



## Facilitation Framework:

- Reverse Commissioning
- Community Partners
- Optimum Talent and Leadership
- Integrated Regional and Local Networks
- Communications & Information

V.6

Rudi Page, Facilitator  
NHS BME Network

e: [rudipage7@gmail.com](mailto:rudipage7@gmail.com)

Tel. 07958 744660

June 2011

## **Contents**

1. Executive Summary	3
2. Introduction	3
3. Background	3
4. Work Programme	3
5. Reverse Commissioning	4
6. Community Partners	5
7. Optimum Talent and Leadership	6/7
8. Integrated Regional and Local Networks	8
9. Communications & Information	8
10.Events	9/10

## **1. Executive Summary**

The facilitation model for the NHS BME Network Action Plan is based on building trust & collaborative Leadership amongst BME Professionals and empowering local communities. The source of the evidenced-base is derived from NHS bodies and their statutory duties to promote racial equality and reduce inequalities. The approach to implementation requires the Network to improve strategic communication and work closely with the CEOs from NHS Trusts, SHAs, shadow GP Consortia and build relationships with a wide range of stakeholders at local and national levels.

## **2. Introduction**

The purpose of this paper is to provide national officers and national leads with guidance on the Facilitation Model through four separate but interconnected programmes;

- Reverse Commissioning
- Community Partners
- Optimum Talent and Leadership
- Communications & Information

to ensure the Implementation of NHS BME Network Action Plan across the SHA regions between May – December 2011.

## **3. Background**

The NHS BME Network was launched in June 2010, with a mission to be an independent and effective voice for BME staff, patients and service users to ensure the NHS delivers on its statutory duties regarding race equality.

The Network is currently overseen by a National Transitional Committee (NTC) consisting of volunteers supported by their CEOs who have been co-opted onto the Committee by the Transitional Lead Dr Lyfar-Cissé.

The volunteers with support from their employers, have been tasked to build the capacity of the network through peer recruitment and engage local BME communities. The NTC will be dissolved in December 2011 and replaced by an elected executive committee.

## **4. Work Programme**

- Facilitate and ensure that the Network achieves its objectives across SHA regions.
- Take the Lead role in London and West Midlands regions
- Engage BME communities with a focus on addressing ethnic health inequalities nationally.

## 5. Reverse Commissioning

Despite research evidence which identifies significant ethnic health inequalities, the NHS has failed to engage patients, carers and service users as joint providers of their own care and recovery. The “Reverse Commissioning” approach proposed by Dr Vivienne Lyfar-Cissé, recognises that the health needs of BME communities are to a large extent determined by their use of provider services.

The Reverse Commissioning process will start with an analysis of the data held by provider organisations to determine the extent to which BME Communities are utilising the existing clinical services. The knowledge gained from this process will be used to engage BME Communities. This feedback will be used to determine what changes if any are required to ensure the clinical services adequately meet the needs of these communities. This information will then be used as a platform to engage healthcare professionals and to establish genuine partnerships with BME Communities.

Reverse Commissioning & Development Workshops, in collaboration with NHS Bodies, Local Authorities and Community Partners will provide a valuable source of information on patient, carers, service users expectations, experience, needs and aspirations for their local health services.

The Care Quality Commission ( CQC ) has identified two priorities that will enable it to enhance the quality of outcomes;

1. Ensuring care is centred on peoples’ needs and protects their rights
2. Focus on quality and act quickly to eliminate poor quality care

CQC is going to pay particular attention to the needs of more vulnerable groups including mental health and learning disabilities. It states that “it is local staff and local services who deliver improved services for people”.

### **Case Study (1):** Birmingham & Solihull ,Mental Health Trust

- “The Revolving Door” by Birmingham & Solihull ,Mental Health Trust embrace the concept of Reverse Commissioning, its path breaking film and learning tools aim to give a community perspective of mental health services and explores and identifies the complexities that individuals and families may experience when trying to access support and treatment from mental health services.

Reverse Commissioning will be a valuable source of information and intelligence for Joint Scrutiny Needs Assessment Analysis, HealthWatch, GP Consortia, NHS Commissioning Board, Local Health & Wellbeing Boards and Providers.

The ultimate aim of this mechanism is to address and reduce ethnic health inequalities which can be achieved by the development of evidence-based health promotion programmes to achieve Government objectives of *Healthy Lives, healthy People* become a reality for BME Communities.

## 6. Community Partners

- Churches
- Gurdwaras
- Mosques
- Synagogues
- Temples

Faith groups, social enterprises and the third sector have considerable knowledge and practical experience to act as local patient champions in response to the Public Health and wellbeing needs of vulnerable and marginalised people within neighbourhoods.

Enhance the network and community partners capacity to develop and implement innovative, effective solutions for patients, carers and staff.

### **Case Study (2) : Church of God of Prophecy, (COGOP),**

- The Church of God of Prophecy, (COGOP), has demonstrated the capacity to promote health improvement by mobilizing health and social care professionals amongst it's congregations to organise health awareness activities and host public consultation events on behalf of local and national NHS initiatives ( Battlefield of the Mind Series and Mary Seacole Health Awareness ). COGOP will lead a 6 month pilot programme and share knowledge with Churches and Faith Communities.

It is to this end that Community Partners will be enabled to use “Reverse Commissioning” as a tool for patient and public engagement within neighbourhoods.

The “Reverse Commissioning” process will utilise the feedback of the expectations, experiences of patients, carers, service-users and families and their needs and aspirations for local health services; including access to diabetes, cancer, mental health, learning disabilities, heart disease, HIV/Aids, prostate cancer and sickle cell services.

## **7. Optimum Talent and Leadership**

To deliver on its aims and objectives the NHS BME Network is committed to ensuring local BME networks are developed and empowered to effectively engage with local organisations (NHS organisations, local authorities, GP consortia etc) concerning race equality. The development of local networks will include a module on leadership & Network Development to ensure "The Big Move" becomes a reality.

The peer-to-peer learning will focus on Mentoring and personal support for BME Staff to develop confidence, knowledge and skills for further progression.

- Level 1: Bands 1-4
- Level 2: Band 5
- Level 3: Bands 6-7
- Level 4: Band 8-9

Key characteristics of local networks will include:

- education & training
- skills & productivity
- patient experience & public engagement

The improvement of Network performance and building strategic alliances (employers, professions, unions, community pharmacy and patient experience & public organisations) across the NHS and engagement with local communities, will be underpinned by agreed values and code of conduct.

"Optimum Futures" links Health & Wellbeing, workforce development, education and training with patient experience and public engagement to inspire Health Improvement within neighbourhoods and local communities.

## **7. Optimum Talent and Leadership cont'd**

### **Case Study ( 3 ): Southampton BME Network**

Level 2: Band 5

Mentoring and personal support for Nurses to develop confidence, knowledge and skills for further progression.

### **Case Study ( 4 ) : South East Coast Taskforce**

- Capacity building inclusive of engaging BME leaders and communities
- Level1 Band 1-4 ( ESOL )
- Develop a position on EDS
- Develop an accreditation tool that can also be used nationally
- Fundraising and marketing

The local BME Network will engage local community groups and solicit their cultural expertise and support

### **Task Force**

- South East Coast
- South Central
- London
- West Midlands

## **8. Clusters integrated Regional and Local Networks**

The Network will develop multi-level relationships to meet national policy goals and provide regional clusters and commissioning groups with scale and expertise that can be translated to local delivery.

### **London**

1. East London and the City
2. North Central
3. North West
4. Outer North East
5. South East
6. South West

### **West Midlands**

1. Staffordshire
2. Arden
3. Birmingham and Solihull
4. Black Country
5. West Mercia

### **East Midlands**

1. Lincolnshire
2. Derbyshire
3. Nottinghamshire
4. Leicestershire
5. Northamptonshire & Milton Keynes

### **East of England**

1. Norfolk, Great Yarmouth and Waveney,
2. Cambridgeshire,
3. Peterborough,
4. Suffolk,
5. Bedfordshire & Luton
6. North Essex
7. Hertfordshire
8. South Essex

### **South Central**

1. Oxfordshire and Buckinghamshire
2. Southampton Hampshire Isle of Wight and Portsmouth,
3. Berkshire West and Berkshire East

### **South East Coast**

1. Kent and Medway
2. Surrey
3. Sussex

### **South West**

1. Gloucestershire, Swindon
2. Bath, North East Somerset, Wiltshire,
3. Bristol, North Somerset, South Gloucestershire
4. Bournemouth and Poole, Dorset
5. Devon, Plymouth, Torbay,
6. Cornwall and Isles of Scilly

### **Yorkshire & Humber**

1. North Yorkshire and York
2. The Humber
3. Leeds
4. Bradford
5. Calderdale and Wakefield
6. South Yorkshire and Bassetlaw

## 9. Communications & Information

A series of bulletins to ensure all stakeholders are aware and understand the development of The Network and are kept informed about progress until December 2011.

## 10. Events

Title: **Reverse Commissioning Workshops**

Time: 10am – 4pm

Month: July 2011

- 4 Birmingham & Solihull Mental Health Trust, Trust Headquarters: B1, Unit 1 50 Summer Hill Road, Ladywood Birmingham B1 3RB, West Midlands Region
- 11 Hillside Bridge Health Care Centre 4 Butler Street West Bradford BD3 OBS, Yorkshire & Humber Region
- 18 Sir Alexander Fleming (SAF) Imperial College London South Kensington Campus London, SW7 2AZ, London Region
- 26 Brighton & Sussex University Hospital NHS Trust, Audrey Emerton Building, Brighton, BN2 5BE South East Coast Region

Title: **Leadership Workshops**

Time: 10am – 4.30pm

June 2011

- 15 South East Coast  
Hilton London Gatwick Airport South Terminal Gatwick Airport West Sussex RH6 0LL

July

- 6 South West
- 15 South Central

## 10. Events cont'd

Title: **Community Partners Workshop**

Time: 11am-4pm

Month: July

8 East Midlands

BME cancer communities  
NCVS  
7 Mansfield Road  
Nottingham  
NG1 3FB

Title: **Optimum Futures Health & Wellbeing Fair**

Time: 10am – 4pm

Month: October

27 Luton, East of England Region

Title: **Optimum Futures Health & Wellbeing Fair**

Time: 10am – 4pm

Month: October

29 Mary Seacole Centre, Park Road, Little Horton, Bradford, West  
Yorkshire BD5

Title: **Board Seminar on Race Equality:  
Productivity and Patient Experience & Public Engagement**

Time: 10am – 4pm

Month: September

Yorkshire & Humber Region

Title: **Knowledge Sharing Symposium: Translating Policy into Practice**

Time: 10am – 4pm

Month: March 2012

14 Imperial College London, South Kensington Campus, SW7