

Written evidence submitted by West Yorkshire Health Care Partnership Mental Health Bill Evidence (MHB66)

Written Evidence regarding the Mental Health Bill 2025, submitted on behalf of the West Yorkshire Health Care Partnership.

Subject:

The Mental Health Bill 2025 - Statutory Implementation of the Patient and Carer Race Equality Framework (PCREF).

Executive Summary

1. This submission supports the inclusion of the Patient and Carer Race Equality Framework (PCREF) within the Mental Health Bill 2025.
2. PCREF provides the first structured, co-produced mechanism for eliminating racial inequalities in mental health services.
3. Statutory implementation is necessary to ensure consistency, accountability, and long-term impact.

1. About Us

- a) We are West Yorkshire Health and Care Partnership, our strength comes from starting with people where they live, their communities and their places. The five local areas (Bradford district and Craven, Calderdale, Kirklees, Leeds, and Wakefield) are the bedrock of better health and care across West Yorkshire. Working together we both enhance our unique strengths and draw upon trusted strong relationships across a wider area to serve the 2.4million people who live in our health care landscape.
- b) We know people's lives are better when organisations who provide health and care work together. We also know that most of what keeps people healthy and well is a wider set of factors than traditional health and care services. This includes the house you live in, how warm it is, whether you feel isolated or alone, whether you experience racism, poverty, the food you eat every day, how mobile and independent you are, whether you have a job and have access to parks and open spaces.
- c) If we want to improve everyone's health, we will have to target those factors that cause some people to experience significantly worse health.

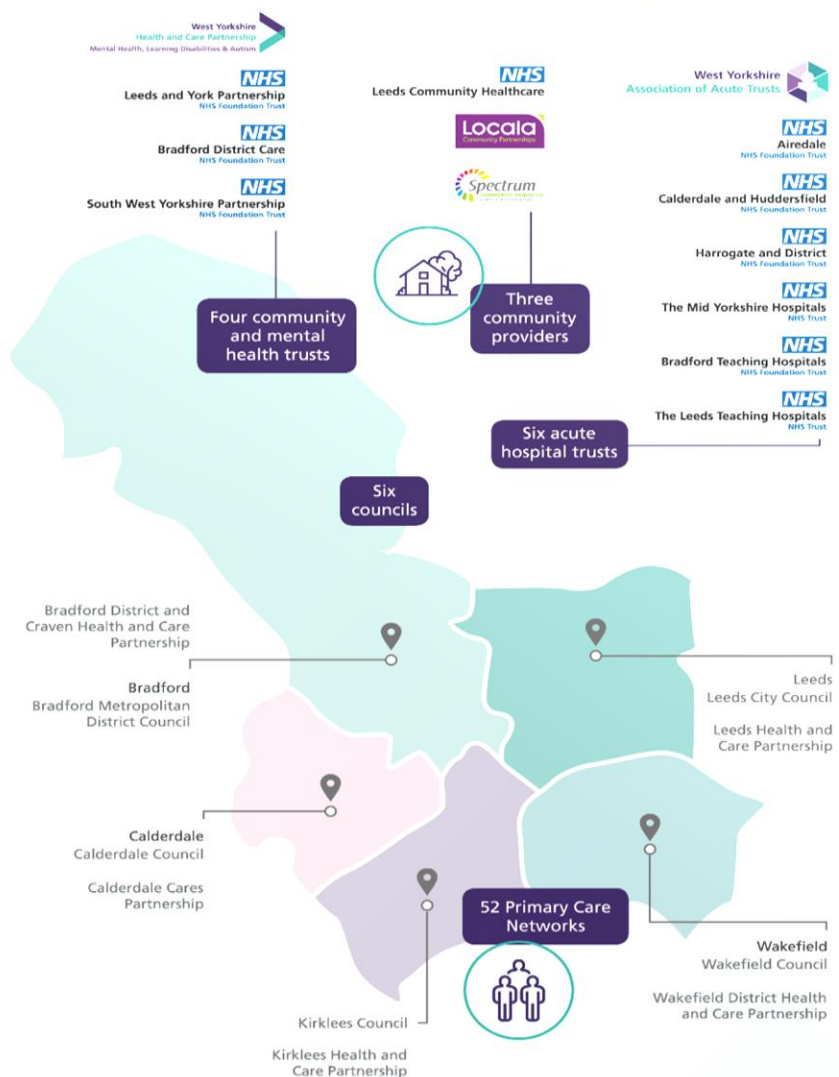
Our health and care landscape

Our councils



- 291 GP practices
- 547 community pharmacies, plus 38 online
- 277 dentists
- 431 providers of services in people's homes
- More than 442 care homes
- 11 hospices
- 255 optometrists
- 52 primary care networks
- Estimated 11,996 voluntary community social enterprise organisations in West Yorkshire

Figures accurate at November 2022.



- People's lives are better when we plan and invest in services that support mental and physical health at the same time. To do this we must also prioritise addressing health inequalities, we have a particular focus on racial inequality. We know that sharing good ways of working makes the money go further, creates the best use of staff expertise, and increases the quality of what we all provide. By working together, it gives us the chance to create the conditions so that children get the best start in life and everyone's chance of living a long, healthy life improves. This is what integrated care systems are all about, working alongside the likes of Healthwatch and voluntary, community and social enterprise sector organisations. We also work with national partners at NHS England and Improvement, UK Health Security Agency and Health Education England.
- The five places that make up West Yorkshire are different. Each brings unique strengths and perspectives to our Partnership. However, they share challenges and have one common goal - to improve people's health and wellbeing through delivering quality care and support when needed.
- Our mission is to fundamentally reduce health inequalities, manage unwarranted variations in care, use our collective resources wisely and secure the wider benefits of investing in health and care.

1. West Yorkshire Mental Health, Learning Disability and Autism Collaborative

- a) The West Yorkshire Mental Health, Learning Disability and Autism Collaborative brings together Leeds and York Partnership NHS Foundation Trust; Bradford District Care NHS Foundation Trust; South West Yorkshire Partnership NHS Foundation Trust and Leeds Community Healthcare Trust. The collaborative works to ensure everyone in West Yorkshire receives the best care and support possible, working with other partners such as the voluntary community social enterprise sector, local councils, and other NHS and Independent sector organisations.
- b) The CEO Lead for the Mental Health, Learning Disabilities and Autism Programme is Dr Sara Munro. Sara is CEO for Leeds and York Partnership NHS Foundation Trust and Leeds Community Healthcare Trust. Sara is the mental health sector representative on the Board of the Integrated Care Board. Collaboratives play an important role in decision-making at both a local and West Yorkshire level and in wider partnership development work. The MHLDA collaborative leads the work on the Mental Health, Learning Disability and Autism programmes for the ICB.
- c) Mental Health, Learning Disability and Autism Collaborative / service provider organisations:
 - Bradford District Care NHS Foundation Trust
 - Leeds Community Healthcare NHS Trust
 - Leeds and York Partnership NHS Foundation Trust
 - South West Yorkshire Partnership NHS Foundation Trust
- d) The role of our councils as equal partners continues to be essential as we join up care to benefit everyone working and living across West Yorkshire. Our local councils are:
 - Bradford Metropolitan District Council
 - Calderdale Council
 - Kirklees Council
 - Leeds City Council
 - North Yorkshire County Council
 - Wakefield Council
- e) Professor Dame Donna Kinnair has held various roles in the NHS across primary and acute care, including clinical director of emergency medicine at Barking, Havering and Redbridge University Hospitals and executive director of nursing for the South East London Cluster board. Previously at the Royal College of Nursing Donna was CEO and general secretary from 2018-2021. She advised the Prime Minister's Commission on the future of Nursing and Midwifery in 2010 and served as nurse/child health assessor to the Victoria Climbié Inquiry. In 2008, she was made a Dame Commander of the Order of the British Empire for services to nursing.

Professor Dame Donna Kinnair said, "*The [West Yorkshire Health and Care Partnership](#) has demonstrated a commendable commitment to addressing issues of racial equity by implementing the PCREF, this fills me with both appreciation and hope. Despite operating within a challenging financial climate and navigating numerous other priorities, the West Yorkshire Integrated Care Board and its partners have made substantial progress in delivering on our initial recommendations. The WYICB impressive outcomes set a benchmark for others, positioning them as one of the highest-performing integrated care systems in this area. The Partnership should take pride in its achievements to date. However, it is clear that significant work remains to be done and by mandating the PCREF we will strive for racial equity*".

Implementing the Patient and Carer Race Equality Framework (PCREF) would be a clear and practical way to demonstrate this commitment in action, helping to embed racial equity into everyday practice across our services.

- f) Fatima Khan-Shah, [Inclusivity Champion, West Yorkshire Health and Care Partnership](#), led the development of the equity and fairness strategy. She said: "*PCREF isn't just another equality, diversity and inclusion framework, it is about our aspiration in West Yorkshire to move beyond a focus on*

equality, diversity and inclusion, because we know we need to go further to create truly inclusive and equitable mental health organisations and services that mean you get the best possible access, experience and outcomes regardless of your , and the equity and fairness strategy will support health and care organisations to reach that standard."

- g) Dr. Sara Munro (CEO for [Leeds and York Partnership NHS Foundation Trust](#) and [Leeds Community Healthcare Trust](#). Lead for the [West Yorkshire Mental Health, Learning Disabilities and Autism Programme](#)) said, "Proactively improving racial equity must be core to what we do as a Trust as we serve a diverse population and a patient group at high risk of poor health outcomes. Everyone has a part to play in supporting the delivery of racial equity and the PCREF was, and is, pushing the traditional structural boundaries. We know complex issues require co-ordinated and joined up solutions, working with our communities, patients and carers, staff and partners. We are committed to long-term thinking and sustainable change and we believe that the PCREF is the future of our work to really makes a difference to people's lives. This reform is not just about equality or fairness—it's about seizing this opportunity to build a mental health system that works for everyone".
- h) Sharon Prince, Consultant Clinical Psychologist, Senior Responsible Officer said, "[Synergi Leeds Partnership](#) is an innovative citywide approach to tackling ethnic inequalities in mental health. The partnership is a Network of statutory and voluntary sector organisations with the aim 'to reduce the over-representation of people from Black, Asian and minority ethnic communities admitted in crisis on mental health inpatient wards'. Through adopting a whole system, life course approach; and by informing, influencing and enabling we have been able to have some impact at a system wide, organisational and community level. We believe that the inclusion of the PCREF within the Mental Health Act would be one of the most powerful levers in the journey towards racial justice and thus equity within services for racialised communities. Statutory implementation would provide the impetus needed to challenge the status quo and structural racism within mental health care. Legal enforcement of the PCREF would provide a clear statement of intent for the need to 'do better' and a commitment to revolutionise mental health care for some of our most marginalised and vulnerable communities".
- i) The Forum for Race Equality in Social Care & Health ([FRESH](#)) is a vibrant and inclusive platform, established over 30 years ago that brings together members of Leeds' richly diverse communities. It aims to amplify the voices of those who are often underrepresented in health and social care decision-making, to try and ensure services are more equitable, accessible, culturally appropriate, working towards reducing health inequalities. The Forum is supported by Leeds Involving People (LIP), who reaches out to communities across Leeds to ensure broad representation and engagement from marginalised communities.

Sharon Burke from LIP said, "We believe that the PCREF is an important first step to embedding anti-racism framework that puts racial equity at the heart of the improvements needed to be made. This is the first step and much more is needed to be done to eradicate or reduce health inequalities based on race. We believe PCREF should mandate co-production in its purest sense with communities: shifting the balance of power by requiring mental health services to work with patients, carers, and communities—not just for them or despite them. Mandate them to recognise and acknowledge cultural needs and differences, meaning that decisions are shaped by lived experience, not just policy and outcomes. The power of the PCREF, if delivered in the right way and embedded within the mental health act has the power to become transformational. We need accountability and transparency, by embedding PCREF into the Mental Health Act, it will become a statutory requirement. This ensures that all mental health providers are held to the same standard, with clear data reporting and feedback mechanisms".

2. Rationale for Statutory PCREF

- a) As a care partnership we have long been concerned about the inequity in the Access, Experience and Outcomes for people using services from racialised communities. Our own data shows that

particularly people from Black African and Black Caribbean heritage are most likely to experience this inequity.

- Black adults have the lowest mental health treatment rate of any ethnic group, at 6% (compared to 13% in White British group).
 - Black women/birthing people are 3 times more likely to die during childbirth than white women in UK.
 - Black women/birthing people are 40% more likely to experience postnatal depression.
 - Black people are over four times more likely to be detained under the Mental Health Act (NHS Digital, 2023).
 - Black people are more than eleven times more likely to be placed on a Community Treatment Order (CTO) (CQC, Monitoring the Mental Health Act, 2022/23).
 - Black people are more likely to be restrained, secluded, medicated without consent, and diverted into forensic care (Mind, 2022; CQC 2023).
 - Black people are less likely to be offered talking therapies, family support, or early intervention (NHS Race and Health Observatory, 2022).
- b) These disparities aren't just numbers - they reflect deeper structural inequalities, cultural misunderstandings, and a lack of trust in the mental health system. As NHS providers of mental health, learning disability and neurodiversity services with a reputation for excellence, it is unacceptable to us that race inequity persists in our services.
- c) The Equality Act 2010 has been in force for 15 years. During this time, it has not improved equity in access, safety, or outcomes for racialised people, in fact quite the opposite. We know from our evidence that our disproportionate numbers of racialised communities in restraints and detentions is increasing.
- d) In March 2025, each organisation demonstrated proactive leadership in publishing their PCREF Action Plans as a strategic response to tackling racial inequity.
- e) In January 2025 LYPFT became one of the national trailblazer sites working with the NHSE to test ways to implement the PCREF and support the development of the PCREF guidelines for mental health services.
- f) Implementation of the PCREF Programme has led us to understand the necessity for every aspect of our work to take a racial equity approach. We aim to be leading anti-racism in mental health by 2026 and have a comprehensive programme of work underway to achieve this – of which full implementation of the PCREF mandatory requirement is one.
- g) From our own extensive development work we know how difficult and complicated it is to implement the PCREF. We also know that unless it is fully implemented as set out in the new legislative guidelines it will fail as have all the other NHS initiatives aiming at eliminating racial inequity from services in the past. This would be a missed opportunity to at last be able to demonstrate that the NHS operates a fair and equitable service for all.
- h) The NHS Constitution principally works to ensure that all individuals have equal access to healthcare services regardless of their race, among other protected characteristics. Embedding PCREF and the guiding principle of racial equity would mean:
- Better safeguards against disproportionate detention.
 - Culturally competent care that respects diverse experiences.
 - Greater accountability in how the Act is applied across communities.

4. Legislative Recommendations

We urge the Committee to consider the following amendments to the Mental Health Bill [HL] 2025:

1. Introduce a statutory duty on providers of NHS mental health services to implement PCREF in full. This should include independent, and third sector providers commissioned by the NHS, given their role in the sector.
2. Require local co-production and community governance of PCREF implementation.
3. Link PCREF delivery to regulatory and commissioning oversight (e.g. via CQC, ICBs).
4. Ensure annual, transparent reporting on progress and impact.

5. Conclusion

Structural racism is well evidenced; it is not ambiguous. It is precise, extensive, and damning.

We know that in response to this, the governments MHA review aims to include approaches to recognise and reduce the disproportionate number of individuals from Black, Asian and minority ethnic communities subject to compulsory detention and treatment.

To omit PCREF from this Bill would not be an oversight, but a deliberate failure to act on the evidence provided.

We believe that PCREF is foundational to these reforms and without statutory PCREF, efforts to address racial inequality in mental health will remain fragmented and insufficient.

We believe that without statutory footing dealing with mental health racial disparities - that were a major factor for the Mental Health Act Review, racial equity is reduced to a matter of good will across mental health providers and will not be given the urgent attention required.

Legislation is needed to embed racial equity as a non-negotiable principle of mental health care and to be the safety net of protection for people when the system fails.

June 2025