BME Leadership Forum

NHS CONFEDERATION

Engaging with BME communities: insights for impact

Personal views from NHS leaders

The BME Leadership Forum

The Black and Minority Ethnic (BME) Leadership Forum was founded in 2003 to help ensure that national health services meet the needs of BME communities. It provides members with a strong collective voice and a platform to engage with policymakers and key opinion formers from across the healthcare sector.

Our mission is to support, develop, inspire, and positively promote BME healthcare leaders of the future and to encourage all NHS leaders to improve the health of their communities through working on prevention and better clinical interventions that take into account issues of ethnicity, race and faith.

The forum is passionate about championing BME leaders within the NHS. We work closely with our partners at the **NHS Employers organisation** and the **Royal College of Nursing** to influence policy to ensure that the NHS both understands and is responsive to the needs of BME staff and communities.

We support initiatives across the NHS that promote equality, such as the **Mary Seacole Awards**, which highlight worthy examples of empowering NHS staff and communities to help reduce health inequalities.

We will continue to champion the efforts of BME staff who make a real difference to reducing health inequalities, such as organ donation nurses across the country who have managed to reach seldom heard communities to increase awareness and understanding of organ donation, and encourage more people to join the NHS Organ Donor Register.

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For more information on our work, please contact:

The NHS Confederation
50 Broadway London SW1H 0DB
Tel 020 7799 6666
enquiries@nhsconfed.org
www.nhsconfed.org

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Foreword

Equality and diversity are often seen as mandatory statutory considerations, 'morally right' actions and activities, or exercises in political correctness. In truth, the guiding principles of the NHS make it clear that embracing and promoting equality and diversity is crucial to delivering the highest quality service to the public we serve. Ultimately, it is our responsibility to deliver services that adequately and appropriately meet the needs of our increasingly diverse communities.

As chair and vice chair of the Black and Minority Ethnic (BME) Leadership Forum, our vision for the NHS is a service that proactively meets and anticipates the growing and increasingly complex needs of diverse communities, and one in which the myriad benefits of a diverse workforce and patient population are actively promoted and embraced.

The UK is set to overtake the USA as the most diverse society in the western world over the next 35 years. While socially and culturally we have made great strides in first accepting and then celebrating our diversity, some parts of our healthcare system have been slow to react to the changing demographic landscape.

Clearly, we must accept that there are significant barriers to accessing healthcare for large sections of our society. Matters as fundamental as language, for example – one of the key barriers to accessing services for many Pakistani and Bangladeshi people – are issues we must address to tackle these barriers head on.

We see many examples in the NHS of where 'barrier busting' is happening, led by inspirational and dedicated leaders. This paper highlights just some of these examples, detailing ways in which providers and commissioners have developed innovative solutions and approaches to better cater for and engage with BME communities.

Gideon Ben-Tovim OBE, former chair of Liverpool Primary Care Trust and NHS Merseyside, Paula Vasco-Knight, chief executive of South Devon Healthcare NHS Foundation Trust, and Clive Clarke, deputy chief executive of Sheffield Health and Social Care NHS Foundation Trust, provide personal reflections on how, why and with what impact their respective trusts have engaged with and better met the needs of their BME communities. All provide case studies of initiatives within their trusts.

Such initiatives are proving increasingly important as statistics reveal a worrying picture of health inequalities in England today:*

- South Asian people are 50 per cent more likely to die prematurely from coronary heart disease than the national average.
- Young black men are six times more likely than young white men to be sectioned for compulsory treatment under the Mental Health Act.
- Infant mortality in England and Wales for children born to mothers from Pakistan is double the national average.

*www.raceforhealth.org

The landmark 2010 Marmot Review highlighted the extent of health inequalities in England, providing evidence that the many people who die prematurely as a result of inequalities each year would otherwise have enjoyed between 1.3 and 2.5 million extra years of life.

Indeed, much has been said about the importance of having a population-wide health perspective for tackling health inequalities, with commentators highlighting both the long-term clinical and financial advantages of preventative healthcare. The Marmot Review reckoned that the healthcare costs associated with inequality were in excess of £5.5 billion per year, and that if no action was taken the cost of treating the various illnesses that result from inequality would rise significantly.

Tackling inequality can only be done by really understanding the communities we serve, and valuing one of the key tools at our disposal – a caring, skilled and diverse workforce. But, if we are to truly harness the benefits of a diverse workforce, coherent action and more detailed research will be needed into why, according to research by Bradford University, BME NHS employees are twice as likely to face disciplinary procedures than others.

We believe that the NHS will benefit hugely from the learning and examples shared in this paper – and others – of how to identify and better meet the needs of the diverse communities we serve.

Jagtar Singh OBE
Vice Chair, BME Leadership Forum

Maxine James
Chair, BME Leadership Forum

Nola Ishmael OBE
Vice Chair, BME Leadership Forum

Key learning points

Understanding the specific needs of seldom heard communities should be key to the design, delivery and evaluation of healthcare provision. To achieve this, we must engage with all parts of our communities by consulting with local people and involving the community in identifying gaps in service provision.

Engaging with BME communities to better meet their healthcare needs is not simply a moral imperative or an exercise in political correctness. Intervening early and providing BME communities with the right health and social care could save the NHS money by reducing health inequalities. These inequalities cost the NHS dearly as they put pressure on acute, prescribing, mental health and social care resources.

Communicating a clearly defined equality vision to all staff, partner agencies and the community, with specific action plans focusing on addressing the needs of those who suffer the greatest inequalities, is vital. To make sure this does not become a tick box exercise, organisational and governance structures should be put in place to ensure that the equality strategy becomes a central policy for the organisation.

To meet the needs of BME communities, it is important to embed their voice and their unique perspective into the heart of decision-making. This can be done by recruiting non-executive and lay board members from diverse communities.

To create the right services, we must better understand the demographics of our communities. This involves analysing data regarding BME groups and putting the tools in place to measure their healthcare experiences and the challenges they face. It also means working with local government, community and third sector groups, who have significant data and intelligence about seldom heard groups.

Healthcare isn't always the right 'first' intervention to improve health outcomes. Collaboration and joint working with other agencies, voluntary organisations and local authorities will help the NHS understand and address challenges that seldom heard people face, like unemployment and housing. These are often the underlying reasons for poor health.

By using patient and staff surveys and patient service reviews, we can determine what care delivery looks like to those who experience it at the sharp end. We should use this information to shape services to better meet the needs of the whole community.

Take time to listen to patients and staff stories and ensure you never lose sight of the daily realities of healthcare. This should be a two-way and open-minded dialogue, to ensure innovative and inspirational ideas regarding service delivery are captured.

A diverse workforce is well placed to build trust and confidence with service users, showing inclusiveness. This will help organisations to understand the local community and aid the delivery of outstanding patient care.

It is vital to embed a culture of respect in NHS organisations, where colleagues, patients and visitors are respected and valued for their diversity. This will show that the NHS is personal, fair and diverse, where everyone counts.

Populations are not static and the needs of communities will not stay the same. We should continually monitor data, communicate with partner agencies and engage with seldom heard groups to understand what communities need, to commission and provide the right services.

For more information on the issues covered in this report, contact **matthew.macnair-smith@nhsconfed.org**. To find out more about the work of the BME Leadership Forum, contact **christina.heap@nhsconfed.org**

Turning rhetoric into reality in Liverpool

Gideon Ben-Tovim OBE
Former chair, Liverpool Primary Care Trust and NHS Merseyside, and Joint Chair of the NHS Employers Equality and Diversity Strategic Forum

Gideon is an honorary senior fellow at the Department of Sociology, University of Liverpool, and author of various books, reports and articles in the fields of race relations, regeneration, local government and education. As well as being former chair of Liverpool PCT and NHS Merseyside, he also chaired the PCT's human resources committee and equality and diversity sub-committee. A former chair of Merseyside Race Equality Council, Gideon is also chair of **Race for Health**.

Making a difference

For more than a decade, Liverpool Primary Care Trust exemplified what can be achieved within the NHS when equality and diversity work is made a strategic priority, given strong leadership and implemented by committed staff.

When we began this journey, we were determined to tailor health services to the needs of Liverpool's culturally diverse communities, ensuring that health inequalities associated with ethnicity across the city were addressed.

We started by communicating a clearly defined equality vision to staff, partner agencies and the community itself, setting out an explicit implementation policy and action plans focusing on groups suffering the greatest inequalities – including members of black and minority ethnic (BME) groups.

To ensure this would not become just a 'box ticking' exercise, we put in place organisational and governance structures to ensure the equality strategy became an ongoing and central policy for the trust.

Making it happen

When Central, South and North Liverpool PCTs merged in 2006 to form Liverpool PCT, we took the critical decision to locate equality and diversity within the commissioning arm of the trust. This meant we were able to influence service specifications, advise on proportionate weighting within tenders, and monitor contract management to ensure that funding and resources could be more effectively targeted at reducing health inequalities.

We were also determined to recruit non-executive and lay members from the city's diverse communities to our PCT board. Following a PR campaign, over 100 people applied for the first non-executive posts and our board became acknowledged as a model of BME diversity.

These stakeholders gave us a unique perspective on the health needs of their communities that helped to shape service commissioning. They also provided us with a direct connection to the communities we serve.

Community engagement

Understanding the needs of a specific community is key to the effective design, delivery and evaluation of healthcare provision. Early on, we recognised the importance of entering into an ongoing dialogue with our communities who, in turn, proved to be valuable partners in tackling health inequalities.

Over the years, our investment in community engagement yielded valuable insights and knowledge about the needs and concerns of the city's diverse communities which we otherwise would not have had access to. Combined with data from patient profiling and health needs assessments, this knowledge informed our service planning and commissioning.

For example, consulting with local people about our BME health service provision led to us commission a new, first-class interpreting and translation service to support ongoing health work across the city. The service provided face-to-face interpreting, a 24/7 language line telephone service that was available to all GP practices, and a catalogue of over 80 healthcare resources based on the needs of BME communities. The service handled requests for up to 54 different languages, with the most requested being Arabic, Mandarin, Cantonese, Polish, Czech, Kurdish, Farsi and Somali.

'Understanding the needs of a specific community is key to the effective design, delivery and evaluation of healthcare provision'

Access for all

By making neighbourhoods the focus of our health improvement actions, we were able to develop highly targeted wellbeing outreach and grassroots programmes that included very effective peer-led health initiatives.

Grassroots working

The trust worked closely with its BME communities to change attitudes and bring together communities with NHS services. This included actively involving the community to identify gaps in service provision and ways these might be addressed, and working in collaboration with Liverpool City Council and other agencies to develop different ways of working.

The trust's community development workers (part of the social inclusion team) kicked off a number of groundbreaking initiatives, including:

- BME Older Person's Carers Network – to support and highlight the needs of BME carers.
- Dementia champions – this project targeted Somali and Chinese communities to raise awareness, provide support to carers and those with dementia, and signpost appropriate health services, by employing dementia champions.
- Yemeni health days – one-day events for men and women from the Yemeni community to access free health and wellbeing activities, body 'MOT' tests and information on NHS services.
- African women days – one-day events to increase confidence in the city's health services and awareness of screening for inherited blood disorders such as sickle cell, thalassaemia and G6PD deficiency.

- **Prostate cancer awareness events** – health and awareness promotions to African and Caribbean communities.
- **Hospital Communication Handbook and Patient Passport** – communication aids for BME communities, including resources for refugees and asylum seekers relating to child health and immunisation.
- **Khat research and education** – research on the use of khat (a herbal stimulant) in Somali and Yemeni communities, the provision of advice to people who chew it, and advice and guidance to health professionals on khat use.

Our health link workers, together with other members of our social inclusion team, played a key part in improving access to health services for BME communities in the city. Working with the Somali, Chinese, Yemeni, Indian, Bangladeshi and Kurdish/Iraqi communities, they initially only provided interpreting services, promoted health messages and encouraged participation in screening programmes. But, over time, they became an important source of knowledge and advice for health professionals about cultural factors, health concerns and other important issues affecting their respective communities.

Final thoughts

At Liverpool PCT, we showed how NHS leaders and frontline staff really can make a difference, delivering meaningful outcomes that benefit the communities we serve.

We achieved this by embedding equality and diversity at the heart of our decision-making and service delivery, supporting structures that act as a voice for local communities, and tackling health inequalities at a neighbourhood level.

The BME Leadership Forum would like to thank Michelle Cox, Patient Experience Manager at NHS England – Merseyside, former Head of Equality and Diversity, Liverpool PCT, for her contribution to this case study.

Case study: Enabling better access to NHS addiction services

The Liverpool BME Alcohol and Drugs Outreach Navigators (ADON) project was created to enable better access to services for BME individuals with drug or alcohol problems outside of mainstream NHS and social care services. It is a specialist outreach service developed for anyone with 'minority' status.

Developed in conjunction with Mersey Care Addiction Service and the Sanctuary Centre, the service has recruited 'navigators' from minority communities across the city to engage with BME community members and support them in accessing NHS addiction services. The service is designed to reach out to individuals who may have been reluctant or lacked confidence to do so in the past.

The face-to-face work of the ADON navigators is complemented by a telephone support service. Information and guidance is also available to the family and friends of individuals with drug or alcohol dependency problems.

Reducing health inequalities in South Devon

Paula Vasco-Knight
Chief executive,
South Devon Healthcare
NHS Foundation Trust

Paula has been chief executive of South Devon Healthcare NHS Foundation Trust for five years, having previously held a variety of senior posts in different organisations, including deputy chief executive, executive director of operations and service improvement, and executive director of nursing and midwifery. As a chief executive, she has led her trust to a prestigious 'Acute Healthcare Organisation of the Year' award, and has been nominated for an 'NHS Leadership Recognition Award for Inspiration'. Last year, she was appointed as a national ambassador for the NHS equalities agenda, taking up the role of senior responsible officer for the NHS Equality Delivery System.

The cost of caring

As commissioners and healthcare providers, we need detailed and accurate knowledge and information about the communities we serve. This includes becoming familiar with every deprived social group within the local population, including those from a BME background.

In South Devon, we've committed to a strategy of reducing health inequalities for everyone – including the homeless, refugees and other marginalised groups in society, such as prisoners, rape victims or those with learning disabilities.

Our commitment to this strategy goes beyond being merely a moral imperative. Engaging with BME communities – and all those who experience health inequalities – is not simply an exercise in political correctness for us. There's a powerful business case for pursuing fairer access for all.

Studies show there's a clear cost benefit to reducing health inequalities, since the poor health and shortened life expectancy that health inequality engenders represent a direct cost to the NHS in terms of a higher burden on acute and prescribing services and mental health and social care resources. In other words, we're learning that the poor health futures of those who experience health inequalities represent a short and longer term resourcing issue for us as commissioners and providers.

I'm passionate about everyone understanding the economic value of inclusion and earlier

intervention, not just from a societal point of view but from a public health perspective. What's more, in South Devon we're discovering that healthcare isn't always the right 'first' intervention for improving health outcomes.

For example, studies reveal that young people with learning disabilities who find themselves excluded from employment are more likely to die younger and will experience greater and more extended periods of poor health. It's why we've got involved in an initiative with other agencies to get these young adults into work roles and placements where they can feel valued and can contribute to society (see case study below).

Know your community

Clearly there are benefits for all in removing barriers to accessing health and social care. But creating the right services means that, as providers and commissioners, we need to understand the demographics of the community we serve. And that includes profiling BME and other marginalised groups that have been labelled as 'hard to reach'.

Designing services that work for the needs of the community requires us to find out what the population we serve locally actually looks like from a BME

Case study: Getting young people with learning disabilities into work

In September 2012, a group of young people with learning disabilities started internships in Torbay Hospital under the banner of Project SEARCH.

Project SEARCH lasts a year, during which 11 students will work in three placement rotations in different areas within the trust, including catering, postal service, portering, medical records, haematology, clinical preparation and administrative support in human resources. The aim is to help students find paid employment with the hospital or elsewhere in the community.

The programme aims to leave a legacy where disability does not have to be an impairment to ambition. As the leading employers in the region, the NHS hospitals in Torbay and Plymouth are committed to supporting the initiative.

For Paula Vasco-Knight, being a part of Project SEARCH is a demonstration of the diversity values that operate at the heart of Torbay Hospital. By leading by example, she believes other employers in the region will be inspired to become more inclusive.

Project SEARCH has achieved success all over the world, and is being delivered in Torbay by South Devon Healthcare NHS Foundation Trust, South Devon College, and the social enterprise Pluss (a joint initiative between Devon County Council, Plymouth City Council, Somerset Council and Torbay Council), which provides specialist employment support services across Devon and Cornwall for people with learning disabilities, physical disabilities and mental health issues.

This is the third year Torbay Hospital has engaged with Project SEARCH, which is also being supported by hospitals in Plymouth.

and deprivation perspective. Achieving this means putting in place tools to measure the experience and access challenges local communities face – as well as what happens at discharge too.

At Torbay, we utilise patient and staff surveys, analysing these against defined 'protected characteristics' to determine exactly what our care delivery looks like to those who experience it at the sharp end. In this way, we're able to shape and refine our service delivery, which can include meeting the language or cultural needs of those we serve.

Achieving this insight and knowledge means making the most of every resource and channel available. Collaboration with local government, community and third sector groups can give you significant data on the vulnerable and disadvantaged groups that exist in the local population. Plus, opening lines of communication with these groups can result in opportunities for joined-up working, which make sense from an organisational perspective and significantly benefits the local community too.

Finally, I'd say that as a chief executive it pays to never lose sight of the daily realities of healthcare within your organisation. Taking time out to listen to patient and staff stories gives you a real feel for what's going on right now, what needs to change and how. It's one of the most important time investments I make for the future of my organisation and those we care for.

Your workforce should mirror your community

I'm a passionate believer that diversity is an essential component in the delivery of outstanding patient care. Here in South Devon, we've made acknowledging difference the bedrock of our working culture. We understand the local community that we serve, and regularly review the population that we work within to monitor whether our services are relevant and appropriate. We operate a culture of respect towards our colleagues, our patients, and everyone who visits our facilities. In the past five years, we've increased the BME representation in our workforce. Currently, around 9 per cent of our staff are from a BME background; that's more than double the present BME population density in the local area.

We've achieved this turnaround by implementing a values and behaviours element to our interviewing and recruitment process. This has had a significant impact on the make-up of personnel in all departments, including clinical and medical departments. It has also helped underline the culture and values of the organisation to those working here. I believe this is why patients and other people who visit our hospital and clinics notice and comment that there's a real warmth and difference to the way they are met, greeted and dealt with.

Adopting an inclusive attitude is liberating for staff too. It shows them the benefits for everyone of operating a personal, fair and diverse NHS where everyone counts.

Engagement with impact in Sheffield

Clive Clarke
Deputy Chief Executive,
Sheffield Health and Social Care
NHS Foundation Trust

With over 25 years' experience of health and social care provision, Clive was appointed to his current position in 2003, having previously been head of social services and mental health. Clive began his career as a nursing assistant (he holds a dual qualification of mental health psychiatric nurse and social worker), moved quickly into senior management, and become a director at the age of 33. Passionate about working closely with the local community, he has spent a decade as an adviser to the board of the Sheffield African Caribbean Mental Health Association.

Create a platform for dialogue

In Sheffield, we've worked hard to create platforms where engagement with all our communities can flourish. Over the years, we've established a number of partnership-style working relationships with local BME groups, which allow ideas and experiences to be exchanged.

I'm a strong believer that chief executives should engage in open-minded dialogue with service users, and that this process can result in fertile and inspirational ideas that ultimately shape the services you deliver and the way they are delivered. For example, it was a community event – hosted and led by service users – that first kicked off the idea of introducing the RESPECT model in Sheffield and highlighted the potential benefits of adopting the system (see case study on page 12).

To enable this dialogue, we've taken steps to ensure BME communities have formal representation on our governing body. We also engage in outreach, via voluntary and other third sector organisations, to ensure we stay tuned in to what's going on in hard-to-reach communities and keep up to date with changing BME demographics in the local population.

Champions lead the way

Service users from the local community are regularly involved in our service reviews. Indeed, we have service user champions who work closely alongside our clinical champions to provide a comprehensive, 360-degree viewpoint which generates learning for all.

These service users provide valuable input for our clinical and non-clinical staff, for example in the form of patient stories that are shared at training or review sessions. These stories provide insights into the patient experience and cultural viewpoint – including the realities of how our practices and procedures operate and are perceived – that can help generate understanding for staff teams.

Case study: Improving patient experience in acute psychiatric wards

Members of Sheffield African Caribbean Mental Health Association (SACMHA) conducted research into why so many black inpatients on local acute psychiatric wards had such a negative experience of care. Their findings led to a campaign which resulted in African-Caribbean service users working in partnership with Sheffield Care Trust to improve service delivery for the community.

The SACMHA team contacted an organisation in Hull that had pioneered the use of a form of restraint for psychiatric patients, called RESPECT. This model takes a different approach to the way people with mental illnesses are treated in hospital and minimises the need to physically restrain patients. Staff are trained in how to manage difficult and threatening situations without resorting to the control and restraint technique, and without confrontation. The model was developed from the well-known Strategy for Crisis Intervention and Prevention (SCIP).

The SACMHA team championed the idea that RESPECT should be brought to Sheffield. As a result, Sheffield Care Trust took their ideas on board and committed to providing training for all of its acute care nurses and management teams.

The first 12 people were trained in RESPECT in 2012. Today, over 300 staff are trained in using the system. Work has also begun with the universities and Sheffield teaching hospitals which train future nurses.

Having adopted RESPECT, Sheffield Health and Social Care Trust has achieved a significant reduction in the number of restraints on its acute adult wards, and physical assaults on staff have fallen considerably.

We depend on our service user champions to liaise with and educate their communities on the approaches we take and the best way to engage with our services, and provide signposting on how to access our services.

Good practice benefits everyone

One thing we've learnt in Sheffield is that good practice benefits everyone.

For example, when SACMHA directed us on the benefit of introducing the RESPECT methodology, they were motivated by a desire to reduce the levels of seclusion that BME people experience on acute wards (see case study above).

However, having introduced staff training across all our sites, we've found that it is not just BME patients who are benefiting from the model. Adopting a 'non escalation' approach to managing patients has reduced the number of restraint interventions, lowered the number of physical assaults on staff and changed the dynamics on our wards. Our patients tell us they feel valued and cared for, and our staff are able to work in a more productive and positive workplace environment.

Ultimately, we've shown that intelligent interpersonal skill techniques have made our facilities a better place for everyone. All of which came out of an initial desire to respond differently to our BME service users.

Engaging with BME communities: insights for impact

Equality and diversity are often seen as mandatory statutory considerations, 'morally right' actions and activities, or exercises in political correctness.

In truth, the guiding principles of the NHS make it clear that embracing and promoting equality and diversity are crucial to delivering the highest quality service to the public we serve.

There are significant barriers to accessing healthcare for large sections of our society. We see many examples in the NHS of where 'barrier busting' is happening, led by inspirational and dedicated leaders. This paper highlights just some of these examples, detailing ways in which providers and commissioners have developed innovative solutions and approaches to better cater for and engage with BME communities.

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