Bradford and Airedale NHS Equality Group  
Action Notes – Meeting 19th December 2011

Present: Grace Alderson, Wayne Alleyne, Sasha Bhat, Gill Bowskill, Lynne Carter, Lorraine Cameron, Sue Crowe, Jenny Davison, Carolyn Eastwood, Liz Firth, Rebecca Hewitt, Sam Keighley, Amria Khatun, Ratna Lachman, Rob Mooney, Carol Peltier, Isobel Scarborough, Mohammad Shabbir, Helen Speight, Fiona Stephens, Daniel Turner, Daniel Wadsworth, Jen White, Lisa Wright


1. Welcome and introductions, apologies and aims of the day

LC gave an overview of the aims of the day:

- To discuss and agree how to best fill gaps in our engagement work and/or the local equalities infrastructure
- To understand system of Equality Delivery System (EDS) grading panels
- To inform group about progress with information on health inequalities
- To discuss and agree Equality Act information for publication by 31st January

2. Representation gaps identified through the involvement work

a. Trans community

The Equity Partnership will soon be extended to represent and support the Trans community. At present there is a gap. Because of relatively small numbers of trans people, there is an intention to undertake specific engagement work across the PCT cluster area: Airedale, Bradford and Leeds.

b. Children and Young People (CYP)

A discussion paper drafted by Lisa Wright on behalf of the steering group was circulated asking for feedback.

Table 1 feedback
Discussion re: how to engage CYP effectively. Opportunity to access the Young Lives forum. Bradford VCS Assembly holds this involvement opportunity. Youth Parliament may not be the right forum for that; could we have a fluid sub-group to access depending on the issues e.g. race equality and LGB issues. The paper
work would need to be easier to understand and the meetings may not be interesting enough!

Could we use Skype and other technology, incentives to get involved e.g. job opportunities within the sector etc. Make sure this is not tokenistic. Already happening through patient experience lead at Airedale. Support from LiNKs. Approaching schools and youth clubs for direct engagement. Link people in sixth forms to engage with peers.

Rural communities engagement can be challenging.

*Table 2 feedback*
Social media methods e.g. Facebook, Twitter. The mailing list is not a useful tool as CYP do not tend to respond to that form of communication.

Youth Parliament looks at a specific age group. Can we link to organisations that link with CYP of all ages? We need to be focused about the reason for the engagement – why we are doing it. Ensure that we are not duplicating other networks. The EDS panels will help us to focus on priorities for engagement.

*Table 3 feedback*
Social media replicated – ensure it is right for young people – marketing is important. Incentivising the engagement. Ensuring it is something interesting and relevant; how do we stop it spiralling out of control. Getting an organisation in to manage it – with those skills. Ensure we ensure diversity and a voice to all. Ensure there is an end point to the work – they can see results. Feedback info collected on Facebook etc into the group.

*Table 4 feedback*
Definitions of young people – i.e. very young need a voice. Parents involved in Born in Bradford would be useful. Bradford Teaching Hospitals Trust initiative to involve young people more in the FT membership. There is now a young persons section on the website – learning was that they did not want letters etc coming through the door. They wanted texts and social media.

We need to ask people who work with young people what they use and the best ways to involve. Do we need a face to follow...e.g. peppa pig.

Organisations:
- NSPCC under 1’s Every Baby Matters campaign,
- Barnardo’s,
- Young Lives.
- Young Radicals - how young people can challenge the status quo –Bradford Youth Development Partnership, both run by Just West Yorkshire

Intergenerational work could be important and valuable.
West Yorkshire Playhouse have supported engagement with YP effectively before.

**Consensus that evening alternate meetings is not the right way to get CYP involvement.** The steering group will take forward these suggestions and report back at next Equality Group meeting.

c. **Involvement Race Equality**

There was feedback after the last meeting about under representation within the feedback of some BME communities. The diagram attached to the discussion paper was introduced by Jen who is lead officer of the Health and Wellbeing Partnership. The diagram highlights the current structures under the shadow Health and Wellbeing Board shows gaps. The diagram is what is known – things that we felt could influence and or change. There are other organisations etc that are not included eg: BME organisations.

*Table 1 feedback*

Recognise that there is a BME infrastructure org but not necessarily the health expertise needed. BME is all embracing and needs to capture all communities rather than be a blanket approach. With tight resources we can’t have a menu of options. Would be important to identify area of greatest need and work backwards from that. We need to be creative and innovative in engaging. Research already out there to build upon to use that and bring it together. We need a roadmap; people present targeted because of our expertise – bring people in the group together to discuss what there is and what links there are.

Key issues G&T, migrants who come in without the understanding of rights re: health, faith communities, African Caribbean communities and mental health, Pakistani communities, cross section issues (LGB etc). Let’s start with what we have rather than a big call out. Build a foundation and look for the gaps to ensure we can develop services for the right communities.

Bring together other community reps to help them understand what they know and what they do not. For example LGB reps etc.

Comment – There are Forums and Hubs within the VCS do we need to create another group? Could it be done through the health and wellbeing forum if it is linked to the JSNA and QOF. **Consensus was that a one off task and finish group would support.**

*Table 2 feedback*

VCS are critical in engaging with BME communities. How can we use existing infrastructure to do this. It seems like this might be a next step after the suggestion from group 1.

What is important – representation or voice. There is representation – why is that not working / is it working? How can we change that if needed?
What is funded already? What is not?

It is vital that BME communities can decide on this themselves, it needs to be sustained. The VCS is very vulnerable at the moment; how can we ensure that this is manageable. This could happen in the equalities sub-group in the assembly, advocacy is really important and complex. It is difficult for one organisation or individual to do that work. Support the idea to have a meeting fairly early in the New Year.

Reminder that this is about 4 NHS organisations and us meeting our legal and ethical requirements general and specific duties.

**Group 3 feedback**
There is not one organisation that can do this. We need to prioritise health inequalities within BME organisations. COEMO need to be involved but maybe don’t have the health focus.

What is the premise of this discussion i.e. is it health inequalities? Is it that we think there is not good engagement with BME communities.

Educating and keeping educated staff; plus values e.g. respecting communities and diversity. The other side is communities understanding their rights in accessing health services.

We should not be prioritising health inequalities over others that is not the role of this partnership and those involved.

This is not just your challenge but ours across the district.

**Agreement to meet in January and have feedback for the meeting February.**

3. **How we’ve changed our Equality Delivery System grading process and membership of panels**

   Daniel gave some feedback about the panel one session and how we have agreed to change the process. See attached presentation.

**Key points made in the presentation**

1. How we ensure influence is made with managers and other staff across the organisation.
2. Value in bringing NHS organisations in Bradford and Airedale together to discuss performance and inequalities.

**Agreement to convene a meeting to look at goal 1 evidence again, to be planned at the end of the meeting.**

What is the baseline for evidencing each grade – it is subjective and dependant on how we feel as a panel.
In the past NHS organisations have said that they are compliant or non compliant. Red would be the equivalent to non-compliant. The four levels should be a better way of encouraging and measuring improvement.

Issues about current changes to domestic violence services, especially for BME women. This is a joint funded service with the local authority. How do we ensure this is considered as part of this health inequalities work?

Question – how do we get patient experience and voice into the process? There are two ways – evidence from surveys and other patient experience into the goals and evidence. In addition there is some representation from patients / public in the panels.

GP survey for example is a useful source of evidence.

Evidence of health inequalities

The information we have produced about health inequalities that affect different protected groups will hopefully be included in the JSNA – Joint Strategic Needs Assessment. These sheets will be living documents. New evidence will be added to it as it emerges.

Following the last Equality Group meeting, Lisa Wright produced info about health inequalities focused on carers, socio-economic status, marriage and civil partnerships and pregnancy and maternity. Lynne Carter explained how this has been added to the original information.

Other issues raised at the first meeting were about the wider determinants of health, for example unemployment. **We felt that for the first year it is better to focus on health related issues, and refer other issues to the Bradford District Partnership**

Communities of Practice – a website for the public sector, and the Equalities Delivery Group – a sub-group of the Bradford District Partnership – has begun to use this to share resources, links to info, discussion opportunities, events coming up. Anyone can sign up to be a member of the community of practice. Lynne Carter is looking to get a section there for the work of this group and will let members know how to join.

Information on this work for publication

There is a legal requirement to publish info on compliance and equality work by 31st January 2012. It also needs to be easily accessible. Links will take people to docs that this group has approved. The idea is that it has come from our group.

Some suggestions were made for improvement: Some more information and background about the work and legislation etc, involvement of boards. Publish our membership list. It needs to be clear about the partnership working.
It seems tokenistic to simply put this onto websites – the info needs to be given out wider than the website for example; focus groups and newsletters. **We agreed that we would aim to produce user friendly leaflets.**

At the next meeting how are organisations undertaking equality analysis. How are budget issues being looked at?

Someone without involvement in the group to read the doc to ensure plain English.

Agreed in principle to sign off with the statement of community involvement.