

WIRRAL COUNCIL

HEALTH AND WELL-BEING OVERVIEW AND SCRUTINY COMMITTEE:
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JOINT REPORT OF THE DIRECTOR OF PUBLIC HEALTH AND THE
DIRECTOR OF ADULT SOCIAL SERVICES

BLACK AND MINORITY ETHNIC (BME) HEALTH NEEDS ASSESSMENT (HNA) CONDUCTED IN WIRRAL

Executive Summary

This report provides an overview of the findings of an assessment of the health needs of Wirral's Black and Minority Ethnic (BME) communities, commissioned by NHS Wirral and undertaken by Icarus between May and November 2009.

The Joint Strategic Needs Assessment (JSNA) 2008 undertaken by NHS Wirral and Wirral Local Authority identified that there was a lack of robust data on the population prevalence of the BME community which makes assessing levels of access to services particularly difficult. The current methods of capturing data around ethnicity and migration is not fit for purpose as population change is happening faster than in the past.

Conducting a comprehensive Health Needs Assessment (HNA) provides a structured way of assessing the health needs of BME groups in Wirral and whether existing services are meeting these needs and are delivered in a non-discriminatory way.

Quantitative and qualitative research methodologies were used to determine the BME experience and access to health and wellbeing services and to explore the correlation between seven of NHS Wirral's health priorities and Wirral's BME communities.

The randomised survey of 1728 households conducted has shown a relatively small increase in the size of BME population in Wirral since the 2001 census, which gave a figure of 3.56% of the population, compared to a total today of 5.83% (n = 18,291) (statistically adjusted figures).

The HNA has provided information on the health and wellbeing of BME groups and their access to services. Some of the findings are highlighted in the report. The full report will be made available through the JSNA web site in order to assist commissioners of services to take account of the health needs of BME groups.

1 Background

1.1 The Wirral JSNA, in October 2008, acknowledged that there was a significant gap in knowledge about Wirral's BME population and limitations in the available data on ethnicity. The following key issues were identified:

- There is a lack of robust data on the population prevalence of BME groups, which makes assessing levels of access to services particularly difficult. The current methods, both nationally and locally of capturing data around ethnicity and migration are not fit for purpose as population change is happening faster than it has in the past.
- Services need to ensure that they are collecting monitoring data around ethnicity to enable organisations to appropriately plan services and ensure equity of access to services. It is important that service users understand the reasons why this data is being collected.
- There is a lack of local data on the health and wellbeing needs of the BME community. This can in part be addressed by reviewing national data, although not ideal, it is unlikely to present a different picture for Wirral residents. However, there is limited evidence around the needs of the Polish and other migrant populations.
- There is some preliminary evidence to suggest that BME groups are not accessing health and social care services in accordance with their level of need; this however requires further exploration.
- Further detailed health needs analysis should be carried out, particularly to find out the health needs of the migrant population.

1.2 Aim of the research

This research was commissioned to address important gaps in what is known about the health needs of Wirral's BME population through the following objectives:

- To provide statistically robust data on changes in the size of the BME population.
- To determine how NHS Wirral services are experienced by BME communities, including their access to health provision.
- To review NHS Wirral's health priorities, with a particular focus on seven of these and their relationship to the main BME communities in Wirral.
- To provide a clear account of current knowledge about differences in health outcomes between ethnic groups.

1.3 Methodology

NHS Wirral carried out a procurement process to recruit an appropriate organisation (Icarus) to complete the HNA. Icarus drew on the knowledge, experience and assistance of key stakeholders throughout the course of the research. A BME health needs steering group of key stakeholders was established and consultation with Wirral Ethnic Health Advisory Group (WEHAG) was carried out at the outset of the research.

Quantitative and qualitative research methodologies were used to determine the BME experience and access to health services and to

explore the correlation between seven of NHS Wirral's health priorities and Wirral's BME communities. The priorities include mental health, obesity, alcohol, sexual health, children and young people, smoking and older people. The methodologies used included a household survey, workshops, focus groups, one to one interviews and desk research/literature review.

A stakeholder workshop was delivered towards the final stages of the research. The aim of this was to provide health and social care professionals, representatives of BME community groups and interested individuals with an opportunity to comment on the main findings. This provided participants with a chance to give a further perspective on the research, to contribute additional information and to make suggestions as to actions needed to improve health outcomes for BME communities in Wirral.

The data was analysed and the findings reported against the national context to enable comparison.

1.4 Report findings

Some headline findings include:

1.4.1 BME experience

- GP / Health Centre appointments

There was no appreciable difference in the percentage of BME patients making appointments with their GPs/Health Centre in the last 12 months, compared to patients nationally, though they were slightly more likely to do so than for White British patients in Wirral.

- Waiting time for appointment

Fewer BME patients were seen without an appointment compared to both national patient survey findings and the experience of White patients in Wirral, or to be seen via a pre-planned appointment. BME patients were more likely to be seen on the same working day as requesting an appointment, though were also more than twice as likely to say that they had to wait more than two days for an appointment than other Wirral patients

- Trust and confidence in Doctor

All patients reported high levels of trust and confidence in their doctor

- Involved in decisions

BME patients in Wirral were less likely to say that they were definitely involved in decisions about their treatment though some respondents did not have the expectation, or necessarily want to be

involved and said they trusted their doctor to make decisions for them.

- Cultural awareness and sensitivity

Health professionals' awareness about cultural diversity was regarded by a number of research participants as weak; a link was made between this and poor experience of services by some focus group members and several BME community representatives.

A lack of awareness or cultural sensitivity was illustrated in respect of the Muslim community by the limited availability of Halaal food in hospital, access to female practitioners, no prayer room in hospital or A&E and a lack of understanding around issues of washing and cleanliness.

1.4.2 Accessing health service

- Communication problems

It has not been possible to quantify how extensive a problem language difficulties are for members of BME communities in Wirral. However, some indication was given by reference to the fact that a third of interviewees in the BME community survey felt that either professionals only partially understood what they were saying (29%), or did not understand at all (4%).

Communication difficulties were exacerbated where neither had English as their first language. The observation was also made that people would travel outside of Wirral to register with a dentist who spoke their own language even though this might represent a considerable inconvenience.

1.4.3 Health priorities

In considering the health priorities Icarus drew on interviews with health professionals and other stakeholders as well as directly from BME community members through focus groups and interviews with community representatives. For each priority area they have identified the key informants and where appropriate given examples of relevant local initiatives.

1.4.3.1 Mental health

(i) Delayed access; a key concern to emerge from the comments of a number of interviewees was the perceived tendency for BME individuals to be more likely to access mental health services at a late stage, often at crisis point. There is reluctance by some members of BME communities to engage with early intervention services.

- (ii) There is a lack of knowledge within BME communities about mental health provision.

1.4.3.2 Obesity

- (i) Cultural differences surround attitudes to weight desirability and body image.
- (ii) Limited knowledge about food, ingredients and healthy eating was highlighted as a particular concern in respect of mothers of younger children, Muslim women and Chinese elders.

1.4.3.3 Alcohol

Community organisations working with BME clients from the Irish and Polish communities identified alcohol misuse as a significant issue within both communities linked to social isolation, poverty and mental health problems. There was a particular concern about alcohol abuse by older members of the Irish community who had not integrated into the wider community and as a consequence were isolated. It was also suggested that alcohol misuse was linked to drug misuse by some members of Eastern European communities, which in turn was associated with a higher incidence of Hepatitis C.

1.4.3.4 Older people

A concern common to all interviewees was that BME elders are less likely to access preventative services such as smoking cessation, weight management and physical activity. This has obvious implications in respect of their health.

1.4.3.5 Smoking

A number of key informants suggested that there were particular difficulties in getting BME individuals involved in smoking cessation initiatives. Though it was not clear why this was the case, it was seen as being linked to the wider issue of engaging BME communities in health promotion and preventative measures. It was thought that smoking rates were particularly high within some BME communities in Wirral including Irish, Bangladeshi and Eastern Europeans. (Since the research was conducted, successful smoking campaigns have been delivered with BME groups)

1.4.3.6 Children and Young People

Overall BME community members participating in the focus groups reported good experiences of children's health services in Wirral. The one exception to this was difficulties encountered by Polish parents with differences in childhood vaccinations between this country and Poland, which was a cause of some confusion and

anxiety. Other BME groups reported that GPs were generally very responsive to concerns raised around children's health.

1.4.3.7 Sexual Health

Key informants working in sexual health services on Wirral report low numbers of BME community members accessing services. While people from Eastern European communities have a good take up and generally appear to be confident about their contraceptive needs, members of the Bengali and Chinese communities often appear less confident and need more support to access services. As previously noted, young BME men, from black and Asian communities on Wirral, are unlikely to access contraception and screening services.

2 Financial Implications

There are no direct financial implications as a result of this report. However, improving the health experience of BME groups may have cost implications.

3 Staffing Implications

The findings of this report may lead to partner organisations considering further training for staff.

4 Equal Opportunities Implications/Health Impact Assessment

This needs assessment will assist in ensuring that agencies are able to provide fair and accessible services to BME groups.

5 Community Safety Implications

There are no direct implications arising from the report.

6 Local Agenda 21 Implications

There are no direct implications arising from the report.

7 Planning Implications

There are no planning implications arising from the report.

8 Anti Poverty Implications

NHS Wirral will review the recommendations in the final BME HNA report. To date, no anti poverty implications have been identified as a direct consequence of this report. However, considering the findings of the report along with health inequalities data may result in actions targeted at BME communities within the more deprived areas in Wirral.

9 Social Inclusion Implications

This Health Needs Assessment will assist in ensuring that commissioners and service providers in Wirral have improved intelligence with regard to BME groups. This will support work to reduce social exclusion.

10 Local Member Support Implications

The final HNA report will be made available as part of the Wirral Joint Strategic Needs Assessment and may be of further interest to members working in local neighbourhoods.

11 Health Implications

Commissioners of health and well-being services will take account of the findings of the BME HNA through the use of Joint Strategic Needs Assessment (JSNA) intelligence when commissioning services.

12 Background Papers

<http://info.wirral.nhs.uk/ourjsna/>

13 Recommendations

That Overview and Scrutiny Committee is asked to note the continued commitment of the Health and Well-being Partnership Co-ordination Group in addressing the health and wellbeing needs of the BME population in Wirral.

The BME HNA report will inform the JSNA 2009-10 and will be available for circulation in due course.

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