

IMPROVING THE HEALTH OF THE SCOTTISH  
MINORITY ETHNIC COMMUNITIES

**ANNUAL REPORT** EXECUTIVE SUMMARY  
OF THE STEERING COMMITTEE AND THE  
DIRECTOR OF THE NATIONAL RESOURCE  
CENTRE FOR ETHNIC MINORITY HEALTH

2002-2003

## EXECUTIVE SUMMARY

This document comprises of the Annual Report of the Steering Group of the National Resource Centre for Ethnic Minority Health and the Report of the Director of NRCEMH and his team. The Steering Group provides the overall strategic direction of NRCEMH with expert membership from across Scotland. This joint report reflects the close working relationships between the Steering Group and NRCEMH that have been achieved.

The report is divided in two parts. The first part summarises the work of the NRCEMH. The second part outlines the progress made by NHSScotland in the implementation of policies on ethnicity and health, particularly the requirements of the Fair For All Health Department Letter [HDL] (2002) 51.

The Fair For All Progress Report in part two sets out one of the main policy initiatives by NRCEMH since launching the FFA initiative in 2000. It examines the extent and nature of compliance to promote race equality in the first year relating to specific duties of the Race Relations (Amendment) Act 2000 (RRAA). Included in the process is the analysis of the FFA Action Plans based on the HDL (2002) 51. In addition to the analysis of both activities, it also discusses the key findings and recommendations which will support Boards to begin to put their second and third year plans into action and measure actual progress on the ground.

The National Assessment Framework was developed for use in the analysis and which we hope will act as a practical guidance for Boards and Trusts. During the first year NRCEMH together with CRE supported Boards and Trusts to comply with the new requirements as well as to share and stimulate best practice through the National Networks. The emphasis for the coming year is to move from policy development to policy implementation.

### The context

The work has been based on the requirements of the RRAA 2000 and the Fair For All HDL. It remains firmly embedded in the wider NHSScotland corporate responsibilities of community planning, human rights, equality and diversity and of course, Patient Focus and Public Involvement (PFPI).

## PART 1

The National Resource Centre for Ethnic Minority Health (NRCEMH) is funded by the Scottish Executive to support NHSScotland, particularly the Health Boards, in delivering the minority ethnic health agenda. NRCEMH became operational on 1 April 2002. It is staffed by a Director, two Project Secretaries and three Project Managers focusing on the key priorities of policy, information and training. In addition NRCEMH identified an early need to add a fourth key priority of community development.

The mission of NRCEMH is to help ensure a quality health service that addresses the concerns of marginalised minority ethnic communities and facilitates the development of a sensitive and culturally competent service based on anti-discriminatory policy and practice.

### Policy work

In the past year NRCEMH has assisted all Boards and Trusts in Scotland to develop their Race Equality Schemes and Fair For All Action Plans as well as managing the National Review process in partnership with the CRE.

NRCEMH has been instrumental in developing a working partnership with the CRE which has provided a more unified and supportive message to health organisations than currently exists in the other three regions of the United Kingdom. This new powerful framework which we now have in Scotland can enable health to lead the way in the area of race equality. The outcome of the joint approach has been more effective mainstreaming that is built on leadership and senior level commitment. This will help to reduce disadvantage and take account of local diversity in all policies and planning processes.

The analysis undertaken for this report confirms that there has already been progress since the Fair For All Stocktake two years ago. Some Boards and Trusts have responded with enthusiasm to the requirements that have been made of them, whilst regrettably, a few others have focused on this as more of a tick-box exercise. The production of Race Equality Schemes and Action Plans has clearly helped many organisations and individuals to begin to understand the nature of institutional racism and so to develop a local consensus for culture and organisational change. For many, it is a new area, and competence and confidence will develop over time. There is still the challenge of gaining ownership of this agenda amongst all employees and Board members, as well as building the trust and confidence of communities by meeting the minority ethnic health agenda.


In addition to the general legal and policy requirements on Boards, a number of priorities were highlighted which required specific focus. Themed networks have been set up to share and stimulate best practice. In policy, these include Gypsy/Travellers, Asylum Seekers and Refugees, Community Development, Mental Health and Cancer Networks:-

**Community Development:** The Steering Group gave clear guidance from the outset that the fourth pillar of NRCEMH's work should be community development. NRCEMH established a working group in partnership with the existing national minority ethnic organisations to take the Patient Focus and Public Involvement Agenda forward in collaboration with SEHD's Patient Focus and Quality Unit.

**Mental Health and Well-being/Substance Misuse:** The Scottish Executive has identified mental health as a national priority and in addition the Mental Welfare Commission has prioritised the issue for this year's work. In order to support this national focus it is anticipated that a national network will be formed and facilitated by a new secondment to NRCEMH. This work will focus on clarifying the current position of mental health strategies in Boards and Trusts as well as carrying out a mapping exercise of existing minority ethnic support organisations. Also, focused work on ensuring and teaching on trans/intercultural mental health within education and training across health and social care professions is currently being developed.

**Cancer:** At the request of CRE, NRCEMH has agreed to facilitate the consultation process with regard to the national cancer strategy. A multi-agency group has been formed to take forward specific pieces of work which will address in particular community development and health promotion needs, partnership working and effective monitoring at all stages. Initial discussions have also begun with Macmillan Cancer Relief in order to develop a joint response to take this forward and in particular, identifying practical solutions to existing issues and problems.

**Gypsy/Travellers:** The Fair For All Stocktake in 2000 highlighted a number of gaps in existing provision, expressing concern at the lack of commitment to work with both Gypsy/Travellers and Asylum Seekers and Refugees. With regard to Gypsy/Travellers, a National Roundtable in January 2003 provided a forum for community representatives to begin to lead the debate around health priorities. Areas for actions include the production of health promotion materials, a community-led needs assessment and national coordination of hand-held health records.



**Asylum Seekers and Refugees:** The NRCEMH supported the work of the Scottish Executive's *Scottish Refugee Integration Forum (SRIF)* in developing a National Action Plan for the integration of refugees and asylum seekers in Scotland. NRCEMH will have a key role to play in supporting the NHS take forward the SRIF report's health and social care actions as part of the wider FFA agenda.

## Training and development work

The key aim of the training development work of NRCEMH is to develop a strategy to improve the knowledge, culturally sensitive attitudes and skills of NHS staff to equip them to deliver culturally competent services. The training and development network is advancing the training development agenda through a coordinated approach. A curriculum outline has been developed in three broad categories: knowledge and understanding; valuing diversity and culturally sensitive attitudes; and effective communication and use/collection of ethnic minority data. A national training needs assessment of NHS staff in Scotland is being undertaken in collaboration with the Scottish Executive to deliver both PFPI and FFA agendas. A draft framework to support Health Boards develop training strategies is being developed. Other activities include initiation of a training development bulletin and developing the concept of cultural competencies in collaboration with NHS Education Scotland.

## Information, monitoring and research work

There is a lack of detailed information in ethnicity and health in Scotland with the consequence that policy decisions and priority setting must be made on the basis of extrapolating data from England and Wales. A key objective of NRCEMH is to formulate policy on information, standardise practice and list the recommended data items for a National Ethnic Health Data collection. This work strives to implement ethnic monitoring both from a human resource and service delivery perspective. NRCEMH has played an important role, together with Information Statistics Division (ISD), in a study at Edinburgh University, which is attempting to retrospectively assign ethnicity codes to Scotland's health databases.

A website is currently being developed with the aim to act as an electronic resource of information.

**Chronic Disease Management:** Within the *Scottish Diabetes Framework* under paragraph 85, the National Resource Centre for Ethnic Minority Health has been commissioned to produce the Report on the Epidemiology of Diabetes amongst Scotland's Ethnic Minorities. Initial findings will be launched at an International Symposium at the end of 2003.

**Haemoglobinopathies:** A working group is developing a needs assessment for screening in this area.

## PART 2

This section outlines the progress made by NHSScotland in the implementation of Fair For All HDL 2002 (51) and Race Equality Schemes.

### Section I: Fair For All

The Fair For All Stocktake was conducted in 2000 to examine the status of cultural competency within NHS organisations. The key challenges were identified under four headings: Equal Opportunities; Leadership; Strategic Planning and Accountability. With the publication of *HDL (2002) 51* guidance, a three-year programme of targets was suggested by the Scottish Executive for NHSScotland. It includes energising the organisation through effective leadership; assessing the demographic profile of populations at risk and conducting health needs assessment in order to develop evidence for planning; promoting access to services by ensuring provision of services that are sensitive to cultural and religious needs; promoting equality of opportunity particularly in recruitment and selection; and promoting a community development approach by listening to and involving people in the pathways of care.

### Section II: NHSScotland's response towards Race Equality and Cultural Competence

While we clearly have a long way to go, there is evidence of increasing organisational commitment to progress in equality issues throughout NHSScotland, with substantial improvement in comparison to the position at the Stocktake. All NHS Chief Executive Officers signed up to the Commission for Racial Equality's 'Leadership Challenge' to demonstrate their personal commitment to this agenda.

**Race Equality Schemes and Action Plans:** There was some initial apprehension and inertia in understanding the need for development of Race Equality Schemes and Fair For All Action Plans. Issues included fears around non-compliance, lack of understanding of the nature of institutional racism and discriminatory practice and lack of focus on 'ethnicity' due to small population numbers. Nonetheless, the Race Equality Schemes and Fair For All Action Plans were generally completed on time. There is evidence of progress by most Health Boards specifically where there has been a dedicated staff or/and an enthusiastic Chief Executive. NRCEMH provided support and guidance in development of Race Equality Schemes and Action Plans. A Joint National Assessment Framework developed in partnership with CRE is being used to help identify gaps and improvements.

**National Review – summary and objectives:** A national review of all Race Equality Schemes and Action Plans was conducted by NRCEMH in partnership with CRE. The final report will provide guidance to help Boards and Trusts in refining and implementing their Race Equality Schemes and Action Plans. It will also help provide direction to the future work of NRCEMH by highlighting areas and priorities for development of national guidance on policy to be taken forward by the NRCEMH policy network. These areas include: consultation; community development; service provision; human resources; procurement; impact assessment; audit tools and performance indicators.

**Interaction with NRCEMH:** Interaction between NRCEMH and Health Boards and Trusts has been developing positively with increased commitment to representation on networks and working groups. An increase in individual requests for advice and assistance has also been recorded.

**Networks:** The commitment and role of Lead Network representatives is progressing. This has been helped by the visits made by NRCEMH staff to individual Health Boards. NRCEMH's work plan progresses through information, training and policy networks and specific pieces of work through themed networks facilitated by secondments from Boards and Trusts.

**Challenges:** These include keeping pace with rapidly changing political agendas particularly the EU Directives and consultation on a single Equality Commission; the need to focus on race equality within the wider diversity and social inclusion agenda; addressing institutional discrimination; developing better communication across the organisations and ensuring change which can be measured.

**Directions:** The NRCEMH will encourage the greater involvement of minority ethnic communities and ensure they are offered real opportunities to play an active part in the development of NRCEMH's work. There will be increased emphasis on sharing good practice by partnership working and twinning opportunities. NRCEMH will be working towards producing national guidance, developing performance indicators and targets to measure change in practice; and work closely with national agendas around diversity such as Patient Focus and Public Involvement.

The key health organisations supported by NRCEMH are the NHS Boards and Trusts. However, NRCEMH is also establishing important links with the voluntary sector, local government and other statutory agencies.

## Conclusion

By harnessing political will, managerial drive, challenging but specific guidance and legislation, and widespread goodwill within the NHS, Scotland has made considerable progress in tackling the formidable policy and strategic challenges posed by the goal of creating a health service responsive to the needs of a multi-ethnic, multicultural society. If this momentum is to be maintained, the strategy must be seen as long term and needs to be focused on priorities which are agreed in partnership with the various stakeholders.

We have completed the first Annual Review of Boards in relation to race equality. The key points from this analysis will help to focus our work in years 2 and 3:

- Having established clear leadership at strategic levels we now wish to see ownership by staff at managerial and operational levels.
- Boards have developed demographic profiles and undertaken health need assessments of local minority ethnic populations. We now need to develop various tools to help the process of health impact assessment as well as to establish a national infrastructure for research.
- Action Plans have identified clear gaps and set the base line; Boards will be encouraged to move forward as quickly as possible in this area to ensure culturally competent provision on aspects of personal care including communication, diet, spiritual care and advocacy.

- Training and learning will involve considerable organisational development at a number of levels; induction, front-line staff, anti-discriminatory practice for management, career development and mentoring opportunities for minority ethnic staff.
- Support and guidance will be given in relation to more effective consultation and engagement with minority ethnic users; opportunities will be created for regional partnerships and twinning in order to share good practice models.
- We will ensure that race equality issues in rural areas are embedded within the mainstream on an inter-agency basis and the needs of minority ethnic groups are addressed as part of the social inclusion agenda.

The pivotal role of the NRCEMH is evident already. One of the many key challenges for the next year is strengthening the infrastructure within the newly unified NHS Health Boards. This and other challenges will involve the continuing support of the Scottish Executive, staff associations, unions, professional bodies and – most importantly – patients. There is no room for complacency because the hardest task is the implementation of phase, we have just started.