

## Slough COVID-19 BAME Pilot Project Update – July 2020

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### 1) Purpose

The purpose of this document is to provide update and assurance to the board members on Slough COVID-19 BAME Pilot Project. It describes the key work streams and synergies for the deliverability of the proposal including the management responsibilities, governance and reporting arrangements.

### 2) Context

*Evidence* shows that the burden of illness and death due to coronavirus (COVID-19) is not shouldered equally across the population. In particular, ethnicity has a huge impact. Public Health England has published findings of a literature review and stakeholder engagement activity, aimed at understanding why black and minority ethnic communities are disproportionately affected by COVID-19. *Beyond the data* discusses the role of factors associated with ethnicity including occupation, population density, use of public transport, household composition and housing conditions including overcrowding in COVID-19 transmission, and of inequalities in pre-existing health conditions in morbidity and mortality.

The risk of dying is higher among those in Black, Asian and Minority Ethnic (BAME) groups than in White ethnic groups (caused by a result of many different factors). After accounting for the effect of sex, age, deprivation and region, people of Bangladeshi ethnicity are around twice the risk of death when compared to people of White British ethnicity. Approximately 56% of Slough residents are BAME (ONS estimate, 2019) making it one of the most ethnically diverse populations in the UK. The four largest ethnic groups are 'Asian' (44% of the population), 'White British' (31%), 'White Other' (14%) and 'Black' (8%).

Within Slough there are 50,766 households, of which 15.5% have no person in the household with English as their main language. Of the population, 27% are recorded as not speaking English as a first language.

There is a higher than average reliance on public transport with 76.6% of residence having access to a car or van compared to 87% nationally. There are also a number of other key factors which affect both the spread and seriousness of the illness within this population including higher levels of deprivation, higher population density neighbourhoods and multigenerational and larger households.

### 3) Strategic drivers and funding

The early seed for this project was nurtured by the NHS England South East Region's BAME Population Mortality Improvement Board (of which various partners within this pilot are members). It was suggested that Slough consider running a pilot programme given the early evidence about the unequal impacts of Covid-19. The work fits well within each of our partner organisations' declared commitment to tackle health inequalities and improve health.

NHSE funding for Covid-19 flows The work fits well within each of our partner organisations' declared commitment to tackle health inequalities and improve health.via Frimley ICS. The expectation to date has been that partners manage within their own budgets but where required, seek any additional Covid-19-related funding via the ICS.

In addition, strategically, the Black Lives Matter (BLM) movement has gained greater prominence around the world since late April 2020 and has shone more light on the social and health inequalities related to ethnicity in particular. This has had a knock on effect with various national organisations' future plans around tackling inequality related to ethnicity – this includes the NHS and local government. With both Covid-19 and BLM gathering momentum, so too has the Slough BAME project developed greater significance and visibility locally and regionally to NHSE and PHE in particular.

#### 4) The aim of this project is to:

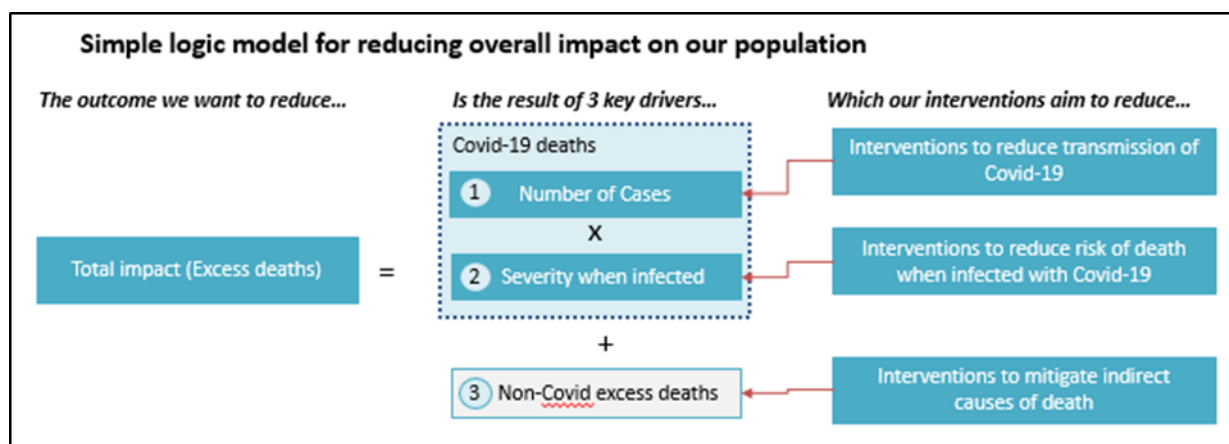
- test approaches to protect residents from direct and indirect harms of COVID-19.
- mitigate the effect of COVID- 19 on Slough's population and reduce morbidity and mortality across Slough as a direct result.

#### 5) Partnership

- Slough Borough Council and Public health
- The Frimley Health & Care ICS
- Slough Community & Voluntary Sector
- Primary, secondary and community care clinicians and professionals: acute and community trust senior leaders
- Joint Managing Director appointment between CCG and Slough Borough Council

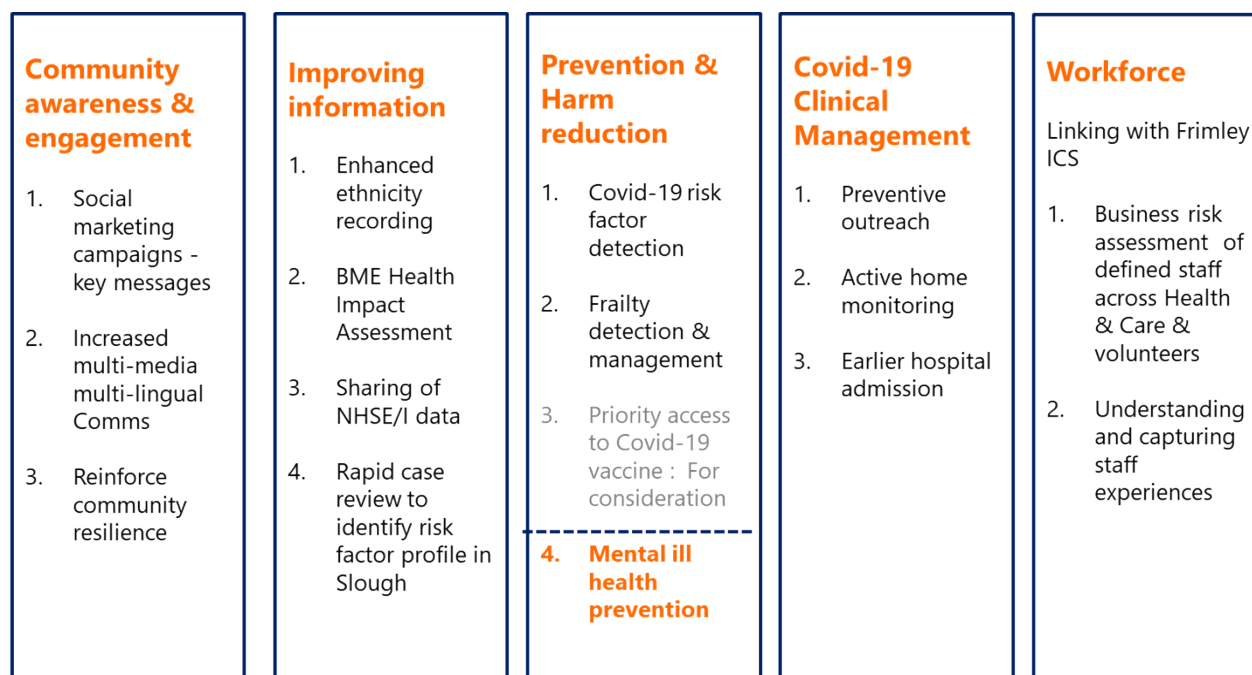
#### 6) Benefits Realisation

The logic model below sets out the high level benefits that will be realised through the successful completion of this project:



## 7) Project Structure

The pilot has been divided into 5 key workstreams as indicated in the diagram below:



It should be noted that, whilst it is intended that these will run as discreet workstreams, there is recognition that there will be some cross-over between them and where this occurs, resources will be shared and managed appropriately by the Senior Responsible Officer (SRO). This Programme Board meets every other Thursday.

Arrangements for longer-term dedicated programme management are being made given the broad scope of the programme, its multiple 'moving parts' and increasing visibility at both regional and national level.

## 8) Work stream Progress

### Strand 1: Community Awareness and Engagement: (Leads – Ramesh Kukar and Ketan Gandhi)

- The subgroup meets once a fortnight and is made up of SBC, PH, CVS, CCG and Apna Versa
- The community resilience plan has been written and has 8 key elements, led and delivered by the CVS alongside the councils communities team - 1 Partnership 2 Effective use and management of data 3 Wellbeing and prevention 4 Volunteering 5 Jobs, skills and learning 6 Supporting business 7 **Communication** 8 Funding
- The communication plan of the community resilience work has been written and has 4 key objectives – 1 Overarching strategic outputs 2 Key messages and themes 3 Targeted messages for specific platforms 4 Delivery and implementation
- The project landing page is now live to the public – [www.publichealthslough.co.uk/campaigns/one-slough](http://www.publichealthslough.co.uk/campaigns/one-slough)

- A logo has been created for the project which will be used on social media and printed material.
- A range of infographics linked to the “reducing risk” work have been developed, which will be used on twitter and Instagram
- Working with an organisation <https://covid19graphics.info/> who have a fantastic search tool for translated material, and a range of their material will be used for this project.
- We’ve got our #HealthyNormal infographic displayed in all children centres and in the town centre as part of the “wrap arounds” Examples attached
- The CVS has delivered targeted comms at community groups on Farnham road in response to the recent uptick of cases. They’ve also done a press release for the project and lined up initial radio interviews and the scripts. This workstream has proved to be an established vehicle to support *Local Outbreak Management Plan* to reach into the community with key messages for Covid eg testing.

## **Strand 2: Improving Information** (Lead– Tessa Lindfield)

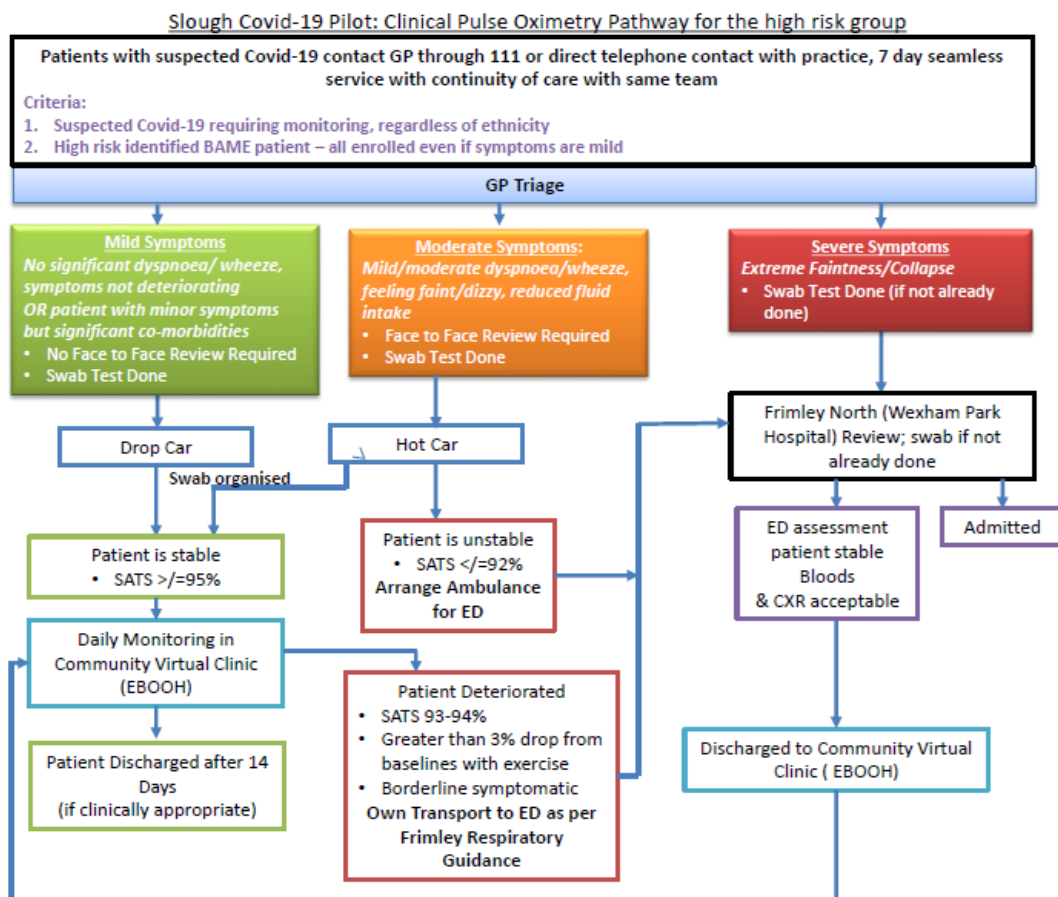
- Working group established and meeting regularly
- Workshop planned with leads of other work streams to find the data requirement to support other work.
- This workstream has three elements 1. Description of the risks of harm from COVID-19 in Slough and where they are in the population 2. Development of a Risk Stratification Tool 3. Monitoring of COVID-19 in Slough, including the excess risk in BAME population
- Risk Stratification Tool Developed for identifying high risk people of BAME and non BAME background
- COVID-19 dashboard has been developed
- Data collection for Slough BAME need assessment is being carried out and gaps identified after scoping of available data to explore the completeness of ethnicity recording in the data source available.

## **Strand 3: COVID-19 Clinical Management** (Leads – Lalitha Iyer, Priya Kumar and Sangeeta Saran)

- The aim is to utilise digital and technological developments to proactively support patients and manage symptoms.
- The clinical management of symptomatic patients will be managed via one provider and will be seamless in hours and out of hours.
- Active home monitoring LCS in place.

#### Strand 4: Prevention and Harm reduction (Leads – Lalitha Iyer, Priya Kumar and Sangeeta Saran)

- In order to better understand the population that is at most risk of being impacted within Slough, a more detailed risk stratification exercise has been carried out. This has used a number of criteria including age and registered conditions.
- At-risk population defined - The project will focus on the 20,000 people who are considered most at risk regardless of ethnicity. However, it should be noted that this is for guidance purposes only and should not affect the clinical decision making when presented with individual cases. Patients will not be denied care if they do not fit the given criteria.
- List of at-risk patients drafted by Connected Care
- 'Hot pathway with pulse oximetry' signed off and launched with practices (See diagram below)
- Demand for pulse oximeters modelled, pulse oximeters purchased and pathway commissioned with OOH



**Strand 5: Workforce** (Leads – Caroline Corrigan)

- The workstream has secured appointed a programme manager who has started making links with HR teams of organisations included in the scope of this project including voluntary sector.
- The scope of this workstream has been planned focusing on four elements – 1.co-create the Covid-19 response with those at risk (Governance) 2.Reduce transmission of Covid-19 in our staff by identify non-clinical risk factors 3.Proactively provide a range of culturally specific interventions to reduce the risk of infection of Covid-19 in staff 4. Provide a range of culturally specific health and wellbeing measures to support staff

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