

## **Update Report for the Health and Wellbeing Board**

### **Health Needs Assessment of the Black and Minority Ethnic Populations within Nottingham City**

#### **1. Purpose of the report**

This report provides an update on the Black and Minority Ethnic (BME) Health Needs Assessment (HNA), and the actions agreed by the Health and Wellbeing Board (HWB) in September 2017. Its purpose is to show the progress of the work and to inform the HWB of the next steps in delivering the recommendations from the report.

#### **2. Background**

A HNA of BME groups in Nottingham City was undertaken at the request of Nottingham City Council (NCC) and the Nottingham City Clinical Commissioning Group (CCG) to inform the commissioning and delivery of services. A multi-agency steering group provided advice and support including commenting on survey design and developing a robust community engagement plan.

The HNA is underpinned by a comprehensive literature review and a robust engagement plan. The extensive engagement with BME communities has been a key success of this HNA and has highlighted the approaches and techniques to successfully engage local communities. The engagement has enabled understanding of how local citizens perceive health and experience healthcare and other services

The draft BME HNA was presented to the HWB in September 2017, the Board were asked to:

- a) Consider the recommendations in the Black and Minority Ethnic Health Needs Assessment; and
- b) Identify opportunities to work collaboratively to improve the health and wellbeing of Black and Minority Ethnic citizens in Nottingham.

The draft BME HNA was well received by the Board, the following actions were agreed:

- a) Establish a Community of Practice group, which includes citizen involvement to take forward the recommendations and develop them in to actions
- b) Share the findings and recommendations of the BME HNA with the Sustainable Transformation Plan (STP) Leadership Team and Key stakeholders
- c) Share learning on improving the reporting of Protected Characteristics

A number of developments have since taken place. This report provides an update on these developments and the actions as agreed by the HWB.

### **3. Progress update**

#### **3.1 Publication**

Since the draft BME HNA was presented at the HWB in September 2017, the report has been published and is available on Nottingham Insight.

<http://www.nottinghaminsight.org.uk/themes/health-and-wellbeing/>

#### **3.2. Share the findings and recommendations of the BME HNA with the Sustainable Transformation Plan (STP) Leadership Team and Key stakeholders**

To launch the publication of the BME HNA, a Public Health (PH) forum was held at Loxley House on the 17<sup>th</sup> January 2018. The forum was delivered in partnership with NCC, Nottinghamshire County Council and the CCG, the forum aimed to:

- 1) Launch the publication of the BME health needs assessment and share the findings and recommendation, including feedback from the extensive community engagement
- 2) Provide a summary of the health needs of Nottingham's BME communities and identify the gaps
- 3) Highlight the partnership working in Nottingham specific to improving the health and wellbeing of BME communities
- 4) Consider setting up a community of interest group to bring together key stakeholders with an interest in BME health to take forward the recommendations from the report.

The STP leadership Team were invited to attend but sent their apologies. A separate briefing session for the STP leadership team is to be arranged.

The PH forum was well attended by over 50 people from multi-agencies including members of the public, CCG, Nottingham Health Care Trust, Citycare, NCC, Healthwatch, and several community and voluntary services, including those who supported with the delivery of the engagement strand of the work. The PH forum included presentations from stakeholders and workshops where attendees were invited to give feedback on how best to deliver the recommendations from the report. Attendees were also asked if setting up a CoP would be a good vehicle in helping to deliver the recommendations. There was a consensus that a CoP would be a good vehicle; this was encouraging as it confirms the actions from the HWB. It was agreed that the first CoP meeting would take place by March 2018 with subsequent meetings to be agreed.

### **3.3 Establish a BME Community of Practice Group**

A Community of Practice (CoP) is defined as: *“A group of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly”* (Wenger, 2011). CoP’s are usually informal, self-organising, and span across various organisations with members distributed throughout an organisation.

Following the BME PH forum, the first CoP group was arranged for 1<sup>st</sup> March 2018. Those who attended the BME PH forum were invited to attend; the invitation was also extended to wider stakeholders. The purpose of the CoP group is to bring together key stakeholders who have an interest in BME health and wellbeing, to work as a collective, promote best practice and implement the recommendations from the BME HNA, the specific objectives of the group are to:

- Raise awareness of BME health needs and issues
- Ensure citizen involvement continues throughout the project
- Share skills, resources, knowledge and information to help improve the health and wellbeing of Nottingham’s BME populations
- Consult with voluntary and other organisations to identify gaps and make proposals for delivering the recommendations
- Set up and over see task and finish groups to support the implementation and delivery of the recommendations
- Encourage a collaborative approach across the public, community, private and voluntary sectors in finding innovative ways to help address the health needs of Nottingham BME communities

- Keep abreast of current developments and initiatives relating to BME health and wellbeing and act as a conduit for sharing such information
- Identify activities, approaches and initiatives that add value to local delivery and tactical responses to improving BME health and wellbeing

The meeting had a very good response with 28 people registering their attendance from multi-agencies including Citycare, CCG, Healthwatch, the Community and Voluntary sector, members of the public, Nottingham University Hospital, NCC and the University of Nottingham. However, unfortunately, on the morning of the event, the meeting had to be cancelled due to adverse weather conditions and people not being able to safely travel in to the city. The meeting has been rescheduled for Monday 14<sup>th</sup> May 2018. Terms of Reference for the group have been drafted, see appendix 1.

### **3.4 Share learning on improving the reporting of Protected Characteristics**

This work will be progressed as one of the outcomes of the CoP group. Updates will be provided to the HWB as part of the reporting process.

## **4. Next steps**

- Reschedule the CoP meeting for Monday 14<sup>th</sup> May 2018
- Continue to publicise the BME HNA to stakeholders and wider partners
- Arrange a briefing session with the STP leadership team by March 2018
- Progress report to the HWB in June 2018

## **5. Published documents referred to in completing this report**

Health Needs Assessment of the Black and Minority Ethnic Population within Nottingham City

<http://www.nottinghaminsight.org.uk/themes/health-and-wellbeing/>

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# Appendix 1

## BME Community of Practice Group

### Draft Terms of References

#### **1. Background**

A Community of Practice (CoP) is defined as: “A group of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly (Wenger, 2011). CoP’s are usually informal, self-organising, and span across various organisations with members distributed throughout an organisation.

#### **2. Purpose of the group**

A BME Health Needs Assessment (HNA) was developed to identify the needs of Nottingham’s BME populations, identify recommendations to improve health, and to inform strategy development and commissioning decisions. The purpose of this CoP group is to bring together key stakeholders who have an interest in BME health and wellbeing, to work as a collective, promote best practice and implement the recommendations from the BME HNA.

#### **3. Specific objectives of the group**

- Raising awareness of BME health needs and issues
- Share skills, resources, knowledge and information to help improve the health and wellbeing of Nottingham’s BME populations
- Consult with voluntary and other organisations to identify gaps and make proposals for delivering the recommendations
- Set up and over see task and finish groups to support the implementation and delivery of the recommendations
- Encourage a collaborative approach across the public, community, private and voluntary sectors in finding innovative ways to help address the health needs of Nottingham BME communities
- Keep abreast of current developments and initiatives relating to BME health and wellbeing and act as a conduit for sharing such information

- Identify activities, approaches and initiatives that add value to local delivery and tactical responses to improving BME health and wellbeing

#### **4. Partnerships**

- 4.1 Work in partnership with all key stakeholders including members of Nottingham City's BME communities.

#### **4. Advocacy**

- 4.1 Raise local issues regarding BME health and wellbeing in Nottingham City with statutory authorities (such as the Council, Healthcare Trust, NUH, City Care partnership and the City CCG) where particular concerns are identified, in the course of the group's work.

#### **5. Membership**

- 5.1 Membership of is open to all stakeholders with an interest in BME health and wellbeing or that shares similar interests, goals, and or objectives.
- 5.2 All members will commit to cascading information to their individual organisations, and other appropriate colleagues, in order to support the development and work of the group.
- 5.3 To ensure that the group is effective and as representative as possible, the group will invite other representatives as consultative members at their meetings who will be able to represent and offer advice based on their experience relevant to the activities and work of the group
- 5.4 The CoP group will have a core group to take decisions, plan and oversee the work of the group; its membership will come from:
  - Voluntary organisations
  - Representation from local people from BME communities
  - Local agencies and non-governmental bodies
  - Nottingham City Council
  - Nottingham Clinical Commissioning Group
  - City Care Partnership
  - Nottingham Healthcare Trust
  - Nottingham University Hospital

#### **6. Meetings**

- 6.1 The CoP group will meet approximately 4 times a year.

- 6.2 Any sub group/tasking/working groups formed in response to the development and delivery of actions will meet as required and update the CoP Group at its quarterly meetings
- 6.3 The group will be deemed quorate if there are to be agreed members in attendance. Members must include to be agreed
- 6.4 The Chair will be Helene Denness
- 6.5 Members should prioritise attendance; if unable to attend, they should delegate to an appropriate colleague.

## ***7. Accountability and governance***

- 7.1 The CoP group will be accountable to the Health and Wellbeing Board and updates will be provided quarterly.  
Updates will be provided to the Multi Agency Forum For Asylum Seeker and Refugees (MAF) and other groups on request.
- 7.2 Strategic oversight of the work of the will be provided by the members within the group.

## ***8. Support***

- 8.1 Nottingham City Council will take responsibility for organising meetings, minute taking, agenda setting and circulating documents.
- 8.2 An action log will be taken at all meetings and circulated to members of the group. The action log will be reviewed and ratified by agreement of the group at the following meeting.

## ***9. Declarations of Interest***

- 9.1 If the existence of an interest becomes apparent during a meeting then this must be declared at the point at which it arises. Any such declaration will be formally recorded in the action log for the meeting.

## ***10. Review of Terms of Reference***

- 10.1 The terms of reference were formally accepted on .....and will be reviewed on a six-monthly basis.
- 10.2 ToR may be amended at any time in order to adapt to changes to the work of the group