

A Health Needs Assessment of Black and Minority Ethnic groups in Nottingham

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With support from Maria Ward

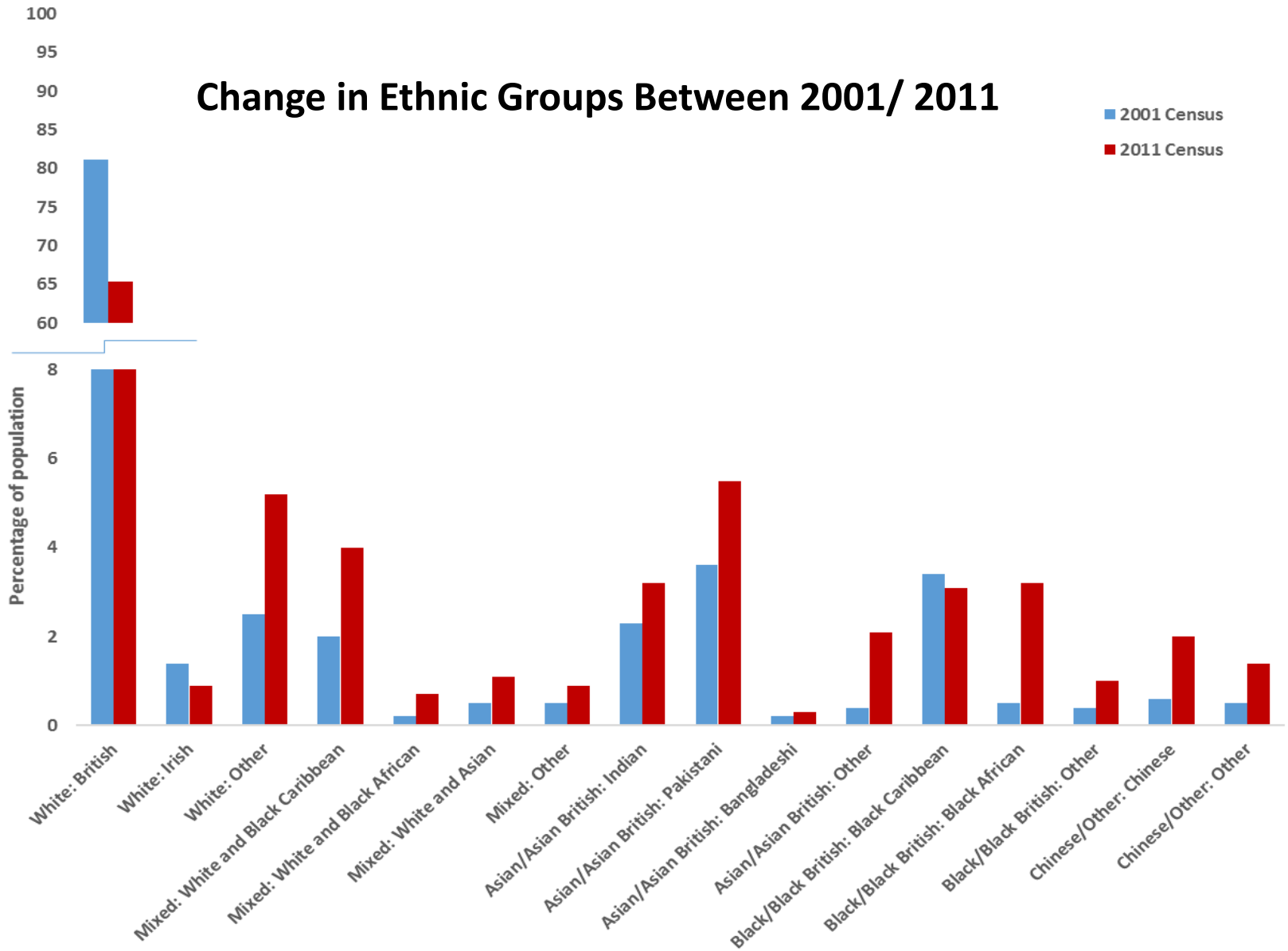
Context

National and international evidence has shown inequalities in the health, and the healthcare experiences, of Black and Minority Ethnic (BME) groups.

Nottingham City Council and Nottingham Clinical Commissioning Group requested a BME health needs assessment to gain a better understanding of the needs of Nottingham's BME population to inform strategy development and commissioning decisions.

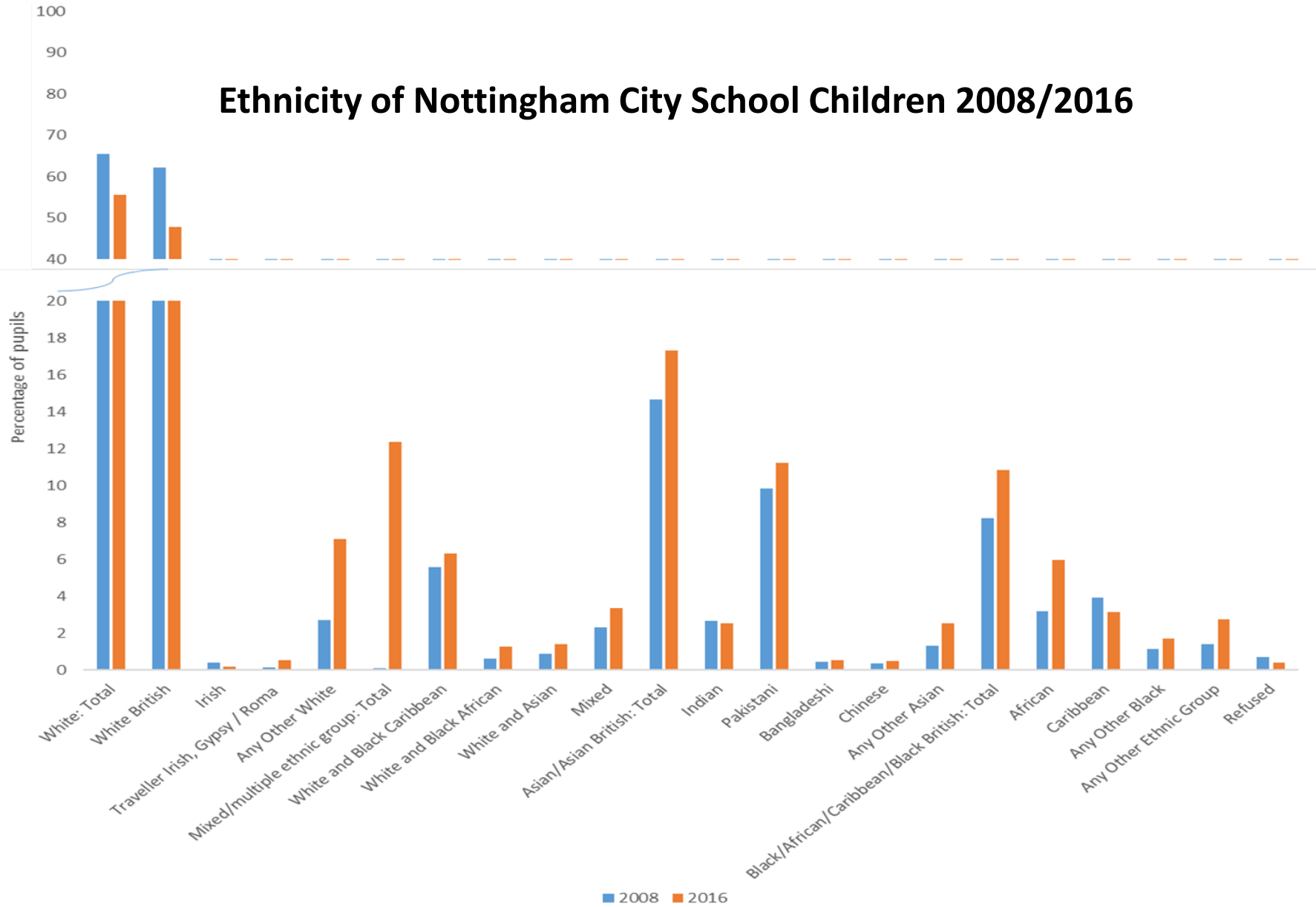
Change in Ethnic Groups Between 2001/ 2011

■ 2001 Census
■ 2011 Census



Source: Census Data (2001/11)

Ethnicity of Nottingham City School Children 2008/2016



Source: Nottingham School Survey Data (2008/16)

What did we do?

- **Convened a multi-agency steering group** to provide advice and support including commenting on survey design and developing a robust community engagement plan
- **Worked closely with partners** especially NCVS to facilitate engagement with local communities
- **Led extensive engagement with Nottingham's BME communities** through surveys and focus groups to explore in greater detail the experience and perceptions of health and healthcare within Nottingham's BME communities
- **Completed a comprehensive literature review** of BME health needs and service use
- **Analysed data** on local health needs and service usage where ethnicity data allowed

Engagement:

- **741** citizens completed a survey; some of these citizens also attended a focus group
- Colleagues attended **16** different community events across the city.
- **174** citizens participated in **18** focus group in **15** different locations led by **13** facilitators supported by volunteer interpreters.

Key Health Issues

- Diabetes
- Mental health
- Cancer/prostate
- Cardiovascular disease
- Sexual health

Key themes from engagement

Mental health: participants suggested that mental health problems were exacerbated by cultural bias, experience of discrimination and stigma and challenges in accessing appropriate services,

Stigma and/or racism and discrimination: participants suggested they, or other people in their community, had faced discrimination in employment, mental health services, crime and general health and wellbeing,

Participants commented on the effect of the **built environment** including planning of fast food outlets, obesity, accessing open spaces, housing and homelessness, fuel poverty, sense of belonging and affordability,

Key Themes from engagement (continued)

Life style risk factors participants commented on traditional versus western diets, smoking, affordability, alcohol, exercise, the role of personal responsibility,

Health seeking behavior some participants suggested that they wanting to see a professional of the same ethnicity and gender, gender as a culturally determined predictor of health service use, fear and stigma from their own community, more choice around holistic treatment and care,

Access to services participants commented on GP appointment times and long waits, staff not understanding cultural needs, secondary services, mental health support, lack of access to interpreters

Key findings

- **Recording of ethnicity is incomplete:** The lack of ethnic monitoring data by local services is especially limiting in attempting an assessment of the differences in health outcomes at a local level for different BME populations.
- The report conclusively demonstrates that **BME communities are not homogenous in their health needs**, different BME groups experience different health outcomes.
- **Access to services engagement** with citizens suggests that more needs to be done to ensure services are culturally competent and can meet the needs of diverse communities.

Key Recommendations:

- **Access to services:** Commissioners should consider how they can be assured that health services are delivered in a person-centred and culturally sensitive manner.
- **Mental Health:** Local services could consider targeting work with BME communities to encourage access to mainstream mental health service
- **Data Collection:** Service providers need to work with staff to stress the importance of collecting ethnic monitoring data and put robust measures in place to support routine data collection such as removing the 'not known' category in ethnic monitoring.

Key Recommendations (continued)

- **Discrimination:** Measures should be put in place to ensure organisations recruit, develop and retain a workforce that reflects the city and is able to deliver high quality services that are fair, accessible, reflective and responsive to the needs of different groups and communities.
- **Community engagement:** Services should improve their routine engagement with BME communities to provide more opportunities for citizens to inform the planning and commissioning of health services.
- **Partnership working:** Further work is needed to rebuild the community and voluntary sector and work with organisations, faith groups and community leaders to promote the health and well being of Nottingham's BME communities

Next Steps:

- Health and Wellbeing Board to consider the recommendations and how the findings will influence future commissioning decisions
- Consider setting up a community of interest group to bring together key stakeholders with an interest in BME health
- Feedback findings to the community and key stakeholders