Leadership for Equity

July 1st 2020 10:00am-12:30pm

Partnerships for Social Justice

#Inequalities @LSSI @HeronNetwork @yourorganisation

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NHS Leeds Clinical Commissioning Group

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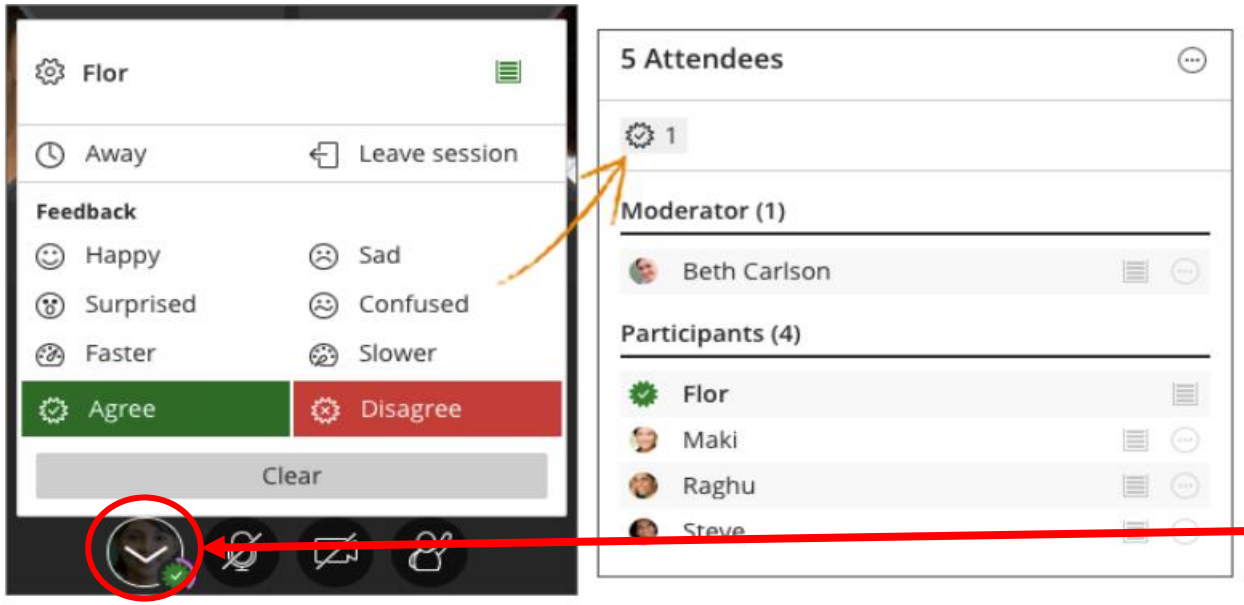
Introduction to the platform

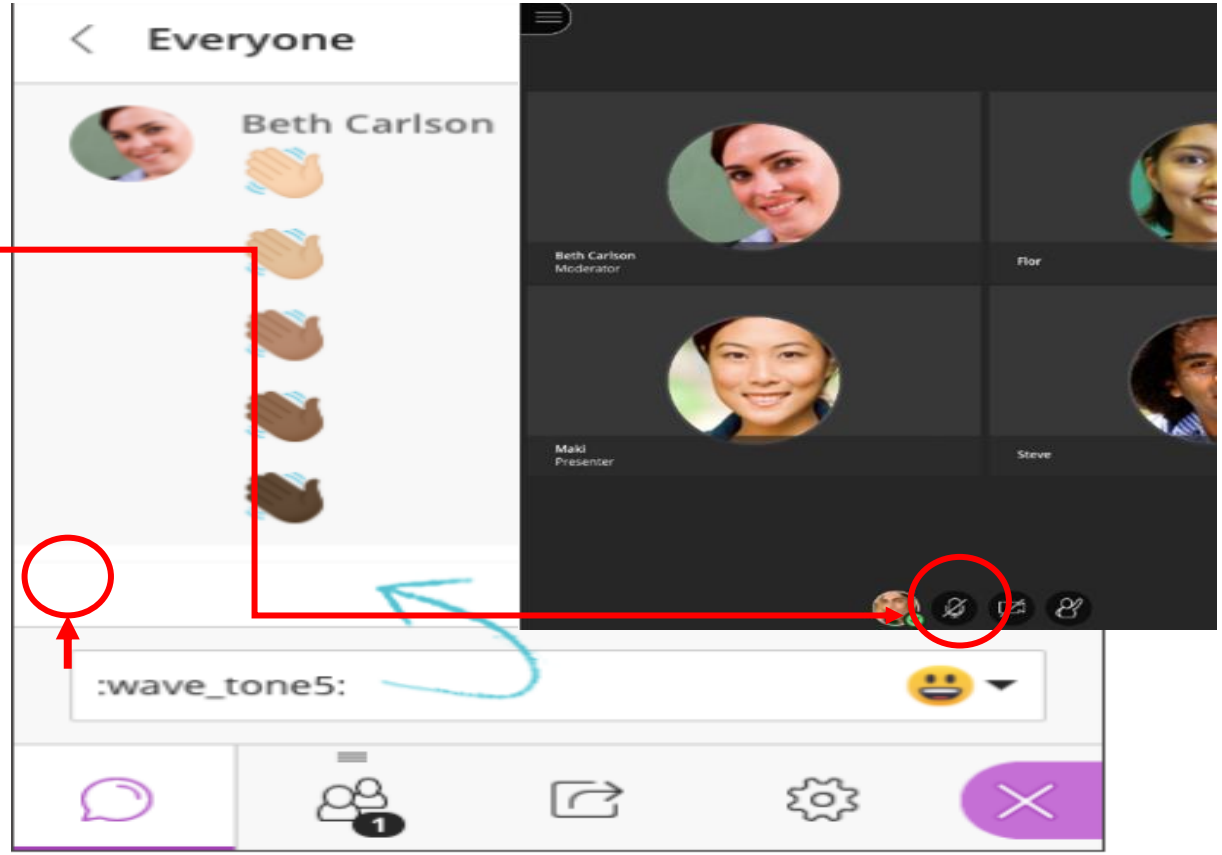
Chat –to ask questions, discuss and engage. The moderators will monitor your questions and bring them up at the end of the session.

Microphone –please keep your microphone muted unless asked to speak.

Video – you are encouraged to engage in the discussion and turn on your camera, especially if you are taking part in breakout groups.

Click on your Profile picture and let us know how you are feeling





11.10 AM BREAKOUT ROOMS –

- Automatic allocation, Group 5 is peer discussion group (non-moderated owing to moderator capacity).
– All discussions and contributions fed back at the end of the workshop

Workshop Programme

10:00 Welcome Chair: Sarah Salway University of Sheffield
Introduction to the platform Arkadiusz Zadka University of Leeds

10:05 Leadership for Equity: what does the existing research tell us?
Morgan Campbell and Ghazala Mir, University of Leeds

10:20 Q & A through chat feedback

10:30 Helen Barnard: *How well has the Covid policy response responded to inequality?*
Q & A through chat feedback

11:00 BREAK

11:10 Breakout Groups *facilitators from each network to explore areas for research on leadership and organisations to partner with*

12:00 Recommendations, feedback from facilitators **and next steps**

12:30 Finish

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Setting the context

- We know public service systems can replicate and reinforce social inequities through discrimination and exclusion.

- This is clearly evidenced in the responses to and outcomes of the current COVID-19 crisis.

- Whist there are many different ways of understanding social inequities and injustices we don't fully understand how those working in public service systems understand, and address social inequity **and we understand even less about the conditions that foster leadership for change.**

- The goal of Partnerships for Social Justice is twofold:
  - Describe the existing evidence for how inequity is framed and addressed within public service systems, paying particular attention to how it is addressed within leadership.
  - Use this evidence to develop future research directions along with recommendations for how existing good practices can support improved equity within public services.

What does the existing evidence tell us?

1. What motivates those in influential positions to support work that reduces inequity and what examples of such leadership exist?

2. What challenges and knowledge gaps exist that prevent such change taking place?

3. How can individuals with lived experience of exclusion, and organisations that represent them, assume leadership positions and influence public service decision-making?

4. What are the priorities for future research in this area and how can change be measured? Interest in collaboration on future research.

Scoping review

Two key databases – meta-reviews only

Abstract screening - 460 reviews + 44 COVID19 references

- 34 articles reviewed
- Only a handful focused specifically on leadership

Leadership was discussed in relation to the following service areas:

- Public education
- Nursing education
- Primary health
- Leadership during COVID

Examples of leadership

- The need to encourage leadership within the nursing profession as this is the primary contact a patient has with the health care system. Within the healthcare system the need for nurses to be listened to and ability to express their opinions (Rudolfsson et al. 2007).

- Healthy Start Coalition in Northeast Florida embraced a ‘life course’ approach within the African-American community to develop community collaboration as well as grassroots leadership development (Brady et al. 2013).

- COVID-19: BME leaders in PHE, NHSE, and NHS confederation,
  - WY&H initiative to deliver on BAME leadership

What is leadership?

a goal-setting, problem-solving and language-creating, co-creational process (Johnsen 1984 – Health in All Policies)

ensure ***everybody has opportunity to express opinions, be listened to, create a friendly atmosphere*** *in the team,* ***being trustworthy*** (Stevens 2014 – leadership for safeguarding vulnerable adults)

organisational culture, implementation of policies, procedures and frameworks *and reinforcing* ***strong values and ethics*** *around* ***empowering*** *individuals and delivering* ***person-centred care*** (Steven 2014)

What motivates those who lead on equity?

- Observation that leadership often starts with a particular individual who has a prominent role within the organization.
  - In the case of the “Empowering School Model”, the initiative began with a motivated principal who focused on working with staff to encourage improved teacher-student dialogue and more symbolic power to be directed toward students (Kirk et al 2015)
  - In the case of a “Health in all Policies” approach, the initiative began with a handful of individuals in local government who felt motivated to challenge central decision making which took a siloed approach to health (Heimburg and Hakkebo 2017).

What are the perceived challenges and/or opportunities to taking on leadership?

Challenges

- If leadership begins with a motivated individual, there is a risk that the initiative will end once that person leaves.
- Resistance/scepticism of some to be part of organisational change, doubt.
- Resources and funding.
- Question of how to evaluate change.
- “Sustaining change once brought to scale” (Brady and Johnson 2014).

Opportunities

- Leadership can have a positive impact on organisational culture, implementation of policies and procedures.
- Emphasises an organisation’s strong ethics and values around empowering individuals and delivering person-centred care.
- Retention of staff and patients/students.
- Improved community relations and partnerships.

Enabling change and research priorities

Enabling change

- Change in equitable outcomes.
  - Increased diversity in relation to staff as well as those accessing the services (e.g. health, education).
- Ongoing assessment and monitoring of equity and inclusion data.
- Diverse representation amongst leaders.
- Leaders willing to train/mentor future leaders.
- Seeing the issue become part of political agenda.

Research Priorities

- Inter-agency collaboration.
- Collaborative models of leadership.
- Community leadership development.
- How to support the development of new leadership initiatives by way of resources.
- New ways of evaluating change.
- Focus on administrators as important agents of change.

COVID-19 Inequalities and leadership

thebmjopinion Latest Authors Topics

Delaying part of PHE's report on covid-19 and ethnic minorities turned a potential triumph into a PR disaster

June 16, 2020

The covid-19 pandemic has brutally exposed inequality in societies worldwide. Older age, male sex, socio-economic deprivation and ethnicity are all risk factors for morbidity and mortality from covid-19. This provides important insights on how to best manage the pandemic. The UK deserves credit for studying the association between ethnicity and covid-19. The government's decision to commission Public Health England (PHE) to report on a number of variables relating to inequalities in covid-19, but with particular reference to ethnicity, was welcomed. The report was expected to be an important landmark and to provide directio

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Covid-19 critical care guideline after judicial review challenge

NICE AMENDS COVID-19 CRITICAL CARE GUIDELINE AFTER JUDICIAL REVIEW CHALLENGE

Posted on: 31st March 2020

A proposed judicial review challenge to the Na
Excellence ('NICE') COVID-19 guid
changes to protect the
disorders fr

ompensation

Us Standar Resources COVID-19

Inter-agency Network for Education in Emergencies

Home > Coronavirus (COVID-19) > Coronavirus (COVID-19) Resources > Incl

Inclusion

Topic(s): Emergency - Health, Inclusive Education, Coronavirus (CO

REPORT

Toward a Disability-Inclusive COVID19 F
International Disability Alliance

Published by International Disability Alliance

Published 19 March 2020

ENGLISH

IDA has compiled this list of the main barriers that persons with

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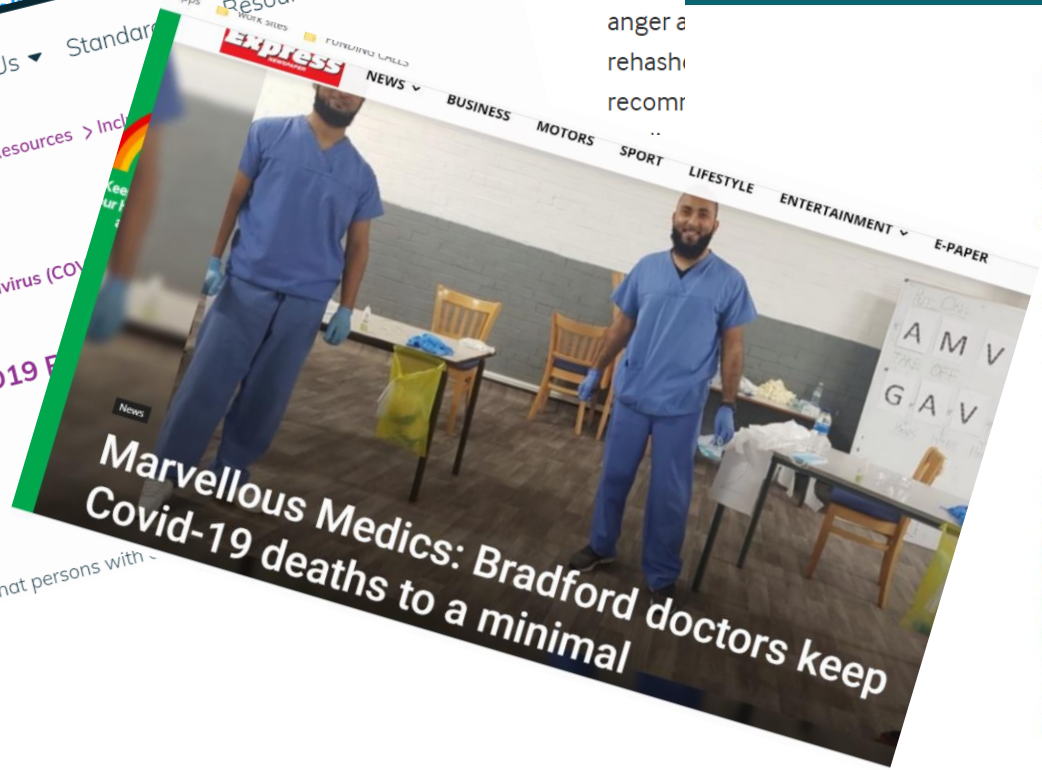
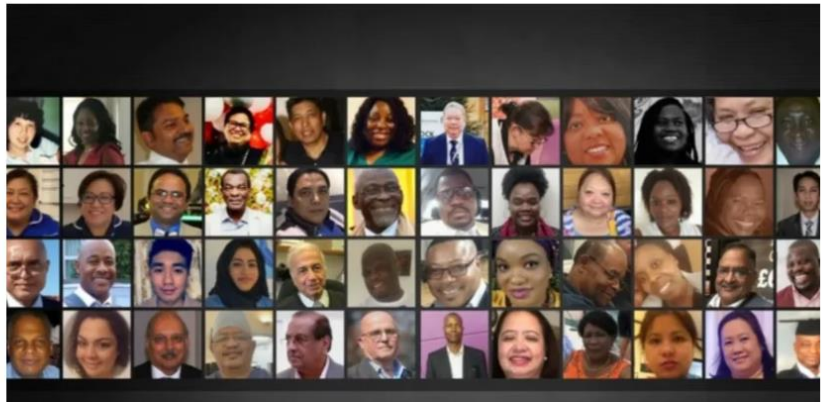


BAME medical groups write to health secretary demanding urgent action to safeguard them from further coronavirus deaths

NATIONAL | HEALTH | BAME | CORONAVIRUS | Sunday 7 June 2020, 6:07pm



COVID-19 Leadership for Equity – BME NHS staff

- **Being trustworthy**
- **Organisational culture,**
- **Strong values and ethics** around **empowering** individuals
- **Create a friendly atmosphere** in the team.
- Ensure **everybody has opportunity to express opinions and be listened to** *(Stevens 2014)*

- **Systemic discrimination** in the NHS as a reason so many BME staff have died - lack of personal protective equipment (PPE); higher proportion of BME staff working in risky areas.
- **Query whether risk assessments are good enough or taking place at all**
- **Lack of representation** in senior roles,
- **Concern about speaking up** for fear of retribution
- BME staff **not listened to, their concerns were not taken seriously enough**
- **Delay in releasing evidence** from extensive BME staff and community consultation

(Kline 2014; 2020; Fenton 2020; Bhopal 2020; Morgan 2020 – BME Leaders in Public Health England NHS England, NHS Confederation)

System level response to Covid-19

BAME Disparity Advisory Group

- **multi-agency approach**
- **co-design** support for local communities
- **preventive GP practice**
- **work with BAME faith and cultural leaders**
- **VCS commissioned for targeted engagement** in key localities
- **prevention and harm reduction**
- **clinical management**

BME staff

- **Representation in decision-making**
- **BME staff network** - co-design solutions in partnership with both HR and health and wellbeing teams.
- 'gold standard' **risk assessment** with health and care staff and volunteers
- Mechanisms for understanding and capturing underrepresented **staff experiences**
- **improving information** – development of a risk profile, enhanced ethnicity recording and sharing of NHS England and NHS Improvement data and BAME health impact assessments

Workforce Race Equality Standard 2020

More issues for discussion…..

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- Why is positive leadership so hard to document and replicate?
- What can be done to encourage more leadership within public services and disadvantaged communities?

- How can leaders address the complexity of health inequalities in a holistic way rather than fragmented way?

References

Berg et al. 2009
Bhopal 2020
Brady et al. 2013
Brady and Johnson 2014
Cameron et al. 2012

Cash-Gibson and Benach 2017

Estrada 2015
Fenton 2020
Francis and Adams 2010
Garg et al. 2020
Heimburg and Hakkebo 2017

Iton and Shrimali 2016

Johnsen 1984
Leidel et al. 2015
Lerner, and Robles 2017
Lindsay et al. 2019
Karkouti 2016

Kirk et al 2017
Kline 2014; 2020

Kovach et al 2019
Lomazzi, Jenkins, and Borisch 2016
Maleku and Aguirre 2014

Macleod and Nhamo-Murire 2016
Morgan 2020
Nelson et al 2009
O'Brien 2019
Parratt, and Afroditi 2017
Saletti-Cuesta et al. 2018

Sass et al. 2009
Sentell, Vamos, and Orkan 2020
Smith et al. 2011
Stevens 2015

Stevens 2014
Pelleboer-Gunnink et al. 2017
Reynolds and Bacon 2018
Riehl 2008
Rozendo, Salas and Cameron 2017
Rudolfsson et al. 2007
WRES 2020
Workforce Race Equality Standard 2020
Zestcott, Blair, and Stone 2016

Thank you

Questions and responses

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Responding to Covid-19: Inequalities and effective action

Helen Barnard, JRF, July 2020

Caught in the same coronavirus storm – but not in the same boat

We entered the pandemic with many people already caught up in poverty, struggling to stay afloat.

The health and economic impacts of the pandemic and lockdown have fallen most heavily on those who were already under pressure.

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Health impacts: deprivation and ethnicity

- People in most deprived areas more than twice as likely to die from Covid-19 than those in least deprived areas

- Compared to people from white ethnic group, those from Black, Bangldeshi, Pakistani, Indian and Mixed ethnicities more likely to die from Covid
  - Black men: 4.2 times as likely to die from Covid
  - Black women: 4.3 times
  - Pakistani & Bangladeshi men: 1.8 times
  - Pakistani & Bangladeshi women: 1.6 times
- Controlling for socio-economic status & age reduces gaps, but still remain

- Some important factors:
  - Poverty + underlying health conditions
  - Work in low paid jobs that can’t do from home
  - Living in overcrowded homes

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Economic impacts: jobs

- We entered the pandemic with high in-work poverty
  - Especially among workers in food, accommodation & retail sectors
  - And disabled workers, BAME workers and single parents

- Furloughing, job losses & reduced hours much more common for low-earning employees than those who were already better off
  - Around 1/3 lower paid employees vs less than one tenth top earners

- Parents who were in poverty pre-crisis c 50% more likely to have lost jobs than parents not in poverty

Economic impacts: Staying afloat - family incomes & costs

- Falling incomes + rising costs pulling low income families deeper into poverty

- Families with children Universal Credit/Child Tax Credit
  - 72% cutting back on essentials e.g. food, nappies, utilities
  - 51% falling behind with rent of other essential bills
  - 61% borrowed money or taken a loan
  - 65% mental health affected by money worries

- Families where at least one parent become unemployed lost c £50 per week

- Nearly 9 in 10 families with children on UC/CTC report additional costs
  - Food
  - Health, electricity, water
  - Home schooling children & children's costs
  - Accessing internet

Immediate policy response: the good…

- Government took big steps quickly
  - Coronavirus Job Retention Scheme: protecting 8.9 million jobs
  - £20 uplift to standard allowance in Universal Credit and Working Tax Credit
  - Raise Local Housing Allowance to cover rents for cheapest 1/3 private rented properties
  - Relaxation Universal Credit's minimum income floor for self-employed
  - Suspending some debt deductions from benefits
  - Mortgage holidays, suspension of evictions for renters, rehousing rough sleepers

…the bad and the missing

- Major gaps remain in support
  - Families with children
  - People on benefits other than Universal Credit & Working Tax Credit
  - Those with no recourse to public funds
  - 5 week wait for Universal Credit
  - Impact of benefit cap and two child limit

  - Digital exclusion
  - Education access & costs

Priorities for recovery and rebuilding

- Jobs
  - Unwinding furlough: sectors which will take longer to recover, parents without childcare/schools, people with health conditions or shielding
  - Helping people back to work: job guarantee schemes, employment support services, targeted training
  - Good quality jobs & linking capital spending to quality job opportunities + training

- Housing
  - Build up of rent arrears, investing in social + affordable homes

- Revive and turbo-charge levelling up

- Families and children
  - Supporting living standards and incomes
  - Education, catching up & narrowing attainment gap

Questions and responses

Break/Breakout groups

1. What motivates those in influential positions to support work that reduces inequity and what examples of such leadership exist?

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4. What are the priorities for future research in this area and how can change be measured? Interest in collaboration on future research.

Recommendations and feedback

Next steps