

# race for health



*Driving forward Race Equality in the NHS*



Race for Health is rooted in the belief that a modern, dynamic NHS will reflect the experiences and aspirations of all its users. The programme supports Primary Care Trusts to make the NHS locally, regionally and nationally significantly fairer for black and minority ethnic (BME) communities, and aims to deliver measurable improvements in the health outcomes of BME people.



## Introduction

Race for Health has developed a growing network of PCTs across the country, working in partnership with local communities, local authorities and other stakeholders. Together they seek to deliver health services that respond effectively to the different needs of local communities and individuals, drawing on the great benefits of the NHS's diverse workforce.

The programme was one of the mechanisms developed by the NHS in response to the findings of the Stephen Lawrence Inquiry. Public services are obliged under the amended Race Relations Act not just to promote race equality, but also to seek to improve relations between different ethnic groups and build cohesive communities. On average, BME communities experience worse health outcomes. Race for Health aims to turn this challenge into an opportunity, by enabling PCTs to make a step-change in delivering services so they are truly equitable. We collate and distribute practical evidence of change to be shared across the wider health community.

Our PCT-led programme of work is funded by the Department of Health and hosted by Manchester PCT. Each PCT that joins the programme must have the explicit commitment of its Chief Executive, Chair and PEC Chair to drive change forward. The Programme Board brings one of these "three at the top" from each PCT together to agree the strategic priorities for the programme, to challenge each other and engage with Ministers, the Department of Health and NHS leaders.

RfH provides opportunities to share best practice, test new ideas and innovations, and work together in a spirit of mutual support and constructive challenge. This is facilitated by a structured learning programme which includes peer review visits, targeted events, master-classes, action teams, a website and the production of resources (e.g. toolkits). Member PCTs also benefit from the services of a team of 'Thinking Partners', a source of specialist skills and external challenge and encouragement which can be drawn on to help a PCT make progress.

For example, each participating PCT hosts a peer review, where colleagues from other PCTs hold them to account for progress on specific themes. PCTs can also join one of a series of action teams tackling specific issues - e.g. commissioning for race equality. RfH has an established network of programme leads – both managers and frontline practitioners – who work together effectively despite geographical distances. RfH PCTs have considerable flexibility to decide how the programme is delivered; and promote their work locally, within their broader health regions, and nationally.

RfH has a dedicated National Director, Professor Helen Hally, who provides clear direction and leadership for the programme as well as providing visible support to participating Trusts. Professor Hally is supported by the Programme Administrator, and learning programme and communications advisors. The programme is chaired by Evelyn Asante-Mensah, OBE, Chair of Manchester PCT.

## Our Work

Through community engagement and leadership, Race for Health aims to make significant improvements in delivering race equality in:

- + **Commissioning:** including the planning, designing and buying-in of services and products.
- + **Service improvements:** making significant progress in tackling the real inequalities in the access, experience and health outcomes experienced by black and minority ethnic people.
- + **Our workforce:** from recruitment to retention and promotion, tackling 'snow-capping' (BME people are significantly under-represented at senior levels within the NHS).

## Our Primary Care Trusts

Race for Health is gradually increasing its numbers of Primary Care Trusts. Currently there are 19 PCTs in the programme. They are:

**Berkshire East PCT**  
**Bradford and Airedale Teaching PCT**  
**Bristol PCT**  
**Ealing PCT**  
**Haringey Teaching PCT**  
**Hastings and Rother PCT**  
**Lambeth PCT**  
**Leeds PCT**  
**Leicester City PCT**  
**Liverpool PCT**

**Luton Teaching PCT**  
**Manchester PCT**  
**Oldham PCT**  
**Shropshire County PCT**  
**South Birmingham PCT**  
**Suffolk PCT**  
**Wandsworth Teaching PCT**  
**Westminster PCT**  
**Wolverhampton City PCT**

## Find out more:

The Race for Health website ([www.raceforhealth.org](http://www.raceforhealth.org)) contains further information about the programme, learning events and members, and provides extensive links to resource materials that can help PCTs promote race equality.

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## Why we should challenge inequality

### Did you know?

- + Some 35 per cent of African Caribbean men smoke, compared with 39 per cent of white Irish men, 44 per cent of Bangladeshi men and 27 per cent of the general population.
- + Infant mortality in England and Wales for children born to mothers from Pakistan is double the average.
- + In Britain today, black and minority ethnic groups comprise 8 per cent of the population.
- + Young Asian women are more than twice as likely to commit suicide as young white women.
- + In 2004, people from black and minority ethnic groups comprised 39.1 per cent of hospital medical staff but only 22.1 per cent of consultants.
- + Young black men are six times more likely than young white men to be sectioned for compulsory treatment under the Mental Health Act.
- + South Asian people are 50 per cent more likely to die prematurely from coronary heart disease than the general population.
- + 38 per cent of Bangladeshis are under 16, double the figure for the white population.
- + Asian women aged 65 and over have the highest rate of limiting, long-term illness (64.5 per cent compared to 53 per cent for all women aged 65 and over).
- + The prevalence of stroke among African Caribbean and South Asian men is 40 per cent to 70 per cent higher than for the general population
- + In 2004, 7.5 per cent of NHS Executive Directors in England were from black and minority ethnic backgrounds – up from 3.0 per cent in March 2000.
- + Men and women of Pakistani and Bangladeshi origin are more than six times as likely as the general population to have diabetes. Rates for Indian men and women are three times higher and are significantly higher for African Caribbeans.
- + Ninety per cent of children in the UK have visited a dentist. This compares with approximately 40 per cent of Bangladeshi and 60 per cent of Pakistani children.

## Good Practice

### Improving services

#### Hands on approach beats diabetes

Harjeet Panesar, a retired midwife, knows the limitations of the printed word. When she began her job dealing with diabetes in Bristol's South Asian community, she was straightforward. "I said I believe in more hands on, less pen and paper," explains Ms Panesar from Bristol PCT.

Hundreds of people – some with diabetes, some at risk – have attended workshops that she conducts with a colleague, Veena Bassi, in Urdu, Punjabi, Gujarati and Hindi. They both speak each language fluently. For sessions in Bengali they recruit an interpreter.

Awaz Utaoh, an organisation dealing with domestic violence victims, has invited them in for a session. So has Dhek Bhal, a carers' association, and Khaas, a community organisation for disabled people, as well as the Asian Day Centre.

"A lot of our people don't like to read," says Ms Panesar. "People don't have time for it. You have to go out and talk to them. We don't even use power points, just flip charts so we really hit them with the message, there and then."

As well as raising awareness of diabetes, the sessions actually identify new cases. Ms Panesar does glucose tests, checks blood pressures, and refers some people onto GPs.

The next step is to hold sessions in religious institutions – six temples and a mosque want a workshop. "We've also developed our 'Lose Weight, Feel Great' programme," she says. "We offer yoga or aerobics for an hour plus a talk from a health professional. Organisations do it after they have had the diabetes workshop so people are learning and then positively improving their physical activity. It really makes a difference when you get out there and talk to people."

#### Someone to hold a nervous hand for an HIV test

Rhian Williams, a health visitor, remembers the first time a GP asked her to make a home visit to a refugee family – a Somali woman with an epileptic child.

"When I got there, I found a shared house with five women all together from different parts of the world," she recalls. "Four of them were HIV positive. One was pregnant and one had a little girl who was also HIV positive. None of them were registered with GPs and two did not speak any English. Two needed immediate hospitalisation.

"That was my first case and I realised that this was a hidden population. We didn't know that people were out there because they were not on any local authority housing registers."

Since then, as part of a team from Wandsworth PCT, supporting the health care of homeless people and asylum seekers, Ms Williams has focused on understanding how they fare in the NHS. She trains GPs and health professionals - they often have little idea about their situation - and guides refugees and asylum seekers through the system.

She recalls an 85 year old Somali gentleman who was destitute. His daughter had not managed to get him registered with a GP. His health had become so bad that he was virtually bed bound. The simple act of finding him a GP and applying for an HC2 Exemption Certificate, securing him free dental care, eye tests and prescriptions, made a huge difference.

Refugees and asylum seekers, she says, often need more time than GPs can offer. "Take someone who is worried whether they will gain asylum. They may be living with grief and possibly trauma. There may be no-one to go with them for an HIV test, and a positive result could tip them into a suicidal state. We are there for them."



## Developing commissioning

### Number crunching gets to grips with psychosis

Wouldn't it be wonderful if commissioning agencies knew precisely which service modifications are effective in tackling ethnic health inequalities in, for example, diabetes and heart disease? You would know, for example, that one style of management was more effective than another, say, in cutting hypertension among African Caribbean men.

Lambeth PCT hopes to achieve just such knowledge with a sophisticated research project that ties together clinical data on patients with knowledge about self-ascribed ethnicity, language preference and religious affiliation.

Datanet recruits local practices and helps them to improve their collection of data on ethnicity, language and religion. It also helps clean up their clinical data. This data is then tied together for research. The Datanet project is based on a partnership of Lambeth PCT with the Department of General Practice at Guy's, King's and Thomas's and the South London Primary Care Research Network. Funds come from the St Thomas and Guy's charity. So far more than two dozen practices within the PCT have joined up.

"The first project is called 'Identifying and reducing ethnic inequalities in the management of people with psychosis'," says Dr Richard Williams, a local GP, and a project leader. "Datanet will be used to examine the difference in prevalence of psychosis between the African Caribbean and general populations. It will look at issues of access to services and develop service modifications to address these. In the long run, we should be able to do equity audits on a large number of health care activities. In time, lots of small modifications to services could make a big difference to health outcomes."

### Oriental flavour in quintessential England

You might imagine that Shropshire, with its rolling landscapes and country market towns, is solidly white British. However, Shropshire County PCT became the first trust to commission the Chinese National Healthy Living Centre to take a closer look. There are in fact more than 1,000 people of Chinese origin served by the trust, according to the 2001 census (which found 247,403 Chinese people in the UK). The centre was commissioned to assess their health needs.

"Most Chinese people in Shropshire are Cantonese speaking and involved in the takeaway business," explains Lucy Tran, the centre's evaluation and research officer. "However, many in Telford are Mandarin-speaking from Taiwan or the mainland and in other businesses.

"The main issue is language. There are people aged 40 or 50 who don't speak English. They may rely on family and friends to interpret when they visit a doctor, so there are access issues. Those in the takeaway business say that GP opening hours are unsatisfactory. They find it difficult to book appointments. However, once people are in the system they are happy with the care."

College students in boarding schools comprise 50 per cent of the county's ethnically Chinese people - often from Malaysia, Singapore and Indonesia. The colleges worry about students bringing Chinese medicine from home and self medicating. The study is expected to suggest translation of information leaflets into Cantonese and Mandarin - little is available - and better publicity for the existing interpreting service. "It's good the PCT realises that the community in Shropshire is so diverse," says Lucy Tran.

## Broadening the workforce

### Lost in the NHS a long way from home

It's all very well having a great health service, but lots of people who need the NHS don't use it or don't know how to use it. That's particularly true in some ethnic minority communities. Worse still, people in these communities are more likely to have long-term conditions, such as coronary heart disease, that need regular care.

That's why South Birmingham PCT has developed an innovative course to train people to support people with long-term conditions in their own homes. The recruits, many of them without formal qualifications, are taught listening and communication skills and how to steer people around the NHS services. They are supported as they acquire the literacy and numeracy skills for the job.

"We're particularly interested in training people from ethnic minority communities," says Grainne Behan, course coordinator. "We want a workforce that reflects the community and will be better able to communicate. Often patients are more open because they feel the person from their own community is receptive, someone in whom they can confide.

"The new staff will visit people at home. Perhaps a husband is looking after his wife who has a chronic condition. The worker may find that the couple have been trying to access healthcare services but have not had much luck. A lot of people with chronic illnesses don't know where to go to for help. The same goes for their carers.

"The new workers will signpost them to the right places. Perhaps the couple have been told to eat healthier food, but don't know where to start. So the worker takes them shopping to show them what to buy. Success in this field is all about understanding and communicating at a right level."

### Trust finds new ways to develop the "X" factor

Ealing BME NHS staff network broke the mould when it set up a singing and dancing talent show to advance the careers of its ethnic minority staff. However, its goal was not, in fact, to find employees with the "X" factor and propel them to fame.

The show, attended by 200 employees and Board members and developed by three local trusts, aimed to build the BME staff network that embraces all NHS organisations in Ealing. "We have realised that one of the issues for BME staff is isolation," says Stephen James, Ealing's head of partnerships and diversity. "People may not feel part of the mainstream, so we are trying to create a community in the workforce."

Another strand of this work has been to develop better counselling for victims of bullying and harassment. "It's a problem that has become an issue for BME staff in the mental health trusts," says Mr James. "We are developing supports outside the management structure for this sensitive issue."

Key to supporting BME staff has been adapting the national "Breaking Through" programme which helps BME staff climb the ladder to executive director and chief executive level. "Staff were pleased at the success of this programme but said that there was still a big problem of their under-representation at lower management levels. There seem to be relatively fewer opportunities for learning and career development. So we have partnered with the West London Mental Health Trust, Ealing Hospital Trust and Ealing council to create Breaking Through training for people in this band.

"It's great to partner with all these trusts. It means that those staff who want to climb the ladder can build networks across different sectors." Such support is vital, says Mr James, for developing in staff, the elusive X factor.



## Our Pledge

**Primary Care Trusts belonging to the Race for Health programme are committed to achieving real and measurable improvement for people from black and minority ethnic communities in relation to health, health services, health outcomes and employment within the NHS.**

All Race for Health PCTs pledge to:

- 1 Achieve 100% compliance with the Race Relations Amendment Act with regards to:
  - a. Producing and publishing an effective and comprehensive Race Equality Scheme;
  - b. Collecting, analysing and publishing workforce data and ethnicity relating to selection, access to training, career progression, grievances and disciplinaries;
  - c. Undertaking race equality impact assessments and publishing the results and related activities.
  
- 2 Undertake and publish the results of race equality impact assessments of:
  - a. Local Delivery Plan;
  - b. Commissioning strategy;
  - c. Workforce strategy.
  
- 3 Demonstrate that race equality is effectively addressed at Board level through the PCT's Board development programme.
  
- 4 Develop detailed plans for activity and improvement on:
  - a. Diabetes;
  - b. Perinatal mortality;
  - c. Coronary heart disease and stroke
  - d. Mental healthusing the Race for Health template or an adaptation that will deliver the same measurable outcomes; and including appropriate mechanisms for capturing and reporting on patient experience.

PCTs that are members of Race for Health undertake to provide a written report of performance against these pledges, supported and endorsed by their Thinking Partner.

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