SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel

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PART I

FOR COMMENT & CONSIDERATION

SLOUGH BLACK, ASIAN, AND MINORITY ETHNIC (BAME) COVID-19 PROJECT UPDATE

1. **Purpose of Report**

   This report provides a comprehensive update on the Slough Black, Asian and Minority Ethnic (BAME) coronavirus project.

2. **Recommendation(s)/Proposed Action**

   The Panel is requested to consider the report.

3. **The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan**

   The Slough Joint Wellbeing Strategy (SJWS) is the document that details the priorities agreed for Slough with partner organisations. The SJWS has been developed using a comprehensive evidence base that includes the Joint Strategic Needs Assessment (JSNA). Both are clearly linked and must be used in conjunction when preparing your report. They have been combined in the Slough Wellbeing Board report template to enable you to provide supporting information highlighting the link between the SJWS and JSNA priorities.

3a. **Slough Wellbeing Strategy Priorities –**

   This project links to the outcomes of the wellbeing board strategy, specifically priorities:
   1. Starting Well
   2. Strong, healthy and attractive neighbourhoods
   3. Workplace health

   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.

3b. **Five Year Plan Outcomes**

This project meets the following objectives of the 5 year plan:

- Outcome 1: Slough children will grow up to be happy, healthy and successful
- Outcome 2: Our people will be healthier and manage their own care needs
- Outcome 3: Slough will be an attractive place where people choose to live, work and stay

4. **Other Implications**

   (a) Financial

   There are no financial implications of proposed action

   (b) Risk Management

   None

   (c) Human Rights Act and Other Legal Implications

   No Human Rights Act Implications.

   (d) Equalities Impact Assessment

   There are no Equalities Impact Assessment implications of proposed action

5. **Supporting Information**

5.1 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.

5.2 NHSE funding for Covid-19 flows via the Frimley Integrated Care System (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.

5.3 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.
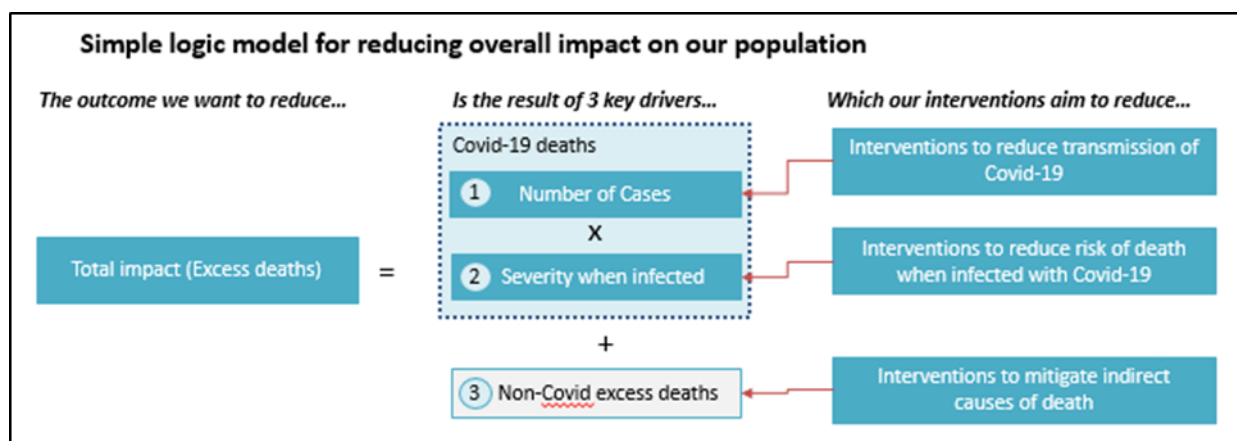
5.4 The aim of this project is to:

The core aim of the Slough project is to strengthen the ability of individuals and communities to work in partnership with the NHS, local authority, public health and voluntary/community sector organisations to protect themselves from the direct and indirect harms of the virus and provide a holistic approach to support the population of Slough.

5.5. The project is a collaborative project which includes:

- 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
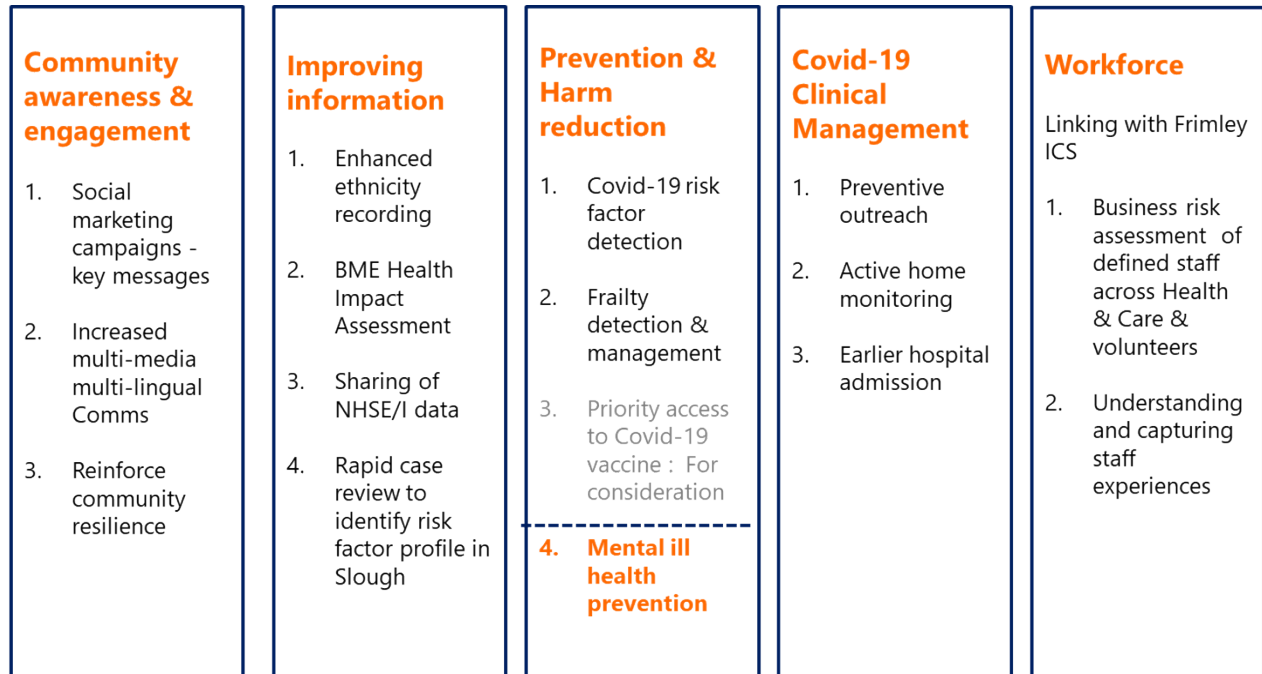
5.6 Benefits Realisation

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

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

Community awareness & engagement	Improving information	Prevention & Harm reduction	Covid-19 Clinical Management	Workforce
1. Social marketing campaigns - key messages 2. Increased multi-media multi-lingual Comms 3. Reinforce community resilience	1. Enhanced ethnicity recording 2. BME Health Impact Assessment 3. Sharing of NHSE/I data 4. Rapid case review to identify risk factor profile in Slough	1. Covid-19 risk factor detection 2. Frailty detection & management 3. Priority access to Covid-19 vaccine : For consideration ------------------ 4. **Mental ill health prevention**	1. Preventive outreach 2. Active home monitoring 3. Earlier hospital admission	Linking with Frimley ICS 1. Business risk assessment of defined staff across Health & Care & volunteers 2. Understanding and capturing staff experiences

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 as

5.8 Work stream Progress 24/08/20

5.8.1 Community Awareness and Engagement:

- The subgroup meets once a fortnight and is made up of SBC, public health, the Slough CVS, the East Berkshire CCG, Schools, Early Years and Apna Virsa

- 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 and includes a logo for the project which will be used on social media and printed material www.publichealthslough.co.uk/campaigns/one-slough

- 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.

- The #HealthyNormal infographic displayed in all children centres and in the town centre as part of the "wrap arounds"

- 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.

- 7 interviews on Asian Star and BBC Berkshire have taken place – including with prominent Slough GP's and key partners from the project. A further 3 are lined up for the end of August/beginning September

- Various adverts have been taking place on Asian star in English, Urdu and Punjabi and on social media throughout July and August.

- A coronavirus communication survey was launched and is analysed once a week. The survey will help shape the communications work and ensure the project is reaching the right people with the right messages

- A COVID community champions proposal is being worked up and hoping to go live by the end of August

- Various videos have been commissioned to target different audiences on Youtube and TikTok including with Aik Saath for young people, and MP Tan Dhesi on personal messages behind covid (English, Urdu and Punjabi) and one for Caribbean communities.

- The group added content to the SBC resident's booklet which was sent out at the beginning of August. This included the key COVID messages, links to the landing page, and ways residents can reduce their risk

- Translated materials have been produced for the testing centre (top 6 languages in Slough), and for the Romanian community (Returning from Romania at the end of summer)

5.8.2 Improving Information

- 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
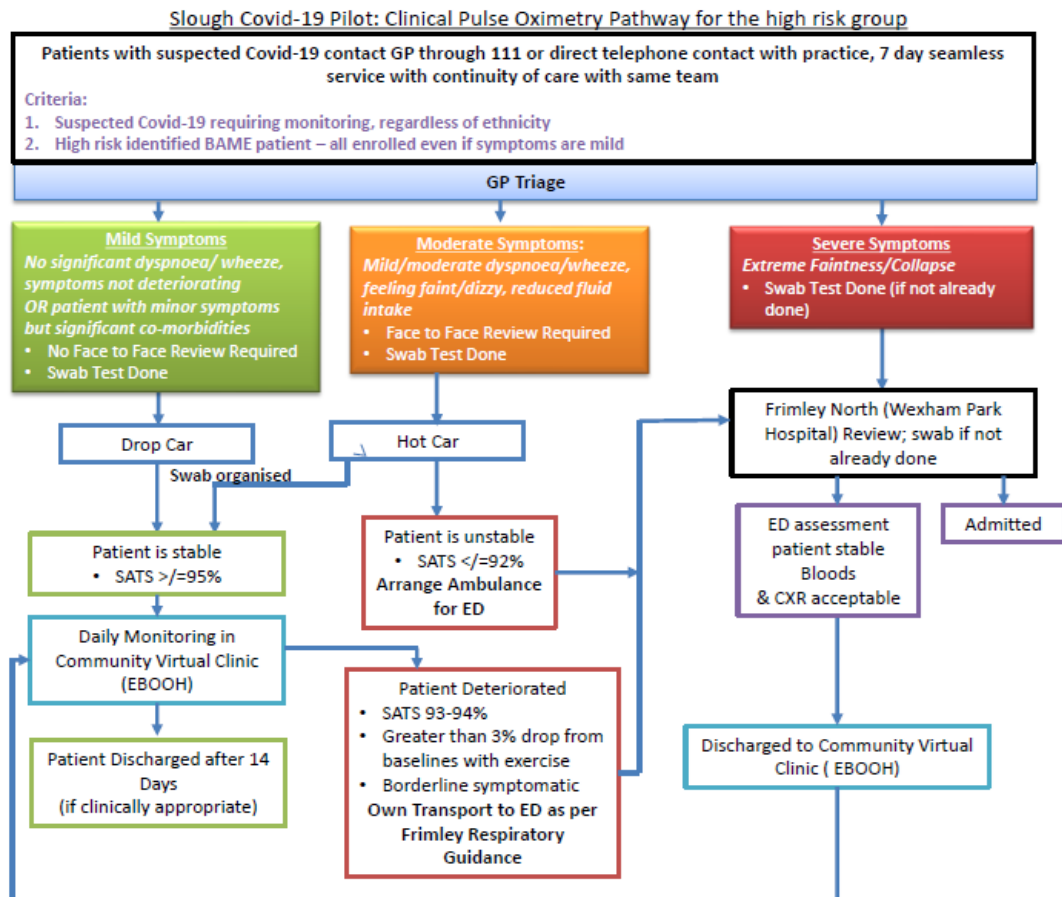
- Risk Stratification Tool Developed for identifying high risk people of BAME and non BAME background

- 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.

- The first draft of the Slough BAME Health Needs Assessment has now been completed.

- The report has been circulated to key stakeholders from Slough for comments/feedback.

- The COVID-19 Slough BAME Needs Assessment brings together information from Frimley ICS to explore the impact of COVID-19 on the BAME population of Slough. The Frimley data has been used to explore four broad themes:

1. Risk factors for COVID-19

2. COVID-19 cases

3. COVID-19 deaths

4. Interventions to reduce risk

   - A workshop has been planned for Wednesday 26th August, to review the findings of the Needs Assessment, and to develop a series of recommendations, which can be implemented in order to address the increased risks experienced by BAME groups in Slough, in regard to COVID-19.

   - Scoping of the available data to explore the completeness of ethnicity recording in the data sources available, has been completed.

   - There are two outstanding sections of the Needs Assessment; Interventions to reduce risk (the data is being pulled together from the Shared Care Record) and the section on recommendations (which will be developed at the workshop).

5.8.3 **Prevention and Harm reduction**

- 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

- Demand for pulse oximeters modelled, pulse oximeters purchased and pathway commissioned with OOH

Slough Covid-19 Pilot: Clinical Pulse Oximetry Pathway for the high risk group

Patients with suspected Covid-19 contact GP through 111 or direct telephone contact with practice, 7 day seamless service with continuity of care with same team

Criteria:
1. Suspected Covid-19 requiring monitoring, regardless of ethnicity
2. High risk identified BAME patient – all enrolled even if symptoms are mild

GP Triage

Mild Symptoms
No significant dyspnoea/ wheeze, symptoms not deteriorating OR patient with minor symptoms but significant co-morbidities
- No Face to Face Review Required
- Swab Test Done

Moderate Symptoms:
Mild/moderate dyspnoea/wheeze, feeling faint/dizzy, reduced fluid intake
- Face to Face Review Required
- Swab Test Done

Severe Symptoms
Extreme Faintness/Collapse
- Swab Test Done (if not already done)

Drop Car

Hot Car

Swab organised

Frimley North (Wexham Park Hospital) Review; swab if not already done

Patient is stable
- SATS >/=95%

Patient is unstable
- SATS </=92%
Arrange Ambulance for ED

ED assessment patient stable Bloods & CXR acceptable

Admitted

Daily Monitoring in Community Virtual Clinic (EBOOH)

Patient Deteriorated
- SATS 93-94%
- Greater than 3% drop from baselines with exercise
- Borderline symptomatic
Own Transport to ED as per Frimley Respiratory Guidance

Patient Discharged after 14 Days
(if clinically appropriate)

Discharged to Community Virtual Clinic (EBOOH)

- We have submitted a final version of SOP for Slough Virtual Ward to NHSE last week. We have asked our colleagues at 111 , SCAS, A&E and GPs in Slough to start referring patients to virtual ward. As part of SOP an exit questionnaire has been created to collect feedback from patients on virtual ward. A basic template for GP referrals has also been created to facilitate practices with referrals, this form will be uploaded on GP's DSX system as well.

- As per Slough BAME Population ratio we have requested any information to be provided in 2 additional languages to support Tamil and Somali cohort. Our teams are currently in process of recording the oximeter videos /information leaflet into these 2 additional languages.

Slough Virtual Ward weekly Data: w/c 17th August 2020

Total No of Referrals	11
Active patients	7 /11
Negative Swabs	4/11
% BAME Cohort patients	100%
Source of referrals	1 /GP / 10 Paramedic home visits

5.8.4 COVID-19 Clinical Management

- 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.

- The clinical arm of the Slough BAME pilot has gone national (one of three sites) with a view to collecting data by end of August (latest 15/9) so that a paper can be produced nationally by end of September. NHSE has asked to deploy a digital app (Medopad) solution to collect data for the national team which will be funded by NHSE. This is a fast-track initiative working with NHSE and Medopad to respond to the data requirement for Slough Covid19 pilot. The dataset is nationally dictated to all three sites. This app is currently used by Hillingdon national pilot and 8 CCGs in London. We are currently in the process of discussion /consultation with CCG Data Leads and DPOs to implement Medopad asap as requested by NHSE.

- NHSE has also asked to submit few case studies by mid-September, we are currently in the process to finalise those. Once signed off will be shared with this Board.

5.8.5 Workforce

- The workstream has 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

- Key stakeholder engagement and communication meetings held to co-produce the deliverables across the NHS providers, primary care, the voluntary sector, Slough BC and care homes

- A number of working groups have been formed around deliverables. The key deliverables in this stage include:

  - **Risk Assessments** – BHFT and FHFT have completed 99.0% and 99.4% of BAME staff risk assessments respectively. The third national risk assessment submission is due 2 Sept 2020, at which point all "At risk" staff risk assessment should be completed. 100% of all 'At Risk" assessments have been completed for staff employed by the Slough Primary Care Networks.

  - **Information & Advice Repository** – to share good practice to organisations that do not have access to the range of HR and OD support a website is being designed that will support organisation with curated webinars, templates and guidance. Prototype website to be launched 18/09/2020.

  - **Staff Health & Wellbeing** – Support plan devised with PH Slough and communications plan to be initiated 04/09/2020 to launch this to all Slough public service

  - **Staff Insight** – Initial difficulties in obtaining links to BAME staff groups have since been resolved, allowing for improvements in the quality of the outputs as staff involvement in their design can now be achieved.

- Access to the NHS People Pulse survey has been provided by NHSE for the Slough NHS providers. This will provide those managers the ability to obtain a 360 view on staff issues and improvements in transparency in their duty of care. Primary care launch week commencing 31/08/2020. Development conversations in progress to extend this concept to non-NHS organisations so that a whole system view can be obtained for the local system.

6. **Comments of Other Committees**

A regular project update is being provided to the Health and Social Care partnership board who provide strategic oversight into the project.

7. **Conclusion**

The project continues at pace to support our communities that have been disproportionately impacted on by the virus. This project supports our Covid Local Outbreak Management Plan providing opportunity to proactively engage and communicate with our community. The project will continue to work with the wider response to coronavirus, across the system, to ensure that our communities are best prepared for any resurgence of the virus and have the knowledge and skills to be able to avoid the worst outcomes from the virus throughout the autumn and winter of 2020/21.

8. **Background Papers**

None