

## **Update on BAME Covid-19 inequalities work since the July HWB meeting**

This report summarises progress to mitigate risk and support ethnic communities from Covid-19 across Birmingham since the July Health and Wellbeing Board Meeting. As a Health and Wellbeing board we are keen to mitigate against disproportional risk of Covid-19 to ethnic communities whilst in parallel reduce the anxiety and fear that exists in these communities.

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

Sandwell and West Birmingham NHS Trust  
NHS Birmingham and Solihull Clinical Commissioning Group  
Sandwell and West Birmingham Clinical Commissioning Group  
Healthwatch Birmingham  
BVSC  
Birmingham City Council

### **Sandwell and West Birmingham NHS Trust**

The phase 3 (31/7/20) letter from the CEO and COO of the NHS requires us to name an “Executive Board Member to be responsible for tackling inequalities in September” for SWB NHS Trust this is Acting CEO, David Carruthers.

The phase 3 letter also states that “recommended urgent actions have been developed by an expert national advisory group” and that they will be published shortly. These include:

- Enhanced analysis of our population to mitigate risks associated with protected characteristics and social and economic conditions - Our work at ICP level and at Trust level has access to a population health and social deprivation database which has the ability to understand our population and focus interventions accordingly. This includes (amongst others): an ability to identify the patients most at risk of Covid based on key characteristics which can inform Shielding suggestions; identifying the characteristics of those patients that DNA most frequently; identify the characteristics of those patients who have had most still births; identify the characteristics of those patients that present with later stage cancer. Working alongside our Primary Care Community and Therapies Team, our Research and Development team and our ICP partners we are looking to use this data to alter how we provide better care for our population. Operationally we are prioritising inpatient activity based on clinical risk first and length of wait second and are beginning to look at this across our Outpatient waits as well.
- Restore NHS services inclusively including new performance monitoring of service use and outcomes from the most deprived neighbourhoods and from Black and Asian communities by 31 October and understanding who is using our digital pathways – development of this is underway

Accelerating preventative programmes like:

- Flu vaccinations - A Board agreed Flu vaccination programme plan is already in place - which is being delivered via local flu champions within the organisation, called ‘Flooper Troopers’. This is based on an ABBA themed campaign, delivered within local clinical settings. The National Skills for Health Training is currently being undertaken by the local peer vaccinators who will deliver colleague to colleague vaccinations within their own clinical areas. This will be supplemented by flu clinics for bank and substantive staff, with vaccinators available at

induction for new starters. There will be comprehensive reporting available, that is real time and can be interrogated more regularly than previous reports. The Trust are also scoping the possibility of a Drive Through Facility for the Flu Jab, to enable shielders / colleagues working from home to access the vaccine. If a Covid vaccine becomes available the Trust can use this same network of delivery, but will need additional resources to back fill the staff who are peer vaccinators, pay for additional temporary staff to vaccinate, and pay for rooms and communications as well as the Covid vaccines themselves, that are not in any base funding for the Trust. Drive through facilities for the vaccine and reporting would also need to be made available.

- Better prevention and management programmes – both our ICPs have a focus on Obesity and we are running a campaign within our own Trust initially for our own staff. We have not allowed smoking on our sites since July 2019. We are working on ensuring we use local suppliers wherever possible. Our Midland Met University Hospital project contractually must ensure that 70% of the spend is incurred within 30 miles of the building. We are also working to ensure we spend 2% of our annual non-pay budget (some exclusions apply) locally – tier 1 is Sandwell and West Birmingham, Tier 2 is Black Country and Birmingham and Solihull, the remainder Tier 3. We are also working to ensure we pay local suppliers as quickly as possible. We believe wealth and health go hand in hand. We are an accredited national living wage employer and have been instrumental in linking the Living Wage Foundation to the wider Black Country STP, to ensure other NHS partners begin the same journey. We are also developing an e-bike project as part of clean air strategies in Bham and Sandwell.

Our people plan will consider the requirement to publish an action plan showing how over the next 5 years its board will senior staffing will in % terms match the overall BAME composition of our workforce or local community; this will be on the November Board agenda.

Beyond our Trust and ICPs

- At STP/ICS level one of the seven programmes is focussed on reducing Inequalities and two others are likely to contribute further: Healthier Communities and Population Health;
- At Midlands level the Regional Director has set up STaR Board which has 4 working Groups. One of these is “strategies and approach to addressing inequalities and prevention” the Trust will be taking forward the outputs of this group in due course

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

**For staff**

- The health and wellbeing of staff continues to be a critical priority building on achievements during the emergency response, including continued focus on staff risk assessments, access to psychological support and a range of wellbeing offers. Staff with protected characteristics have been asked to review their risk assessments, should their circumstances change, and various Black, Asian and Minority Ethnic (BAME) staff networks are being established and supported, alongside listening events.
- We are reviewing our governance, so we achieve a more representative population at board level. This also includes identifying a STP lead to address inequalities. This will also be further embedded with a named lead in each NHS organisation and within Primary Care Networks.
- We have established a Health Inequalities Task Group, which has set out priorities for action in the next 1-2 years. This includes using our roles as ‘anchor institutions’ to create economic prosperity and to support our staff.

- There has been enhanced action and support on our equality, diversity and inclusive leadership development, with increased focus on tailored programmes of support. There are also race equality training sessions planned so that we understand and gain new perspectives to support our collective action to address inequalities.

### **For our communities**

We are working as a collaborative partnership to use our resources effectively to protect the most vulnerable, which includes:

- We have commissioned Primary Care Network Profiles to enhance understanding of place and support local plans. This will support a population health management approach.
- We have been developing accessible and inclusive flu plans in place that address the needs of vulnerable and at-risk groups – further information is provided below.
- We are building on system wide collaboration on programmes such as 'Right to register' and 'Safe Surgeries' to support access to health care for homeless and vulnerable groups.
- We have disseminated and developed a raft of accessible information in a range of languages and formats to diverse communities and will continue to develop in-time simplified messages that are culturally appropriate on reducing risk.
- We are currently engaging with our protected characteristic communities through a range of initiatives including the CCG protected community engagement. We also intend to collaborate on our learning across the system, to reduce health inequalities and inform future commissioning plans.
- We are assessing the equality impacts of all our restoration and recovery plans and will build on this work at a system level; strengthening our understanding and response health inequalities for at-risk groups focusing on intersectionality, social value, and inclusion health.
- We are focusing on improving uptake on specific services, such as cancer screening and health checks for people with learning disabilities and autism to improve service uptake. There is also a focus on 'making every contact count' so people are appraised of the risks of not progressing with treatment as well as supporting information to explain the safe working practices in treatment settings. We hope this will go some way to provide reassurance to people on the safe working practices that have been adopted in light of COVID-19.
- Triage, telephone and digital consultations are continuing to take place, reducing the need for vulnerable people to travel to specific sites for treatment.
- We intend to review digital usage and the potential impacts of our digital transformation programme to prevent people from being excluded from accessing services. This is being considered through the use of proxy information from digital systems to understand who is using them and we will also be reviewing how we address digital poverty, linking into the work that Birmingham City Council is doing.

### **Sandwell and West Birmingham Clinical Commissioning Group**

All staff at Sandwell and West Birmingham CCG, and all Primary Care Network staff have had a risk assessment. The CCG are co-ordinating responses to ensure all staff are properly protected.

Primary Care Networks are moving into recovery. They now have green, Covid free/secure, sites, amber sites for same day or urgent work, and either at a separate time or ideally, separate site (purple) for all planned routine care. This is so we can start getting all routine checks back on track, specifically diabetes, Mental Health and LD checks.

Sandwell and West Birmingham CCG continue to operate at primary care network, rather than individual practice level to help support our smaller practices. We continue with our "green/amber/red" site working to ensure that there are sites which are patient/covid free so high risk staff can work safely.

All patients however can still have a face to face appointment if needed, which may be at a local practice if their own surgery is not open for face to face appointments. The red site (based at Aston Pride Surgery) is still operational where patients suspected of having covid can be seen safely.

The BC and WB CCG's have now appointed a Chief medical officer (Dr Masood Ahmed), who is also from the BAME community, which hopefully also shows our commitment to support all our medical staff, especially those with a BAME background.

The BC&WB STP recovery meeting (on 7 9 20) had a development session with the "BRAP" charity to see how we can better react to ensuring as an organisation we treat all our staff equally and fairly.

Our CCG is also currently undertaking a series of mortality reviews for the period April-June 2020, including care home deaths, to try to find if there any "themes" and potential learning that we can use to help plan services and respond to covid in the future.

## **BVSC**

### **BVSC Activity**

During the development of the Covid-19 crisis it became apparent that BAME communities were disproportionately suffering the devastating impact of the virus. It was equally clear that the organisational structures and supporting infrastructure within the VCSE had not enabled these communities to leverage the type of change within the city that would have addressed health inequalities. Maintaining a focus on health inequalities for BAME communities BVSC are developing routes by which communities can engage with, inform and influence immediate Covid recovery planning. As well as playing a much longer-term role in addressing health, social, cultural and racial inequalities in the city. The aim of this work will be to develop and resource BAME community leadership around health inequality, promote community voice and stimulate positive system change.

- This activity has now been resourced and will be developed over the next six months.
- During October BVSC will be undertaking a wider consultation on community recovery focused on supporting those communities most effected by the pandemic.
- BVSC is supporting and advocating for the development of place-based funding formulas that address health inequalities across the life course. These will respond much better to the needs of marginalised communities than city wide commissioning approaches.

### **VCFSE Sector Activity**

Through the C19 partnership sector leaders have been developing their approaches to addressing health inequalities in BAME communities. BRAP have launched of The Equality Republic. The Republic is a movement of organisations and individuals who want to critically examine the impact of equalities practice and the kind of work that organisations and practitioners should be doing if we really want to stand a chance of addressing systemic injustices. The Equality Republic was founded to help people working on these issues learn, connect, and be more authoritative about the types of interventions required if we are really going to change the status quo.

The VCFSE understands the importance of us all working together to shape and deliver a response to Coronavirus that recognises communities have been impacted differently. With partners we are ready to shape and deliver community resilience and recovery that aims at building back better.

- The community representative on the city board has been involved in challenging the diversity of representation of leadership structures around the city.
- Within the disability sector a consultation is going to be undertaken to look at the intersectionality of race and disability in Birmingham.
- Wider locality resilience responses are being implemented within the sector to support local assessment and remediation of gaps during a further lockdown.

## **Healthwatch Birmingham**

### **Hearing people's experiences during lockdown**

Between April and June 2020, 577 Birmingham residents told us their experiences of lockdown by completing the questionnaire. People were particularly appreciative of General Practices and pharmacies working well together to support their patients. We also heard praise for district nurses conducting home visits, gratitude for care homes that went the extra mile for their residents and their families during lockdown and appreciation for food delivery from Birmingham City Council. Areas that people needed more support with included access to supplies, the provision of shielding letters to all people that need them, access to medication and appointments, the treatment for ongoing conditions and emotional support.

We also ran a focus group to hear the experiences of the African-Caribbean community. This was in partnership with Sandwell and West Birmingham Clinical Commissioning Group (S&WB CCG). This format worked well, and we aim to run similar focus groups. Twenty-five service users discussed their experiences during lockdown, their concerns, and what health and social care providers need to consider for this community should there be another lockdown. S&WB CCG responded to each of these issues or took the point away for consideration. Examples of issues raised included concern about good access to services for vulnerable and elderly African-Caribbean people, health inequalities and structural racism affecting access to health and social care for African-Caribbean communities and comorbidities during Covid19 within African-Caribbean communities.

### **Healthwatch Birmingham will continue to:**

- Develop new ways of reaching out to diverse communities.
- Hear about the ongoing experiences of people with 'long Covid-19'\*
- Celebrate positive feedback
- Encourage health and social care providers and commissioners to listen to and use service user feedback to identify gaps in needed support during the previous lockdown.
- Hear service user feedback indicating that health and social care commissioners and service providers have:
  - Reduced service gaps, revealed by pandemic/lockdown
  - Communicated improvements in the design and delivery of services to service users
  - Ensured that service users have heard and understand these changes to services, and the improved support available
  - Ensured that service users have access to, and are using, health and social care support and there is no inequality in access to these services between different communities
  - Developed novel ways of hearing feedback from a diverse selection of communities across Birmingham

**Increasing the understanding of the impact of Covid-19 on ethnic communities**

- In addition to the community organisations commissioned to work with BAME, disabled, and LGBT communities to understand specific issues around COVID-19 and to develop culturally sensitive methods of engagement. The Public Health Division are currently tendering for additional community support services to ensure Birmingham's communities have an awareness and understanding of Covid-19, access to testing, knowledge of how to respond if they test positive or are told that they are a contact of a case and knowledge of how to reduce the risk factors associated with the increased risk of severe illness or death from Covid-19.
- To compliment the community discussion, a structured online covid impact survey has been conducted through the BeHeard platform. Over 3,000 people have completed the survey which ran from 2<sup>nd</sup> May to 31<sup>st</sup> July. About 20% of these are from ethnic communities in Birmingham.
- The Director of Public Health continues to hold engagement meetings with different community groups and organisations to share current information and heard from communities directly how Covid is impacting on them, this has included:
  - o Faith community leaders
  - o Ethnic community leaders including Roma, Somali, African and Bangladeshi communities
  - o Women's organisations and community leaders
  - o LGBT community organisations and members
  - o Young people via Instagram and Facebook live sessions as well as digital forums
  - o Ward forum and place-based community groups
  - o Bi-lingual sessions in Mirpuri and Romanian
- The Council is also assessing the inequalities in wider impact of Covid-19 and lockdown in terms of the impact of businesses and employment and education to inform the approach to preparation ahead of the next wave and recovery.

**Increasing awareness of national guidelines and risk reduction in ethnic communities**

Nationally there are limited translated resources available for the emerging national guidelines, therefore, to support this the Council has commissioned translations of the national test and trace materials as well as translated audio versions of the national radio adverts. These are being distributed via social media and community Whatsapp networks.

**Reducing the risk of mortality from Covid-19**

The Council Public Health Division have launched their BHealthy campaign, a series of webinars and practical resources to enable leaders and professionals with direct reach to communities for example, community leaders, social prescribing link workers or faith leaders, to support their communities to reduce their risk of becoming seriously ill from Covid-19. The BHealthy webinar series will be rolled out through September and October and cover a variety of topics, including minimising the risk from chronic diseases such as diabetes, high blood pressure and kidney disease using the long term disease check model alongside work to increase healthy eating, physical activity, vaccination and smoking cessation. Culturally tailored resources are also available to support individual ethnic communities to access the information and support they need to build their health resilience ahead of the next wave.

## **Supporting our BAME staff**

The Council updated its risk assessment in line with the NHS best practice guidelines for staff once the inequalities in mortality linked to ethnicity became clear. This is a staggered risk assessment which focuses first on the physical space, then the service provision, then individual staff members. We continue to review this as the evidence base developed working with other public sector partners.