

	<u>Agenda Item: 14</u>
Report to:	Birmingham Health & Wellbeing Board
Date:	23rd July 2020
TITLE:	OVERVIEW OF ACTIVITY ACROSS THE CREATING A CITY WITHOUT INEQUALITY PARTNERSHIP TO MITIGATE THE IMPACTS OF COVID-19 ON THE BAME COMMUNITIES
Organisation	Birmingham City Council
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Report Type:	Written report
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1. Purpose:
The purpose of the report is to update the Birmingham Health and Wellbeing Board on the activity across the Creating a City without Inequality wider partnership to mitigate the impacts of COVID-19 on the Black and Minority Ethnic communities in Birmingham.

2. Implications:		
BHWB Strategy Priorities	Childhood Obesity	
	Health Inequalities	x
Joint Strategic Needs Assessment		
Creating a Healthy Food City		
Creating a Mentally Healthy City		
Creating an Active City		
Creating a City without Inequality		x
Health Protection		

3. Recommendation
3.1 The Board is requested to note the report and consider its findings in shaping and influencing future strategies and work across the health and wellbeing partnership.

4. Report Body

4.1 Understanding the inequalities

4.1.1 The Recent PHE review of disparities in the risk and outcomes of COVID-19 shows that there is an association between belonging to some ethnic groups and the likelihood of testing positive and dying with COVID-19. The emerging evidence does suggest excess mortality due to COVID-19 in BAME populations. Individuals of Black African or Black Caribbean and Asian ethnic groups may have the highest increased risk. We know that people of Bangladeshi ethnicity had around twice the risk of death when compared to people of White British ethnicity. People of Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity had between 10 and 50% higher risk of death when compared to White British. When compared to previous years, there was a particularly high increase in all cause deaths among those born outside the UK and Ireland, with the biggest increase for people born in Central and Western Africa, the Caribbean, South East Asia, the Middle East, and South and Eastern Africa.

4.1.2 The analyses for age, sex, geography, and ethnicity did not account for the effect of occupation, comorbidities, or obesity which are all significant risk factors in themselves and are likely to explain some of the differences. For instance, other studies that looked at BAME and comorbidities (such as a study by [King's College Hospital](#) (N=1,200)) found no association between BAME and COVID-19 severe illness when comorbidities, age, and gender were taken into account.

4.1.3 However, we know that comorbidities which increase the risk of poorer outcomes from COVID-19 are more common among certain ethnic groups and are often poorly managed. Evidence suggests that: type two diabetes is more prevalent among BAME communities; people of Bangladeshi and Pakistani background have higher rates of cardiovascular disease than people from white British ethnicity; and, people of black Caribbean and black African ethnicity have higher rates of hypertension compared with other ethnic groups. Additional analysis gathered by PHE from over 4,000 stakeholders and a review of literature to understand the experiences of those from BAME communities reveals concerning evidence and testimonies that racism, discrimination, and social inequalities have contributed to the disproportionate impact of COVID-19 on people from BAME groups (['Beyond the data: Understanding the impact of COVID-19 on BAME groups'](#), 16 June).

4.1.4 Differential impact of COVID-19 on BAME groups – key findings:

- Both **ethnicity and income inequality are independently associated with COVID-19 mortality**
- **Many of the pre-existing health conditions that increase the risk of having severe infection (such as diabetes and obesity) are more common in BAME groups** and many of these conditions are socio-economically patterned
- **Housing challenges faced by some individuals from BAME groups can exacerbate risks associated with COVID-19** transmission, morbidity, and mortality

- Individuals from **BAME groups are more likely to work in occupations with a higher risk of COVID-19 exposure**
- Individuals from **BAME groups are more likely to use public transportation to travel to their essential work**, putting them at greater risk of exposure
- **Historic racism and poorer experiences of healthcare or at work may mean that individuals in BAME groups are less likely to seek care when needed** or, as NHS staff, are less likely to speak up when they have concerns about Personal Protective Equipment (PPE) or risk.

4.1.5 Birmingham has a greatly diverse ethnic population, with 42.1 per cent of people from a BAME background compared with 15 per cent in England (2011 census). The city experiences high levels of deprivation – the 2019 Index of Deprivation ranks Birmingham as the seventh most deprived local authority in England. There is also a considerable gap in life expectancy between the wealthiest and poorest wards and the city has pockets of high levels of overcrowding ([National Policy Institute](#)).

4.1.6 In relation to the economic and labour market impact of COVID-19 on BAME communities, there is less data available a local level at present and estimates of the labour market impact by BAME groups will not be available until later in the year. However, figures from 2019 show that BAME groups in the city have higher unemployment and are more likely to work in lower skilled occupations which may put them at a greater risk from COVID-19.

4.2 Recommended action

4.2.1 There are several stakeholder requests within the review that encompass themes of data & research, policy, anchor institutions and communications. The review concludes with recommendations around:

- ethnicity data collection and recording
- community participatory research,
- improving access, experiences and outcomes of NHS, local government and integrated care systems commissioned services by BAME communities
- development of culturally competent occupational risk assessment tools
- funding, developing and implementing culturally competent COVID-19 education and prevention campaigns, working in partnership with local BAME and faith communities to reinforce individual and household risk reduction strategies;
- acceleration of efforts to target culturally competent health promotion and disease prevention programmes;
- ensuring that COVID-19 recovery strategies actively reduce inequalities caused by the wider determinants of health.

4.3 Action in Birmingham

4.3.1 Work within the Creating a City without Inequality Forum encompasses the themes and recommendations from the PHE BAME Inequalities review. The forum is utilising Marmot's Life course approach to planning the work and addressing the gaps. Responses are actively being gathered from forum members.

4.3.2 During the last forum discussions from partners highlighted concerns on understanding and addressing ethnicity, racial discrimination and structural disadvantage when tackling Covid-19 and mitigating its further impacts. Partners contributed towards the available intelligence and further input is actively being requested and received to inform actions of the forum partners.

4.3.3 Public Health have commissioned a range of community organisations to work with BAME, disabled, and LGBT communities to understand specific issues around COVID-19 and to develop **culturally sensitive methods of engagement**. Feedback from this work reveals common themes including, for example, challenges posed by inaccessible support services; an increase in domestic violence; concerns around the easing of lockdown measures (including returning to education and places of worship); the existence of language barriers when trying to access local and national resources; and, misinformation being shared within communities.

4.3.4 Initial findings from the **health and wellbeing survey** (run by Public Health on BeHeard from 22 May to 31 July) have been shared and discussed. They suggest that many people are experiencing adverse impacts on their financial security, employment, deterioration in self-reported mental health; reduction in levels of physical activity; and, unhealthier food habits. Whilst the ethnic breakdown is not yet available, it is anticipated that BAME communities may be amongst those most affected. Significant efforts are being made to promote the survey to the BAME communities and support them to complete it.

4.3.5 **The Birmingham and Lewisham African & Caribbean Health Inequalities Review-** BLACHIR work is a research partnership between Birmingham & Lewisham Councils gathering insights on health inequalities within Black African and Black Caribbean communities, working towards breaking the cycle of inequality. It has key themes of:

- Racism & discrimination role in health inequalities
- Wider determinants of health (e.g. housing, employment, education, poverty)
- Early years, Pregnancy and Parenthood
- Children and Young People (youth violence, NEET, opportunities)
- Ageing well (Dementia & Frailty)
- Lifestyle factors (smoking, physical activity, nutrition & diet, drugs & alcohol)
- Mental health & wellbeing)
- Chronic disease (Diabetes, Hypertension)
- Acute disease and death (hospital admission).

Review is made up of members from BCC and Lewisham council, external Advisory Boards including faith groups, community and voluntary organisations, citizens from across disability groups, LGBT people, businesses, media and academics and will consist of evidence-based research alongside the lived experience. Recruitment for academic board and an advisory board is live, the Review will conclude by November 2021.

The review itself will involve:

- Recruiting volunteers to be members of an external academic board and external advisory board.

- A network of individuals representing a wide range of different aspects of the Black African and Black Caribbean communities in Lewisham, Birmingham and nationally.
- The boards will discuss health outcomes affecting the communities.
- Evidence will be drawn from discussions to inform the review process.
- Those involved will have an area, interest or expertise in order to contribute.
- This will be via an application process advertised on WM.jobs including a supporting statement detailing applicants attributes, interest, and experiences of their attributes.
- Discussions will be conducted in an ongoing cycle of meetings, involving discussing one theme at a time.
- The Review Team will prepare information on the chosen theme to give to the academics in preparation of their meetings to discuss this area of interest.
- Evidence gained will inform the Advisory Board meetings.
- Information will be returned to the Review Team for producing a final report.
- Themes follow the life course topics as well as the wider determinants and racism and discrimination affect health.

The review will regularly report to the Creating a City without Inequality Forum.

- 4.3.6 **Bereavement support.** The outbreak of Covid-19 has left us fearful for the health and wellbeing of our loved ones. Those who have been bereaved by Covid-19 will be experiencing the shock of a loved one dying suddenly, It is important in these challenging and difficult times that the bereaved are cared for and receive support. Public Health have put together guidance to help families (and professionals) that may feel helpless and unable to touch and comfort each other, living in dread that another family member could fall ill.

This includes:

- Safeguarding concerns and Criminal Justice support to Faith Community Links, Education, employment and sexual health services.
- Covid-19 Bereavement Help for Adults, professionals and Children & Young People and includes Support for those Bereaved by Suicide during lockdown.

- 4.3.7 A partnership was established with **Education and Skills** in 2014 and an oversight group consisting of council officers and schools was set up. Under the direction of this group, [the Curriculum Statement](#) and the equality toolkit, **All Different, All Equal** was set out. Since 2016, training for schools has been commissioned through [brap](#), an equalities and human rights Birmingham based charity, who delivered workshops for schools on mastering equality, social constructs of race, prejudice, discrimination, unconscious bias, othering and intersectionality. This offer continues and will be strengthened by developing a Birmingham based cross-cutting curriculum offer across primary and secondary schools. A number of schools have volunteered to engage on this in recent weeks. Cabinet Members have also been very supportive. A group of heads of service from Education and Skills are working together to consider a number of areas including

- Staff representation within the directorate
- How children are represented across the education system (eg school access, attainment and exclusions).

4.3.8 Other key activity has been listed below. The list is not exhaustive. More detail can be found in **Appendix 1** and collection of further information is still ongoing and therefore, not incorporated into this report.

- **Public Health Wellbeing Cell is working with partners** (including the Financial Inclusion Partnership, Migration Forum and Domestic Abuse Strategic Group) **to explore the impact of COVID-19 on health inequalities.**
- **The Director of Public Health has held weekly engagement meetings with faith communities as well as regular targeted engagement sessions with different ethnic communities including Somali, Romanian and African communities, women's organisations, migrant and refugee groups, and groups of young people to support Public Health messaging, to understand risks and issues facing these different communities, and to explore what recovery might look like. This has included bilingual/translated engagement sessions in Romanian and Mirpuri with local community partners.**
- Public Health are commissioning ethnographic studies of Birmingham residents to explore the prolonged impacts of COVID-19, their experiences of the system and specific services, and what support is needed for them as individuals as well as for communities and the city overall. This work is due to be completed in November 2020, with the findings included in the Director of Public Health Annual Report (published in 2021).
- **A survey of the city's funeral directors** is underway to increase our knowledge of the impact of COVID-19 on people from different faiths.
- Dr Justin Varney (Director of Public Health) is working for the Association of Directors of Public Health (ADPH) to lead work on **sharing good practice on engagement with minority groups** during the COVID-19 crisis.
- Recently there have been a considerable activity in respect of BAME communities as part of **evaluating the impact of Covid-19 on the delivery of Early Help Offer.**

4.4 Conclusions and next steps

- 4.4.1 The understanding of impacts of Covid-19 on Birmingham's BAME communities is developing and further analysis of findings and their contextualisation is required to create an insight. The progress of this work will be reported to the Health and Wellbeing Board on a regular basis.
- 4.4.2 The insight into the inequalities and differential impacts of Covid on BAME Communities is being developed from many different perspectives and by many different groups and organisations and therefore, it is highly important that there is a single strategic oversight of this work that brings it all together for coherence, coordination and strategic impact.
- 4.4.3 The 'Creating a City Without Inequality Forum' is well-positioned to serve a conglomerate function to ensure a coordinated and coherent strategy is

developed around the different facets of inequality and poverty, but it needs to be supported to develop and maintain the required momentum and influence to drive this agenda forward through to successful delivery and outcomes.

- 4.4.5 The Board are requested to consider the findings within the report alongside the recommendations and conclusions.

5. Compliance Issues

5.1 HWBB Forum Responsibility and Board Update

5.2 Management Responsibility

Monika Rozanski – Public Health Service Lead on Inequalities

6. Risk Analysis – *in development*

Identified Risk	Likelihood	Impact	Actions to Manage Risk