Executive Summary

Ethnic health inequalities mean Black and Asian people may not always receive equal and fair treatment from healthcare services. We want to work with local services to tackle this inequality and help ensure everybody receives the same level of care, regardless of race, ethnicity, religion or culture.

This report is a first of its kind which, on a local level, explores the views and experiences of local healthcare amongst Black and Asian Hertfordshire residents.

We worked closely with Black and Asian community leaders to understand how best to engage with Black and Asian Hertfordshire residents, and to ensure our methodologies were culturally competent and provided a safe space for people to share their views. Using their insight and guidance, we ran focus groups, interviews and an online survey. In total we heard from **156** Black and Asian Hertfordshire residents.

Key Findings: Black and Asian Hertfordshire residents

Although experiences differed, people typically felt that the healthcare system was not designed to deliver fair and culturally competent care. Respondents shared experiences of not being listened to and feeling discriminated against, which for many contributed to a significant lack of trust in the healthcare system to provide adequate and person-centred care.

44% of respondents felt that their health is not equally protected by the NHS compared to the health of a White person.

Mistrust in the NHS stems from many places, including their own, or their family and friends' negative lived experience, the disproportionate impact of COVID-19 on Black and Asian communities, and the existence of ethnic health inequalities more broadly.

45% of respondents felt they had been **discriminated** against in a healthcare setting, with many believing this was because of their ethnicity. Experiences included the use of racial stereotypes and mistreatment from healthcare professionals. Respondents felt that as a result, they were not listened to and had their healthcare concerns dismissed in a way that their White counterparts would not, resulting in mistrust and a reluctance to engage with healthcare services.

Respondents felt that healthcare professionals do not always have an adequate understanding of conditions that primarily affect Black and Asian people, or how conditions may present on darker complexions. Respondents felt that this resulted in late or incorrect diagnoses.

A lack of cultural competency in care meant dietary, language, religious and cultural needs and preferences were not always respected or accommodated.

We interviewed senior staff within local NHS trusts, as well as staff from the Clinical Commissioning Groups (CCGs) that were in place prior to the Integrated Care System (ICS) being established. Providers and commissioners talked about their Equality, Diversity and Inclusion policies and how specifically they are working to tackle ethnic health inequalities. Although all Trusts and CCGs emphasised a strong commitment to tackling ethnic inequality, more work needs to be done to provide equal and fair care to all patients.

- NHS policies and strategies often do not address ethnicity specifically, and do not look at the specific needs of Black and Asian communities.
- Training on cultural competency within the NHS is limited, and not offered to all staff.
- Language preferences are often not recorded and translation support is not always forthcoming from healthcare professionals.
- Communications often homogenise all ethnic groups by using collective terminology, such as 'BAME'.
- The recording and collection of patient ethnicity data by NHS services is inconsistent and is not often used to highlight where health disparities may exist for Black and Asian communities.
- NHS services do not directly engage with local Black and Asian communities, preventing services from understanding their needs and experiences.

We made **16** recommendations to Hertfordshire's healthcare providers and commissioners, as well as learning for the Hertfordshire and West Essex ICS and local Health and Care Partnerships.

Responses to the recommendations are detailed in the full report and outline how services will respond to the needs and cultural preferences of Black and Asian patients to provide fairer care and to tackle ethnic health inequalities.
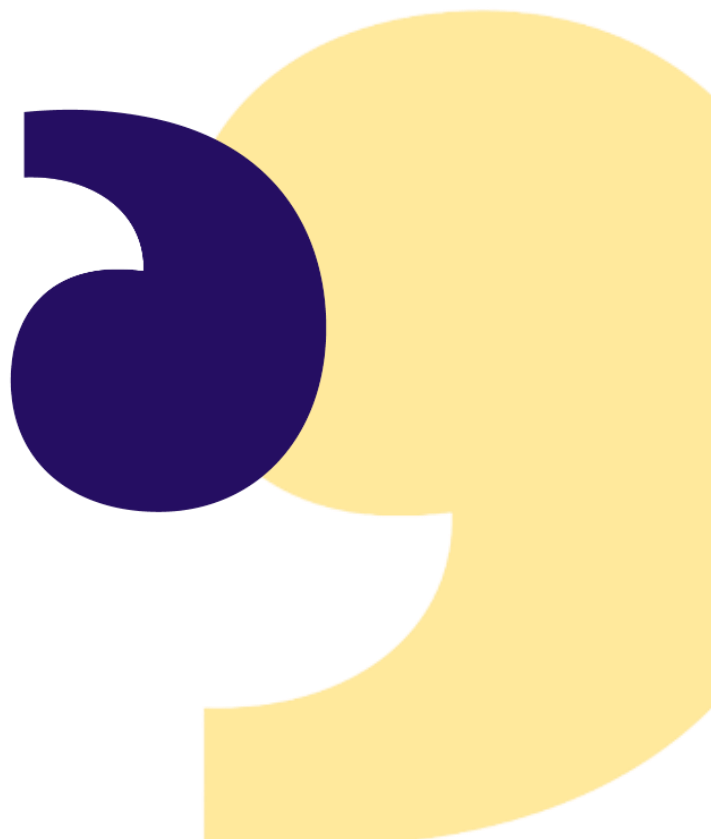
Overview: Responses to the Recommendations

The NHS has given powerful responses to the recommendations in our report with practical steps to address the issues raised. There is commitment from the NHS to taking urgent action in tackling ethnic health inequalities and ensuring Black and Asian people feel confident in accessing healthcare, and assured that they will receive fair and equal treatment. The full responses can be found in the appendix.

Improving the collection of patient ethnicity data: Providers have committed to improving the collection of patient ethnicity data, with HCT launching annual 'Clinical Systems' training to ensure staff are aware of the importance of capturing complete and accurate ethnicity data. To support, the ICB Nursing and Quality Team will promote this requirement through its Quality Review meetings and Quality Assurance visits, as well as through quality and contractual monitoring. Providers will also use this data to improve services, with CLCH implementing an Equity of Access dashboard using equalities data to identify priority groups and gaps in provision.

Ensuring feedback systems are more accessible and approachable: The NHS will improve feedback and complaints systems by ensuring ethnicity data is recorded when collecting feedback, and by encouraging Black and Asian people to share their experiences. Feedback will be analysed to make service improvements and to ensure Black and Asian patients are receiving fair treatment.

Building relationships with Black and Asian communities: The NHS is building relationships with Black and Asian communities and have created long term plans to rebuild trust and ensure Black and Asian people have greater confidence in accessing healthcare. For example, CLCH has launched a pilot to understand the causes of mistrust amongst ethnically diverse communities and will hold workshops with them to coproduce solutions.

Ensuring healthcare professionals are aware of and responsive to the cultural preferences of Black and Asian patients: The NHS is expanding its training programmes, with CLCH, ENHT and the ICB launching cultural competency training. HPFT is looking to hold specific training at population level with a focus on individual communities and cultures, while WHTH has recruited a Workforce Equality, Diversity and Inclusion Lead to build an inclusive training programme for staff.

The NHS will also continue to improve its communications, ensuring inclusive and culturally sensitive language and imagery is used. Improvements to the provision of translation services are also in place, as well as ensuring patients are made aware of the support available to them.

Improving the recruitment, retention and representation of Black and Asian staff: The NHS is very committed to instilling a culture of equality within their own organisations and across the system. Examples include the ICB and ENHT embedding the East of England anti-racism strategy, and HPFT and WHTH holding frequent discussions on race, culture and ethnicity within the workforce and at senior level. These values are also embedded within their policies, with HPFT drafting a new Equality, Diversity and Inclusion strategy, of which anti-racism is at its core.

Five year plans are in place to recruit more ethnically diverse staff and to increase the number of ethnically diverse staff in leadership positions – this will be monitored by the ICB. To support and retain staff, HPFT and WHTH are investing in the development of ethnically diverse staff with a particular focus on leadership. The ICB will also implement a pre-disciplinary panel as this has been shown to ensure ethnically diverse staff are not disproportionately facing disciplinary procedures.

In outlining their commitments, the NHS recognises the scale of such challenges should not be underestimated, overall more needs to be done and systemic change is needed to address the years of mistrust and poor treatment Black and Asian communities have experienced.