

The impact of Covid-19 on BAME groups in Enfield

Equalities Board

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Health**

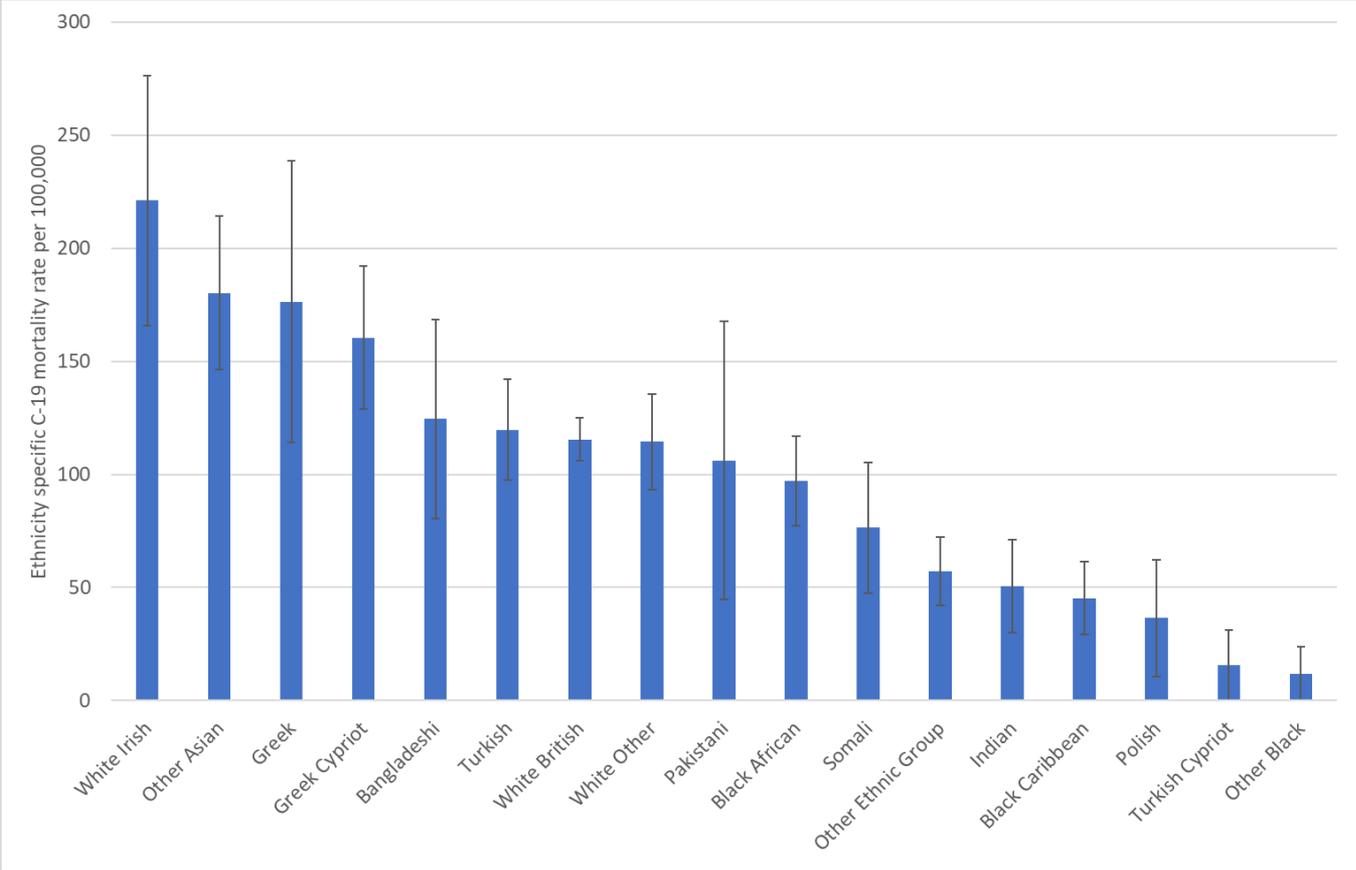


Number of COVID-19 cases by ethnicity from February 2020 until 24th September 2020 identified after testing

Ethnicity	Enfield Population	Number of COVID-19 cases	COVID-19 cases per 1,000
White Other	25,353	335	13.2
Asian	36,657	207	5.6
Other*	68,969	328	4.8
Black	59,941	280	4.7
White British	117,517	407	3.5
Irish	7,236	17	2.3
Mixed	18,384	30	1.6
Enfield	334,057	1604	4.8

- White other community groups have highest reported infection rates.
- Mixed and Irish community groups have the lowest reported COVID-19 infection rates.

COVID-19 mortality rate per 100,000 by ethnicity in Enfield



In terms of mortality- White Irish group has the highest COVID-19 death rate in Enfield with 16 deaths at a rate of 221 per 100,000



Interpretation of reported COVID-19 infection rates and mortality

	Number of people tested per 1000 residents	Positive rate per 1000	Number tested positive
White other	232.87	13.21	335
Asian	113.68	5.65	207
White British	112.66	3.46	407
Black	101.32	4.67	280
Irish	88.03	2.35	17
Mixed	88.01	1.63	30
Other	53.23	4.76	328

Irish community group have high COVID-19 mortality, but have low COVID-19 infection rates. This may be due to COVID-19 testing rates are low among this group.

Actions taken locally

Engagement with Enfield Faith Forum

- Fortnightly public health briefings
- Special Covid-19 and flu meeting
- Education & awareness

Covid Resilience Board

- Collaborative working with VCS and partners to respond to Covid-19 community challenges
- Membership includes Faith Forum and BAME representatives

Health Champions Engagement

- Covid-19 training sessions provided and on-going
- Wider reach of messages and communications to under-represented communities
- Newham Knowledge Sharing

Community Pantry

- Project was designed to support different ethnic minorities by catering for different religious and dietary requirements.
- Worked alongside different community leaders for this insight

Simply Connect Enfield

- Supported the launch of the online Social Prescribing service, managed and delivered by EVA to support residents during the pandemic

Samafal

- Commissioned to make no/low cost face covering primarily for the Somali community
- Short-term employment for 3 local Somali women

Communications

- Three video campaigns with support from the VCS and Councillors in community languages e.g. Bengali
- Targeted to local demography

Workforce Risk Assessment

- All Council staff have completed risk assessment to safeguard staff most at-risk of serious outcomes from COVID-19, particularly those on front-line services

Winter flu preparation

- Winter flu preparation & awareness for BAME communities
- Occupational flu programme

Integrated Care Partnership

- Priorities:
- Inequalities
 - Flu
 - Diagnostics

COVID-19 Vaccine

- Identification of sites
- On-going work with NCL working group

North Central London CCG

- Workstream led by the NCL CCG is looking at strategies to address existing health inequalities faced by BAME communities

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

Recommendations	Actions
<p>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</p>	<ul style="list-style-type: none">– Accurate ethnicity recording for positive cases– The Public Health Intelligence team have used software to assign an ethnicity using country of birth and name data on the death certificate.
<p>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</p>	<ul style="list-style-type: none">– Integrated Care Partnership inequalities workshop: funding allocated to for community participatory research– Conducted stakeholder engagement with Enfield Faith Forum to understand cultural and religious factors that may influence adherence to government advice, for example

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

Recommendations	Actions
<p>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</p>	<p>This is being taken up by the People Commissioning Service.</p>
<p>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</p>	<p>Council staff have completed a workplace risk assessment to safeguard staff most at-risk of serious infection from COVID-19, particularly those on front-line services and key workers who may come into contact with many vulnerable residents</p>

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

Recommendations	Actions taken locally
<p>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</p>	<ul style="list-style-type: none"> - Several stakeholder engagement activities including 'myth busting' and Q&A sessions on flu and potential COVID-19 vaccinations - Introducing the NHS COVID-19 app at the Community Resilience Board to encourage key community influencers to download and use the app and to reassure communities around privacy/data concerns
<p>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</p>	<p>The Health & Wellbeing (HWB) Strategy aims to address the prevention of these areas and there are efforts to accelerate the strategy.</p>
<p>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</p>	<p>A key priority of the Integrated Care Partnership is addressing health inequalities. A workstream led by NCL is looking at strategies to address existing health inequalities faced by BAME communities, that have been exacerbated by COVID-19</p>

