UPDATE ON ADDRESSING ETHNIC MINORITY HEALTH ISSUES

1 Purpose of the Report

1.1 The purpose of this report is to update the Edinburgh CHP Sub-committee on work to address the health issues of its minority ethnic communities including migrants, asylum seekers, refugees and Gypsy/Travellers.

2 Recommendations

The Sub-Committee is invited to:

2.1 Note the activity taking place in the CHP to improve access to services and health outcomes.
2.2 Endorse the implementation of a pilot in a GP practice to improve data collection across equality strands which will allow for more effective monitoring of service uptake by age, disability, ethnicity, gender, religion/belief and sexual orientation as well as improving the patient’s experience of services.
2.3 Note the planned review of the link Health Visitor role for Gypsy/Travellers.
2.4 Emphasise the importance of impact assessing all strategies and policies to ensure that the needs of our diverse community are considered to address inequalities.
2.5 Emphasise the importance of staff training on equality and diversity issues and impact assessment.
2.6 Note the opportunities for increasing involvement of equality groups in the work of the CHP.
2.7 Note that recurring funding has been secured for Khush Dil and the remaining financial pressure of the unfunded post.

3 Summary of the Issues

3.1 This paper updates the CHP on current activity with BME communities and other relevant issues which will help to increase the capacity of the CHP to address inequalities in health both operationally and strategically.
3.2 It identifies opportunities for increasing the involvement of representatives from different equality strands discussed under section 4.7.

3.3 It highlights training opportunities as an important lever to ensure that the CHP is inclusive of communities of interest when addressing health inequalities.

3.4 Highlights an ongoing shortfall in funding as a resource issue.

4 Key Issues and Progress
Minority Ethnic Health Inclusion Service updates 2007-8

4.1 MEHIP: the Minority Ethnic Health Improvement Project in primary care have received 292 new case referrals to the link worker/advocates during the period to support people to access primary care services and provide occasional support to access acute and terminal care services. The Chinese community is expanding in Lothian with the highest numbers of referrals. Referrals have increased from health professionals this year but the majority still come direct from the community as either self referrals or through families. Referrals have included people from a wide range of ethnic origins including Chinese, Bangladeshi, Indian, Pakistani, Sudanese, Turkish, African, Algerian and Arabic. Sixteen health promotion sessions were held on a range of health topics and 204 people attended.

The vacant post for Arabic and African link working will be filled as soon as possible to address this priority gap in the service.

The MEHIP Team Leader has been seconded one day per week for a year to the Scottish Health Council who has received Scottish Government funding to produce a national DVD on accessing primary care services for ethnic minorities.

4.2 MEMHP: the Minority Ethnic Mental Health Project received 56 out-patient and 41 in-patients referrals reflecting the diversity in the local population.

Six mental health promotion sessions were provided in the community to 152 people in partnership with the black and minority ethnic voluntary sector.

4.3 Khush Dil: is a project established to reduce the incidence of Coronary Heart Disease in Asian communities by providing support to improve diet and exercise and other life style issues within a cultural context. The project received core funding this year and their management base has transferred to MEHIP. One member of staff is linked to the Keep Well programme. 379 attendances were recorded for physical activity and 10 gardening sessions were held. A meeting has been set up to discuss its future development and progress will be reported later on increasing access to other minority communities.

4.4 Asylum Seekers and Refugees: following the reduction in the numbers of refugees and asylum seekers in Edinburgh, the Edinburgh Refugee Centre has closed and its work has been taken up by mainstream services. A network of agencies has been formed who work with this group and the Health Inequalities Manager remains the key contact on health issues.

4.5 Gypsy/Travellers: some members of this community who are pitched on the Council site at Craigmillar receive support from the local Health Visitor and the local Medical Practice. A part-time Health Visitor covers all the other Gypsy/Travellers on the roadside in Edinburgh, Mid and East Lothian and is a link to those in housing. This post has been temporarily supported by identifying link Health Visitors in localities and will be reviewed shortly after being on trial for a year. Handheld records for Gypsy/Travellers have been distributed by the
Health Visitor and through Accident and Emergency Departments and this has the potential to improve the continuity of their care when they travel to new areas. Direct access to services for Gypsy/Traveller women have been implemented in maternity, women's health and for men and women to retinopathy screening. An outbreak of measles in the community led to four hospital admissions for children and an increased uptake in immunisation. Good links exist on Child Protection issues. Work is co-ordinated through a steering group chaired by the Health Inequalities Manager.

4.6 European migrants: A joint network on migrant issues has been established in partnership with City of Edinburgh Council and other public sector bodies in Lothian to share intelligence on migrant issues. Several open access events were held over the course of the year with the Polish community to improve knowledge of health promotion issues and access to services. Sessions have also been held on alcohol misuse. A number of information leaflets have been produced in Polish to provide information about GP registration and services.

4.7 Community Involvement and Consultation: the joint Equality Forums including the Race Equality Forum with City of Edinburgh Council and Lothian and Borders Police and NHS Lothian, represented by the Health Inequalities Manager, are currently being reviewed. The purpose is to increase opportunities for involving new and current members in considering cross equality strand issues as well as single strand issues as appropriate. The review is nearing completion after considerable consultation and should be agreed by September 2008. One of the outcomes will be identifying a cross-strand group of people who are interested in health issues. Work is already in progress to increase collaboration between this group and Public Partnership Forums. A joint consultation is being held on the Joint Health Improvement Plan in June. Through discussions with Lesley Baxter, Public Involvement Worker and Les Malone, Independent Review Officer, we are seeking to improve the way information can be summarised and made more accessible to the public and staff.

4.8 EQIA: there has been an increase in the number of impact assessments taking place in the CHP. The recent equality impact assessment of the new community health nurse role identified the need to improve reporting across equality strands including age, gender, and disability including sensory impairment, ethnicity, religion/belief and sexuality. The latter category is increasingly controversial and it may be considered more effective to advise staff not to assume heterosexuality in contacts with patients. This would leave the patient with the choice of whether they wish to disclose their sexuality or not. A pilot project is planned with one GP practice to improve recording across equality strands and will report back at a later date. Members of the Health Inequalities Team are involved as advisors in a wide range of strategic planning and policy groups including the Equity Audit Core Group to ensure that equality and diversity issues are being addressed in the planning and delivery of services.

4.9 Community Engagement: There is effective partnership working with a wide range of projects in the BME voluntary sector on health issues, health awareness, capacity building and sign-posting to appropriate services.

4.10 Training: Equality and diversity awareness training is currently provided at corporate induction through 5 e-learning modules: equalities overview, learning
disabilities, disability equality, sexual orientation/LGBT issues and age. Remaining modules will be completed soon on race and gender equality, religion/belief and spiritual care. The new 18-month mandatory training programme includes the e-learning modules and is applicable to all clinical staff. The development of a mandatory training for non-clinical staff is being developed as are additional training sessions for medical and dental staff. Equality and diversity workshops are provided year round. Rapid Impact Assessment training is available monthly and should be undertaken by all staff involved in strategy and policy development. Further development of the Empower system and systems to record the uptake of training will help to inform the CHP of its staff's capacity in this important area.

4.11 Workforce profile: a Project Officer has been appointed to work with the Associate Director of Human Resources for a six month period to support the improvement of workforce monitoring and to encourage staff disclosure of equality and diversity information. This will assist in providing information to the CHP to enable consideration of action required to promote equality in employment.

4.12 Interpreting and Translation services: there continues to be an increasing demand with requests for Chinese, Polish, Urdu/Punjabi and BSL (British Sign Language) interpreters being in the highest demand out of a total of 47 languages. This is a welcome development as it helps to ensure that patients can be more involved in decisions about their care. Interpreting is paid from a central NHS Lothian budget and is free at the point of use. Translation costs need to be met by individual services but the MEHIP team can advise whether there is information already available in an accessible format.

5 Impact on Health Inequalities

5.1 The work described above is critical to improving the health of our minority ethnic communities and contributes directly to addressing inequalities.

6 Resource Implications

4.1.1 Having secured funding for Khush Dil, the only current resource implication is the continued historical underfunding of the MEMHP of £18,500.

4.1.2 There are no other current resource implications.

Lesley Boyd
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29th May 2008

List of Appendices

The following Appendix is attached:

Appendix 1: Information on data collection across equality strands
Appendix 1 Access to information on data collection across equality strands

Impairment
http://www.datadictionaryadmin.scot.nhs.uk/isddd/11942.html

Gender
http://www.datadictionaryadmin.scot.nhs.uk/isddd/11252.html

Ethnic group
http://www.datadictionaryadmin.scot.nhs.uk/isddd/11138.html

Preferred communication
http://www.datadictionaryadmin.scot.nhs.uk/isddd/11179.html

Language
http://www.datadictionaryadmin.scot.nhs.uk/isddd/11407.html

Religion
http://www.datadictionaryadmin.scot.nhs.uk/isddd/11250.html

sex at birth
http://www.datadictionaryadmin.scot.nhs.uk/isddd/11393.html

Sex babies 1-3
http://www.datadictionaryadmin.scot.nhs.uk/isddd/9708.html

Sexual orientation
http://www.datadictionaryadmin.scot.nhs.uk/isddd/11177.html