

	<b><u>Agenda Item: 20</u></b>
<b>Report to:</b>	<b>Birmingham Health &amp; Wellbeing Board</b>
<b>Date:</b>	<b>16 March 2021</b>
<b>TITLE:</b>	<b>UPDATE ON PROGRESS SINCE THE APRIL SPECIAL HEALTH AND WELLBEING BOARD MEETING</b>
<b>Organisation</b>	<b>Birmingham City Council</b>
<b>Presenting Officer</b>	<b>Dr Justin Varney, Director of Public Health</b>

<b>Report Type:</b>	<b>Information</b>
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<b>1. Purpose:</b>
To inform the Board and members of the public of the progress since the September Health and Wellbeing Board meeting to mitigate risk and support ethnic communities from Covid-19

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

<b>3. Recommendation</b>
<p>3.1 The Board is asked to note the progress detailed in the report.</p> <p>3.2 Board members are asked to continue to work to mitigate disproportional risk of Covid-19 to ethnic communities.</p>

<b>4. Report Body</b>
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## **1.1 Introduction**

This report summarises Health and Wellbeing Board partner progress to mitigate risk and support ethnic communities from Covid-19 across Birmingham. The report has been compiled since the last Health and Wellbeing Board Meeting and is an update as of March 2021. As a Health and Wellbeing board we are keen to mitigate against disproportional risk of Covid-19 to ethnic communities whilst in parallel reducing the anxiety and fear that exists in these communities.

## **1.2 The following partners have contributed to the content of this report:**

- Birmingham City Council Adult Social Care
- NHS Birmingham and Solihull Clinical Commissioning Group
- Birmingham Community Healthcare NHS Foundation Trust
- Birmingham City Council Public Health Division
- Healthwatch Birmingham

## **1.3 Birmingham City Council Adult Social Care**

### **Update on BAME Health Inequalities – Covid 19**

Across Adult social Care we have continued our support to care providers, our staff, and our local communities.

### **1.3.1 Care Home Update**

The majority of our work around vaccination and testing, has been to support all employees to comply with the national adult social care testing programme and to take up the offer of vaccination.

Although we have validated that routine testing is taking place across regulated care settings, we don't capture data on any refusals (extremely low numbers) or their protected characteristics. However, we have worked hard to ensure the programme is implemented across all settings and to encourage compliance and support some staff reluctance earlier on in the programme.

The vaccine rollout is focussed largely on age and risk factors such as underlying health conditions. Our focus has therefore been to engage providers in the vaccine rollout and ensure they have materials they can share with staff.

- 81% of the social care workforce in Birmingham are female
- 47% of the social care workforce in Birmingham identify as from BAME communities (compared with 22% across West Midlands)
- 68% of the social care workforce in Birmingham are ages 25 – 54 years
- We know that the above groups are less likely to take up the vaccination
- We have published a range of materials for providers to use to support staff uptake
- We have held a number of briefings/Q&A sessions to support staff uptake
- Birmingham City Council contact centre are liaising with providers to ensure awareness of the vaccine offer and where they need to report data
- We have identified all care homes who have <50% staff vaccine take-up to understand why (some staff may still be within 28 days of Covid, may have underlying medical conditions, may be unsure or outright refusals). We will then review the data to identify any further support we can offer to increase take-up

### **1.3.2 BCC Staff**

- Acknowledgement by Senior Leads including the Director of Adult Social Care at Teams Live events that Covid has disproportionately impacted BAME communities

- Teams Live sessions were held where all staff were encouraged to raise questions
- Specific session more recently included a Senior Lead from Health who responded to questions for an hour
- Regular Yammer (Birmingham City Council intranet) sessions with Justin Varney re. Covid 19, vaccination, PPE etc
- Justin delivered a specific session to focus on questions from BAME workers
- Request made to managers to consider the depth of loss/bereavement regarding workers who have experienced multiple deaths – collective grief of communities – impact on workload, performance, energy etc.
- BAME Network established in Adult Social Care/Reference Group for reporting issues/concerns, supporting service improvement as well as providing mutual support, addressing care progression and development, tackling inequalities in relation to service delivery etc.
- Birmingham City Council has a Council-wide Black Workers Support Group
- Information shared with managers for dissemination re. articles, webinars (Skills for Care/Health) focused on Covid and BAME workforce/communities
- Support offered to direct payment recipients via – email, weekly online support network

### **1.3.3 Community Resilience in partnership with BVSC Neighbourhood Network Schemes**

Each Neighbourhood Network Scheme has been tasked to support their local communities and ensure projects meet local needs. We have utilised the small grants scheme to reach into communities and provide support tailored generally for very local and BAME community specific needs. Examples include:

#### **a) Ladywood, Soho-Jewellery Quarter Ward:**

**Birmingham Care Group** - since April 20 they have offered food distribution to the community of NNS Ladywood, Soho-Jewellery Quarter Ward. They received a letter from the Mayor of Birmingham for their achievements. They are still offering food distribution support and has extended this across NNS Ladywood Wards and has just recently received a small grant from the Birmingham City Council Emergency Food Scheme.

Over a 3-month period they have distributed an average of 500 food parcels weekly making an average total of 6500 beneficiaries and more recently have adapted their cooked meals to meet the cultural dietary needs. They do not have an ethnicity breakdown of their service users as many citizens are *'reluctant to provide their full details to the food bank due to embarrassment and many found they had never been in this situation before'*.

*'Our project has had a huge impact on our community in particular those from the Caribbean. Having previously delivered cooked meals to them at the beginning of COVID-19, we found many of our Caribbean elders were not eating as they were not receiving foods that were culturally sensitive. We are now distributing food to our elders that supports their health and wellbeing'*

#### **b) Hall Green**

Commissioned **Muath Trust** to be a community hub providing essential support – food, shopping and prescriptions and wellbeing activities, along with Moseley Community Development Trust. Having both was a considered way to have reach to BAME communities and the whole of the constituency.

Funded the **Bethel Healing Project** – A volunteer listening service to improve their mental health, self-esteem and emotional wellbeing amongst BAME & Migrant groups

Funded the **Kindness Project** – a culturally sensitive bereavement project - led by a mosque it is training up people from a range of faith organisations to be able to support bereaved people.

c) **Perry Barr**

**MCRC** received funding to identify and reach particular disadvantaged South Asian Elderly Women who have recently affected by this crisis, and required support due to their mental well-being impacted during lockdown. Women who are in need of emergency food support, especially those with special and cultural dietary needs.

**Smart Women CIC** has been funded to provide advice & guidance, Intelligence gathering, info on Covid-19 directed at BAME communities, and connecting vulnerable people to services and volunteering.

**Prevention and Communities grants**

These grants have also addressed BAME inequalities

**Birmingham Chinese Community Centre.** As well as adapting its support for carers, it has had a Ladywood NNS small grant to support digital inclusion and they have also worked closely with Public Health as one of their community commissioned groups to communicate about Covid safety and the vaccine.

In Hodge Hill the grant funded **St Margaret's Community Trust Unity Hubb** to support women in the area and have been using an allotment innovatively

**1.3.4 Vulnerable Adults funding with a specific BAME focus:**

**Micro Rainbow**, for example, has addressed the digital exclusion of LGBTQ+ migrants staying in their houses and **MECC** has provided welfare and employment advice to south Asian citizens.

**BVSC** has been provided advice and connections to a wide range of VCFSE organisations during lockdown, including a number of faith based organisations. More recently BVSC has been supporting the vaccine drive, ensuring that accurate Information to appeal to specific BAME groups is captured and shared via the website: <https://www.bvsc.org/Pages/Category/vaccination-programme>

**Community cohesion**

the role played by faith organisations in the city is likely to have long term positive impacts on community cohesion. They have really gone outside their own communities to support citizens across the city. Some have had BCC funding; many have raised their own funds.

*'Earlier on in Lockdown I was struck by a woman in Bartley Green being full of praise that a Muslim organisation in Aston had taken over a food parcel to her and done so professionally'*

**New Communities**

Birmingham is a City of Sanctuary and home to many communities. During Covid-19 our Refugees & Migration team has specifically focused on inequalities where BAME groups are also migrants in the city. Mostly this is focused on first generation migrants but can also impact on families or communities with a less recent history of migration.

**1. Targeted communication**

**a. Multilingual resources**

Since the onset of Covid in March 2020, we have shared key messaging, guidance and resources in community languages as widely as possible including to our networks of 100+ organisations supporting refugee & migrant communities in the city.

**2. Hearing from BAME communities**

**a. Migrant Health Champions**

In the summer of 2020, 18 new Community Health Champions were trained as part of the MiFriendly Cities initiative to deliver basic and universal public health messaging and signposting relating to Covid-19. All Community Health Champions have a migration background and speak community / multiple languages. They shared information through their own networks, and via social media, to engage communities on the topic of Covid-19 and to bust common myths and combat misinformation. Throughout Autumn 2020, monthly meetings were held with the Community Health Champions in order to gain their feedback and insights, which we did working with BCC Public health, including two facilitated sessions with DPH Justin Varney. The group has now started the process to establish their own CIC.

**b. Recruitment opportunities**

We have increased the number of opportunities within the team and within the work of our providers to engage the voices of migrants with lived experience. Including:

- Four posts currently being recruited by providers in which lived experience or migration is an essential criteria.
- Including people with lived experience in strategic panels and boards, including the panel for the newly launched Strategic Assessment of Migration in the city, and the City of Sanctuary Partnership Board.

**3. Community resilience**

**a. Migration lead for BVSC community resilience work**

- Early in the Covid response we recommended a third sector migration thematic lead to be aligned to the BVSC work on response and recovery.

**b. SVPRS grants**

We have continued to award grants to organisations to support the resettled Syrian community in Birmingham, including:

- **Flash Academy:** The provision and further development of an English learning app aimed at children in school. As well as providing English learning via fun games, handwriting practice and verbal recall, the app also provides the user with an 'object translator' that recognises an object through a camera and translates it back in English and the selected language. The grant covers the cost of licenses for schools as well as further development of the app targeting parents.
- **Refugee Alliance:** This grant proposal was developed in consultation with Syrian adults to deliver a range of learning programmes helping them to rebuild their lives in their UK. The programme includes parenting in the 21<sup>st</sup> century, driving theory, digital literacy and health & well-being.
- **The Bike Project:** The grant has been used to provide 150 renovated bikes to refugees alongside a bespoke cycling programme for both families and specifically women. The project also offers a 'bike buddies programme' which matches local volunteer cyclists with refugees in order to build confidence, build local connections and support English conversation. There is also the opportunity to gain valuable work experience working alongside mechanics refurbishing bikes.

- ***In her Shoes:*** This project aimed specifically at women uses music in a safe space to help them find their voice and place in their communities. Both women and girls are given access to activities such as drumming, song writing, singing and dance. Volunteer refugees from other communities help facilitate sessions helping to improve English skills, form friendships and increase confidence.
- ***Princes Trust Open Door:*** This project will see the development of a specifically created programme for refugees aged 16-30 providing one to one mentoring, career pathways, English language development and the opportunity to build relationships with peers.
- ***Bosnia House:*** This project centres around staff at the Bosnia and Herzegovina Network using their experience as refugees to help build the capacity of the Syrian community. The recruitment of a Syrian Capacity Development Worker will help to establish and develop a base for the future of the community, helping to build a foundation for their future in the city.
- ***Birmingham Ethnic Education Advisory Service:*** This project delivers ESOL language which is in addition to formal provision as well as English family learning opportunities during school holidays. These courses are extremely popular with families who frequently request extra English language learning.

**c. MiFriendly Cities project – Share my Language**

Our micro-grant funded network of 18 grassroots organisations providing access to fun, informal, community-based opportunities to practice English language continued. By the end of September 2020 these organisations had reached 310 people through their sessions. A further micro-grant investment is being made to this network currently to help them address digital exclusion issues in their work and communities.

**d. Information advice & Guidance**

Through accredited providers in the city, the team continues to ensure the availability of advice, information, and guidance to new and existing migrant communities in the city. This is centred on where immigration issues can affect rights and entitlements across areas such as: health, employment, housing, welfare. This provision has adapted and responded to the Covid-19 crisis by continuing digitally when needed and providing face to face provision for highly vulnerable clients.

**e. Facilitated network meetings**

The Birmingham City Council Refugees & Migration team has continued to host and facilitate network meetings to aid information sharing and explore new issues arising from Covid-19 and inequalities. One such meeting specifically addressed Digital Inclusion within migrant communities – exploring key barriers and sharing some good practice and funding availability for groups to improve the inclusivity of their provision / services.

**4. Vaccinations**

**a. GP registration**

We have recognised that GP registration is likely to be a significant barrier to vaccination access and take-up by migrant communities. We have taken steps to improve this:

- i. Ensuring commissioned providers of support to newly resettled or granted refugees in the city are completing online GP registrations with clients wherever possible, including reregistration.
- ii. Working with organisations such as Doctors of the World to increase awareness by frontline services of the right of migrants to access GPs. Including dissemination of factual and myth busting information.
- iii. Across all our wider networks, encouraging organisations to promote GP access with their clients; this included those with NRPf currently supported under Everyone In.



- iv. Working in partnership with Home Office, Serco, Sandwell & West Bham CCG to promote GP registration by asylum seekers in hostels and hotels in the city.

**b. Provider vaccination**

Key providers have been put forward by the Commissioning team for priority vaccination where they deliver a front-line health and social care role.

#### **1.4 NHS Birmingham and Solihull Clinical Commissioning Group**

##### **COVID-19 vaccination: communications and engagement inequalities activity**

###### **1.4.1 Community engagement**

Using the tried and tested approaches of using trusted relationships, community assets and peer-to-peer engagement, an active and evolving 'menu of opportunities' has been developed using local clinicians from BAME communities, who are personally attending over 70+ local community based and national meetings, including: COVID-19 champions meetings, interfaith forums, Muslim forums, Black churches forums, residents' forums, roundtables, and locality-based Q&A roadshows. These are both existing and new forums. For the full list, please see below.

###### **1.4.2 Communications and engagement resources**

Local GPs, nurses, other NHS staff and community leaders have recorded videos in popular community languages (Bengali, Arabic, Somali, Cantonese, Gujarati, Hindi, Kurdish, Mandarin, Tamil and Urdu) providing reassuring and encouraging messages about the COVID-19 vaccine. These are being shared widely. Myth busting messages, produced by national organisations representing specific communities are actively being used e.g. British Islamic Medical Council and The British Board of Scholars and Imams, to structure conversations with communities and use on communications channels. Translation of key leaflets and documents into top community languages spoken locally are shared with partners to support conversations and on their communications channels.

###### **1.4.3 Internal communications activity<sup>1</sup>**

All partners from across the system are undertaking extensive activity internally to encourage staff to have the vaccine, and become ambassadors within their communities, including promoting staff case studies.

###### **1.4.4 Social media**

All partners across wider system (including grassroots organisations and third sector) are sharing and promoting consistent key messages to their audiences, using communications toolkits. Paid for social media content has been targeted in geographic areas of low uptake. Content, in particular video, has also been shared via community WhatsApp channels, which often have very large memberships.

###### **1.4.5 Media**

Positive broadcast media opportunities to promote the vaccination programme to date, include: Millennium Point, Villa Park, Sutton Coldfield Town Hall. Housebound vaccination, **Al Abbas Islamic Centre, Sparkhill Primary Care Centre and Falcon Lodge Medical Centre. Several of our BAME GP clinical leads have or are scheduled to appear on community radio shows. There has**

<sup>1</sup> [Toolkits and resources – Birmingham & Solihull NHS COVID-19 Vaccination Service \(birminghamandsolihullcovidvaccine.nhs.uk\)](https://birminghamandsolihullcovidvaccine.nhs.uk)

also been several positive articles and comments in print publications e.g. Birmingham Mail.

#### 1.4.6 Data and insight

We continue to monitor hesitancy insights being reported to us by PCNs and other routes, to quickly respond to particular issues raised for specific communities. For example, discussion around an issue for black communities was a historical understanding/belief that vaccines were 'tested' on them. Due to this we then started including key messages around this in our briefings for spokespeople attending meetings that this was not the case and the vaccine was being offered to all parts of the community, regardless of ethnicity.

#### 1.4.7 Birmingham and Solihull vaccine website

Ongoing development of the local vaccination website<sup>2</sup>, including resources that address FAQs, myths and issues for communities.

#### 1.4.8 Best practice

The Birmingham and Solihull team has been asked to share the best practice engagement approaches currently being deployed with NHS England and NHS Improvement, DHSC and the Prime Minister's Office.

#### 1.4.9 Future plans (short to medium term)

- 'Protect our parents' social media campaign aimed at persuading young people to encourage elders to have their jab
- 'No vaccine; no fun' social media campaign persuading deniers, anti-vaxxers, those afraid of long term effects to have the jab or no return to normal life
- Targeting postcodes of GP practices where % uptake of first doses is under 75% with advertising and information to be distributed in 'open' businesses/venues underpinning the direct approach/one-to-one intervention by GPs
- As above, with community events e.g. supermarkets
- Continuation and monitoring of above interventions; using feedback to inform future approaches
- Using local influencers to support messages to specific communities
- Vaccination United, partnering with Aston Villa FC and Birmingham City FC
- Bespoke meetings for specific communities, based on insight

#### 1.4.10 Overview of community engagement meetings ('menu of opportunities'):

Meeting	When	Audience	GP to attend
<b>January</b>			
COVID-19 virtual briefing	Wednesday 13 <sup>th</sup> 6.30pm	Solihull community champions	Dr Mike Baker
COVID-19 virtual briefing	Thursday 14 <sup>th</sup> 4pm	Birmingham COVID champions	Dr Rizwan Alidina
COVID-19 Interfaith meeting	Monday 18 <sup>th</sup> 1-2pm	Members of different faith communities in city	Dr Sonia
COVID-19 virtual briefing	Wednesday 20 <sup>th</sup> 6.30pm	Solihull community champions	Dr Mike Baker
COVID-19 Interfaith meeting	Wednesday 20 <sup>th</sup> 3pm	Faiths group promoting health and wellbeing	Dr Majid Ali
COVID-19 virtual briefing	Monday 25 <sup>th</sup> 10-11am	Birmingham Masjids	Dr Rizwan Alidina
COVID-19 virtual briefing	Monday 25 <sup>th</sup> 7-8.30pm	Christian church leaders and community leaders	Dr Onyi Okonkwo

<sup>2</sup> <https://www.birminghamandsolihullcovidvaccine.nhs.uk/vaccination-centres/>



COVID-19 virtual briefing	Tuesday 26 <sup>th</sup> 1-2pm	Ministers and Pastors from Black Churches	Dr Onyi Okonkwo
COVID-19 virtual briefing	Wednesday 27 <sup>th</sup> 6.30pm	Solihull community champions	Dr Mike Baker
COVID-19 virtual briefing	Thursday 28 <sup>th</sup> 5pm	Birmingham COVID champions	Dr Rizwan Alidina
COVID-19 virtual briefing	Sunday 31 <sup>st</sup> 7:30-8:30pm	Black faith leaders and their constituencies	Dr Onyi Okonkwo
<b>February</b>			
COVID-19 Interfaith meeting	Monday 1 <sup>st</sup> 1-2pm	Members of different faith communities in the city	Dr Sonia Ashraf
Vaccine roundtable with WMCA Mayor	Monday 1 <sup>st</sup> 2-3pm	Members of different faith communities west mids	Dr Rizwan Alidina
VCSE Response group	Tuesday 2 <sup>nd</sup> 2.30-3.30pm	Vol/Community organisations across Solihull	Dr Mike Baker
COVID-19 virtual briefing	Wednesday 3 <sup>rd</sup> 6.30pm	Solihull community champions	Dr Mike Baker
COVID vaccine NORTH birm webinar	Thursday 4 <sup>th</sup> 6-7.30pm	Erdington/Sutton residents	Dr Rahul Dubb
No 10 led roundtable	Friday 5 <sup>th</sup> 10.30am	National BAME community leaders & communities	Dr Rizwan Alidina
Care workers vaccine Q&A	TBC 1-5 Feb	Solihull care workers	Dr Farooq Khan
COVID-19 virtual briefing	Monday 8 <sup>th</sup> 10-11am	Birmingham Masjids	Dr Rizwan Alidina
COVID-19 virtual briefing	Tuesday 9 <sup>th</sup> 1-2pm	Ministers and Pastors from Black Churches	Dr Onyi Okonkwo
VCSE Response group	Tuesday 9 <sup>th</sup> 2.30-3.30pm	Vol/Community organisations across Solihull	Dr Mike Baker
COVID vaccine SOUTH birm webinar	Tuesday 9 <sup>th</sup> 6-7.30pm	South Birmingham residents	Dr Sonia Ashraf
COVID-19 virtual briefing	Wednesday 10 <sup>th</sup> 6.30pm	Solihull community champions	Dr Mike Baker
COVID vaccine east birm webinar	Thursday 11 <sup>th</sup> 6-7.30pm	Bordesley Green/Washwood heath residents	Dr Rizwan Alidina
Praise & Fellowship Christian Centre	Friday 12 <sup>th</sup> 6-8pm	Church members	CCG Patient Champion
COVID-19 virtual briefing	TBC	Birmingham COVID champions	Dr Rizwan Alidina
Unity FM radio	Monday 15 <sup>th</sup> 4pm	Muslim community members	Dr Rizwan Alidina
VCSE Response group	Tuesday 16 <sup>th</sup> 2.30-3.30pm	Vol/Community organisations across Solihull	Dr Mike Baker
COVID-19 Interfaith meeting	Monday 15 <sup>th</sup> 1-2pm	Members of different faith communities in the city	Dr Sonia Ashraf
COVID-19 virtual briefing	Wednesday 17 <sup>th</sup> 6.30pm	Solihull community champions	Dr Mike Baker
New Testament Church of God Forum	Wednesday 17 <sup>th</sup> 7.30pm	Members of the Church	CCG Patient Champion
COVID-19 virtual briefing	Thursday 18 <sup>th</sup> 5pm	Birmingham COVID champions	Dr Rizwan Alidina

BAME vaccine webinar	Thursday 18 <sup>th</sup> 6-7pm	COVID-19 Community Providers	Dr Rizwan Alidina
COVID-19 virtual briefing	Monday 22 <sup>nd</sup> 10-11am	Birmingham Masjids	Dr Rizwan Alidina
COVID-19 virtual briefing	Tuesday 23 <sup>rd</sup> 1-2pm	Ministers and Pastors from Black Churches	Dr Onyi Okonkwo
VCSE Response group	Tuesday 23 <sup>rd</sup> 2.30-3.30pm	Vol/Community organisations across Solihull	Dr Mike Baker
COVID-19 virtual briefing	Wednesday 24 <sup>th</sup> 6.30pm	Solihull community champions	Dr Mike Baker
COVID vaccine central birm webinar	Thursday 25 <sup>th</sup> 6-7.30pm	Central Birmingham residents	Dr Onyi Okonkwo
COVID-19 vaccine session	TBC	Sparkbrook/Sparkhill residents	Dr Rizwan Alidina
<b>March</b>			
COVID-19 Interfaith meeting	Monday 1 <sup>st</sup> 1-2pm	Members of different faith communities in the city	Dr Sonia Ashraf
VCSE Response group	Tuesday 2 <sup>nd</sup> 2.30-3.30pm	Vol/Community organisations across Solihull	Dr Mike Baker
COVID-19 virtual briefing	Wednesday 3 <sup>rd</sup> 6.30pm	Solihull community champions	Dr Mike Baker
COVID-19 virtual briefing	Thursday 4 <sup>th</sup> 5.30pm	Birmingham COVID champions	Rizwan and/or Sonia
COVID-19 virtual briefing	Monday 8 <sup>th</sup> 10-11am	Birmingham Masjids	Dr Rizwan Alidina
COVID-19 virtual briefing	Tuesday 9 <sup>th</sup> 1-2pm	Ministers and Pastors from Black Churches	Dr Onyi Okonkwo
VCSE Response group	Tuesday 2 <sup>nd</sup> 2.30-3.30pm	Vol/Community organisations across Solihull	Dr Mike Baker
VCSE Response group	Tuesday 9 <sup>th</sup> 2.30-3.30pm	Vol/Community organisations across Solihull	Dr Mike Baker
COVID-19 virtual briefing	Wednesday 10 <sup>th</sup> 6.30pm	Solihull community champions	Dr Mike Baker
Mount Zion Community Church	Thursday 11 <sup>th</sup> - 12-1.30pm	Members of the church	CCG Patient Champion
Faith promoting wellbeing	Thursday 11 <sup>th</sup> - 4pm	Religious leaders	CCG Patient Champion
VCSE Response group	Tuesday 16 <sup>th</sup> 2.30-3.30pm	Vol/Community organisations across Solihull	Dr Mike Baker
COVID-19 virtual briefing	Wednesday 17 <sup>th</sup> 6.30pm	Solihull community champions	Dr Mike Baker
COVID-19 virtual briefing	Thursday 18 <sup>th</sup> March 4pm	Birmingham COVID champions	Rizwan and/or Sonia
COVID-19 virtual briefing	Monday 22 <sup>nd</sup> 10-11am	Birmingham Masjids	Dr Rizwan Alidina
COVID-19 virtual briefing	Tuesday 23 <sup>rd</sup> 1-2pm	Ministers and Pastors from Black Churches	Dr Onyi Okonkwo
VCSE Response group	Tuesday 23 <sup>rd</sup> 2.30-3.30pm	Vol/Community organisations across Solihull	Dr Mike Baker
COVID-19 virtual briefing	Wednesday 24 <sup>th</sup> 6.30pm	Solihull community champions	Dr Mike Baker
VCSE Response group	Tuesday 23 <sup>rd</sup> 2.30-3.30pm	Vol/Community organisations across Solihull	Dr Mike Baker

## **1.5 Birmingham Community Healthcare NHS Foundation Trust**

The COVID-19 pandemic has made clear inequalities in society and their impact on health especially affecting people from Black and Minority Ethnic (BME) backgrounds. BCHC, along with the other NHS trusts in the city, made a clear commitment to address this in our COVID-19 response. This note provides an update for the Health & Wellbeing Board.

### **1.5.1 Supporting our colleagues**

- We have maintained our commitment to share data widely within the Trust on the impact of COVID19 on our colleagues. Our most recent impact report – including uptake of the COVID19 vaccination – was reviewed at our EDHR Steering Group in February 2021.
- We have continued to work to ensure that all our colleagues have the opportunity of an individual risk assessment. We have 98% compliance with this commitment. The risk assessments are reviewed when circumstances change, on request or every 12 weeks.
- We have surveyed colleagues identified as “higher risk” through the risk assessments. 82% of reported that the actions agreed through their risk assessment had been completed by their line manager and 76% reported they felt safe at work. Where colleagues reported that they did not yet feel safe compliance with COVID-secure processes was the most common reason.
- BME colleagues along with all our staff have access to twice-weekly lateral flow testing for COVID19.
- We continue to work to promote COVID19 vaccination uptake across all our colleagues. 56% of colleagues have been vaccinated to date although this breaks down to 37% of BME colleagues and 66% white colleagues. Further work to increase uptake is our priority over the next few weeks.
- Our “Hear for You” support package for support includes access to psychological and emotional support as well as financial advice if needed. We have delivered spiritual and emotional support sessions tailored to our BME colleagues which have been well received.
- We have continued to work closely with our staff networks including our BME Staff Network to ensure that their voice is an important part of our decision making.

### **1.5.2 Improving our services**

- We have delivered on a commitment to include coverage of protected characteristic data for staff and patients in our public Performance & Quality Report.
- We have launched an EDHR dashboard that enables teams to analyse activity data by ethnicity, deprivation, age and gender. This will prove a powerful tool in understanding the pattern of uptake of our services by different groups in our communities.
- Our teams have supported PCNs in delivering the COVID19 vaccination to housebound elderly people. We have also supported the vaccination of prisoners in HMP Birmingham who meet the vaccination criteria.

- We are working with the Birmingham & Solihull ICS on the development of the ICS work programme for tackling inequalities.

#### **1.6.1 Birmingham City Council Public Health Division**

##### **Update on COVID -19 Community Engagement and Community Champion Programme**

In January 2021 Birmingham City Council Public Health team secured £440,000 of the Community Champions Fund from the Ministry of Housing and Local Communities (MHCLG) to support residents impacted by the coronavirus (COVID-19) pandemic. The fund is to support those communities to be most at risk from COVID-19 including those from an ethnic minority background and disabled people to help them follow safer behaviours and reduce the impact of the virus on themselves, and those around them.

We are currently in the process of finalising the procurement to appoint partners to support us to:

1. Work effectively with local community organisations who support people with learning difficulties to develop more accessible information on COVID-19 compliance, testing and vaccination in accessible formats (e.g. text, video, graphics, animation, audio and photographs as appropriate). The contract will run from April 2021 to 30 June 2021.
2. Work in partnership with local community organisations working with vulnerable families to develop tailored engagement materials and resources. The contract will run from April 2021 until 30 June 2021
3. Develop and produce a suite of audio and BSL accessible education materials to support deeper engagement with those with poor literacy and the Deaf community to develop more accessible information on COVID-19 compliance, testing and vaccination. The contract will run from April 2021 till 30 June 2021.
4. Develop arts-based messaging, particularly through different cultural mediums to engage with different ethnic communities. The aim is to use creative tactics as a form of health promotion. These creative projects will promote Public Health messaging and essential COVID-19 engagement. They will utilise community mobilisation and social cohesion, providing a reflective space for people to share their experiences. Additionally, it will encourage residents to become community champions. Part of this project will include the delivery of digital and non-digital products and look at innovative ways of addressing barriers such as digital poverty and socio-economic deprivation, ensuring as much inclusion as possible. Each Lot focused on a different art form along with a different target demographic.
  - Lot A – Contemporary music with under 25's
  - Lot B – African and Caribbean Music
  - Lot C – Polish and / or Central Eastern European Music
  - Lot D – Asian Music
  - Lot E – Visual Arts with 30 – 50-year olds
  - Lot F – Poetry with 60+
  - Lot G – Poetry with under 18's

Once we have appointed the organisations, there will be opportunity to track applicant, facilitator and participant data (these could include protected characteristics). We would also like to hold a consultation and complete a report on how BAME led organisations access funding and if our current funding streams are inaccessible to those that might face barriers.

5. Work closely with our 18 existing community partners to upskill and co-ordinate the set up and delivery of a minimum of 10 telephone/befriending trees for those communities with limited digital access. Telephone trees are to be set up by 1st April 2021 and to run until 31 March 2022.

We are also extending the contracts of our 18 Community partners from April for 12 months to accelerate engagement to support the understanding and the uptake of testing and the vaccination. All the providers will be sharing an end of project report in March to evaluate the work delivered to date, successes, challenges and key outputs. The community partners consist of:

Provider	Community engagement
1st Class Legacy	Black African and Black Caribbean
Age UK	Older People
Amber	Early Years
Bahu Trust	Arabic, Islamic and South Asian
BID Services	Deaf and Hearing loss
Birmingham Disability Resource Centre	Blind and Sight Loss and learning difficulties High risk conditions - Stroke, diabetes and COPD
Borne	Older Young People Under 25 years
Chinese Community Centre	Chinese
Citizens UK	Migrant Asylum Seeker and Refugee
Hawkmoth Consulting	High risk long term conditions High Blood Pressure, Chronic Kidney, Obese - BMI over 30, Cardiovascular disease
LGBT Centre Birmingham	LGBT
Refugee and Migrant Centre	Roma
Nishkam Centre	Sikh
OrbitaCX trading as Insight Now	Primary and Secondary school age
Polish Expats Association	Eastern European, including Polish
SRI (Shree Hindu Community)	Hindu
West Midlands Faith In Action	Black African and Black Caribbean Led Churches
Supreme Linguistic Services T/A Premium Linguistic Service	French, South Asian Language: Hindi, Pakistani Pahari (with Mipuri and Potwari, Gujarati and Somali

6. We are working with the Birmingham Youth Service Participation team to develop a Community Champion's programme for children and young people that will foster peer to peer and family sharing of information, advice and guidance on COVID 19. This team engages with children and young people across Birmingham and provide a range of platforms to engage with a wider audience, across our city using the skills and experience of qualified youth workers. The current reach of young people aged 11+, currently 2133 young people are registered with this service creating an attendance of 18,623 and the detached youth work on the street has an attendance figure of 28,989. Materials and the key message will be disseminated through their current network of primary, senior schools and colleges and their partnership with Birmingham Education Partnership, Birmingham Careers Service and Birmingham Children's Partnership.
7. We are also working to commission the Birmingham Chamber of Commerce in partnership with the Asian Chamber of Commerce (ABCC), Small Business

Federation and any other key partners to focus on engagement with the business community to support them to tackle the COVID-19 pandemic. The business sectors identified are hospitality, retail, manufacturing and entertainment. We are aiming to recruit a minimum of 20 business owners (5 per sector) into the community champion programme by end of June 2021.

#### **1.6.2 COVID -19 champion programme**

Birmingham Public Health keep COVID-19 Community Champions (Champions) informed of the latest advice and guidance, hold exclusive webinars and Q&As, and allow them to ask questions directly to the Public Health Team. The ask of a Champion is to share this information to their networks, communities, friends and family. This helps us make sure that reliable, up to date information is being shared to local communities.

In a recent survey (January to February 2021) we sent to the Champions; it was found that the 90 respondents sent the weekly COVID-19 information to 27,000 people. This was achieved by Facebook groups, emails, WhatsApp, social media, bulletins, newsletters and text/telephone. To date, we have 766 champions aged 18 - 80 from every ward in the city, so it is hoped that this information is shared with at least 200,000 people each week.

Not only do Champions share information on our behalf, but they also provide an important insight into the challenges that communities and individuals face, and as a result we can provide extra support and advise if needed. The programme is helping us to:

- Focus on the wards with the highest rates of COVID-19
- Increase the uptake of the vaccination within certain wards
- Increase peoples understanding of the different testing methods
- Report any non-compliance (ie workplaces)

Over the next few months our aim is to make the programme has representative as possible, and we are looking to recruit more males, people aged 18-30yrs old and champions in the 15 most under-represented wards. As well as our bi-weekly emails, we also hold webinars/workshops for the Champions.

Please see our schedule from March-June:



Date	Topic
4 <sup>th</sup> March 5.30-6.30pm	Part 1: 30-minute update from Birmingham Public Health + Q&A
	Part 2: <b>Interactive Workshop</b> about isolation & support
18 <sup>th</sup> March 4pm	Discuss and go through the new guidance/roadmap from the government + Q&A session
1 <sup>st</sup> April 6-7pm	Part 1: 30-minute update from Birmingham Public Health + Q&A
	Part 2: 30-minute talk about mental health and bereavement support in Birmingham
15 <sup>th</sup> April 3-4pm	Part 1: 30-minute update from Birmingham Public Health + Q&A
	Part 2: <b>Interactive workshop</b> - Discuss the current issues that are being faced within their communities
29 <sup>th</sup> April 11am-midday	Part 1: 30-minute update from Birmingham Public Health + Q&A
	Part 2: 30-minutes about additional financial resources available- e.g. benefits advice, local foodbanks, healthy start scheme
13 <sup>th</sup> May 5-6pm	Part 1: 30-minute update from Birmingham Public Health + Q&A
	Part 2: 30-minute update from the CCG about the vaccination + Q&A
27 <sup>th</sup> May 11am-midday	Long Covid talk and <b>workshop</b>
10 <sup>th</sup> June 5pm-6pm	Part 1: 30-minute update from Birmingham Public Health + Q&A
	Part 2: 30-minutes about the resources available to children & young people in Birmingham

## 1.7 Healthwatch Birmingham

Healthwatch Birmingham exists to put patients and the public at the heart of care. Our purpose became both more important and more challenging during the Covid-19 lockdown. People's care has been disrupted as health and social care services responded to increased and unprecedented pressure, while social distancing restrictions has made it impossible to gather feedback from the public face-to-face. Throughout the crisis, we have endeavoured to help services provide the best possible support for those most in need, and reach more marginalised groups with essential information about social distancing and vaccines. We also want to reassure the public that services are listening to and acting upon their concerns.

### 1.7.1 Initial Covid response and survey

During the first lockdown we used our network of connections with third sector organisations in Birmingham to help people find emergency support for issues such as obtaining supplies or mental health. We published a list of local services providing emergency support on our website and promoted it on social media, and put callers to our Information and Signposting service in contact with these services.

We also implemented an online survey in order to further understand how lockdown restrictions were affecting people's experiences of health and social care. We collected over 500 responses from Birmingham residents, and identified subjects of concern including:

- carers trying to cope without support or PPE
- patients who needed to obtain medication for ongoing medical conditions
- people obtaining supplies when self-isolating
- vulnerable people who were not sent a shielding letter
- communication from health and social care services
- discharge from hospital

- emotional support

In many cases we took immediate action to contact the relevant organisations about issues. For example, Birmingham City Council provided us with contact details so carers could request PPE supplies, and obtained up-to-date advice about collecting prescriptions from Birmingham and Solihull Local Pharmaceutical Committee (BSoL LPC).

We then published a more detailed analysis of these issues – along with recommendations for improvement – in the survey report circulated to commissioners, services and other stakeholders. See report:

<https://healthwatchbirmingham.co.uk/news/what-care-and-support-did-birmingham-citizens-need-during-the-covid-19-lockdown/>

In December, we set up a new survey to see if services have improved and where issues still exist. We are currently analysing over 400 responses, and will be taking actions based on what the public has told us.

### 1.7.2 Health inequalities

In the process of collecting data from our Covid survey, we realised we had low response rates from certain communities in the city – particularly those of African-Caribbean heritage. Given the disproportionate impact of the pandemic on these communities, it was essential to engage with them in a different way to understand their experiences.

Working with Sandwell and West Birmingham Clinical Commissioning Group (SWB CCG), we invited members of the African-Caribbean community to an online Q&A session. During this session, participants could ask Dr. Manir Aslam from SWB CCG questions about their health needs, and express their concerns. This session enabled Healthwatch Birmingham and SWB CCG to identify the following issues:

- access to services for vulnerable and elderly African-Caribbean people
- health inequalities and structural racism
- co-morbidities
- mental health

SWB CCG have since produced a response outlining the steps they intend to take. See report: <https://healthwatchbirmingham.co.uk/news/responding-to-the-healthcare-concerns-of-birmingham-african-caribbean-community/>

Feedback from this session and wider discussions around the ethnic dimension of health inequalities (both pre and during Covid) prompted our investigation into the experiences of Birmingham's Somali community. This was also motivated by our conviction that different 'BAME' communities have very specific needs, and that categorising so many diverse people as one group impedes the tailored approach required to tackle health inequalities effectively.

Through interviews with members of the Somali community in Birmingham, we found that the following factors have led to distrust and detachment from health and social care services among this group:

- lack of dignity and respect
- poor diagnosis and referral to specialist treatment
- cultural and language difficulties
- stigma and discrimination

We detailed these issues and our recommendations for addressing them in a report circulated to health and social care commissioners and providers, asking them to outline their plans to respond. Most services contacted have been keen to

engage with our recommendations, and we will soon be following up with them to track the progress of their plans for improvement in this area.

See report: <https://healthwatchbirmingham.co.uk/news/health-inequalities-somali-peoples-experiences-of-health-and-social-care-services-in-birmingham/>

The insights gleaned from this report, alongside other feedback we are hearing from our connections in different communities, is helping us in our work alongside both SWB CCG and Birmingham and Solihull (BSol) CCG on vaccine communications – particularly among groups with lower take-up rates. While the question of ethnicity and disengagement with health services has dominated much of the external discussion around this issue, it is imperative to grasp all the overlapping socio-economic, as well as cultural, factors that influence both people's access and attitude towards vaccines.

We believe that our expertise in reaching out to different groups and listening to their experiences means we can play a leading role in giving people a greater voice in how services are designed and delivered. The pandemic has demonstrated how important this is, and it will be crucial to develop this further during the restoration and recovery phase if health inequalities are to be eradicated.

## **5. Compliance Issues**

### ***5.1 HWBB Forum Responsibility and Board Update***

The impact and mitigation of the disproportioned risk of Covid-19 on ethnic minority communities will continue to be monitored through the HWB member organisations.

### ***5.2 Management Responsibility***

Dr Justin Varney, Director of Public Health, Birmingham City Council

## **6. Risk Analysis**

<b>Identified Risk</b>	<b>Likelihood</b>	<b>Impact</b>	<b>Actions to Manage Risk</b>
Board member organisations cease to mitigate risk and support ethnic communities from Covid-19 leading to	Low	High	Continue to facilitate discussions

further increase in health inequalities			
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The following people have been involved in the preparation of this board paper:

Dr Justin Varney, Director of Public Health  
Stacey Gunther, Service Lead – Governance