

## **INVITATION TO TENDER**

**For:**

**Ethnic Inequalities in Mental Health: A policy review  
of the Improving Access to Psychological Therapies  
(IAPT) programme**

**October 2021**

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## About the NHS Race and Health Observatory

The NHS Race and Health Observatory ('the Observatory') is a new, independent organisation, set up to explore ethnic inequalities in access to healthcare, experiences of healthcare, and health outcomes. In doing so, it assesses aspirations in these areas as outlined in national healthcare policy, including those set-out in the NHS Long Term Plan. It is a proactive investigator, providing strong recommendations that inform policymaking and facilitate change. It is evidence-driven and solution-focused.

The Observatory is supported by NHS England and NHS Improvement, and hosted by NHS Confederation, but its board and team are independent, and we dictate our own direction and areas of focus. The Observatory has three main functions:

- Facilitating new, high-quality, and innovative research and evidence.
- Making strategic policy recommendations for change.
- Supporting the practical implementation of those recommendations.

### *Mental health*

During stakeholder engagement over the course of 2020, mental health was identified as a major priority for the Observatory. Evidence shows that Black and minority ethnic people, particularly those in Black groups, are over-represented in some mental health pathways, meaning they are more likely to be diagnosed with severe mental illness, are more likely to receive compulsory treatment, and are more likely to experience adverse care outcomes.

Professor Sir Simon Wessely was invited by the government to carry out an Independent Review of the Mental Health Act, which reported in 2018. The review found that profound ethnic inequalities exist within the mental health system, and concluded 'that structural factors which engender racism, stigma and stereotyping increase the risk of differential experiences in Black and minority ethnic communities.' Although the review made some recommendations to correct these inequalities, it also accepted there is a long way to go in developing our understanding before they can be truly rectified.<sup>1</sup>

The Observatory is committed to commissioning high quality and impactful research into ethnic inequalities in mental health to enable the system to make crucial improvements and take steps toward eliminating that inequality.

## Scope of the work

### *Background*

The Improving Access to Psychological Therapies (IAPT) programme was launched in 2008 and has led to a significant increase in access to psychological therapies. The methodology of the programme is based around providing evidence-based psychological therapies to

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<sup>1</sup> <https://www.gov.uk/government/groups/independent-review-of-the-mental-health-act>

those who need it, monitoring the outcomes closely, and providing close support for practitioners. Even so, it is evident that there are ethnic inequalities in outcomes for those who use IAPT services.<sup>2</sup> This has rightly been made a priority in the NHS Advancing Mental Health Equalities Strategy, which acknowledges that some Black and minority ethnic groups have poorer recovery rates in talking therapy services than White British groups.<sup>3</sup> However, the strategy does not explore inequalities as experienced by specific communities, e.g. the Bangladeshi ethnic group continues to show the lowest levels of improvement after treatment for anxiety and depression.<sup>4</sup> Nor does it explore the fact that Black and minority ethnic people were less likely to self-refer than White British service users, and more likely to be referred through community services.

A recent study focussing on IAPT users in South London examined variation by ethnicity in (i) source of referral to IAPT services, (ii) receipt of assessment session, (iii) receipt of at least one treatment session. The study found that ‘almost all racial and minority ethnic groups were less likely to receive an assessment compared to the White British group, and of those who were assessed, all racial and ethnic minority groups were less likely to be treated.’<sup>5</sup> The study’s authors recommend further research at a national scale.

Furthermore, practical tools have been developed to help improve service design and delivery to improve access and outcomes for Black and minority ethnic service users. *The IAPT Black, Asian and Minority Ethnic Positive Practice Guide* was published in 2019 with this in mind, but it is not clear that this has been rolled out at sufficient rate or scale to have a significant impact.<sup>6</sup> Anecdotal evidence suggests that some services require further support in implementing the guide.

### *Project outline*

The purpose of this policy review is to help develop understanding of where and why inequalities exist, both in referral to IAPT and in outcomes for those who receive treatment through IAPT. In addition, the review should help us gain a better understanding of how Black and minority ethnic people experience IAPT pathways. The review should also consider what can be done with these new insights, including how the NHS might better embed the existing *IAPT Black, Asian and Minority Ethnic Positive Practice Guide*.

The review should include, as a minimum:

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<sup>2</sup><https://synergicollaborativecentre.co.uk/wp-content/uploads/2020/12/The-importance-of-cultural-adaptation-IAPT-and-CBT.pdf>

<sup>3</sup> <https://www.england.nhs.uk/publication/advancing-mental-health-equalities-strategy/>

<sup>4</sup> <https://www.ethnicity-facts-figures.service.gov.uk/health/mental-health/outcomes-for-treatment-for-anxiety-and-depression/latest>

<sup>5</sup> Harwood, H., Rhead, R., Chui, Z., Bakolis, I., Connor, L., Gazard, B., Hatch, S. (2021). Variations by ethnicity in referral and treatment pathways for IAPT service users in South London. *Psychological Medicine*, 1-12. doi:10.1017/S0033291721002518 <https://www.cambridge.org/core/journals/psychological-medicine/article/variations-by-ethnicity-in-referral-and-treatment-pathways-for-iapt-service-users-in-south-london/E02A98DE585A16189A6FCFA63A5290DE>

<sup>6</sup> <https://babcp.com/Portals/0/Files/About/BAME/IAPT-BAME-PPG-2019.pdf?ver=2020-06-16-004459-320>

- Quantitative analysis of available national IAPT data, disaggregating different ethnic groups, and looking at trends in the data since IAPT's inception, allowing for regional variance
- A qualitative study of individuals with experience of IAPT, including service users and members of the IAPT workforce, community groups who engage with local IAPT services, commissioners, and regional and national policy officials.
- A limited literature review, focussing on grey literature on IAPT and broader research relating to IAPT.

While we are happy for bidding organisations to apply their own expertise and experience when considering the scope of the project, the below represents the areas of inquiry that are of interest to the Observatory:

#### *Data analysis*

- With reference to the available data on IAPT, what is the variation by ethnicity in:
  - the number of IAPT referrals over time, and method of referral e.g. GP, self-referral,
  - the waiting time from referral to first assessment,
  - the number of service users who go on to receive assessment and treatment and, if possible, the number who have required interpreters.
  - the range of therapies offered within each ethnic group, such as CBT for depression, CBT for anxiety etc.,
  - treatment outcomes from IAPT therapies (including reference to both recovery and reliable improvement)?

#### *Clinical implications*

- Based on original qualitative research, how does the experience of IAPT pathways vary by ethnicity?
- Are the current range of psychological therapies outlined in the IAPT Manual<sup>7</sup> sufficient when considering issues of ethnic inequality? Should greater consideration be given to a more diverse range of supplemental pathways (e.g., social prescribing and community or faith-based interventions)?

#### *Service and workforce*

- To what extent has the *IAPT Black, Asian and Minority Ethnic Positive Practice Guide* been effectively implemented, and could the implementation be improved going forward?
- To what extent are resources and information available in alternative languages and formats?
- To what extent are clinical supervisors trained in cultural competency?
- Is there training planned to develop therapists' confidence in working with Black and minority ethnic communities? What plans are in place to support those who completed their training prior to this?

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<sup>7</sup> <https://www.england.nhs.uk/wp-content/uploads/2018/06/the-iapt-manual-v5.pdf>

### *Synthesis and discussion*

- Based on the above areas of analysis, what are the factors that contribute to inequalities in IAPT pathways?
- Considering the entirety of IAPT programme, what steps could be taken reduce inequalities where they have been evidenced? Discussion and recommendations may cover the following areas:
  - Access to services
  - Types of therapies offered
  - Outcomes
  - Structure of the overall programme.
  - Representation of Black and minority ethnic staff in the IAPT workforce at different bands.

### **Detailed specifications:**

- The initial research period will be c.5 months after project initiation, with a further 3-4 weeks for review and sign off.
- Quality criteria should be applied to evidence including, where appropriate, evidence of user-validation and stakeholder validity.
- The review should include stakeholder engagement as outlined above.
- The final report should take the form of a word document and should be produced for the NHS Race and Health Observatory.
- We welcome bids of up to £100,000. Higher value bids may be considered if adequate justification can be given for the additional amount.
- The report will be for external publication.

### **Tender submission**

Your tender submission should include the following:

#### **Proposal for services**

Within your proposal, you should include:

- A summary project plan highlighting key dates to demonstrate how you would meet the brief by the proposed deadline.
- Details of key personnel who will be involved in the project.
- Key risks and mitigating actions for the project.
- An explanation of the unique benefit your organisation will bring to this work.
- An indication of how much input and capacity would be required from the Observatory team.
- Detail of any elements of the work that would be provided by another company/freelance staff.
- Details of how you propose to ensure GDPR compliance, as appropriate

### Other company information

In addition to your proposal, please also:

- Briefly outline your values, structure, size and capabilities in general
- Demonstrate your understanding of the IAPT programme, including national and regional variation.
- Provide examples of similar projects or reports you have delivered.
- List two previous clients (preferably not for profit) that we can contact for reference purposes.
- Complete the equalities questionnaire at schedule 1.

### Fee proposal

- Your fee proposal should give a detailed breakdown of costs, itemised for each separate element of the tender and exclusive of VAT.

### Selection criteria

We will rank tenders on the basis of:

1. Fit to requirements of the brief and proposed methods.
2. A proven track record of impactful high quality previous work in the area.
3. Relevant experience of team, including a demonstration of cultural competence, and understanding of IAPT. Familiarity with IAPT data is also desirable.
4. Value for money to the Observatory.
5. Your approach to equality, diversity and inclusion.

### Key Dates

Timelines are indicative. Specific dates will be agreed when the contract is awarded.

ITT released	Tuesday 5 <sup>th</sup> October
Deadline for bids	Monday 25 <sup>th</sup> October (midday)
Potential follow-up interviews	w/c 1 <sup>st</sup> November
Contract decision	w/c 1 <sup>st</sup> November
Project start	December 2021
Interim report (not for publication)	February 2022
Draft full report	April 2022
Final report	May 2022

## Instructions for the return of the tenders

**Tenders should be submitted by email to [info@nhsrho.org](mailto:info@nhsrho.org)**

Please quote the tender reference: RHO\_ IAPTReview

Tenders must be received by midday on Monday 25<sup>th</sup> October. Tenders received after this date will not be considered.

It is incumbent on tendering organisations to ensure they have all of the information required for the preparation of their tenders.

**Further information about this tender can be obtained from:**

Name	<b>Sam Rodger</b>
Title	Senior Policy and Strategy Lead
Email address	<a href="mailto:Sam.rodger@nhsrho.org">Sam.rodger@nhsrho.org</a>

## Schedule 1

### Equalities questionnaire

This questionnaire must be completed satisfactorily in order for any company to be considered to tender for this NHS Confederation contract. The equality legislation consists of the Race Relations Act 1976, the Sex Discrimination Act 1975, the Equal Pay Act 1970, the Disability Discrimination Act 1995, the Employment Equality (Sexual Orientation) Regulations 2003, the Employment Equality (Religion/Belief) Regulations 2003, all amendments to these Acts and all relevant regulations made under them.

1. Is it your policy as an employer and as a service provider to comply with your statutory obligations under the equality legislation, which applies to Great Britain, or equivalent legislation in the countries in which your firm employs staff?

Yes                      No

2. Accordingly, is it your practice not to discriminate directly or indirectly in breach of equality legislation which applies in Great Britain and legislation in the countries in which your firm employs staff:

• In relation to decisions to recruit, select, remunerate, train, transfer and promote employees?

Yes                      No

• In relation to delivering services?

Yes                      No

3. Do you have a written equality policy?

Yes                      No

4. Does your equality policy cover:

• Recruitment, selection, training, promotion, discipline and dismissal?

Yes                      No

• Victimisation, discrimination and harassment making it clear that these are disciplinary offences?

Yes                      No

• Identify the senior position for responsibility for the policy and its effective implementation?

Yes                      No

5. Is your policy on equality set out:

- In documents available and communicated to employees, managers, recognised trade unions or other representative groups?

Yes                      No

- In recruitment advertisements or other literature?

Yes                      No

- In materials promoting your services?

Yes                      No

Please evidence all questions.

If you answered NO to any part of questions 4 or 5 can you provide (and if so, please do) other evidence to show how you promote equalities in employment and service delivery.

6. In the last three years, have any findings of unlawful discrimination been made against your firm by the Employment Tribunal, the Employment Appeal Tribunal or any other court or in comparable proceedings in any other jurisdiction?

Yes                      No

7. In the last three years, has any contract with your organisation been terminated on grounds of your failure to comply with:

- Legislation prohibiting discrimination; or

Yes                      No

- Contract conditions relating to equality in the provision of services

Yes                      No

8. In the last three years, has your firm been the subject of formal investigations by the Commission for Racial Equality, the Disability Rights Commission, The Equal Opportunities Commission or a comparable body, on grounds of alleged unlawful discrimination?

Yes                      No

9. If the answer to question 6 and 7 is YES, or, in relation to question 8, a finding adverse to your organisation has been made, what steps have you taken as a result of that finding? Please summarise the details below and provide full details as an attachment.

10. If you are not currently subject to UK employment law, please supply details of your experience in complying with equivalent legislation that is designed to eliminate discrimination and to promote equality of opportunity. List any attached documents.

## **Guidance in answering the equality questionnaire**

When completing the questionnaire, all companies must answer each question fully and supply any documentary evidence requested. Failure to fully answer each question or failure to submit any documentary evidence required may lead the NHS Confederation to consider the answer unsatisfactory.

### **Question 1 and 2**

If your firm has implemented an effective equality policy, you will be able to answer yes to these questions. You will be able to confirm your answers by submitting your equality policy and supporting evidence as for as part of this section.

### **Question 3 and 4**

You will need to submit a copy of your firm's equality policy. You will need to ensure that your policy covers:

- Recruitment, selection, training, promotion, discipline and dismissal
- Victimisation, discrimination and harassment
- Identifies the senior position responsibly for the policy

### **Question 5**

Documents available and method of communication to staff. You will be required to submit examples of any documents, which explain your firm's policies in respect of recruitment, selection, remuneration, training and promotion outside of the equality policy asked for in Question 3 and 4.

You will also need evidence of how your firm has communicated this document to staff i.e. notice boards or issue individual employees with a copy. There is no prescribed evidence here. You will need to submit whatever documents your firm uses for these purposes.

In recruitment advertisements or other literature, you will need to submit evidence that makes public your firm's commitment to equality in employment and service delivery.

Small firms may not have detailed procedures, but you must ensure that evidence is provided which demonstrates that personnel operate in accordance with a written equality policy that includes:

- Open recruitment practices such as using job centres and local newspapers to advertise vacancies
- Instructions about how the firm ensures that all job applicants are treated fairly.

In material promoting your services This relates to how your firm provides information in materials promoting your services e.g. in different languages, making information accessible to people with hearing and visual impairment and physical access for disabled users.

### **Question 6**

This question's concern is whether any court or industrial tribunal has found your firm guilty of unlawful discrimination in the last three years. It is important to be honest with your answers. The NHS Confederation may check your responses. If the answer is yes, you may wish to insert additional information which details the actions your firm has undertaken to prevent a repeat occurrence.

Answering yes will not automatically mean that you do not get the contract; you need to ensure that the NHS Confederation feels confident that you have sufficient measures put in place to prevent a re-occurrence.

**Question 7**

This question's concern is whether your firm has ever had a contract terminated for noncompliance with equality legislation or equality contract conditions. If the answer is yes, your firm may wish to submit additional information which details the actions they have taken to prevent a repeat occurrence.

**Question 8**

This question asks whether your firm has had any investigation carried out, whatever the outcome. The NHS Confederation can check a contractor's answer from lists that the CRE and EOC produce, so please be honest. The NHS Confederation is aware that because a firm has been investigated does not mean that it is guilty of discrimination. The result of the investigation will be taken into account when assessing your firm's answers to the questionnaire.

**Question 9**

If your firm has been found guilty of unlawful discrimination, you will need to provide evidence that details the steps your firm has taken to correct the situation. The Court, Industrial Tribunal or CRE will have made recommendations about steps your firm should take to eliminate the discrimination. If no action or inadequate action has been taken in this respect, only then will your firm be considered refusal onto the tender list.

**Question 10**

If your firm is not subject to UK employment law you must ensure that you supply details of equivalent legislation that you adhere to.