have the actions been undertaken within the time scale allocated?
- Are there any matters in the recommendation where progress is outstanding?
- Is the Committee satisfied that sufficient progress has been made and that the recommendation has been achieved?

Category	Criteria
1: Achieved (Fully)	The evidence provided shows that the recommendation has been fully implemented within the timescale specified.
2: Achieved (Late)	The evidence provided shows that the recommendation has been fully implemented but not within the timescale specified.
3: Not Achieved (Progress Made)	The evidence provided shows that the recommendation has not been fully achieved, but there has been significant progress made towards full achievement. An anticipated date by which the recommendation is expected to become achieved must be advised.
4: Not Achieved (Obstacle)	The evidence provided shows that the recommendation has not been fully achieved, but all possible action has been taken. Outstanding actions are prevented by obstacles beyond the control of the Council (such as passage of enabling legislation).
5: Not Achieved (Insufficient Progress)	The evidence provided shows that the recommendation has not been fully achieved and there has been insufficient progress made towards full achievement. An anticipated date by which the recommendation is expected to become achieved must be advised.
6: In Progress	It is not appropriate to monitor achievement of the recommendation at this time because the timescale specified has not yet expired.

The Tracking Process



Appendix 2: Progress with Recommendations

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R05	<p>That BSMHFT work with the Police, the City Council, the Clinical Commissioning Groups, the Joint Commissioning Team and the Third sector to:</p> <p>(1) Map what mental health support services are currently available for ethnic minority groups in Birmingham; and</p> <p>(2) investigate best practice provision of community outreach to ethnic minority groups and commission a culturally sensitive early mental health support service in Birmingham.</p>	Birmingham and Solihull Mental Health Foundation Trust	Report back on progress July 2014	2

Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

UPDATE – June 2016

This section sets out specific services targeting BME communities, support services, initiatives focusing on community development or capacity building, and programmes of work in development as current in June 2016.

'Agreed Purpose for Improved Mental Health in Birmingham – Strategic Mental Health Outcomes' (2015)

The 'Agreed Purpose for Improved Mental Health in Birmingham – Strategic Mental Health Outcomes' document (2015) was developed collaboratively by Birmingham Cross City Clinical Commissioning Group (thereafter 'CCG'), Birmingham South & Central CCG, Sandwell & West Birmingham CCG, Birmingham and Solihull Mental Health Foundation Trust, Birmingham Children's Hospital, Forward Thinking Birmingham, Staffordshire and West Midlands Probations, National Probation Service, Birmingham City Council, Birmingham Health and Wellbeing Board and West Midlands Police. The vision articulated in the high level strategic outcomes illustrates a clear commitment to multi-agency collaboration to improve the mental health and well-being of residents equitably across Birmingham.

The strategic outcomes are detailed below and have a focus on certain vulnerable groups i.e. improved access to early support services and fewer people in acute and specialist mental health services for afro-Caribbean communities.

"To prevent - preventing mental health problems and getting help earlier, for people starting to suffer poor mental wellbeing.

To protect - those who are most vulnerable from the adverse effects of mental health problems.

To manage - preventing mental health crises and managing them better when they do happen. To recover - helping people with mental health problems to recover back into everyday life".

Map of Mental Health Services

The Birmingham & Solihull Mental Health Foundation Trust (thereafter 'BSMHFT') has improved access to BME groups by providing Walk-in facilities, and more specifically the Amman Walk-in, which is a culturally specific service targeted at the Muslim community. This is an Improved Access to Psychological Therapies service (thereafter 'IAPT') provided through Birmingham Healthy MINDS located at Sparkhill Primary Care Centre and Soho Road Health Centre.

BSMHFT and Time to Change ran the 300 Voices one year pilot in 2014. The aim of the project was to engage with young African and Caribbean men by enabling them to have a voice about their experiences of inpatient care. Through this partnership, 300 men were interviewed and 900 staff from the Trust and partner organisations. This included promotion interviews on the radio to raise public awareness and help break down stigma.

BSMHFT also works closely with ICAP, an Immigrant Counselling and Psychotherapy charity specialised in working with people experiencing issues relating to migration, particularly among the Irish community in Britain.

The BSMHFT Community Engagement Team works closely with BME community organisations and proactively involves them in partnership initiatives targeting BME groups. The team is currently developing stronger working relationships with BME groups at the Zinnia Centre. A peer support mentoring programme for Afro-Caribbean service users has been developed as part of 300 voices (funded by the PCC office). A programme of community seminars on mental health and BME groups has developed and is run on a monthly basis. To date, seminars have focused on Somalian, Irish, Chinese, Asian Women, Polish, Yemeni).

In terms of interventions, BSMHFT specifically runs a South Asian women's group and two wellbeing workshops at Khushi, (meaning 'happiness'), a service for South Asian people with a history of mental illness. The workshops are adapted to meet cultural, faith and language needs. For example, they are delivered in Bengali, Urdu and Punjabi. Also, the Trust provides therapy in a variety of languages within their main stream psychological services, with input from interpreters where required.

Through joint commissioning arrangements, Birmingham City Council has commissioned services specific to BME groups including the Asian Women's Textile Group which provided therapeutic arts and craft sessions for South East Asian women aged 18-64; the Chinese Community Centre, which provides support with social, health, welfare and development needs, and counselling in native languages; and the Golden Hillock Day Centre, a community day centre for adults of South Asian origin suffering from mental illness.

The Joint Commissioning Team, hosted by Birmingham Cross City CCG, which also incorporates the commissioning role for South & Central Birmingham CCG and the Sandwell & West Birmingham CCG (thereafter the 'JCT') and Birmingham City Council, under a section 75 pooled budget arrangement, commission specialist advice, guidance and counselling services based on evidence that BME communities value alternatives to universal applied approaches for therapy, in addition to the IAPT model.

Sandwell & West Birmingham CCG commissions mental health provisions for BME groups in Sandwell which can be accessed by West Birmingham GPs. For example, Kuumba is a dedicated service for people of Black heritage and is delivered by an organisation of people of Black Heritage, and Khushi.

Other services responsive to BME communities in Birmingham include 'Pattigift Therapy', an African centred psychotherapy counselling service; the Community Cohesion Programme, which consists of the URBRUM project, a youth inclusion programme designed to engage with young people and delivers innovative ways to engage with hard to reach communities including BME groups; 'Reader Strand', a pioneering social outreach project that uses literature to maintain and improve mental health and well-being; and there are Community Health Champions who are local people trained and supported by Freshwinds to deliver advice and support to their communities.

In addition, the CSU (Commissioning Support Unit), commissions the Integrated Language & Communication Services on behalf of local commissioners. The service is especially inclusive and provides language, communication and interpreting support packages in over 100 languages, including face to face and telephone interpreting, and document translation for communities using NHS services in Birmingham, the Black Country and Solihull, including for people with hearing and sight impairment.

The JCT is actively engaged in community development. For example, it has commissioned Common Unity to develop a social media well-being programme. Work undertaken includes creating a website which can be accessed by mobile devices and acts as an information point about services in Birmingham including mental health, domestic violence related issues, housing and others. The site will improve intelligence around community support opportunities and increased knowledge of community assets.

Also, the Joint Commissioning Team is currently exploring the potential for Personal Health Budgets (PHBs) to be used as part of a recovery and employment service model to increase personalisation in this service area. PHBs could empower people from BME communities to design their own recovery package including accessing support from local third sector organisations or other culturally explicit provisions of their choice.

There is further scope to improve health and well-being among BME communities through the RAIDPlus Integrated Mental Health Urgent Test Bed initiative at BSMHFT, funded by NHS England. The aim is to improve urgent mental health care by combining new technologies and service re-design, with a focus on prediction, prevention and integration. BSMHFT was awarded test bed status earlier this year and is working in partnership, with the support of

the CSU. The project will help identify and target vulnerable individuals locally, including within BME communities. It will be rigorously evaluated for scalability across the West Midlands region.

Best Practice

The JCT facilitates the Mental Health Crisis Care Collaborative Delivery Group to support the delivery of the 'Agreed Purpose for Improved Mental Health in Birmingham' (2015) action plan in the context of the national Crisis Care Concordat strategy (2012). Membership reflects partnerships across statutory and non-statutory services. The Group recognises the needs of BME communities for easy to access non-stigmatising services specifically designed for this population group, not excluding universal services. More specifically, 'Action 6' consists of "Improving access for BME communities when in crisis and preventing the need for crisis responses over time, based on data and accurate informatics".

'Guidance for Commissioners of Mental Health Services for people from Black and Minority Ethnic communities' (2014)

The Birmingham & Solihull Mental Health Trust (thereafter 'BSMHFT') produced in July 2014, a 'Guidance for Commissioners of Mental Health Services for people from Black and Minority Ethnic communities' (thereafter 'BME' communities/group/s). The report is based on a population of approximately 1,037,000 residents and acknowledges the rich diversity of the Birmingham population, of which 49% were male, 68% were White, 20% Asian, 7% Black, 3% of mixed heritage, and 2% Chinese and Other. It confirmed that there are significant health inequalities across the City. For example, BME communities are grouped in the Heart of Birmingham and have high health needs. This is in contrast with the North of Birmingham which has the least deprivation and the healthiest lifestyle.

BSMHFT highlighted that BME communities experience specific issues such as "social and material adversities" and stigma, all of which need to be taken into account when developing mental health provisions. Recommendations included ensuring that BME communities can access services specifically designed to address their context, in addition to universal provisions. This view is supported by the 'Birmingham Mental Health Equity Audit' produced by Birmingham Public Health in 2016.

'Birmingham Mental Health Equity Audit' (2016)

The audit evidenced inequities in the utilisation of mental health services across age, gender, ethnicity and geographical areas in Birmingham. It took into account the 2011 Census where 58% of the population in England identified as White British, and 42% as Other than White British, including 14% Pakistani, 6% Indian and 4% Black Caribbean. The audit identified that Pakistani, Indian and Bangladeshi communities are under-represented in inpatient services and that the Caribbean community makes up 17% of all in-patients and 7% of community based services. Other inequities included that Black patients and those from mixed BME heritage were most likely to enter mental health services via prison, court or police stations, and there was a high rate of young women from mixed heritage who attend A&E in relation to deliberate self-harm.

Other key points were that the distribution of BME communities is not uniform across the City, with White communities living mostly in the North and the South; Asians across the central belt; and Black minorities in the centre and the West, as previously outlined by BSMHFT. Also noted is that there are communities of Chinese, Arab, Kurdish, Iranian and Iraqi residents in the centre and the West (Maps available on request).

Recommendations included making data available to develop service provisions responsive to BME groups, which are based on outcomes and targeted to high service use geographical areas; building on strategic partnerships to improve provisions based on interdependence across mental health, housing, employment, and socio-economic status; consolidating strong links with third party organisations to identify needs at community level and to deliver services accordingly; developing effective ways to address stigma, to raise awareness of services in communities and to create 'a culture of mental health resilience', including for refugees and asylum seekers; and continuing to work in collaboration with BSMHFT to monitor evidence-based trends in relation to BME groups and to inform mental health strategy development further.

We recommend all agencies will continue to work together to ensure that we remain informed and responsive to the rapidly changing needs of the City's population. The access needs for BME communities is an area that we cannot be complacent about and, as demonstrated by our on going progress, there is a tangible commitment and drive towards improving health and social outcomes for all. We will therefore submit the report through the Mental Health Programme Board for inclusion as part of the workstream.

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R08	That frontline local authority staff who have face to face dealings with people who may be experiencing mental health difficulties receive additional basic training to enable them to recognise where mental health issues exist and to make an appropriate referral.	Cabinet Member for Inclusion and Community Safety	January 2015	2

Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

The "Progress Report on Implementation: Mental Health – Working in partnership with Criminal Justice Agencies" November 2014 provided the following update:

"There is a training programme through Birmingham Care Development Agency, which offers training, action learning sets, e-learning and other ways to enhance the skills of those working in the care field, and who will be working with vulnerable people. Details of the training programme are circulated on the council's global email. Managers can include training requirements in the Personal Development Reviews."

Update: A 2-day course is planned for February 2016 covering adult and children's social care, Housing, Youth Justice, Probation, police and NHS staff. Additional training is provided on gangs and substance misuse.

The Birmingham Community Safety Partnership's Vulnerable People Delivery Group has commissioned Birmingham MIND (Birmingham Association for Mental Health) to deliver First Aid Mental Health Training to frontline professionals within public and third sector organisations .

The training has been re-commissioned following a huge demand by frontline workers to rerun the series of sessions that took place in 2014 - 15.

MIND will provide accredited mental health first aid trainers to deliver a series of 2 day training courses and half day training courses from October 2015 to March 2016 at the Bond, Digbeth. These sessions will be available to frontline officers from across the City.

Objectives of the course:

- Train practitioners who work with people experiencing mental health, raising their awareness on how to identify problems to provide best possible responses and services.*
- Recognise the crucial warning signs of mental ill health and make referrals to appropriate agencies.*
- Practitioners to recognise that mental health can be the primary factor leading to anti-social behaviour.*

The two day training course will include:

- Mental Health First Aid*
- Suicide and depressions*
- Anxiety Disorders*
- Psychosis*

Mental Health First Aid LITE: Half Day course

Mental health awareness introductory session includes:

- Identifying discrimination around mental health*
- Defining of mental health and some Common mental health issues*
- Relating to peoples experiences*
- Looking after your own mental health"*

UPDATE – June 2016

This summary refers to additional basic training delivered by the Birmingham Care Development Agency, Birmingham Mind, and Birmingham & Solihull Mental Health Foundation Trust in 2015 and 2016.

Birmingham Care Development Agency

Birmingham Care Development Agency (thereafter 'BCDA') run two multi-agency events focused on Mental Health & Criminal Justice in February 2016: 1. The 'Criminal Justice and Mental Health: Introduction' was aimed at partner agencies 2. The 'Criminal Justice and Mental Health for Practitioners: Introduction' was for all staff working in this field. A range of prominent speakers from the statutory, voluntary and independent sectors and an ex-gang member shared examples of practice and challenged current thinking at the two events which were attended by over 200 people including 58 delegates from Birmingham City Council. Each conference included a performance from '300 Voices'. This is an initiative funded by Time to Change and seeks to bring young African and Caribbean men together with mental health professionals in order to explore their experiences of accessing mental health services and how this could be improved upon.

BCDA was previously responsible for workforce training solely regarding adults. It merged with the children section as the 'Learning and Development Service' in March 2016. This will enable learning and improve integration of practice across Young Persons and Adults with mental health related needs, who are in contact with the Criminal Justice system.

BCDA continues to deliver generic mental health awareness training and integrates aspects of mental health in courses on domestic violence, for example. Training is also available in relation to specific presentations such as personality disorder, schizophrenia, designer drugs/legal highs and dual diagnosis. The courses are mainly attended by the Local Authority, and some by NHS employees, but they are accessible to other organisations when requested (coordinated by Martin Gilbert).

Birmingham Mind

Birmingham Mind delivered Mental Health First Aid (MHFA) Training to frontline professionals within public and third sector organisations between October 2015 and March 2016.

MHFA is a nationally recognised course aimed at equipping employees in contact with the public with a basic knowledge of mental health. It was commissioned by the Birmingham Community Safety Partnership's Vulnerable People Delivery Group and consisted of 2 days courses and ½ day courses. More specifically, seven MHFA standard two day courses were delivered at the Bond, and a standard two day course was added at the St Luke's Church Centre at the request of the Birmingham Community Safety Partnership.

In his Interim report in April 2016, the Training Manager for Birmingham Mind reported that 95 persons attended and 93 completed an evaluation form: the average increase in delegates' knowledge and understanding of how best to support others with a mental health problem before and after the course was 3.6 points on average over a 10 point scale

Mind also delivered in April 2016, five half day courses (MHFA LITE) to the West Midlands Police Force at various police stations across Birmingham, including at Tally Ho/Shirley and Stechford. 190 people were trained.

Birmingham & Solihull Mental Health Foundation Trust

BSMHFT delivered Mental Health First Aid (MHFA) training in 2015 as part of the Homeless Organisations Mental Health Engagement (HOME) Project designed to support statutory and third sector agencies who work with homeless people in Birmingham. Co-trainers included the Director of Cultural Diversity and the Head of Spiritual Care to reflect the City's diversity. Over 500 delegates from 40 different organisations attended: approximately 25% were trained on a full two-day standard MHFA course, with the remainder attending a three-hour Mental Health Awareness session. A sample of 50 evaluation forms completed by the delegates were subsequently selected at random to measure learning outcomes: using a mean average, delegates rated their confidence and knowledge of how best to provide support to people with a mental health problem as 4.58 and 4.66 respectively (out of 10) before the training, and as 8.68 and 8.12 respectively, after the training.

As is demonstrated, the City Council in conjunction with the voluntary sector has put a definite commitment on the frontline awareness of staff in social inequities and better outcomes for vulnerable users. The challenge here is to ensure that this is an on-going programme of work that can be built on, adapted to changes in policy and information and repeated as required.

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R11	<p>That statutory agencies should support third sector organisations by:</p> <p>(1) examining opportunities to commission primary care services which can be delivered by small third sector organisations where appropriate capacity and expertise already exists within the third sector; and by</p> <p>(2) providing support in areas where statutory agencies have expertise such as bid writing and signposting to potential sources of funding.</p>	<p>Birmingham Integrated Commissioning Board (ICB)</p> <p>Birmingham and Solihull Mental Health Foundation Trust</p>	July 2014	2

Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

UPDATE – June 2016

1. Expanding opportunities for the delivery of psychological therapies by small third sector organisations

The three Birmingham Clinical Commissioning Groups (CCGs) have helped shape the market in Birmingham by widening the options of choice of provider for patients to receive Psychological Therapies. This both supports the national requirements to Improve Access to Psychological Therapies (IAPT) and also supports smaller organisations in Birmingham by commissioning the service from the Birmingham Mental Health Consortium (BMHC), which is a consortium of small and relatively medium-sized third sector organisations in Birmingham operating as one provider. Previously one provider, Birmingham and Solihull Mental Health Foundation Trust (BSMHFT) delivered the psychological therapy services in Birmingham.

2. Counselling Services – Consultation and Procurement

The JCT on behalf of the Birmingham Cross City CCG plans to commission a new counselling service provision for patients registered with a Cross City CCG GP. During March 2016 a market engagement exercise was undertaken whereby a set of questions were asked of the provider market. One of the questions was in relation to the procurement approach options. Small providers communicated back to the CCG that they would like more time to build partnership arrangements and join consortiums in order to deliver the services outlined in the draft service specification. In response to this feedback and to increase the time that smaller providers have to prepare any partnership or consortia arrangements, the CCG has published a Prior Information Notice (PIN). This will communicate the intention of the commissioner about a month before the formal procurement process starts, which will give more time for potential bidders to consider requirements and prepare bidding arrangements as required. A further benefit of using an 'open' process is that there is no separate pre-qualification stage, which means that the provider resource requirement associated with bidding will be less. This will be of benefit to all providers, but in particular smaller providers who do not have structures in place to support bidding processes on a regular basis.

3. Signposting to other sources of funding

The CCGs are currently exploring securing additional social finance, such as Social Impact Bonds and investment, as part of the learning and work service procurement to support the delivery of the Individual Placement Support model. It is envisaged that the funding for the service will be a combination of CCG, Local Authority and Social Finance funding.

The real challenge for the system is encouraging and supporting small grass roots organisations to flourish within the current restricted financial circumstances the system is undergoing. As described above, the JCT is determined to ensure that these organisations are not isolated and can operate their unique inputs within a protective envelope of commissioning. This will continue to be at the heart of our approach to voluntary sector organisations to ensure diversity of needs is catered for.

Appendix ③: Concluded Recommendations

These recommendations have been tracked previously and concluded.

They are presented here for information only.

Concluded

No.	Recommendation	Responsibility	Date Concluded by Overview and Scrutiny Committee	Tracking Assessment
R01	That the Birmingham Joint Commissioning Team for Mental Health and NHS England (who commission Tier 4 CAMHS services) should be responsible for and take urgent action to commission age appropriate mental health inpatient and community services for young people aged 16 and 17.	Cabinet Member for Health and Social Care working with Cabinet Member for Children Services, Birmingham Integrated Commissioning Board (ICB) and Childrens Strategic Partnership Board (CSPB)	October 2015	1
R02	That Clinical Commissioning Groups and Birmingham and Solihull Mental Health Foundation Trust provide local named contacts for Local Policing Units and the Birmingham Community Safety Partnership Safer Communities Groups that undertake case work on serious and persistent Anti-Social Behaviour cases.	Birmingham Community Safety Partnership to pursue directly with Clinical Commissioning Groups and Birmingham and Solihull Mental Health Foundation Trust	November 2014	1
R03	That, if proven to be successful, the coordinated trial multi-agency response as exemplified by the Street Triage Pilot currently being piloted by West Midlands Police, be mainstreamed across Birmingham and made permanent.	West Midlands Police West Midlands Ambulance Service BSMHFT Joint Commissioning Board	October 2015	1
R04	That, in order to support the work of the West Midlands Strategy Group, the Mental Health Champion reviews arrangements to provide patient, carer and third sector oversight of the implementation of the Mental Health and Learning Disabilities Summit Action Plan. This oversight should be extended to recommendations contained within this report.	Cabinet Member for Health and Social Care BCC Mental Health Champion	October 2015	2

These recommendations have been tracked previously and concluded. They are presented here for information only.

Concluded

No.	Recommendation	Responsibility	Date Concluded by Overview and Scrutiny Committee	Tracking Assessment
R06	That consideration be given as to how existing provision in the community can best be utilised to provide more community focused intervention across the city to support the hospital based places of safety.	Chair of Birmingham Community Safety Partnership in their capacity as relevant member of the Health and Wellbeing Board Birmingham Integrated Commissioning Board (ICB) Childrens Strategic Partnership Board (CSPB)	October 2015	2
R07	That the lessons learnt from Serious Case Reviews, Domestic Homicide Reviews and other parallel processes in relation to the offences committed by mental health patients are reviewed.	Birmingham Community Safety Partnership support officers to co-summarise these by approaching relevant Safeguarding Board/Domestic Homicide Reviews leads.	November 2014	1
R09	That the Birmingham Integrated Commissioning Board should explore the best way of establishing a single telephone service for the whole of Birmingham. It should provide a single point of access which people experiencing mental health issues, family members, Councillors and other individuals who come into contact with mental health patients, can use to access advice, referral or signposting to specialised services and assessment by a mental health professional.	Birmingham Integrated Commissioning Board (ICB) working with Chairs of Clinical Commissioning Groups	October 2015	2
R10	That BSMHFT promote and further develop the Community Forensic Mental Health Team and replicate this service on a wider basis, to divert people with mental health issues from the criminal justice system towards appropriate support and interventions in the community.	Birmingham and Solihull Mental Health Foundation Trust	October 2015	4

These recommendations have been tracked previously and concluded. They are presented here for information only.

Concluded

No.	Recommendation	Responsibility	Date Concluded by Overview and Scrutiny Committee	Tracking Assessment
R12	That (1) The West Midlands Police explore how to increase the reporting of disability hate crime and ensure a structured approach to identifying and progressing cases; and (2) BSMHFT consider how best to educate the public and raise awareness about mental health issues with a view to changing cultural perceptions and reducing the stigma associated with mental ill health.	West Midlands Police BSMHFT	October 2015	2
R13	That an assessment of progress against the recommendations and suggestions made in this report should be presented to the Social Cohesion and Community Safety Overview and Scrutiny Committee.	Cabinet Member for Health and Wellbeing	November 2014	2