

Written Evidence Submitted on behalf of the BME Leadership Forum of the NHS Confederation.

Subject: The Mental Health Bill [HL] 2025 — Statutory Implementation of the Patient and Carer Race Equality Framework (PCREF)

EXECUTIVE SUMMARY

1. This submission has been drafted based on insights and evidence captured by the BME Leadership Network. This includes work developed by the BME leadership Network which is directly relevant to advocating for the inclusion of the Patient and Carer Race Equality Framework (PCREF) within the Mental Health Bill [HL] 2025. This also includes our extensive work on anti-racism and our work through advocating anti-racism as a quality improvement tool in and across the NHS <https://www.nhsconfed.org/system/files/2024-04/Excellence-through-equality-PDF.pdf>
2. The Network's position is also based on recent insights from our members and stakeholders who have been involved in the PCREF pilot sites. We recognise that the PCREF provides a co-produced framework that aligns with our own commitment to anti-racism, together with wider vital work on eliminating racial inequalities in mental health services.
3. The Network, based on the experience of other initiatives, support the PCREF becoming part of statutory and implementation, for the reasons set out below.

BACKGROUND

4. This BME Leadership Network, is hosted by the NHS Confederation and co-facilitated by the NHS Confederation's Director of Partnerships and Equality. The NHS Confederation is the membership organisation that brings together, supports and speaks for the whole healthcare system in England, Wales, and Northern Ireland.
5. The NHS Confederation promotes collaboration and partnership working as the key to improving population health, delivering high-quality care, and reducing health inequalities. The NHS Confederation also support leaders to innovate and transform, helping them to improve the NHS and the nation's health and wellbeing.

6. The BME Network of NHS Confederation also acknowledge the work being undertaken by the NHS England [Mental Health, Learning Disability and Autism Inpatient Quality Transformation Programme](#).
7. The Network, like many across the system, are encouraged by the vital work being done on the 12 core commitments and [culture of care standards](#), which reference the PCREF throughout. This work and the desire by system partners to embed the PCREF to develop better care and outcomes, lends evidence to the need to move towards mandating the PCREF.
8. This response has been drawn from insights, Together with insights gathered as part of the National EDI Leads Conference (London, March 2025) and the BME Leadership Anti-Racism: No One Left Behind Conference in May 2025. Together with a session hosted by the BME Network (as part of the NHS Expo June 2025) which focussed exclusively on the PCREF and was co-hosted by Jagtar Singh CBE and Dr Jaquie Dyer MBE.

RATIONALE FOR STATUTORY PCREF

9. In setting out the priorities for mental health, the NHS Confederation's Mental Health Network (MHN), has identified rising pressure, the need for resources and the impact of inequality. The BME Network share the MHN view that the upcoming ten-year health plan and Spending Review present the Government with the chance to deliver on its manifesto commitment to address the disparities between mental and physical health in the NHS. At the same time however, there is an acknowledgment of the vital need to ensure public money is spent effectively and equitably with better outcomes for racialised communities.
10. There is wide and ongoing recognition of the over-representation of people from BME communities within mental health services. This recognition aligns with our commitment to ensuring the necessary required focus on improvement that releases quality and productivity gains required across the NHS by reducing crisis demand, through better prevention and earlier support. Our insights and work with members from PCREF pilot sites, demonstrate that tools like PCREF help escalate such gains and need to be scaled, spread and made mandatory through this legislation.
11. Lord Victor Adebawale, Chair of NHS Confederation, who has worked across mental health and the NHS for many years, continues to advocate for a change of the paradigm. He urges us to be clear in what we ask for in terms of legislation, on the basis that: *'mental health needs to be part of a central argument about the future of the NHS, and that central argument must revolve around equity and equality... backed up with action and resource.'* The BME Network endorse this approach and see advocating for the PCREF as part of not only making a 'clear ask' but helping change the paradigm.

12. The BME Leadership Network includes members who have been involved in the pilot sites and they have shared their insights on the impact being made. Our members have been directly involved on the PCREF at early adopter sites like South London and Maudsley, North East London Foundation Trust, Sheffield Health, and Social Care Foundation Trust and more recently NHS Trusts including - Birmingham and Solihull Mental Health NHS Foundation Trust and Coventry and Warwickshire Partnership NHS Trust.¹
13. These sites have shared their experience on the positive outcomes for staff, patients, and the wider community on addressing inequity and improving access to mental health care for racialised communities. We recognise that this evidence will be shared directly, but we remain encouraged that there is a robust and growing evidence base. By mandating PCREF, it will ensure that it continue to be adapted and adopted nationally.

RECOMMENDATIONS

14. We, the BME Leadership Network welcome the opportunity to make representations and we ask the Committee to consider the following amendments to the Mental Health Bill [HL] 2025:
- Introduce a statutory duty on NHS mental health providers to implement PCREF in full.
 - Link PCREF delivery to regulatory and commissioning oversight, ensuring full alignment with the prevention, patient safety and quality agenda that we understand will be central to the ten-year plan.
 - Working with NHS Trusts, the health system and bodies like the NHS BME Leadership Network explore ways to mandate periodic and transparent reporting on progress and impact.

CONCLUSION

15. Based on our collective **experience as a Network that has pioneered impactful work**, we believe that without PCREF becoming mandated, there is a real risk that efforts to address racial inequality in mental health will not be realised at the pace now needed. This Bill provides an opportunity to go further and faster. This legislation will support our shared ambition to change the paradigm.

¹ NHS CONFEDERATION INSIGHTS FROM PCREF SITES
Zoe Reid, December 2024 (South London and Maudsley NHS)
<https://www.nhsconfed.org/articles/implementing-pcref-our-progress-one-year>

Submitted by: The NHS Confederation BME Leadership Network

Network Facilitator: Joan Saddler OBE, Director of Partnerships and Equality, NHS Confederation.

Role: Director and Network Facilitator

Organisation: NHS Confederation

Policy Adviser & Contact NHS England: alexandra.ankrah1@nhs.net

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