



*West Midlands
Regional Development Centre*

**Step by step guide on
how the DRE BME Community development
model can effectively influence mental health and
well being commissioning frameworks**

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West Midlands RDC and West Midlands CDW
Network

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Overview of the Guide

Aims and scope of the report

The Regional Development Centre (RDC) has been commissioned to develop a step by step guide on how mental health commissioning and commissioning in localities can better engage and effectively use the Delivering Race Equality in Mental Health Care BME community development model.

This guidance aims to provide commissioners with an in-depth level of understanding of how the community development model can influence the commissioning framework; strategically, operationally and individually. The overall aim of the guidance paper is to create better working between the community development workers and the mental health commissioners.

The report aims to cover the following areas:

- Who is the guide for and why develop the guide
- Understanding the mental health policy in the context of CDW Model and commissioning.
- What is the role and function of the Community Development Worker (CDW) Model

- How can the CDW model add value to the World Class Commissioning model
- Step by Step Guide for mapping of the CDW Model to Commissioning cycle and World Class Commissioning Framework
- Recommendations on using the guide.

Terms of Reference

Throughout this report the term 'Black and minority ethnic' (BME) is used to refer to all people of minority ethnic status in England. It does not only refer to skin colour but to people of all groups who may experience discrimination and disadvantage, such as those of Irish origin, those of Mediterranean origin and East European migrants.

Introduction

Who is the Guide For?

This will be a useful step by step guide for:

- Commissioners in both Health and Social care settings , this document does have a mental health focus.
- Community Development Workers in Health and Social care settings
- Wider stakeholders such as; community members, third sector organisations, housing, education, employment agencies will see the value of collaborative working alongside CDW's and how they can influence the commissioning agenda to ensure community needs are being met.

This guide will utilise the three building blocks of the Delivering Race Equality in Mental Health Care Programme, to set the aims and objectives of this guide:

1. Better Information:

- To provide commissioners with a guide of how they can utilise CDW's to gain vital information about the demographics and needs of their communities.
- To provide community development workers with a useful guide of how they can influence the commissioning processes, and how they can support the communities they work with to become engaged in the commissioning processes

2. Appropriate Responsive services:

- To demonstrate to commissioner how, once they have all of the key knowledge and understanding about the demographics and the needs of the community, they can work in partnership with CDW's to intelligently use that data to shape services so they become more appropriate and responsive to community need

3. Engaging and Developing Communities:

- To demonstrate how stakeholders can engage with CDW's in order to engage with Commissioning processes The guide will also show how CDW's can offer support to communities in order for them to become integral to the commissioning cycle

Utilising the inside outside model, this guide will demonstrate how working from inside communities is integral to the development of outside services, and how working inside services is integral to developing effective care pathways in and out of care, improving access, experience outcomes and recovery.

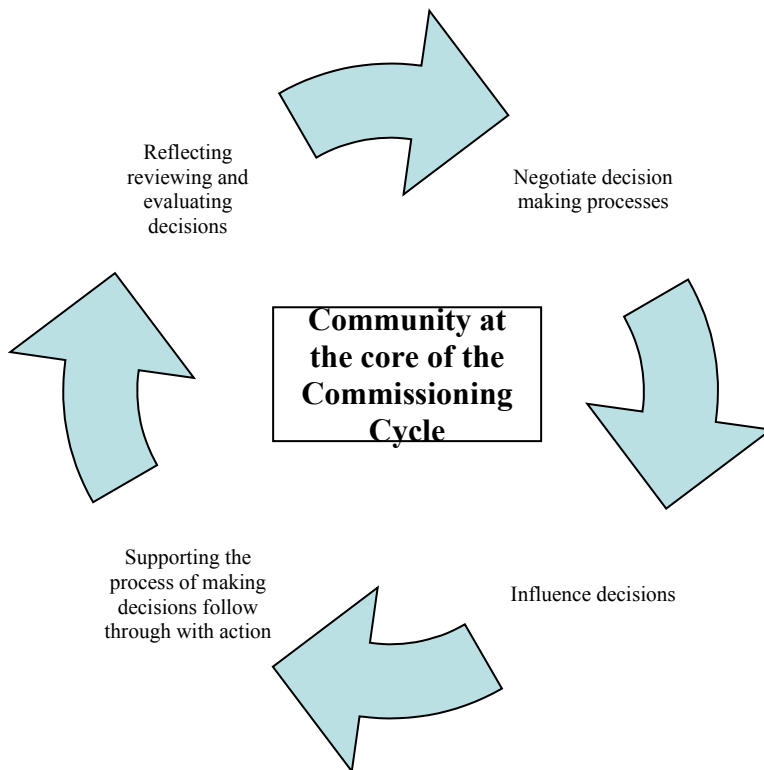
Overall it is our aim to promote the value of the roles of the community, Commissioners, CDW's, and wider Stakeholders and how an integrated approach to the commissioning cycle can lead to healthier communities who are central to commissioning and decision making processes.

Why read the guide?

It is a shared understanding that Mental Health is everybody's business and should not be a stand alone issue. Mental health is a cross-cutting theme in all walks of life. The New Horizons draft document speaks of a whole systems approach to mental health care, therefore it is vital that there is a widespread understanding of how the commissioning cycle works. This guide will explain how the four key roles of the CDW can influence the commissioning cycle and how:

- Community issues can be placed at the heart of commissioning processes
- Partnerships can be strengthened between commissioners and the comities they serve
- To build on opportunities to improve outcomes and quality

Communities want to be engaged in a meaningful way and involved from the initial design stages of services. They want to have the ability to influence, negotiate and make decisions about the services that are delivered to them.



Understanding the mental health policy in the context of CDW Model and commissioning

This guidance operates within the framework of a wide range of policy and legislative contexts, including the NSF for Mental Health, New Horizons, Delivering Race Equality in Mental Health action plan, Commission for Race Equality, CDW guidance and the equalities, human rights and race relations acts.

What is the role and function of commissioning?

Commissioning is the process whereby PCTs and local authorities translate the aspirations and needs of their local populations into services that:

- deliver the best possible health and well-being outcomes
- reduce inequalities and promote equality
- provide the best possible health and local authority provision
- achieve the best use of available resources

Put simply, commissioning is the cyclical process of planning, developing, monitoring and reviewing health and social care services.

The role of the mental health commissioner

The mental health commissioner is the executive officer responsible for taking a lead on assessing local mental health needs, reviewing service provision, developing strategic plans and commissioning services and service development for the population. Commissioners will rely on partnerships developed with the community and community workers alongside assessments and reviews to inform how services should be provided.

It is important to remember that commissioners do not work in isolation. Local areas will have a number of commissioners with lead responsibility for each of the health and social care specialisms.

What is the role and function of the Community Development Worker (CDW) Model?

The role of Community Development Worker (CDW) for mental health in Black and Minority Ethnic (BME) communities was introduced in 2004 as one of the key developments of the Government's programme for Delivering Race Equality in mental health care in England.

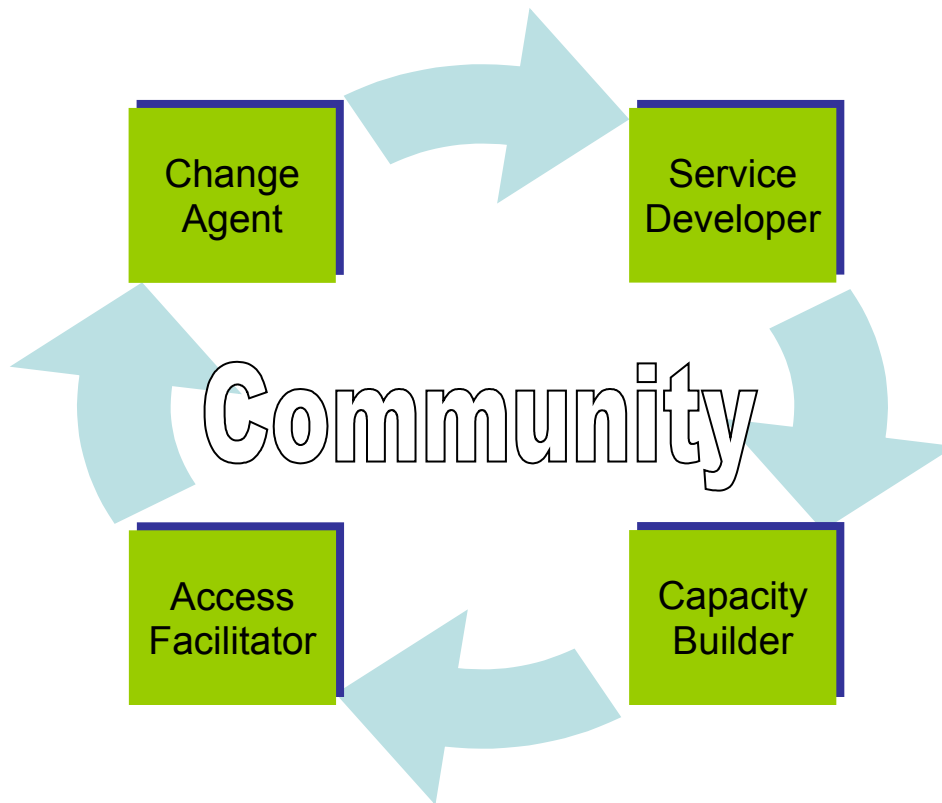
The creation of 500 CDW full time equivalent posts for BME communities was the only specific target set for the DRE Programme. The funding for CDWs was allocated to PCT baselines at the level of £16.3 million in 2004/5; increased to £17.95 million in 2006/7; to £19.8 million in 2007/8 and would average £21.7 million in 2008/9' (Elliott Walker, 2009. p.7).

The CDW Models

The CDW role and model was first identified in Inside Outside (2003) where the model would work to tackle mental inequalities by influencing the commissioning and delivery of services. The community development models aim to work on the assumption of working to reform services from the *inside* of the mental health system, which would work to make changes in tandem with developments on the *'outside'* by engaging communities.

Key to the model of community development are the engagement approaches and strategies working on the *'inside'* of communities' which are integral to the whole community development model and strategy.

The core of the CDWs role is to work with and support communities, including the BME community and voluntary sector, to help build capacity within them, and ensure that the views of the communities are taken into account by statutory services.



How can the CDW model add value to the World class commissioning model?

World Class Commissioning (WCC) was launched by the Department of Health in 2008. It is based on best practice in the UK and other health systems around the world to transform the way in which PCTs fulfil their commissioning function. Its aim is to help PCTs deliver better services that are more closely matched to local needs, resulting in better quality of care, improved health and well-being and a reduction in health inequalities across the community.

WCC does this by creating a framework through which PCTs can focus on improving the health of local people.

There are four key elements to the World Class Commissioning framework.

- **Vision** - To achieve world class excellence in delivering health improvement through commissioning.
- **Assurance system** - To develop appropriate frameworks for implementing world class commissioning and ensuring improved health outcomes.

- **Competencies** - To define the knowledge, skills, behaviours and characteristics commissioners will need to reach world class status.
- **Support and development** - To develop tools for commissioners to deliver improvements, either by sharing services and costs across localities, remodelling and expanding internal resources, or buying in external expertise.

Outcome-based commissioning

Outcome-based commissioning focuses not on activities and processes but on results. It represents a shift away from previous practice whereby commissioning was based on providers meeting contractual requirements through outputs such as the number of hours or type of service to be provided. Outcome-based commissioning means that providers will have to demonstrate how their services will achieve real and tangible benefits for the local population.

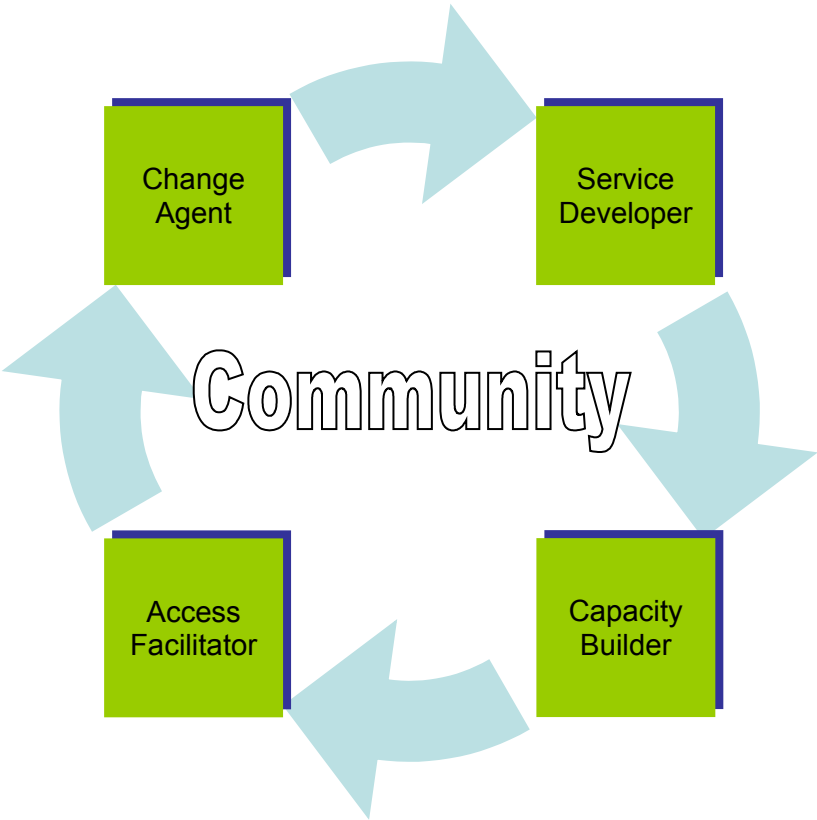
The task for commissioners is to define what systems and services need to be in place in order to meet the outcomes required for their local populations and then support providers to improve services that are not working towards those outcomes. Improvements may be in:

- clinical and care outcomes
- health outcomes
- community outcomes

A full list of WCC competencies can be found at:

www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Worldclasscommissioning/Competencies/index.htm

Table on Mapping CDW model to commissioning and world class commissioning cycle



World Class Commissioning Cycle



Mapping of the CDW model to the commissioning cycle

The commissioning cycle is the annual process by which commissioners are expected to deliver improved health and well-being outcomes.

The cycle describes the continuous process whereby commissioners collect, analyse and use data to make decisions about spending and service developments. The commissioning cycle also helps commissioners think about the strategic plans they need to produce.

Understanding the eight stages of the commissioning cycle is central to the successful influencing of commissioning decisions. The Community Development Workers are well placed to provide important information at a number of points in the cycle. The step by step guide outlines how the involvement of the community development workers is can effectively help to ensure that commissioning decisions and resources allocation meet the mental healthy needs of the BME communities; work to address factors that negatively affect mental health and support engagement and the wider well-being agenda.

In addition, the commissioning cycle includes the development, review and approval of three key plans which the CDW model fundamentally works to influence:

1. Strategic Commissioning Plan (SCP). This plan establishes direction and priorities for at for the next five years. It is developed every three years and updated annually.
2. The Operating Plan sets out how the to achieve the health outcomes and financial goals set out in the Strategic Commissioning Plan. It includes the targets and activity schedules and action plans.
3. The Organisational Development plan describes the organisational capabilities needed to deliver the strategic commissioning plan and any capability gaps and how they can be filled. It is developed every three years and updated annually.

The four steps described below shows how the CDW model outlined above is mapped against the commissioning cycle and then against world class commissioning competencies; all aimed to improve mental health and well being outcomes for the BME communities in the local area.

STEP 1 – ACCESS FACILITATOR

- Helping people find pathways
- Sing posting
- Addressing language and other barriers

<p>The CDW Model</p> <p>Core competencies</p>	<p>Key aspects of World Class Commissioning and mapping of the Commissioning cycle with the CDW Model</p>
<p>STEP 1</p> <p>ACCESS Facilitator</p> <ul style="list-style-type: none"> • Helping people find pathways • Sign posting • Addressing language and other barriers 	<p>Competency 4 and 7</p> <p>Key aspects to the Commissioning model:</p> <ul style="list-style-type: none"> 2. Reviewing services and gaps analysis 3. Risk management 4. Deciding priorities 7. Provider development
<p>The CDWs could support</p> <ul style="list-style-type: none"> • Reviewing services and identifying gaps • Identifying what is currently being provided to communities • Feed information into commissioning cycle 	<p>Commissioners could:</p> <ul style="list-style-type: none"> • Identify gaps and healthcare risks
<p>The CDWs could support</p> <ul style="list-style-type: none"> - What are the health care risks to communities - What are risks to communities of not having the risks met 	<p>Commissioners could:</p> <ul style="list-style-type: none"> • Build on what CDWs identify into the commissioners strategy • Commissioners should be able to performance manage the risk via their strategies
<p>The CDWs could support</p> <p>Having a robust evidence base for what is happening in the community and how they are accessing the communities based on an inside/outside approach.</p>	<p>Commissioners could:</p> <p>Have an evidence base to identify their priorities</p>
<p>The CDWs could support:</p> <p>Help communities identify appropriate pathways through services</p> <p>Support providers to</p> <ul style="list-style-type: none"> • Identify and review pathways for communities • Review and identify new providers to take up services provision which are more appropriate to 	<p>Commissioners could:</p> <ul style="list-style-type: none"> • Provide evidence of new local providers and potentially newly commissioned services • Decommission current services through robust evidence

communities needs.

STEP 2 – CHANGE AGENT

- Identify the gaps to and concerns
- To seek community capability to develop innovative practice
- To increase the communication between community and statutory sector

<p>The CDW Model</p> <p>Core competencies</p>	<p>Key aspects of World class Commissioning and mapping of the Commissioning cycle with the CDW Model</p>
<p>STEP 2</p> <p>CHANGE AGENT</p> <p>As a change agent the CDW's could:</p> <ul style="list-style-type: none"> • Identify the gaps to and concerns • To seek community capability to develop innovative practice • To increase the communication between community and statutory sector 	<p>WCC competencies 1,2,3,5,6,7,8,9,10</p> <p>Key aspects to the Commissioning model:</p> <ol style="list-style-type: none"> 1. Assessing needs 2. Reviewing service and gaps analysis 3. Risk management <ol style="list-style-type: none"> 4. reviewing services and gaps analysis 5. risk management 7. provider development
<p>The CDWs could:</p> <ul style="list-style-type: none"> • Identify gaps to understand the healthcare needs • Ensure local champions and key stakeholders involvement • To increase the communication between voluntary sector and statutory sector agencies <p>For example – through forums and research</p>	<p>Commissioners could:</p> <ul style="list-style-type: none"> • Engage with local stakeholders and champions identified by the CDWs and share their views with the local implementation and local partnership mechanisms operating within the commissioning structure i.e. LITs, BME Sub groups/ Action groups, Third Sector forums
<p>The CDWs could:</p> <ul style="list-style-type: none"> • Review services and identify gaps • Identify what is currently being provided to communities <p>For example – CDW will mapping exercises and engaging with communities, literature reviews</p>	<p>Commissioners could:</p> <ul style="list-style-type: none"> • Identifying gaps and healthcare risks

<ul style="list-style-type: none"> • Feed information into commissioning cycle 	
<p>The CDW could:</p> <p>Have a robust evidence base for what is a happening in the community and how they are accessing the communities based on an inside/outside approach. Robust evidence base for influence priorities for purchase care.</p>	<p>The commissioners could:</p> <ul style="list-style-type: none"> • Have an evidence base to identify their priorities • See value of role of CDW in order to raise the profile of community providers, which will provide value for cost comparison with the third sector as a cost effective alternative. • Feed this information into the priorities outlined in the local strategic plans.
<p>The CDW could</p> <ul style="list-style-type: none"> • Highlight risks if appropriate changes are not being made • Support commissioners manage and influence risks; • Influence dialogue between voluntary and statutory sector. 	<p>Commissioners could:</p> <ul style="list-style-type: none"> • Evidence new local providers and potentially newly commissioned services • Current services would be de-commissioned through robust evidence • Commissioners would feed this into the priorities outlined in the local strategic plans.
<p>CDW could:</p> <ul style="list-style-type: none"> • Provide information to commissioners through reports and action planning 	<p>Commissioners could:</p> <ul style="list-style-type: none"> • Feed information into the strategic planning processes and local objectives
<p>CDW could:</p> <ul style="list-style-type: none"> • Seek out capabilities of communities in advocating for new and innovative practices <p>Help communities identify appropriate pathways through services</p> <p>Support providers to</p> <ul style="list-style-type: none"> • Identify and review pathways for communities • Review and identify new providers to take up services provision which are more appropriate to communities needs. 	<p>Commissioners could:</p> <ul style="list-style-type: none"> • Feed this into the priorities outlined in the local strategic plans. • Evidence new local providers and potentially newly commissioned services • De-commission current services through robust evidence

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STEP 3 – SERVICE DEVELOPER

- Advising on training and education of staff
- Highlight the importance of culture in service systems and practice
- Develop joint working between statutory and community services

<p>The CDW Model</p> <p>Core competencies</p>	<p>Key aspects of World class Commissioning and mapping of the Commissioning cycle with the CDW Model</p>
<p>STEP 3 SERVICE DEVELOPER</p> <ul style="list-style-type: none"> • Advising on training and education of staff • Highlight the importance of culture in service systems and practice • Develop joint working between statutory and community services 	<p>WCC competencies - 1,2,4,6,8,10,11</p> <p>Key aspects to the Commissioning model:</p> <ol style="list-style-type: none"> 1. Assessing needs 2. Reviewing services and gaps analysis 4. Deciding priorities 5. Strategic planning 6. Contract implementation 7. Provider development
<p>The CDWs could support</p> <ul style="list-style-type: none"> • Understanding healthcare needs and the importance of culture in services systems and practices • Engaging with clinical champions and service leaders • To develop cultural appropriate services • Reviewing services and identifying gaps • Identifying what is currently being provided to communities • Feed information into commissioning cycle 	<p>This will provide Commissioners with:</p> <ul style="list-style-type: none"> • Identified gaps and healthcare risks <p>Commissioners could:</p> <ul style="list-style-type: none"> • Feed the information into local implementation teams for mental health (LITS) and Action Plans • Feed into Local strategic plans (LSPs) and Local Area Agreements (LAA) • Feed into the development and implementation of the Local Joint Strategic Needs Assessment (JSNA) processes. • Link to monitoring providers on workforce development, competencies and overall performance.

<p>The CDWs could</p> <ul style="list-style-type: none"> • Develop an initial service review of all local services • Work in collaboration with third sector and User/carer groups • Evaluate of services after change, to redefine the gaps and over provision of services. 	<p>Commissioners could:</p> <ul style="list-style-type: none"> • Prioritise areas for development for strategic plans, evaluate costs and prioritise areas for purchase.
<p>The CDW could:</p> <ul style="list-style-type: none"> • Provide commissioners with evidence from the action plans, evaluations, local consultations etc with community groups, users and carer groups <p>For example – CDW consultations with Somalian communities, Irish communities.</p>	<p>The commissioners could:</p> <ul style="list-style-type: none"> • Prioritise areas for development for strategic plans, evaluate costs and prioritise areas for purchase
<p>The CDW could</p> <ul style="list-style-type: none"> • Jointly work with voluntary and statutory sector to identify gaps and feed information gained back into the commissioners. 	<p>Commissioners could:</p> <ul style="list-style-type: none"> • Look at good practice and areas for improvement and feed into strategic planning.
<p>The CDW could support</p> <ul style="list-style-type: none"> • Contract monitoring • Evaluation work 	<p>The Commissioner could:</p> <ul style="list-style-type: none"> • Manage the risks and contracts through strategic planning
<p>The CDW could support:</p> <ul style="list-style-type: none"> • Understanding healthcare needs and the importance of culture in services systems and practices • Engaging with clinical champions and service leaders • To develop cultural appropriate services • The development of culturally competent staff and services • Supporting provider development i.e Race equality cultural competency training and delivery. <p>Through CDW developing joint working and joint projects for example the</p>	<p>The Commissioners could:</p> <ul style="list-style-type: none"> • Feed the information into local implementation teams for mental health (LITS) and Action Plans • Feed into Local strategic plans (LSPs) and Local Area Agreements (LAA) • Feed into the development and implementation of the Local Joint Strategic Needs Assessment (JSNA) processes. • Link to monitoring providers on workforce development, competencies and overall performance. • This will also support commissioners to develop a stronger evidence base for the

Barbershop; Mosques work	work being developed.
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STEP 4 – CAPACITY BUILDER

- Developing socially inclusive BME communities
- Engaging in the establishment of community leadership
- Assist in the development of community organisations

The CDW Model	Key aspects of World class Commissioning and mapping of the Commissioning cycle with the CDW Model
Core competencies	
STEP 4	WCC competencies 1,2,3,5,6,7,9,10,11
CAPACITY BUILDER	Key aspects to the Commissioning model:
<ul style="list-style-type: none"> • Developing socially inclusive BME communities • Engaging in the establishment of community leadership • Assist in the development of community organisations 	<ol style="list-style-type: none"> 1. Assessing needs 6. Contract Implementation 7. Provider Development 8. Managing performance
<p>The CDWs could:</p> <ul style="list-style-type: none"> • Engage with communities to establish community leadership • Identify stakeholders in the community – users, carers, leaders, faith leaders • Assist voluntary and community sector agencies into engaging in communicating processes <p>For example the development of a local partnership board; involvement and engagement on the BME LIT/Sub group mechanisms.</p>	<p>This could provide Commissioners with:</p> <ul style="list-style-type: none"> • Identified gaps and healthcare risks • Ensure that the contacts/ people identified in the local community are effectively supported to feed into local and regional mechanisms eg. Local Implementation Teams • To ensure that the community stakeholders also feed into the key decision making processes of the PCT/ Provider Trust/ organisation.
<p>The CDWs could:</p> <ul style="list-style-type: none"> • Assist voluntary and community sector agencies to be contract compliant and 	Commissioners could :

<p>support organisations in this process.</p> <ul style="list-style-type: none"> • Support own organisations to develop new contracts i.e. CDWs based in BME third sector are inside the community and can support organisation <p>For example Ashram agency, Servol community trust, ACCI, Midland Heart.</p>	<ul style="list-style-type: none"> • Gain a clearer picture of organisations who have the capacity to deliver services to directly influences the type and how services can be commissioned.
<p>The CDW could:</p> <ul style="list-style-type: none"> • Work to develop socially inclusive communities • Assist the development of community organisations i.e. Community Interest Companies (CICs). 	<p>The commissioners could:</p> <ul style="list-style-type: none"> • Use the evidence for care pathways redesign; • Use evidence to work with new stakeholders • Develop sound and robust new evidence base of de-commissioning of services <p>For example the current design process of the CDW model within HOB tPCT and South Birmingham PCT</p>
<p>The CDW could:</p> <ul style="list-style-type: none"> • Work to identify leaders and champions in the community • Develop an evaluation and review process of the work through community consultations, community audits and ongoing and relevant research. 	<p>Commissioners could:</p> <ul style="list-style-type: none"> • Ensure that this information and champions in the community are fed into the LIT process • Ensure monitoring of the NHS contract for mental health • Ensure the monitoring of performance of quality through the contracts i.e PCTs with provider agencies.