

# **African & African Caribbean Communities Project**

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# The Department of Health - Vision:

“The NHS of the 21st Century must be responsive to the needs of different groups and individuals within society and challenge discrimination on the grounds of race, gender, age, ethnicity, religion, disability and sexuality. The NHS will treat patients as individuals, with respect for their dignity. Patients and citizens will have a greater say in the NHS, and the provision of services will be centred on patients’ needs”

NHS Plan *Core Principles*

# The Equality and Human Rights Group in DH - what we are trying to achieve:

- **Ensuring that all individuals, from whatever background, can access the NHS**
- **Delivering services that are responsive to the needs of all our communities**
- **Giving patients choice and reducing health inequalities**
- **Targeting recruitment & development opportunities at people from different groups**
- **Recruiting more staff, diversifying our skills base & better reflecting the communities we serve**
- **Working to become a good “Corporate Citizen” by developing good practice in procurement, employment, capital developments etc - this will include development work with our suppliers**

# Equality & Health Inequalities

- Black people are over 6 times more likely to be detained under the Mental Health Act
- Death rates from coronary heart disease among first generation South Asians are the 50% higher than the England and Wales average.
- Men are 3 times more likely than women to commit suicide
- Gay and bisexual men are more than 7 times as likely to attempt suicide
- Women born in India and East Africa have a 40% higher suicide rate than those born in England and Wales.
- Perinatal mortality among Pakistani born women is nearly twice the UK national average.
- Gypsies and Travellers have higher self-reported symptoms than other UK residents, but are less likely to seek medical help. Local statistics reveal a life expectancy of 50.
- 24% of deaf/hearing impaired people surveyed by RNID had missed an appointment due to poor communication

# **A diverse workforce is essential to provide relevant services to all our communities:**

**The NHS is the largest employer in the UK and the third largest in Europe.**

**The NHS is the single employer of black and minority ethnic staff in England:**

**14% of the overall NHS workforce**

**5 - 7% in Ambulance Services (1.6% in 2000)**

**75% of the NHS workforce are women**

**30% of today's medical students are from BME groups.**

**60% of today's medical students are female**

**16.4% of qualified nursing, midwifery and health-visiting staff are from BME groups. 7.5 % of the social care workforce are from BME groups.**

# Equality Legislation & Health Inequalities

**Legislation developed as a response to real discrimination in employment & the provision of goods and services; reducing health inequalities is inherent in promoting equality to address this.**

**Race Relations Act 2000 (as amended):** General Duty to promote good race relations and race equality.

**Disability Discrimination Act 2005:** General Duty to promote equality for disabled people.

**April 2007:** Gender Equality Duty, an obligation to promote gender equality.

# Reform & Addressing Inequality – the Role of Leadership

- **Implementing the health reform agenda requires a proper understanding of their interdependencies; there is an explicit obligation under law to promote equality**
- **Leadership is required to ensure that systems better collect, analyse and disseminate data**
- **Clinical leaders – especially BME clinical leaders – can be powerful advocates in drawing together issues of reducing health inequalities and promoting equality**
- **The LREAP 2006 framework provides an exemplar in relation to race equality; and recently published Guide for NHS Boards sets out expectations of NHS leaders**

# We need support from all levels – Leadership Race & Equality Action Plan:

LREAP is a 10-point Action Plan through which the DH and the NHS must give greater prominence to race equality as part of the drive to improve health. It recognises that BME groups are under-represented in leadership roles in the NHS

It applies to both service delivery and workforce and complements and supports a wider range of initiatives in the Department to promote equality in healthcare.

It aims to develop those who deliver services, through mentoring, leadership action, training and development, systematic tracking and celebrating achievements.

Progress on implementation of the Plan is overseen by an Independent Panel.

# The Wider Inequality Agenda

- **We are the biggest purchaser of Goods, Facilities and Services in the UK – we wield huge economic muscle which can be used to reduce wider inequalities**
- **We are often the largest local employer – employment is a key equality/ inequality determinant**
- **Corporate Citizenship – can help to tackle inequalities and promote equality in a broader sense**

# Some of our National Programmes:

- **SOGIAG**
- **Race for Health**
- **Spearhead Group**
- **Learning Site Project (Single Equality Schemes)**
- **Working closely with a number of SHAs eg: on Pacesetters**
- **Helping the NHS review their Race Equality Schemes (as required by the RR(A)Act)**
- **Assist and guide the NHS in complying with legal requirements**
- **Delivering Race Equality in Mental Health Care**
- **Work on Gypsies and Travellers**
- **Policy input on cross-Government work**

# Some Questions to Consider...

- **How do we know that our current policies are promoting equality/ not discriminating against certain groups?**
- **How do we (DH) monitor this at a national level and provide advice to the NHS at a local level?**
- **How should we use health reform to bind together the promotion of equality and reducing health inequalities?**
- **How can we use Strategic Needs Assessments (Commissioning) & Equality Impact Assessments to support this agenda?**

# Summary

- **Promoting equality & reducing health inequalities is a question of leadership**
- **Reducing health inequalities is central to meeting statutory legal obligations regarding equality & human rights**
- **The focus for both equality legislation and reducing health inequalities is on outcomes not inputs – positive BME patient experience lags behind**
- **Government, regulators and the public have higher expectations than ever**

# What Motivates us to Address Diversity Issues?:

- **Passion and Leadership can inspire others**
- **Leadership from the highest levels**
- **Working in partnership to deliver shared objectives**
- **Giving REAL priority to this issue**
- **Legal obligations that MUST be fulfilled**
- **Real business benefits in addressing diversity**
- **It is morally and socially the right thing to do**
- **Belief that we can make a real difference**