



WRC Case Study: Commissioning

Interview with Jo Weller, Director of Women's Health and Family Services

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Summary

Women's Health and Family Services (WHFS), based in Tower Hamlets, is an example of an organisation which has managed to create a good mix of funding, particularly through being commissioned by public bodies. This case study gives a background to the organisation, cites a specific piece of work which they have been commissioned to do and outlines how they managed to get funding for this work.

About WHFS

WHFS is a multi-ethnic health advocacy organisation and was established in 1981 in the London Borough of Tower Hamlets. Today, WHFS works to address the unmet health education and welfare needs of ethnic minority women and their families who are resident in Tower Hamlets and the surrounding boroughs.

WHFS has contracts with a number of public bodies. They have been funded in the past by grants from the Tower Hamlets Neighbourhood Renewal fund, the City Bridge Trust and the Big Lottery Fund. A number of these grants funded partnership projects with other local organisations. They are now looking at more social enterprise models of delivering services such as their 'Advocacy Link' project providing bilingual advocacy in the community.

WHFS' services

Advice and support: Interpretation and translation of advice services for speakers of English as a second language, in particular for speakers of Bengali, Cantonese, Somali and Vietnamese. The advocacy workers also provide individual advice on health, welfare benefits, immigration and refugee issues and run Health Advice Sessions. There is also a weekly Legal Advice Session and a Social Support Group for older Somali women.

Health advocacy: Bridging the gaps between service users and service providers both in Hospital and Primary Care and by representing Women's Issues both within the community and on an individual basis

Campaigning: WHFS continues to campaign for all women's rights to an adequate health service and an ability to make informed choices about the service(s) they receive

Health promotion and education: This includes Keep-Fit, Exercise, Health Education Groups for Older Women and Counselling. An innovative Mental Health project has been set up and run by a Somali speaking Psychology Assistant, to research and address the Mental Health needs of young Somali men in Tower Hamlets.

Special projects: These have been developed from listening to the needs of the local communities. WHFS have set up a number of projects for women and children; and these include the following:

- Infant Feeding Project
- Coronary Heart Disease Prevention Programme
- Hearing Project for Bangladeshi children with hearing impairment
- Somali children's homework club and a literacy class for their mothers and carers
- Outreach project with the Sure Start programme for children under 4 years and their carer
- Diabetes project for the Somali community

History of Women's Health and Family Services (WHFS)

WHFS was established by a group of local community health workers living in the borough, with a one-year grant from the Manpower Services Commission. It was set up because many community health workers felt that there wasn't enough support for mothers from ethnic minority communities in Tower Hamlets, particularly in the Bangladeshi, Somali, Vietnamese and Chinese communities. The original name of the organisation was Maternity Services Liaison Service and it provided support and advocacy for mainstream maternity services in the community and in hospitals.

As time went on, WHFS continued with their advocacy work, but also started to diversify their services. The ethos of their work has always been to see where the gaps are, to hear what women and families are telling them that they need and the problems they have and either run pilot projects or get funding to do that work.

For example, WHFS employs a Bengali Speaking Development Worker to work with Bengali children with hearing loss. It transpired that a high percentage of Bengali children are born with hearing loss and deafness and as disability can be a taboo issue in the Bengali community, it was seen as highly beneficial to have someone to support the families, reminding them about appointments and accompanying them to the hospital. The project has now been running for ten years and while the service has developed and gone through changes, it is still addressing the same need.

WHFS have approximately 4,000 service users per year.

Commissioned work

WHFS has contracts with Tower Hamlets PCT (THPCT) and the local authority, as well as Barts and the London Hospital Trust. They are also funded by Healthcare for London, which provides joint funding between secondary and primary care¹.

As stated above, the work and priorities of WHFS are influenced by identifying gaps and this information comes from:

- workers and users
- public health programmes
- government initiatives

WHFS currently use a 'Community Intelligence Tool', designed by WHFS and commissioned by THPCT to regularly record clients' stories in order to highlight trends in health issues and successful staff practice with clients. The gathered information will be analysed and presented to THPCT commissioners through regular bulletins.

The skill of finding a relationship between local community needs and the money available for these projects, as dictated by local, regional and national government strategies, is an important one. WHFS have demonstrated how to tap into current, key issues for funders, while still keeping the needs of their clients at the heart of their services.

Somali Community Diabetes Project

WHFS have been commissioned by THPCT to deliver a diabetes education project for the Somali Community. Through this programme, people with type-2 diabetes meet and are taught about the disease, how to live with it and control it and what foods to eat. This service wasn't previously available in Tower Hamlets to people whose first language wasn't English. This kind of specialist support is particularly valuable, as it deals with the cultural side of what food you eat, when you eat, and, for example, what the Qur'an says about all of these things -the programme needs to be tailored very specifically to these cultural needs in order to be effective.

The process of getting commissioned

WHFS got funding for a diabetes development worker in 2004 from a 2-year grant from The King's Fund. They had identified a real need for education and advocacy around diabetes in the Somali community. They then got funding from the Tower Hamlets Neighbourhood Renewal Fund (which was partnership between Tower Hamlets Social Services and THPCT) and made the target group specifically the older Somali community.

At that time, they were looking for THPCT to provide funding for continuation of the project. They wrote a report on the work of the diabetes project so far and

¹ Primary care is the care a patient receives at first contact with the health care system, usually involving coordination of care and continuity over time, whereas secondary care is treatment by specialists to whom a patient has been referred by primary care providers.

presented this to the PCT. However, they were unsuccessful at getting the PCT to fund the project, as there was no funding available for this work at the time.

In 2008 diabetes became a very big issue in Tower Hamlets and a lot of funding was directed to THPCT from the Department of Health for work around diabetes.. As a result of this change, WHFS sent a proposal to THPCT and the project was picked up on.

However, the time between submitting the proposal and getting a decision was quite drawn out and WHFS found that they needed to call people to chase-up the proposals that had been sent in and ask to come and speak to people. Finally, they got the go-ahead to run two diabetes projects; second project was a new volunteering project which had been combined with the bid for funding for the established diabetes project.

Why were WHFS successful?

WHFS believes that they were successful in getting this funding, because they had the experience over many years of working with diabetes, especially in the Somali community. The lack of Somali-speaking workers at the Tower Hamlets diabetes centre was a signal to WHFS that there was a need and a gap in the service. This knowledge was combined with the circumstances of increased focus and funding from the Department of Health, along with hard work on the part of those responsible for chasing-up the PCT.

Tips from WHFS for organisations wanting to be commissioned

1. You have to be on top of what the needs are and show how your proposed work fills a gap in provision
2. You have to know what the priorities are for local funding bodies and what issues are on the government's radar: find a relationship between local community needs and the money available for these projects, as dictated by local, regional and national government strategies.
3. Making yourself known is key. It can be difficult, but you need to be able to adapt to do that.

"Sometimes you should put yourself in a position which is a bit stropky and antagonistic. As I said to one commissioner one time, "you must get really fed up with us bringing up these issues". She replied, "yes, but that is your role, you know!". It's very uncomfortable sometimes being this stropky person, but I guess that's why we're in it." Jo Weller, Director, WHFS

4. Think about working in partnership – this way you can share expertise, as you can work in your area of expertise and another organisation can cover another area with their expertise. This means that together you can offer a really good package. In the past, WHFS have made bids as part of a consortium. There's a network called WITHIN (Women in Tower Hamlets Inclusive Network) in Tower Hamlets and WHFS have put in various bids on behalf of WITHIN (not

necessarily with all the members, but those which have the appropriate expertise for that project).

5. Commissioning can be very ad-hoc – both the local authority and the voluntary sector need to work to meet each other's expectations. There needs to be more clarity and more power within the voluntary sector in terms of influencing priorities and processes, in order for commissioning to be something other than just commissioning one group here and one group there.

Interview with representative from NHS Tower Hamlets

Can you give an outline of the process of commissioning in Tower Hamlets PCT (THPCT)?

The process changes every year, but in general, a needs assessment is undertaken on an annual basis and service gaps are identified. We submit proposals internally to modify services to fill these gaps and these proposals are then prioritised and the final decision is made through a series of PCT Board meetings. The commissioning of services is then subject to the procurement process. The process for 2010/11 is subject to change in view of [World Class Commissioning](#) and also 'strengthening commissioning' work in relation to [Inner North East London health intelligence and decision support project \(INEL\)](#).

How can women's voluntary and community organisations best engage with and contribute to the commissioning process? What is the best way for them to influence local health priorities? Where is the best place for them to find out about tendering opportunities?

Organisations should contact (by phone or email) a specific commissioner in their PCT or the local public health department, provide information on the work that they do and offer to do a presentation for relevant commissioner or public health group. It also might be worth contacting the medical director of the PCT and try to influence them. It is very important to follow up leads and contacts in the PCT and raise awareness of what the organisation can provide the community.

If you get known by commissioners, public health or others in the PCT, you are likely to receive information about tender opportunities more quickly.

Why did you commission Women's Health and Family Services (WHFS)? What was it about their application that made them successful?

WHFS are well-known by THPCT. Education for people with diabetes is high on our commissioning priorities, especially for particular ethnic groups and befriending and peer support for ethnic groups is high on the Public Health agenda. Their bid was successful as the projects were viewed as high priority and funds happened to be available.

What do you hope this project will achieve? What challenges do you think they will face?

We hope the project will increase the knowledge and understanding of diabetes and local services and improve networking and peer support for Bengali and Somali diabetes communities in Tower Hamlets. Overall, we hope that it will deliver on long term outcomes.

Do you have any dos and don'ts for women's organisations wanting to be successful in the commissioning process?

Get to know local commissioners in the PCT and in the Local Authority and Public Health. Make themselves known to GP practices and networks