

Sheffield Health and Social Care (SHSC) NHS Foundation Trust
Written Evidence for the Sheffield Race Equality Commission

Summary

1. Introduction

1.1. Who are we and what do we do

We are one of three NHS Foundation Trust in Sheffield, with an annual income of approximately £131.5m we employ around 2,500 members of staff and provide mental health, learning disability, substance misuse and a range of primary care and specialist services. We have been established as a Care Trust since 2003 and as a Foundation Trust since July 2008, we provide services to around 55,000 people a year, these include:

- Primary care for people of all ages delivered through our GP practices
- Rehabilitation for people with brain injuries and long-term neurological condition
- Services for adults with drug and alcohol misuse problems
- Psychological therapies for people with mild and moderate mental health problems
- Community-based mental health services for people with serious and enduring mental illness
- Low-secure forensic inpatient services
- Services for people with learning disability, their families and carers
- Services for people with dementia, their families and carers
- In patient mental health services for adults and older people
- rehabilitation services for people with mental health illness
- specialist services including: eating disorders, adult autism, health services for homeless people and members of the traveller community, perinatal mental health services and gender identity services
- Supported employment and health promotion

Some of our specialist services, such as our gender identity clinic and our autism service, are also available to people living outside of Sheffield, Sheffield residents make up about 94% of the people we provide services to.

1.2. Who funds our services?

Our main commissioning partners are:

- The NHS Sheffield Clinical Commissioning Group
- Sheffield City Council (who commission around 68% of our business).
- We are also commissioned by NHS England to provide some of our specialist services.

2. Evidence of racial inequality in Sheffield

Sheffield CCG have provided evidence to the commission including data that describes in detail racial health inequalities in sheffield, we have not repeated this evidence in this submission.

Our evidence focuses on known racial inequality relevant to our workforce and that impacts on people who use or may need to access our services.

2.1. People who use or may need to access our services

A large number of people using our services do so due to a mental health condition, this may be mild to moderate or severe requiring longer term or in-patient services.

The link between poor mental health and health inequalities is known and well documented.

Data published in 2011 in the [Sheffield map of Mental Health Prevalence Estimates for Psychotic Disorder in Adults \(Age 16+\) expressed as a % of adults aged 16+](#) (Sheffield Mental Health Strategy 2015), shows areas in Sheffield with the highest level of serious mental health conditions i.e psychotic disorder (0.6% - 0.5%)

These areas of Sheffield are also areas with some of the highest levels of deprivation, four of these areas have a low percentage of people who identify with a White ethnicity. These areas are:

WARD	White: English/Welsh/Scottish/Northern Irish/British	Percentage White English/Welsh/Scottish/Irish /British
Sheffield	446,837	83%
Firth Park NE	15,769	75%
Burngreave NE	10,468	38%
Manor Castle SE	15,582	73%
Darnall NE	12,091	51%

2.2. Workforce Race Inequality

The NHS Workforce Race Equality Standard (WRES) focuses on areas identified nationally where there is evidence racial inequality in the NHS workforce. Our full reports and action from 2017 to present can be found on our [Internet](#).

3. Our analysis and response to racial inequality in our organisation

3.1. Use of our services

Overrepresentation of people identifying as having Black Caribbean and Black African ethnicity in patient services and in use of the Mental Health Act is well documented:

For Example:

Race Disparity Audit March 2018

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/686071/Revised_RDA_report_March_2018.pdf

Race Report Healing a Divided Britain -

<https://www.equalityhumanrights.com/en/race-report-healing-divided-britain>

Ethnic variations in compulsory detention under the Mental Health Act: a systematic review and meta-analysis of international data

[https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(19\)30027-6/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(19)30027-6/fulltext)

- Our service use echo's national data. In 2016 we undertook a detailed review of use of our services by ethnicity, this indicated that our services that provide Early Intervention for serious mental health conditions had a high percentage use by people with Black Caribbean and Black African ethnicity, but there were other services in the care pathway with low use
- Use of our perinatal mental health service by people with Asian ethnicity is reflected in the use of maternity services in the city generally.

We are able to record the ethnicity of people who use our services at a more detailed level than in standard 'patient' information systems.

We have additional fields for:

- Roma
- Vietnamese
- Somali
- Yemeni

This is in response to the ethnicity diversity of Sheffield and given sufficient data we can review use of our services by groups who may be more likely to experience poor mental health, the most recent inclusion is Roma.

We are not currently able to accurately compare our data to the city population because of the level of detail available in the census 2011 categories.

							Sheffield 18 - 64
	Gender Identity Service		Learning Disability		Mental Health		
Ethnicity – service users	2019	2020	2019	2020	2019	2020	2011
White British	90.3%	90.0%	84.3%	84.8%	84.9%	84.3%	80.60%
White Irish	0.6%	0.5%	0.2%	0.1%	0.7%	0.7%	0.50%
White other	3.5%	3.9%	0.9%	0.5%	1.8%	1.8%	2.70%
Gypsy or Irish Traveller	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.10%
Mixed White & Black Caribbean	0.6%	0.9%	1.7%	1.8%	1.1%	1.1%	0.80%
Mixed White & Black African	0.0%	0.2%	0.0%	0.0%	0.2%	0.2%	0.20%
Mixed White & Asian	1.2%	1.2%	0.3%	0.4%	0.4%	0.4%	0.50%
Mixed other	1.5%	1.0%	0.7%	1.0%	0.6%	0.6%	0.40%
Asian or Asian British Indian	0.3%	0.4%	0.2%	0.2%	0.5%	0.4%	1.30%
Asian or Asian British Pakistani	0.4%	0.4%	5.9%	5.7%	2.3%	2.7%	3.60%
Asian or Asian British Bangladeshi	0.0%	0.0%	0.1%	0.2%	0.3%	0.3%	0.60%
Asian other	0.5%	0.2%	0.6%	0.2%	1.0%	0.9%	1.10%
Black or Black British Caribbean	0.3%	0.3%	1.6%	1.8%	1.7%	2.0%	1.00%
Black or Black British African	0.0%	0.0%	0.5%	0.6%	1.1%	1.2%	2.20%
Black other	0.0%	0.2%	0.2%	0.2%	0.4%	0.5%	0.50%
Chinese	0.3%	0.3%	0.2%	0.3%	0.3%	0.2%	1.80%
Any Other Ethnic Group - Arab	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	1.40%
Any Other Ethnic Group	0.5%	0.5%	0.8%	0.5%	1.3%	1.1%	0.80%

Roma	0.00%	0.00%	0.32%	0.0%	0.03%	0.0%	-
Vietnamese	0.12%	0.09%	0.01%	0.0%	0.06%	0.0%	-
Somali	0.00%	0.00%	0.33%	0.6%	0.85%	1.0%	-
Yemeni	0.12%	0.09%	0.58%	1.0%	0.50%	0.5%	-

Ethnicity – service users	Perinatal Mental Health		Substance Misuse		Eating Disorders Service		IAPT		Sheffield 18 - 64
	2019	2020	2019	2020	2019	2020	2019	2020	2011
White British	75.5%	73.8%	87.2%	88.4%	91.3%	90.1%	84.2%	82.7%	80.6%
White Irish	0.3%	0.7%	0.6%	0.5%	0.0%	0.0%	0.5%	0.6%	0.5%
White other	3.3%	3.4%	1.9%	1.7%	2.0%	1.2%	2.7%	3.1%	2.7%
Gypsy or Irish Traveller	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%
Mixed White & Black Caribbean	2.4%	1.3%	1.3%	1.1%	1.2%	1.9%	0.9%	1.0%	0.8%
Mixed White & Black African	0.9%	0.7%	0.2%	0.1%	0.0%	0.0%	0.3%	0.3%	0.2%
Mixed White & Asian	0.0%	0.0%	0.8%	0.8%	1.2%	1.9%	0.4%	0.5%	0.5%
Mixed other	1.2%	0.7%	0.9%	0.7%	0.8%	0.6%	0.7%	0.7%	0.4%
Asian or Asian British Indian	1.8%	2.0%	0.4%	0.3%	0.4%	1.2%	0.7%	0.6%	1.3%
Asian or Asian British Pakistani	3.9%	4.7%	1.7%	1.8%	2.4%	2.5%	2.6%	2.9%	3.6%
Asian or Asian British Bangladeshi	0.3%	0.7%	0.1%	0.1%	0.0%	0.0%	0.2%	0.2%	0.6%
Asian other	3.0%	3.4%	1.1%	1.2%	0.4%	0.6%	1.3%	1.3%	1.1%
Black or Black British Caribbean	0.3%	0.7%	1.3%	1.2%	0.0%	0.0%	1.1%	1.3%	1.0%
Black or Black British African	2.1%	2.7%	0.5%	0.3%	0.0%	0.0%	0.7%	0.9%	2.2%
Black other	0.6%	0.7%	0.3%	0.5%	0.0%	0.0%	0.4%	0.4%	0.5%
Chinese	0.9%	0.0%	0.0%	0.0%	0.4%	0.0%	0.3%	0.3%	1.8%
Any Other Ethnic Group - Arab	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.5%	1.4%
Any Other Ethnic Group	1.5%	2.0%	1.2%	1.1%	0.0%	0.0%	1.6%	1.5%	0.8%

Roma	0.30%	0.0%	0.03%	0.00%	0.00%	0.00%	0.32%	0.61%	-
Vietnamese	0.00%	0.7%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	-
Somali	0.90%	1.3%	0.26%	0.09%	0.00%	0.00%	0.33%	0.38%	-
Yemeni	0.90%	0.7%	0.16%	0.23%	0.00%	0.00%	0.58%	0.54%	-

3.2. Our Workforce

- The percentage of people who work on our staff Bank (only) affects the percentage of BAME staff, Bank is included in our WRES data.
- The NHS Electronic Staff Record (ESR) does not include all of the options in the Census i.e its is not possible for staff to record an ethnicity of Arab or Gypsy or Irish Traveller. This is a particular issue in relation to people who identify as having Arab ethnicity as this was 1.4% of the working age population of the city in 2011.
- To note – BAME Ethnicity for WRES metrics is all non white groups. For other data some may be reported as percentage of the workforce whereas other data as a percentage of known.

Ethnicity - Staff	2018	2019	2020	2020 without Bank	Sheffield 18 - 64 2011
White - British	75.4%	73.5%	72.7%	76.4%	80.6%
White - Irish	1.1%	1.1%	1.2%	1.2%	0.5%
White - Any Other White background	1.7%	1.5%	1.6%	1.7%	2.7%
White; Gypsy or Irish Traveller	-	-	-	-	0.1%
Mixed - White & Black Caribbean	1.0%	0.9%	1.0%	1.1%	0.8%
Mixed - White & Black African	0.5%	0.5%	0.6%	0.5%	0.2%
Mixed - White & Asian	0.2%	0.2%	0.4%	0.3%	0.5%
Mixed - Any other mixed background	0.5%	0.6%	0.5%	0.5%	0.4%
Asian or Asian British - Indian	1.3%	1.2%	1.4%	1.3%	1.3%
Asian or Asian British - Pakistani	1.6%	1.7%	2.0%	2.0%	3.6%
Asian or Asian British - Bangladeshi	0.2%	0.1%	0.1%	0.1%	0.6%
Asian or Asian British - Any other Asian background	0.6%	0.7%	0.6%	0.6%	1.1%
Black or Black British - Caribbean	1.8%	2.0%	2.0%	1.7%	1.0%
Black or Black British - African	4.6%	4.7%	4.8%	3.2%	2.2%
Black or Black British - Any Other Black background	0.5%	0.5%	0.6%	0.6%	0.5%
Chinese	0.4%	0.4%	0.4%	0.4%	1.8%
Any Other Ethnic Group - Arab	-	-	-	-	1.4%
Any Other Ethnic Group	0.6%	0.5%	0.7%	0.6%	0.8%
Not Stated/Not Specified	7.2%	8.1%	9.5%	7.7%	0.0%

The NHS Workforce Race Equality Standard

As noted above the WRES is common to the NHS and the majority of NHS organisations use the WRES metrics as the main focus in terms of workforce race equality.

Metric 1 - The Percentage of staff in each of the Agenda for Change Bands 1-9 (or equivalent) and VSM (including Executive Board members) compared with the percentage of staff in the overall workforce.

In 2016 our Board agreed targets to 2021 focusing on increasing the percentage of BAME staff in specific pay bands to respond to the low numbers of staff from BAME groups in these bands. Targets set in 2016 were:

- To increase the numbers of staff from BAME groups in Bands 3 and 4 to 14%
- To increase the number of staff from BAME groups in Bands 6 and 7 and 8a, b, c, d to 9%.

Progress has been made as detailed below. We are reviewing our targets and will be updating these from 2021 onwards.

We have 1 VSM with BAME ethnicity.

	Target	Organisation WRES BAME 2019	Sheffield WRES BAME 18+ 2011 census	2019		2020	
				BAME	% of known	BAME	% of known
Band 6	9%	14.6%	14.6%	6.80%	7.28%	7.53%	8.08%
Band 7	9%	14.6%	14.6%	8.33%	8.70%	8.78%	9.54%
Band 8 a, b, c, d	9%	14.6%	14.6%	5.79%	6.11%	6.44%	6.81%

	No of BME staff 2016	No of BME staff 2017	No of BME staff 2018	No of BME staff 2019	No of BME staff 2020	Change 19/20	Change 16/20
Band 2	108	119	119	130	133	3	25
Band 3	89	84	65	66	62	-4	-27
Band 4	22	18	20	21	15	-6	-7
Band 5	78	67	68	70	75	5	-3
Band 6	26	33	35	31	35	4	9
Band 7	14	17	18	20	23	3	9
Band 8a	4	6	7	7	8	1	4
Band 8b	0	0	0	1	1	0	1
Band 8c	1	1	1	1	2	1	1
Band 8d	0	0	0	2	2	0	2
Band 9	0	0	0	0	0	0	0

Workforce Race Equality Standard 2017 - 2020

METRIC		Current Target	2017	2018	2019	2020	Mental Health 2019*	North East and Yorkshire 2019 *	National 2019 *
Metric 2	Maintain the Relative likelihood of staff from BAME groups being appointed from shortlisting across all posts to between 0.8 and 1.25.	0.80 to 1.25	0.88	0.94	0.81	1.06	1.54	1.40	1.46
Metric 3	Decrease the Relative likelihood of staff from BAME groups entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation to a target range of 0.8 to 1.25	0.80 to 1.25	1.55	1.79	1.63	1.98	1.66	1.18	1.22
Metric 4	Maintain the Relative likelihood of BAME staff accessing non-mandatory training and CPD to an equal level with White staff.	0.80 to 1.25	0.75	1.20	1.07	1.14	1.03	1.05	1.15
Metric 5	Reduce the percentage of staff from BAME groups reporting that they have experienced harassment, bullying or abuse from patients, relatives or the public in last 12 months as reported in the National NHS Staff Experience Survey.	Long term 0% Short term year on year reduction	White 34.3% BAME 40.7%	White 29.6% BAME 47.7%	White 31.7% BAME 40.2%	White - * BAME - *	White 31.1% BAME 36.5%	White 26.1% BAME 26.0%	White 27.8% BAME 29.8%
Metric 6	Reduce the percentage of staff from BAME groups reporting that they have experience of staff harassment, bullying or abuse from staff in last 12 months, as reported in the National NHS Staff Experience Survey.	Long term 0% Short term year on year reduction	White 20.7% BAME 14.8%	White 20.0% BAME 23.9%	White 21.7% BAME 26.4%	White - * BAME - *	White 21.3% BAME 26.1%	White 21.6% BAME 26.1%	White 24.2% BAME 29.0%
Metric 7	Improve the percentage of BAME staff believing that trust provides equal opportunities for career progression or promotion as reported in the NHS staff experience survey.	Long term 100% Short term year on year increase	White 82.2% BAME 81.5%	White 83.0% BAME 75.0%	White 82.0% BAME 77.8%	White - * BAME - *	White 86.0% BAME 64.0%	White 88.3% BAME 74.5%	White 86.3% BAME 69.9%
Metric 8	Reduce the percentage of BAME staff who say that in the last 12 months they have personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues.	Long term 0% Short term year on year reduction	White 8.7% BAME 7.4%	White 5.5% BAME 9.2%	White 7.1% BAME 9.1%	White - * BAME - *	White 6.9% BAME 14.8%	White 5.5% BAME 12.8%	White 6.4% BAME 15.3%
Metric 9	BAME ethnicity of the organisations' Board voting membership and its overall workforce is equal.	BAME ethnicity of Board is equality to the organisations	BAME Organisation 13.4% BAME Board 7.7%	BAME Organisation 13.7% BAME Board 7.7%	BAME Organisation 13.9% BAME Board 15.4%	BAME Organisation 14.6% BAME Board 7.7%	BAME Board 11.9%	BAME Board 5.8%	BAME Board 8.4%
* Staff Survey Data under the column 2019 is staff survey data from the 2019 Staff Survey. Comparison Survey data reported is from the 2018 staff survey which is the most recently reported data in the National 2019 Data Analysis Report for NHS Trusts https://www.england.nhs.uk/publication/workforce-race-equality-standard-data-reporting-2019/									

The table above provides an overview of our position, in summary:

- Metric 2 and 4 have been within the 'non – adverse' impact range of 0.80 to 1.25 described by WRES guidance since 2017.
 - Members of our BAME staff Network group are involved in recruitment of posts at Band 7 and above.
- Metric 3 has increased since 2017 although the number of staff overall entering the formal disciplinary process has been falling year on year for both white staff and BAME staff this has not impacted on our WRES metric.

NHS Staff Survey and WRES Metrics

- Metrics 5,6,7 and 8 Four are drawn from the NHS Staff Experience Survey focusing on the difference in BAME staff and White staff responses.
- In our 2019 survey around 10% of responses overall were from BAME staff, this compares to the reported response rate for the North East and Yorkshire to the 2018 survey of 8.5%.
 - Metric five has been an on-going concern and the experience of BME staff reported in the staff survey is supported by data collected through our incident reporting. Staff experiencing racism from people using mental health services is common to mental health organisations and we have been working with other mental health organisations in the region on a two-year plan focusing on improving recording and evaluation, development of relationships with the police, developing training and protocol development.
 - We have recently established an internal task and finish group working in partnership with the BAME staff network in order to increase the pace of action in this area for our organisation.

4. Your organisation's analysis of the cause or causes of racism or racial inequality in Sheffield

- The systematic review noted above above highlights the complexity associated with looking at an explanation for higher prevalence of mental health conditions in some ethnicity groups and use of mental health services.
- Providing a higher level of detail with regard to our service use data is not possible within the scope of this evidence submission, however please see below for more detail with regard to our response to this knowledge.
- We look forward to reviewing the outputs, relevant to our organisation, of the Race and Health Observatory and have invited Dr Habib Naqvi MBE to our annual Working Together Conference in December. <https://www.nhsconfed.org/news/2020/08/nhs-race-and-health-observatory-appoints-director>.

5. Examples of good practice in relation to reducing racism or racial inequality

• Council of Governors and Membership

Our Council of Governors consists of people who use our services, their carers, members of the public and our staff. They work alongside appointed Governors from other Sheffield-based organisations with whom we work in close partnership our appointed governor posts include a governor from :

- **The Sheffield African and Caribbean Mental Health Association (SACMHA), and**
- **The Pakistan Muslim Centre.**

We aim to maintain and develop membership of our organisation that reflects the diversity of Sheffield and monitor membership to ensure that our public membership reflects equality in all areas of Sheffield.

• Chaplaincy

Our Chaplaincy lead monitors the use of our services by ethnicity to ensure that faith service provision reflects the diversity of the city this includes a Muslim chaplain.

• Our Workforce

- We have had a reciprocal mentoring programme since 2017 the evaluation from this led to targeted action to respond to feedback about a deficit in engagement and development opportunity for BAME staff. We have increased the membership of our BAME staff network year on year and the members are a driving force for change in our organisation.
- Members of our BAME staff network plan and deliver an annual Working Together Conference which will be celebrating its fifth year in December.
- Members of the BAME staff network have established a programme of briefing sessions undertaken by members of the group to improve cultural knowledge in services.
- In 2019 we introduced a commitment to adopt a 'Just and Learning Culture' and this is reflected in our new People Strategy. Where this approach has been taken in other organisations demonstrable reductions in disciplinary action have been achieved.
- In 2020 our Organisational Development team working in collaboration with members of our BAME staff network started a 'Big Conversation' focused on racism. The experience of involvement in this has been profound for many staff and many areas of concern have emerged. The Big Conversation is ongoing at the time of this report and has reached the stage of identifying specific action however some action is already taking place including a 'task and finish' group focused on a number of areas for improvement focused on racial harassment of staff from service users.

- **Our Services**

Primary & Community Mental Health Transformation Programme

Our organisation is a partner in a primary care trailblazer programme initially covering four primary care networks in Sheffield chosen based on the unique populations of people they serve to better understand what works for different needs. Once the initial learning from the programme has been established, the service is expected to roll out to the rest of the city's 15 primary care networks.

Between 17 June and 30 September 2020, the Primary & Community Mental Health Transformation Programme saw 517 people, of whom 19% were from BAME communities within the 4 Primary Care Networks that are currently providing the programme. This is higher than the Sheffield average population and looking at other data for the same 4 Primary Care Networks between July 2019 and August 2020 the BAME access rate for the same 4 networks generally was 11.6%.

The Foundry Primary Care Network was chosen because of its high BAME population and having the greatest inequalities in Sheffield. Within this Primary Care Network, the BAME access rate jumps to 39%. This is significantly higher than the number of patients who had a mental health flag on their GP record which was around 25%.

Mental Health Transcultural team

The Mental Health Transcultural team consists of four posts that work across our adult community mental health model. The team are currently reviewing the way in which they support services and service users but they have two core functions. The aim to support the case work of adult community care coordinators by working alongside and as part of the care plan when there are particular cultural needs. This is supported by providing advice and signposting on third sector specialist and mainstream support networks available across a broad range of communities.

Health Inclusion Team

We have a small Health Inclusion Team which includes health visiting services that provide support to the Gypsy and Traveller community.

Partnerships with the VCF

- We work in partnership with the Pakistan Muslim Centre who employ an Enhancing Pathways into Care Link worker funded through our organisation.
- We also fund a part time advocacy post provided by SACMHA for people using our services.

Examples of Positive Practice in 2019/20

- The Community Learning Disability Team have developed a comprehensive plan and guidance for recording of ethnicity for people using their services to underpin their commitment to tackling recognised health inequalities
- The Improving Access to Psychological Services (IAPT) BAME Positive Practice guide was published co-authored by Saiqa Naz who at the time of writing was a cognitive behavioural therapist at SHSC and the Chair of the British Association of Behavioural and Cognitive Psychotherapies (BABCP) Equality and Culture Special Interest Group.

- A number of our BAME staff were involved in a live streamed programme delivered in partnership with ADIRA a survivor-led mental health & well-being organisation supporting black people with mental health issues. <http://blackmentalhealth.live/> They worked together to put on the event which aimed to look at ways to engage with the BAME community to build better relationships, break down barriers, dispel any myths about mental health services and build positive relationships with this community.