Eleanor McKnight

Scottish approach to improving ethnic minority health and wellbeing – a community perspective

October 2011
Lightning Tour!

1. Why we do it: legal and policy drivers

2. How we do it: the 3 ‘M’s
   • Monitoring
   • Measuring change
   • Mainstreaming

3. What we could do better: continuing challenges
National Leadership

SG: Equalities Unit
- Public campaigns
- Specific Duties
- Mainstreaming Unit

SG: Health Improvement Directorate
- Policy/HDLs

NHS HS: Equality, People & Performance Directorate
- Support
- Ad hoc BME involvement

SP: Equal Opportunities Committee
- Scrutiny and Budget

CEO, NHS Scotland Governance
Legal and policy drivers

Legislation
- Human Rights Act 1998
- Race Relations (Amendment) Act 2002
- Equality Act 2010
- Patients Rights (Scotland) Act 2011
- Scottish specific equality duties 2012 (revised)**

Health Policy
- **Fair For All HDL** (2002): race equality targets
- Patient Focus, Public Involvement (2001)
- Better Health, Better Care (2007) led to **Better Together** - a patient experience programme which is now providing national information on the patient experience, along with tools and advice to support improvement. Surveys are carried out at Inpatients and GP practices (at point of discharge)
- Quality Strategy 2010
Fair For All: five key pillars

1. Energising the Organisation
2. Demographic profiling
3. Access & Service Delivery
4. Human Resources
5. Community Development

‘Fair For All’ National strategy on health & ethnicity
Established the NHS Lead Network:
– Made up of race equality leads in all 22 boards
– Purpose:
  • Mutual support and problem solving
  • Sharing good practice
  • Benchmarking
  • Power of shared interests and coalition to get things done
– Difficulties around autonomy/authority
NHS Health Scotland’s Equality People and Performance Directorate

Equality and Diversity Lead Network

Themes
- Health Inequalities
- Research
- Mental Health

Move to integrated E&D approach

NRCEMH

Action learning sets eg.
- Gypsy/Travellers
- Interpreting & translation
- EQIA
- National priorities eg diabetes
Other drivers

A small cohort of ‘trustworthy’ BME academics, researchers and public health consultants, specialising in race equality, who:

• Knock on doors
• Provide robust evidence
• Influence
• Demand!
Monitoring

- **Analytical Services Group, Scottish Government** (technical statistical issues such as ethnic classification)
- **Information Services Division, NSS** (ethnic group recording in acute hospital discharge records and new outpatient appointment records + annual reporting)
- **Scottish Ethnicity and Health Research Strategy Working Group, NHS Health Scotland** (health surveys, coordinated research, recommendations eg recording of ethnic identity in death certificates)
- **EPPD** – ‘How To’s eg training, DVD (*Happy to Ask, Happy to Tell*), toolkit
Checking for Change

- Outcomes
- Target Areas
- Race Equality Performance Management Framework
- How To’s
- Evidence
- Indicators
Outcomes are the high level, measureable goals which identify what you want to achieve.

Targets are specific legal and policy targets you are required to meet.

Indicators of progress are the outputs – the areas of activity and processes set in place.

Evidence demonstrates long term change and allows you to assess progress against your overall outcomes.

Checking for Change
Checking for Change

• Incremental: 4 levels
  1. Standing still
  2. Laying the Foundations
  3. Building successful outcomes
  4. Delivering change

• ‘How Tos’ give practical and simple illustrations of progress

• Case studies for Change quality assured by BME staff

• Limitations? Voluntary not mandatory
Checking for Change 2:

BME assessors as ‘critical friends’

- Partnership between NHS Health Scotland and the Black Leadership Network to:
  - Help build confidence and skills of pilot boards on race equality
  - Contribute to breaking down barriers and blocks to making progress
  - Develop health services which are better able to focus on equitable outcomes

- Consultants senior managers in own field
  - Non judgemental peer review
  - Gave fresh impetus and focus to race equality
  - Facilitated frank dialogue
  - Offered practical solutions
Mainstreaming

Scottish Government:
- ‘Mainstreaming equality is the systematic integration of an equality perspective into the everyday work of government, involving policymakers across all government departments, as well as equality specialists and external partners’ (Equality Strategy 2000)
- CEMVO Scotland funded to provide community led consultancy support to public bodies on race equality (2010)
- Specific duties likely to require public bodies to produce mainstreaming reports every 2 years detailing action taken and progress made towards meeting the General Duty (2012)
Continuing challenges

1. The argument of proportionality:
   • Playing the numbers game/the majority victim  [positive action]

2. Inclusion or dilution?: changing language from racism/institutional discrimination to inequalities/diversity  [specialist services]

3. Outputs not Outcomes: public sector duties have tended to become ends in themselves and equality staff seen as ‘add on’s  [new duties]

4. Consultation processes still tokenistic – with few challenges from the sector  [FOIS and PQs]

5. Slow pace of cultural and organisational change  [regulation]

6. Dearth of data  [monitoring/research]
To summarise........

Strong and creative policy, guidance and support at strategic level

Pockets of innovative practice

Much more work to be done to evidence that we are making a real difference at operational level
Lots done, lots still to do (CRE)

“Habit is habit, and not to be flung out of the window………but rather coaxed downstairs a step at a time”

(Mark Twain)