

# Scrutiny Report

## BLACK, ASIAN AND MINORITY ETHNIC (BAME) HEALTH INEQUALITIES

**23 November 2021**

ISSUED TO:

**Jim McManus**, Director of Public Health, Hertfordshire

**Morris Bright MBE**, Executive Member for Public Health and Community Safety

PORTFOLIO / ORGANISATION:

Public Health and Community Safety, Hertfordshire County Council

RESPONSE DUE

**10 February 2022**

DUE AT IMPACT OF SCRUTINY ADVISORY COMMITTEE

**21 June 2022**

FOR FURTHER INFORMATION CONTACT

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## Executive Summary

- I. BAME scrutiny was identified as a priority when Overview and Scrutiny (OSC) and Health Scrutiny Committees (HSC) met July and August 2020 to consider the impact of Covid-19 on Hertfordshire residents, and their health outcomes. There was particular concern from members regarding the health impacts and inequalities in outcomes ranging from deaths to service access and health status for individuals from black, Asian and minority ethnic (BAME) communities in Hertfordshire. Following that meeting regular updates were provided to HSC. A community led BAME network was established in Hertfordshire to work alongside key public sector agencies.
- II. The Topic Group considered evidence from witnesses, including representatives of community groups, public health, mental health and maternity services, which highlighted the range of services already acknowledging and working towards eliminating inequalities of health access, experience and outcomes for people from BAME communities. The topic group recognised that it was essential that a system wide approach, designed to meet the needs of specific communities and rooted in co-production was essential in order to meaningfully address this issue.
- III. After considering and robustly questioning the evidence, members identified wide reaching and systemic issues that were impacting the health outcomes and access to services and information for people from BAME communities. A key theme that arose was the need to reframe the question of, 'How do we support people to engage with services?' to 'How do we adapt and design services to enable people to access them more easily?' Members highlighted the need for a shift in perspective across the system from seeing BAME communities as 'hard to reach groups' that need support to access the services as they are currently delivered to considering whether it is 'hard to reach services' that need to adapt the way in which they deliver in order to meet the needs of all BAME communities to ensure genuine accessibility.
- IV. The Topic Group pinpointed a few specific areas of health as priorities for further work to towards improving experience and outcomes for BAME communities, including diabetes, mental health and maternity. The Topic Group identified maternity services for BAME patients as a key area to scrutinise in greater detail in future.
- V. The Topic Group thanked all witnesses for their contributions to the work of this Topic Group and looked forward to looking in more detail at Maternity Services for BAME patients in 2022.

### **Councillor Judi Billing MBE, Chairman of the BAME Health Inequalities Topic Group**

“The existence of inequalities in health outcomes for some of our BAME communities is clearly totally unacceptable, and yet they persist.

This scrutiny topic group, with the total commitment of councillors, officers and witnesses, has given us the opportunity to dig deep into some of the reasons for this and come up with some recommendations which will hopefully make a difference.

We will ensure that these receive the attention they deserve, rather than gathering dust on a shelf full of reports. We look forward to the improvements which will result.”

### **Monir Ali, Chairperson, The Adda Club**

“Being asked to present at the scrutiny panel, I was a little nervous as the name suggests a deep delve into things. However, nerves aside, the presentation to the panel was positive, and I think we got across our core messages to the panel. The panel were engaged and were keen to find out more about the work of The Adda Club, in relation to the inequalities for health support for the Ethnic Minority community in St Albans. Hopefully the recommendations they make can see a positive and beneficial change to health in St Albans and Hertfordshire.”

- i. Meeting papers can be viewed at [this link](#).

## Recommendations

*All recommendations should be read against the relevant section of the report.*

The Topic group recommends:

1. Health Scrutiny Committee to consider impact, risk and mitigations relating to medical equipment and/or treatment not suitable or not as effective for BAME communities.  
[To be an item for a future Health Scrutiny Committee meeting]
2. All partners to focus on ensuring all women have agency and a voice in their health and wellbeing matters, as a fundamental part of their patient experience. We recommend a workstream focusing on women, led by the Integrated Care Board. We also recommend the creation of women's health champions.  
[To include:
  - consideration of feedback from existing community champions that are women to ascertain the impact of their work and identify if/where support is required to reinforce their messages;
  - consideration of the issue of gate keepers in communities and also the value of working with community leaders.]
3. Further development across the system of how to provide effective support, guidance and signposting to patients with diabetes or those that are pre-diabetic.  
[To include:
  - utilising diabetes nurses at GP surgeries in addition to GPs to signpost more effectively to community and peer support programmes;
  - ensuring support is consistently available across the county, and accessible throughout patient's lifetime and not just at the time of diagnosis;
  - ensuring monitoring and support is concentrated where it can have most impact, eg. measuring people's levels of HBA1C;
  - Positive and pro-active and culturally appropriate messaging about what you can eat when diabetic;
  - Community and peer support tailored to specific BAME communities;
  - Focus on using language that is clear, realistic, tailored to specific communities and designed to promote understanding.]
4. The Topic Group recommends that all partners involved in Health in Hertfordshire make a clear statement, with commitments which can be measured, to ensure the focus and starting point is the patient or service user when designing, delivering and communicating health interventions. This should include co-production where possible. To ensure genuine inclusion and accessibility, a system-wide culture of adapting the system to meet the needs of the people rather than expecting or supporting people to adapt themselves and their lives to engage with the system, needs to be developed.  
[To include focus on:
  - individual and specific BAME communities;

- building on and learning from experience of the value of community groups, whatsapp groups and social media for support and guidance;
- Socio-economic aspects of individual's lives that may impact their access to services;
- Mental Health, with specific focus on those communities currently underrepresented in accessing mental health services and utilise the detailed data to measure impact and outcomes from this work;
- avoidance of language that may add to stigma or fear.]

5. That HSC establishes a Topic Group on the experience of, and outcomes of, maternity services for BAME patients.

[To include:

- impact of the ethnicity of the midwife;
- maternal deaths;
- push within system and society towards natural birth and avoidance of medical intervention;
- named midwives;
- how it is communicated to patients if they are classed as high risk due to their ethnicity with explanation to avoid feelings of blame, fear or prejudice.]

# Evidence

**Recommendation 1:** Health Scrutiny Committee to consider impact, risk and mitigations relating to medical equipment and/or treatment not suitable or not as effective for BAME communities.

[To be an item for a future Health Scrutiny Committee meeting]

**1.1** The topic group learned that certain medical equipment and treatments are either not suitable or not as effective for patients from BAME communities. The example of the oxygen monitor which was not as effective on some patients as it had not been designed and tested on darker skin. Other examples including medications were discussed and members agreed this issue should be given further consideration by the Health Scrutiny Committee.

**Recommendation 2:** All partners to focus on ensuring all women have agency and a voice in their health and wellbeing matters, as a fundamental part of their patient experience. We recommend a workstream focusing on women, led by the Integrated Care Board. We also recommend the creation of women's health champions.

[To include:

- consideration of feedback from existing community champions that are women to ascertain the impact of their work and identify if/where support is required to reinforce their messages;
- consideration of the issue of gate keepers in communities and also the value of working with community leaders.]

**2.1** The Topic Group highlighted the importance of focussing specifically on ensuring all women are able to access and make choices on their health and wellbeing matters. This arose from evidence and discussions with a number of witnesses. The Associate Lay Member, Herts Valleys CCG Board highlighted the major themes arising from a qualitative review of black experience of primary care in the UK and presented a number of examples that specifically related to women including a mother who said she would consent for her daughter to receive a vaccine if it were up to her, but she was not head of the household and the girl's father had said no.

**2.2** It was noted that 70% of covid champions were women and the group heard from the Chief Executive Officer, Community Development Action (CDA) Hertfordshire that local trusted contacts reach into diverse groups and many women were interested and wanted to be involved as champions to help their own groups with the delivery of accurate messaging. The Topic Group welcome the fact that so many community champions were women and suggested that it would be of value to incorporate feedback from these community champions to ascertain the impact of their work with communities and identify where and if support is required to reinforce their messages.

**Recommendation 3:** Further development across the system of how to provide effective support, guidance and signposting to patients with diabetes or those that are pre-diabetic.

[To include:

- utilising diabetes nurses at GP surgeries in addition to GPs to signpost more effectively to community and peer support programmes;
- ensuring support is consistently available across the county, and accessible throughout patient's lifetime and not just at the time of diagnosis;
- ensuring monitoring and support is concentrated where it can have most impact, eg. measuring people's levels of HBA1C;
- Positive and pro-active and culturally appropriate messaging about what you can eat when diabetic;
- Community and peer support tailored to specific BAME communities;
- Focus on using language that is clear, realistic, tailored to specific communities and designed to promote understanding.]

**3.1** The Topic Group heard from the Chairperson and Founder, the Adda Club, who had set up a diabetes lifestyle coaching programme for the Bangladeshi community in his local area. The Topic Group heard how important the peer support approach was in encouraging mindset changes around nutrition and exercise and also in providing information on how individuals can manage their own diabetes. This approach had shown some success but had also faced challenges in recruitment, timings and a tail off in attendance. Members heard of the reflection and learning that had taken place throughout the programme, highlighting the importance of taking into account other factors such as mental health challenges and other conditions like allergies, arthritis and food phobia.

**3.2** The Topic Group discussed potential opportunities to extend the Adda Club diabetes programme and other similar programmes by recruiting pre-diabetic people. It was noted that GPs would not be able to send patient details to the programme due to GDPR so recruitment would rely on GPs providing details of the programme to patients for them to make contact themselves, in addition to advertising on social media and posters in community hubs such as Asian shops, places of worship and the local community centre. It was highlighted that the support individuals receive when diagnosed with type 2 diabetes is minimal and despite a lot of signposting to various organisations and websites, there is no real-life individualised support, which is where community-based programmes such as the Adda Club offer something valuable. There was discussion about the role of diabetic nurses based in GP surgeries and Members suggested they could be utilised to signpost patients, including pre-diabetic patients to programmes such as the Adda Club.

**Recommendation 4:** The Topic Group recommends that all partners involved in Health in Hertfordshire make a clear statement, with commitments which can be measured, to ensure the focus and starting point is the patient/service user when designing, delivering and communicating health interventions. This should include co-production where possible. In order

to ensure genuine inclusion and accessibility, a system-wide culture of adapting the system to meet the needs of the people rather than expecting or supporting people to adapt themselves and their lives to engage with the system, needs to be developed.

[To include focus on:

- individual and specific BAME communities;
- building on and learning from experience of the value of community groups, whatsapp groups and social media for support and guidance;
- Socio-economic aspects of individual's lives that may impact their access to services;
- Mental Health, with specific focus on those communities currently underrepresented in accessing mental health services and utilise the detailed data to measure impact and outcomes from this work;
- avoidance of language that may add to stigma or fear.]

**4.1** The topic group heard how the Council worked with partners including community and faith groups and leaders to encourage vaccine uptake in specific BAME communities in Hertfordshire and the positive outcomes from this work. The public health work to identify and support specific BAME communities during earlier waves of the pandemic, such as taxi drivers who could not necessarily afford to stop working, so screens were provided to them as an additional safety measure, along with targeted, relevant information about covid safety. Members welcomed the targeted, swift, multi-partner approach to ensuring access to services and information that was implemented in relation to covid and suggested the learning from that could inform wider work across the system.

**4.2** The Topic Group highlighted how the covid vaccine take up had been low in people from 'any other white background' and acknowledged the challenges in addressing this as it may include a diverse range of communities. The VPAC Programme Lead & Head of Community & People Wellbeing, Hertfordshire County Council (HCC), explained how the work to address this involved looking at this demographic in more detail and breaking the data down into specific community groups. The Topic Group heard examples of this work. including successful work with Polish and Bosnia-Herzegovinian community groups and Saturday schools and noted that these groups also worked together and provided peer support for each other. The Topic Group acknowledged the importance of data and reporting to ensure an evidence-based approach could be used and heard that HCC] officers used weekly data to target specific ethnic minority groups in specific district areas and worked with district councils to understand the local data. Members suggested that breaking ethnicity data down to identify 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> generation immigrants might be helpful. It was noted that Public Health currently use census categories that don't expand on ethnicity in this way but it would interesting to consider as data shows that in some communities, although older members have taken the vaccine, they have been more reluctant to allow their children to do so.

**4.3** The Public Health Project Manager, Hertfordshire County Council, outlined the project approach being implemented to address BAME health inequalities. It was noted that the project approach considered socio-economic conditions including protected characteristics such as race, religion, along with disadvantaged groups, such as vulnerable migrants as important factors in influencing a person's health over their lifetime. A BAME Health Network and a BAME Health Equity Working Group had been established and Health Eating programmes were being piloted. It was highlighted that partnership working was a key aspect of the project approach and the BAME Health Equity Working included community

group representatives, County Council service leads for Mental Health, Public Health and Adult Care Services and Health partners from the Integrated Care System (ICS) and Clinical Commissioning Groups (CCGs.) It was noted that measuring the success and impact of any projects aimed at addressing BAME Health Inequalities was essential to ensure that funding and work could be aimed where it would make the greatest difference to people's lives.

- 4.4** The Topic Group heard from Councillor Asif Khan about successful work that had taken place during lockdown with taxi drivers in Watford from the Pakistani and Kashmiri communities. The foundations of this work were built on listening to this group and understanding their specific challenges such as loss of earnings when self-isolating and cultural aspects such as reluctance to take 'hand-outs.' Support and information were designed to address these issues and the council worked closely with community and religious leaders to convey important messages about the pandemic. The Topic Group heard that this work was supported by cross party collaboration from councillors who recognised the need to work together to make the greatest positive impact and ensure the right support was provided to local citizens.
- 4.5** The value of community champions in addressing vaccine hesitancy was recognised but it was highlighted that it was essential to identify the right community champions for the role and where community leaders had not been comfortable in taking on this role or had acted as gatekeepers in preventing the messaging reaching their communities, other means to approach these specific communities had been used.
- 4.6** The Associate Lay Member, Herts Valleys CCG Board outlined the key barriers for individuals from BAME communities in accessing health services. These included perceptions and mistrust of health services and medical professionals; language barriers and concerns that interpreters, who are often closely linked to their community hearing their personal health information; prohibitive cost with the example of dentistry; stigma around certain health conditions, particularly mental health; and a lack of cultural awareness. The Topic Group noted that engagement and communication with community leaders was important so that health services could understand the specific issues and needs a particular community group may have and use this information to tailor programmes to support them. The positive impact of addressing health outcomes and attitudes of BAME health workers was highlighted and the success of this work in terms of vaccination take-up influenced wider BAME communities so it was noted that engagement with this group was essential. In discussion, members highlighted the importance of peer-to-peer support programmes within specific BAME communities.
- 4.7** The Topic Group discussed the importance of getting health communications and messaging right in order to have the greatest impact, which would mean tailored language and consideration of cultural context and generational differences in how people access their information. This tailored and culturally sensitive approach would be essential in engaging with groups or individuals that were reluctant or found it difficult to access services. The Topic Group agreed that it was key that services adapt their offer to ensure it was accessible for all BAME groups and individuals rather than just offering support/education for BAME groups and individuals to access the services as they are. Members agreed it was important for all services to consider first whether it is the services

that are hard to reach for BAME communities and why that is, rather than assuming the patients from certain BAME community groups were hard to reach.

**4.8** The Director of Improvement and Innovation, HPFT showed the Topic Group how data could identify factors that may influence mental health and how this could be used to improve the performance of services. HPFT had worked in partnership with HCC to develop a system of data management for mental health patients which could be interrogated in detail to identify and compare factors influencing mental health and access to treatment such as socio-economic barriers like distance from services and cultural or language issues. With this information, appropriate adjustments can be made to address these barriers and make changes to pathways to ensure greater accessibility if necessary. The topic group noted the value and potential of collecting and using this sort of data to plan and adapt services and highlighted that services would need to be flexible and willing to make changes in the way they are provided to ensure they are easy to access for all.

**5. Recommendation 5:** That HSC establishes a Topic Group on the experience of, and outcomes of, maternity services for BAME patients.

[To include:

- impact of the ethnicity of the midwife;
- maternal deaths;
- push within system and society towards natural birth and avoidance of medical intervention;
- named midwives;
- how it is communicated to patients if they are classed as high risk due to their ethnicity with explanation to avoid feelings of blame, fear or prejudice.]

**5.1** The topic group welcomed the evidence provided by Hertfordshire and West Essex Local Maternity & Neonatal System (LMNS) Maternity Transformation Programme Manager, about Maternity services for BAME patients and the work currently being undertaken in Hertfordshire to address inequalities, including ensuring learning about ethnicity based disparities and inequalities are built in to mandatory staff training package; increasing support of at-risk pregnant women – e.g. making sure clinicians have a lower threshold to review, admit and consider multidisciplinary escalation in women from a BAME background; reaching out and reassuring pregnant BAME women with tailored communications and Minimising risk of vitamin D insufficiency.

**5.2** As this area is so important and within the context of significant issues being reported nationally, members agreed this area should be the sole focus of a separate scrutiny in 2022. With a further piece of scrutiny in mind, Members suggested key areas to investigate as listed above in the recommendation.

## Conclusions

- 6.1** The Topic Group acknowledged that while Covid had brought attention to the issue of BAME health inequalities, there were wider systemic issues that needed to be addressed and would require focus from a range of partners such as NHS, community groups, voluntary sector and all tiers of council.
- 6.2** The Topic Group recognised the importance of tailoring information and services to meet the needs of specific BAME in order to ensure the services were genuinely accessible. The Topic Group identified a number of priority areas of health for further work to prevent health inequalities, namely diabetes, mental health and women's access to information and services.
- 6.3** Members welcomed the examples of detailed data collected and used to identify health inequalities and target support and improvements where it is most needed. Members endorsed further use and development of this approach and sharing of key findings across the system.
- 6.4** In order to provide some continuity and build on the evidence gathered by this Topic Group, it was suggested that where possible Members of this Topic Group be invited to take part in the scrutiny of Maternity Services for BAME patients in 2022.

### Members of the Review

Judi Billing MBE (Chairman), Helen Campbell, Fiona Guest, Reena Ranger OBE, Sunny Thusu

### Witnesses

<b>Jim McManus</b>	Executive Director Public Health HCC
<b>Carol Young</b>	Black Asian Minority Ethnic Project Manager, HCC
<b>Faizal Hakim</b>	Equality & Diversity Manager, HCC
<b>Monir Ali</b>	Chairperson and Founder, The Adda Club
<b>Oyinkansola Ojo-Aromokudu</b>	Associate Lay Member on the Herts Valleys CCG Board
<b>Kristy Thakur</b>	VPAC Programme Lead & Head of Community & People Wellbeing, HCC
<b>Asif Khan</b>	Watford Borough Councillor and County Councillor
<b>Kate Belinis</b>	Chief Executive Officer, CDA Herts
<b>Simon Pattison</b>	Head of Integrated Health and Care Commissioning Team, HCC
<b>Michael Thorpe</b>	Deputy Director of Improvement & Innovation, HPFT
<b>Geoff Brown</b>	Chief Executive, Healthwatch Hertfordshire
<b>Chloe Carson</b>	Healthwatch Hertfordshire
<b>Nicola Judd</b>	Local Maternity & Neonatal System Maternity Transformation Programme Manager, HCC

### Officers supporting

Fiona Corcoran Scrutiny Officer

## **APPENDICES**

### **SCRUTINY REMIT**

**DATE DUE AT HSC: 21 July 2021**

**COMMITTEE APPROVED: HSC: 21 July 2021**

**PROGRAMMED: 23 November 2021**

#### **OBJECTIVES:**

To consider lessons learned from working with BAME<sup>1</sup> communities on covid impacts on inequalities in health outcomes and whether local services have action plans in place to address them

#### **BACKGROUND:**

BAME scrutiny was identified as a priority when OSC and HSC met July & Aug 2020 to consider the impact of Covid-19 on Herts residents, and their health outcomes. There was particular concern from members regarding the health impacts and inequalities in outcomes ranging from death to service access and health status for communities in Hertfordshire, primarily BAME communities. Following that meeting regular updates were provided to HSC.

Public Health England reported on the impact of Covid-19 in BAME communities. It highlighted that there is a need for better understanding of the social and structural determinants of health, and the socio-economic, occupational, cultural and structural factors (racism, discrimination, stigma) influencing COVID-19 outcomes in BAME groups within and outside the health sector.

It became clear during the pandemic that for BAME communities there were issues of trust with the NHS and institutions of state.

A community led BAME network was established to work alongside key public sector agencies.

A Public Health review of BAME experience of Health Services has been commissioned. Findings from the research will enable long term sustainable change to address occupational risk, act to mitigate the impacts to co-produce a community led Health Inequalities Action Plan. Desired outcomes will be to improve access, experiences and outcomes of NHS, local government and Integrated Care System commissioned services for BAME communities.

As part of the policy review, a review of inequalities in health outcomes in BAME populations in Hertfordshire will be undertaken. This will include working closely with

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<sup>1</sup> The term BAME has been used until an alternative preferred term is agreed

the University and other research partners on this.

**KEY LINES OF ENQUIRY:**

1. What has been the impact of covid-19 on BAME communities in Hertfordshire? And what actions have been taken to mitigate these impacts?
2. How are partners and stakeholders working together to address systemic, long term issues affecting the health and wellbeing outcomes of BAME communities?
3. How will the effectiveness of future and existing services in reducing inequalities in health outcomes for BAME communities be measured?

**ANTICIPATED IMPACTS** on services *and* on the lives of citizens:

- That areas that impact BAME communities have been identified
- The actions to address these impacts have been identified along with the timescale for implementation

**CONSTRAINTS:** *What are the topics that are irrelevant to the objective or that do not answer the questions?*

- Inequalities beyond health

**FINANCIAL IMPACTS:**

- What are the financial implications of the action plan

**EVIDENCE & WITNESSES** (i.e. individuals, organisations, documents)

Jim McManus HCC	User / community group reps (such as One Vision, N Herts Ethnic Forum)
Faz Hakim HCC	Healthwatch Herts (HwH)
District & boroughs	University of Hertfordshire
ICS / NHS	CDA
Carol Young HCC	

**METHOD:** 1 day

**DATE:** 23 Nov 2021

**MEMBERSHIP:**

J Billing (Chairman), H R Campbell, F Guest, R Ranger; S Thusu

**SUPPORT:****Scrutiny Officer:** Fiona Corcoran**Lead Officer:** Jim McManus**DSO:** Theresa Baker**HCC Ambitions - how this item helps deliver the Ambitions** *delete as appropriate*

1. Opportunity to live in thriving places ✓
2. Opportunity to share in Hertfordshire's prosperity ✓
3. Opportunity for everyone to achieve their potential ✓
4. Opportunity to enjoy healthy and safe lives ✓

**CENTRE FOR GOVERNANCE AND SCRUTINY ACCOUNTABILITY****OBJECTIVES:** *delete as appropriate*

1. provide constructive “critical friend” challenge
2. amplify the voice and concerns of the public
3. be led by independent people who take responsibility for their role
4. drive improvement in public services.