

ACP BAME Strategic Group: our identified priorities

ACP Executive Delivery Group 27th August 2020

Author(s)	Clive Clarke & Jane Ginniver
Sponsor	Mark Tuckett
1. Purpose	
<p>This paper follows last month's 'Black Lives Matter' paper, when EDG discussed the opportunities available to us as a system to drive real change in this area, and in line with the 7 recommendations made within the recent PHE report 'Beyond the data: Understanding the impact of COVID-19 on BAME groups'. There was a request for Clive Clarke (SHSC) to continue to lead this work, and to return this month with specific proposals around:</p> <ul style="list-style-type: none"> ▪ Recommended process changes, which will have an impact on addressing institutional cultural issues ▪ Focused actions that we can start quickly, building on the work of the BAME Strategic Group and its subgroups ▪ What we should do as a city, not strictly limited to health and care, but including other areas that have an impact on health and care (eg housing) ▪ How we can use our collective influence beyond Sheffield <p>This paper, and the priorities outlined in Paper Bi, outline those actions which we propose to implement across the ACP and address the above 4 points.</p>	
2. Is your report for Approval / Consideration / Noting	
For approval and consideration	
3. Recommendations / Action Required by Accountable Care Partnership	
<p>Key questions for EDG:</p> <ol style="list-style-type: none"> 1. Do you support the priorities identified within Paper Bi? Is there anything you feel we should change / remove / add? 2. Do you agree with and support the 3 urgent priorities outlined in section 4? NB: progressing these priorities will have capacity implications for some staff and these need to be considered. 3. Who will be the dedicated EDG Lead for this work? 4. The priorities identified will have implications for ACP partner organisations, as some of them require organisational-specific actions to connect with the ACP-wide action (eg Action 2b re the recruitment of NEDS – we can facilitate some generic recruitment campaigns and events across the ACP, however there will also need to be a focus on implementing this action within organisations). Do EDG members commit to taking these actions back into their organisations to secure organisational commitment and sign-off? 	
Are there any Resource Implications (including Financial, Staffing etc.)?	
N/A	

ACP BAME Strategic Group: our identified priorities

August 2020

1. Introduction

This paper follows last month's 'Black Lives Matter' paper, when EDG discussed the opportunities available to us as a system to drive real change in this area, and in line with the 7 recommendations made within the recent PHE report '[Beyond the data: Understanding the impact of COVID-19 on BAME groups](#)'. There was a request for Clive Clarke (SHSC) to continue to lead this work, and to return this month with specific proposals around:

- Recommended process changes, which will have an impact on addressing institutional cultural issues
- Focused actions that we can start quickly, building on the work of the BAME Strategic Group and its subgroups
- What we should do as a city, not strictly limited to health and care, but including other areas that have an impact on health and care
- How we can use our collective influence beyond Sheffield

Following the identification of the priorities outlined in Paper Bi, we mapped the actions we are proposing against the recommendations contained within various national level documents, including; the Public Health England's report 'Beyond the Data', the [NHS People Plan 2020-21](#), the guidance for '[Implementing Phase 3 of the NHS Response to the COVID-19 Pandemic](#)' and the requirements of the [NHS Workforce Race Equality Standard \(WRES\)](#), to identify any gaps and check our plans against recommended good practice. This mapping can be viewed in the tabs of Paper Bi.

2. Context

Paper Bi outlines the priorities that have been developed to date following conversations at the BAME Strategic Group and its subgroups (Staffing and Communities). In addition to these priorities, we are mindful of the following contextual factors, which impact directly on this agenda:

2.1 *The establishment of a Race Equality Commission (REC)*, which the ACP has pledged formal support for (following the July ACP Board discussion). Clive Clarke will be our formal link with the REC, and we intend to submit our plans to the REC as part of their call for evidence. We also urge the ACP partners to submit their own organisational plans as evidence of intent. The REC intends to conclude in Summer 2021.

2.2 *There remains a strong possibility of a considerable increase in covid-19 infections over the coming months:* The disproportionate impact this will continue to have on our BAME populations will place an increased urgency on addressing the actions highlighted in Paper Bi; while we have made significant headway in addressing the long-standing trust deficit between BAME communities and our statutory bodies over recent months, this is still very fragile and will be tested through our response to a second wave. We must demonstrate that we have learned lessons.

A combination of flu and covid could be catastrophic not only for our service provision, but also in those communities and populations where they are likely to hit hardest. We need to make a concerted effort to work differently and ensure that as many of our poorest and deprived citizens take up their access to flu jabs as possible.

2.3 *The Phase 3 planning work* is focussing our NHS organisations on the return to as near 'normal' service provision as possible. As we do this, we need to work with and listen to our BAME staff and communities. As services change as a result of positive advancements that have been made throughout the covid period, we need to also change the way that we develop these services and co-produce with members of the public. We need to listen to their fears and work with them to design the solutions.

2.4 *There is a lot of activity in this area across the ICS, regionally and nationally*, we need to ensure that we are connected with this wider activity and that our ACP plans enhance, rather than duplicate, other work taking place. There is already increased pressure on our EDI leads, and we need our agenda to help alleviate this workload by sharing good practice and only doing things once, rather than multiple times, across the ACP. This will involve working with the ICS in particular to identify and agree those things that are best developed and implemented at place.

3. Priorities

Paper Bi details the priorities that have been identified as the core actions that the BAME Strategic Group will drive over the next 12 months. A few notes on this action plan:

3.1 This is not intended to be a final set of actions. It will continue to evolve to reflect the views of our BAME staff and communities, and the continually changing environment and challenges that we face. However, the content of the 'our narrative' column reflects challenges that have developed over many years and do need to be addressed with some urgency, so while the order that we address these in may change, we would not expect the priorities themselves to change.

3.2 We have tentatively proposed professional roles to lead each priority. At this point these are only proposals and we have not consulted with people in these roles. Please let us know as soon as possible if they need to change, and propose others who should be involved who are not currently included. We will start to contact specific people w/c 6th September.

3.3 As mentioned above, these priorities have been developed through the BAME Strategic Group and its subgroups, through listening to the priorities raised by their members. They therefore have the needs of our staff, our citizens and our organisations at their heart. We then mapped these priorities against the recommendations made through a number of external, national reports; the 7 recommendations from the PHE report 'Beyond the Data' (known as the 'Fenton recommendations'), the NHS Long Term Plan and the NHS People Plan 2020/21; and checked that there were no gaps in our planning. We feel it is important to note that our ACP priorities are not driven by external factors.

3.4 Not included within the priorities in Paper Bi, is a request of our ACP organisations. In order to make a tangible difference to the experiences and health outcomes of our BAME staff and citizens, we need to collectively and individually recognise the value of the contribution of Organisation Development (OD) in; promoting respect and dignity, recognising people's experiences, and encouraging conversation across all staff and between organisations and citizens, to create genuine parity of esteem and leading to the culture change that we aspire to. Equality, Diversity and Inclusion is typically classed as a HR function, responsible for upholding our legal responsibilities; by refocusing the emphasis to align with an OD emphasis on culture change, we believe we will have a greater impact more quickly.

4. Our Most Urgent Priorities

Paper Bi outlines a range of priorities, which are all important. However, some of these are particularly urgent, and / or will generate information and create new ways of working that will facilitate some of the other priorities. We have identified the following 3 priorities as those which we believe should be progressed as soon as possible:

- i) Action point 1 in Paper Bi: relating to the collection of data relating to staffing, patient outcomes and health inequalities
- ii) Action points 5a and 5c, focusing on working with our BAME communities to maximise the uptake of flu vaccinations amongst the eligible populations
- iii) Actions 4a and 4b, to commission services with and for our BAME communities differently.

5. Next Steps

- 5.1 Clive Clarke is about to start a 6-month secondment with NHSE/I regionally as Director of Inclusion. As part of this secondment he has requested, and been granted, the flexibility to spend 0.5 days per week focusing specifically on driving this agenda across our ACP. This is a great investment for us – in addition to having access to significantly more of Clive’s time, he will also be able to share the good practice taking place across the 4 ICS’s in our region and connect us more closely with regional and national work, and raise the profile of the work we are doing. Clive will also be the formal ACP link with the Race Equality Commission, as agreed at ACP Board in July 2020.
- 5.2 We would like a dedicated EDG Lead for this work, in line with the short-term priorities for other ACP work, and to return to EDG approximately every 10-12 weeks to share progress and seek input.
- 5.3 We will continue to develop the priorities through ongoing conversations with organisations, BAME staff and communities. This will include the confirmation of named leads for each action and agreed timescales.

6. Questions for EDG

1. Do you support the priorities identified within Paper Bi? Is there anything you feel we should change / remove / add?
2. Do you agree with and support the 3 urgent priorities outlined in section 4? NB: progressing these priorities will have capacity implications for some staff and these need to be considered.
3. Who will be the dedicated EDG Lead for this work?
4. The priorities identified will have implications for ACP partner organisations, as some of them require organisational-specific actions to connect with the ACP-wide action (eg Action 2b re the recruitment of NEDS – we can facilitate some generic recruitment campaigns and events across the ACP, however there will also need to be a focus on implementing this action within organisations). Do EDG members commit to taking these actions back into their organisations to secure organisational commitment and sign-off?