EDC02 10/17

NHS Equality and Diversity Council

Equality and Diversity Council
30 October 2017

Race Disparity Audit – Briefing

1. Introduction

The Race Disparity Audit (RDA) was published by the Cabinet Office on 10 October. This briefing outlines the aims and key findings of the RDA; considerations with regard to the health data published to date, and initial recommendations.

2. Background

In August 2016, the Prime Minister commissioned an audit of public services to reveal racial disparities and to help end the injustices that many people experience in their day-to-day lives. It is led by the Cabinet Office with each ministerial department having an overview of their individual portfolios.

Key aims of the RDA are:

- to shine a light on how our public services treat people from different backgrounds
- to enable the public to check how their ethnicity affects how they are impacted on key issues such as health, education and employment – broken down by geographic location, income and gender
- for the findings to influence government policy to focus upon the emerging issues

What we know about the RDA:

The publication consists of data presented on a digital platform, at www.gov.uk, and focuses on six areas:

1. Culture and community
2. Crime, justice and the law
3. Education
4. Health (including Public Health Outcomes Framework data)
5. Housing and living standards
6. Work (including the WRES data)

Health is further subdivided into:

- Access to treatment
- Patient experience
- Patient outcomes
- Physical and mental health
- Preventing illness

Key health/work findings:

Understanding ethnic disparities in health is complex and involves considering a range of factors affecting health and issues for specific ethnic groups. There is no single theme or picture. However data presented by the RDA, to date, show some stark disparities:

- in 2015, Chinese people had the highest percentage of **cancers diagnosed** at stage 1 or 2 (56.2%) (not significantly higher than the national average)
- a significantly higher percentage of Black men (3.2%) experienced a **psychotic disorder** in the past year than did White men (0.3%)
- White British adults were twice as likely as other ethnic groups to be receiving some form of **treatment for mental or emotional problems**
- in both the 4-5 and the 10-11 age groups, Black African children were the most likely to be **overweight** in 2015/16, with almost a third (31.2%) of the younger group and nearly half (45.9%) of the older group overweight
- Pakistani, Bangladeshi, Indian and Chinese patients were the least likely to report a **positive experience of making a GP appointment** each year from 2011 to 2017
- inpatients from Bangladeshi and Chinese backgrounds were the least **satisfied with hospital services** in 2016/17, scoring satisfaction at 72.0 and 73.4 out of 100 respectively
- White shortlisted applicants were 1.57 times more likely to be **appointed in NHS trusts** from shortlisting than BME applicants
- BME staff were more likely to report **experiencing harassment, bullying or abuse** from colleagues than white staff (27%:24%)

3. Key considerations

- Ethnic groups have differing experiences of **determinants of health** such as housing and income, different patterns of healthy behaviours, e.g. higher smoking and alcohol consumption rates amongst the white ethnic groups.
- **Data recording** is an issue in some areas, e.g. mortality outcomes for different communities are difficult to monitor as ethnicity is not recorded on death certificates.
- However the NHS is in a very good place to start to **analyse the patterns of illness, prevalence and outcomes** for ethnic minorities in contact with the NHS. Currently the collection of ethnicity data from patients is not used to help understand patterns of illness and use of services in a systematic way. This is something that can be done relatively easily as extensive amounts of statistics are available.
- We are on the front foot with regards to tackling the racial disparities in the opportunities and experiences within the workplace. The **WRES** is the 'system-wide' response to workforce race inequalities observed across the NHS.
- The link between having a **diverse and engaged workforce, and better care experience and outcomes for patients**, is of particular importance here.

4. Recommendations

1. Mental health and cancer are key priorities for the EDC to focus upon. EDC will want to examine the key findings and issues emerging from the RDA that are related to these priorities.
2. Linking with the WRES programme, EDC may want to consider working towards a 'race and health observatory' that draws upon workforce and patient data (and the link between the two).

3. EDC may want to set-up a working group, from across its membership, to operationalise the above two recommendations - making alignment with the emerging EDC work plan.

The EDC is asked to:

i) Note this briefing and the verbal update on the RDA.
ii) Consider actions the EDC can take in relation to the key themes that emerge as a consequence of the RDA publication.

Habib Naqvi and Annmarie Connelly
October 2017