

## **Black and Minority Ethnic (BME) Health Needs Assessment**

### **Briefing for Doncaster Health and Wellbeing Board**

#### **Introduction**

The purpose of this briefing is to propose an outline for an updated Black and Minority Ethnic (BME) health needs assessment.

#### **Background**

The last specific BME health needs assessment in Doncaster was 2004. Since then, the health needs of BME communities have been identified through Joint Strategic Needs Assessments and latterly have been included in individual organisational approaches to equalities. In 2015 Doncaster established a Fairness and Inclusion forum with an independent chair. Although the health needs of BME communities are recognised in individual and organisational strategies including the Health and Wellbeing strategy, many of the needs are extrapolated from national data. The make-up of BME communities in Doncaster are changing and the 2015 Director of Public Health Annual Report recommended that the BME health needs assessment was updated in order to ensure the local understanding of needs was as full as possible.

Health Needs Assessments are a way of establishing the gap (if any) between the expressed needs of particular groups and both access to and outcomes from the current range of available services, public, private or voluntary. In addition through discussion with the communities themselves a range of possible options for improvements may be generated with implications for both commissioners and providers of services.

#### **Proposal**

The Health and Wellbeing Board should ensure an updated BME health needs assessment is undertaken. This should be led by the steering group and should consist of:

1. Establish baseline demographic details using the most recent national census data, NHS data and other local census data e.g. school census data. (June 2016 to July 2016)
2. Review the literature and evidence base for effective engagement approaches, common BME health needs and possible solutions. (June 2016 to July 2016)
3. Conduct a range of focus groups with identified local BME groups using the Team Doncaster partnership 'map' of groups and other local data. (August 2016 to October 2016)
4. Assess any differences in access to and outcomes from local health and care services. (September 2016 to October 2016)
5. Final report and recommendations back to the Health and Wellbeing Board. (December 2016)

#### **Recommendation**

The Health and Wellbeing Board is asked to discuss the proposal, make any amendments and support the production of an updated BME health needs assessment.