



The Strategic Health Authority

Race Equality Guide 2004

A performance framework



COMMISSION FOR RACIAL EQUALITY

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Joint Foreword

from Trevor Phillips and Sir Nigel Crisp

Promoting equality of opportunity and good race relations and eliminating illegal discrimination must be at the heart of our modern health service. The NHS needs to develop its capacity to set goals, assess its own performance, and demonstrate improvements in health and health care and this has to include measuring progress in race equality. Strategic health authorities have a pivotal role in improving standards of health care for all population groups because performance management of the local NHS is one of their specific responsibilities.

The need for a guide was identified in a survey of strategic health authorities in late 2002 and prompted by specific requests for assistance. Strategic health authorities came into being virtually simultaneously with the implementation of the Race Relations (Amendment) Act 2000 and were clear that they needed to equip themselves to fulfil their leadership role. We therefore welcome the production of the NHS Strategic Health Authority Race Equality Guide, which sets out unequivocally the areas where NHS organisations are to make progress

The Guide is also a practical demonstration of how the Commission For Racial Equality and the NHS are working in partnership to ensure race equality is integral to today's public services. Our thanks go to the working group who prepared the Guide, responded to comments and organised its publication and launch, the SHA chief executives who have sponsored its production, and to everyone who has taken the time to comment during its development.



Nigel Crisp



Trevor Phillips

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Introduction

In late 2003, a group of strategic health authority (SHA) chief executives, including David Sissling (Leicester, Northamptonshire & Rutland SHA) Gareth Cruddace (Hampshire & Isle of Wight SHA), Mike Farrar (South Yorkshire SHA) and myself, led an initiative to draw up a framework to enable SHAs to performance manage on race equality. The framework is principally for SHAs written by SHA staff in partnership with representatives of the Commission For Racial Equality (CRE), the Department of Health (DH) and primary care trusts (PCTs). However, as work proceeded, we became increasingly convinced that the whole health community will find the framework useful as it will assist NHS trusts and PCTs to measure for themselves how effectively they are promoting race equality against the high standards required in today's health service.

The Race Relations (Amendment) Act 2000 (the Act) means organisations have to change from a stance of not discriminating to taking positive action not only to eliminate discrimination but also to promote good race relations and equality of opportunity. This means making race equality part of everything we do as to achieve our overall goal of a modern NHS that responds to population health need, reduces health inequalities and improves health, we must positively welcome and capitalise on difference and diversity amongst services users and carers and within our workforce.

This will not happen spontaneously and is much more than an organisation declaring itself a proponent of race equality. Making progress requires leadership, sustained commitment, resources and managerial attention. The framework is not an additional set of targets but something to help SHAs and other NHS organisations fulfil their existing obligations to promote social justice and do what we should be doing in any case. However, we do not underestimate what needs to be done.

A national meeting of SHA representatives, DH officials and English partner organisations was held on 3 December 2003 to discuss the first draft of the framework. It was a privilege to meet so many representatives from across England as well as some Scottish colleagues, all deeply committed to advancing the contribution of the NHS to race equality. My thanks go to all those who participated in the event and commented on drafts. We shall continue to offer developmental and learning support to people leading race equality in SHAs and implementing the framework. I trust the framework will support your endeavours.

Christine Outram

Chief Executive,

North Central London Strategic Health Authority

1. Race Equality in the Mainstream

1.1 The purpose of the framework

In February 2004, at the NHS Leaders Conference, both the Secretary of State, John Reid and NHS Chief Executive Sir Nigel Crisp emphasised that race equality is core business for the NHS and that senior staff must take the lead to ensure their organisation really delivers race equality for both patients and staff.

In England, strategic health authorities (SHAs) have a particular and essential role as leaders and in performance management, to ensure all parts of the health system actively contribute to social justice and improved race relations as required by the Race Relations (Amendment) Act 2000 (the Act). They must set high standards for themselves as well as ensure progress on race equality in their local health communities.

The SHA Race Equality Framework is to support NHS organisations:

- | Be systematic in the way they promote race equality and good race relations and tackle racial discrimination in all aspects of their business
- | Set a development agenda with realistic objectives
- | Assess their own progress
- | Incorporate race equality into performance management arrangements
- | Keep the law

The document describes how some SHAs already provide support, coordinate learning and encourage good practice. It should stimulate discussion and action including where organisations are struggling and lead to more consistent and higher quality work on race equality across the whole NHS.

Race equality must be part of all aspects of an organisation's policies, services and employment arrangements so the framework will be useful to Boards, directors of performance management, equality leads, managers, clinicians and their teams. We have included a bibliography of resources and a list of the race equality leads in SHAs and encourage people to contact colleagues, ask questions and share ideas.

1.2 Background

Following the introduction of the Race Relations (Amendment) Act 2000 the Commission For Racial Equality commissioned a review of progress on implementing the law across the public sector¹ in England and Wales. The report found that overall the health sector had made less progress than other public services. This confirmed the findings of two earlier reports commissioned by the former Director of Health and Social Care for London and the Commission For Racial Equality both of which showed highly variable levels of performance on race equality in London and across the English NHS respectively.

In response, the Department of Health and English SHA Chief Executives agreed to develop a practical guide to support NHS organisations to make real progress and fulfil their role of promoting social justice through implementing the requirements of the Race Relations (Amendment) Act 2000 (RRAA) to:

- | Promote equality of opportunity
- | Promote good relations between people of different racial groups
- | Eliminate unlawful discrimination

As the largest provider of public services and the largest employer in the UK, the NHS has huge potential to bring about race equality, harmonious race relations and greater social justice. To achieve this, the NHS needs to move beyond processes and targets and concentrate on better outcomes for patients and staff. NHS policy is increasingly focused on flexible responsive services to meet the needs of patients. Workforce policies such as Improving Working Lives and the Vital Connection similarly set out how the NHS must capitalise on and promote everyone's skills and value difference and diversity as assets to be cultivated. The Race Relations (Amendment) Act 2000 is a natural extension of these themes and should be seen as legislation which will assist organisations to deliver their broader agenda.

There is obvious synergy between the law on race equality and NHS policy to increase responsiveness to service users, reduce health inequalities and improve working lives of employees. Progress in race equality increases chances of achieving broader NHS goals and vice versa. One cannot be achieved without the other. Sir Nigel Crisp highlights this synergy in his "ten point action plan" challenging NHS leaders to deliver on race equality as an integral part of the drive to improve services and health for all. (Appendix A).

¹ "Towards Racial Equality: An evaluation of the public duty to promote race equality and good race relations in England and Wales (2002)". Conducted by Schneider-Ross. Published by the Commission For Racial Equality 2003. ISBN 1 85442 516 1. Available from TSO or via www.cre.gov.uk

1.3 Using the framework

The framework is primarily for SHAs to performance manage their local NHS but all NHS organisations will find it useful to help them identify areas of their work they need to concentrate on. The framework has been developed in consultation with the Healthcare Commission, as well as the CRE and is consistent with inspection and accreditation regimes such as Improving Working Lives. It identifies eight outcome areas in race equality:

- | Leadership and corporate commitment
- | Strategy and services
- | Workforce
- | Health
- | Patient and public involvement
- | Partnership
- | Finance and procurement
- | Information & Communication Technology

The outcomes suggest what race equality might look, and feel like, for staff, users, partners and the public. In each outcome area three stages of achievement are described. Race equality is not optional, so all aspects of the framework are important and most are essential. However the law is to be applied in a proportionate, realistic and relevant way and, recognising that not everything can be done at once, the framework is a practical resource to allow organisations to prioritise and set challenging yet achievable timescales.

NHS organisations must work with their stakeholders to agree priorities for action. A strategic health authority must agree priorities with its local NHS, set out what constitutes acceptable progress and the timescale organisations will work to. Baseline findings from a self assessment and agreed action plans should form the basis of Race Equality Schemes and subsequent progress reports which in turn should link to other corporate plans and performance management reports.

Given the legislation came into force in 2002, the majority of NHS organisations should by now be in a position to demonstrate that they have progressed beyond Stages 1 and 2 and are making headway at Stage 3. However, some organisations may still have to address race equality with the seriousness it demands and in others progress may be uneven across the eight areas highlighted. SHAs (and others) will need to decide on appropriately challenging timescales for remedial action to ensure all organisations reach the required standard - the three stages are not intended to define annual programmes.

The framework seeks to balance the inevitable tension of providing both a comprehensive set of performance measures and a more concise summary of outcomes to demonstrate that race equality is part of an organisation's fabric. This is not easy but the bibliography lists essential background material for race equality leads and others wanting more detail.

The boxes sketch some possible scenarios and illustrate how organisations might find the framework helpful.

Scenario 1: Coronary Heart Disease

At the beginning of the year a PCT agrees with its SHA that it will review delivery of the Coronary Heart Disease NSF from a race equality perspective. Using Sections 2, 3, and 4, of the framework as a guide it gathers the relevant information and contacts appropriate stakeholders to understand current potential adverse impact and inequalities experienced by different ethnic groups in their health, and in access to, quality of and outcomes of care. The PCT acts on the inequalities it finds including for instance arrangements for public involvement, access to information and work with partners. It makes arrangements to improve the quality and completeness of data and ensure information flows allow reporting on progress so that in 6 months and one year specific progress is made and demonstrated not just to the SHA but also to service users.

Scenario 2: Improving ethnic coding and making use of it

In response to targets set by the SHA for improving accuracy and completeness of ethnicity data, a Trust Board decides when renewing its IT systems that it will build the requirements of the RR(A)A 2000 into its new arrangements, taking the opportunity to train staff on how they record ethnicity, religious affiliation and nationality. They decide to link with their two nearest PCTs to get these basic data items collected in primary care and included in the referral letter and entered without further need for questioning the patient. They start to design how they might be able to transfer the data electronically from primary care. After 6 months intensive work with staff ethnicity recording of inpatients reaches 93% and they contact the local public health observatory and together with the PCTs they analyse their admissions data and relate it to their catchment population for some common causes of admission. The paediatric department thinks that the admission rates for asthma for some ethnic minorities may be disproportionately high and these children are on average in a worse state when they arrive. Paediatric staff meet with a group of parents with interpreters, a PALS officer and a health promotion specialist from one of the PCTs. The group identifies a number of problems and agree several actions including the development of a group of parents who will work more closely with the asthma nurse and act as an informal network of support for other families.

Scenario 3: Improving understanding of equalities issues and human resources practice

A strategic health authority realises that as it employs only 149 staff it does not have to comply with the employment duty of the RR(A)A 2000 but they think the requirements are good practice and they know they have to performance manage other organisations so they decide to lead by example and implement the duty. They realise their HR staff have very limited understanding of equality issues as a whole, are not entering even the data that they already have. Board reports are a series of pie charts and tables with no narrative and nothing happens as a result. The Chief Executive gives the Director of HR responsibility for delivering the SHA's Race Equality Scheme and helps her to find an external mentor with a background in equality work, relevant training and project support specifically for the HR change programme. The HR Director sets up an action group with the workforce development confederation. In the light of the identified learning needs of the HR staff and the requirements of the EU employment directives on religion, age and sexual orientation the Director successfully argues for a 2 day programme which she then also offers to HR staff in local PCTs and trusts. As well as learning about the law and new procedures staff have time to discuss some of the wider issues over the 2 days. They have ideas on how to revitalise the ethnic minority staff network and suggest changes to the policy on bullying and harassment. The action group adopts their suggestions along with a number of others and the following year although numbers in the staff survey are too small to analyse, written comments and their new informal system of confidential reporting suggests that staff are more confident that organisation takes all equality issues seriously and listens and acts on the concerns of staff.

2. Race Equality – Demonstrating Progress

| Expected Outcome | Measures or evidence of progress | | |
|--|---|--|--|
| 1. Leadership and corporate commitment | Stage 1 | Stage 2 | Stage 3 |
| <p>The organisation is recognisably committed to promoting race equality and good race relations and eliminating discrimination.</p> <p>The Board individually and together ensure race equality is part of the main business of the organisation at all levels and across all relevant activities</p> <p>The Board individually and together, challenge discrimination when it is identified.</p> | <p>a) The Board makes a public commitment to promote racial equality</p> <p>b) The organisation's Race Equality Scheme:</p> <ul style="list-style-type: none"> - Is agreed by the Board - Is disseminated and accessible to staff, partners, NGOs and the public - Includes actions with timescales - Names a senior (Board level) accountable person <p>c) The Board</p> <ul style="list-style-type: none"> - Is trained on their duties under the RR(A)A 2000 - Receives progress reports and reviews plans on legally required aspects at least annually - Takes action on underperformance - Includes race equality as part of its own/ the PEC's development plans | <p>d) Targets for improvements in race equality are part of the Local Delivery Plan</p> <p>e) There is a non-executive sponsor for race equality</p> <p>f) An officer with expertise in equality and diversity supports the accountable senior lead</p> <p>g) Resources are identified to deliver requirements and promote good practice</p> <p>h) Other structures and systems to deliver the requirements are identifiable in the organisation (e.g. a race equality group, race equality is part of clinical governance plans, implementing NICE guidance and NSFs, etc.)</p> | <p>i) Race equality is integral to the way the Board (and PEC) sets priorities, reviews progress and makes decisions</p> <p>j) The organisation provides evidence of progress on promoting racial equality and good race relations and on eliminating discrimination across all aspects of its business and this is independently verified</p> <p>k) The organisation acts as a champion for racial equality within its LSP and with partner organisations</p> <p>l) The organisation uses its leverage both locally and more widely to influence equality and social justice. It uses the RR(A)A 2000 as a lever for change</p> |

| Expected Outcome | Measures or evidence of progress | | |
|---|---|--|--|
| 2. Strategy and Services | Stage 1 | Stage 2 | Stage 3 |
| <p>There is equitable access to services for all races and ethnic groups</p> <p>Appropriate health promotion and illness prevention activities are in place in response to the assessed health needs of local ethnic minority populations.</p> <p>Services are experienced by all sections of the community as</p> <ul style="list-style-type: none"> - Fair - Meeting their needs - Respecting their cultural identity - Providing choice <p>And local people feel empowered to exercise the choice available</p> <p>All sections of the community find the complaints system transparent and straightforward to use and find their concerns appropriately addressed</p> <p>Outcomes of treatment are similar across all ethnic groups</p> | <p>The organisation:</p> <p>a) Has identified policies and functions relevant to race equality and lists them in order of priority in their RES. There is internal and external consensus on priorities</p> <p>b) Monitors existing functions and policies and prospectively assesses new policies and services for differential effects on ethnic groups including:</p> <ul style="list-style-type: none"> - Action and targets to improve and use ethnicity monitoring/patient profiling - Action and targets to improve patient and public involvement (see Section 3. PPI) <p>c) Promotes and provides information on services by various methods and in relevant languages for their community</p> <p>d) Deals promptly with complaints of racial discrimination</p> <p>e) Commissions language support services according to needs (regularly reviewed), sets and monitors standards and takes action on findings</p> | <p>The organisation:</p> <p>f) Sets objectives for race equality for managers and teams and reviews them regularly</p> <p>g) Sets targets for race equality in access and quality of services, eg; as part of service redesign & modernisation</p> <p>h) Measures achievement of NHS priority performance/target areas by ethnicity</p> <p>i) Reports to the Board on consultations and findings of monitoring and assessment of impact of policies and functions on racial equality</p> <p>j) Ensures reports are available to employees and the public in a "user friendly" way</p> <p>k) Demonstrates its complaints/compliments system is accessible to all groups</p> <p>l) Takes action on findings from monitoring and assessment and tracks progress over time</p> <p>m) Has commenced planning for its next RES</p> | <p>The organisation can demonstrate:</p> <p>n) All staff across all service areas are involved to some extent in reviewing activities and policies for effect on race equality</p> <p>o) Inequalities in access are narrowing eg. GP registration, waiting times, referrals and elective/acute admissions per 100,000 population (age and sex standardised) reflect ethnicity profile of local population and expected morbidity</p> <p>p) Inequalities in quality of care are narrowing eg; lengths of stay, complication rates</p> <p>q) Any disproportionality in formal and informal complaints is narrowing</p> <p>r) Gaps in "market penetration" of service information between different ethnic groups are narrowing</p> |

| Expected Outcome | Measures or evidence of progress | | |
|--|---|---|--|
| 3. Patient and Public Involvement & Consultation | Stage 1 | Stage 2 | Stage 3 |
| <p>Local people from all ethnic groups know what is available from local health services</p> <p>Local people from all ethnic groups have similar levels of satisfaction with services and consider that services work with their needs in mind</p> <p>Local people from all ethnic groups know about and actively use opportunities available to influence the development, delivery and monitoring of health services</p> | <p>PPI arrangements:</p> <p>a) Set out how diverse and changing local communities are involved in</p> <ul style="list-style-type: none"> - Baseline assessment - Policy development - Action planning - Reviews of progress <p>b) Include local Compact arrangements with ethnic minority voluntary organisations</p> <p>c) Identify potential exclusion of ethnic minority groups as well as increased involvement and the effect of that involvement taking account of eg; gender, age & other dimensions</p> <p>d) Reports include updates on progress in engagement and involvement of ethnic minority people</p> | <p>The organisation:</p> <p>e) Sets criteria, standards and targets for race equality in partnership with local people</p> <p>f) Provides training and support to staff to undertake PPI with ethnic minority groups</p> <p>g) Sets objectives and takes action to widen involvement of all ethnic groups and actively uses all mechanisms available (e.g; PALS, Patients' Forums, user groups, complaints) on race equality</p> <p>h) Can give examples of the public's views on the organisation's commitment to race equality</p> <p>i) Uses information from PPI work to improve services</p> <p>j) Ensures progress reports are available in a "user friendly" way in different formats etc.</p> | <p>The organisation demonstrates:</p> <p>k) Increasing public confidence in the organisation across all ethnic groups</p> <p>l) Increasing involvement of all ethnic groups in planning, priority setting and service provision</p> <p>And</p> <p>m) Actively builds capacity of local organisations to themselves engage and encourage participation of ethnic minorities</p> <p>n) Is seen to welcome and respond to participation of all ethnic groups in service planning, delivery and monitoring</p> |

| Expected Outcome | Measures or evidence of progress | | |
|---|--|--|---|
| 4. Health | Stage 1 | Stage 2 | Stage 3 |
| <p>The organisation is knowledgeable about the health and inequalities experienced by local people of all ethnic groups</p> <p>Priorities are influenced by the health needs of all ethnic groups</p> <p>Evidence based strategies and action plans are used to reduce inequalities</p> <p>Inequalities in health experience between ethnic groups are narrowing</p> <p>Premature mortality and excess infant mortality in certain ethnic minority groups is reducing</p> | <p>The organisation:</p> <p>a) Has published up to date information on the ethnicity of its resident /catchment population and their differing health needs</p> <p>b) Complements quantitative data sources with qualitative data obtained from its PPI activities, local consultation and research</p> <p>c) Has arrangements in place to monitor and analyse</p> <ul style="list-style-type: none"> - Changes in the population - and health experience by ethnicity | <p>The organisation:</p> <p>d) Sets objectives and targets for racial equality in its public health and regeneration programmes</p> <p>e) Sets objectives and targets on race equality within its NSF and other implementation plans eg. smoking cessation, teenage pregnancy</p> <p>f) Analyses and interprets information gathered and reports regularly on progress</p> <p>g) Works with other public health colleagues and the relevant public health observatory to identify and use effective interventions and improve the quality of and access to information on ethnic minority health</p> <p>h) Has a community engagement programme that provides insight into the health experience of local ethnic minority populations and their felt health needs.</p> | <p>The organisation:</p> <p>i) Ensures staff throughout the organisation are aware of the diversity of the local population and their health needs</p> <p>j) Promotes race equality and good race relations and tackles racism as an integral part of its public health and regeneration programmes</p> <p>k) Demonstrates the effect of its activities on population health by ethnic group</p> <p>l) Works effectively with others on the root causes of ethnic and race inequality across the local health partnership</p> |

| Expected Outcome | Measures or evidence of progress | | |
|--|---|--|---|
| 5. Workforce | Stage 1 | Stage 2 | Stage 3 |
| <p>Staff of all ethnic backgrounds experience the organisation as a fair and rewarding place to work and want to stay</p> <p>Staff in all services, directorates and partnerships actively promote race equality and good race relations in their work and are confident in their ability to challenge racism</p> <p>Staff reflect the community they serve at all levels in the organisation</p> <p>Recruitment rounds lead to ethnic minority candidates gaining jobs at all levels and in all areas of the trust's activities</p> | <p>The organisation has</p> <p>a) Made arrangements to meet the employment duty of the RR(A)A;</p> <p>b) Set targets to improve accuracy and completeness of ethnicity monitoring of;</p> <ul style="list-style-type: none"> - Staff in post - Applicants for employment, training and promotion - Staff receiving training; benefiting or experiencing detriment as a result of performance assessment procedures; involved in grievance or the subject of disciplinary procedures, and who cease employment <p>c) Made arrangements to</p> <ul style="list-style-type: none"> - Review findings of monitoring and take necessary action - Publish an annual monitoring report. <p>d) Arranged for all staff to be trained on their rights and responsibilities under the RR(A)A)</p> | <p>The organisation</p> <p>e) Works closely with its WDC on creative approaches to promote race equality and eliminate racial discrimination</p> <p>f) Links its race equality workforce requirements;</p> <ul style="list-style-type: none"> - Improving Working Lives (especially Objective 1 of the HR Performance Framework) - Working Together (Objective 2 of the HR PF) - The Vital Connection - Investors in People In particular <p>g) Its race equality strategy sets out race equality targets and action;</p> <ul style="list-style-type: none"> - For recruitment, retention; training and progression through the organisation especially where there is any under representation in the workforce - To reduce bullying, racial harassment, violence <p>h) Staff are involved at all levels to promote race equality at work eg; through supported ethnic minority staff networks, confidential reporting arrangements</p> | <p>i) Local community and voluntary groups increasingly participate in recruitment, induction and professional development of staff</p> <p>j) Refugee health professionals are supported and encouraged to seek work in the organisation</p> <p>k) International recruitment procedures are balanced against ethical and race equality considerations and tailored induction and support arrangements are in place for international staff</p> <p>l) Staff turnover, sickness levels, early retirement, grievances, etc. are low or reducing, as are any discrepancies between different ethnic groups</p> <p>m) The organisation links with local economic regeneration activities to ensure its recruitment strategies support local employment needs</p> |

| Expected Outcome | Measures or evidence of progress | | |
|---|---|--|---|
| 6. Partnership | Stage 1 | Stage 2 | Stage 3 |
| <p>Local and other partners recognise the organisation as a champion for race equality in all its activities</p> <p>The organisation successfully exercises its influence outside its direct partnership activities e.g; with local private sector employers and the local media, to challenge racism and promote race equality</p> | <p>The organisation</p> <p>a) Receives positive feedback on its race equality performance from external monitoring agencies e.g; Patient Forums and Overview and Scrutiny Committees</p> <p>b) Actively promotes race equality within its Local Strategic Partnership and initiates joint activities and shared targets</p> | <p>Local partnerships</p> <p>c) Develop their own Race Equality Schemes or equivalent arrangements</p> <p>d) Incorporate action on race equality in action plans with measurable objectives and milestones e.g; Drug Action Teams, Community Safety Partnerships, etc.</p> <p>e) Race equality has been a topic for health scrutiny - with positive feedback on the progress of the organisation</p> | <p>Local partnerships</p> <p>f) Demonstrate progress on race equality and successfully monitor and communicate their progress on promoting good race relations</p> <p>g) Are experienced by service users and the public from all communities as inclusive and responsive</p> |
| 7. Finance and Procurement | Stage 1 | Stage 2 | Stage 3 |
| <p>The organisation invests to promote racial equality and good race relations</p> <p>The organisation ensures contractors comply with their responsibilities under the RRAA</p> | <p>a) Financial plans take account of investment needed to implement initial requirements of RR(A)A 2000 (e.g; management time, basic training, upgraded ICT, language services)</p> <p>b) Contracts with other bodies include the requirement to comply with the RR(A)A</p> <p>c) Monitoring arrangements are in place</p> | <p>d) Mainstream budgets take account of the implications of identifying and meeting the health and care needs of all ethnic groups eg; to ensure</p> <ul style="list-style-type: none"> - PPI engages with all communities - Language support meets local needs - Health needs of ethnic minority groups are addressed - Workforce meets the health care needs of their diverse patients. | <p>e) The LDP quantifies funds to promote equality and reduce inequality</p> |

| Expected Outcome | Measures or evidence of progress | | |
|---|--|---|--|
| 8. ICT Information communication technology | Stage 1 | Stage 2 | Stage 3 |
| <p>The organisation:</p> <ul style="list-style-type: none"> - Compares the ethnic profile of its users with that of the local population - Documents progress on narrowing the disparity between ethnic groups in all relevant aspects of its business - Maximises opportunities for staff to access information to support their work e.g; internet, library, research findings, national policy, etc | <p>The organisation:</p> <ul style="list-style-type: none"> a) Arranges to ensure access to timely, accurate and complete data on ethnicity of both staff and patients as an integral aspect of its data quality work b) Arranges to ensure staff have the skills to collect and analyse the data c) Has milestones for rolling out patient profiling d) Has identified resources to support this (PCTs) | <ul style="list-style-type: none"> e) High quality ethnicity data are available in accessible formats to health professionals and service managers f) Teams demonstrate how data are used to identify areas of concern and monitor progress on action taken g) Teams and individuals have ready access to information on good practice and evidence on race equality | <ul style="list-style-type: none"> h) The organisation can demonstrate "joined up working" between PPI and ICT on meeting the information needs of local people of all ethnic backgrounds |

3.

Strategic Health Authorities take the lead

Strategic Health Authorities are to exercise leadership on race equality in their local health community. This means they must be able to demonstrate progress. A review of SHA Race Equality Schemes conducted in 2003 in preparation for this framework found examples of early progress.

3.1 Race Equality Scheme annual update on progress

The SHA invited local partners and the community to comment on its original draft Race Equality Scheme. The RES was agreed by the Board and posted on the SHA's website but during the first year the SHA undertook a large amount of race equality work and its role changed considerably (e.g. it merged with the local workforce development confederation). The SHA therefore published a progress report and a revised and more relevant action plan.

Race Equality Schemes are public documents and a search on Google will give many examples from across the public sector, for instance, North Central London SHA's RES is on www.nclha.nhs.uk. Looking at other Schemes can provide useful ideas but must always be critically appraised against the guidance especially the CRE's Statutory Code of Practice as many do not meet requirements.

3.2 A locally relevant Race Equality Scheme

One SHA's Scheme set out local population figures and described health inequalities and some of the access and quality issues experienced by ethnic minority populations. The Scheme also reported what was known about existing race relations in the area and gave a summary of previous race equality work by local NHS organisations.

3.3 External support to identify and prioritise SHA functions for impact on race equality

A consultation forum with membership from local ethnic minority communities helped one SHA to identify which functions were relevant to race equality. Performance management of how local trusts were implementing the RR(A)A 2000 was seen as a high priority function as was the SHA's responsibilities as an employer. Other SHAs also identified strategic planning, health improvement, NSF implementation, workforce planning and public involvement as functions with major implications for race equality and race relations.

3.4 Agreed lines of accountability and leadership

An Executive and Non-Executive Director are named leads on race equality and a senior manager has the implementation of the RES as a substantial part of their duties. The RES contains specific actions, identified leads, timescales and outcomes and draws on all parts of the organisation whose functions have been identified as relevant. The RES reflects the scale of the challenge that RR(A)A 2000 implementation presents for the NHS.

3.5 Promoting race equality through performance management of local race equality schemes

Several SHAs either commissioned or reviewed trust performance for themselves by surveying Race Equality Schemes. They provided feedback and gave advice on how organisations could improve what they were doing. One SHA and its local organisations agreed to prioritise completeness of ethnicity recording and set performance targets. A local framework for performance managing race equality has been developed.

3.6 Race equality and tackling health inequalities

Work with the local Public Health Network and/or Health Observatory is mentioned by some SHAs in their Schemes. SHAs have also tried to analyse NHS trust ethnicity data to look for possible discrimination or differential need. To encourage trusts to use their purchasing power to promote race equality one SHA is arranging training for staff involved in procurement.

3.7 Race equality as part of service improvement and development

One SHA set up a Race Equality Network to encourage people to share ideas on promoting race equality. The SHA organised training events to facilitate RR(A)A 2000 implementation. Trusts were challenged when race equality did not feature in delivery and improvement plans. Local NSF implementation plans include action on race equality. The SHA/ WDC has set aside resources to support RR(A)A 2000 implementation.

3.8 Staff training on the RR(A)A 2000

The SHA arranged for its Board and staff to receive training on the Act. Training on the Act is incorporated into induction and specific equalities training and some staff have been trained on race equality impact assessment.

3.9 Targets for staff to reflect the ethnic profile of the local community

In its RES the SHA reported on the ethnic composition of its workforce at different levels of seniority using the 2001 census categories. It made comparisons with the local population. Finding an imbalance it set recruitment targets for ethnic minority staff and has taken action to achieve the targets.

3.10 Targets for workforce development

The local workforce development confederation (WDC) monitors the ethnicity of the local NHS workforce by professional group and grade and has begun to target employment and, or training opportunities to under represented ethnic minority groups. The WDC offers specific support to refugee health professionals to enable them to retrain to work in the NHS.

3.11 Further examples

For 2003/06 the five London SHA Chief Executives (and the London DHSC) set **specific targets for improving the completeness of patient ethnic coding data** by NHS trusts and for its introduction in primary care. All acute and mental health trusts are required to code all inpatient records with the patient's ethnic group, with a maximum of 5% coded as invalid and to extend this to all other areas of patient based activity data, including outpatients, community contacts and emergency care.

Further details from: Robert.Mitchell@nclha.nhs.uk

The London SHAs (and Directorate of Health and Social Care London) **commissioned an independent review of London NHS Race Equality Schemes**. The review was conducted by Dr Chetan Bhatt from Goldsmith's College and published in September 2002. Each trust received individual feedback in December 2002 and the best Schemes were highlighted.

Further details from: Robert.Mitchell@nclha.nhs.uk

Leicestershire, Northamptonshire and Rutland SHA, with its local NHS partner organisations, developed **"A framework for service and workforce equality"**. The framework focuses on race, disability and age discrimination in employment and service provision. The document was republished in January 2003 and sets out standards, tools available to guide action, suggests evidence to indicate a standard has been achieved and timescales.

Further details from: christine.richardson@lnrsha.nhs.uk

Avon, Gloucester and Wiltshire SHA **reviewed progress on trust implementation of the RR(A)A 2000** in November 2002. The process helped to identify race equality leads for each of the SHA's 25 trusts and ensured each trust had a Scheme. The review placed trusts into one of four categories; "starting", "developing", "acting", and "delivering". The review concluded that trusts are making some progress and recommended a further review in September 2003.

Further details from: Philip.Milner@agwsha.nhs.uk

The **South East London Race Equality Community Network** established by the SHA builds on a consultation forum with ethnic minority community representatives established by the Health Action Zone in its area. The network helped the SHA to identify priorities and shape action plans to improve accountability of the NHS to local communities, develop ethnic minority leadership programmes and improve language support.

Further details from: james.eaton@selondon.nhs.uk

In April 2002 North Central London SHA established an **NHS Race Equality Network**. The Network has a number of elements including: six monthly seminars, regular communications to members on an e-group, bi-monthly race equality lead officers' meetings (managers from the 16 local NHS trusts) and other activities arising from Network meetings. The Network has raised the profile of race equality across the sector. Membership of the e-group network has grown to over 70 with attendance at Network events averaging 40 people.

Further details from: Robert.Mitchell@nclha.nhs.uk

The North Central London SHA published "**Achieving Equality – Respecting Diversity: An Equalities Change Management Strategy Assessed**" on its website www.nclha.nhs.uk in October 2002. The study evaluated the impact of the multi-sectoral ethnic minority health promotion strategy implemented by the former Enfield and Haringey Health Authority during 1998 to 2001. The report identifies learning points which have informed subsequent race equality work in the sector.

Further details from: Robert.Mitchell@nclha.nhs.uk

The South Yorkshire Workforce Development Confederation set up a **South Yorkshire Diversity Forum** to focus on diversity and equality in the workforce and promote partnership in developing and retaining a workforce that reflects the local population in South Yorkshire. The group which consists of NHS trusts and higher education institutions, meets every 3 months and tackles a different theme each time. Themes have included recruiting and retaining a diverse workforce, diversity and equality training, bullying and harassment, ethnicity monitoring, and developing a diversity and equality strategy. Outcomes include a set of principles for each theme and all NHS trusts in South Yorkshire becoming Positively Diverse sites.

Further details from: Gabrielle.Atmarow@sysha.nhs.uk

South West London Workforce Development Confederation's Diversity Project aims to support promotion of race equality in the local workforce. The project has mapped needs and good practice, set up targeted interventions to support local recruitment, developed retention strategies and an evaluation. A framework is being developed to ensure synergy across organisations (SHA, WDC, and Trusts) on performance management of race equality. The findings from this project will be useful for other aspects of equality work. The South West London Workforce Development Confederation also published a "**Guide to Conducting a Race Equality Impact Assessment**" in January 2004.

Further details from: Kaljit.Chaohan@swlwdc.nhs.uk
Angelina.Hammond@swlstg-tr.nhs.uk or Joseph.Boyle@swlwdc.nhs.uk

In 2003 North West London SHA published **"Introducing Patient Profiling in General Practice"** a manual to train trainers drawn from PCTs. Over 60 people have been trained to run patient profiling training sessions in their organisations drawing on staff from public health, clinical governance, primary care, HR, ICT, and training and development. The training has helped PCTs to develop their action plans to achieve the London targets.

Further details from: Yohannes.Fassil@nwlha.nhs.uk

North West London SHA is also involved in a project to test the health advocacy standards framework for ethnic minority communities developed by the King's Fund. **Making Advocacy Work for ethnic minority communities in North West London** is led and supported by a multi-agency steering group drawing on expertise from PCTs, voluntary and community groups, and NHS Trusts. A Project Manager and a Development Worker implement the project. Findings of the project will be published and disseminated at a national seminar on advocacy for BME communities later in 2004.

Further details from: Yohannes.Fassil@nwlha.nhs.uk

Developing a collaborative strategy to improve HIV and sexual health services for ethnic minority communities in North West London. This project brings together PCTs, Trusts, users and carers and voluntary and community groups to develop inclusive ways of working with ethnic minority communities to improve treatment and prevention, and early diagnosis and promote greater diversity in the HIV & sexual health services workforce. The project organises regular workshops for practitioners, service planners and ethnic minority users and carers to exchange ideas on practice and service improvement.

Further details from: Yohannes.Fassil@nwlha.nhs.uk

North East London SHA set up an equality network for their sector with a work programme based on practical advice and support to local NHS organisations. Network members quickly identified that they needed to know how to monitor existing policies and functions and assess new policies and functions for impact on race equality. To build confidence and understanding the SHA Director of Performance and the SHA equality lead organised two workshops, with external support from the CRE, first for SHA staff and then for local NHS race equality leads. After an introduction to review what the Act says participants practised on a couple of existing policies they brought to the workshop. A sector ethnicity monitoring working group has also been set up and the SHA commissioned training to support PCTs meet the London ethnicity monitoring targets.

Further information from Kiran Juttla; kiran.juttla@nelondon.nhs.uk

4. Resources for Race Equality

Most of the following resources are available on line except for some publications by the Commission For Racial Equality which cost from £5-£10 and are available either via their website www.cre.gov.uk or from the Stationery Office www.tso.co.uk/bookshop. Much material is generic but some resources are specific to health and social care. Apart from CRE and DH publications, which are the basic necessities, recent publications which are highly recommended include the Audit Commission's set of publications entitled "The Journey to Race Equality" and the Home Office's review of equality and diversity training (2002). People across the UK will find helpful the Scottish experience in "Fair For All", as well as the work of the London Health Observatory on Health Inequalities and the independent report from the former London DHSC on London NHS Race Equality Schemes. As this is a fast changing area with new resources published on a regular basis, we have included the addresses of the websites where these are likely to be found, including the "Ethnicity Online" project as it is planned to develop this as a national source of information on health and ethnicity. A brief net surfing session of the links given should provide you with a good overview of what is available to help you decide what may be of local interest or relevance.

Commission For Racial Equality: www.cre.gov.uk

The main guidance documents must be purchased from the CRE. Documents with web references can be downloaded free of charge.

Statutory Code Of Practice On The Duty To Promote Race Equality. CRE, 2002 (80 pages). The Statutory Code is the basic building block for all public sector organisations and gives practical guidance on what must be done to promote equal opportunities and good race relations and tackle racial discrimination. The general and specific duties are covered. The appendices set out Schedule 1A of the Act describing which organisations are covered by which part of the Act.

The Duty To Promote Race Equality: A Guide For Public Authorities, CRE, 2002 (76 pages). This guide is designed to help public authorities follow the Statutory Code Of Practice. Unlike the Code it does not have legal status but it is based on the professional judgement of public authorities with wide ranging practical experience of tackling discrimination and promoting racial equality.

The Duty to Promote Race Equality: Performance Guidelines for Health Organisations CRE, June 2002 (6 pages). Summarises outcomes that will distinguish an organisation that is meeting its duty well and outlines some of the ways an organisation can show that it is meeting the duty. http://www.cre.gov.uk/duty/pdfs/pg_health.pdf

The Duty To Promote Race Equality: A Framework For Inspectorates, CRE, July 2002 (36 pages). Developed in partnership with all public sector inspectorates it suggests what inspectorates can use as evidence that public authorities are meeting their duty, and recommends outcomes to distinguish successful authorities.

Promoting Race Equality In The English NHS – A Qualitative Review Of Progress In A Sample Of Strategic Health Authorities, Dr Chetan Bhatt, CRE, April 2003 (50 pages). This is an early analysis of English SHA intentions and plans for implementing the Act based on 15 semi-structured interviews with senior representatives of six English SHAs outside London. It informed DH and the CRE on support needed by SHAs and the SHA performance management framework is a direct result of the report's findings. http://www.cre.gov.uk/downloads/docs/sha_report.doc

Towards Racial Equality: An Evaluation Of The Public Duty To Promote Race Equality And Good Race Relations In England And Wales (2002), Schneider-Ross, CRE, July 2003 (156 pages). A major survey assessing the nature, extent, and quality of response from public authorities to the statutory duty to promote race equality. A sample of approximately 3,500 organisations were selected to participate which was carried out by Schneider-Ross, working with NOP Research. Employment and service provision is covered. A 14 page summary is available at: http://www.cre.gov.uk/duty/pdfs/survey_exec.pdf

Race Equality and Public Procurement: a guide for public authorities and contractors. CRE, 2003 (100 pages). Expands the guidance on procurement given in the Statutory Code of Practice and accompanying documentation. Where a public authority's function is carried out by an external supplier on its behalf, the authority remains responsible for meeting the duty. Contractors must not discriminate, but they do not have the same legal obligation to promote equality of opportunity. Public authorities must therefore build relevant race equality considerations into their procurement arrangements to ensure all their functions meet the Act's requirements. A 6 page summary is available at http://www.cre.gov.uk/duty/pdfs/proc_public.pdf

The Law, the Duty, and You: The Race Relations Act and the duty to promote race equality. A guide for public employees. CRE, 2003. A brief overview of the legislation, suitable for distribution to staff as part of their induction is available at: <http://www.cre.gov.uk/duty/pdfs/tltday.pdf> (12 pages).

Ethnic Monitoring: A guide for public authorities. CRE 2002 (92 pages). Explains the main principles of ethnic monitoring, focusing on employment and service delivery. Discusses planning, communication, consultation, data collection, analysis, interpretation, and ethnic categories.

Home Office: www.homeoffice.gov.uk

The Home Office website has a large section on race equality with useful links; <http://www.homeoffice.gov.uk/comrace/index.html> eg to the legislation.

A Review of Training in Racism Awareness and Valuing Cultural Diversity. RDS On-line Report 09/02 at: <http://www.homeoffice.gov.uk/rds/pdfs2/rdsolr0902.pdf> (101 pages with 11 page summary). Highly recommended if you plan to commission training.

Audit Commission: www.audit-commission.gov.uk/

The Journey to Race Equality – delivering improved services to local people, Audit Commission, 2004 (54 page report; 4 page briefing; 20 page self-assessment tool).

[http://www.audit-commission.gov.uk/reports/NATIONAL-](http://www.audit-commission.gov.uk/reports/NATIONAL-REPORT.asp?CategoryID=&ProdID=EA59CF1B-0157-4cdb-BCA5-D9579C4DBFE5)

[REPORT.asp?CategoryID=&ProdID=EA59CF1B-0157-4cdb-BCA5-D9579C4DBFE5](http://www.audit-commission.gov.uk/reports/NATIONAL-REPORT.asp?CategoryID=&ProdID=EA59CF1B-0157-4cdb-BCA5-D9579C4DBFE5)

Provides a framework to help public service providers think through what race equality means for their localities and manage their approach better. The self-assessment tool will help facilitate discussions about where they are now and what needs to improve.

Department of Health: www.dh.gov.uk

Guidance on Developing Local Communication Support Services and Strategies

<http://www.dh.gov.uk/assetRoot/04/08/23/50/04082350.PDF>

This document is a summary based on research into communication support services commissioned by the DH Equality Strategy Group and conducted in 2003 by Silkap Consultants. This summary is aimed at NHS commissioners and those involved in service development, responsible for developing local communication support services and strategies. These local strategies should form part of wider actions to provide equitable access for local communities and to achieve patientcentred services.

Developing Race Equality: A Framework for Action Mental Health Services Consultation Document, DH, October 2003 (50 page report).

<http://www.dh.gov.uk/assetRoot/04/06/72/29/04067229.pdf>

There is considerable evidence over a number of years that mental health services are not provided to people from ethnic minority communities experiencing mental illness and distress in a way that is appropriate to their needs. The consultation makes a series of proposals and a response to the findings from the consultation is expected in the middle of 2004. This document follows an earlier report from NIMHE describing the evidence and making recommendations for action **"Inside Outside"** (55 pages)

<http://www.dh.gov.uk/assetRoot/04/01/94/52/04019452.pdf>

Collecting Ethnic Category Data Guidance and Training Material, DH, 2001

http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4005955&chk=9rnRI%2B

Provides guidance to staff in the NHS who may collect and use ethnic category data such as personnel and human resources managers collecting information from and about their workforce and frontline staff (e.g. receptionists, admission clerks) and their managers who ask patients for the information and may need to deal with exceptional or difficult cases.

A new hierarchy to record ethnicity in primary care settings was added in January 2004 by the NHS Information Authority to the available set of Read Codes – one that is directly comparable with the categories used in the 2001 Census.

<http://nwww.nhsia.nhs.uk/terms/pages/currentrelease/4Btermupd.pdf>

The Vital Connection: An equalities Framework for the NHS - working together for quality and equality, DH, April 2000 (63 page report)

<http://www.publications.doh.gov.uk/pdfs/nhsequalitiesframework.pdf>

This is the framework for equal opportunities in the NHS. The background and how it relates to government policy is explained. Actions to be taken by the NHS and other organisations to implement the framework are specified.

Equalities and Diversity Strategy & Delivery Plan to Support the NHS Human Resources Directorate, DH, October 2003 (40 pages). This consultation document sets out proposals as to how DH can support the NHS achieve its objectives to promote diversity and equality.

http://www.dh.gov.uk/Consultations/ClosedConsultations/ClosedConsultationsArticle/fs/en?CONTENT_ID=4071474&chk=0w2t00

Improving Working Lives: Black and Minority Ethnic Staff Networks: Guidance DH, 2002 (18 pages). Information on how to set up and maintain ethnic minority staff networks and ensure a network contributes to the NHS becoming 'Positively Diverse'.

http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4010407&chk=s4wCU

Improving Working Lives, Programmes for Change: Positively Diverse DH, 2001 (4 pages) About the Positively Diverse programme, its benefits, how it works, background information and contacts.

<http://www.dh.gov.uk/assetRoot/04/03/50/06/04035006.pdf>

Tackling Racial Harassment in the NHS: A Plan for Action DH 1998 (25 page report). This report considers practice in tackling racial harassment in the NHS. There is no comprehensive information on the extent of racial harassment in the NHS, but some research on the incidence, effects and attempts to tackle racial harassment is considered and some of the legal actions available for dealing with racial harassment are discussed.
http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4009390&chk=UsXln9

Equality and Diversity in the NHS: A Guide for Board Members, DH, April 2002 (4 web-pages)
http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4009518&chk=cQ9F9V
The guide explains why board level action on equality, fair treatment and social inclusion is important for patients and staff.

Developing Services for Minority Ethnic Older People: the Audit Tool, DH, May 2002 (17 pages)
http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4002762&chk=Nz/mGv
Both the National Service Framework for Older People (Department of Health, 2001) and the Race Relations (Amendment) Act 2000 aim to improve standards of care for older people, providing them with services free from discrimination. This audit tool is for all councils with social services responsibilities, and other local stakeholders aiming to improve services for minority ethnic older people.

NHS Scotland: www.show.scot.nhs.uk

Some SHAs may find it useful to consider the approach and learning points gained from the experience of implementing the Act in Scotland;

Fair For All: Working Together Towards Culturally Competent Services, Scottish Executive, Health Department, May 2002 (20 page Executive Letter)
<http://www.show.scot.nhs.uk/sehd/copy%20of%20publications/ffas/ffas%20.pdf>

Fair Enough? Fair For All Progress Report, Scottish Executive, Health Department, September 2003 (150 page report)
<http://www.show.scot.nhs.uk/sehd/publications/feffap/feffap.pdf>

London Health Observatory: <http://www.lho.org.uk/>

Diversity Counts: Ethnic Health in London - The Story So Far, London Health Observatory, October 2003 (40 pages). Considers ethnicity monitoring in the NHS, describes the findings on ethnicity from the 2001 census and examines some of the health differentials between different ethnic groups.

[http://www.lho.org.uk/Publications/Attachments/PDF Files/Ethnic Health Intelligence Report.pdf](http://www.lho.org.uk/Publications/Attachments/PDF%20Files/Ethnic%20Health%20Intelligence%20Report.pdf)

Local Basket of Indicators for Health Inequalities, London Health Observatory, October 2003. The Tackling Health Inequalities: Programme for Action was produced in July 2003. It describes how the Government's strategy for tackling health inequalities will be implemented. It also includes 12 national headline indicators for monitoring health inequalities and reinforces the need for a local basket of inequalities indicators. Its' main purpose is to help support local action to achieve the Government's national inequalities targets for life expectancy and infant mortality, by highlighting information relevant to addressing the targets and assisting local areas with monitoring progress towards reducing health inequalities. It is envisaged that local areas will choose which indicators to use and monitor over time based on locally agreed priorities.

[http://www.lho.org.uk/HIL/Inequalities In Health/Attachments/PDF Files/APHO Book-FINAL.pdf](http://www.lho.org.uk/HIL/Inequalities%20In%20Health/Attachments/PDF%20Files/APHO%20Book-FINAL.pdf)

Other useful websites on various aspects of race equality

ethnicity online

A major challenge facing many in the National Health Service is to understand how ethnic differences affect the perception of illness, the intimate personal interactions necessary for clinical practice and the delivery of healthcare. This online resource is intended to help broaden awareness of the needs of ethnic groups using healthcare services - as well as the needs of healthcare staff from ethnic minorities.

<http://www.ethnicityonline.net>

London NHS Organisations Race Equality Schemes, Headline Review 2002,

Dr Chetan Bhatt, DHSC London, August 2002 (20 pages available by e-mail from Robert.Mitchell@nclha.nhs.uk). An overview of the early response to the Act by the NHS in London. Useful information and recommendations on how to improve Race Equality Schemes.

The Civil Service Diversity Website

<http://www.diversity-whatworks.gov.uk/>

HARP (Health for Asylum Seekers and Refugees Portal) provides social inclusion research and on-line health information for health professionals and voluntary agencies working with minority communities. <http://www.harpweb.org.uk/>
HARP Multicultural and Multilingual Resources
<http://www.communicate-health.org.uk/card/>

A Step by Step Guide to Epidemiological Health Needs Assessment for Ethnic Minority Groups – University of Newcastle
http://www.minorityhealth.gov.uk/docs/step_by_step.pdf

Fourth National Survey of Ethnic Minorities
<http://qb.soc.surrey.ac.uk/surveys/nsem/nseminintro.htm>

+Positive Equality = An essential guide to Diversity Training
<http://www.positive-equality.co.uk/>

Ethnic Health in the North West of England
<http://www.ethnichealth-northwest.net/content.asp?section=data>

Black Information Link
<http://www.blink.org.uk/>

Independent Race and Refugees News Network
<http://www.irr.org.uk/health/index.html>

One World – development network
<http://www.oneworld.net/article/frontpage/10/3>

The Employers Organisation for Local Government
<http://www.lg-employers.gov.uk/>

The AFIYA Trust
<http://www.afiya-trust.org/Default.asp>

Diversity Rx: Promoting language and cultural competence to improve the quality of health care for minority, immigrant, and ethnically diverse communities.
<http://www.diversityrx.org/>

Diversity RX – Cultural Competence, Practice and Training: Overview
<http://www.diversityrx.org/HTML/MOCPT1.htm>

Every Generation: Empowering and influencing the black community through history, family genealogy and heritage

<http://www.everygeneration.co.uk/index.htm>

Forum Against Islamophobia and Racism (FAIR)

<http://www.fairuk.org/festival.htm>

South Devon Healthcare's Handbook on cultural, spiritual and religious beliefs

<http://www.sdhl.nhs.uk/documents/cultural.html>

The New South Wales Multicultural Health Communication Service

<http://www.mhcs.health.nsw.gov.au/>

The Transcultural Nursing and Healthcare Organisation

<http://www.tcnha.org.uk/>

The Politics of Race Culture and Health

<http://www.ithaca.edu/healthpolicy/race/>

The Commonwealth Fund – working to improve health care coverage and quality

<http://www.cmwf.org/index.asp>

The NHS Emergency multilingual phrasebook

http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4073230&chk=8XboAN

5. Acknowledgements

This framework was initiated by the DH and SHA Chief Executives, led by Christine Outram, Chief Executive, North Central London SHA with support from David Sissling, Chief Executive, Leicester, Northamptonshire & Rutland HA, Gareth Cruddace, Chief Executive, Hampshire & Isle of Wight SHA and Mike Farrar, Chief Executive, South Yorkshire SHA. The project was funded by the SHAs and DH.

The resource has been devised in partnership with representatives from these (and other) SHAs, the Commission For Racial Equality, PCTs and the Department of Health. The members of the project steering group include: Gabrielle Atmarrow (South Yorkshire SHA), Jazz Bhogal (Regional Public Health Group, London), Audrey Chan (Leicestershire, Northamptonshire and Rutland SHA), Sarah Corlett (CRE Health Policy Lead/ Lambeth PCT), Yohannes Fassil (North West London SHA), Ila Gocoldas (Camden PCT and the Birmingham Race Action Partnership), Robert Mitchell (North Central London SHA), Richard Samuel (Hampshire & Isle of Wight SHA) and Lydia Yee (DH).

A national meeting of SHA representatives, Department of Health officials and national partner organisations was held on 3 December 2003 to discuss the first draft. The steering group's thanks go to the London NHS Race Equality Group, who hosted the event, and to all those who participated or provided comments on the draft performance management framework.

Feedback

Comments on the guide are welcome and should be sent to Robert Mitchell at North Central London Strategic Health Authority, Victory House, 170 Tottenham Court Road, London W1T 7HA, given by phone on 020 7756 2552 or e-mailed to him at: Robert.mitchell@nclha.nhs.uk

Leadership and Race Equality in the NHS

1. The NHS and Department of Health must give even greater prominence to race equality as part of our drive for greater equality for all. We must:
 - **pay greater attention to meeting the service needs of people from ethnic minorities.** This will help us meet the standards for improved services and health outcomes and hit our short term targets
 - **make race an important dimension of our strategy** for the next five years through more focus on helping people with chronic diseases – where morbidity is high amongst people from ethnic minority backgrounds - and on health inequalities – where ethnic minority communities are often disadvantaged
 - **target recruitment and development opportunities at people from different ethnic groups** whose skills are often underused. This will assist our drive to recruit more staff, increase our skill base and introduce new working patterns.
2. We need to tackle this in a systematic and professional way as part of our ongoing leadership contribution to the service. Equality and diversity need to be explicitly acknowledged and integral to all NHS corporate strategies.
3. I will lead this work personally given its importance. I will draw a strengthened team around me to monitor and support delivery of the ten actions on the accompanying page.
4. Success will be judged not on what we say but on what we do. My first tests will be that we meet the targets we have already set ourselves:
 - a workforce that is more representative of the community it serves
 - an end to harassment
 - a service that feels fair where ethnic minority people feel treated with dignity and respect.
5. As well as my oversight, Ministers will take a keen interest in progress. Staff in ethnic minority networks from the service will be encouraged to express views and keep this plan under review. And, to make sure we benchmark ourselves against the best, I have invited an independent expert panel to review our progress and report back to the September Chief Executive's conference this year.
6. This brings real focus. I hope by July that up to 500 senior NHS and DH leaders will be mentoring a member of staff from an ethnic minority. Some already do this and can help others who want to get started. The Leadership Centre will offer advice for those with little experience of cross cultural mentorship and will draw up a list of potential mentees for those who may find it hard to identify someone locally who would like this opportunity.
7. My hope is that BME staff who participate in this mentorship programme will provide us with the insights and inspiration to promote race equality in new ways. Equally I hope that they get the benefit of the experience and enthusiasm of our senior leaders.

Sir Nigel Crisp
February 2004

Appendix A

Leadership and Race Equality

Actions to be overseen by NHS Chief Executive during 2004

| Action | Responsibility |
|--|--|
| 1. Health Services and Outcomes | |
| <p>STRATEGIC DIRECTION: Through the forthcoming planning guidance, embed race equality into future Local Delivery Plans to enable more personalised care, reduced chronic disease and health inequalities, increased capacity and community regeneration</p> | DH and all NHS leaders with national and local partners |
| <p>ALIGN INCENTIVES: Build race equality into the new standard and target setting regime, into local performance management systems and into the new inspection model</p> | DH and all NHS leaders with national and local partners |
| <p>DEVELOPMENT: Provide practical support to help NHS organisations make service improvements for people from ethnic minorities</p> | NHS Top Team & Modernisation Agency |
| <p>COMMUNICATIONS: Encourage fresh approaches to communications to engage people from ethnic minorities more effectively in improving outcomes</p> | All NHS organisations and DH |
| <p>PARTNERSHIPS: Use NHS economic and social leverage to enhance employment opportunities and community development amongst ethnic minority communities</p> | DH and all NHS leaders in concert with national, regional and local partners |

This action plan has been developed with the help of staff from ethnic minorities within the NHS, building on the advice from leaders in other sectors, and the Commission for Race Equality. It has the full backing of Ministers, the Department of Health's Management Board and the NHS 'Top Team'.

| Action | Responsibility |
|---|---|
| <p>2. Developing People</p> <p>MENTORING: Senior leaders to show their commitment by offering personal mentorship to a member of staff from an ethnic minority</p> <p>LEADERSHIP ACTION: Senior leaders to include a personal 'stretch' target on race equality in their 2004/5 objectives</p> <p>EXPAND TRAINING, DEVELOPMENT AND CAREER OPPORTUNITIES: Enhance training for all staff in race equality issues. Develop more entry points for people from ethnic minorities to join the NHS and take up training. Improve access for ethnic minority staff to the full range of development programmes, support networks and professional training. Encourage appropriately qualified leaders from ethnic minorities in health and other sectors to consider and apply for executive positions.</p> <p>SYSTEMATIC TRACKING: Build systematic processes for tracking the career progression of staff from ethnic minorities including local and national versions of the NHS Leaders scheme</p> <p>CELEBRATE ACHIEVEMENTS: Acknowledge the contributions of all staff in tackling race inequalities and promote opportunities for staff from ethnic minorities to celebrate their contribution to the NHS</p> | <p>All senior leaders in DH and NHS</p> <p>NHS Chairs and CEs; DH Board members</p> <p>Local WDCs and HR networks, NHS Leadership Centre, NHSU and other training providers</p> <p>All senior leaders and NHS Leadership Centre</p> <p>DH and all NHS leaders</p> |

Appendix B

Contact List of Strategic Health Authorities

| Name/Address of SHA | Chief Executive and Race Equality Contact Details | |
|--|---|---|
| Avon, Gloucestershire & Wiltshire SHA Langley Park Estate Chippenham Wiltshire SN15 1GG | CE Name: PA: Tel:/PA Fax: Email: | Sue Cook 01249 858672 01249 858501 sue.cook@agwsha.nhs.uk |
| Race/Equalities Lead(s): | Kevin Woods Kevin.woods@agwsha.nhs.uk Paul Frisby paul.frisby@agwsha.nhs.uk Adwoa Webber adwoa.webber@agw-wdc.nhs.uk | |
| Bedfordshire & Herefordshire SHA Tonman House 63 - 77 Victoria Street St Albans Hertfordshire AL1 3ER | CE Name: PA: Tel:/PA Fax: Email: | John de Braux Carol Davies 01727 792825 01727 792832 carol.davies@bedsandherts-ha.nhs.uk |
| Race/Equalities Lead(s): | Tim Theaker tim.theaker@bedsandherts-HA.nhs.uk | |
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| Race/Equalities Lead(s): | Richard Miles richard.miles@bbcha.nhs.uk | |
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N.B. As at 1 April 2004

June 2004