



*National Institute for
Mental Health in England*

NIMHE North East, Yorkshire and Humber

Focused Implementation Sites

Resource Pack One For Implementing Race Equality In Mental Healthcare

April 2005

FOCUSED IMPLEMENTATION SITES

Introduction

Focused Implementations Sites (FIS) are a new initiative to rapidly improve services in mental healthcare for black and minority ethnic (BME) and excluded groups. FIS will work across a whole system in implementing 'Delivering Race Equality in Mental Healthcare' (DH 2005) with the aim of achieving the five year vision stated in the report.

In the North East, Yorkshire and Humber region 4 FISs have been approved. These are:

- Northumberland Tyne and Wear Strategic Health Authority
- County Durham and Tees Valley Strategic Health Authority
- South Yorkshire Strategic Health Authority
- Bradford Primary Care Trusts, Bradford District Care Trust and Bradford Social Services (within West Yorkshire Strategic Health Authority area)

Sites will need to engage many stakeholders across complex organisational boundaries and need to have agreed action plans in place by the end of May 2005. With these challenges in mind this FIS implementation pack has been produced by the North East, Yorkshire and Humber Regional Development Centre as an initial support tool to enable the task of implementation. This pack provides guidance for project directors on the following areas:

- An explanation of the aims of a focused implementation site
- A checklist of activity for completion by 31st May 2005
- A description of a governance structure for FIS in terms of national, regional and Strategic Health Authority level including terms of reference for SHA Mental Health FIS Implementation Group.
- Project manager job description
- Preparation of headline action plan
- Reporting and monitoring structure

All FIS Project Directors will be expected to have done the following by 31st May 2005:

- Commence the arrangements for appointing a project manager
- Identify key stakeholders and establish an FIS Implementation Group
- Undertake an initial baseline review of the current position
- Develop a headline action plan
- Convene an initial meeting of stakeholders

The Regional Development Centre will provide a second pack in mid May for project managers for post-May implementation. This will include more detailed guidance, templates and diagnostic tools and outcomes.

The context for establishing the FIS is based on 'Delivering Race Equality in Mental Healthcare' (DH 2005). This states a 5 year vision for improving mental healthcare for BME communities and the FIS is seen as the main delivery vehicle for achieving the vision.

The aims of a Focused Implementation Site are to:

- Improve mental healthcare across a whole system
- Improve the experience of people who use mental health services, in particular those from black and minority ethnic communities
- Improve access to mental healthcare
- Provide more appropriate and responsive services
- Develop a more skilled workforce that can be responsive to the needs of a diverse population
- Develop capacity with community and voluntary organisations
- Improve community engagement including people from black and minority ethnic communities who use mental health services.

Each FIS will need to develop robust action plans centred on the three building blocks described in 'Delivering Race Equality':

- Appropriate and responsive services
 - Better and more intelligently used information
 - Community engagement
- and
- Developing the workforce

Please note the reporting mechanisms (see Appendix 7) will be in relation to the three building blocks and on the progress made in developing the workforce.

Getting Started

There are specific milestones to be achieved initially within a short time scale. These have being spilt into 2 distinct areas:

- **Pre 31st May 2005** - activity which needs to be undertaken prior to the submission of headline project plans to the Department of Health by 31st May 2005
- **Post May 2005** – activity relating the actual community engagement, understanding of local priorities, implementation and monitoring of the Focused Implementation Site. The checklist related to this phase will be included in Pack Two.

Pre May 2005 check list of Focused Implementation Site activities

No.	Activity	By Whom	By When	Source/ templates	Complete √
1.	High level discussion within SHA area to agree: <ul style="list-style-type: none"> ▪ Lead Project Director ▪ Funding for Senior Project Manager post and other required resources ▪ Agree focus of FIS pilot 	SHA Chief Executive with NIMHE Director & Race Equality Lead	End of April 2005	Letter from David Sallah & Kamlesh Patel to SHA CE	
2.	Agreement in principle of FIS pilot Governance arrangements link with regional and national expectations.			Appendix 1 Recommended framework	
3.	Advertise Project Managers post	Lead Director	End of April /early May 2005	Appendix 2 JD template	
4.	Draft Terms of Reference and establish inaugural meeting date with key stakeholders. Target meeting prior to 31 st May 2005	Lead Director	As above	Appendix 3 TOR template	
5.	Identify and collect population data regards diversity issues and where possible develop summary overview for first meeting	Lead Director with partners	15 th May 2005	Appendix 4 Suggested source documents	

No.	Activity	By Whom	By When	Source/ templates	Complete √
6.	Informed with best information available at the time, draft high level project plan.	Lead Director with support from NIMHE Race Equality Lead	20 th May 2005	Appendix 5 Recommended format	
7.	Draft high level project plan shared with key stakeholder groups at senior level for endorsement	Lead Director	Prior to Management Group meeting	Appendix 3 for suggested initial membership	
8.	Communication and engagement with BME groups in the pilot area to take soundings at this early stage on future diagnosis of issues and engagement methods.	Lead Director supported by NIMHE Race Equality Lead and local Champions	As above	Use of existing CDW roles to assist initial communications and LIT BME subgroups where in place	
9.	Discussion with NIMHE and SHA Modernisation Director regards release of dedicated Service Improvement Lead time to assist in diagnostic phase of project	Lead Director	16 ^h May 2005		
10.	Pilot Management Meeting to agree governance structure, project implementation framework and sign off high level project plans.	Lead Director working with NIMHE Race Equality Lead & LDL	Week starting 23 rd May 2005	Appendix 6 Template agenda for meeting	

No.	Activity	By Whom	By When	Source/ templates	Complete √
11.	High level project plans submitted to the Race Equalities lead	Lead Director	27 th May 2005		
12.	RDC Race Equality Lead submits high level project plans to DH on behalf of the region.	NIMHE Race Equality Lead	31 st May 2005		

Focused Implementation Sites

Governance Structures

1. Given the whole systems nature of this initiative it is very important to establish a robust governance structure that covers the whole of the FIS area ie. an SHA wide Mental Health FIS Implementation Group.

In establishing this it might be helpful to consider the following:

- What are the underlying principles?
- What is the purpose of the group?
- Who are the stakeholders and are they represented?
- Have the community and voluntary dimensions been considered?
- How does this structure link into existing groups/foras, eg. Race Equality groups, LITs?
- Are CAMHS and Older People's Standard 7 leads connected?
- How will people who use mental health services and their carers be involved and what support will be provided for them to engage?
- Are there any resource implications, eg. travel, childcare?

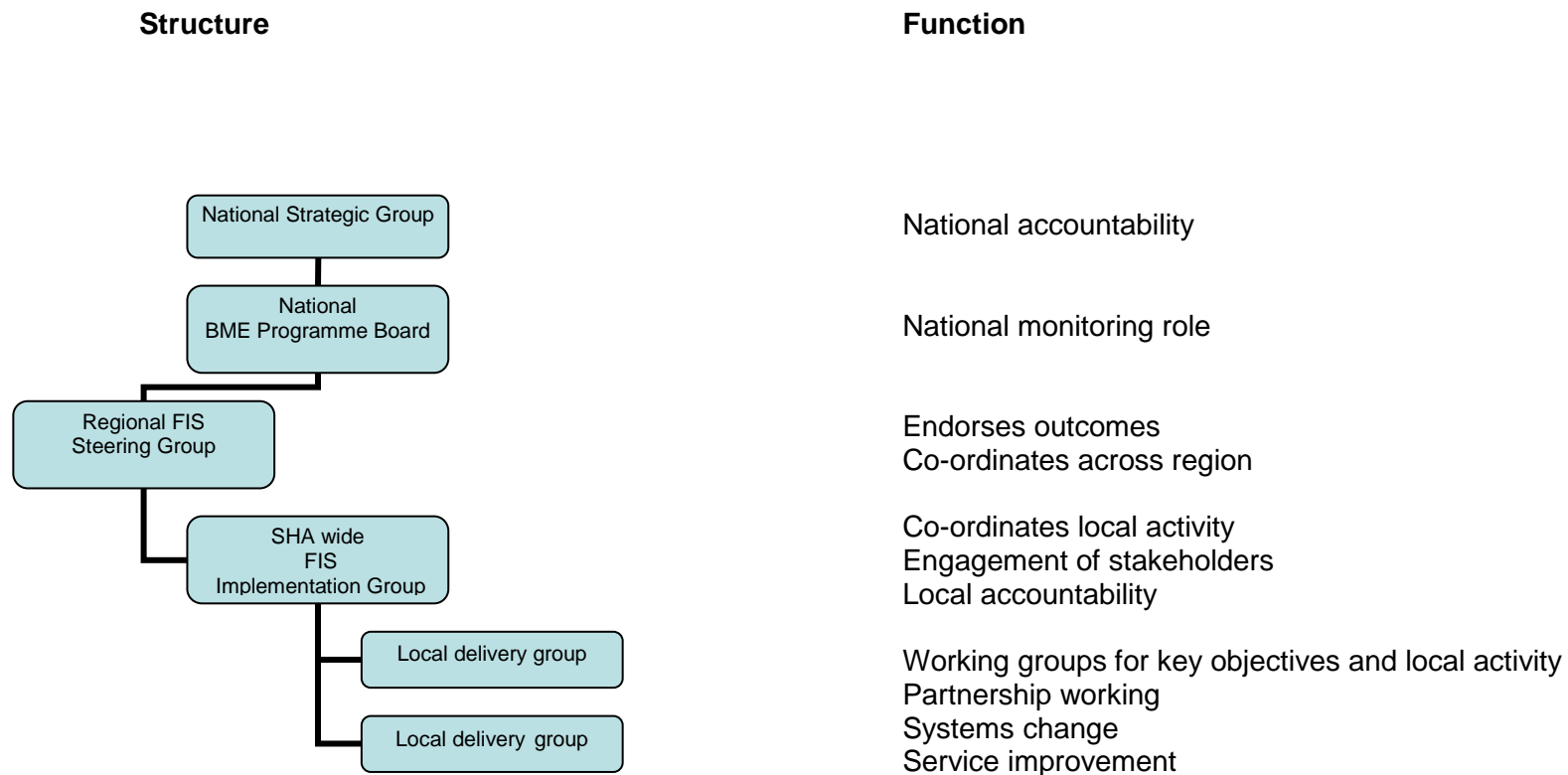
2. **Suggested Model**

The following are some suggestions for the development of a local model of governance.

Principles that should underpin the work of the FIS Implementation Group:

- Across all age groups
- Open partnership working
- Equity – gender sensitivity
- Access
- Quality – service user focussed
- Outcomes focused
- Includes socially excluded groups
- Recovery orientated

3. Overall context of governance structure



Project Managers Job description: draft

Title: PROJECT MANAGER – FOCUSED IMPLEMENTATION SITE (FIS)

Salary: Circa £35,000 - £ 45,000

Responsible

to: Project Director in relation to local priorities and NIMHE Race Equality for co-ordination and fit with overall regional and national strategy.

General Description of the FIS Programme

Focused Implementation Sites are a new development which aims to improve mental health services for BME and minority ethnic groups. Focused Implementation Sites (FIS) will become operational from May 2005. FIS will be the key delivery mechanism for implementing 'Delivering Race Equality'. This document sets out a five year vision for mental healthcare and states progress will be measured in the following ways:

General Description of the role

The project manager will oversee the development and delivery of the FIS work plan. Provide support to the FIS Project Director and co-ordinate the work of the various stakeholders in delivering the objectives whilst enabling capacity building of local partners (both statutory and non- statutory) and on empowering communities to further their own development.

Overall Objectives of the role

To provide local leadership to ensure the smooth and efficient running of the Focused Implementation Site programme, in coordination with the partner organisations including the NIMHE Regional Development Centre. To ensure community capacity building and ensure individual projects within the FIS are moving in the right direction.

Key Duties

1. To coordinate the implementation of sustainable programme activities
2. To ensure that existing projects are incorporated within the development in line with the FIS work plan
3. To work with the FIS Project Director and the regional Race Equality Lead in the development of programme strategies in line with the aims of the FIS and FIS action plan
4. To evaluate and make recommendations for the improvement of existing systems and procedures
5. To support and supervise leads of specific projects
6. To liaise with partner organisations and the Project Director on a regular basis to keep him/her appraised of all programme activities and to provide up to date information regarding project developments
7. To assist managers and directors in formulating or revising guidelines, protocols, forms, procedures, service redesign which improve services, access or responsiveness
8. to provide monitoring reports as required.

Monitoring and Evaluation

- To compile work plans for each project, in collaboration with the individual project leads and FIS Project Director, and to monitor the progress of activities against the work plan
- To collect data from the individual project programme area leads and to submit monthly reports to the FIS Project Director on a timely basis
- Building partnership development into all programmes.
- To assist all project teams in the development and monitoring of projects using Results Based Management tools.

Team management

- To create a positive team environment
- To facilitate weekly programme coordination meetings to enhance coordination and cooperation between members of the team
- To ensure appropriate systems for information sharing within the team/teams.

PERSON SPECIFICATION

FACTOR	ESSENTIAL	DESIRABLE
Knowledge & Skills	<ul style="list-style-type: none"> ▪ An understanding of project management approaches ▪ Excellent verbal and written communication skills ▪ Knowledge of issues affecting BME communities in relation to mental health ▪ Experience of developing multi-agency partnerships ▪ Experience of team management and goal setting 	<ul style="list-style-type: none"> ▪ Basic IT skills ▪ Knowledge of mental health policy and services ▪ Experience in project design, planning, management and evaluation
Education, qualifications and special training	<ul style="list-style-type: none"> ▪ Evidence of professional development that would equip the person to undertake the duties of the post 	<ul style="list-style-type: none"> ▪ Degree level qualification or ▪ Professional qualification relevant to mental health field

<p>Experience</p>	<ul style="list-style-type: none"> ▪ Evidence of undertaking complex projects 	<ul style="list-style-type: none"> ▪ At least 3 years experience of working in health/social/community management ▪ Middle-management experience in health or social care fields or, ▪ Experience of mental health problems as a service user or carer
<p>Personal attributes</p>	<ul style="list-style-type: none"> ▪ Enthusiastic with a positive vision of mental health ▪ Energetic and proactive ▪ Collaborative and flexible ▪ Able to set and work to clear objectives ▪ Able to analyse and present information for the benefit of others 	<ul style="list-style-type: none"> ▪ Able to articulate a vision for mental health based on 'Delivering Race Equality in mental healthcare', Social Inclusion & Personal Recovery based on an understanding of involvement and community engagement.
<p>Special requirements</p>	<ul style="list-style-type: none"> ▪ Flexible approach to work and hours to be worked ▪ Ability to travel around region and nationally 	<ul style="list-style-type: none"> ▪ Driving license ▪ Vehicle owner ▪ Willing to work from home if required

Strategic Health Authority wide Mental Health Focused Implementation Site Implementation Group - Terms of Reference

1. Overarching Purpose and Aims

- To identify and develop strategic and integrated responses to mental health priorities to guide and support partners and stakeholders in the Focused Implementation Site
- To contribute to improvements to the Mental Health and well-being of BME communities and those socially excluded groups in the SHA area by leading and influencing strategic change in local health and social care systems using a whole systems approach
- To support the implementation of 'Delivering Race Equality in Mental Healthcare' and related mental health policy
- To provide more appropriate and responsive services for BME communities
- To monitor and report on progress with regard to implementation of 'Delivering Race Equality in Mental Healthcare'
- To consult and negotiate with other relevant agencies including service users on the development of local and regional mental health priorities.

2. Objectives

- I. To be a central point for communication and consultation in respect of 'Delivering Race Equality in Mental Healthcare' in the SHA region and ensure two-way communication with the National BME Programme Board via the Regional FIS Group.
- II. To help to identify and articulate BME communities' needs and priorities and ensure that these are reflected in the local FIS work programme and action plans.
- III. To work with other partners and stakeholders, maximising opportunities to mainstream race equality in mental healthcare across all age groups and in particular Social Inclusion.
- IV. To benchmark SHA wide progress in relation to national policy, identifying significant gaps at a local SHA level.
- V. To facilitate the dissemination of positive practice, tools and approaches to support commissioners and providers, both statutory and voluntary, in their efforts to improve mental healthcare for BME and socially excluded groups, which will promote social inclusion and recovery.

- VI. To influence training and workforce strategy for the health and social care sector in the SHA area to ensure it addresses issues in relation to BME mental health and cultural capability.
- VII. To facilitate sub-groups, task groups and time-limited interest groups as appropriate to realise these objectives and make links to already established groups as appropriate.
- VIII. To develop the capacity of community and voluntary partners to play a proactive role in service planning, provision and delivery.

3. Membership

The membership will be inclusive of the following:-

- Service users
- Carers
- Project director
- Project Manager
- Community/voluntary/ faith organisation representatives
- CEO from local health system
- Social Services
- PCT commissioners
- Director of Modernisation
- SHA CAMHS lead
- SHA Older Peoples Lead
- Director of Public Health
- Mental Health Lead SHA
- Trust Race Equality Leads
- RDC staff- Service Improvement Lead /Locality Development Lead/Race Equality Lead as required

3.1 We hope that members will have some, if not all, of the following:-

- Ability to exert strategic influence within services and/or organisations
- Commitment to real service improvement
- Mandate to attend on behalf of an organisation or group
- Commitment to reporting back and disseminating information
- Access to networks to be able to disseminate and share information
- Skills, knowledge, understanding and commitment in respect of BME Mental Health
- Willingness to learn from others and share own learning skills
- Sense of humour, creativity!
- Awareness of the political context and agendas that relate to BME issues
- Willingness to question and challenge

3.2 Representation and Diversity

The importance of representation and/or advocacy for particular minority groups and marginalised groups is recognised, it may be necessary to ensure mechanisms are in place to engage and include diverse perspectives linked to FIS priorities.

4. Principles/Values

- Across all age groups
- Open partnership working
- Equity and gender sensitivity
- Access
- Quality
- Outcomes focused
- Includes socially excluded groups

5. Frequency of Meetings

The first few months will be critical to developing the structures and work programme of the FIS hence every month for the first three months and then bi-monthly.

6. Role of the Chair

This group will be chaired by the Project Director, a Chief Executive Officer from the local health and social care economy. The role of the Project Director will be to:

- Be a Champion for the FIS
- Support the project manager
- Remove any obstacles/barriers experienced in the implementation of the FIS action plan
- Be the strategic lead and link at a SHA wide level

Focused Implementation Sites

Suggested Source documents

It is recommended the following source documents are used as a minimum to provide appropriate information for the analysis of need and priorities to inform understanding of the baseline position and the subsequent development of action plans.

- BME Themed Review – Autumn Assessments
- LIT action plans, Standard 7 Action Plans, Children’s Services Partnership plans
- Local Health Needs Assessments
- SHA Race Equality Performance Framework
- Race Equality Schemes/review of race equality schemes
- Stock take of CDW position across the SHA region
- Local Delivery Plans
- Workforce plans

	<p>completion date? What are the inter-project dependencies?</p> <p>Briefly describe any issues that will need to be addressed prior to or during the project</p>	
<p>Organisation</p> <p><u>Project Sponsor</u></p> <p><u>Project Lead</u></p> <p><u>Resources & Responsibilities</u></p>	<p>Who agrees to this project setup? Who will sign off the requirements? Who will remove obstacles? Who will accept the finished product?</p> <p>Who will execute the project initiation (eg. Project Manager)</p> <p>What additional resources will be required? What are they expected to do?</p>	
<p>Schedule</p> <p><u>Start date</u></p> <p><u>End date</u></p> <p><u>Final Product</u></p> <p><u>Project Approach</u></p> <p><u>Interim products</u></p>	<p>When will it start?</p> <p>When will it end?</p> <p>What are the end products?</p> <p>What are the milestones? What are the products of the milestones?</p>	
<p>Business Case</p> <p><u>Project justification</u></p>	<p>Why do this project? What happens if we don't do it? Why do it now?</p>	

<p><u>Risks</u></p> <p><u>Countermeasures</u></p> <p><u>Costs</u></p>	<p>How critical will the impact of the project be?</p> <p>What could go wrong both system related and user related?</p> <p>How will you avoid this?</p> <p>List all costs e.g. training, venues , intelligence gathering, travel costs for user involvement, learning events etc</p>	
<p>Project Initiation Approvals</p>	<p>Date Requested?</p> <p>Project signatories eg. Project Director RDC Director SHA Chief Executive Officer</p>	

Focused Implementation Site

Template for first agenda of meeting

AGENDA

Item	subject	Lead	Format	Action
1	Welcome and Introductions	Chair – Lead executive director	Verbal	
2	Background and Purpose of the meeting	Chair – Lead executive director	Verbal	
3.	What is a FIS	Regional Race Equality Lead/ Locality Development Lead	Presentation	
4.	Making it happen <ul style="list-style-type: none"> ▪ governance structure ▪ draft terms of reference ▪ engagement with key stakeholders ▪ role of project manager ▪ draft headline action plan 	Chair	Discussion	<ul style="list-style-type: none"> ▪ Agree governance arrangements and terms of reference ▪ Check membership ▪ Agree role and ▪ Agree action plan
5.	Next steps <ul style="list-style-type: none"> ▪ Delivery mechanism ▪ Developing robust action plans and outcomes based on post 31 May checklist 	Chair	Discussion	<ul style="list-style-type: none"> ▪ Identify structures and programme delivery groups
6.	Date and venue of next meeting	Chair		

Reporting and Monitoring Framework

When	There is an expectation the FIS will need report on a quarterly basis. Following the submission of the high level project plans, the next report of progress will be due in October 2005
Where	At SHA level reporting will be via the Management Steering group to the Regional Steering group. There is an expectation the Regional Steering group will summarise progress and themes and submit to the National Steering group as outlined in the overall Governance Plan.
How	<p>There will be key headings progress should be reported upon, regardless of how the FIS cuts its chosen work streams. These headings are:</p> <ul style="list-style-type: none"> ▪ Appropriate Services ▪ Use of Information ▪ Community Engagement ▪ Workforce <p>The RDC will provide an Outline Reporting Template for Project Managers in mid May.</p>
Why	The FIS are viewed as a key vehicle to implement and learn about effective community engagement. Reporting needs to be within a framework which can be both collated easily and cross referenced with colleague sites across England.