

REPORT OF

Director of Public Health

TO

Health and Social Care Scrutiny Panel

ON

6th January 2021

TITLE:

Update on Impact of COVID-19 on the Black and Minority Ethnic Communities (BAME)

RECOMMENDATIONS:

That the panel receive this report for information and further consideration.

EXECUTIVE SUMMARY:

Scrutiny committee have asked for an outline of the national reports of the impact of COVID-19 on the Black and Minority Ethnic (BAME) Communities, and specifically, to report on the work of partners in Salford

We know that BAME groups are likely to have the conditions that mean they are vulnerable to the disease e.g. diabetes and heart disease. Also, a very large number of staff in the health and care sector and other key frontline occupations are from BAME background, with pre-existing conditions, smokers and/or have high BP. To reduce the risk, we have put in place health and BP checks, reviews of long-term conditions, medication reviews, and support to quit smoking.

There are also the indirect effects on wider healthcare utilization and outcomes, and that there can be a disproportionate effect regarding (delayed) access to care for long term conditions and other prevention programmes like screening, immunisation and urgent/emergency care. The inverse care law has continued to operate for those

groups facing systemic barriers to health and care utilisation being least likely to take up the services they most need, even where the service has been intended to level up their access to care. The issue for BAME staff and communities is therefore one example of the health inequalities that are faced by many others on the basis of the protected characteristics along the lines of gender, age and faith – not just ethnicity; and where individuals and communities could experience barriers compounding their access to care, mental health and financial resilience where they are disadvantaged by a combination of factors.

This is an area of top priority for the Health and Wellbeing Board partners and being looked at by the Health Protection Board and the Salford Time to AcT group which are subgroups of the Board. The city strategies under development and implementation of the Locality Plan can facilitate this work.

BACKGROUND DOCUMENTS:

There have been recent ONS reports published in December 2020 on the social impacts of the pandemic, and why BAME are hardest hit. Please note these reports are based on the early stages of the pandemic and the first lockdown (April – July 2020). The longer-term effects are expected to be reported in the coming months.

[Coronavirus and the social impacts on different ethnic groups in the UK - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandcare/articles/coronavirus-and-the-social-impacts-on-different-ethnic-groups-in-the-uk/2020-12-01)

[Why have Black and South Asian people been hit hardest by COVID-19? - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandcare/articles/why-have-black-and-south-asian-people-been-hit-hardest-by-covid-19/2020-12-01)

KEY DECISION: NO

DETAILS: N/A

KEY COUNCIL POLICIES:

Equalities, Health and Social Care.
COVID-19 outbreak management plan.

EQUALITY IMPACT ASSESSMENT AND IMPLICATIONS:

An equality impact assessment was undertaken during the first wave in Salford. It became apparent that certain groups were more vulnerable to COVID-19 than others. This included those who were required to shield due to certain health conditions, those who were vulnerable due to age and those from BAME backgrounds where a higher level of deaths was evident.

ASSESSMENT OF RISK

Settings and staff risk assessments have been developed for assurance on COVID secure and have been reviewed in light of changes in the level of community transmission. The risks to older people and to staff who were vulnerable were addressed through individual risk assessments, offer of COVID risk health checks and COVID secure settings management of risks.

LEGAL IMPLICATIONS

The Coronavirus Act 2020 was enacted on 25 March 2020. The primary aims of the measures in the legislation are aimed at:

- Increasing the available health and social care workforce.
- Easing the burden on frontline staff.
- Containing and slowing the spread of the virus.
- Managing the deceased with respect and dignity.
- Supporting people.

There are various health protection regulations that apply to everyone in England covering face coverings, travel, test, trace and isolate and enforcement powers. Under The Health Protection (Coronavirus, Restrictions) (All Tiers) (England) Regulations 2020 (S.I. 2020/1374), there are four 'Tiers' which set out the different severity levels of local restrictions in England under the following regulations:

The Public Sector Duty equality impact assessment was undertaken in July 2020. The prime impacts identified at the time were barriers to access mental health and care services and assessments of need.

The guidance on gov.uk refers to what people must do and what they should do.

FINANCIAL IMPLICATIONS Supplied by:

Not applicable.

PROCUREMENT IMPLICATIONS Supplied by:

Not applicable.

HR IMPLICATIONS Supplied by:

Not applicable.

CLIMATE CHANGE IMPLICATIONS Supplied by:

Not applicable.

OTHER DIRECTORATES CONSULTED:

Not applicable.

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WARDS TO WHICH REPORT RELATES:

All wards

1. National context

The Office of National Statistics reports found unsurprisingly that people's circumstances before the pandemic has affected their experience during the first national lockdown. More recent data will be added in due course. Mental health deteriorated across most ethnic groups during lockdown, especially for Indian background. Financial resilience was lower among Black African or Other Black households before the pandemic, which would explain why these groups found it harder to manage financially during lockdown.

The PHE data on BAME disparities were reported on 2 June and followed on 16 June by the stakeholder engagement report and recommendations.

<https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes>

<https://www.gov.uk/government/publications/covid-19-understanding-the-impact-on-bame-communities>

2. Salford context:

The information below is provided as context to map the actions that have already taken place. This is to update Scrutiny committee following the report on 2 September 2020 and the [Public Health Annual Report for Salford](#).

The Scrutiny meeting will receive two presentations:

- Epidemiological update on the impact of COVID on inequalities with a focus on BAME communities – presentation by Gordon Adams and Gillian McLauchlan will report on the most up to date position for COVID-19 in January 2021. This can be found on the council website.
[Coronavirus level in Salford • Salford City Council](#)
- The offer of COVID Risk Health Checks: Uptake and future developments – presentation by Angela Eden and Peter Locke. The Health Improvement Service have produced a summary report of the COVID risk health checks. To date, over 300 COVID risk health checks have been undertaken. See **ANNEX**.

3. Milestones in responding to COVID-19 among BAME groups in Salford

May 2020

The BAME group was set up in Salford from 15 May. The group reviewed different risk assessment templates in the NHS and the council – then agreed the common approach across Salford and adopted the SCC template for risk assessments. We focused on the immediate actions to protect frontline staff during lockdown, and subsequently as services opened up and staff returned to workplaces.

June 2020

Work continued in Salford to put in place the risk assessments and to set up the health checks. The BP and smoking (Health checks) group continued to meet weekly from 5 June to 31 July 2020. The risk assessment approach was shared across Greater Manchester and subsequently with other public health teams in the country with high proportion of BAME communities. On completion of the approach, the BAME group disbanded as the STAT group was established in July.

July 2020

The Salford Time to Act group (STAT group) is a subgroup of the Salford Health and Wellbeing Board that was set up from 3 July as an agile task and finish group to respond to health inequalities during COVID-19. The group considered the work currently in place to tackle inequalities and which could be scaled up. The group focused on the locality plan priorities as the Health and Wellbeing Board re-started meetings that had been paused in the first wave.

August 2020

The STAT group agreed to focus on a small number of practical actions within a 6-month window where 'our collective action would help us achieve the outcomes quicker'. Weekly meetings were set up. The group reviewed the recovery plan and community impact assessment to identify themes for health inequalities that were being addressed.

<https://www.salford.gov.uk/media/395442/final-cia-covid-19-impact-on-salford.pdf>

September 2020

The STAT group practical actions have been taken forwards as follows:

- Establishing financial health checks alongside physical health checks: Test and Trace welfare rights officer has been recruited. Financial support and welfare rights more generally accessible via Spirit of Salford.
- Support around practical work and completion of risk assessments to aid services to open safely and operate COVID secure. NHS and City Council staff and VCSE individual risk assessments were completed. The care sector and schools offered risk assessments for individuals deemed at high risk and on request. The offer of COVID risk health checks was opened out to all people who live or work in Salford. The Health Improvement team are currently working with the university to set up similar programme for staff and students.
- Links with PCNs to identify who should be targeted for health checks and / or prioritise people currently shielding and liaise with the 'shielding group'. Arrangements were made by the Health Improvement Service to support individuals and referrals to primary care as needed.

- Equity Impact Assessments – ensure in place for all recovery work to ensure we are tackling health inequalities in the process of ‘recovering’. The Salford Equality, Tackling Poverty and Inclusive Economy strategies are being refreshed. A range of partners and communities have been consulted. The aim of the Health and Wellbeing Board to co-produce solutions with local people was noted as part of the Locality Plan refresh.
- Identifying meetings / places where we can meaningfully engage local people. Engagement at faith settings, high footfall areas like shopping centres and parks, school gates, and special focus on ethnic communities. This targeted engagement continues as directed daily and week by week.
- Emphasis on comms to diverse local communities and development of key messages and 7 day rolling campaign calendar. The community engagement workstream are holding daily meetings to review new cases, outbreaks and messages for communities.

October 2020

Salford Council resources for coronavirus have been produced in 18 languages. The community engagement work is well established. Public Health worked with Salford CCG and Alchemy Arts to produce videos in 11 languages. These videos have been shared with LGA as examples of good practice and shared with other public health teams across the UK.

[Videos explaining coronavirus launch in 11 different languages: Salford CCG](#)

November 2020

After the initial focus on risk assessments, the STAT group shifted focus away from the COVID response as the Health Protection Board started to meet and the group are now considering the non-COVID or indirect impacts of the pandemic on health inequalities including the BAME communities.

The Health Protection Board review weekly the situation for coronavirus and issue focused messages via social media, online and face to face. Outreach community engagement is led and undertaken by volunteers alongside staff in the CCG and council.

The STAT group and the Health Protection Board reported to the Health and Wellbeing Board at its [meeting on 10 November 2020](#).

December 2020

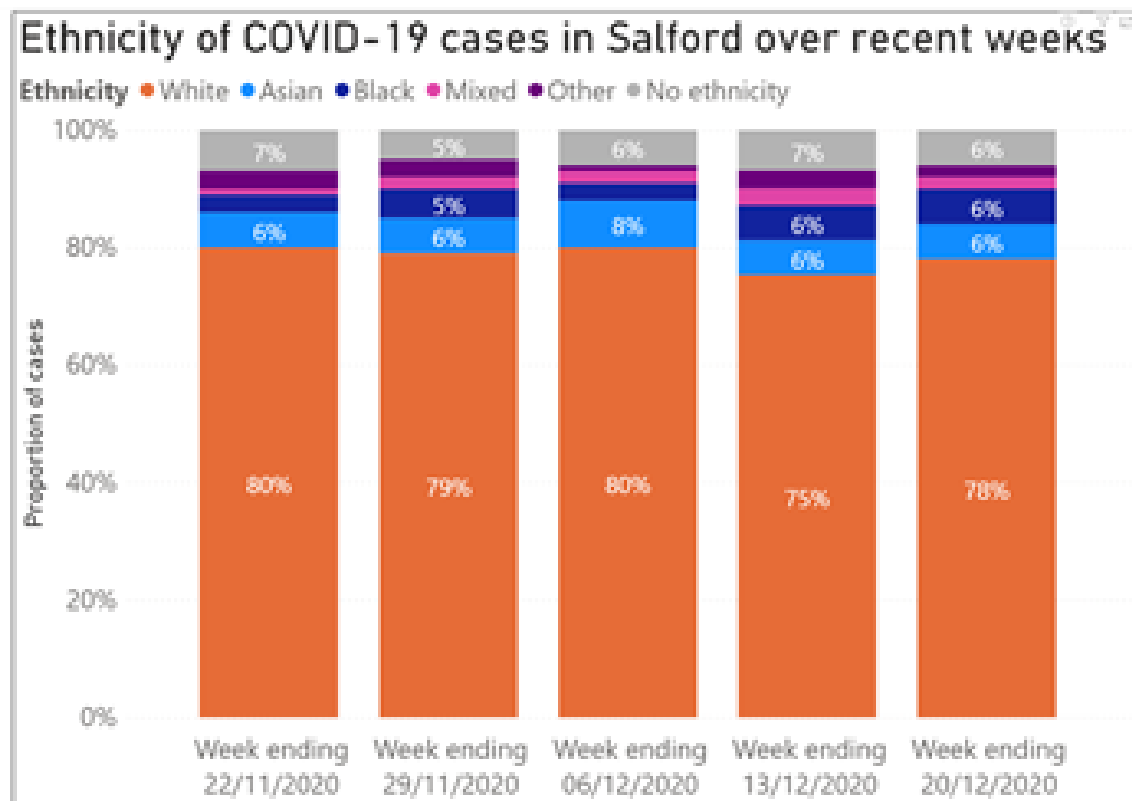
The latest position on the virus and impact on BAME communities, including age and gender impacts are updated weekly on the council website.

[Coronavirus level in Salford • Salford City Council](#)

In the first wave, 20-50% of cases testing positive in Salford each week were from BAME groups – there were large fluctuations depending on local patterns of transmission, along with the small numbers and incomplete recording of ethnicity. For example, at the start of the second wave at the end of July, a particular outbreak among African communities was detected with a large number testing positive on the same day and subsequent secondary cases.

Since then due to the widespread community transmission and increased community testing, the proportion of cases from BAME communities dropped to less than 10% which reflected more so the ethnic mix for Salford.

The most recent data continue to show the highest number of cases was in the White ethnic group, with 6% from the Asian ethnic group and 6% from the Black ethnic group. As the rates started to fall across Salford as a result of the Tier 3 restrictions and national lockdown, they did not fall as fast for people from a Black, Asian and minority ethnic background. It therefore is likely that the communities which the virus visited first will be the communities where it recedes last.



The Offer of COVID Risk Health Checks – Uptake and Future Developments

Peter Locke - Public Health Team
Angela Eden - Health Improvement Service

Salford City Council

The Need

Certain occupations have a higher mortality rate from COVID-19

According to latest ONS figures for between 9 March and 25 May 4,761 people aged 20 - 64 died of COVID-19 of these:-

- 2/3 were men
- Men in elementary occupations (e.g. bus and taxi drivers, construction, cleaners, security guards) had some of the highest death rates - 39.7 deaths/100,000.
- Of these, security guards had the highest rate of 74/100,000
- Both men and women working in Health & Social Care also had a significantly higher risk of dying from the virus (50.1/100,000 in men and 19.1/100,000 in women)
- For women, sales and retail assistants were also shown to be at particular risk (15.7 deaths per 100,000)

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What We Did

Designed a 'COVID secure' version of the NHS Health Check targeted at frontline workers and volunteers who are deemed most at risk of dying from COVID-19. These health checks would have no exclusion criteria related to age or health status and be delivered by the Health Improvement Service.

This COVID Risk Health Check aims to reduce frontline workers and volunteers risk of the more serious complications of COVID-19* by the following:-

- Signposting on for clinical intervention where necessary (e.g. for a hypertensive BP reading)
- Advising and offering support to lead a healthier lifestyle (e.g. stopping smoking, increasing physical activity, support to lose weight) with a strong holistic virtual wellbeing offer utilising digital solutions – e.g. 'Health Improvement Connect'
- As well as having the usual CVD risk assessment (QRisk3), patients also have an additional COVID Risk Assessment as devised by the PH team and if at higher risk of complications from the virus are given a letter to give to their employer to advise them of this and ensure they as the employee are being supported to stay as 'safe' as possible whilst in work

**whilst the majority of local NHS Health Check activity is paused and LTC reviews in primary care may be delayed*

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How We Did it

The COVID Risk Health Check is delivered in 3 main strands:-

1. **Care Homes** - Completely remote delivery model whereby a 'pack' of equipment, accompanying detailed instructions and a link to submit results electronically are delivered to homes. An advisor rings the care home employee later and completes the rest of the check.
2. **Gateway Centres** – GMHSCP pilot funded kiosks are used to perform a socially distanced health check with onsite after support/interventions and signposting from an advisor
3. **Community/workplaces** – As per the approach above, except without a kiosk, whereby patient performs health check themselves under instruction from an advisor using the 'normal' equipment.

Results So Far

From 12 June to 4 December:-

305 COVID Risk Health Checks have been completed with a wide range of Salford frontline workers and volunteers (52 Care Homes*, 130 gateways, 101 community, 22 workplace)

Of these:-

- 20% are BAME
- 34% are male
- 50% were referred for further clinical intervention
- 40% took up the offer of healthy lifestyle support

**56% signed up and received packs, with roughly half of those submitting COVID Health Check results. This part of the project was paused at the time the city originally went in to Tier 3 restrictions*

Lessons Learned

- A true partnership approach in the planning and development between SCC, CCG, primary care and VCSE has been essential
- Open communication lines throughout, especially between CCG/individual GP surgeries, PH Team and HIS assisted massively
- Social value
- Having a dedicated team start recently has made a great difference

Next Steps

- Further increase number of COVID Risk Health Checks completed throughout the city
- Integrate better with the SCC COVID-19 Workplace Risk Assessment
- Engage more men to significantly increase male uptake*
- Raise BAME uptake further**
- Reconnect with care homes to reinstate that part of the project
- Introduce cholesterol POCT

**current uptake is 34% men compared to roughly 66% of UK working age COVID-19 deaths being male*

***Those of Black African and South Asian ethnicity have a much higher risk of dying from COVID-19 for both genders (e.g. Black African males are 2.5 times greater risk)*

Plans to Increase Uptake in BAME Communities

- Target the BAME populations in geographical areas that have been impacted most first with on-site offers
- Integrate with the work of the Public Health Team Engagement and Inclusion Leads
- Seek further local intelligence from a trusted network of local providers
- Ensure that the COVID Risk Health Check is embedded in the outreach work taking place within BAME communities
- Raise at scale the work already taking place within BAME communities

