

REVERSE COMMISSIONING- EMPOWERMENT OF BME MENTAL HEALTH SERVICE USERS

Date: Wednesday 29 February 2012

Time: 09:30 hours to 14:30 hours

**Venue: Vine Church,
Holstock Road,
Ilford IG1 1LG**

**To book a FREE place on this event please contact Amelia Tharme
at amelia.tharme@bsuh.nhs.uk or return the booking form enclosed**

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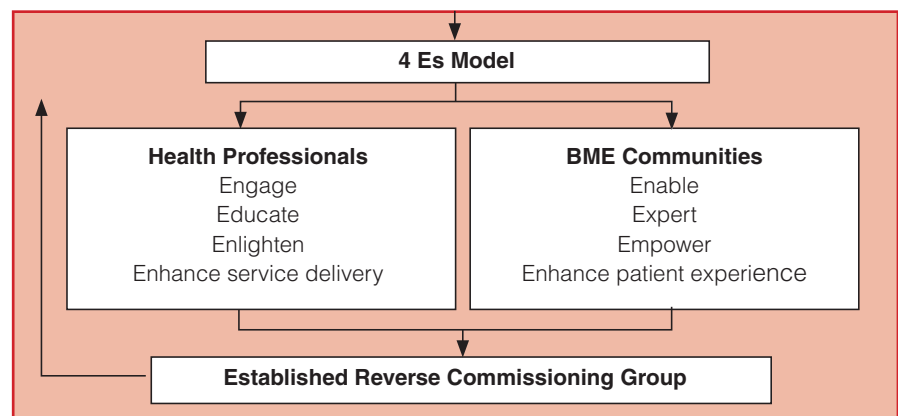
Programme

09.30 - 10:00	Registration & Refreshments
10:00 - 10:15	Welcome & Introductions Sue Jackson Mental Health Lead NHS BME Network
10:15 - 10:45	Reverse Commissioning-Engagement of our BME Communities Dr Vivienne Lyfar-Cissé Transitional Lead NHS BME Network
10:45 - 11:15	Refreshments
11.15 - 12.00	Film-The Revolving Door Beresford Dawkins Birmingham, Solihull Mental Health FT
12.00 - 13:00	Workshop Session
13:00 - 13:30	Plenary Session
13:30 - 14:30	Lunch & Networking

Introduction

Reverse Commissioning is an initiative devised by the NHS BME Network to assist NHS organisations to better engage with their BME communities. An independent panel charged by the mental health charity Mind to review acute and crisis mental health care has endorsed reverse commissioning as a potential effective tool to address ethnic health inequalities.

The 4 Es Model integral to the reverse commissioning is outlined below:



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The key features of the process are as follows:

- Analysis of existing data held by provider organisations to identify the needs of BME communities.
- Education and Training of health professionals to enhance service delivery.
- Empowerment of BME service users.
- The establishment of Reverse Commissioning focus groups involving health professionals and BME services users to effect change.
- Using information and learning from above to influence commissioning by local Clinical Commissioning Groups.

Why Reverse Commissioning?

“Reverse Commissioning” is necessary because the existing commissioning process as outlined by the “commissioning cycle” has failed to (i) identify the needs of BME communities (ii) effectively engage with BME communities and (iii) reduce/eliminate ethnic health inequalities. All available evidence clearly shows this to be the case. For example the Count me in census 2010 clearly states that at least for three of the twelve DRE goals nothing has changed and hence there is still an over-representation of BME people in the mental health institution.

What are the Desired Outcomes of Reverse Commissioning?

The desired outcomes of reverse commissioning are as follows:

- Clinical services that meet the needs of BME communities
- Enhanced BME patient experience
- Enlightened health professionals
- Enhanced clinical service delivery to BME people
- Reduction in ethnic health inequalities
- Health improvement for BME communities
- Health promotion programmes directed at BME communities
- Effective and lasting partnerships (local reverse commissioning groups) between health professionals and BME services users to identify changes to services and monitor implementation and outcomes.

For further information contact

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Booking Form

Title: (Dr/Mr/Mrs/Miss/Ms): _____

First Name: _____

Surname: _____

Postal Address: _____

Postcode: _____

Telephone: _____

Mobile: _____

Email: _____

Ethnic Origin:

- Asian Other
- Asian UK
- Bangladeshi
- Black African
- Black Caribbean
- Black Other
- Black UK
- Chinese
- Indian
- Irish
- Pakistani
- White Other
- White UK

Other: _____

Please return this form to:

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BN52 9JW

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