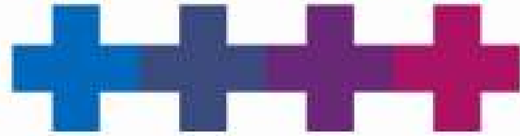
NHS



Shared Intelligence

NHS SUFFOLK PEER REVIEW: DEVELOPING STAFF COMPETENCIES TO BUILD & SUSTAIN EFFECTIVE RELATIONSHIPS WITH MINORITY ETHNIC COMMUNITIES

10-11 December 2008

Outcome Paper

Contents

1. Introduction 2

2. The peer review 3

3. Key findings 6

4. Recommendations for future development 11

Appendix 1: Suffolk's background and context

Appendix 2: Peer Review Team

Appendix 3: NHS Suffolk Participants

Appendix 4: The Peer Review process

1. INTRODUCTION

The review

1.1. NHS Suffolk hosted a Race for Health (RfH) Peer Review on 10th and 11th of December 2008. Peer reviews are used within the Race for Health programme to share learning and good practice between PCTs, and support the host PCT to identify areas of improvement and subsequent actions in order to make those improvements.

1.2. The theme of NHS Suffolk's review was developing cultural competencies of staff in order for the PCT to build and sustain effective relationships with BME communities and community leaders.

1.3. The purpose of this outcome paper is to highlight the issues that were covered during the course of the review, and present the main findings and recommendations from the peer review team.

Key questions

1.4. The key questions posed by the PCT for the review were as follows:

1. How can the PCT **effectively engage with BME communities** to commission health services that are culturally sensitive and that meet the needs of individuals and communities?
2. How can the PCT **maximise the impact of new initiatives** (e.g. health trainers and community development workers) to **build sustainable relationships with BME communities**?
3. How can the PCT **identify community and voluntary organisations that have the capacity to deliver quality services** that would provide value for money and be of benefit locally?
4. How can the PCT **work more effectively with their Gypsy and Traveller population and Refugee and Asylum Seeker communities**?
5. What are the range of **cultural competencies required of PCT staff** in order to effectively engage with BME communities and **how can these competencies be monitored and developed**?

2. The Peer Review

Context

2.1 The county of Suffolk has an estimated population of 702,000. It has an older than average population which is continuing to grow. The county has established Black and Asian populations (mainly from India, Pakistan, Bangladesh, African and the Caribbean) who settled in the Ipswich area. More recently, other groups have arrived in to Suffolk seeking asylum, for example from Iraq and Kosovo. In this part of the country, Gypsies and Travellers are one of the largest ethnic minority groups. Over 70 languages have recently been recorded as the first language of pupils in Suffolk schools. (For further background information see Appendix 1).

2.2 The main causes of death in Suffolk are circulatory disease, cancer and respiratory disease. However, deaths due to smoking, cancer, heart disease and stroke are lower than the England average. There are inequalities in health for some localities and communities across the county, such as a 6.3 year difference in male life expectancy between the most and least healthy wards. There are increasing health problems arising from unhealthy lifestyle choices and there is a rising demand for health and social care services due to a growing elderly population.

2.3 NHS Suffolk was formed in 2006 from the amalgamation of four predecessor primary care trusts. NHS Suffolk's Single Equalities Scheme and Action Plan for 2008 – 2011 were formally agreed by the PCT Board at its public meeting in July 2008. The Scheme and Action Plan were developed in partnership with service users, staff, local people and organisations.

2.4 NHS Suffolk became a member of the Race for Health programme in December 2007 to further demonstrate its commitment to Equality and Diversity within the local community.

Theme of the Review

2.5 The theme of NHS Suffolk's peer review was the development of staff competencies to build and sustain effective relationships with minority ethnic communities. The peer team explored the key questions identified by the PCT through three focused areas of work: utilising new initiatives to better engage BME communities; working effectively with Gypsies and Travellers; and working effectively with Refugees and Asylum Seekers.

1. Utilising new initiatives to better engage BME communities

2.6 The first peer group joined Suffolk's Community Development Worker steering group. The peer group had a chance to observe the steering group and take part in discussions around some of its key developmental areas.

2.7 NHS Suffolk have appointed 2.75 whole time Community Development Workers (CDWs) through third sector providers (MIND and Suffolk Advocacy Network) who report to the PCT's Lead for Commissioning and Development for Mental Health. There are plans to recruit another community development worker in early 2009. The CDW steering group

has twenty members to date, including Commissioner and Provider representation from NHS Suffolk; representation from MIND; Suffolk Mental Health Partnership Trust; Family Carers; local community representatives; third sector representatives and Suffolk County Council. The Steering group merged with *Working Across Suffolk's Cultures* Group and reports to Suffolk Local Implementation Team (LIT).

2.8 The Lead for Commissioning and Development in Mental Health highlighted a number of key issues facing the Steering group's progress; including how to focus resources and disseminate good practice within a big county, given the urban/rural context of the county's ethnic minority communities and the range of languages spoken.

2.9 In terms of progress, the steering group convened for the second time during the peer review. A scoping exercise had been undertaken by the group which involved gathering and analysing available information and data. This intelligence fed into the shaping of an action plan. The group has made initial contact with key organisations, groups and individuals and have subsequently obtained feedback on their draft action plan.

2.10 The group's current work programme involves developing their action plan, developing a consultation questionnaire, collecting and making sense of the data they have collated, tightening feedback and communication routes with partners and the community, raising the profile of the steering group, formulating recommendations and delivering training and education to staff and communities.

Working Effectively with Gypsies and Travellers

2.11 The second peer group visited a local Gypsy and Traveller site – West Meadows. A meeting was held in the community meeting room on the site and residents were invited to participate. Members of the review team were joined by a Clinical Coordinator for Health Visiting and School Nursing, a police constable working with residents on the site and a member of the gypsy and traveller community who works with the substance misuse team.

2.12 The PCT have acquired local knowledge on its Gypsy and Traveller community from a number of sources including Suffolk Gypsy and Traveller Accommodation Assessment; Cambridge sub-region Traveller Needs Assessment; site visits and One Voice/ISCRE study on mental health. Findings were similar to those identified from national research whereby key problems faced by local Gypsies and Travellers included depression/anxiety, breathing problems, heart disease and children and maternal health.

2.13 Currently, the PCT are considering a number of interventions in order to work alongside the Gypsy and Traveller community and key stakeholders to try to tackle some of the problems identified. Potential interventions include: health trainers; health visitors with special interest, training for health service staff in needs and issues of Gyspies and Travellers; and advocacy services. The PCT highlighted that there is no strong evidence for effectiveness of any of the interventions under consideration.

2.14 The PCT have mapped all of the Gyspy and Traveller sites in the county which shows that there are at least twenty Traveller sites across Suffolk. In this part of the country, Gyspies and Travellers constitute the largest ethnic minority group in the area.

Working Effectively with Refugees and Asylum Seekers

2.15 The third peer group met with the Refugee and Asylum Seeker Team to discuss how the PCT can begin to work more effectively to support Asylum Seekers and Refugees with their health needs and explore how they can work with public agencies and other partners to do so. The Refugee and Asylum Seeker Team's centre has a high-street location in Ipswich and offers an integrated service to Refugees, Asylum Seekers and migrant workers.

2.16 The main health issues facing Asylum Seekers and Refugees include the difficulty in addressing specialist mental health needs that GPs do not have the resources to manage, and the severe risks to mental and physical health caused by destitution. NHS Suffolk's 2008 Public Health report recommended that to improve the health of Asylum Seekers and Refugees in Suffolk, the organisation should further develop services to meet primary care mental health needs, work in partnership across the region to help local services respond to specialist mental health needs and ensure appropriate access to sexual health services. It also recommended that the PCT works with the county council to provide occupational health services with training and information for employment and health issues, and disseminate heath information to its residents.

2.17 One of the issues facing the PCT in working with Asylum Seekers and Refugees include fast migratory patterns. The county has a history of communities arriving and then moving on, for example the Albanian community. More recently, the county has seen significant arrivals from Somalia, Eritrea, Zimbabwe and the Congo. Suffolk has a growing Kurdish community who are predominantly living in Ipswich and more recently, Bury.

2.18 As such, there is a small Refugee population in the county overall with some very small settlements of particular communities, but with quite a large range. There are many languages spoken in Suffolk – recent figures suggest there are 129 languages spoken in the county's schools.

2.19 The Refugee and Asylum Seeker team faces complex issues with working with agencies and other complexities e.g. changes in Home Office policy. A huge difficulty they face is the complexities that exist with the Refugee and Asylum Seeker population. For example, some local Asylum Seekers have come through the Asylum Seeker route and access centre in Birmingham, some, with complex cases are living in dispersed accommodation in Ipswich, some Asylum Seekers have applied for Refugee status and are at the end of the process; others have moved into the area from London and are awaiting a decision. Over recent years, there has been an increase in trafficking, violence and destitution in parts of Suffolk.

2.20 The PCT at the moment is awaiting the outcome of Justice Mittings' judgement that says that anyone ordinarily resident in an area has the right to services. In this context there is huge confusion about eligibility and access.

3. KEY FINDINGS

3.1. This section of the report details the peer review team's findings. Specific findings on each of the areas covered through the field visits are reported on in detail, preceded by the more general, overall findings regarding the PCT's approach and progress.

Overall

3.2. The peer team recognised that it was early days for NHS Suffolk's work on race equality and were impressed with the clarity of intention, and extensive ground work. Peers felt that there is clear enthusiasm and passion within the PCT to address the increasingly diverse needs being presented within the community and the peer team welcomed being invited along at this critical time in the Trust's development.

3.3. The peer team felt that the responsibility and accountability around health inequalities could be strengthened within the PCT. The team felt that more ownership was needed from within the Trust at different levels, for example, with Directors championing particular themes.

3.4. The peer team felt that disparate strands of activity existed within the PCT, which could be strengthened if more connections were made. For example, the Gyspy and Traveller steering group ran quite separately to the Refugee and Asylum Seeker Team, however, peers felt that both groups could benefit from discussing common issues and working in partnership in some aspects of their work.

3.5. The peer team agreed that the PCT would benefit from a coordinated training programme and strategy with associated training outcomes on building a culturally competent workforce. The team felt that at the moment, the training strategy around developing a culturally competent workforce and it's links with other strategic priorities was not sufficiently clear.

3.6. The peer team felt that the PCT's communication strategy should be more of a communications and engagement strategy and could benefit from diversifying to reach out to more sections of the local community. For example, the Trust could look into using innovative methods of communication such as networking websites.

3.7. The peer team felt that the PCT need to do more to systematise the gathering of meaningful evidence to drive forward improvements; including the capture of qualitative and quantitative data and a robust evaluation strategy with clear pathways of intelligence to inform commissioning.

3.8. It was clear from discussions that there was evidence of limited capacity amongst some front line staff in terms of how well they understand and subsequently meet the needs of their local diverse communities. This was seen to be leading to an over reliance of the resources of the two specialist teams – Gypsy and Traveller steering group and Asylum Seeker and Refugee team. Peers felt that the PCT should work towards building the capacity of their key front line workers to respond positively and confidently to more diverse communities

Maximising New Initiatives

3.9. The peer group agreed that the staff and partners they met were very motivated and committed and had a strong desire to progress. The peer group appreciated the steering group's courage to be open, welcoming and honest about the learning that was required in moving this work forward.

3.10. The peer group was impressed by some good examples of community engagement and multi-agency working. For example, a number of organisations were engaged with the steering group including the Mental Healthcare Trust, county council, and representatives from the Ipswich Polish community group – who were around the table and engaging in dialogue. The Mental Healthcare Trust had developed a DVD for Gypsies and Travellers to get involved in consultations around decision-making and shared this with the PCT.

3.11. Peers felt that the steering group has clear steps on how they're going to begin to deliver e.g. an action plan and draft questionnaire in place ready to identify their next steps. The steering group has also prioritised four community groups to initially target their interventions: Afro-Caribbean, Asian Sub-continent, Refugee Community and Polish. The peer group was impressed with the group's acknowledgement that everything cannot be done at once.

3.12. The peer group felt that the steering group had made a solid start with having such good representation around the table; however, the peers felt that there could be stronger links made amongst some of the member organisations to avoid silos and duplication and to engage in real partnership working.

3.13. Peers felt that what the steering group was missing at this stage was clarity on what they intend to deliver with a clear intent to align to the Delivering Race Equality objectives.

3.14. The peer group felt that the number of CDWs potentially may not be enough for all that the steering group was hoping to achieve. The peer group also felt that CDWs should have a significant input into their work programme and felt that the steering group should ensure that the work of the CDWs is firmly embedded in the organisation.

3.15. Peers found that there was no clear cut policy around culturally sensitive communication and felt that this was something that should be clarified. The peer group felt that this should include identifying different and appropriate methods of communication and clarity over the use of translation and interpreting.

Working effectively with Gypsies and Travellers

3.16. The peer team was very impressed with the amount of background work that has already taken place in respect to Gypsies and Travellers, for example, a thorough needs assessment has been developed and the PCT has gathered information on the population and its needs to inform commissioning.

3.17. Peers were impressed by the action plan in the county-wide multi-agency Gypsy and Traveller Strategy 2007–2009, particularly the objective of ensuring all Gypsies and Travellers are registered at a GP surgery. The success of improving the immunisation levels at the Kessingland site, mentioned in the Public Health Annual report, was

acknowledged and if repeated across the area, peers felt that this could have a very positive effect.

3.18. The peers felt that the existence of a Public Health Registrar, the development of a needs assessment, the existence of the steering group with Gypsy and Traveller members on board and a draft Gypsy and Traveller Care Pathway was all very positive. The peers were impressed with the clarity of the aims of the health needs assessment, which are to identify health and healthcare needs of Gypsies and Travellers; to highlight epidemiological, comparative and stakeholder data/feedback and findings from interviews to inform recommendations.

3.19. There was evidence of strong links with the internal health worker, Gypsy and Traveller Council liaison, Gypsy and Traveller Education Service, Children's Services manager and community PCSO. There was clearly a good level of understanding and knowledge among key personnel. Peers felt that this was a very good basis for which to develop their work. Peers felt that engagement with the Gyspy and Traveller community required further breadth and depth, for example, utilising differing and resourced methods, venues and approaches.

3.20. As the PCT has indicated, communications with the Gypsy and Traveller community will be key to efficient and effective service delivery. The acknowledgement in the Public Health Report of the level of housed Travellers (up to three times as many as living on caravan sites) needs to be borne out in the planning of priorities. Reaching housed Gypsies and Travellers can be challenging as they are often reluctant to identify themselves through fear of racism which can be even more threatening when isolated in housed accommodation. Peers noted that this issue also arose during consultations for the Single Equalities Action Plan.

3.21. The report "An Exploratory Study – Gypsy and Traveller Women Housed in Suffolk" was seen to be a significant and valuable piece of work, not only for the material and data provided, but also as a joint partnership enterprise. Peers felt that taking the outcome of that work forward should be carefully considered. In addition, the study illuminated the need to reach the eastern European Roma community.

3.22. Peers felt that there was a need for the steering group to have absolute clarity on their purpose and objectives, including how they propose to work and communicate with partners and the community and to firm up community engagement methods. This should include links with the Community Engagement team, and identify the depth of engagement required with the community to enable the community to really guide services.

3.23. The peer team felt that the lack of an internal health worker within the PCT working specifically with Gypsies and Travellers was a gap that existed within the current team. Peers felt that a dedicated health worker could help to build a sustained relationship with the Gypsy and Traveller community, working with partners such as the Mental Health Trust and Community Development Workers.

3.24. The peer team acknowledged the fact that the PCT have a large rural catchment area and a significant number of small sites, which made it difficult to provide a clear picture of the key challenges facing the Gypsy and Traveller community in Suffolk. The peer team acknowledged that these conditions gave rise to fragmentation of services and distribution of staff which is a huge challenge for the PCT. Peers felt the Trust needs to build a greater understanding of the complexities that exist within the Gypsy and Traveller

community in Suffolk. There are at least twenty traveller sites across the county, however; there was a limited understanding of the divisions, nomadic patterns and composition of the community.

Working effectively with Refugees and Asylum Seekers

3.25. The peer group found the Refugee and Asylum Seeker's service itself to be professional, multi-disciplinary and client led. The centre offers an integrated casework service offering medical support, including initial screening, housing advice and GP registration. The team was found to have a great sense of humanity, justice and empathy. They have a strong vision with a real appreciation of what they are and are not delivering. The peer group were also impressed that the Refugee and Asylum Seeker Group had 'survived' in a sea of change (funding issues, PCT reorganisation and Home Office legislation changes).

3.26. The peer group was impressed that the Refugee and Asylum Seeker Group met very complex social care needs (for example, they have a section for destitution to migrant workers) and noted that it was truly client led and flexible enough to respond to local needs. The service was found to effectively safeguard vulnerable adults and children.

3.27. Peers were impressed to find that everyone who uses the centre is automatically signed up to a GP. However, peers found that problems exist with some GPs who attempt to diagnose without the use of interpreters, which can incur clinical risks.

3.28. The peer group was keen to highlight two examples of good practice, both led by Dr Cort Williamson, a local GP/Public Health Specialist. The first is a partnership with the University of East Anglia to develop an undergraduate training module for Final Year Medical Students around mental health, including the specific needs of Refugees and Asylum Seekers and other marginalised groups. The second involves working with refugees and asylum seeking doctors and other health care workers to offer training, work placements and opportunities for professional development.

3.29. Another area of good practice brought to the attention of peers, is an initiative called 'Space to Talk'. This is a holistic method of providing support to meet complex needs, which peers felt could potentially be replicable in other areas. This service has been found to be invaluable for local Asylum Seekers and Refugees in Suffolk, especially during the 'pre decision' period.

3.30. The Refugee and Asylum Seeker team has very strong relationships with other agencies working in the field, for example, the Social Inclusion Programme via the County Council and the Regional Assembly. The team's links with Children's services have been excellent and they have joint plans to begin looking at pathways of care for Refugees.

3.31. However, relationships between the Refugee and Asylum Seeker team and the PCT as a whole could be strengthened. The Refugee and Asylum Seeker Team felt that this may be because the PCT work on such a range of issues rather than a single focus. They expressed their willingness to do more to tap into networks to develop initiatives such as community mentors.

3.32. Peers were pleased to meet an identified commissioner who could aid the move of the service from provider to commissioner led. The service is currently a provider led service and the peers felt that there is a need to ensure that their experience is used to inform commissioning.

3.33. As part of the move to a commissioner led service, peers felt that it was important to make equality and diversity training relevant and accessible for the local population. Peers felt that it was very important to develop and offer capacity building programmes to build local expertise and knowledge, and felt it was particularly important to provide support for local community groups to develop their 'business cases' for commissioning of services.

3.34. Peers found that the team's methods of capturing evidence (qualitative and quantitative) were not as strong as they could be. It was highlighted by the Refugee and Asylum Seekers Team that they have problems with data, especially with the use of 'System 1' data. This data relies on NHS numbers which their clients do not have by their very nature. In particular there are unsatisfactory systems and unsatisfactory practical links with mental health, for example, the team have only ever had one referral from the Mental Health Trust.

3.35. It was highlighted that the service at present does not have the capacity for outreach and as such, is generally Ipswich-focused. This is quite a limitation in itself as there are very different and emerging needs elsewhere in the county, for example, Bury which has an ever increasing Kurdish community.

3.36. Community development was also highlighted as a significant challenge for the Refugee and Asylum Seeker team. It was noted that this was mostly due to the fact that there are very few organised groups within many of the local ethnic minority communities. The team, however, did not feel that they have any significant problems in reaching local 'hard to reach' communities.

4. RECOMMENDATIONS FOR FUTURE DEVELOPMENT

4.1 The peer team developed a number of key recommendations for each of the focused areas. The peer team also developed a number of recommendations for the PCT as a whole, which answer the key questions the PCT posed as part of the peer review process.

Overall

4.2 The peer team felt that, in general, NHS Suffolk already know what needs to be done in terms of its progress on Equalities and Diversity in practical terms. It is recommended that NHS Suffolk confirm and communicate responsibility and accountability to transform their intention into action, for example, the fact that some GPs are not using Language Line and associated support is a clinical risk. It is strongly suggested that this is taken forward to identify the reasons behind this and that practical actions are developed to address this issue.

4.3 It is recommended that the PCT work towards connecting their strands of activity. There are some excellent examples of partnership working, for example, the Refugee and Asylum Seeker team's integrated work with Children Services and Voluntary Services, however, the peer team were less sure of the connections in other areas, for example, the links between the Gypsy and Traveller Steering group and the Refugee and Asylum Seeker team.

4.4 The peer team recommended that the PCT use the wealth of best practice case studies within and outside of the PCT to enhance cultural competences of staff. Examples include shadowing/work experience within health services and opportunities for trainee doctors from local universities. It is also recommended that the PCT use case study material from within its own staff's practices in terms of how they are supporting people. Peers felt that this would help to bring strong professional practices to light to enhance cultural competencies of the staff team in general.

4.5 The peer group recommended that the PCT's communication strategy should be developed into a multi-faceted, comprehensive strategy which highlights the range of different audiences who the PCT should be communicating and listening to. Peers felt that this also should include an exhaustive review of the media and communication methods valued by Suffolk's communities (e.g. specialist radio, community websites, community newsletters/newspapers). It was noted that it will prove timely for the PCT to do this during the re-launch of the LINKs service.

4.6 It is recommended by the peer group that the PCT generate more informed champions at all levels of the organisation and explore initiatives such as 'reverse mentoring' (where a community representative is partnered with a Board member to mentor him/her in the needs of their particular community). Peers felt that such initiatives would increase the involvement and support of the Board and would actively demonstrate to communities that the PCT is listening.

4.7 It is recommended by the peer team that the PCT invests in capacity building support for third sector providers to support/strengthen informed commissioning. It was felt by peers that some front line services are so client focused that they struggle to respond to the community's needs and felt that capacity building would be a valuable next step. Peers

felt that there was also scope to build capacity into the finer grain of the communications strategy.

4.8 The peer team were keen to express to NHS Suffolk the contribution that the Race for Health programme could make in their development for example, the rural network that had recently been established to provide support to rural PCTs facing similar issues; knowledge management (web, networks, publications); and peers wanted to remind the PCT of ongoing support they could access through their Thinking Partner, Programme Leads, Associate Coordinators and through attendance at Peer Reviews.

Maximising New Initiatives

4.9 It is recommended that the CDW steering group develop a clear, structured work programme and action plan to reflect the Delivering Race Equality (DRE) national and local objectives (including the five reporting objectives of the Dashboard). The peer team were keen to see the steering group begin to push on delivery.

4.10 It is recommended that there is greater coordination amongst organisations involved in the steering group. The peer group recommended that a good place to start would be the mapping and subsequent promotion of existing services and the identification of gaps (e.g. CAMHS). Peers suggested that this could be proceeded by a discussion around how the group could work together to fill these gaps in provision. This way of working would help to avoid silos and duplication of work.

4.11 The peer group felt that the steering group could explore the possibility of sharing a budget, collecting and utilising data for effective baseline measurements and monitoring (linked in with the action plan) and could explore developing a training strategy to include training needs assessment.

4.12 The peer group recommended that there should be a clear cut policy around culturally sensitive communication. They felt that it was important that the PCT agree on a clear focus around this which should include different methods of communication for example, translation and interpreting and alternative methods such as utilising local media (newspapers, radio, websites).

4.13 The peer group felt that the number of CDWs in Suffolk may not be enough for the size of the steering group's agenda and recommended that a needs analysis of the number of CDWs is undertaken. The peer group felt that there could potentially be more CDW posts assigned to specific focused areas of work e.g. Gypsies and Travellers.

4.14 It was recommended by the peer group that the CDWs are empowered in their roles by enabling the workers to have a significant input into their work programme, by regularly reporting back to the steering group and by exploring the possibility of providing CDWs with their own budget. Peers also felt it was crucial for the steering group to support the new CDW manager to embed DRE into the broader equalities agenda.

4.15 The peer team felt that it was important for the PCT to embed CDWs in their wider equalities agenda through the appointment of a PCT line manager (in commissioning) with a clear link to the senior management structure. The peer group were keen to see real ownership of the CDWs by the PCT.

4.16 The peer team were eager for the PCT to clarify the linkages between the CDW Steering group; Gypsy and Traveller Steering group and Equalities and Diversity Steering group.

4.17 The peer team recommended that the Board need clear lines of communication and engagement with people on the ground. It was felt that this would help to raise the profile of the CDW steering group and feed key information into the decision-making process.

4.18 The peer group was eager to see the PCT develop structures which allowed the wider community to be involved in planning and evaluation of mental and physical health and social care. The peer group highlighted the importance of getting right the evaluation, monitoring and feedback processes to engage communities and sustain relationships.

Working effectively with Gypsies and Travellers

4.19 The peer team recommended that the Gypsy and Traveller Steering group make more use of Gypsy and Traveller valued media e.g. Jake Bowers radio, Travellers Times and the 'Savvy Chavvy' social networking site – which is a very important information site for Gypsies and Travellers. Traveller Education teachers are a highly valuable resource in terms of community contact and as a source of relevant data.

4.20 The peer group recommended that the PCT and Suffolk County Council work much more in partnership, as currently, peers sensed that there was too much work being developed and delivered in silos around Gypsy and Traveller engagement. Peers felt that there could be much tighter objectives e.g. relating to how the PCT connects with the community and its key stakeholders. In order to achieve the highest standards it is essential that services for Gypsy & Traveller are fully part of mainstream service delivery. This includes incorporation of Gypsy & Travellers in all mainstream consultations, Equalities Impact Screening and Assessments, and equalities training. The inclusion of Gypsies and Travellers in Ethnic Monitoring is welcome but will need careful oversight to ensure successful implementation.

4.21 Peers recommended that there was more joint work developed between the Community Development Workers and Gypsies and Travellers. It was recommended that there could be a specific CDW geared towards building relationships with the Gypsy and Traveller community in Suffolk. It was felt that a CDW working specifically with Gypsies and Travellers is crucial for community engagement, increased consultation and empowering the Gypsy and Traveller community.

4.22 Peers felt that there was a need for strategic leadership within the PCT to develop a deeper understanding of the problems faced by Gypsies and Travellers in terms of their health needs and barriers around accessing primary care services. Peers felt that this was very important to move forward in a structured way. The peer team recommended that the PCT should develop walkabout days for Board members and other senior staff, with Gypsy and Traveller guides or frontline staff trusted by the community, to enable them to 'see and hear' their clients. It was also recommended that the PCT develop a reverse mentoring programme with a Board lead assigned to a Gypsy and Traveller mentor.

4.23 The peer group felt that an ongoing dialogue around consultation was needed between the PCT and the Gypsy and Traveller communities in the county. The peer group felt that not only was it important to engage Gypsies and Travellers in consultation activities, but it was equally important to establish regular feedback and keep communities involved in

terms of subsequent action plans and delivery. Peers felt that there was a need to open up a space to allow the community to talk about what they want to. It was also recommended that the PCT engage with young people from within the Gypsy and Traveller community to ensure this section of community also has a voice.

4.24 It was recommended that the PCT look into the prospect of developing ‘Champions’ for each of the traveller sites (or at least the larger sites to begin with). The champions would be a representative from the local community and would act as a ‘bridge’ between the local community and statutory services (i.e. PCT and Council). This would help with the backlog of distrust the PCT has faced with the Gypsy and Traveller community. It was recommended that the PCT identify ‘engaged’ Gypsies and Travellers through current service users for example, the Expert Patients Programme.

4.25 Peers recommended that the PCT explores how NHS/Social Care front line staff work to Gypsies and Travellers needs; for example, whether front line staff understand cultural norms and beliefs of the Gypsy and Traveller community. The peer team believed that it was possible for conduits to exist between front line staff and strategic planners.

4.26 It was recommended that the Gypsy and Traveller care pathway is developed to feed into commissioning of specialist services. The peer group felt that the pathway should be commissioner-led and developed to inform commissioning. The group also recommended that there should be a business plan developed to support the pathway.

4.27 The peer group recommended that the steering group look at best practice from other PCTs and develop such things as the Gypsy and Traveller information packs that have been developed by Leicester PCT. This would help to communicate health services to the community and what is available to them, as well as a range of other services such as employment, training, education, and how to access more information and get involved in shaping local services. This could also include for example the development of a specific health and social care information and contacts pack which could be personally delivered helping prompt dialogue as well as providing information.

4.28 It is recommended that the PCT closely consider the power of language when it comes to engaging with Gypsies and Travellers. Peer expressed the importance of interpreting jargon in attempts to capture the health and cultural needs of Gypsies and to accurately feed back to professional decision-makers. Cultural mediation is needed to facilitate an understanding of each others needs and priorities. Senior PCT and mental health services leaders and commissioners could be invited to attend specific Gyspy and Traveller steering group and community gatherings to witness the needs, desires and aspirations of the Gyspy and Traveller community to gain greater depth of understanding.

Working effectively with Refugees and Asylum Seekers

4.29 The peer team recommended that the Refugee and Asylum Seeker Steering group has a seat on the Equality and Diversity Steering group to open dialogue, share intelligence and provide opportunities for joint initiatives.

4.30 It was highlighted that the service at present does not have the capacity for outreach and as such, is generally Ipswich-focused. The Refugee and Asylum Seeker team acknowledged the fact that there were needs outside Ipswich, particularly amongst the migrant population, but did not have the capacity to expand to meet these needs. It is

recommended that a scoping exercise is conducted which is fed into an action plan as to how the team might meet the needs of migrants elsewhere in the county. It was recommended that the scoping exercise should look at GP registration and the use of language line.

4.31 The peer team recommended that the PCT explores and addresses the under use of interpreters/language line. Peers felt that the failure to use interpreting services needs to be addressed as it was found that clients (including former clients) return to the centre for support because they do not understand what dentists and GPs are saying to them or what their prescriptions are for. As a result a lot of the work the centre does is trying to resolve such misunderstandings.

4.32 The peer team made a recommendation that the PCT plan for the delivery of cultural training to health care providers at all levels. There is a need for cultural awareness and information briefings about the diverse needs within Suffolk's community and how to cope with those changes. One suggestion was that the centre could lead on this training role if it was equipped to do so.

4.33 Peers recommended that the PCT develop a process that gathers qualitative and quantitative data in order to inform commissioning. When asked what they did to capture their qualitative data, the team answered that they are not sufficiently resourced for someone to step back and accumulate the evidence of needs and/or impact. As such the team have not been able to collate evidence for business plans which would in turn make the case for more resources for the team.

4.34 It is recommended that a public health needs assessment of migrant workers is undertaken. It was highlighted that the DPH in Birmingham has been looking at the issues presenting themselves in workforces in the city and peers felt that similar initiatives were needed in Suffolk.

4.35 The peer team also made a recommendation for the Refugee and Asylum Seeker Group to strengthen relationships with mental health providers in Suffolk.

Appendix 1: *Suffolk's background and context*

Introduction to the area: key facts & figures

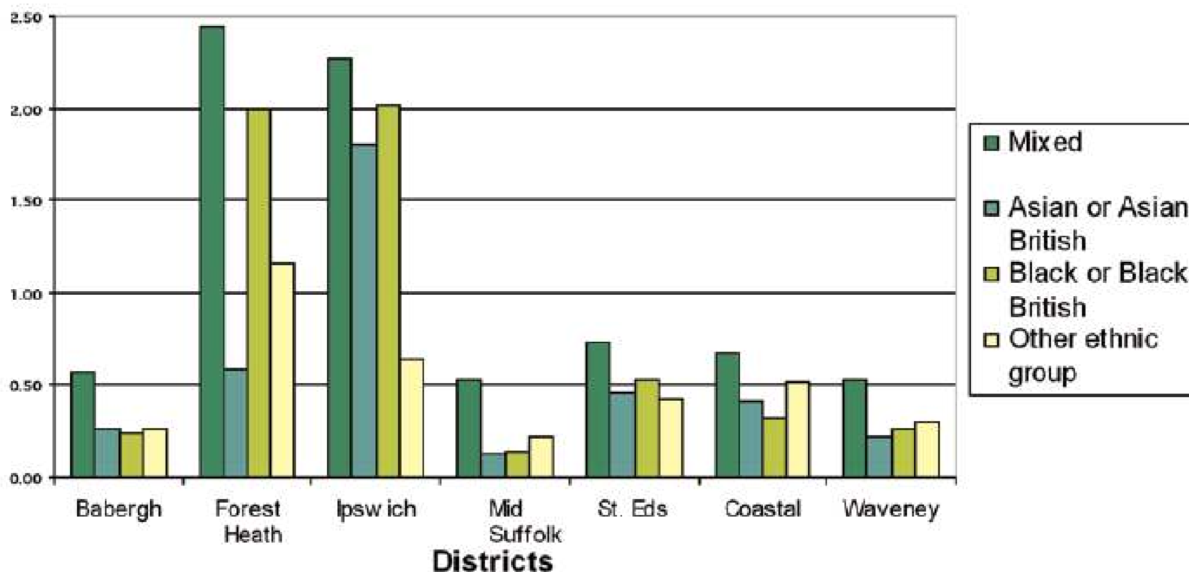
1.1 The population of Suffolk according to recent estimates from the Office of National Statistics (mid 2006) is 702,000. The **population of Suffolk is growing and is expected to continue.** Projections indicate that the population will increase to 733,600 by 2021 (based on 2001 data).

1.2 Suffolk has an **age profile that is older than that of England** as a whole. The concern of Suffolk, as in England as a whole, is the increasing number of older people and the decreasing proportion of working age people.

1.3 The ethnographic profile of Suffolk is currently in a phase of rapid change. The county has **established Black and Asian populations** (mainly from India, Pakistan Bangladesh, African and the Caribbean) who settled mostly in the Ipswich area. **More recently, other groups have arrived in to Suffolk seeking asylum**, for example from **Iraq and Kosovo**.

1.4 The 2001 census states that 2.8% of the population in Suffolk describe themselves as from a black, minority, or ethnic background (BME). Figure 1 shows how the BME population is distributed across the county, with the highest percentages of people from BME communities located in Ipswich and Forest Health.

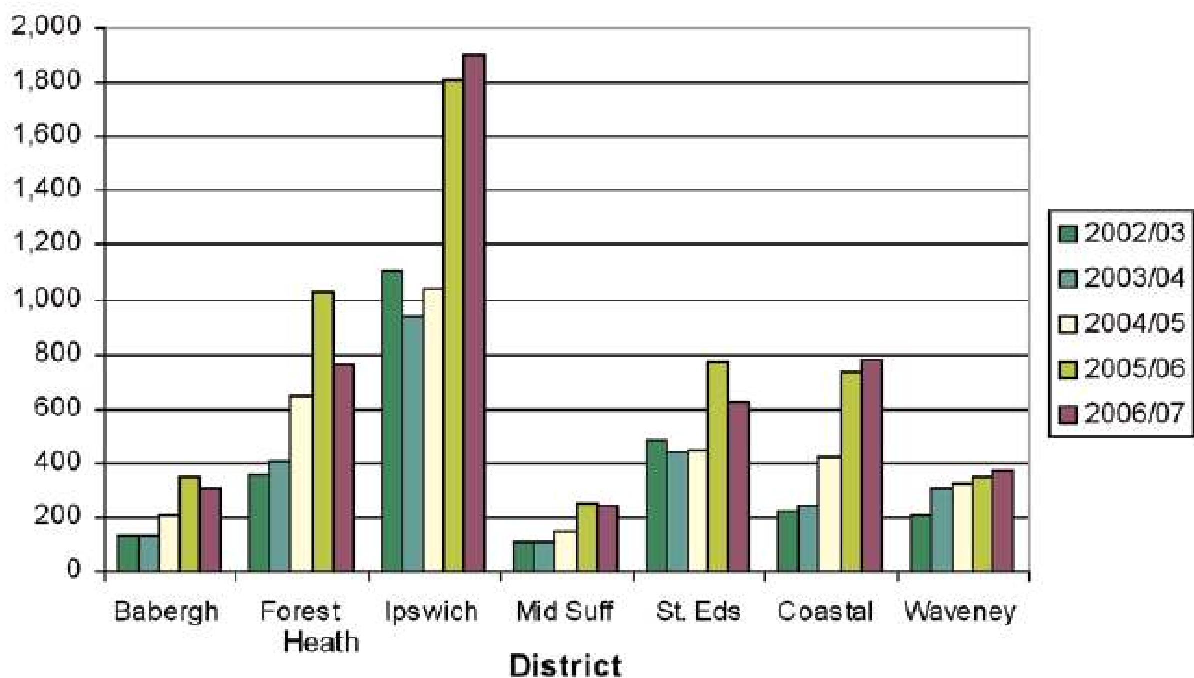
Figure 1: Ethnicity by district area (Census 2001)



1.5 4% of the school population in Suffolk is from a minority ethnic background and **school populations are becoming more ethnically diverse**. Data from the school census (January 2007) shows that amongst school age children, the **fastest growing groups are from Portugal, India and Eastern Europe**. Over **70 languages** are now recorded as the first language of pupils in Suffolk schools.

1.6 Suffolk has a number of **migrant workers who are not included in official population estimates**. Figure 2 shows that the number of foreign nationals registering for a National Insurance number in Suffolk has increased since 2002 in all areas. During the tax year 2006/07 there were 4,980 new registrations by foreign nationals living in Suffolk, of which over a third came from Poland. In total, people from 43 different countries applied for National Insurance numbers in 2006/07.

Figure 2: National Insurance Registrations by Foreign Nationals by District/Borough Council Area, DWP, 2007



Health inequalities

1.7 **Life expectancy for both men and women living in Suffolk is higher than the England average** and increasing in both sexes. The main causes of death in Suffolk are circulatory disease, cancer and respiratory disease. However, deaths due to smoking, cancer, heart disease and stroke are lower than the England average.

1.8 There are **inequalities in health for some localities and communities** across the County. For example, there is a 6.3 year difference in male life expectancy between the most and least healthy wards. The **gaps appear to be widening** between the most deprived and least deprived of the population.

1.9 There are **increasing health problems arising from unhealthy lifestyle choices**. One in four adults smoke, seven in ten adults do not eat five daily portions of fruit and vegetables, one in six adults binge drink and one in four adults are obese in the county.

1.10 There is a **rising demand for health and social care services** due to a growing elderly population with a specific need to provide more support to people with dementia. Many people need help and support with mental health problems such as depression and anxiety orders.

Appendix 2: Peer Review Team

Jane Cook
Community Development Worker, Hastings and Rother and East Sussex Downs and Weald PCTs
Maxwell Chukumeka
Senior Community Development Worker, Devon and Torbay Primary Care Trust
Richard Worlock
Equality & Diversity Facilitator, NHS Leeds
Professor Helen Hally
National Director, Race for Health
Jonathan Cook
Director of Corporate Services, Norfolk PCT
Hilary Williams
Public Health Practitioner, Wolverhampton PCT
Ian Holding
Gypsy & Traveller Co-ordinator, Bristol City Council
Annie Crocker
Community Outreach Worker – Gypsy and Traveller Team, Bristol City Council
Lynette Phillips
Thinking Partner, Suffolk PCT

Shared Intelligence - Race for Health Learning Programme Advisors

Sue Charteris
Director, Shared Intelligence
Jacqueline Harrison
Senior Consultant

Appendix 3: NHS Suffolk Participants

Jennie Fisher
Head of Patient and Public Involvement and Relationships
Julian Herbert
Acting Chief Executive
Dr. Amanda Jones
Deputy Director of Public Health
Alastair McWhirter
Chair
Karen Wood
Lead for Commissioning and Development - Mental Health
Janine Potter
Health Improvement Manager
Hannah Drinkwater
Primary Care and Practice-based Commissioning and Development Manager
Susan Stallabrass
Primary Care Coordinator for Refugees and Asylum Seekers
Mark Hayward
Communications Assistant
Martin Royal
Director of Business Development and External Relations
Jennifer Yip
Specialist Registrar in Public Health

Appendix 4: The Peer Review Process

Peer Review visits are an opportunity for the host PCT to demonstrate their progress on one area of the programme that they are seeking to develop and to gain constructive challenge and advice from visiting PCTs.

Peer review is widely used as a performance improvement tool within government departments, local government, academia and the business world. It employs a cooperative, participatory and high-level approach that tends to be viewed more favourably by the host organisation than a formal inspection. Peer reviewers are 'critical friends', not inspectors. The review is owned by the organisation and the focus is constructive.

Peer review is conducted intensively over a short period of time, but peers are nonetheless able to offer a useful and independent assessment. The team is ideally made up of knowledgeable people working both at a senior and operational level within the sector, including those who understand the community perspective. This enables them to 'hit the ground running'; as they already understand the complexities of the operating environment and the strategic challenges facing PCTs.