

Knowledgeshare

Conference report

North West Regional Ethnic Health Task Group

Approaches to Black and Ethnic Minority Health Issues in the North West: Raising Awareness and Identifying Pathways for Action

27 September 2006, Queen Elizabeth Hall, Oldham, UK

This important one day conference aimed to identify and address key issues for the health and wellbeing of minority communities in the north west of England. The conference was highly interactive with facilitated parallel sessions on housing and health, nutrition and health, accessibility to services, hospital referrals, oral health and tobacco, and physical activity and health. The conference outcomes are to be used to inform wider consultation and planning in the region. One hundred and thirty delegates attended the conference including representatives from black and ethnic minority (BME) communities, community and faith leaders, public health practitioners, local authorities, voluntary sector and social care, mental health, patient and public involvement, equity and diversity, nursing, general practice, academia, refugee and asylum seekers, support and social workers.

Keynote speakers were Dr Beverly Malone, General Secretary RCN, Rakshita Patel, Senior Manager Race Equality Unit, Department for Communities and Local Government, and Barry Mussenden, Programme Director, Equality and Partnerships, Equality & Human Rights Group, Department of Health.

The context of Dr Malone's talk was:

- around one in 12 people in Britain today belongs to a BME community, with this proportion being projected to increase
- in some areas the NHS serves large BME populations, while in other areas, for example in rural areas, the NHS has to meet the needs of small and sometimes isolated groups of people of BME origin
- in some urban areas the NHS is serving established BME communities while in other areas, provision needs to be made for newer migrant groups
- the NHS increasingly needs to take into account cultural and linguistic diversity but also needs to be able to cater for varying lifestyles and faiths (with over a million and a half Muslims and over half a

million Hindus in Britain, alongside the majority Christian populations and significant numbers of Jewish and Sikh people).

In conclusion Dr Malone said:

'Inequality equals injustice. As someone who grew up in a segregated America, I've seen and felt both of those things up close and personal. That's why, for me, first, last and always, confronting discrimination is a moral issue.

Yes we should tackle inequalities in health because doing so would improve public health. But, above all, we should tackle it because this is about human rights – in other words, we should tackle it because it is an affront to our common humanity ... end of story. And that's why I'm so pleased to be here today. Because I see this event and the work you are doing as an opportunity to come together in order that we can listen to each other and, most importantly, learn from each other ... learn about how we build workplaces and communities in which we only read about discrimination in the history books and never in our newspapers.'

Rakshita Patel and Barry Mussenden spoke on:

- current health inequalities and the Government Plan of Action
- improving opportunity and strengthening society
- satisfaction with services
- the objectives to reduce health inequalities
- The Connecting Communities Plus Grants Programme.

In summary, they said that the NHS of the 21st century must be responsive to the needs of different groups and individuals within society and challenge discrimination on the grounds of race, age, gender, ethnicity, religion, disability and sexuality, and in so doing, ensure full compliance with equality legislation.

The parallel sessions provoked lively debate. Each facilitator concentrated on a number of key issues of known inequalities and gaps, best practice, high impact areas, health and promotion. Each group was asked to identify potential levers for action. Levers identified by the delegates included public health directors and consultants, chief executives of primary care trusts, the strategic health authority, the Department of Health, the Ethnic Health Task Group, members of Parliament, local authorities, trading standards, research bodies, academic institutions and a range of external organisations involved in healthcare. The

delegates identified a wide range of issues that need to be taken forward via the Ethnic Health Task Group in 2007.

The event was supported by the British Heart Foundation, Diabetes UK (North West), the University of Central Lancashire and the Black Health Agency. A full report of the conference, including speakers' presentations and the parallel session reports, will be put on the Ethnic Health Task Group web portal of the North West Public Health Observatory website; go to www.nwph.net and click onto the Ethnic Health Task Group portal.

Roger Lincoln

Administrator to the Ethnic Health Task Group

Resources

The Pacesetters Programme: a new approach to promote equality and diversity

The 'Pacesetters Programme' is a partnership between local communities who experience health inequalities, the NHS and the Department of Health (DH). It currently involves five strategic health authorities (SHAs), who in turn work with a variety of three participating trusts. Using a service improvement methodology, the overall aim of the programme is to deliver equality and diversity improvements and innovations resulting in:

- patient and user involvement in co-designing services
- reduced health inequalities for patients and service users
- working environments that are fair and free of discrimination
- trusts beginning to meet their legislative requirements.

Why is this important?

Whilst the importance of equality and diversity (E&D) is recognised at national policy level and within the overall legislative framework, there are still significant barriers to E&D in the NHS. This compromises the health of patients, among whom there are considerable physical and mental health inequalities, and it also affects the career progression of healthcare professionals. As the NHS becomes increasingly diverse, both in its patient population and its workforce, action is required to ensure that E&D issues become integral to education, training, service design and delivery, rather than the 'bolt-ons' they have been to date. Whilst many programmes exist to reduce health

inequalities and encourage diversity, this is the first that has sought to evaluate the impact of a programme built on principles of patient/community co-design.

What is the DH doing?

Using both national and local data, the Equalities Team of the Department of Health has identified inequalities arising from discrimination relating to age, disability, ethnicity, gender, religion and sexual orientation/gender identity. Having identified local imperatives around these six strands, the Pacesetter sites, in collaboration with communities, will apply service improvement methods. After testing, refining and implementing both local and international learning and evidenced good practice, they will evaluate which innovations and learning can be applied to other settings and locations. Community engagement, co-designing services, knowledge management and spreading and sustaining good practice are the key foundations which underpin this programme of work.

Each organisation will choose three out of the six strands (all six strands should be covered in a SHA area) and, working with their representative communities, find ways to hear the voices of those seldom heard. Services co-designed by those for whom they are intended are more likely to be fit for purpose. In addition, participating organisations are working on a number of 'core' elements, defined by the DH. The core elements cover both workforce and patient care issues, in particular improving access to care by the gypsy and traveller community (a group with significant health issues), and will support trusts to meet their legal obligations on equality and diversity.

The programme is designed in three phases; during each phase, all participating sites receive financial and managerial support to help them achieve their goals. The intention is that second and third phase sites will benefit from the lessons learned from the earlier sites, thus expediting the improvements. Phase two and three sites will be invited to apply to become 'buddy sites' and will be selected on strict criteria. Not least amongst these criteria will be their ability to demonstrate senior endorsement and commitment to this agenda.

How to join in

If you would like to find out more about this programme, please contact Jacqui Howe. Tel: +44 (0) 207 972 6513; email: Jacqui.howe@dh.gsi.gov.uk

Susan Fairlie

Innovation and Service Transformation Lead
Equality and Human Rights Group
Department of Health

Asthma

Asthma UK has produced a range of health promotion postcards in 12 languages in a bid to reach more people with asthma or carers of people with asthma within the black and minority ethnic communities. The postcards tell people how to access the Asthma UK advice line interpreting service (08457 01 02 03) if they have any queries about their or their children's condition. The cards also direct people to Asthma UK's website and the FAQs about asthma now available in 25 languages. The postcards are available in Hindi, Yoruba, Igbo, Arabic, French, Bengali, Cantonese, Turkish, Urdu, Polish, Somali and Gujarati.

These postcards could also be useful for healthcare professionals who work with non-English speaking patients in their community. Visit www.asthma.org.uk

If you would like to request copies of Asthma UK's translated postcards or find out more about Asthma UK's work with black and minority ethnic communities, please contact Claire Randolph. Tel: +44 (0) 20 7786 4922; email: crandolph@asthma.org.uk

Language-competent readers have commented to the editor that these postcards are very accessible and well translated. However, one criticism is that there is no indication on them to show non-language competent professionals to which language they refer. However, Asthma UK is to be commended on warning readers of the minority languages that in order to get an interpreter, they will have to explain what language they need *in English* first. Editor

Primary Care

The Manchester Public Health Development Service (MPHDS) is a citywide service contracted by the three Manchester primary care trusts to improve health across the city of Manchester. There is a particular emphasis on reducing health inequalities. The service has produced a range of resources for use in multicultural/multilingual populations.

Visit: www.manchesterpublichealthdevelopment.org

Mental Health

Mental Health Media has some interesting resources, several of which are available in Gujarati, Bengali and Punjabi as well as English (for purchase). Visit www.mhmedia.com/

Diversity webwatch

The Dementia Services Development Centre

The Dementia Services Development Centre publishes a free monthly update on what's new in dementia care. Visit www.dementia.stir.ac.uk or contact Antonia Servera Higgins, The Dementia Services Development Centre, Iris Murdoch Building, University of Stirling, Stirling FK9 4LA.

Patient reported health instruments

This website is designed to help you choose an appropriate patient reported questionnaire to describe the experiences of health, illness and quality of life. Visit <http://phi.uhce.ox.ac.uk/>

Care Services Improvement Partnership

The Care Services Improvement Partnership supports positive changes in services and in the wellbeing of vulnerable people with health and social care needs. This group have re-designed their Knowledge Community website. Once registered you will have access to a wide range of resources, podcasts, discussion boards and links to many useful sites and documents. Visit www.csip.org.uk/

Older People and Ageing Research and Development Network in Wales (OPAN Cymru)

This is the site of a multidisciplinary research network aiming to link research relevant to older people with practice and policy making. The website has recently been updated with new 'research resources' to help individual researchers access the latest research information on older people and ageing. OPAN Cymru (<http://opanwales.org.uk>) is one of nine thematic research networks, and four research infrastructure groups, funded by the Wales Office of Research and Development (WORD). www.word.wales.gov.uk/

Knowledgeshare welcomes the following contributions:

- short accounts/evaluations of specific initiatives to improve practice or education in health and social care
- reviews of books, websites, games or other resources that can inform practice or education
- information about assessment tools and their applications
- conference reports
- other information that may inform the development of health and social care practice.

All contributions for this section should be sent to Lorraine Culley, email: lac@dmu.ac.uk