Everyone is entitled to fair access to health – this is the founding principle of the NHS.

Improving the Health of Ethnic Minority Groups and the Wider Community in Scotland.
Definitions
For the purpose of this report, ethnic minority means all subgroups of the population not indigenous to the UK who hold cultural traditions and values derived, at least in part, from their countries of origin.

The term black refers to those members of the ethnic minority groups who are differentiated by their skin colour or physical appearance, and may therefore feel some solidarity with one another by reason of past or current experience, but who may have many different cultural traditions and values.
Foreword

by the Minister for Health and Community Care

‘The NHS is one of the things that holds us together: it was set up to help people regardless of class or race.’

I am delighted to be able to present this important document on meeting the health needs of Scotland’s ethnic minority communities more effectively.

In planning action and delivering change within the NHS, we have made clear our determination to work to ensure NHSScotland is more responsive to the needs of individuals and communities.

Action is already underway to improve the delivery of healthcare for key groups, for older people, for children, for people with mental health problems or with learning disabilities. This document is another step forward. It addresses problems of access to and use of the NHS which are often faced by people from ethnic minority backgrounds. The need for culturally sensitive ways of communicating, for the provision of religiously appropriate food, and the translation of patient information are important issues which impact directly on people’s experience.

There is no place for racism in the NHS - in dealing with patients, as an employer, or in communicating with the public. The great strength of the NHS is that care is free. It must now also be fair, and be seen to be fair, for all the staff and patients that believe in it and depend on it.

This document is a first step towards identifying the current practice in the NHS - the strengths and the weaknesses - and setting out how this can be improved.

Minister for Health and Community Care
I welcome the opportunity to make available this analysis of the policies and practices that NHSScotland uses to address the issues that are so much a part of improving the health of people from ethnic minority communities.

This is the summary of a much fuller report, which has been made available to the NHS and can be found at www.show.scot.nhs.uk. That report is the first of its kind, unique in its field. It presents a picture of positive progress in many areas, but does not shirk a 'warts and all' analysis where needed. It raises issues around the action necessary to ensure further progress on core patient service issues relevant to all parts of Scotland. Its publication underpins the NHS’s ongoing commitment to meet the distinctive health needs of all Scots whatever their cultural or ethnic background.

The report reveals that, while much good practice exists, there is still some way to go in planning and developing a culturally competent NHSScotland in partnership with communities: a service that takes account of the distinctive needs of the diverse groups and communities of Scotland.

It has never been acceptable to relegate the health needs of a group on the basis of small numbers or cultural background. This document makes clear that those days are past, and that NHSScotland is willing to rise to the challenge of Our National Health of meeting the distinctive health needs of people and family groups from ethnic minority communities.

It represents a challenging agenda for NHSScotland. But it is a challenge I am happy to accept on behalf of all my NHS colleagues. I am also happy on behalf of the Health Department to take the Commission for Racial Equality Leadership Challenge as a visible and systematic approach of translating my personal commitment into action. I am very pleased that this commitment is shared by the Chief Executive of every health organisation in Scotland.

Trevor Jones
Chief Executive, NHSScotland
Introduction

Background

‘Scotland is a multi-racial and multi-cultural society and the NHS needs to be aware of, and be sensitive to, the many traditions, cultures and religious practices which exist, in order to meet the health needs of the population.’¹

In 1998, the then Minister of Health at the Scottish Office challenged the NHS to integrate minority health issues into their mainstream work and not treat it as an ‘add-on’ (Appendix 2).

In 2000, the Scottish Executive Health Department commissioned a ‘stocktake’ of policies and practices used by Boards and Trusts in meeting this challenge. The report of that audit:
- analyses the current situation
- outlines the support which the NHS organisations say they need to enable them to progress work in this field
- sets out the requirements now being placed on NHS organisations to meet the distinctive health needs of people from Scotland’s ethnic minority communities.

This summary document draws out the report’s key themes and recommendations for improving the health and access to services of ethnic minority groups and the wider community in Scotland.

The need to take stock

Given the relatively low number of people from ethnic minority communities in some parts of Scotland, the key issue that emerged during the early stages of surveying was ‘why is this issue a priority?’.

It has to be recognised that numbers are not, and must not be, the only determinants of priorities. Everyone is entitled to fair access to health care and the right to opportunities for better health. This is a founding principle of the NHS.

The challenge of addressing inequalities experienced by black and ethnic minority groups is that:

Ethnic minority disadvantage cuts across all aspects of deprivation. Taken as a whole, ethnic groups are more likely than the rest of the population to live in poor areas, be unemployed, have low incomes, live in poor housing, have poor health and be victims of crime.²

Of course, not everyone within ethnic minority communities experiences the same disadvantages. Ethnic minority groups are diverse, and particular groups have greater health needs than others. However, recent UK-wide developments, such as the report of the Macpherson Inquiry and the Race Relations (Amendment) Act 2000 have reinforced the importance of taking steps to reduce inequalities among ethnic minority communities.

The policy context
Scotland has been at the forefront of this process. The Executive’s Equality Strategy³ reaffirms its commitment to:

‘... secure a just and inclusive Scotland. This means tackling discrimination and prejudice across Scotland. It also means tackling systems, behaviours and attitudes that cause them or sustain them.’

Our National Health: A Plan for Action, A Plan for Change⁴ (the Health Plan) further reinforces this by committing the Executive to ensuring that:

‘... NHS staff are professionally and culturally equipped to meet the distinctive needs of people and family groups from ethnic minority communities.’

The stocktake provides a baseline for taking forward these commitments.

² Scottish Executive Social Exclusion Unit. 1998
⁴ Our National Health: A Plan for Action, A Plan for Change, Scottish Executive 2000
The ethnic minority population of Scotland

The 1991 Census shows that the ethnic minority population in Scotland is approximately 1.3% of the total population. The main ethnic minority groups are of Pakistani, Indian, Bangladeshi, African, Asian, African/Caribbean and Chinese origin.

These communities are unevenly distributed across Scotland. Evidence shows that over 60% of ethnic minority communities are resident in the four major cities (Aberdeen, Dundee, Edinburgh and Glasgow), where they make up nearly 3-5% of the population.

In the central belt, the main ethnic minority communities are from the Indian sub-continent, particularly Pakistan.

In rural areas such as Grampian, Highlands, Borders and Dumfries and Galloway, the Chinese community forms the largest ethnic minority group.

While the numbers of ethnic minority people in rural areas may be small, there is a growing body of evidence that the health of these groups are further complicated by the problems associated with living in a rural community.

Data to date suggest that 45% of ethnic minority communities were born in the UK.

There is evidence that the 1991 Census underestimated the ethnic minority population. More accurate statistics are likely to become available from the census in 2001.
A strategic framework

The stocktake developed a framework to assist NHSScotland take practical steps to improve health services for ethnic minority communities.

The key elements of the framework were:

- **Demographic profile**
  To what extent does the organisation have a clear understanding of the ethnic minority make-up of the local population, including their geographical concentration and socio-economic condition? How have these data been utilised in priority setting, planning and developing services to meet specific identified health needs?

- **Access: service delivery**
  Has the organisation taken account of access issues and concerns that may have arisen for ethnic minority communities? What action has the organisation taken to overcome these barriers?

- **Community development**
  The degree to which the organisation is ‘outward facing’ and concerned with involving local ethnic minority communities and organisations in promoting their own health.
  The extent of the organisation’s understanding, dialogue and support for forums, networking, advocacy and service delivery organisations that make up the locally-constructed ‘infrastructure’ for ethnic minority communities.

- **Human Resources: recruitment and selection, development and retention of staff**
  The extent to which race and equal opportunities issues are integrated into the organisation’s Human Resources development strategies, including recruitment, training, learning, and retention of staff.

- **Energising the organisation**
  To what extent has the organisation come to terms with the challenge of ethnic minority health?
  To what degree is the organisation aware of the legislative framework, including the scope for positive action? Does it have in place up-to-date, integrated, race equality and equal opportunity policies?
  To what extent are these policies communicated throughout the organisation, and how are staff members made aware of their significance in day-to-day work?

This framework should also be utilised by NHS organisations in the implementation of the issues identified by this report, and forms a useful basis for all thinking in this area.
Main findings

The key findings of the exercise were:

1. Health Boards and Trusts were at very different stages in responding to the health and service needs of ethnic minority communities.

2. The priority accorded the issue has been low in some areas. This is as a direct result of the relatively low visibility of ethnic minority communities and the wider pressures on resources.

3. While some NHS organisations had undertaken some good project development work, many were in the early stages of acting on ethnic minority health issues and concerns.

4. In rural areas a ‘colour-blind’ approach to ethnicity and culture may result in services that fail to reach ethnic minority people or meet their needs.

5. There were examples of good practice and these should be drawn on more widely by NHSScotland in developing models of good practice that are systematic rather than piecemeal.

6. The service needs a strategy for progressing on a number of fronts, rather than addressing ethnic minority health problems through one-off projects.

7. NHS staff are keen to build ethnic minority issues into mainstream organisational processes. This will also help to address resource issues.

8. The stocktake has acted as a catalyst for a wide range of NHS organisations to begin thinking about how they address ethnic minority health needs.
Key recommendations

The stocktake has proved an invaluable exercise in raising awareness of the many issues in the field. Its catalytic effect has already resulted in many NHS organisations developing a wide range of programmes. This work to make the NHS sensitive to ethnic minority health issues can, and will be, built on and momentum will be sustained in a variety of ways.

These recommendations, it must be stressed, are systemic. None of these steps, on their own, can make a difference. The recommendations are mutually reinforcing and must be taken forward as a package if they are to have a significant impact.

NHS Boards will, as part of the Scottish Executive Health Department’s performance management system, be held accountable for meeting the commitment in the Health Plan. As part of this, the Health Department has released performance indicators.

Energising the organisation

- Ownership and accountability
  
  It is imperative that a lead responsibility for race and health – along with other responsibilities for addressing the needs of disadvantaged groups and increasingly diverse communities – is taken at Chief Executive level.

  This responsibility will include ensuring:
  - a coherent approach to planning and delivering these services as part of the organisation’s mainstream activities
  - all levels of the organisation are aware of ethnic minority issues.

- Strategic approach
  
  Many NHS organisations were undertaking work, but the approach tended to involve short-term, time-limited projects to improve understanding of needs, consultation, and access to interpreting and translation services.

  A more strategic approach to ethnic minority health issues is a key area for development for NHSScotland. There is a need to identify a core set of values that will underpin services and provide clear guidelines for action.

  This will involve securing commitment at executive and non-executive levels, the integration of these issues into NHS strategic policy and planning processes, including partnership arrangements, and the development of implementation plans with mechanisms for performance managing their delivery.
Equal opportunities

NHS organisations must have in place an equal opportunities policy that is:
- in line with the national guidance
- communicated to all levels of the organisation.

There must also be awareness training for all staff on the implications for their work of these policies and of associated legislation, for example the Race Relations Act of 1976, the Race Relations (Amendment) Act 2000 and the European Convention on Human Rights.

Opportunities exist for sharing good practice in this field as has been demonstrated by the work of the Scottish Partnership Forum, Partnership Information Network.

Demographic Profile

Health Needs Assessments

Many NHS organisations have not undertaken a Health Needs Assessment, and consequently have little knowledge of the ethnic minority populations they serve. This information gap is both quantitative and qualitative.

A wealth of information is available and the NHS does not need to repeat the original research. But at the same time, organisations must understand their local population profile and identify and assess their specific health needs in consultation with service users and carers. There must also be better and co-ordinated assessment of the needs of ethnic minority communities at national and regional levels.

A more qualitative approach to needs assessment would use focus groups and dialogue with community-based organisations or places of worship, particularly where these are the hub of local communities. NHS organisations must take the lead in establishing or strengthening these local links.

Where this work has taken place, there is a clear need to act on intelligence gathered. Effective systems must be developed for translating the knowledge gained into clear priorities and sustainable actions that deliver services that meet the needs of the communities they serve.

The gap between public health knowledge, planning and resourcing of services at local level must also be bridged. Public health professionals must influence managerial processes more effectively, and managers must be more responsive to the evidence-based knowledge available from their public health colleagues.
The recent establishment of a Public Health Institute offers Scotland a unique opportunity. It should:

- encourage more efficient and effective ways of collating evidence-based public health medicine on race and health
- facilitate better understanding of ethnic minority health issues, including the dissemination of good practice
- help build capacity within NHS organisations to rise to the challenge.

**Rural communities**

Ethnic minority communities in rural parts of Scotland face additional problems in accessing health services. NHS organisations in these areas also experience challenges in trying to work with very small numbers and finite resources.

The Remote and Rural Areas Resource Initiative (RARARI) should consider how health professionals providing services to these communities could be supported.

**Asylum seekers and refugees**

The current UK dispersal programme has designated Scotland as one of the ‘cluster regions’ for refugees and asylum seekers. These groups face special health challenges compounded by the difficulties of settling in a new country.

NHS organisations must work together to build their capacity to deal with the specific health needs of these groups.

**Gypsy Travellers**

The Scottish Parliament’s Equal Opportunities Committee published the report of its Inquiry into Gypsy Travellers and Public Sector Policies in June 2001. The Inquiry’s recommendations included the need to improve access to health services and support for this group from local health services.

The Scottish Executive Health Department has welcomed the report and accepted its recommendations. Gypsy Travellers are recognised as a distinct ethnic group who are covered by commitment made in the Health Plan and the recommendations of the stocktake.
Access: service delivery

Removing barriers to access

While many NHS organisations were aware of some of the potential barriers that people from ethnic minority communities must overcome to appropriately access health services, in many cases this was limited to recognising a need for interpretation and translating services.

The development of these services is only a first step, albeit a key one. The cultural change required within the NHS is of greater importance, but will be much more difficult to achieve.

The greatest barriers to access are frequently those of the cultural competence and sensitivity of all staff within an organisation. The Health Plan commits NHSScotland to developing a better collective understanding and overcoming these barriers to improved health outcomes for people from ethnic minority communities.

Filling the gaps in services: partnership working

The stocktake has again highlighted the need for more effective cross-agency working. Social work services and education may, for example, be aware of new and emerging issues for minority ethnic groups, such as alcohol and drug use and sexual health issues, well before the impact is felt on health service provision.

Effective partnership working on these issues requires a greater understanding of the social, cultural and religious influences and emerging dynamics within communities, especially among the second and third generations born and living in Scotland.

NHS organisations must develop a preventative public health research agenda to identify and assess the emerging issues for these communities. Further work must also be undertaken to ensure that, where appropriate, ethnic minority health issues and concerns are incorporated into local authority-led Community Plans.
Community Development

Building capacity

Improving the health of ethnic minority communities requires joint working in areas of mutual concern. This is more difficult if ethnic minority voluntary organisations are small, fragmented, and have limited financial resources. A vibrant voluntary sector is central to effective dialogue and engagement.

Participation involves more than just consultation. It includes active involvement and implies the opportunity to influence and contribute towards decision-making. This approach goes with the grain of a more general drive to develop advocacy as central to engaging the public and developing services that are more effective.

NHS organisations must work to strengthen links with, and provide meaningful support to, local and national ethnic minority community groups.

Dialogue with ethnic minority communities

Although some NHS organisations are engaged in consultation with ethnic minority communities, there often remains a lack of clarity about the purposes of engagement. There exists an over-reliance on existing mechanisms at the cost of direct consultation and engagement with users, carers and potential users of services from these communities.

Community development involves building alliances with individuals, groups and organisations within the community. It includes commitment at three levels – in communities, at professional level and among policy makers – to achieve sustained action.

More needs to be done to extend consultation beyond those groups and individuals that have traditionally been consulted, in particular to involve young people and women from ethnic minority communities.

There is a vital need for a shift in ways of thinking about the potential role of NHS organisations, both as employers, commissioners, and service providers in developing the capacity of these communities to improve their own health.
Human Resources

Recruitment of ethnic minority staff

Many NHS organisations’ commitment in this area appears to have been limited to ensuring that their staff were aware of the legal framework in relation to existing anti-discrimination legislation.

Implementation of the Scottish Partnership Forum, Partnership Information Network Guidance must ensure that recruitment and selection strategies and processes are designed to develop a diverse workforce and ensure that people from ethnic minority communities have an equal opportunity to be represented in frontline and senior management levels.

NHS organisations need to find new and more welcoming strategies to attract ethnic minority workers. This goes well beyond straplines in advertisements around equal opportunities. It means proactive marketing of the organisation and reaching out into ethnic minority communities.

Development and retention of ethnic minority staff

While many NHS organisations were undertaking a range of training and learning programmes for staff, there was little evidence of equality issues being integrated into staff development, or specific equality learning and training programmes.

Given the importance of retaining staff, and encouraging leavers to return, NHSScotland must ensure local implementation of its clearly stated policy that racial discrimination or harassment will not be tolerated. The PIN Board Guidance on Dignity at Work: Eliminating Bullying and Harassment is an important contribution to achieving this aim.

Specific steps will be taken to ensure that learning and training programmes are available to all, so that staff from ethnic minorities can compete for senior positions on a level and fair playing field.
Conclusions: Next Steps

This report sets out in broad terms the actions NHS Chief Executives will be expected to take to ensure that NHSScotland becomes a truly culturally competent service. It must be stressed that the greatest task facing NHS leaders is to change cultures within their organisations, and to influence planning partners through their actions.

These broad actions will be underpinned shortly with specific performance indicators that each NHS organisation will be measured against on a regular basis. It will be remembered through this process that not every organisation starts at the same level, and for some the greatest task will be taking the first step.

The Scottish Executive will shortly be providing funding to NHS organisations to ensure that they can make this culture change.

NHSScotland should remember that this is not an easy task, and will require real commitment by its leaders. This commitment, however, will provide real results for all the communities the NHS serves.
Appendix 1

Methodology

The analysis in this review was based on a detailed questionnaire and structured interviews around key development areas with Health Boards and Trusts.

It included desktop analysis of relevant strategic and policy documentation as well as any additional evidence from NHS organisations. Both were undertaken in parallel with the fieldwork.

Mann Weaver were utilised as external advisers and consultants to identify good practice in managing diversity and equality from their national work in the health sector, as well as good practice within and beyond the NHS.

The stocktake that emerged for each NHS organisation was fed back to them for any additional comments, amendments and evidence of further progress. Feedback was also given on the next steps they might take to address ethnic minority health issues.

Boards and Trusts were asked to provide an update on activities being undertaken or in progress since the audit was conducted last year. These are included as a postscript for each of the organisations that responded to the request.
Appendix 2

The challenge for the Health Service

In 1998, the then Scottish Office Minister for Health challenged all parts of the Health Service to:

- live by the spirit and not just the letter of the existing legislation and to act on current research, policy and practice on ethnic minority health
- integrate ethnic minority health as part of their mainstream work, not as an add-on
- implement the Human Resources strategy to develop fair employment policies and a workforce that reflects the diversity of the community it serves
- develop and train staff to deliver culturally competent and appropriate services
- pay particular attention to improving the access and experience of ethnic minority people in relation to primary care
- forge partnerships and alliances with the voluntary sector and community groups and with individuals who use their services.

“Race for Equality in Health” Conference
27 April 1998