

Disproportionate Impact of COVID-19 on Black, Asian & minority communities

Pan-London Council Forum
Thursday 28th May

BAME
STAFF NETWORK



Welcome

Please mute your microphone and turn
your video off.

We will start shortly.



Agenda

Time	Activity
1pm to 1.05pm	<i>Meeting Start</i>
1.05pm to 1.15pm	<p><i>Introduction/Welcome – (10 minutes)</i></p> <ul style="list-style-type: none"> • <i>Serena Simon (Chair of Westminster BAME Staff Network) to give a welcome, outline of the agenda, explain objective of the forum and virtual house-keeping (5 minutes)</i> • <i>Bernie Flaherty (Bi-Borough Executive Director of Adult Social Care/Executive Leadership D&I Lead) to speak on Diversity and Inclusion in Westminster (5 minutes)</i>
1.15pm to 1.45pm	<p><i>Keynote Speech: Lord Simon Woolley CBE - (30 minutes)-Introduced by the Leader of Westminster City Council- Cllr Rachael Robathan</i></p> <ul style="list-style-type: none"> • <i>Lord Simon Woolley Speech (10 minutes)</i> • <i>Q&A (20 minutes)</i>
1.45pm to 2.15pm	<p><i>Presentation from University College London’s Institution of Health Informatics (30 minutes) – Robert Aldridge</i></p> <ul style="list-style-type: none"> • <i>Presentation (10 minutes)</i> • <i>Q&A (20 minutes)</i>
2.15pm to 2.25pm	BREAK
2.25pm to 2.35pm	<p><i>Presentation from Christine Mead (Community Resilience Manager, Westminster City Council) - An overview of ‘Westminster & COVID from a Public Health Perspective’ (10 minutes)</i></p>
2.35pm to 3.20pm	<p><i>Open Forum – Open discussion between all attendees (45 minutes)</i></p> <ul style="list-style-type: none"> • <i>Opportunity to hear points, issues and experiences directly from attendees</i> • <i>Discuss potential solutions, suggested actions and next steps</i>
3.20pm to 3.30pm	<p><i>Closing Message - Stuart Love (Chief Executive, Westminster City Council)</i></p>

Serena Simon

*Programme Director - Church St
Regeneration,
Chair of the Westminster BAME staff network*



Bernie Flaherty

*Executive Director for Bi-borough
(Westminster & RBKC) Adult Services,
Executive Champion - Diversity & Inclusion*



Councillor Rachael Robathan

The Leader of Westminster City Council



Lord Simon Woolley CBE

*Chief Executive of Operation Black Vote,
Chair of the Government's Race
Disparity Unit*



Robert Aldridge

Associate Professor
*Institute of Health Informatics,
University College London*



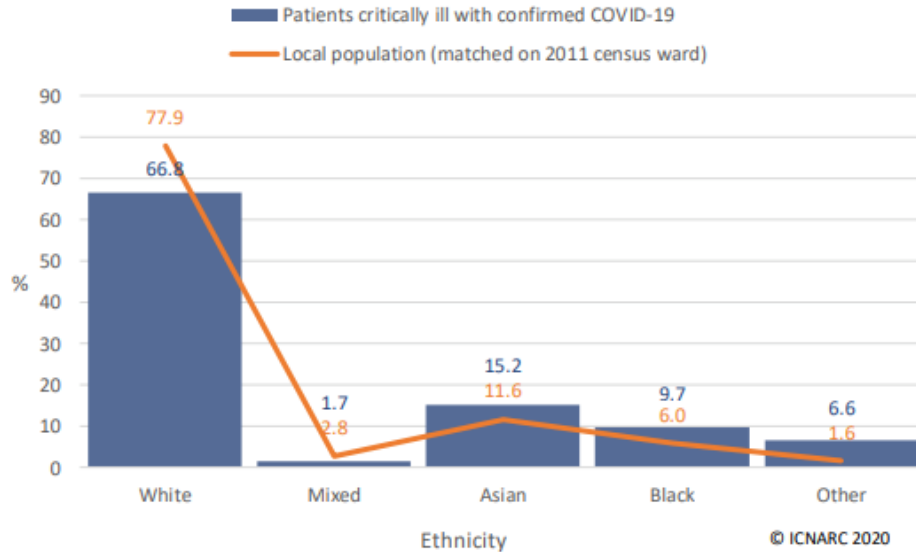
Black, Asian and Minority Ethnic groups in England are at increased risk of death from COVID-19

Rob Aldridge

**Associate Professor
Institute of Health Informatics
University College London**

r.aldridge@ucl.ac.uk

Intensive care and hospital worker deaths data provided early signals about the increased risk of COVID for BAME communities



BAME individuals account for 63 per cent of deaths in staff groups

Source: <https://www.hsj.co.uk/exclusive-deaths-of-nhs-staff-from-covid-19-analysed/7027471.article>

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Exclusive: deaths of NHS staff from covid-19 analysed

By Tim Cook, Emira Kursumovic, Simon Lennane | 22 April 2020

46 Comments

The deaths of 119 NHS staff have been analysed by three leading clinicians. We present their findings here.

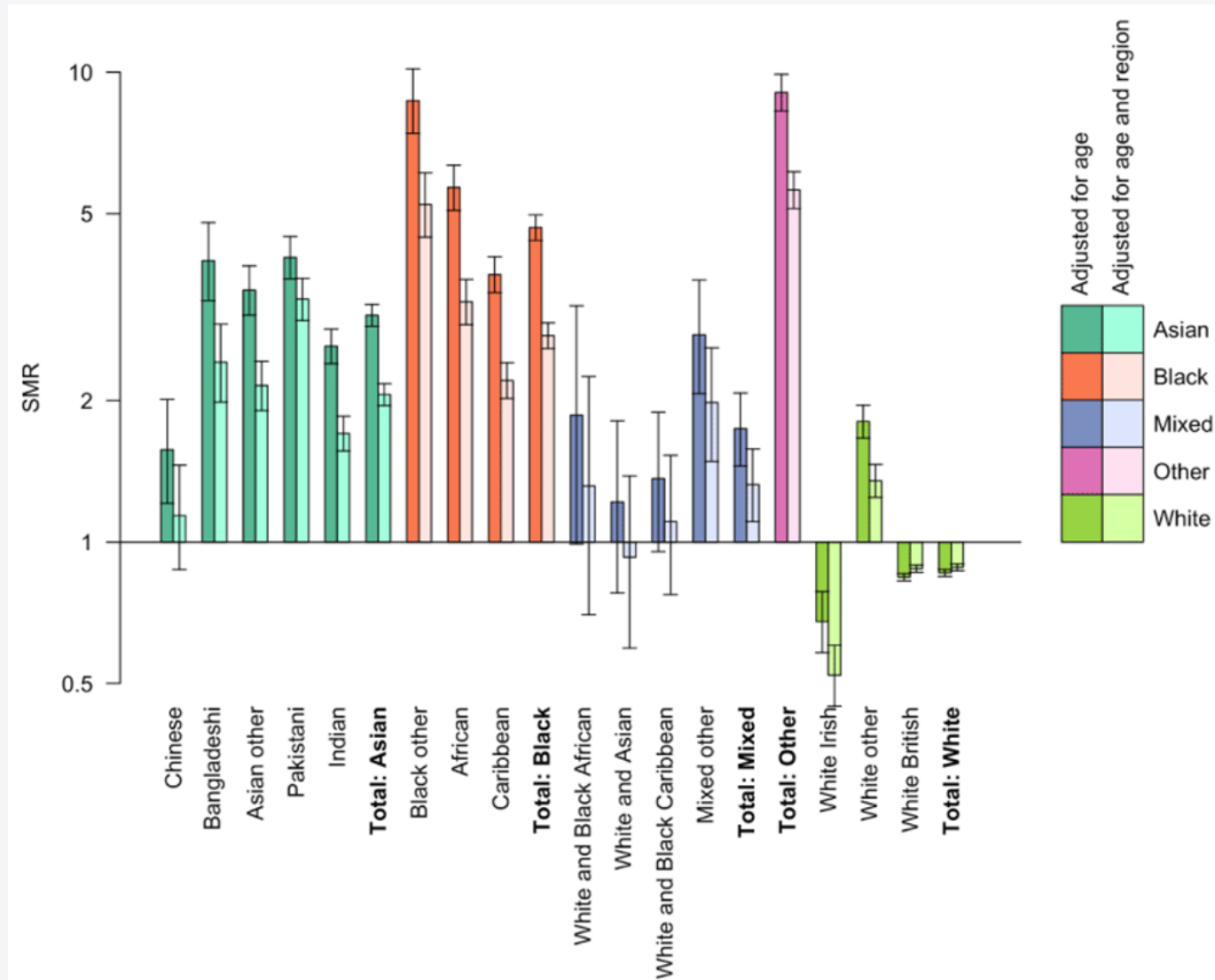
Coronavirus disease 19 — or covid-19 — is a pandemic illness currently causing the deaths of thousands of patients across the globe. In recent weeks, there has been sustained public and media interest in the death from covid-19 of health and social care workers. Both mainstream and social media outlets have been reporting on these deaths individually or collectively but we are not aware of any formal analysis of this data. Here we set out that analysis.

Most popular **Most commented**

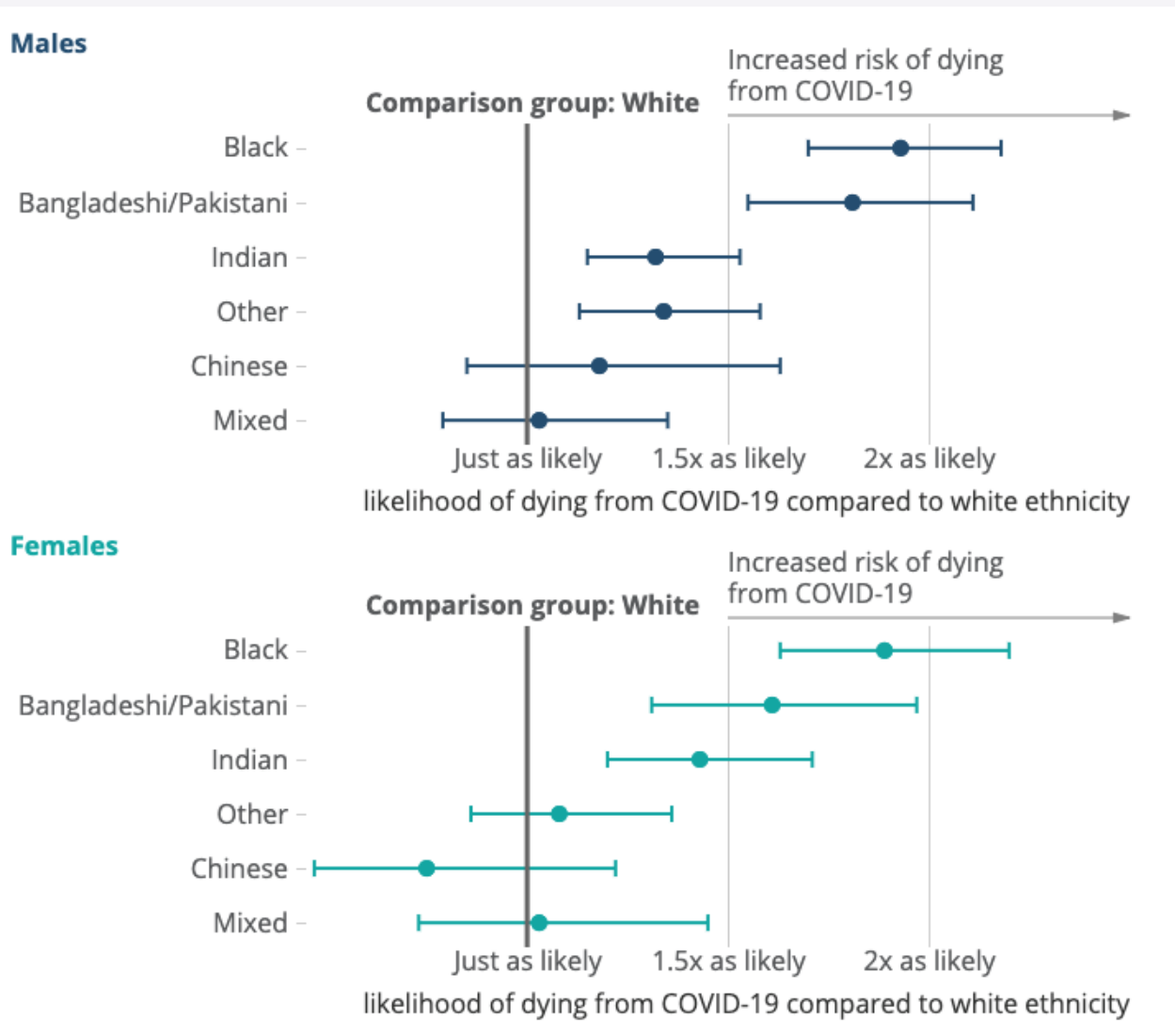
- Trust chiefs lead unprecedented criticism of 'disgraceful' Cummings 32
- Exclusive: Trust faces national finance inquiry after £46m 'adjustment' 6

- We used NHS data from patients with a positive Covid-19 test
- People included died in hospitals in England from March 1 to April 21
- We accounted for differences in age and region
- We calculated the increased risk using the Standardised Mortality Ratio (SMR)

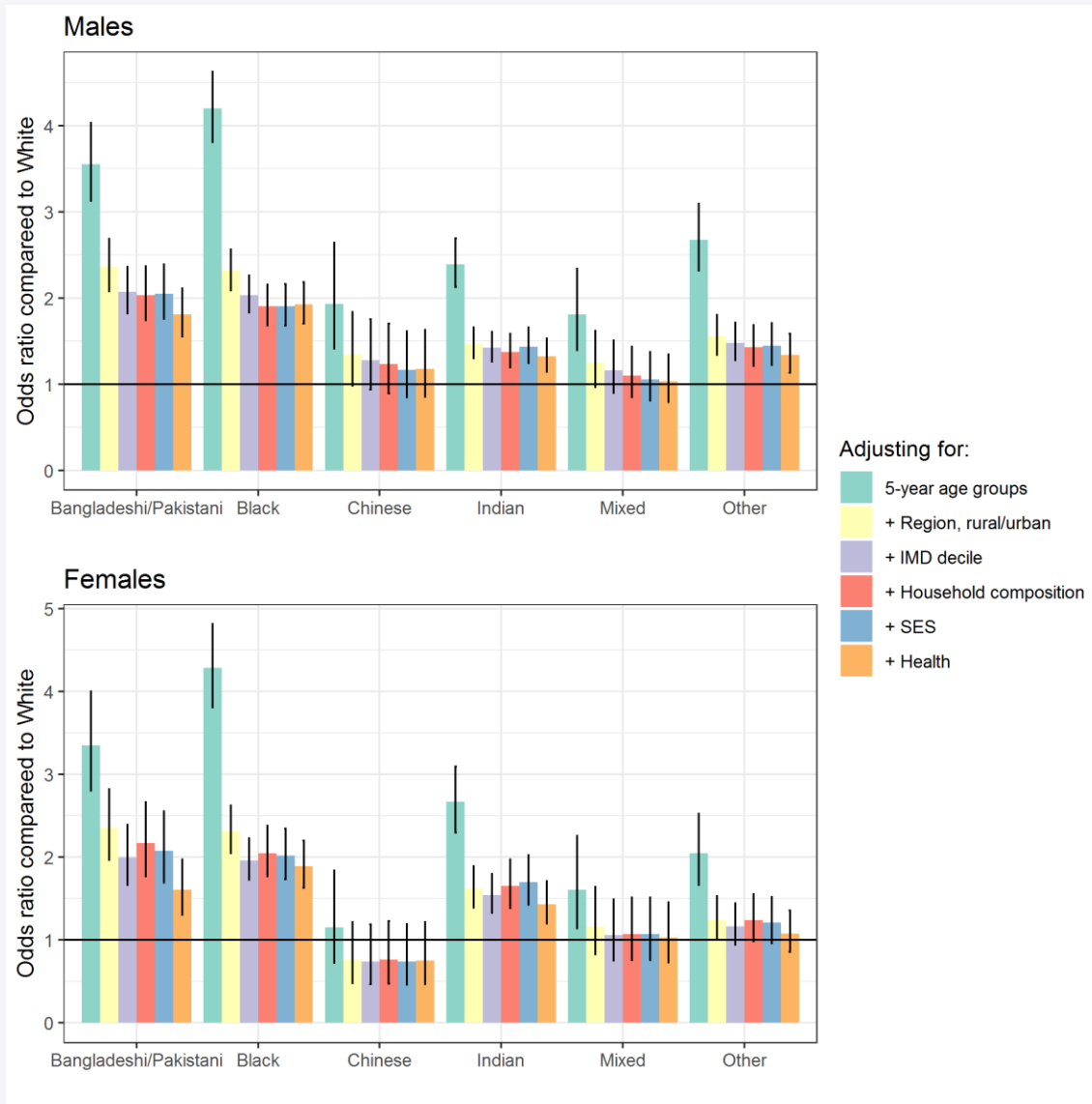
SMRs for NHS England COVID-19 deaths by ethnic group (error bars show 95% confidence intervals)



Risk of COVID-19-related death by ethnic group and sex, England and Wales, 2 March to 10 April 2020



Risk of COVID-19 death by ethnic group after adjusting analysis for different factors that may explain the associations



- Ensure that linguistically and culturally appropriate public health communication and engagement is provided
- Reduce household overcrowding
- Reduce poor accommodation
- Reduce occupational risk of infection

- Remove barriers in access to NHS care
- Improve care of long-term health conditions

For migrants specifically:

- Limited healthcare entitlement results in untreated conditions and poorly managed chronic conditions
- Removal of all NHS charges
- Stop data sharing between NHS and Home Office

- Reduce the greater adverse consequences of the extensive social distancing measures in place
- Take every step to ensure children receive an education and safe-guarding
- Provide adequate income protection to ensure low paid, non-salaried and zero-hours contract workers can afford to follow isolation and “stay at home” recommendations

These unacceptable differences are an extreme example of the long-standing inequities affecting BAME groups in our society. As we emerge from the COVID-19 pandemic we must ensure that these unfair and avoidable disparities are addressed.

BREAK

*We will now have a short break and
resume at 2.25pm.*

Thank you



Christine Mead

Community Resilience Manager,
Westminster/RBKC Public Health

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Agenda



Four Waves



Connecting Communities



Understanding Attitudes

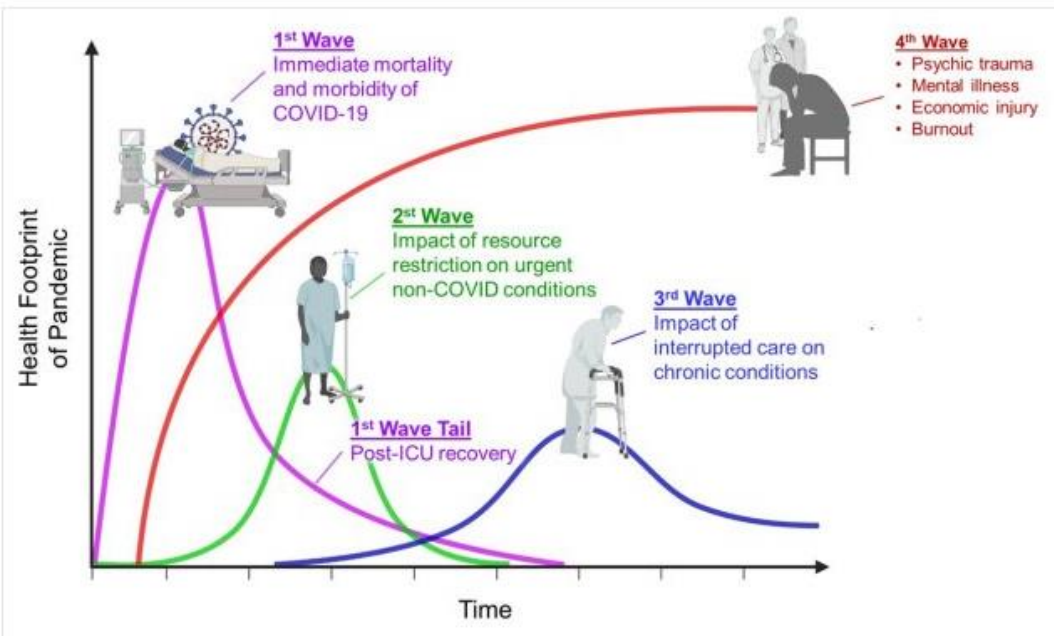


Communicating Data



Shaping Opportunities

What might be the progress and consequences of COVID-19?



Tail of the first wave – up to 4 months post peak: prolonged post ICU or home recovery and impact on care and health service and ability to work/ work force. Potential for return of 1st wave and renewed increase in mortality and morbidity of COVID-19

Second wave – highest around 4 months post peak : increased mortality and morbidity from urgent non-covid19 presentations due to service restrictions, e.g. cancer investigations and treatment have been substantially reduced

Third wave – highest around 6 months post peak and persist at a higher level than previously for years: Impact of interrupted care on chronic conditions, e.g. services that have been suspended such as diabetes checks, smears, screening services.

Fourth wave - happening shortly after the pandemic and rising until flattening off after 9 months but persisting for quite some time: Psychic trauma, mental illness, economic injury leading to poor health outcomes and burnout. This will affect some groups more than others, likely those who have been economically injured.

Source for this slide:

- [Health Care Leadership Blog 7 April 2020](#) (accessed 21 April 2020)

Connecting Communities



Existing relationships with community groups, faith leaders and estate based public health community champions



VCS Community Intelligence Forum – learning to think and problem solve together



Recording community intelligence and responding to it – concerns, questions, misinformation, brilliant ideas



Working across the council to come up with quick support for community needs – Westminster Connects

Understanding Attitudes

- BAME staff network steering group
- Problem – how do we know how contact tracing will work for all of our local communities? As Covid 19 has had disproportionate impact on BAME communities, is there anything we can do proactively to make sure testing and tracing reaches all communities?
- Quick survey on attitudes to tracing app
- 72% would download, equal percentage of BAME communities would download as white communities, specific communities under represented in this survey so we know where we need to focus our communication better locally



Communicating Data

- Numbers too small at local authority level
- New disease so lack of trend data
- Inconsistent reporting on ethnicity – hospital, registrar; using proxy data like place of birth
- Maps- raise alarm levels for residents and staff
- Understanding the differences between population risk, personal/individual risk, household risk



Opportunities

Think	Think together about the implications of national and London wide data for our residents and our staff
Refocus on	Refocus on health promotion as a way of individually and collectively reducing risk factors
Work	Work responsively and creatively with community groups to reduce health inequalities
Learn	Learn how to support mental health at a time of existential anxiety
Align	Align the rebuilding of our health, our economy and our safety
Manage	Manage local outbreaks



Open Forum

*Opportunity to hear points, issues and experiences
directly from attendees*

*Discuss potential solutions, suggested actions and next
steps*



Closing Message

Stuart Love

Chief Executive,
Westminster City Council.

