

# Greenwich Black Lives Matters listening event

18/08/20

Initial response from health and care partners including:



System-wide health and care response compiled by Royal Borough of Greenwich and South East London CCG. We have also included some specific responses from Lewisham and Greenwich NHS Trust and Oxleas NHS Foundation Trust.

## **Emphasise your organisation's commitment to addressing racial and health inequalities**

### System response:

Our health and care system was founded on the principles of fairness and equity yet these principles are not a reality for many of our communities or staff. The brutal death of George Floyd at the hands of a police officer in America has shown inequality, racism and discrimination still scar black peoples' lives across the world. For the black community it is a painful reminder of the parallels in the systemic racism here in the UK and for our communities in Greenwich.

We have seen that Covid-19 has exacerbated health inequalities and has had a disproportionate health impact on our Black, Asian and Minority Ethnic Communities (BAME). It has also raised the profile of wider existing social inequalities. At the same time, through the pandemic we have learnt that we need to work differently with our communities, the way that we have worked in the past has not always provided the openness and transparency that we need to engage with our communities in a meaningful way.

We have strong commitment from all senior leaders and partners across the health and care system to work together as a system to

- improve the health and wellbeing of all our communities
- create a fairer borough that our communities have trust and confidence in
- use our resources equitably to address health inequalities and to keep people safe and well
- improve access to and redesign our services so they better meet the needs and requirements of our more disadvantaged communities
- eradicate racism and discrimination in our organisations
- redress the structural underrepresentation of BAME people in leadership in our organisations
- address the concerns of black staff

## **Emphasise your organisation's commitment to addressing racial and health inequalities (2)**

### Lewisham and Greenwich NHS Trust (LGT) response:

At a time when the world is confronted by evidence of unfairness and systemic inequalities, it is incumbent on all of us to get involved. We want all of our colleagues across the Lewisham and Greenwich NHS Trust, as well our local communities, to get involved in this dialogue and support the ways in which we can try to redress historical and systemic imbalances – including how they affect us in our workplaces. The Board of Lewisham and Greenwich NHS Trust is fully committed to tackling health inequalities in our local communities and making our Trust an inclusive place for all our staff.

### Oxleas NHS Foundation Trust (Oxleas) response:

Our Equality Delivery System (EDS2) progress report is on our public website. It outlines many of the ways we have been, and continue, to address health inequalities. We recognise the disproportionate impact of COVID-19 on Black and Asian communities and have carried out an Equality Impact Assessment into the new ways of working, such as video and telephone appointments. There has been some great feedback, for example, about the ability to include family outside of the UK or who have working commitments. There have been some concerns about privacy in the context of video appointments.

We have sought feedback from patients in a recent survey, which resulted in over 3,000 responses. However, we recognise that text surveys are harder for some people to respond to and we are now going to be piloting using the interpreter to assist the patient to complete a survey at the end of their appointment. We have set up Quality Improvement projects in services that we know BAME groups are most likely to present at, such as MHLT and HTT to improve the feedback we receive from patients and carers. We will be expanding this approach with our TB team, and then roll this out further.

Our staff were written to in April and May by our Acting Chief Executive, Dr Ify Okocha, acknowledging the disproportionate impact of COVID on BAME staff and our local communities and setting out our plans. He then wrote to staff in early June in response to Black Lives Matter, setting out his clear ambitions to tackle racism and build a fairer Oxleas. We have been engaging with BAME staff throughout COVID with a series of hosted online wellbeing sessions to create a safe space for issues of concern to be raised and tackled. These are part of a wider discussion about cultural understanding both for our staff and our services. This has stimulated a debate about the need to consider how cultural appropriate our services are, and this will be progressed largely at service level through our service Directorate's equality plans.

**Describe how your organisation will live up to the commitment made to work with BAME communities to plan and develop action to address racial and health inequalities. Clarify what will be different.**

System response:

We recognise that we haven't always been good at communicating clearly and transparently or engaging communities to allow them to influence decisions on policy or service design and development. Therefore, this commitment is about changing the approach we have taken in the past where it has not worked, recognising the need to fully engage with those communities who are more disadvantaged and to focus our efforts into supporting the most deprived communities in order to close the inequalities gap. We will reach out to smaller BAME organisations, not only the larger VCS organisations when we engage and consult, and will take best practice lessons from co-production with people with learning disabilities and people with lived experience of mental health, and apply them to co-production with BAME communities.

LGT response:

We are committed to setting up a working group with our partners to tackle and reduce historical health inequalities. It is clear that we need to work together to carry out more effective engagement activities and to reduce inequalities for accessing health services.

Oxleas response:

For our patients, service users and their families and communities these will be mainly through personalised care planning, our stakeholder engagement and Service Directorate equality plans. We will use patient and carer feedback to identify areas for improvement. We are using service user groups such as Research Net as well as Lived Experienced Practitioners (LXPs) to evaluate the experience of service users and carers particularly from BAME groups in order to address health inequalities.

We know that broadly our services are used proportionately by the local population we serve. However we have identified that we are less likely to get feedback from BAME patients, service users and families. We are therefore developing new ways to obtain feedback, in particular from patients whose first language is not English. Our information leaflets are reviewed by LXPs and service users to ensure that there is input in developing service user and carer friendly information on services.

We will continue to assess ourselves annually against EDS2 and look at how to engage better with BAME communities.

**Suggest how your organisation is taking/will take steps to address the particular issues highlighted in the summary. Clarify what will be different?**

System response:

- Actively seek out, listen to and act on community feedback, supporting our communities to be engaged, in doing so recognising and respecting the time, knowledge, and expertise of community leaders and service users, providing a range of appropriate compensation including financial. In order to identify the communities we need to engage we will work with community leaders, faith leaders and our staff who live locally building on our knowledge of where we know health is likely to be poorer. Local health and care organisations will work together to try to ensure we don't try to over engage with communities and will be clear about the purpose of engagement. One of the first areas we are looking to do specific engagement on is with communities vulnerable to COVID-19 on how we can help communities to stay safe.
- Be transparent, open and accountable for changes in services that may be needed. As a starting point we will ensure that there is always a single point of contact and we will respond quickly to acknowledge and let the them know when they can expect a response. We will ensure there is always feedback to the people we engage or consult with, including sharing "you said, we did" type messages at a minimum.
- Work with our communities and partners to reshape our services to be more accessible, understandable and relevant and we will refine our funding and commissioning practice to ensure that services we commission better meet the needs of our diverse communities.
- Ensure our staff are trained and sensitive to the needs and cultures of our diverse communities. As a starter, we will set out the training support that is being made available to staff, we will work towards providing transparency on the numbers trained.
- Establish mentoring and leadership training programmes to support the BAME workforce in addressing the barriers that may be experienced in their career development.
- Ensure that the health and wellbeing of our staff is paramount, and building on good practice in the NHS and other organisations, and informed directly by the Council's staff Race Equality Network, the CCG's BAME network, and BAME front line staff, we have implemented a personalised risk assessment process for employees, prioritising BAME staff and others at higher risk of Covid-19. The aim is to mitigate as far as possible the risks to all staff, recognising the increased risks to some BAME staff.
- Empower our staff to speak out against racism and discrimination, including reviewing our "whistleblowing" policies, and the implementation of bullying and harassment policies and procedures to ensure that they facilitate staff to speak out about racism and discrimination.

## **Suggest how your organisation is taking/will take steps to address the particular issues highlighted in the summary. Clarify what will be different? (2)**

- Agree ways to measure our progress with communities and share the progress on a regular basis, taking advice (from Healthwatch and BAME organisations) on how this information is most usefully presented and shared, and advice on where existing national standards and indicators are useful measures.
- Target investments in support that prevents poor health and wellbeing. As a starter we will work together to understand how the Community Hub can meet the needs of individuals and local communities moving forward and support the development of local partnerships that link to a broader range of community support and services.
- Work with organisations across the Borough to ensure there is true multi-agency working to reduce inequality and ensure equity.
- Work with schools to develop the curriculum that celebrates black lives throughout the year not just black history month - work with schools to develop future black teachers and leaders and governors.
- Royal Borough of Greenwich: We will identify some concrete actions that we will work towards and be accountable for from Health and Care Services. But this is just a start. RBG are developing an Equality and Equity Charter which sets out pledges to promote the values of equality, diversity and inclusion and welcome views to help shape the Charter and collectively agree on a set of commitments that we can all adopt in our organisations and groups. The work will inform an broader action plan due October 2020. This will set out RBG wider plans to address issues raised as part of the digital listening event.
- South East London Clinical Commissioning Group (CCG): We published a [Statement on discrimination, inequality and racism](#), as an NHS organisation, commissioner of care and as an employer, has an unwavering commitment to tackling racism and inequality – ensuring equity and fairness for all. It is unacceptable that our Black, Asian and Minority Ethnic (BAME) communities continue to experience significantly poorer outcomes. We must respond faster and do more to eliminate this inequality through our commissioning. We know that we need to improve the cultural competence\* of our services. We will work in partnership with BAME communities to do this. We are mapping all of our services and developing a work plan which will prioritise this taking into account need and scheduled reviews.
- With our partners we are carrying out detailed analysis of the cohort of people in Greenwich who received hospital treatment for Covid-19. This analysis will include a breakdown by ethnicity, previous health status/risk factors. This analysis is due for completion prior to September 2020 and the findings will be shared and used to further inform the plans we put in place to reduce inequalities.

\*Cultural competence is the ability to understand, communicate with and effectively interact with people across cultures. Cultural competence encompasses being aware of one's own world view, developing positive attitudes towards cultural differences, gaining knowledge of different cultural practices and world views.

**Suggest how your organisation is taking/will take steps to address the particular issues highlighted in the summary. Clarify what will be different? (3)**

LGT response:

We are setting up a working group with partners to tackle health inequalities. We have listened to the feedback that staff have given us over some months and developed what we hope will be a comprehensive plan.

We have been working with our staff over some months and are making progress on a comprehensive plan that has been agreed with colleagues. These programmes, and more that are planned, are intended to help us ensure that the Trust is a fully inclusive employer for all our colleagues. The actions we are taking include:

- We know that we have more white staff in senior roles (at Bands 8A and above) and so we are reviewing our recruitment processes to have better outcomes, the training (including training on unconscious bias) that we offer recruiting managers and considering how we make focused coaching, mentoring and career support available to staff who need this support to help progress their careers.
- We want to increase the level of understanding of senior leaders about the issues that our staff in under-represented groups (e.g., BAME, disabled and LGBT+ staff) experience in their lives and we will shortly be launching our first reverse mentoring programme giving staff in these groups a chance to mentor a senior leader in the Trust.
- Our staff survey tells us that more BAME staff are likely to experience violence, bullying and abuse from our patients. We do not tolerate racism, discrimination or bullying in any form and would want your involvement in addressing these issues.
- We know that we have a gender pay gap – women in the Trust earn 80p for every £1 that a man earns on average – and we are currently looking at ways to redress this imbalance.
- We have certain professions that have historically attracted predominantly male or white applicants. We will be looking to review the audiences that we advertise with and work more closely with schools and colleges in our local communities so that we can actively seek applications that can be truly representative and diverse.
- We will soon be launching sunflower lanyards to help support staff and patients with hidden disabilities (including mental health, autism, and other physically non-presenting conditions).

**Suggest how your organisation is taking/will take steps to address the particular issues highlighted in the summary. Clarify what will be different? (4)**

Oxleas response:

The driving force for this work is Building a Fairer Oxleas, which will initially be focussed on our workforce, however we will be looking at how this is addressed for our patients, service users, families and local communities over the coming months. Current staff data shows that we are reflecting our local communities in our staff groups. This is particularly true for representations from BAME staff at service delivery level within our mental health services. Representation at senior levels within the organisation will be tackled through the NHS workforce and Equality Standards work which provides a mechanism of testing organisational readiness to address any gaps in representation and prompts for agile development plans to address these.

Community Development work is continuous within the borough and the IAPT service provides in-reach to hard to engage local communities to ensure that access to psychological treatment is available to those who need it in these communities. Oxleas' Greenwich Directorate is in the process of developing an EP which will reflect the TWES strategy and reflect local targets for access which are culturally relevant and appropriate for services.

Cultural sensitivity workshops will commence in November at Oxleas House to ensure that all staff have cultural competence awareness training in these areas.

Measurable actions/outcomes:

- Briefing paper going to our September Trust Patient Experience Group on culturally appropriate services
- All Service Directorates will have an equality plan in place by November, based on areas identified through the Equality Impact Assessment and the EDS2, and including culturally appropriate services
- Improved levels of patient feedback from BAME communities by March 2021

What will be different?

As above we have had to adjust both the way in which we continue to cater and provide services for patients and their families under COVID and also develop new ways to get feedback and improve timely access to services under the pandemic. We developed service specific continuity plans to ensure access and reviewed vulnerable service users to support them through the pandemic.

We are using technology and new IT platforms that enable us to reach out to service users and their families and to expedite access to secondary care services when that is required to address crisis. We have started the process of recruiting new governors that represent our local populations and we actively encourage BAME applicants to apply and we have developed a culturally sensitive process for accessing these roles.



**Explain how your organisation will create more accountability – how can BAME communities get involved, who is/will be responsible for taking this work forward, and who can BAME communities hold to account?**

We will ensure that our work to improve the wellbeing and resilience of residents is informed by a strong understanding of the social and health inequalities that exist for BAME communities in Greenwich and across the UK, and seeks to address these inequalities by ensuring that service improvements explicitly put more resources into narrowing the gap on BAME inequality as part of our approach to tackling social and health inequalities and that we can evidence this.

Royal Borough of Greenwich

As work progresses across RBG, we will be creating more accountability and we will share this with you as these arrangements are developed. As an example, the Director of Health and Adults Services (HAS), along with her Directorate Management Team (DMT), have set out the immediate broad actions they will take in relation to tackling racism in response to Black Lives Matter. This statement, and actions also form the basis of discussion with staff who have been encouraged to speak directly with their managers or with DMT about the commitments and actions, and how they can be strengthened over time. Progress against the actions, and a review of the impact of the commitment and actions, will be a regular feature of DMT deliberations. In Children's Services (CS) similar work is taking place with a staff survey on Anti-Racism and Black Lives Matters alongside discussions within teams. This is feeding into the work of DMT and our CS Workforce Strategy and Action Groups.

We will work with all staff to keep learning and finding practical ways to stamp out racism and discrimination at work by providing a learning and development programme to provide staff with the tools they need to meaningfully make a difference including undertaking the following training: unconscious bias and micro aggressions. Additionally, we will provide the opportunity for colleagues to have time and space for the discussions by encouraging staff to consider inequalities and working to address these. This includes ways in which staff can access literature and conversations to educate themselves and support each other.

We will use our DMT leadership role in both Health and Adults and Children's Services to proactively promote a positive response to Black Lives Matter by ensuring that recruitment and retention strategies addresses what is needed to enable BAME colleagues to be equitably represented in all senior positions within the directorates.

**Explain how your organisation will create more accountability – how can BAME communities get involved, who is/will be responsible for taking this work forward, and who can BAME communities hold to account? (2)**

South East London Clinical Commissioning Group (CCG):

Our Greenwich Place Based Director and our two Greenwich Clinical Leads took what they heard to at the Greenwich Black Lives Matter event to a CCG seminar at the end of July where a number of actions were developed. A detailed plan is being developed by the end of August and will be shared during September. This work will be incorporated into our recovery and reset plan, and shapes our priorities for Greenwich residents. The work across the CCG's boroughs will be overseen by the equalities committee, and reports to the Board.

At the seminar and in other forums we have had active discussions focussing on our role as a commissioner of services to over 2 million residents in south east London and also as an employer of 40,000 staff across south east London's integrated care system\* (ICS).

We will work in partnership with BAME communities and our providers to review and improve the cultural competence of services in Greenwich. A work plan for this will be developed which will prioritise this work taking into account data on inequalities and the impact that COVID-19 has had. The Greenwich Place Based Director and the Assistant Director of Communications and Engagement will oversee this work, which will be reviewed at the Healthier Greenwich Alliance, and overseen by the Health & Wellbeing Board.

LGT response:

We plan to work with partners to produce clear plans on tackling health inequalities – covering BAME community involvement and our accountability. As an employer, we are setting up forums for staff involvement and we publish Workforce Race Equality Standard (WRES) data.

We have seen an improvement or maintained our performance on the majority of the WRES indicators. We have seen a steady improvement in the representation of BAME staff in senior leadership roles within the trust, including at Board level, over the last couple of years. We have also seen an improvement in the experience of discrimination experienced by BAME staff. However, we are conscious that improving the experience for BAME staff and other under-represented groups remains an area of priority and that it will take commitment from all senior leaders over the long term to truly cement these changes.

\*ICCs are partnerships that bring together providers and commissioners of NHS services across a geographical area with local authorities and other local partners, to collectively plan and integrate care to meet the needs of their population. (King's Fund)

**Explain how your organisation will create more accountability – how can BAME communities get involved, who is/will be responsible for taking this work forward, and who can BAME communities hold to account? (3)**

Oxleas response:

We are currently recruiting to a number of vacancies for public governors and we want to encourage people from BAME communities to stand as governors. This work is lead by our Stakeholder Engagement team.

At an individual patient / service user level we already record people's communication needs and also who matters to them in their care using a Support Network Engagement Tool.

We take a 'You Said, We Did' approach, with examples shared through our annual complaints and patient experience report. We are planning to communicate these examples more widely.

We are committed to improving transparency and accessibility, some of which will be addressed through Directorate equality plans and some through improving information on our public website.

System response:

To enable this to happen, we will:

- Listen to Race Equality Network (REN) and other representatives about what will make a difference.
- Advertise apprenticeships targeting BAME residents that are not familiar with the Council or NHS services already.
- Learn from exit interviews from BAME staff as well as providing welcome interviews and training during inductions.
- Provide mentoring opportunities for BAME staff.
- Put meaningful monitoring in place to ensure the strategy is working.

We have set out above some of the mechanisms for BAME community involvement around accountability, through sharing progress with Healthwatch, and other organisations to be advised by Healthwatch and BAME organisations, and with our service users.

We are committed to continuous review and reflection on our actions and how we are changing.