

Report to the Public Health Partnership Board 26 June 2006

The Health of Black and Minority Ethnic Communities in Sheffield The Way Forward

This initial report outlines a proposed way forward following on from the presentation of the health needs assessment to Sheffield First for Health and Wellbeing. It proposes a set of actions culminating in the production of a costed business plan as part of the overall enhanced public health programme. In doing so it also takes account of the recent opportunity to benefit from taking part in a national innovation programme – Pacesetters, being run by the Department of Health that brings with it a small resource.

Background

The NHS is under a legal and moral obligation to provide services to all people, regardless of gender, ethnicity, age, disability, sexual orientation or religious or cultural belief. Over the last 5 years the Govt. has introduced a set of reforms designed to put the patient at the heart of the NHS.

Within this context a person's ethnicity is an integral consideration in the delivery of healthcare. The Dept. of Health (DH) elaborates by stating in order to deliver the above agenda Trusts must:

- 1) Address the principle of responsiveness to also mean 'taking into account not only cultural and linguistic needs, but also needs to cater for varying lifestyles and faiths'.
- 2) Tackle health inequalities that clearly exist within BME communities in a systematic way with measurable results to close the gap
- 3) Address inequity in access as a result of poorer access to services and poorer quality of services.

In order to deliver the above, we need to make organisational changes so that equality issues are central to our work. The findings of the BME Health report will be used in conjunction with following DH programmes:

- a) **Race for Health Programme** – a programme that for the last three years has had 13 PCTs actively working to improve race equality in the NHS. There are a number of lessons to be learnt and specific changes in practice and service delivery that we will utilise to deliver our actions
- b) **The Pacesetter Programme** – the Sheffield PCTs have signed up to be part of this innovative 3 year programme in conjunction with West Yorkshire SHA. The basic aims of the programme are to:
 - Identify the equality and human rights issues for patients, service users and staff
 - Think about how these issues can be addressed through the implementation of ideas and service improvements
 - Make sure the ideas that work are spread and sustained in the NHS

The Pacesetter Programme has a delivery framework of two parts:

Core

- data measurement
- promoting dignity and respect for staff
- encouraging new ways of working
- improving the health status of Gypsies and Travellers

Local (emphasis on 3 areas based on information we have on our services and inequalities)

I.e. Age, gender and gender equality, Disability, race and ethnicity, sexual orientation and Faith and Belief

Proposed way forward to develop an enhanced public health programme business case:

1. Carryout a stock take of all BME health inequalities work currently undertaken across the city to include:
 - a. across NHS
 - b. enhanced public health programmes
 - c. Burngreave NDfC
 - d. Neighbourhood work

To include area of work/ purpose, the actions delivered, resources allocated, identify gaps, timescale and lead officer/ organisation.

2. To further explore the issues identified in the health needs assessment report with the relevant lead officers to enable prioritisation of work and coverage by existing plans.
3. Establish and agree the process and mechanism of taking the BME and health agenda forward in partnership with stakeholders including NHS, voluntary sector and city council. To include clear lines of accountability within SFHW/LAA framework.
4. To appraise available evidence:
 - a. To collate the evidence of effective interventions locally nationally and internationally and liaise with areas of the country who have successfully implemented programmes that have improved health in BME communities.
 - b. Where evidence is weak to consider pursuit of external funding for primary research with relevant partners.
 - c. To also consider as part of the stocktake (action1) learning from those initiatives that did not succeed and identify potential barriers to change
5. To identify priorities to achieve maximum impact on health inequalities. To identify indicators to monitor success utilising routinely collected data adopting the principled approach to the existing Basket of Indicators.
6. To develop a costed business case to deliver the identified improvements in health as an integral part of the overall enhanced public health programme.

This process will be overseen by Permjeet Dhoot who is currently identifying names against these actions through negotiation with colleagues.

The following table will be completed as part of the proposed way forward (action 2). The final business case is not bound by the health needs assessment as other issues may emerge from the stocktake and collation of the evidence base. A significant number of issues may be found to be important but only effecting very small numbers.

The timescale for this proposed way forward will be informed by PH PB and the Pacesetters process and in turn by the resources identified to engage with its delivery. This paper seeks the Boards approval and guidance on the timescale to be followed.

Permjeet Dhoot

Steve Pintus

Sheffield South West PCT

Key headings based on BME Report	Recommendation in Report	Addressed in existing plans? State which and up-date	Lead	Proposed action	Timescale
Data Analysis	<ul style="list-style-type: none"> - Create set targets and develop indicators & capture robust evidence of outcomes - improve patient profiling in primary and secondary care- provide - - training to staff on data collection 	Race equality scheme	Permjeet Dhoot		
Information and Engagement	A city-wide e-library is developed for the health community supported by audio-visual aids	Elements in race equality scheme			

	Community Consultation with stakeholders SCC & VAS	Sheffield First Community Engagement Strategy, Race Equality Schemes	Permjeet Dhoot / Patient and Public Involvement Leads		
Access and Acceptability of Services	<p>Improve take-up of cervical and breast screening for women from BME communities</p> <p>Investigate the significance of high elective admissions with malignant neoplasm of the breast with Caribbean and Pakistani women. Improve the low follow-up examination rates after treatment.</p> <p>Review and identify the reasons for higher</p>		<p>Jeremy Wight</p> <p>Jeremy Wight</p> <p>Frances Cuning</p>		

	<p>emergency admission rates for under 18 year olds within certain BME communities.</p> <p>Investigate the underlying causes for the relatively high level of in-patient activity for chronic renal failure among BME groups esp. Yemeni and Somali groups</p> <p>Ensure oral health strategy demonstrates appropriate action to reduce dental carries and improve dental health in the under 18 years for Chinese , White and Caribbean and other Black and Other Asian</p>		<p>Jeremy Wight</p> <p>J. Green</p>		
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	<p>groups</p> <p>Explore cultural dimension to under 18 cases of medical abortions and identify appropriate measures to improve access to services</p> <p>conceptions and rising cases of medical abortions & identify appropriate measures to improve access to services</p> <p>Investigate and improve the low up-take of immunisations for children under 5 from BME groups</p> <p>Review the apparent low up-take of ante-natal</p>		<p>To take a view on this / examine further</p> <p>Jackie Gladden</p> <p>Jackie Gladden</p>		
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	screening in the Caribbean, Yemeni and Somali Groups		Gladden		
Corporate Citizenship: role of the employer	Ensuring an ethnically diverse NHS workforce and increase routes and opportunities for employment.				
Established BME Health issues requiring specific targeted work to be addressed	Find new ways of working with communities to reduce levels of anxiety, stress, social exclusion, and unemployment. Increase access to well-being intervention				

	<p>strategies and support systems to combat high admission rates for mental illness for Black Caribbean, Asian and Other Asian groups.</p> <p>Raise awareness of benefits to healthy diets, physical activity and stopping smoking to address the high admissions with CHD in the Yemeni and Irish Groups. Smoking cessation initiative's to target Bangladeshi men</p> <p>Review the health needs of refugees and their children's immunisation coverage</p>				
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	<p>Target testing for chronic diseases, in particular for diabetes and elevated cholesterol levels at BME communities</p> <p>Investigate Gypsy and Traveller Health needs</p>				
Wider determinants	<p>Continue to work closely with the City Council to tackle health inequalities , supporting the approach of the Neighbourhood Renewal Unit</p> <p>Address wider determinants of health by improving</p>	<p>Neighbourhood Renewal Strategy, SCC Community Cohesion and Community Profiling Work</p>			

	employment opportunities and housing conditions for people from BME groups				