COVID-19 & Tackling Health Inequalities in BAME Communities

Stuart Lines
Director of Public Health, Enfield

Ruth Donaldson
Managing Director – Enfield Directorate, NCL CCG

Enfield's Joint Health & Wellbeing Strategy

The Enfield Joint Health & Wellbeing Strategy sets out how Enfield's Health and Wellbeing Board will work with local people to improve health and wellbeing across the Borough. The five priorities are:

- Ensuring the best start in life;
- Enabling people to be safe, independent and well and delivering high quality health and care services;
- Creating stronger healthier communities;
- Reducing health inequalities – narrowing the gap in life expectancy; Promoting healthy lifestyles and making the healthy choice.

Together with David Sloman's vision articulated in, *Journey to a New Health and Care System,* now more than ever these priorities are crucial in building community resilience.

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PHE COVID-19 Review of Disparities

- The evidence from Public Health England (PHE) *COVID-19: review of disparities in the risk and outcomes* shows that Black, Asian and Minority ethnic (BAME) communities, as well as those individuals with other protected backgrounds such as age, gender, specified underlying health conditions and pregnancy are disproportionately affected by COVID-19.
- Report highlights stark inequalities that persist in the country.
- The impact of COVID-19 has replicated existing health inequalities and, in some cases, exacerbated them further, particularly for (BAME) groups.
- The largest disparity found was by age: Among people already diagnosed with COVID-19, people who were 80 or older were 70 times more likely to die than those under 40.
- Risk of dying among those diagnosed with COVID-19 was also higher in males than females; higher in those living in the more deprived areas than those living in the least deprived; and higher in those in BAME groups than in white ethnic groups.
- These inequalities largely replicate existing inequalities in mortality rates in previous years, except for BAME groups, as mortality was previously higher in white ethnic groups.
- People of Bangladeshi background had twice the risk of death than white people and African Caribbean people -up to 50 per cent the number of deaths.
- People who have been worst affected by the virus are generally those who had worse health outcomes before the pandemic, including people working in lower-paid professions, those from ethnic minority backgrounds and people living in poorer areas. These groups generally experience poorer health than the overall population and significant health inequalities exist between different population groups.
- The subsequent PHE Report *Beyond the data: Understanding the impact of COVID-19 on BAME groups* makes important recommendations on the back of established policy and evidence on the disproportionate impact of the Pandemic on BAME communities, and is a emphatic call to action.

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PHE Report Beyond the Data: 7 Recommendations

1. Mandate **comprehensive and quality ethnicity data collection** and recording as part of routine NHS and social care data collection systems, including the mandatory collection of ethnicity data at death certification, and ensure that data are readily available to local health and care partners to inform actions to mitigate the impact of COVID-19 on BAME communities

2. Support **community participatory research**, in which researchers and community stakeholders engage as equal partners in all steps of the research process, to understand the social, cultural, structural, economic, religious, and commercial determinants of COVID-19 in BAME communities, and to develop readily implementable and scalable programmes to reduce risk and improve health outcomes.

3. **Improve access, experiences and outcomes of NHS, local government and integrated care systems commissioned services by BAME communities** including: regular equity audits; use of health impact assessments; integration of equality into quality systems; good representation of black and minority ethnic communities among staff at all levels; sustained workforce development and employment practices; trust-building dialogue with service users.

4. Accelerate the development of **culturally competent occupational risk assessment tools** that can be employed in a variety of occupational settings and used to reduce the risk of employee's exposure to and acquisition of COVID-19, especially for key workers working with a large cross section of the general public or in contact with those infected with COVID-19.

5. Fund, develop and implement **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; rebuild trust with and uptake of routine clinical services; reinforce messages on early identification, testing and diagnosis; and prepare communities to take full advantage of interventions including contact tracing, antibody testing and ultimately vaccine availability.

6. Accelerate efforts to target **culturally competent health promotion and disease prevention programmes** for non-communicable diseases promoting healthy weight, physical activity, smoking cessation, mental wellbeing and effective management of chronic conditions including diabetes, hypertension and asthma.

7. Ensure that **COVID-19 recovery strategies actively reduce inequalities** caused by the wider determinants of health to create long term sustainable change. Fully funded, sustained and meaningful approaches to tackling ethnic inequalities must be prioritised.

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Wider Determinants of Health

Evidence shows that as little as 10% of a population's health and wellbeing is linked to access to healthcare. We need to work with partners to look at the bigger picture, including:


Fulfilling work


Our surroundings


Money and resources


Housing


Education and skills


The food we eat


Transport


The support of family, friends and communities

This is why we want to work together to make sure residents in Enfield, start well, live well, and age well.

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Partnership Working

Taking on board the 7 recommendations, the group sought to look at how NHS and social care data collection could be used to inform local government and integrated care systems to minimise the impact of inequalities for Enfield residents. In the short/medium term this would be looking at those ethnicities and occupations that were unduly affected by COVID; and in the long term developing culturally competent health promotion/ prevention and early intervention and community development approach to build and reinforce community resilience. This will contribute to building a consensus for addressing inequalities and addressing the wider determinants of health.

The group worked in collaboration to:

- **Baseline** Enfield's Inequalities;
- Overlay Public Health and Primary Care data of **impact of COVID** on Enfield's inequalities
- **Create a framework using Beyond the Data 7 Recommendations** to establish short, medium and latterly, long terms ambitions.
- **Explore innovative interventions** that build capacity and capability in Enfield's most deprived communities to minimise the impact of COVID on those inequalities;

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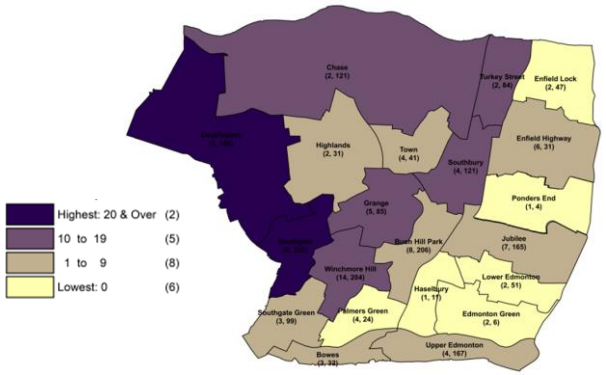
COVID Impact in Enfield

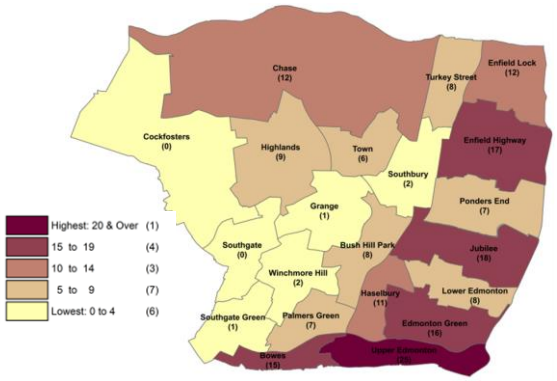
- 381 excess deaths have occurred during 15th March 2020 and 5th June 2020 due to COVID-19.
- COVID-19 deaths in Enfield disproportionately affect in following groups:
  - Underlying conditions such as CVD, respiratory conditions.
  - Ethnic groups- Turkish, Somalian, African Caribbean, East Asian, Bangladeshi and Ghanian.
  - High deaths among people who speak the following languages - Arabic, Turkish, Akan and Bengali.
  - Routine and manual workers (carers, drivers, labourers and carpenters) and health and social care professionals.

COVID-19 Deaths in Enfield Care Homes by Ward

Enclosed in brackets is the number of care homes and the corresponding size, by ward.



COVID-19 Deaths Excluding Care Home deaths in Enfield by Ward



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Using Beyond the Data as a Framework for Scoping Interventions (1)

PHE - Beyond the data: Understanding the impact of COVID-19 on BAME groups

No.	Recommendation	Enfield Activity
1	Mandate comprehensive and quality ethnicity data collection and recording as part of routine NHS and social care data collection systems, including the mandatory collection of ethnicity data at death certification, and ensure that data are readily available to local health and care partners to inform actions to mitigate the impact of COVID-19 on BAME communities.	1. Review Coroners Records to create evidence base and look at impact on BAME Communities (Completed) 2. Explore Bereavement offer (Doug Wilson) 3. Continued surveillance of COVID 19 data sources to enhance understanding of impact on BAME communities
2	Support community participatory research, in which researchers and community stakeholders engage as equal partners in all steps of the research process, to understand the social, cultural, structural, economic, religious, and commercial determinants of COVID-19 in BAME communities, and to develop readily implementable and scalable programmes to reduce risk and improve health outcomes.	1. A Rapid Data and Evidence Review undertaken and disseminated to support local decision-making 2. Engagement with VCS to support local communities regarding recovery 3. Engagement with BAME communities/ VCS / faith groups regarding mitigation for a second wave of COVID Pandemic (June 2020). 4. Scheduled community engagement session planned for 22nd July (facilitated by EHW).
3	Improve access, experiences and outcomes of NHS, local government and integrated care systems commissioned services by BAME communities including: regular equity audits; use of health impact assessments; integration of equality into quality systems; good representation of black and minority ethnic communities among staff at all levels; sustained workforce development and employment practices; trust-building dialogue with service users.	1. Representation of BAME groups: statutory and VCFS organisation – equal BAME representation 2. Equality Impact Assessment
4	Accelerate the development of culturally competent occupational risk assessment tools that can be employed in a variety of occupational settings and used to reduce the risk of employee's exposure to and acquisition of COVID-19, especially for key workers working with a large cross section of the general public or in contact with those infected with COVID-19.	1. Staff risk assessments to be conducted across, Local Authority, CCG, NHS Trust and Primary Care settings. 2. Enfield Directorate HoPC worked with NCL CCG Primary Care and NHSE/I to organise a COVID-19 Assessing the Risk Webinar for Primary Care (09.07.20) which helped to employers understand how best to undertake risk assessments, particularly for those staff 'at risk' groups including BAME. National experts presented, including senior NHSE and subject matter experts. Recording and slides have been sent out to all practices across North Central London (10.07.20). Also HoPC working with NCL Training hub and organised x2 further webinars on the practicalities of carrying out 'staff at risk group' risk assessments, including national experts from NHS Employers and study authors of the x2 major risk assessment tools being deployed in primary care (BAPIO and SAAD 2 tools): 15th and 16th July. 3. NCL are establishing a dedicated BAME Cell in line with the *Journey to a New Health and Care System* which states we need a disproportionate focus on areas of unequal access.

On 4th June 2020 Public Health, Enfield and NCL CCG – Enfield Directorate Executive Management Team met to discuss types of evidenced based prevention models which could be utilised to tackle health inequalities, particularly those compounded by COVID.

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Using Beyond the Data as a Framework for Scoping Interventions (2)

PHE - Beyond the data: Understanding the impact of COVID-19 on BAME groups

No.	Recommendation	Enfield Activity
5	Fund, develop and implement 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; rebuild trust with and uptake of routine clinical services; reinforce messages on early identification, testing and diagnosis; and prepare communities to take full advantage of interventions including contact tracing, antibody testing and ultimately vaccine availability.	1. BAME Communications and Engagement plan to be scoped to ensure interventions and approaches are co-produced with local communities.
6	Accelerate efforts to target culturally competent health promotion and disease prevention programmes for non-communicable diseases promoting healthy weight, physical activity, smoking cessation, mental wellbeing and effective management of chronic conditions including diabetes, hypertension and asthma.	1. Explore use of PCN data/disease registers to target BAME people with Diabetes, CVD, obesity 2. Explore development of targeted health promotion/ behaviour change/ environmental change and disease prevention programmes for Enfield residents.
7	Ensure that COVID-19 recovery strategies actively reduce inequalities caused by the wider determinants of health to create long term sustainable change. Fully funded, sustained and meaningful approaches to tackling ethnic inequalities must be prioritised.	1. Explore reviewing of socioeconomic factors including housing conditions and fuel poverty and impact on protective factors/community resilience 2. LBE COVID 19 recovery plan focuses of wider determinants

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Using Beyond the Data (PHE) as a Framework for Scoping Interventions (3)

Immediate Interventions	Medium Term Interventions	Longer Term Interventions
Use NCL level public health data on Shielded and Vulnerable lists to develop and engagement programme in collaboration with Public Health to give holistic guidance on conditions management. Joint Communications and Engagement campaign – general leaflet providing enhanced advice Scope mobilising VCS to support culturally competent engagement	Scope the extension of health checks remit to invite/re-invite all BAME over 40.(NEED TO RECONSIDER THIS ONE) Explore focus on pre-diabetes and newly diagnosed to improve HbA1c scores eg promotion of National Diabetic Prevention Programme (NDPP) for prevention of Type 2 diabetes. Scope culturally competent identification programmes for the undiagnosed eg COPD, Type 2 diabetes and Hypertension Promotion/targeting of physical activity and health eating programmes Explore opportunities to work together to change the obesogenic environment. Consider recommending shielding at the start of any significant cluster (economic impacts would need to be considered) Impact scoping for predicted 30% increase on COVID related anxiety in people who do not meet or no longer meet the threshold for Secondary Mental Health Care.	Ramp up communications campaigns in advance of any predicted peaks Explore use of PCN data/disease registers to target BAME people with Diabetes, CVD, obesity Review of housing conditions to target fuel poverty advice/grants and target known socio-economic groups that have been adversely affected by COVID.

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Initial Interdependencies

- **Formation of NCL CCG** – the agreement to merge the five boroughs into one single CCG from April 2020 will ensure a greater focus on differential outcomes across NCL. For example, work is underway to As part of the consitituon, any new money must be directed towards areas of greatest need. This is also in line with the guidance *Journey to a New Health and Care System*, which states that there must be a disproportionate focus and resource in areas of unequal access or outcomes

- **Integrated Care Partnerships** – the Enfield borough priorities are in the process of being agreed, with clinical leaders keen to focus on targeting at risk populations – i.e. flu vaccinations and smoking cessation services for those at greater risk of Covid complications

- **Mental Health** – at least 50% of SMI communities have at least one long term condition and the impact of COVID related anxiety is also predicted to have a 30% increase on people with Common Mental Health disorders seeking help. How to connect to existing support services where appropriate eg Improving Access to Psychological Therapies (IAPT) or Council's Mylife portal to provide brief interventions for emotional support for this group

- **NCL and Long-Term Conditions Steering Group**

- **Poverty Commission Recommendations**

- **Health and Wellbeing Strategy Action Plan**

- Council Commissioned **Voluntary & Community Sector** and Enfield Directorate VCS Lead Provider for IAPT

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