Addressing Race Health Inequalities in Nottingham and Nottinghamshire

Health and Wellbeing Board

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Nottingham City
Ethnic Health Inequalities

NHS | Integrated Care System Nottingham & Nottinghamshire

BLACK and MIXED patients
3x MORE LIKELY THAN WHITE patients
to be DIAGNOSED with PROSTATE CANCER

ASIAN patients
64% LESS LIKELY THAN WHITE patients
to be DIAGNOSED with PROSTATE CANCER

BLACK and ASIAN patients
37% LESS LIKELY THAN WHITE patients
to ATTEND A&E

ASIAN and BLACK patients
2x MORE LIKELY THAN WHITE patients
to be DIAGNOSED with DIABETES

BLACK patients
22% LESS LIKELY THAN WHITE patients
to be DIAGNOSED with BREAST CANCER

ASIAN and BLACK patients
35-40% LESS LIKELY THAN WHITE patients
to RECIEVE PRIMARY CARE

BLACK patients
2x MORE LIKELY THAN WHITE patients
to be DIAGNOSED with KIDNEY DISEASE

ASIAN patients
47% LESS LIKELY THAN WHITE patients
to be DIAGNOSED with COLORECTAL CANCER

ASIAN patients
62% LESS LIKELY THAN WHITE patients
to ATTEND CERVICAL SCREENING

BLACK patients
1.5x MORE LIKELY THAN WHITE patients
to be DIAGNOSED with HIGH BLOOD PRESSURE

ASIAN patients (aged 4-11 years)
36% LESS LIKELY THAN WHITE patients
to be DIAGNOSED with CHILD OBESITY

BLACK patients
35% LESS LIKELY THAN WHITE patients
to ATTEND CERVICAL SCREENING

MIXED patients
1.4x MORE LIKELY THAN WHITE patients
to be DIAGNOSED with SEVERE MENTAL ILLNESS

ASIAN patients
43% LESS LIKELY THAN WHITE patients
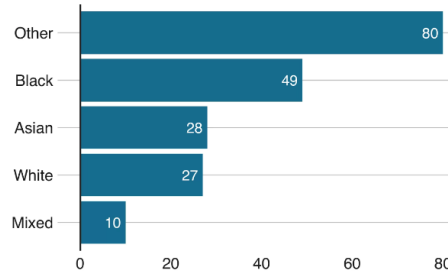to be DIAGNOSED with SEVERE MENTAL ILLNESS

The Turning point

George Floyd and Black Lives Matter

Hospital deaths by ethnicity
Per 100,000 population in England up to 21 Apr

Ethnicity	Value
Other	80
Black	49
Asian	28
White	27
Mixed	10

Ethnicity of 10% of victims unknown
Source: NHS Digital and 2011 Census

Covid-19

Nottingham City Place-Based Partnership

PBP makes tackling structural racism a priority

"If not now, when?"   **"If not you, who?"**

Programme Objectives

1. Review commissioning **processes to address structural racism,** strengthening engagement and involvement of BAME communities.

2. **Understand the contribution of community organisations** in the commissioning of services to meet the health and wellbeing needs of BAME communities.

3. **Transform engagement and communications** with BAME communities to improve access to and experience of using services.

Nottingham City
Integrated Care
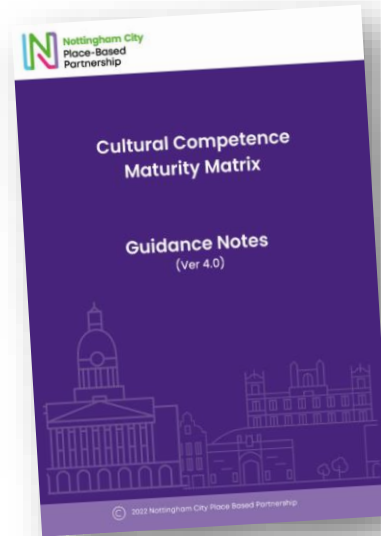Partnership

Chosen Approach

Emerging → Developing → Maturing → Thriving

1. Equality Impact Assessments
2. Community Engagement
3. Representative Workforce
4. Accountable Leadership
5. Data & Evidence
6. Financial Investment
7. Inclusive Decision Making

Nottingham City Place-Based Partnership

Cultural Competence Maturity Matrix

Guidance Notes
(Ver 4.0)

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Intended Impact of the Culturally Competent Maturity Matrix

Commissioners can commission culturally competent services.

Providers should be commissioned to deliver and acknowledge the resources/focus/context for delivery.

Workforce will benefit from individual impact and behaviour change.

Communities should be better connected to services, have their journeys heard, and influence services.

Integrated Care
Partnership

Race Health Inequalities Group Key success

- Maturity Matrix was **coproduced by the system and community**, piloted and endorsed by the Place-Based Partnership Executive Group
- RHI developed and delivered the **Race Health Inequalities Summit May 2023**
- The NHS **Race and Health Observatory are connected** to the programme of work and reviewing the Maturity Matrix
- The Maturity Matrix was a **Finalist in the HSJ Awards** 2024 in the NHS race equality category
- Donna Ockenden's independent review of maternity services and Nottingham University Hospitals NHS Trust has **sought the support of the RHI** programme in the review's engagement with diverse communities.
- The Launch of the **Local Routes to Change report**.

Race Health Inequalities Group impact

- Over **30 organisations are actively using the Maturity Matrix**, this includes Nottingham City Council Commissioning Team, Nottinghamshire Health Care Trust, CityCare, Nottingham University Hospitals, a number of Pharmacists, Framework and Al-Hurray (voluntary sector organisations).
- Completion of the Maturity Matrix features has **featured as a requirement in the tendering process** for some contracts. The ambition is to have the matrix embedded into contracting processes for all commissioning organisations
- There is **local and national interest** in the Maturity Matrix.
- The Launch of the **Local Routes to Change report**.

"The Maturity Matrix has provided a framework to hold conversations I was previously unable to have"

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Routes to Local Change **Findings**

Contributing Factors

Both at the Summit and in subsequent discussions, stakeholders identified

Three broad sets of factors contributing to racial health inequalities:

Wider social, political and economic inequalities	Poverty and the struggle to meet basic needs
	Unstable, crowded or indecent housing and unhealthy environments
	Immigration status and its effect on economic and social inclusion and rights
	Digital exclusion/digital poverty
Local health services	Underfunded, rationed health services (waiting lists, thresholds)
	Service fragmentation, inconsistent referral pathways
	Closure of services in the community*
	Inadequate data and insight on care needs and health inequalities
	Service design and delivery not fitting people's culture or circumstances
	Lack of workforce diversity
	Biased attitudes or lack of cultural awareness of staff
	Low or inconsistent involvement of community organisations
Local communities and families knowledge and resources	Lack of English and limited access to interpreters
	Awareness and beliefs about health, including stigmatising beliefs
	Understanding of services
	Distrust or poor prior experience of services
	Power relationships and control over care
	Social isolation

Enabling Approaches

- Support a more inclusive, culturally aware workforce

- Deliver services in partnership with community groups

- User-centred service design

- Create multiple ways for people to connect to help

- Raise awareness of maternal and mental health in minoritised communities

- Bridge the language barrier

Local Routes to Change report recommendations

System
Cultural competency training for senior staff and managers

Ongoing training and mentoring/supervision for staff to address bias

Resources for healthcare staff on different communities

Maternity
Recruitment in local communities, help to train as midwives and nurses

Make maternity services easier to navigate via co-location in community spaces, an updated directory, and links to local groups/volunteers

Explore role of Community Champions or peer support groups in maternity care

Maternity education for women and girls in local schools.

Mental Health
Encouraging community discussion of mental health.

Use social media to reach people in communities who are struggling with mental health

Specific training for interpreters in mental health settings

Community / Engagement
Encourage referrals to commissioned VCS services

Work with community organisations to gain insight into people's needs
Social prescribing or similar models to link people to economic support

Social prescribing or similar models to link people to economic support

Support advocacy services in the community e.g. doulas, school counsellors, support workers

Raise community awareness and support referrals via open days and coffee mornings

Train and support community volunteers for outreach & signposting, education, peer support.

Work with people who can disseminate information on healthcare services to communities

Community organisations could develop information in different languages

Train and support bilingual community members to volunteer.

Recommendations for the Health and Wellbeing Board

- Note the work of the Race Health Inequalities group.

- Take the opportunity to Champion the Race Health Inequalities agenda within the current contextual challenges the whole system is facing.

- Undertake the Maturity Matrix as a Board.

- Commit a senior leader for individual organisations to attend a round table event which explores the opportunities for system change with a focus on the Race Health Inequalities.