West Yorkshire and Harrogate Health and Care Partnership
Review Report

Tackling health inequalities for Black, Asian and minority ethnic communities and colleagues

Understanding impact, reducing inequalities, supporting recovery

October 2020
Despite historic events and the stark reality of the compelling evidence before us, I, like many others want to know why people from BAME communities have been disproportionately affected by COVID-19 and continue, yet again, to be impacted by health inequalities and an unjust society. Furthermore, I want to know what is happening to address this symbol of social injustice.

Being involved in this important review has given me both the opportunity to learn more about West Yorkshire and Harrogate’s cultural vibrancy, strong diverse communities and identities, and to facilitate a much needed conversation which builds on the work already well underway by the Partnership. There is much to be proud of and it gives me genuine hope for current and future BAME generations.

I am especially keen to ensure that the review work carried out doesn’t sit as a report on a shelf, collecting dust. I know this is absolutely not the intention. There is a genuine commitment for real change and you only need to look at the themes covered on page 19 to know this is the case. You can be reassured that an action plan for implementation, monitoring and evaluation is firmly underway.
BAME communities and colleagues, like everyone else, deserve to have the best start in life - to live a long and happy one in good health with fair access to education opportunities, a warm and loving home and an income sufficient to meet their needs. And because we understand that reducing health inequalities is about jobs that local people can get, decent housing and preventing people becoming isolated, it follows that we should recognise that local places and communities have the most critical role to play in West Yorkshire and Harrogate.

The collective strength behind this report will give it the determined force and the resources it needs around key areas of work, such as addressing the wider determinants of mental health for BAME communities, fairer career opportunities for colleagues, addressing racism and indirect discrimination.

I’m heartened by the work of the review panel. It has been built and informed by an extensive amount of insight, hard work, dedication and commitment from all involved. This includes the Partnership’s leadership, the West Yorkshire and Harrogate BAME Network, and the strength of voluntary and community sector partners – to name a few. I look forward to following the outcomes from the recommendations made here and most importantly hearing about the positive difference it has made to people’s live.

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**Professor Dame Donna Kinnair**

(Professor Dame Donna Kinnair is the Chief Executive and General Secretary of the Royal College of Nursing, a leading figure in national health and care policy.)

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Watch Professor Dame Donna Kinnair’s film here where she explains more about her involvement.

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### Introduction

**Our Partnership and population**

West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP), is the fourth largest Integrated Care System in the country, covering a population of 2.7 million people. It covers six local places, Bradford district and Craven; Calderdale, Harrogate, Kirklees, Leeds and Wakefield. It is made up of NHS organisations, councils, Healthwatch, social enterprises, charities, community and voluntary organisations, which collectively employ over 100,000 colleagues.

The 2011 census data shows Black Asian and minority ethnic (BAME) communities make up 20% of the population of West Yorkshire and Harrogate, around 490,000 people. Bradford has the highest proportion of BAME groups of people (31.2%) and Craven has the lowest (3.6%). In 2019/20 the percentage of BAME children in school across West Yorkshire ranged from around 6 in pupils in Bradford to around 2 in 10 pupils in Wakefield. There are approximately 7,000 people from Gypsy, Roma and Traveller communities living across West Yorkshire.

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**Percentage of Black, Asian and minority ethnic population groups by local authority area and overall across West Yorkshire and Harrogate**

- All other White
- Mixed / multiple ethnic groups
- Asian / Asian British
- Black / African / Caribbean / Black British
- Other ethnic group

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West Yorkshire and Harrogate is made up of Bradford district and Craven; Calderdale, Harrogate, Leeds, Kirklees and Wakefield.
West Yorkshire and Harrogate has a long history of welcoming refugees and asylum seekers. Obtaining current numbers for these communities can be difficult and complex to understand with no overall figure at any one time. For more information visit Migration Yorkshire.

The COVID-19 pandemic has highlighted the impact of deep-seated and long-standing health inequalities faced by BAME communities. What causes these inequalities is the subject of much debate but much can be linked to the deeper impact of wider societal inequalities beyond the operation of health and social care services. These include broader environmental, social and economic factors that exert a profound ability to shape health outcomes for communities.

As our awareness of the emergent health inequalities that have been brought into sharp focus by the COVID-19 pandemic both broadens and deepens, we believe it is vital to seize this moment and build our knowledge in this space. We will focus on taking decisive and clear action to make a powerful and sustained impact on the lives of the communities that we are privileged to serve.

The Partnership has big ambitions to tackle health inequalities and support BAME communities and colleagues.

You can read more about this in ‘Delivering better health and wellbeing for everyone: Our five year plan’.

“‘Our ambition is to have a more diverse leadership that better reflects the broad range of talent in West Yorkshire and Harrogate, helping to ensure that the poor experiences in the workplace that are particularly high for Black, Asian and minority ethnic (BAME) staff will become a thing of the past.”

(West Yorkshire and Harrogate Health and Care Partnership, March 2020)

Differences in the impact of the pandemic by ethnicity

The direct impacts of the pandemic can be seen by the number of people diagnosed with the virus and the number of deaths from COVID-19. Analysis by Public Health England (PHE, June 2020) showed that the proportion of cases testing positive for COVID-19 varied by ethnicity.
Higher rates of mortality were also seen for some ethnic groups compared to others. In comparison to previous years, all-cause death was almost four times higher than expected amongst Black people in March-May 2020, almost three times higher in Asian males and almost twice as high in White males. Among females, deaths were almost three times higher in this period in Black, mixed and other females, and 2.4 times higher in Asian females compared with 1.6 times higher in White females.

The causes of these inequalities are often structurally located, multi-faceted and intersecting in nature, for example gender. These might take the form of differences by ethnicity, for example overcrowded living conditions (English Housing Survey, July 2020), high risk occupations, existing health conditions and differences in the provision of appropriate health services that meet people’s needs. Working with communities allows us to influence wider factors such as housing, employment, education, social networks and the environment, which make a big difference to people’s health.

Indirect impacts from COVID-19 arise from the effects of various factors, such as whether healthcare services are appropriate to the needs of different groups, food or job insecurity, education, communities being together in harmony, safety and access to safe spaces to be physically active.

We have also observed inequalities in the indirect impacts of COVID-19 by ethnicity from communities in West Yorkshire and Harrogate, for example, ‘39% of parents of children from BAME backgrounds said they worried about taking their children into healthcare settings, compared to 31% of parents of White British children’ (Healthwatch Leeds, June 2020). In Halifax, ‘people are just not going out, there’s fear that if they go into hospital they won’t come home again’ (Voluntary Community Organisation Manager, June 2020).

Purpose of the review

The COVID-19 pandemic has affected every child, adult, family and community in West Yorkshire and Harrogate, with some of the biggest impacts experienced by the most economically disadvantaged and those from BAME communities.

This review specifically aimed to understand this impact on BAME communities and staff. The aim was to review existing work, to explore if this work was sufficient to address this impact and to identify recommendations for action to reduce this impact.

This review builds on the Partnership’s work so far and includes new themed areas of work (see page 19). This review did not aim to address all issues related to COVID-19 such as the restoration of health and care services or increases in waiting times.

We recognise that the term BAME has limitations. While this report uses the acronym BAME to describe people from Black, Asian and minority ethnic backgrounds, we recognise that this grouping will include a number of groups with different experiences, cultural backgrounds and health needs.

Some issues are likely to affect everyone living in an area and some only specific groups of people. Other issues are likely to be compounding and intersectional – such as people experiencing oppression due to concurrent racism, sexism and other forms of prejudice or systemic deprivation. For example, a Black lesbian woman will have different needs and experiences to a Black heterosexual woman. These factors further amplify the disadvantages experienced by some groups.

Also, not everyone from one of these groups will identify with the term BAME. We are mindful of the current work taking place called #BAMEover and will be keeping this in view as we move forward. For the purpose of this review we have used the term BAME and will explore the needs of some ethnic groups disproportionately affected.

You can read the Terms of Reference for the Review here.
West Yorkshire and Harrogate has a diverse population which has a complex profile across the region as a whole and within the six local places. Therefore activity in this arena should be locally-led and driven in order to address the nuances and differences of each area and to have the greatest impact.

Integral to this review is the impact of interpersonal, institutional and structural racism on inequalities in health outcomes for the BAME population. These refer to the range of different issues people might experience. For example, direct experiences of racism from other people, ways in which organisations might act to exclude certain groups of people, and fundamental differences in life opportunities for different groups of people.

Racism is experienced differently and to different degrees by different groups of people. The experiences of BAME communities and colleagues, in and out of the workplace, differ considerably. These factors were considered throughout the review and tackling these head on, however uncomfortable, is instrumental to the success of this report’s recommendations (see page 38).

Integral to this review is the impact of interpersonal, institutional and structural racism on inequalities in health outcomes for BAME communities. This makes the review carried out and the subsequent findings (see page 21) extremely important if the Partnership is to improve BAME people’s health and ensure a fairer society for all living across the area.

The Review Panel

Five initial independent review sessions were chaired by Professor Dame Donna Kinnair, Chief Executive and General Secretary of the Royal College of Nursing, a leading figure in national health and care policy. The review panel included the Chair of West Yorkshire and Harrogate Health and Care Partnership Board, Cllr Tim Swift; leaders of the executive team; public health specialists, doctors, members of the West Yorkshire and Harrogate BAME Network and colleagues from the voluntary, community and social enterprise (VCSE) sector. An advisory group of VCSE representatives was established to support the inclusivity of the panel. You can listen to their podcast here which describes their journey through the process. Both the review panel and the VCSE group had a wide diversity of voices including people from different ethnicities, sectoral backgrounds and ages. The sessions took place between July and October 2020.

The Review Panel first considered the demographics of West Yorkshire and Harrogate in relation to ethnicity. The panel also received intelligence and insight related to inequalities in health observed for specific ethnic groups and underlying factors that may contribute towards these. The panel coupled this information on population need with information on Partnership work to date to formulate the four key themes (see page 19).

Subsequently the panel received intelligence and insight related to these themes to inform the review recommendations.

The recommendations were required to be ambitious and action focused so they could contribute towards a reduction in health inequalities by ethnicity for people living in West Yorkshire and Harrogate.

"We are in full agreement that rapid action is needed to understand and tackle deep-seated and longstanding health inequalities facing people. Although tackling wider inequalities cannot fall to us alone, we are in an ideal position to both listen and lead, and have a responsibility to demonstrate by our actions that we can be part of the solution. The excellent relationships we have with other key players, including the West Yorkshire Combined Authority and our local universities, mean we can ensure that action on reducing these inequalities becomes a major part of our recovery plans."

(July, 2020)
Accountability

This report sets out a series of recommendations to the leadership of the West Yorkshire and Harrogate Health and Care Partnership. The Partnership will develop an action plan in response to the recommendations. The action plan will capture all the information about the changes we are going to make as a system – it will detail what we will do and why, who will be responsible for the changes, and the timescales for delivery.

This action plan will be considered and approved by the Partnership Board in December 2020. The Partnership board will periodically review progress against these recommendations and this information will be made available to the public on our website and wider through our community networks. The action plan will be accompanied by a set of indicators to measure progress over time.

Alongside the above, we aim to strengthen the role of the VCSE panel, which was set up to inform the review. This panel will ensure progress is made on the recommendations and will support the Partnership to engage with communities who might not otherwise be aware of this work. This will be achieved through community assets and influencers. We will also aim to strengthen the role of the West Yorkshire and Harrogate BAME network in delivering change.

The aim is to complement and support system-wide working at both a local and West Yorkshire and Harrogate level. This review does not replace local place based work in Bradford district and Craven; Calderdale, Harrogate, Kirklees, Leeds and Wakefield.

Recent Partnership insight includes:

- COVID-19 feedback received from partners including West Yorkshire Healthwatch organisations, Yorkshire Cancer Community, Sikh Alliance Yorkshire, Carers UK and Bradford Talking Media (August 2020). This was specifically regarding the impact of coronavirus on individual people and communities.
- A rapid insight report developed with the support of the Yorkshire & Humber Academic Health Science Network (June 2020). Recommendations included undertaking further investigations into the experiences of BAME communities and colleagues working across the Partnership.
- A report produced in July 2020 titled ‘Third Sector Resilience: Before and during COVID-19’. This highlights the impact of COVID-19 across the voluntary and community sector enterprise (VCSE), and makes various recommendations including long term investment in the VCSE and in volunteering; investment in training and developing people and organisations, and better connecting commissioning of health and care service delivery across West Yorkshire and Harrogate.
- A diversity of programmes across the Partnership which can link with the health of our BAME populations, including our carers programme, maternity programme, children and young people programme and many more.

Building on existing work

This review is built on local knowledge, insight and intelligence as well as existing work carried out by the Partnership.

“With much to do we are hopeful that we will achieve better wellbeing for everyone by working with community partnerships. This involves recognising that the relationship between healthiness and ethnicity is complex and ultimately a life and death situation for many who are at an increased risk of contracting coronavirus and sadly dying.”

West Yorkshire and Harrogate Health and Care Partnership Board, June 2020

Photo: Members of West Yorkshire and Harrogate Health and Care Partnership BAME Network.

The intention is to share this report and action plan with the Government’s Commission on ‘Race and Ethnic Disparities’ to influence nationally what can be done to eradicate racial and social inequality. It will also be used to support national reviews, including the independent review into the Government’s coronavirus response and the NHS People Plan, which published its latest edition in July 2020.

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Photo credit: St Augustine’s Centre, Halifax

West Yorkshire and Harrogate is made up of Bradford district and Craven; Calderdale, Harrogate, Leeds, Kirklees and Wakefield.
Supporting BAME communities

The Partnership brings together approaches to understand and address health inequalities across all its priority programmes, including mental health, learning disabilities, cancer and maternity care. We will also be looking at our children and young people workstreams to ensure the voice of BAME children and young people shape our work.

In Halifax, The Women’s Activity Centre is a place for South Asian women over 50 who are isolated or are widows of first generation migrants. It’s place where they can engage, make friends and get involved in the community. Watch the film here.

In June 2020, over £500,000 of the Health Inequalities Fund was allocated to VCSE organisations to help improve outcomes for groups of people disproportionately affected by the impacts of COVID-19. Seven of the thirteen groups who were successful are focused on supporting BAME communities, to improve health via interventions such as vaccinations, diabetes prevention and continuity of care for maternity services. We also allocated a further £50,000 to The Women’s Activity Centre to support our work with diabetes. Please see film opposite.

You can read more about what these programmes are doing to address inequalities here.

Local place action and BAME networks

Partner organisations across Bradford district and Craven; Calderdale, Harrogate, Kirklees, Leeds and Wakefield have, or are, establishing a BAME colleagues network. These networks form the West Yorkshire and Harrogate BAME Network, a network of chairs, BAME leaders and allies connected across the Partnership. For example, Bradford Teaching Hospitals NHS Foundation Trust has involved over 400 BAME colleagues across its hospitals via webinars exploring concerns and challenges around themes such as personal protective equipment, health and wellbeing and risk assessments. The Chair of the Trust’s Network is a member of the West Yorkshire and Harrogate BAME Network. You can see other examples here for Mid Yorkshire Hospitals NHS Trust and Leeds City Council.

West Yorkshire and Harrogate BAME Network

The West Yorkshire and Harrogate BAME network, recognising the disproportionate impact of COVID-19 on staff, has been working hard with colleagues and leaders from across the Partnership to support our response to COVID-19. This involves:

- BAME leadership development
- Bespoke communications
- Bespoke health and wellbeing resources for colleagues
- Involvement in shaping and contributing to research
- Involvement in decision making
- A consistent approach to supporting colleagues with risk assessments.

BAME Network members talk about the origins, purpose, benefits and importance of the West Yorkshire and Harrogate Health and Care Partnership BAME Staff Network here.
A series of West Yorkshire and Harrogate Health and Care Partnership Podcasts called ‘Can you hear me?’ was launched early 2020, giving a voice to the diverse talent working to improve health and care for people in West Yorkshire and Harrogate. The first episode (launched on 14 May 2020) focused on the impact of COVID-19 on our BAME population – this approach has been seen as national good practice.

‘Can You Hear Me?’ Episode 1: Everything you wanted to know about coronavirus but were afraid to ask.

‘This is about how we change the way people view other people, view other people’s lives. It is about empathy... we want people to understand and then to empathise, and that’s what senior leaders need to actually start doing and thinking about now’ said Yvonne Coghill, Former Director for Workforce Race Equality Standard Implementation, NHS England.

‘Can You Hear Me?’ Episode 2: Carers

‘I think there’s a recognition now that the kind of ‘one size fits all’ (approach) that typically institutions like ours have, is just not sufficient. We have to find a way of getting into a conversation with communities that says ‘what would good look like?’ said Dr Owen Williams (OBE), Chief Executive, Calderdale and Huddersfield NHS Foundation Trust.

‘Can You Hear Me?’ Episode 3: White Privilege

‘It’s not just about what we do in our own organisations. We have to carry it over into society every single day’ said Wallace Sampson (OBE), Chief Executive, Harrogate Borough Council.

‘Can You Hear Me?’ Episode 4: Workforce

‘My father’s work ethics were to respect people – and some may feel they have to work twice as hard’ said Kez Hayat, Bradford Teaching Hospitals NHS Foundation Trust.

This group has focused on using their collective lived experience and knowledge to support action on:

- Recruitment, selection and succession planning
- Talent, culture and organisational development
- Reporting on measurement and impact
- Influencing decision-making
- Health inequalities.

“Building on the support of the executive leadership session, colleagues explained the importance of visible role models, peer support, a safe space to share experiences, and a forum to shape and influence change across the Partnership, as well as what already exists within their organisations.”

(Fatima Khan-Shah, West Yorkshire and Harrogate Health and Care Partnership BAME Network)

Listen to the Podcast here.

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The Partnership’s System Leadership Development Programme

The Partnership’s System Leadership Development Programme recognising the importance of building inclusive leadership, has put in place various support packages with a focus on understanding BAME issues and around how white leaders will be required to demonstrably use that insight to create better outcomes and experiences for BAME staff and communities. This includes the BAME Fellowship Programme which is all about developing future senior system leaders that reflect the local populations. Development of competencies to form a pivotal element of judgement on performance is underway for those working through the programme and for those leaders supporting the stretch opportunities.

It is anticipated this will promote and embed systemic change leading to increased accountability. Developed and designed by BAME colleagues, it aims to recognise the talent of colleagues and give them the missing leadership skills and opportunities required to progress their career. The unique element of the fellowship programme is that as well as offering traditional taught sessions on system leadership, it also guarantees a career coach and works in partnership with organisations to identify stretch opportunities and associated competencies. Recognising the responsibility organisations have in increasing the diversity of senior leadership, this programme works collaboratively to achieve different outcomes.

The programme supports the Partnership’s ambition to increase the number of BAME colleagues in senior leadership and board level positions.

The BAME Fellowship

Photo credit:
Leeds and York Partnership
NHS Foundation Trust

Review themes

Through the review’s work original themes, such as population health inequalities and workforce, the areas of work were refined into four distinct themes, through panel member contributions, initial review of the evidence and further discussion by the panel:

- Improving access to safe work for BAME colleagues in West Yorkshire and Harrogate
- Ensuring the Partnership’s leadership is reflective of communities
- Population planning (using information to make sure that services meet different groups’ needs)
- Reducing inequalities in mental health outcomes by ethnicity.
Improving access to safe work for BAME people in West Yorkshire and Harrogate

The Partnership aims to reduce any disproportionate health or economic impact resulting from COVID-19 for people working in West Yorkshire and Harrogate. You can read the insight which was gathered for this section here.

Key lines of inquiry for review

• Are occupations at highest risk of exposure to COVID-19 infection over-represented by BAME population groups? This element of the report includes both the impact on health and also the economic impact on people due to the lock down.

• What have West Yorkshire and Harrogate organisations and local places done to mitigate and communicate risk?

What does the evidence tell us?

The Office of National Statistics (ONS) data (May 2020), tells us that some jobs have a higher risk of exposure to the virus because of the need to work closely with others. This is especially true in health and social care environments where there is a likelihood of direct exposure because of the need for direct physical contact with others. Wide ranging analysis highlighted in the Health Service Journal (May 2020), shows the significantly higher risk to BAME health and care workers of catching COVID-19. 60% of healthcare colleagues who have died of COVID-19 are from a BAME background whereas they make up around 20% of the overall NHS workforce.

The West Yorkshire Association of Acute Trusts (WYAAT) and the Mental Health, Learning Disability and Autism Collaborative have worked with HR colleagues and the BAME Networks to develop a consistent approach to risk assessment in the workplace. This covers all areas of risk including age, weight, pregnancy and underlying health conditions - as well as ethnicity. In response to the risk assessments a number of actions have been put in place for people.

What further action do we need to take?

It is clear from the review findings that the Partnership must make concerted efforts to reach, inform and support colleagues most at risk in our communities. It is also imperative that safety and wellbeing messages are understood by the high proportion of BAME people working in high risk roles. It is important for their health, and that of their families and communities.

This includes homeworking or temporarily working in non-patient facing roles. It also aims to ensure colleagues feel confident requesting access to personal protective equipment. Managers are trying to ensure that any extended change to normal working arrangements does not disadvantage BAME colleagues in the longer term that could be a consequence of the resulting limiting range of duties, visibility, exposure and access to career development opportunities.

The increased risk to health is also true for any occupation where there is close contact with other people every day; for example bus and taxi drivers, hairdressers and cleaners, and for people working in factories, such as food production and manufacturing. The ONS data (May 2020) highlights a higher proportion of Black, Asian and ethnic minority people are working in these types of jobs. For example, Health Foundation analysis of the ONS labour force survey (June 2019) shows in West Yorkshire and Harrogate, 23% of food production, processing and food sales involves BAME colleagues. For some of these roles the underlying risk cannot be fully mitigated by social distancing measures or more general advice and guidance. As well as increasing awareness for some roles it may be necessary to increase physical protection to mitigate the increased health risk of the workers.

The risk to our workforce is not only about catching COVID-19. The lockdown has resulted in large numbers of people with reduced employment and earning potential, totalling around 24% of the workforce. Analysis by McKinsey (May 2020), shows that people with the lowest incomes are most at risk of this at around 44% for roles such as cleaners, kitchen assistants and waiting staff. People working in part time roles, via an agency or on zero hours contracts, are especially vulnerable to changes in their job situation. For example, the NHS Workforce Race Equality Standard and local council information shows that BAME colleagues don’t always receive the same opportunities as their White colleagues with equivalent qualifications.
Recommendaons

1. Immediate action is needed to share information and reach those hardest hit by COVID-19. It is important to shine a light on the people who are working in high risk roles which haven’t been given a high profile in the media in the same way that some areas of the NHS have been. This includes colleagues working in social care settings, in transport and food service roles, and people working in factory environments. We will work with organisations, such as the West Yorkshire Combined Authority to deliver co-designed ethnically appropriate advice and support for people who are working in high risk roles to mitigate risk to their health, their families and communities. In addition to this where advice will not be sufficient; action to mitigate the risk should be taken, such as the provision of personal protective equipment for people working in public-facing roles.

2. Channel support to the most vulnerable colleagues as the job retention and self-employed support schemes end. The aim is to provide support for people in sectors most impacted by lockdown. This includes the provision of retraining and reskilling schemes for potential new roles in the future and the introduction of new short term working and training schemes for disproportionately affected BAME young people and women. This will include supporting people returning to work on reduced hours, helping them to maintain working knowledge in their job while the economy recovers. Initiatives are needed to narrow the educational attainment gap and raise aspirations, supporting people from BAME communities into employment.

The review recommends strategic partners, such as the West Yorkshire Combined Authority ensures equality of opportunities for BAME groups are explicit in all economic development and recovery plans, and that positive action such as the inclusion of specific plans to improve opportunities for BAME communities, and the promotion of schemes such as the government KickStart Scheme to young BAME people, are prioritised.

This should also include wider work on apprenticeships, post-university employment, job creation and start up grants. The review also recommends that strategic partners ensure that COVID-19 related safe working practices are incorporated in any and all work done to ensure quality employment for the population of West Yorkshire and Harrogate.

3. The risk assessment process is only the first step. The Partnership should aim to ensure that appropriate actions are taken in each place to mitigate risk for all colleagues, where they don’t already exist. We recognise that individual organisations hold accountability for doing risk assessments and protecting those most vulnerable to harm, and that work is ongoing across the Partnership to do this.

The review therefore recommends that all organisations engage with their BAME networks (setting one up if it doesn’t already exist) to seek assurance regarding the impact and effectiveness of risk assessments, and ensure that the emotional load related to racism is considered in the risk assessments and resulting mitigating actions. Good practice found in organisations and networks will also be shared through the BAME network of networks.

The Partnership will ensure that this recommendation is reflected in the Partnership’s People Plan (expected January 2021) and progress is monitored through the West Yorkshire and Harrogate People Board and the Partnership Board.

4. Communication with colleagues and communities recognises the impact of racism on people’s lives. It is important that particular attention is given to the fact that BAME communities are not of one homogenous ethnicity.

The review recommends amplifying communications messages at a local level whilst not making assumptions about language or method. It is also important to consider the impact of racism and digital exclusion.

This should take place through local communication channels and VCSE networks. Consideration should also be given to the co-production of a West Yorkshire and Harrogate anti-racism and a myth busting campaign to combat COVID-19 racism.

Watch this film about the South West Yorkshire Partnership NHS Foundation Trust’s Black, Asian and minority ethnic staff network, which is one of many local organisation networks.
Ensuring the Partnership’s leadership is reflective of communities

The Partnership aims to ensure their leadership is reflective of communities, within partner organisations, and at a system and board level. You can read the insight gathered to support this work [here](#).

**Key lines of inquiry for review**

- Are boards within the Partnership ethnically representative of the communities they serve?
- What are the barriers for colleagues in applying and being successful at reaching this level?
- What representation do BAME colleagues have on key decision making forums?

**What does the evidence tell us?**

Based on census data from 2011 for West Yorkshire and Harrogate residents, overall 19.6% are from a BAME background. Bradford has the highest proportion of BAME groups at 31.2% and Craven has the lowest at 3.6%.

We know from analysis by McKinsey and Company (February 2020) that having diverse representation in senior decision making is critical to truly understand and represent the views and needs of the communities served. Evidence from a McKinsey and Company report (January, 2020) highlighted that diverse boards can also lead to improving the experiences of BAME workforces. A diverse Board offers a breadth of perspective and leadership styles that improve collective decision-making. Our Partnership must strive to be truly representative of the communities we serve.

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The panel acknowledged the data reviewed relates to the previous year and some progress has been made since the publication of the [local NHS Workforce Race Equality Standard data](#) (2019).

However organisation boards on the whole are not representative of the communities they serve and the process of change is glacial and uneven across the NHS. Based on available data [local NHS Workforce Race Equality Standard data 2019](#) Board representation varies from 0% to 28.6% across NHS organisations in West Yorkshire and Harrogate.

The panel recognised the important role inclusive cultures and processes play in the experience and progression of BAME people. Similarly, the [McGregor-Smith Review](#) (2017) recommendations are wide-ranging in nature and ask that organisations focus on improving workplace cultures, improve processes and systematically support progression.

This review identified a number of barriers for the progression of BAME colleagues in our organisations, and found that structural racism and white privilege play a part. Experiencing structural racism and micro aggressions can have an extremely negative impact on people and can falter their progression, for example everyday verbal and nonverbal slights or snubs, which are frequently not intended to cause harm or hurt feelings, yet their impact often does just that.

The review also found the likelihood of being appointed from shortlisting for roles is over double for White people than for BAME colleagues in some of our organisations. The relative likelihood of entering formal disciplinary action is also greater for BAME colleagues and they are less likely to access nonmandatory training and continuous professional development. All of these are indicators of career success and role progression. More detailed information on these findings can be found in the insight report [here](#).

**“White privilege doesn’t mean or suggest that you have had an easy life. Nor does it suggest you haven’t earned your successes but it does mean that your life hasn’t been harder because of the colour of your skin”**

photo credit: Airedale NHS Foundation Trust

The Partnership aims to ensure their leadership is reflective of communities, within partner organisations, and at a system and board level. You can read the insight gathered to support this work [here](#).
This offers the opportunity for a career coach to tailor the development needs of BAME colleagues for career progression and offers a variety of stretch and secondment opportunities across the Partnership. The review acknowledged that whilst there are pockets of good practice being delivered against the system ambition, such as the increased representation in some decision making forums and the BAME focused development programme and work on bias and privilege training, there was some concern about the lack of progress in other areas and this inquiry could serve as a reminder of the previously agreed actions.

The BAME Fellowship

What further action do we need to take?

There is still much work to do to implement the Partnership’s commitment to deliver the system ambition of a more diverse leadership that better reflects the broad range of talent in West Yorkshire and Harrogate. This includes helping to ensure that the poor experiences in the workplace that are particularly high for BAME staff will become a thing of the past.

Recommendations

1. To increase the fairness and equity of access to roles, the review recommends that all organisational leaders develop and embed clear leadership standards that ensure we have inclusive workplaces. That leaders pledge to personally uphold these standards within their own organisations, starting with a review of recruitment and selection processes; where process is not followed ensure immediate action is taken to support learning, reward success and sanction poor performance.

This builds on the commitment made in March 2020 to deliver the recruitment and retention recommendations made in the ‘Achieving our ambition to increase the diversity of our leadership’ paper written by the West Yorkshire and Harrogate BAME network. It is also a fundamental area of focus for the NHS People Plan 2020, which highlights the importance of compassionate and inclusive cultures that value our people and create a sense of belonging with a particular focus on tackling the discrimination that some staff face.

2. The evidence found that the Partnership needs to provide more development opportunities for all BAME staff working at every level across organisations.

The review recommends that a new BAME mentorship framework is developed. This will provide additional, flexible development opportunities for people across the Partnership and further enhance opportunities provided by the West Yorkshire and Harrogate BAME Fellowship Programme (see page 7) in the West Yorkshire and Harrogate System Leadership Programme.

3. To reduce the disparity in disciplinary and complaints processes, the review recommends all organisations across West Yorkshire and Harrogate develop independent panels with BAME representation to review cases of racial discrimination on people who access care and services as well as staff.

The panels should also be responsible for ensuring compliance and disciplinary cases are reviewed to ensure racism has not been a contributing factor prior to cases progressing through to formal disciplinary stages.

In addition, to eliminate discrimination, identify ways of providing independent support for BAME people going through processes and promote inclusion; panels should support organisations to undertake root cause analysis of existing systems and processes when managing disciplinary and complaint cases. Care should be taken to ensure the process for making complaints does not penalise people and complaints are handled seriously.

4. To ensure leadership is representative of communities, the review recommends that all Partnership organisations should actively seek out local, ethnically representative talent through positive action and embed accountability by setting targets for recruitment and retention, particularly at senior levels. This should include talent within partnership organisations and proactive engagement with schools, colleges, universities and local communities for recruitment drives with planned engagement events.
Population planning - using information to make sure services meet different groups of people’s needs

Key lines of inquiry for review

To identify and embed approaches to reduce health inequalities for specific ethnic groups throughout population planning processes. Pressures on funding may exacerbate inequalities where limited resource is not aligned to local need. You can read the insight gathered to support this work here.

Population planning moves us on from the term commissioning to a whole system approach to; understanding needs, designing pathways, procuring services and evaluating impact to ensure local need is met. It involves a partnership approach for a population across a defined geography whether this is a local neighbourhood, a local authority area or an integrated care system, such as ours.

What does the evidence tell us?

Effective planning of services starts with understanding groups of people’s ‘needs’. This requires access to data and insight. Intelligence related to ethnicity is often not included in local, regional and national data sets. Improvements have been made locally in the recoding of ethnicity in primary care. For example, in Leeds gaps in ‘unknown or not recorded’ data has reduced from 22% in 2013 to 6% in 2020. Recording of ethnicity data varies across the NHS Trusts in the Partnership, with completeness ranging from 86.4% to 99.3%.

The Partnership has developed a combined impact assessment for large scale service change. Equality impact assessments (EQIAs) are completed locally for service changes or revised policies. It was felt that EQIAs were often undertaken without assurance that positive action would follow where disadvantage was identified.

Review members highlighted the importance of co-producing services with communities and of sustainable funding models for the VCSE and a clear commitment to a commissioning intention that is co-designed with local VCSE partners. Work is ongoing within the Partnership regarding ‘Commissioning Futures’. The review advised further opportunities must be sought to connect this work with the needs of BAME communities across the Partnership and that high-level buy-in should be secured.

What further action do we need to take?

Intelligence informed action

The Partnership should foster a culture of recording and understanding of ethnicity data in all sectors. This requires improvements in the quality of coding of ethnicity across all of our health and care settings. This data should feed into population health management models to support decision making in relation to local need and prioritisation of care.

Data should be coupled with relevant local insight to complete the picture. This includes meaningful engagement with communities to understand people’s needs, strengths and experiences.

We should use intelligence to inform thinking as to where we have the greatest opportunity to take preventative action to improve health outcomes for people - this includes refugees, asylum seekers, and Gypsy, Traveller and Roma groups of people.
The intelligence we use should be captured and considered at relevant population geographies within the system, including in neighbourhoods working with the data Primary Care Networks hold, in local places bringing intelligence together in partnership, and at a system level to inform the work we do across the Partnership.

We need to do more to triangulate the data from relevant sources with system-wide approach to intelligence to underpin this. We also need to do more to resource and embed Population Health Management models across the Partnership to support the effective use of data and insight in understanding need.

**Equal partners in population planning**

We should seek to shift the balance of power towards those with the greatest knowledge of the needs of specific ethnic groups, i.e. the people in our communities. This involves taking positive action to seek the views of under-represented groups to ensure the views sought for engagement reflect the ethnic diversity of our populations. This engagement should happen throughout the population planning process, including the development of co-design principles with the Voluntary Community and Social Enterprise (VCSE) and the community they serve.

The VCSE play a key role in this, as they are agile and responsive to local community needs. An approach to service planning should be adopted, one that creates an equal playing field for all providers, including the VCSE, in the design and delivery of services.

This should include specific action, such as easy to understand language, procurement mechanisms and contract security.

Approaches to micro-commissioning (the process of identifying and addressing needs at an individual level through creating additional activities in local communities) of services should be supported, underpinned by knowledge of need at a neighbourhood level.

Approaches for consultation, engagement and coproduction should be adapted as relevant to meet preferred methods and styles of specific groups of people, where they don’t exist already.

The engagement we undertake needs to be fit for purpose for what we need to deliver to improve people’s health. Being clear on the purpose of the engagement, where the findings will be shared and to what extent it can influence change is essential.

**Accelerated improvements**

Partnerships should come together to understand inequalities in relation to access and use of health and care services by ethnicity.

Positive action should be taken to mitigate the widening of inequalities. Options for delivering models for care, such as digital access or social prescribing offers, should consider the needs for specific ethnic groups of people. Equality impact assessment processes need to reform to become a catalyst for change. Effective alternatives should be developed that have more direct accountability aligned to improved health outcomes for people.

You can see an example of this from two experiences of care for one person who spoke only Farsi. They were referred to a doctor following a night in A&E due to an attempted suicide. Her number was passed to the Integrated Access to Psychological Therapies Service with no access to an interpreter or explanation to what was happening.

In the same period of hospital care, mental health liaison team colleagues used Language Line to support them and stay in contact to ensure they received the care needed. We need to learn from examples such as these to improve the way we work.

It is also essential that we keep in view overseas visitor charging which is a national government policy in terms of health inequalities.

A key part of the pathway of care is personalised care planning. When working with BAME communities, colleagues should consider the cultural, religious and communication needs of specific ethnic groups of people. Digital inclusion should also be considered, including reducing barriers to access related to language, connectivity and access to technology. Public facing roles, including receptionists, mental health workers etc. should be reflective of the ethnic diversity of communities, with culturally competent services being provided.
Reducing inequalities in mental health outcomes by ethnicity

To explore inequalities in mental health for BAME communities, in order to develop targeted approaches for improving mental health. You can read the insight gathered to support this work here.

Key lines of inquiry for review

This review focused on the mental health needs of people from different BAME communities, including the following groups of people who experience particularly high levels of inequality:

- Men from Black or Black British backgrounds
- Women from South Asian backgrounds
- People from Gypsy, Roma and Traveller communities
- People who are asylum seekers or refugees.

*It is important to note that within each of these groups, there are diverse communities with different experiences, needs and strengths.

1. Equal partners: Redressing the balance of power towards those with the best knowledge of why inequalities exist and the solutions of how they can be addressed.

The review recommends community representation that reflects the diverse ethnicity of local areas, is embedded throughout the population planning process; including in the design, mobilisation, delivery and evaluation of services. The review also recommends the VCSE are treated as equal partners with clear mechanisms in place to enable this.

2. Insight and Intelligence: Understanding the needs of different population groups and improved recording of ethnicity is shared to improve racial inequalities for the decision makers across the Partnership.

This review recommends that ethnicity recording is 100% in all settings and that data is visible in integrated intelligence models.

The review also recommends that the Partnership take system action for specific groups requiring more focus, for example refugees, asylum seekers, Roma, Gypsy and Traveller groups of people and to better understand the links between ethnicity and poverty.

3. Accelerated improvements include continuous cycles of intelligence-based service developments to make sure services are culturally able and meet local need. We will work across the Partnership to demonstrate the actions we have taken to reduce inequalities for specific ethnic groups. The review recommends monitoring service access, uptake and outcomes by ethnicity. Services should demonstrate how they are contributing towards reducing inequalities. This would involve working with West Yorkshire Association of Acute Trusts, mental health providers, Primary Care Networks and other partner organisations to identify opportunities to reduce inequalities through service improvements.

Recommendations

The Health Inequalities Prevention Pathway (HIPP) approach was used to understand the causes of inequality in mental health. This included three key issues:

1. Are there inequalities in living conditions and risk factors that affect mental ill health? What can be done to reduce this?
2. Are communities able to see a health professional and get a diagnosis? What can be done to improve access to health care?
3. Is treatment and support for mental illness high quality and appropriate? How can this be improved?

Find out more about involving people in service delivery by watching this film about the Sikh Alliance Yorkshire and Sikh Elders Service.

Photo credit: Sikh Elders Service, Touchstone

Photo credit: Yorkshire Ambulance Service NHS Trust
What does the evidence tell us?

The conditions of everyday life, such as income, employment, housing and the local environment, have an impact on mental health. Experiences of discrimination and racism are also likely to impact on people’s mental health. In West Yorkshire, people from BAME backgrounds are more likely to live in the most deprived 10% of areas (West Yorkshire Combined Authority, 2020).

The Office of National Statistics (ONS) has shown that income levels vary by ethnicity, with people from Bangladeshi backgrounds having the lowest median hourly pay. People from non-White backgrounds are more likely to be unemployed than people from a White background (ONS, 2019).

There is some evidence that air pollution is linked to depression, anxiety and suicide, and we know that air quality is worse in areas with high BAME populations. There are also differences in the use of greenspace by ethnicity, which is linked to both physical and mental health.

COVID-19 has had an unequal impact on BAME populations, including loss of employment and income, increased caring responsibilities and loss of support networks. There are likely to be ongoing mental health support needs, including for people who have lost friends and family or been unwell with the virus.

Evidence on rates of mental illness by ethnicity is complex and mixed. Black men are three times more likely to be diagnosed as having a psychotic condition than any other group and there is evidence that Black women are more likely to have depression or anxiety (McManus et al 2016).

Refugees and asylum seekers have much higher rates of mental ill health than the general population, and it has been estimated that over 30% experience depression, and over 30% experience post-traumatic stress disorder (Blackmore et al 2020).

It can also be difficult to understand differences locally, due to issues with data collection. For example, Gypsy, Roma and Traveller background information is rarely recorded, so inequalities in mental health for people from these communities are ‘invisible’.

People who are suffering from mental ill health do not always get a diagnosis and the care that they need. Research has shown that depression and anxiety in pregnancy was more likely to be missed for women from Pakistani backgrounds in some areas (Prady et al 2016). People from Gypsy, Roma and Traveller communities, and asylum seekers and refugees, often find it very difficult to get the health care they need. For people with English as an additional language, making an appointment in the first instance can be difficult. Other barriers include stigma, trust and concerns about discrimination, and lack of understanding of how the health care system works.

The Voluntary Community and Social Enterprise (VCSE) sector and individual people, such as teachers or youth workers, provide considerable support, for example to people who have mild to moderate illness, or people who are waiting to receive appropriate health care. This puts pressure on these organisations and individual people. The emotional toll of providing support is high, with impacts on their wellbeing. This was illustrated to the Review Panel (September, 2020) with examples put forward from VCSE organisations supporting refugees and asylum seekers who help people with complex trauma to navigate the health and care system.

High quality of treatment and support is essential to help people to manage their conditions and recover. There is some evidence of differences by ethnicity.

After starting psychological therapies for anxiety disorders and depression, completion rates are lower for people from Black, Asian or minority ethnic backgrounds. For example, in West Yorkshire and Harrogate 46% of White men complete treatment, compared with 39% of Black/Black British men and 38% of men from mixed backgrounds (IAPT 2019/20 figures). Issues raised include a lack of culturally appropriate services, including support in different languages.

In West Yorkshire and Harrogate there are many examples of innovative approaches and good practice to support the mental health of BAME communities. This ranges from individual people and community organisations, through to health care providers, commissioners and mental health hospitals. Sharing learning from these across the area could help to reduce inequalities in mental health.
What further action do we need to take?

Whilst there are many examples of good practice, inequalities in mental health remain. There is a need for targeted action on inequalities in living conditions for people from BAME communities. More work is needed to ensure everyone can access the care they need, including focussed work to engage with communities, reduce stigma and improve understanding of mental health issues and challenge stigma.

Some of the many examples of good practice in West Yorkshire:

- In Bradford, a GP surgery had made great improvements in access to health care for people from the Roma community after recruiting a staff member from an Eastern European background.
- In Calderdale, the Roshani project works with communities and community organisations to increase awareness of mental health issues and challenge stigma.
- In Leeds, the Black Health Initiative has funded a project to support black men in their communities around mental ill health issues.
- In Calderdale, Kirklees and Wakefield, partners have worked with faith communities to deliver mental health first aid training for faith leaders.

Recommendations

1. To address the disproportionate impact on the mental health of some BAME groups of people due to factors such as living conditions, good work, fair pay, education and environmental issues such as air pollution.

This review recommends that we should work as a Partnership to address the wider determinants of health that disproportionately affects people from BAME communities. This includes economic and environmental factors through procurement, employment, skills development and collaborative action. This involves expanding anchor institution approaches using procurement and employment opportunities to create community wealth among BAME populations. A strong focus on improving housing conditions for people from BAME communities through the emerging health and housing network. This would involve working with partners such as, West Yorkshire Combined Authority to improve equity in skills and development opportunity and outcomes by ethnicity as part of the renewed regional skills strategy.

2. We will develop system-level actions to identify and address inequalities in mental health for BAME communities.

This review recommends that the Partnership coordinate progress on reducing inequalities in mental health by ethnic group. This includes identifying and sharing good practice, facilitating collection of intelligence and insight, and reviewing local auditing arrangements.

3. The VCSE sector and individual people in communities are providing considerable support to those with mental ill health, and need further support to be resilient enough to continue this role.

The VCSE sector providing ongoing mental health support to these communities should receive additional specialist emotional and practical support to continue this work. This could be through community provision of specialist mental health care in partnership with existing VCSE organisations or through improved partnership work with primary care networks.
Summary of recommendations

1. Work with partners, such as The West Yorkshire Combined Authority, to deliver co-designed, ethically appropriate advice and support for people who are in high risk roles. This will help to mitigate risk to their health, their families and communities.

2. Work with strategic partners, such as West Yorkshire Combined Authority, to ensure equality of opportunities for BAME groups in all economic development and recovery plans, including work on apprenticeships, job creation and start up grants.

3. All West Yorkshire and Harrogate partner organisations should engage with their BAME networks (setting one up if it doesn’t already exist) to seek assurance regarding the impact and effectiveness of risk assessments and the resulting actions - ensuring the impact of racism is fully considered and mitigated.

4. The Partnership should develop and embed inclusive leadership standards which leaders pledge to personally uphold within their organisations, starting with recruitment and selection processes.

5. The Partnership should develop and embed inclusive leadership standards which leaders pledge to personally uphold within their organisations, starting with recruitment and selection processes.

6. All health and care organisations in West Yorkshire and Harrogate should develop independent discrimination panels with BAME representation to review all cases of racial discrimination in disciplinary and complaints cases prior to progressing through to formal stages.

7. A West Yorkshire and Harrogate System Leadership Programme is commissioned to develop a BAME mentorship framework.

8. To ensure the Partnership’s leadership is reflective of communities, the review recommends that...

9. To improve access to safe work for Black, Asian and minority ethnic (BAME) people in West Yorkshire and Harrogate, the review recommends that...

10. It is helpful to note that these recommendations build on knowledge, insight and intelligence as well as existing work carried out by the Partnership. You can read more in the main report.
Summary of recommendations

continued...

To reduce inequalities in mental health outcomes by ethnicity, the review recommends all West Yorkshire and Harrogate Partnership organisations...

1. Work to address the determinants that lead to ethnic inequalities in mental health. This includes using procurement and employment opportunities to create community wealth among BAME populations, improving housing conditions for people and equity in skills opportunities.

2. Support the voluntary, community and social enterprise sector to provide ongoing mental health support to Black, Asian and minority ethnicity communities. Colleagues from this sector should receive additional specialist emotional and practical support to continue this work.

3. Work together to co-ordinate, lead and measure progress on reducing inequalities in mental health by ethnicity. This includes sharing good practice, improving use of evidence and coordinating training.

4. Demonstrate that services are culturally competent and are contributing towards reducing inequalities identified.

5. Service access, uptake and outcomes by ethnicity are monitored to identify inequalities.

6. Community representation that reflects local population ethnicity, is visible throughout the planning process, including procurement of services.

To use information to plan services to meet different groups of people’s needs through population planning. The review recommends that services are culturally competent and are contributing towards reducing inequalities identified...

Ethnicity recording is 100% in all settings and that this data, coupled with local insight, is used across the Partnership to inform the design and delivery of care.

Clear local and Partnership arrangements for commissioning with the voluntary, community and social enterprise (VCSE) sector are in place.

Watch the Partnership’s film to see why all the review recommendations are so important.

Please see full report for more information on recommendations.

West Yorkshire and Harrogate is made up of Bradford district and Craven; Calderdale, Harrogate, Leeds, Kirklees and Wakefield.
Action plan

This report sets out a series of recommendations to the leadership of the West Yorkshire and Harrogate Health and Care Partnership. The Partnership will develop an action plan in response to the recommendations, outlining roles and responsibilities and aligning it to our People Plan.

This action plan will be considered and approved by the Partnership Board in December 2020, before being published here.

During this time we will engage meaningfully with stakeholders in developing the plan.

The Partnership Board will periodically review progress against the report recommendations. This information will be made available to the public. The action plan will be accompanied by a set of indicators to measure progress over time.

Along with the above, we also aim to strengthen the role for the VCSE panel, which was set up to inform the review. This will help ensure progress is made on the recommendations. Their role will be important in supporting the Partnership to engage with communities who might not otherwise be aware of this work. This will be achieved through community assets and influencers. We will also aim to strengthen the role of the regional BAME network in implementing and delivering change.

Closing comments from Rob Webster

West Yorkshire and Harrogate’s cultural vibrancy is borne from cities, towns, villages with strong diverse communities and even stronger identities. As a Partnership we are extremely proud to work alongside and represent the 2.7 million people living across the area. The healthy life expectancy of people living in some areas is below the national average, and the inequalities between communities are significant. Working together with communities is what motivates local health and care partners to work as one partnership together, putting the needs of people first.

As set out in this review report (summary) West Yorkshire and Harrogate Health and Care Partnership has big ambitions to tackle health inequalities and support Black, Asian and minority ethnic (BAME) communities and staff. The COVID-19 pandemic has brought these issues into even sharper focus, with inequalities seen in deaths for specific ethnic groups.

We will now act on the findings from this review, built on the dual foundations of good evidence and the testimony of people with lived experience.

Our independent review has again repeated the facts about the inequalities by ethnicity and has shown that BAME communities can be vulnerable to poorer health outcomes for far too many reasons. There are key factors that can increase inequalities further such as intersectionality with deprivation. In West Yorkshire and Harrogate around half a million people are living in the 10% most deprived communities nationally; a clear picture is that of a social gradient - the more deprived the place where you live, the higher the mortality rate and the shorter your life expectancy.

People from BAME backgrounds, like all people, experience a range of risks to their health throughout their lives. These risks vary significantly depending on their ethnicity. For example, people from BAME backgrounds are overrepresented in the most deprived 10% of our population across West Yorkshire and Harrogate, and income varies by ethnic group.

The economic impact of COVID-19 has led to a recession which brings additional risks to the mental and physical health of our population – all themes covered in this report.

The report also shines a light on the economic benefits of the health and care system. We are creators of good jobs, have large capital schemes underway, lead innovation in med tech and digital work. These potential benefits for both the economy and for local people must be secured as we invest in health and care.
It is our time to step up, to better support staff, and to build a new resilient workforce for the future which is truly reflective of the communities we serve with a leadership that has the talent, which has often gone unrecognised, and the commitment from us all.

As we continue through the COVID-19 pandemic, it will be important to rebuild and shape our local economy to meet the needs of all people – irrespective of social class, ethnicity or other factors. The Partnership sees that we have a role in tackling economic, social and health inequalities barriers to achieving long-term prosperity and considerably reducing the impact on BAME communities and colleagues.

Not all experiences are equal and our current language does not account for the different ways in which different ethnic minorities experience racism. Racism is experienced differently and to different degrees by different groups of people. It is unhelpful to suggest that BAME groups are in perfect racial solidarity - that all racism is the same and that all ‘BAME’ people have the same life experiences and values. The experiences of BAME communities and staff, in and out of the workplace, differ considerably and it is our role as a large health and care partnership to take this into account and make a positive difference to people’s lives with them.

I would personally like to thank everyone for their hard work and involvement in this report. This includes the Partnership’s leadership executive group, our People Board and of course the West Yorkshire and Harrogate BAME network. I would like to also take the opportunity to thank all colleagues involved in the Review Panel, including voluntary and community partners who have given their time freely without hesitation to do what is right for all communities across West Yorkshire and Harrogate. My thanks also to Professor Dame Donna Kinnair for her inspirational leadership in challenging us all to think differently, to make change happen and giving us the confidence we need to get on and move forward at pace without hesitation.

We have the potential to make the work of this review something unique and special. I’m reassured that this is a significant step forward that will be closely monitored as progress is made through our action plan with clear timescales for delivery. This will amplify and extend the work already underway. Above all, we now have an opportunity to improve and to save lives – it’s imperative we seize the moment to make something of value we can be proud of together.

Supporting information

A report summary is available in British Sign Language, Easy Read and audio version. It is also available in community languages.

There is also a range of information on our website to support this important report. This includes personal reflections from the review panel members, voluntary and community sector partner case studies and a series of short films. You can also listen to a podcast from review panel members talking about their personal experience as part of the review process here. The voluntary and community sector enterprise sub-group (VCSE) review sub group also recorded a podcast which is here.

Thank you to contributors

Review Panel Membership

- Professor Dame Donna Kinnair, Chief Executive and General Secretary, Royal College of Nursing (Independent Chair)
- Dr Sohail Abbas, GP and Deputy Clinical Chair at NHS Bradford District and Craven Clinical Commissioning Group (CCG) and Chair of the West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) Health Inequalities Network
- Brendan Brown, Chief Executive, Airedale NHS Foundation Trust and Senior Responsible Officer (SRO) for the WY&H HCP Workforce Programme
- Marie Burnham, Independent Lay Chair of the WY&H HCP Joint Committee of CCGs

Rob Webster (CBE)
CEO Lead for West Yorkshire and Harrogate Health and Care Partnership (also known as an integrated care system (ICS) and CEO for South West Yorkshire Partnership NHS Trust

Watch this film here about why the review is important, and for more information on the recommendations and what is next.

Inequalities Network

Yorkshire Partnership NHS Trust system (ICS) and CEO for South West

CEO Lead for West Yorkshire and Harrogate Health and Care Partnership (also known as an integrated care system (ICS) and CEO for South West Yorkshire Partnership NHS Trust

Watch this film here about why the review is important, and for more information on the recommendations and what is next.

All information was accurate at September 2020. Please note some of the photos and film footage may have been produced pre-COVID-19.
Review Panel Membership continued...

- Yvonne Coghill, Former Director of Workforce Race Equality Standard at NHS England
- Hannah Davies, Chief Executive, Healthwatch Leeds
- Stephen Featherstone, Co-opted Member, WY&H HCP Health and Care Partnership Board
- Fatima Khan-Shah, Programme Director, WY&H HCP Unpaid Carers and Personalised Care programme and member of the WY&H BAME Network
- Alison Lowe, Chief Executive, Touchstone (voluntary and community sector representative)
- Dr Habib Naqvi, Interim Director for the NHS Workforce Race Equality Standard at NHS England / NHS Improvement
- Sara Robinson, Centre Lead, St Augustine’s (voluntary and community sector representative)
- Wallace Sampson, Chief Executive, Harrogate Borough Council
- Kim Shutler, Chief Executive, The Cellar Trust (voluntary and community sector representative)
- Sarah Smith, Consultant in Public Health and Programme Director, WY&H HCP Improving Population Health programme
- Rachel Spencer-Henshall, Strategic Director Corporate Strategy, Commissioning and Public Health, Kirklees Council
- Richard Stubbs, Chief Executive, Yorkshire & Humber Academic Health Science Network
- Cllr Tim Swift, Leader, Calderdale Council and Chair of the WY&H HCP Health and Care Partnership Board
- Dr James Thomas, Clinical Chair, NHS Bradford Districts and Craven CCG, Co-Chair of the WY&H HCP Clinical Forum and Joint SRO for the WY&H Improving Population Health Programme
- Robin Tuddenham, Chief Executive, Calderdale Council and Joint SRO for the WY&H Improving Population Health Programme
- Rob Webster, Chief Executive, South West Yorkshire Partnership NHS Foundation Trust and CEO Lead for the WY&H HCP
- Dr Owen Williams, Chief Executive, Calderdale and Huddersfield NHS Foundation Trust and Chair of the NHS England / NHS Improvement Health Inequalities Expert Advisory Group
- Professor John Wright, Director, Bradford Institute of Health Research.

Voluntary and Community Sector Enterprise Sub-group Membership

- Jo Baker, Programme Director, WY&H HCP Harnessing the Power of Communities Programme
- Humayun Islam, Chief Executive, BEAP Community Partnership
- Dipika Kaushal, Chief Executive Officer, Voluntary Action Calderdale
- Javed Khan, Chief Executive Officer, CNet Bradford
- Kaneez Khan, Local Coordinator (West Yorkshire), Near Neighbours
- Corrina Lawrence, Chief Executive Officer, Feel Good Factor
- Alison Lowe, Chief Executive, Touchstone
- Heather Nelson, Chief Executive, Black Health Initiative
- Portia Roberts-Popham, Chief Executive Officer, Locorum Care Services Ltd
- Santokh Sidhu, (Harrogate voluntary community sector representative)
- Sayed Ahmed from Pakistan and Kashmir Welfare Association
- Hilary Thompson, Chair, Third Sector Leaders Kirklees and SRO for the WY&H HCP Harnessing the Power of Communities Programme.

Report Contributors

- Pippa Bird, WY&H HCP, Specialist Registrar in Public Health
- Madi Hoskin, Programme Manager, West Yorkshire Association of Acute Trusts
- Sayma Mirza, Senior Head of Collaboration, Act as One - System Transformation. Programme for Bradford District and Craven
- Yannish Naik, WY&H HCP Climate Change Lead / Acting Consultant in Public Health

West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) Project Support Team

- Heather McKnight, WY&H HCP Programme Support
- Ian Holmes, Director, WY&H HCP
- Jonathan Booker, WY&H HCP Senior Analyst
- Karen Coleman, WY&H HCP Communications and Engagement Lead
- Lauren Phillips, Head of Programmes for WY&H HCP.
- Pam Bhupal, Calderdale Council, Regional Health Partnership Support.
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<td>Assessing jobs at risk and the impact on people and places</td>
<td>May 2020</td>
<td>National</td>
<td>Employment, Workforce</td>
<td>All</td>
<td>Tera Allas, Marc Canal and Vivian Hunt</td>
</tr>
<tr>
<td>Which occupations have the highest potential exposure to the coronavirus (COVID-19)?</td>
<td>May 2020</td>
<td>National</td>
<td>Employment, Workforce, Economy</td>
<td>All</td>
<td>Office of National Statistics</td>
</tr>
<tr>
<td>Covid-19 transport survey</td>
<td>June 2020</td>
<td>West Yorkshire</td>
<td>Covid-19, Employment, Travel</td>
<td>All</td>
<td>West Yorkshire Combined Authority</td>
</tr>
</tbody>
</table>
How Covid-19 is affecting the mental health of young people in the BAME community

June 2020
National
Mental health
Children and Young people
Kooth

Sikhs Covid-19 report
June 2020
Yorkshire
Covid-19
Sikhs
Sikh Alliance Yorkshire

Stabilisation and Reset Programme: Rapid Insight Report
June 2020
West Yorkshire and Harrogate
Covid-19
Workforce
West Yorkshire and Harrogate Health and Care Partnership Yorkshire & Humber Academic Health Science Network

A review on how the health of babies and young children from disadvantaged backgrounds can be improved
July 2020
National
Health inequalities
All Children
Dept. of Health and Social Care Jo Churchill MP Andrea Leadsom MP Matt Hancock MP

Commission on Race and Ethnic Disparities
July 2020
National
Employment Health, Criminal Justice
BAME
Dr Tony Sewell (Chair)

COVID-19 and Brexit: Real-time updates on business performance in the United Kingdom
July 2020
National
Covid-19, Brexit
All
Josh De Lyon Swati Dhingra

English Housing Survey
July 2020
National
Housing
All
Ministry of Housing, Communities and Local Government

Race disparities in innovation
July 2020
International
Innovation
BAME
Eszter Czibor

Third sector resilience in West Yorkshire and Harrogate: Before and during Covid-19
July 2020
West Yorkshire and Harrogate
Covid-19
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Voluntary Action Leeds

Action required to tackle health inequalities in latest phase of COVID-19 response and recovery
Aug 2020
National
Covid-19, Ethnicity
BAME
Dr Owen Williams OBE (Chair) NHS England and NHS Improvement

Coronavirus engagement report for stabilisation and reset
Aug 2020
West Yorkshire and Harrogate
Covid-19, Voluntary, Community Sector
All
West Yorkshire and Harrogate Health and Care Partnership

Disparities in the risk and outcomes of Covid-19
Aug 2020
National
Covid-19
BAME
Prof. Kevin Fenton

Aug 2020
National
Covid-19, Mental health, Health services
All
NHS England/ NHS Improvement

Over-Exposed and Under-Protected: The devastating impact of Covid-19 on black and minority ethnic communities in Great Britain
Aug 2020
National
Economy, Ethnicity Inequalities
BAME adult and children
Zubaida Haque Laia Becares Nick Treloar

We are the NHS: the NHS People Plan 2020/21
Aug 2020
National
Covid-19, Workforce, Employment, Leadership
BAME
NHS England/ NHS Improvement

Kickstart scheme
Sept 2020
National
Employment
All
Department for Work and Pensions

The prevalence of mental illness in refugees and asylum seekers: A systematic review and meta-analysis
Sept 2020
National
Mental health
Refugees and asylum seekers
Rebecca Blackmore, Jaqueline Boyle, Mina Fazel, Sanjeeva Ranasingha, Kyle Gray, Grace Fitzgerald, Marie Misso, Melanie Gibson-Helm
A Partnership made up of the NHS, local councils, care providers, Healthwatch, voluntary and community organisations and charities.

For more information contact:

**01924 317659**

NHS Wakefield CCG
White Rose House
West Parade
Wakefield
WF1 1LT

@ westyorkshire.stp@nhs.net

www.wyhpartnership.co.uk

@WYHpartnership

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