

**Subject:** Black and Minority Ethnic Health Needs Assessment

**Presented by:** Susan Hampshaw, Public Health Principal

<b>Purpose of bringing this report to the Board</b>	
Decision	
Recommendation to Full Council	
Endorsement	✓
Information	✓

<b>Implications</b>		<b>Applicable Yes/No</b>
DHWB Strategy Areas of Focus	Substance Misuse (Drugs and Alcohol)	
	Mental Health	
	Dementia	
	Obesity	
	Children and Families	
Joint Strategic Needs Assessment		✓
Finance		
Legal		
Equalities		✓
Other Implications (please list)		

<b>How will this contribute to improving health and wellbeing in Doncaster?</b>
The HNA is part of an approach to improving inequalities in health outcomes in Doncaster and aims to highlight unequal outcomes (make the invisible visible) and develop actionable recommendations (see below).

## Recommendations

The Board is asked to consider the following recommendations:

This BME HNA sits within work to reduce health inequality within Doncaster and aims to make health inequity related to ethnicity more visible and develop actionable recommendations. These actionable recommendations have been described throughout this report and are repeated below.

However, it is clear that to the implementation of these recommendations requires ownership, buy in, and on-going engagement and as a starting point these recommendations will be road-tested at a forthcoming Fairness and Inclusion event.

Recommendation 1 - assessing differences in access to and outcomes of health and social care services

Nationally, work is being undertaken to improve data monitoring on health inequalities which recognises the inter-sectionality and complexity of the issue and offers guidance on data collection beyond the legal requirements of the protected characteristics (NHS England, 2015). Locally, we know we have not yet been able to fully assess differences in access to and outcomes of health and social care services. This is a gap which we need to fill and this will form a work package for the Joint Strategic Needs Assessment (JSNA) which itself should not be considered to be a one off activity. Two key areas for the JSNA work package are outlined below:

- The work package should examine access to psychological therapies (Health and Social Care Information Centre, 2014) within Doncaster.
- Phase 1 of this HNA identified that some evidence that non-white groups in Doncaster continue to live in more overcrowded conditions. We did not specifically address this issue in the engagement phase of the needs assessment work and this is a gap, which we recognised during our stakeholder identification phase (described later). We recommend that this evidence be highlighted within current Health and Housing work and that Equality Impact Assessment is useful mechanism to facilitate this process (EEiC, 2016).

Recommendation 2 - accessing the evidence base

We have utilised an approach to evidence gathering that has taken advantage of networks, communities of practice and interest lists and the main steam media to scan for forthcoming and relevant research or publications. It is important to recognise that this evidence is not a systematic review and is instead a series of tailored forays into the literature. We have wherever possible utilised evidence that is in itself summary evidence of what is known rather than single studies. We recommend that this approach is systemised under the SPU work plan and acts as the means of horizon scanning for evidence to address inequalities for BME communities.

Recommendation 3 – developing the evidence base

During the course of the needs assessment process we have sought opportunities via networks to work for partners to develop the evidence base around what works to reduce inequity of outcomes. We have key opportunities to continue this work and these are outlined below:

- The team at Sheffield University has successfully applied to the Health Foundation to take part in the Evidence into Practice programme to develop 'online tools for GPs to help support new migrants in primary care. As a result of existing collaborations and relationships we are able to be part of this research project and can offer to work in partnership to co-develop these tools.
- Through the NIHR knowledge mobilisation fellow<sup>1</sup> we can have access to a case study on

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<sup>1</sup> <http://www.ethnicitycommissioning.group.shef.ac.uk/index.php/blog/>

mobilising evidence on mental health and ethnicity which draw on the above sources (and others) and have an opportunity to learn from and apply this work in Doncaster and we recommend this course of action

In addition, the HWBB is sponsoring the Doncaster Research Festival in October 2017 and we recommend showcasing this work during the festival week.

#### Recommendation 4 - partnership working

Work by Nandi et al (2015) and NHS WRES work (NHS Equality and Diversity Council, 2016) examine the harmful impact of harassment and we recommend that a representation from the Safer and Stronger Doncaster Partnership is sought for the HIWG. Work by the Gulliver (2016) highlights issues faced by BME communities in terms of housing and it is recommended that a representative from housing is sought for the HIWG.

#### Recommendation 5 - setting evidence based standards

Response to the local survey suggests that there is interest in understanding and addressing the areas of attention identified by the EEiC project. We recommend using these identified issues together with local analyse of the NHS organisation survey (NHS Equality and Diversity Council, 2016) and work with partners to develop an auditable local good practice statement.

#### Recommendation 6 – engagement approaches

Our earlier stakeholder analysis identified the importance of seeking the experience of people who were not necessarily part of established community groups. We were also keen to collect stories that might reveal issues with accessing services as this was theme identified in both the literature and earlier work to support the HWBB strategy refresh. The engagement approach has met these aims and produced evidence to inform the evidence safari. This means we have used a very focussed (data driven approach to engagement) and recognise that this means we have not engaged with the breadth of minority ethnic populations in Doncaster.

However, we are conscious that BME engagement within policy development needs to be strengthened and recommend work to develop evidence based approaches to engagement in a multi-ethnic population. The CoDE team used their analyses to support engagement and develop insight and we recommend that this data be used to form a specific piece of BME engagement work utilising existing forums and networks and that this should be part of the broader system engagement work.

#### Recommendation 7 – evidence safari actions

Several areas for action were identified and we recommend that these be tested via the Fairness Forum proposed event in April alongside recommendations 1-6.