**Evidence Submission to the Fairness & Wellbeing Commission by Doncaster Minority Partnership Board on Ethnic Minority Health in Doncaster**

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**Authors (on behalf of Doncaster Minority Partnership Board)**

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1. **Introduction**
	1. The purpose of this report is to submit evidence on health of minority population in Doncaster covering progress made, challenges and recommendations to the Fairness Commission. It draws the evidence from health needs assessment reports undertaken, annual report of Minority Partnership Board, re-fresh focus group discussions with minority community groups, and discussion sessions at the Minority Partnership Board focused on key messages to the Fairness Commission.

1.2 Health outcomes differ significantly between ethnic minority groups and the white population, and between different minority groups. Unpicking the causes of ethnic inequalities in health outcomes is difficult and available evidence suggests a complex interplay of many factors including socio-economic, behavioural, cultural and other characteristics between ethnic groups. Most ethnic minority groups are disproportionately affected by socio-economic deprivation, a key determinant of health status in all communities.  However, this is only part of the picture, and hence why it is important for attention to focus on ethnicity.

1.3 Locally, in Doncaster, a Health Needs Assessment for Black and Minority Ethnic (BAME) communities was commissioned by the Doncaster Health and Wellbeing Board (HWB) and published in 2017.  This assessment was part of the wider work to reduce health inequalities within Doncaster and aimed to make health inequity related to ethnicity more visible and developed actionable recommendations.

1.4 More recently, post 2020, COVID-19 has brought health inequalities to the forefront more than ever before. During the first wave of the pandemic, it became apparent that COVID-19 exacerbated long-standing inequalities across ethnic and socio-economic groups, disabled people, young people and care home residents. In June 2020, Public Health England published a national review on the varying risks and outcomes of COVID-19.  This review highlighted the extent of COVID-19 related inequalities, especially the unequal impact on Black, Asian and minority ethnic populations.

1.5 In Doncaster, a Minority Partnership Board (MPB) was established in January 2019 to build community capacity, trust and communication networks. The group consists of around 20 members who have an expertise or interest in ethnic minority communities in Doncaster. In April 2023, the group produced an annual report on Ethnic Minority Health in Doncaster and presented to Health and Wellbeing Board. This report evaluated the work undertaken by the MPB during the COVID-19 pandemic by using the recommendations from the 2017 BAME health needs assessment and PHE’s report on disparities in health outcomes from COVID-19.

1.6 This paper draws upon the findings and key messages highlighted in these prior reports to provide a summary of the work done to date in relation to ethnic minority health in Doncaster. The reports used for this summary will be attached as appendices for reference.

1. **Achievements and progress**

**Data Collection**

2.1 Data sharing across the public sector was critical to Public Health’s response to Covid-19. The health protection team within Public Health chaired meetings with minority communities such as the monthly Gypsy Roma and Traveller (GRT) meetings which acted as an information and intelligence sharing forum.

2.2 Doncaster’s Public Health team received ethnicity data from heath partners such as the UK Health Security Agency (UKHSA), DMBC Policy Insight and Change (PiC) Team and NHS. This data was in relation to Covid infection rates, vaccination uptake and hospital admission data.

2.3 As part of the ethnic minority Health Needs Assessment refresh for 2023, the Policy Insight and Change (PiC) data team are working with health partners to improve data related to health profiles of minorities in Doncaster. Public Health colleagues are also consulting with ethnic minority communities and for the first time, Romanian communities are being included in local focus group discussions.

2.4 The 2021 Census has improved ethnicity data by adding Roma as a subgroup of White ethnic groups and allowing for a write-in response for the ‘Black African’ ethnic group.

**Improve access to health services, experiences and outcomes**

2.5 Evidence shows that poor engagement with ethnic minority communities in health care still exists which results in unequal access and care. The Public Health team have successfully engaged with minority communities to better understand lived experiences which can help transform health services in order to improve both access and outcomes. The various initiatives were carried out in coordination with the Minority Partnership Board that brought together various agencies and stakeholders with roles and responsibilities related to health and wellbeing of people from minority backgrounds in Doncaster.

2.6 During the Covid-19 pandemic, it was particularly important to engage with local communities to improve local intelligence but to also tackle misinformation and provide information that is accessible to all. The public health team was able to use the data and local intelligence gathered to inform targeted vaccine pop up clinics which were delivered in underserved communities during Autumn & Winter campaigns.

2.7 It is also important for communication materials to be tailored to communities which can include translating materials into different languages and ensuring accessibility requirements are met. The health protection team were able to develop a Covid specific video for the Romanian community with the help of a Gypsy Roma and Traveller (GRT) link worker. A myth busting information leaflet to address concerns among minority groups was also developed to foster better confidence, which was championed by the MPB.

2.8 The health protection team collaborated with a Central Doncaster GP practice which had a large register of patients from ethnic minorities. It undertook a project pilot in which cancer screening letters were sent out in languages other than English for patients with a different first language.

2.9 Having a Gypsy Roma and Traveller (GRT) staff member within the health protection team has allowed for increased support for Roma families and individuals in terms of access and navigating services by acting as conduit between individuals and services. Five health fairs have also been held since January 2022 which have been tailored to the Gypsy Roma and Traveller (GRT) community.

2.10 The GRT link workers also developed Cervical Screening resources in collaboration with South Yorkshire Cancer Alliance using behaviour change methodology. These resources are routinely shared with Gypsy Roma and Traveller (GRT) communities.

2.11 To inform the Doncaster children and young people’s mental health strategy, consultation exercises with primary and secondary schools took place to understand the barriers to mental health services.

2.12 Similarly, work was undertaken with a local Mosque in which the Health Protection team arranged sessions around women’s mental health. This was delivered by the Improving Access to Psychological Therapy (IAPT) team and allows the opportunity for further sessions around health and wellbeing to be provided.

2.13 The Public Health team have also rolled out a cultural competency training programme aimed at primary care, PCN and reproductive health service staff. This training supports staff towards optimal interactions between individuals and the various cultural and ethnic groups within a community. For patients, this would mean having an enhanced awareness and understanding of their health and social needs, with the aim of improving their health outcomes.

2.14 Race equality training has also been delivered to front line staff in secondary care as well as City of Doncaster Cabinet Members.

**Wider determinants & reducing inequalities**

2.15 The Health Protection Engagement Coordinator has remained proactive with the Minorities Partnership Board and other partners by sharing relevant information to be disseminated such as the Doncaster Employment Hubs weekly jobs update.

2.16 In Doncaster, asylum dispersal housing is increasingly procured in outlying villages, creating a fragmented geography of micro-dispersal, which makes it difficult for people in the system to access support and for support organisations to provide support to them. The Public Health team have raised the challenges related to dispersal of asylum seekers with partners and a mechanism has been developed to address such challenges. Over the last year, the senior health protection engagement officer has supported migrant hotels in Doncaster which included:

* + Arranging Initial Health assessments for residents
	+ Arranging health literacy sessions for residents
	+ Sourcing ESOL (English for Speakers of Other Languages) for residents
	+ Connected residents to a variety of community groups.
	+ Coordinated mental health support for residents (weekly drop ins)
	+ Sourcing and coordinating donations for residents (including mobile phones and laptops)

2.17 The Health Protection Engagement team has also secured and coordinated English for Speakers of Other Languages (ESOL) and Family Learning classes for underserved ethnic groups (predominantly Roma). The offer includes childcare provision at an accessible venue in the heart of the community. Classes commenced in February 2023 and uptake has been positive.

**Communication & Engagement with Ethnic Minority communities**

2.18 The Minorities Partnership Board (MPB) has now been established for more than five years and has made a great contribution towards building stronger relationships with diverse communities. The Minorities Partnership Board: System Leaders forum was established in 2022 and meets on a quarterly basis; and in between there is monthly regular meetings of the Board. Community members and invited key speakers routinely attend this forum while providing a ‘critical friend’ approach to the board’s activities and functions.

2.19 The MPB acts as a ‘sounding board’ for engagement with different ethnic minority communities with consultation taking place around policies, procedures, and service delivery. One member commented that:

*“…there isn't an alternative to this group. I've been 22 years in Doncaster and I'm really, really proud to be part of this group. ...I know the great job you guys do. I think they're very unique in Doncaster. So, I would really like you to continue in the current stands or even bigger with more powers as we move forward.”*

2.20 During the Covid pandemic, the MPB Chair was able to update group members on Covid data, information and guidance including vaccinations.

1. **Challenges**

**Data collection**

3.1 Good quality data is essential for enabling policymakers and health care professional to identify specific needs of different ethnic groups. Unfortunately, there is a lack of data reporting as there are still data quality issues around categorisation and incomplete, missing or inaccurate entries around ethnicity.  Some of the data is already collected by partner organisations, yet information is not reported to relevant governing boards and system partnership levels.

3.2 This report calls for the fairness and wellbeing commission to urge partners to strengthen granular data collection and reporting. An approach to mandatory reporting or a ‘push’ on front line workers collecting and reporting this information may be needed. There should also be a push for the reporting of ethnicity data as part of outcome measure by all relevant partner agencies.

3.3 Collaboration with champions in partner organisations can create a more sensitive, informed, and appropriate approach to data collection and commitment that when data is collected it is used to drive better services and outcomes. It is also recognised that some people make conscious choice not to self-identify.

**Improve access to health services, experiences, and outcomes**

3.4 Health outcomes for people from ethnic minorities remain lower than those from white British backgrounds. Unpicking the causes of ethnic inequalities in health is difficult. Available evidence suggests a complex interplay of many factors including deprivation, environment, and health-related behaviours. Most ethnic minority groups are disproportionately affected by socio-economic deprivation, a key determinant of health status in all communities. The Roma community within the borough are particularly underserved and engagement with the Local Authority has been limited, historically.

3.5 For many ethnic communities there is still stigma and shame associated with accessing certain health services such as mental health services. Additionally, translation support is not consistently offered by health and social care service providers to individuals who do not speak English as a first language which also becomes a barrier. Those who are signposted to services are unable to progress beyond this point.

3.6 One of the themes from the focus group sessions with ethnic minority communities was the difficulty in accessing facilities in and around the city centre. This is difficult for those living further away from the city centre and those in dispersed accommodation in more rural areas of Doncaster.

3.7 There is also an issue of digital exclusion among ethnic minorities such as online registration with GP practices or navigating online resources, which can be particularly challenging for Refugees/Asylum Seekers. National evidence shows that clustering of low digital access, low digital literacy and financial hardship among minority ethnic people causes a triple disadvantage for digital inclusion.

3.8 The cultural competency training programme allows for providers and system partners to better understand the varied ethnic groups that reside in Doncaster, but training is still yet to be rolled out widely among partner organisations such as in the NHS, the Council and wider Team Doncaster.

**Wider determinants & reducing inequalities**

3.9 The challenges around the wider determinants of health and agencies responsible are often not part of the health system but require a partnership approach. A growing body of literature has placed emphasis on the need to work collaboratively across sectors, to address these.

3.10 The focus group consultations with ethnic minority groups allowed us to explore some of the challenges these communities face. There was an expression of interest by all communities to access funding for community-based activities. There was a theme of a lack of community initiatives taking place and difficulties for individuals to find out what is locally available.

3.11 Accommodation issues were also raised, and a particular challenge faced by many communities was the response time of housing and accommodation repairs.

3.12 Safety concerns were also raised as a number of individuals from different ethnic communities mentioned they did not feel safe using local green spaces when they would like to utilise them more. The concerns were around drinking, drugs and anti-social behaviour.

3.13 Asylum seekers raised the issue of being accommodated in hotels that are situated in remote areas far from communities and support networks which is causing them to feel lonely and negatively impacting their mental health.

**Communication & Engagement with Ethnic Minority communities**

3.14 Unfortunately, poor engagement with ethnic minority communities in health care still exists which results in unequal access and care. The barriers to effective engagement with minority ethnic communities include those of language, communication and culture, as well as a lack of diversity in the health systems workforce.

3.15 There still remains a need to build trust with ethnic communities which will take time. For instance, vaccine hesitancy resulted from a mistrust of the vaccines and the system delivering it. Some of the contributing factors for this include institutional racism, historical medical mistreatment of black people and cultural segregation. The health system is viewed as an extension of the Government, meaning it lacks credibility among people who feel disenfranchised by the state.

3.16 There is a lack of knowledge and access around written and verbal translation routes available to Doncaster council staff which suggests potential gaps around awareness of Doncaster council’s in-house translation unit.

1. **Recommendations**

**Data**

4.1 A call for all stakeholders & partners to make use of existing ethnicity data by routinely analysing and using reporting mechanisms. Where data isn’t collected, and to embed ethnicity data collection and report to relevant governing bodies of partner organisations.

4.2 Widen the scope of available data sets from partner agencies that can help inform the health profile (dashboard) of ethnic minorities in Doncaster.

4.3 Utilise both quantitative and qualitative sources of data to capture a comprehensive picture and balance out any limitations. Where there are gaps for quantitative data, partner organisations need to explore gathering qualitative data via consultations with groups/individuals on a regular basis e.g., every 3 years.

**Improve access to health services, experiences, and outcomes**

4.4 Continue targeted vaccination and screening clinics based on uptake data by various inequalities dimensions e.g., ethnicities, age, geography, etc.

4.5 Roll out cultural competency training to health and social care providers in Doncaster.

4.6 Continue and embed the engagement work with the Gypsy Roma and Traveller (GRT) communities e.g., health fairs. GRT link workers to continue engagement and support and provide intelligence to promote service uptake and support effective commissioning of service.

4.7 Public Health and link workers to work in partnership and innovatively and share key messages linked to behaviour change.

4.8 Public Health team to explore the commissioning of an appropriate training package on Cultural competency awareness and Race Equality training that can be used by partners in Doncaster.

**Wider determinants & reducing inequalities**

4.9 The MPB to continue to advocate for addressing health inequalities in Doncaster.

4.10 The refresh of the ethnic minority health needs assessment (2023) report is to be shared with wider partners to foster a shared responsibility for social issues and encourage greater information gathering and sharing across sectors.

4.11 To link ethnic minority communities with relevant Well Doncaster Officers for:

* Support around the identification of and access to suitable community venues
* Support around funding community venues

**Communication & Engagement with Ethnic Minority communities**

4.13 MPB to continue to focus on and adapt engagement practices to ensure co-production with local communities.

4.13 Doncaster Interpretation Translation Unit (DITU) to raise awareness of their service offer across Team Doncaster system partners.

4.14 System partners to consider making link worker posts substantial (permanent) as challenges are likely to continue over the long-term.

4.15 Gypsy Roma and Traveller (GRT) link workers to continue to facilitate engagement with GRT communities and explore how this can be done systematically to provide intelligence.

4.16 Ensure communication methods/functions for ethnic minority communities in a variety of formats e.g., newsletter and targeted distribution.

**APPENDICES**

**Appendix 1-** BAME Health Needs Assessment 2017

**Appendix 2-** Annual Report on Ethnic Minority Health in Doncaster (Minority Partnership Board)

**Appendix 3-** Thematic Analysis of Focus Group Consultations with Ethnic Minority Communities (2023)