



## Sheffield Accountable Care Partnership (ACP) Evidence Submission to the Race Equality Commission

### 1. *The Sheffield ACP*

Established in 2017, the Sheffield ACP is a health and social care partnership that brings together health and care providers and commissioners to focus on those issues across Sheffield that can only be addressed through working together, to bring about major changes in the way services are planned and delivered. More information about our partners, our purpose and our ongoing work can be found on our webpages [here](#).

We are clear, as an ACP, that addressing health inequalities across Sheffield is central to our core mission. We are equally clear that, although we are a partnership of health and care organisations, we cannot ignore the impact of the 'wider determinants of health' on these health inequalities. To view health, or even health and care, in isolation from education, housing, employment, policing and all other aspects of people's lives, would create a one-sided perspective of a very complex picture of the cause and effect of these health inequalities, and minimise the impact that we can have as an ACP. There are a myriad relationships across and between these different sectors and we urge the Race Equality Commission to take a holistic view of the nature, extent, causes and impacts of racism and race inequality within the city within its separate conversations around business and employment, civic life and communities, crime and justice, education, health, and sport and culture, ultimately reflecting this holistic approach within its concluding recommendations.

### 2. *Our Workforce Strategy*

We developed an ACP workforce strategy in 2019, which was approved by our ACP Board in October 2019. This was developed over the course of 12 months through widespread consultation with staff in all our partner organisations and members of the public.

The implementation plan for this strategy was paused in March 2020 as the Covid-19 crisis response began. A desktop review to determine the ongoing relevance of the strategy was undertaken in May 2020, in light of the subsequent changes made to the way we work and a shift in system priorities. A full review of the strategy was not considered appropriate, given that the strategy had been so recently developed.

One of the key findings from this desktop review was that there is no explicit action related to equality, diversity and inclusion within the workforce strategy. Given the disproportionate impact on BAME populations and the various research publications emerging in Spring 2020, plus the 10-year review of the Marmot Report, it was recommended that:

- We should identify, consider and explicitly state, whether the actions in the strategy were sufficient to addressing health inequalities in our population and in our workforce, and
- To prioritise these – and any new actions which were subsequently identified – for implementation.

### 3. *Establishing the BAME Strategic Group*

To focus on the implementation of the above, Clive Clarke (at the time Deputy Chief Executive of the Sheffield Health and Social Care NHS Foundation Trust, and now Regional Director of Inclusion at NHS England and Improvement) was asked to establish an ACP group to identify the place-level actions that would impact upon the disproportionate impact of Covid-19 on our BAME staff. It was originally anticipated that this group would meet for 3 months only.

This group met for the first time in May 2020, and quickly established:

- The local BAME voluntary and community sector has suffered more than most from the austerity measures over recent years, which has meant cuts to their funding and the fracturing of relationships with local statutory agencies. An absence of collaborative working has further exacerbated issues of mistrust, and has meant that significant work is required to re-build this, for the benefit of dealing effectively with the COVID-19 pandemic in addition to wider issues related to health inequalities.
- That place-level activities could have impact on issues of equality, diversity and inclusion more broadly than workforce and a focus on Covid-19, which would improve the career prospects, opportunities and wellbeing of our workforce, as well as improve the health and wellbeing of our Sheffield population. These activities include the sharing of good practice across organisations, extending this good practice across parts of the sector without access to HR, organisational development and occupational health teams, as well as designing new collaborative approaches to addressing health inequalities.

The remit of the BAME Strategic Group was therefore widened in July 2020 to incorporate two subgroups:

- The ACP Staffing Group, comprised of Equality, Diversity and Inclusion leads, Staff Network leads and Trade Union representatives, focuses on those actions that have a direct impact on our workforce, which can best be done at place and add value to organisational level approaches, and
- The BAME Public Health Communities Group, co-chaired by Faithstar and Public Health, is attended by 25 BAME community organisations.

Further information about these ACP groups can be found on our website [here](#).

#### 4. *Key Achievements to Date*

The ACP BAME groups have, to date, achieved the following:

- Developed comprehensive action plans, mapped against recommendations from the following national reports:
  - i. 'Beyond the Data: Understanding the Impact of Covid-19 on BAME Communities', Public Health England
  - ii. The NHS People Plan 2020-21
  - iii. NHS Phase 3 response; 'Action required to tackle health inequalities in latest phase of Covid-19 response and recovery'

These action plans have been approved by the ACP's Executive Delivery Group and can be seen on our website [here](#).

- Developed staff risk assessments that can be used across care homes and primary care, based on those being used within our acute trust.
- Distributed funding across BAME community organisations to support covid-response activities and targeted communications to encourage the uptake of the flu vaccine.

- Opened up organisational staff development opportunities across ACP partners.
- Less easy to quantify, are the huge steps that have been taken towards rebuilding trust between our BAME communities and our statutory organisations.

## 5. *Next Steps*

There are a number of actions that we are prioritising for immediate action. Some of these will be implemented in coming months, others involve complex changes to existing systems and processes and will take far longer to be implemented. The actions we are actively pursuing at the moment, which fall into both of the above categories, are listed below:

- The development of a Charter outlining our stance against racist abuse of our staff, which all our partners will be able to use (and adapt as necessary).
- The implementation of a reciprocal mentoring programme between BAME communities and members of our ACP Executive Delivery Group (EDG). The BAME community representatives will be invited to join EDG for the duration of the programme, thus introducing different perspectives and voices into EDG discussions.
- To develop an ACP-wide conference for existing staff networks, also ensuring access for staff working in small, independent organisations and providing a forum for mutual collaboration.
- The production of city-wide health data, broken down by ethnicity, to enable more informed decisions around prioritising improvements to services.
- The sharing of workforce ethnicity data to identify areas of good practice and to focus on addressing the pockets of poorest performance.
- Conversations to develop training to promote an increase in applications for trustee / non-executive director positions.
- Recruitment targeted at the poorest areas of our city, to raise career aspirations in young people.
- Changing the way that we commission, to focus more on longer term, more sustainable contracts.
- Addressing the funding deficit for BAME community organisations, as part of the VCS more broadly.