| Subject: | BAME Health Inequalities: A place based approach for Nottingham City |
|---|---|
| Director: | Alison Challenger, Director of Public Health |
| Portfolio Holder: | Councillor Eunice Campbell-Clark, Portfolio Holder for Health, HR and Equalities |
| Report author and contact details: | David Johns, Consultant in Public Health, david.johns@nottinghamcity.gov.uk <br> Helen Johnston, Specialty Registrar in Public Health <br> Bryony Lloyd, Specialty Registrar in Public Health |

**Subject to call-in:  X** Yes      No

**Key Decision:**      ☐ Yes      X  No

**Criteria for Key Decision:**

**(a)**      ☐ Expenditure ☐ Income ☐ Savings of £1,000,000 or more taking account of the overall impact of the decision

**and/or**

**(b)**      Significant impact on communities living or working in two or more wards in the City
      ☐ Yes      ☐ No

**Type of expenditure:**      ☐ Revenue ☐ Capital

**Total value of the decision:** £0

**Wards affected:** City-wide

**Date of consultation with Portfolio Holders:** 22 June 2020

**Relevant Council Plan Key Theme:**

| | |
|---|---|
| Nottingham People | X |
| Living in Nottingham | ☐ |
| Growing Nottingham | ☐ |
| Respect for Nottingham | ☐ |
| Serving Nottingham Better | ☐ |

**Summary of issues:**

The health inequalities experienced by black, Asian and Minority Ethnic (BAME) groups have been brought into sharp focus through the coronavirus pandemic.

The evidence shows that people from particular ethnic backgrounds are at higher risk of ill health and death associated with COVID-19.

The recent review by Public Health England has synthesised recommendations from over 4000 stakeholders on the changes needed to reduce ethnic inequalities.

Nottingham is an ethnically and culturally rich and vibrant city, with over a third of citizens from BAME backgrounds. However, Nottingham is ranked the 11th most deprived district in England in the 2019 Indices of Multiple Deprivation, and there are substantial differences in healthy life expectancy within the city: people in the poorest neighbourhoods on average experience poor health 17 years earlier than those in the wealthiest neighbourhoods.

**There have been calls across the Council and civil society in Nottingham for clear and timely action to reduce BAME health inequalities** during our COVID-19 response, and for achieving sustained change as we move into the recovery phase and beyond.

**The Council is committed to an engaged, joined-up and accountable approach.** This report highlights **six immediate actions to mitigate the impacts of COVID-19 in BAME groups and to improve health and wellbeing outcomes**. Some of these actions, such as the communications plan, are already being developed.

As well as taking immediate action, the **proposed framework outlines a strategic, place-**

**based approach to reduce health inequalities, and provides a starting point to develop a comprehensive action plan with communities**, based on priorities and outcomes that communities identify as being meaningful to them.

**A shared, city-wide ambition will be created** that builds on both the Council's existing work and commitments to reduce health inequalities, and the diverse community assets and forums that already exist to meet local needs.

**Exempt information:**
None

**Recommendation(s):**

1    **To agree the six priority actions for immediate progression in response to BAME health inequalities. These are to:**
   - **Introduce Health Inequalities Impact Assessment within NCC to assess the impact of changes to policies, practices and services.**
   - **Ensure health services respond to the needs of BAME communities through robust equity analysis and moving from models of engagement to co-production.**
   - **Develop a NCC BAME communications plan for COVID-19 to ensure that all of our messages are accessible to BAME colleagues within NCC and to our BAME communities across Nottingham.**
   - **Collate our intelligence on council and community assets (i.e. buildings, outdoor spaces, volunteers, skills) that can be mobilised to maximise action to reduce BAME health inequalities and strengthen the resilience of communities.**
   - **Review current governance and leadership for addressing BAME health inequalities to coordinate existing work, identify gaps, and drive forward sustainable local change**
   - **Develop a city-wide ambition to reduce health inequalities in Nottingham**

2    **To endorse the proposed strategic, place based approach to reducing inequalities in Nottingham City in order to work with communities and co-create a detailed action plan**

3    **To delegate authority to the Director of Public Health to establish the governance arrangements**

1    **Reasons for recommendations**

1.1    The health inequalities experienced by BAME communities have been brought into sharp focus through the coronavirus pandemic, with a higher risk of COVID-19 deaths in black and Asian populations (see paragraph 2.4, 2.5). Evidence suggests that socioeconomic disadvantage, chronic disease, and racial inequalities are contributory factors to the disparities we are seeing (see paragraph 2.6). Nottingham, which is an ethnically diverse city (see paragraph 2.7), seems to be mirroring national trends in relation to which groups are most affected by COVID-19 (see paragraph 2.8).

1.2    The Health Needs Assessment for BAME communities (see paragraph 2.9) provides detailed local information, and the BAME Community of Practice is a recent example of the longstanding collaborative approach within Nottingham to implementing change. The recently formed Nottingham Together Board has also been an active forum working with communities on the COVID-19 response across civil society. Reducing BAME health inequalities has been, and remains a key priority in Nottingham, and there are strong foundations for working with our communities during and beyond the coronavirus

pandemic. Ensuring a joined-up and system wide approach will amplify the effectiveness of our work to achieve a step-change.

1.3 This report is also informed by the recent reviews from Public Health England (see paragraph 2.10), which acknowledges the national context to some of the challenges experienced locally, for example that ethnic group is not recorded on death certificates and. Further work will assess where local solutions can be developed, and points for national advocacy. The focus here is on the current priorities for Nottingham.

1.4 In 2010, the Marmot Review identified that health inequalities are caused by differences in the conditions in which people are born, grown, live work and age (see paragraph 2.1, 2.2). These conditions, known as the social determinants of health, include income, housing, environment, transport, education, work and healthcare. Therefore, addressing wider socio-economic inequalities is a crucial part of reducing health inequalities. The proposed framework builds on this idea with a place-based approach acting across Nottingham City (see appendix).

1.5 Six actions are set out for immediate progress, some of which are already afoot, while consultation with our communities is underway to develop a comprehensive action plan to shape this work going forward. This action plan, along with a progress report, will be brought back to the Executive Board for further review.

1.6 **Action 1: Introduce Health Inequalities Impact Assessment within NCC to assess the impact of changes to policies, practices and services.**

1.7 NCC colleagues from public health, equalities & HR, to rapidly review approaches to integrate health inequalities within our impact assessment process (drawing on the Scottish Health Inequalities Impact Assessment). This will include socioeconomic circumstances, for example low income, low literacy and area deprivation.

1.8 Practical support will need to be put in place to support council officers complete HIIAs and structures put in place to ensure they are scrutinised appropriately.

1.9 While this action has the potential for a long-term shift in the way we work in Nottingham City Council, it is one that has the potential to influence the way we approach COVID-19 recovery and budget planning and thus requires immediate review.

1.10 **Action 2: Ensure health services respond to the needs of BAME communities through robust equity analysis and moving from models of engagement to co-production.**

1.11 One example of post-COVID-19 recovery work already underway is the reintroduction of NHS health checks (commissioned by Local Authority), in a way that prioritises individuals from BAME backgrounds. An example of an action for further consideration is a review of the effectiveness of translation services within local health and care services.

1.12 Conversations on the importance of tackling inequalities have taken place with health partners in many forums. Specifically, the public health team has used its influence to ensure inequalities form a key part of the Nottingham University Hospitals (NUH) prevention strategy, Integrated Care System (ICS)

approach and that BAME health inequalities are a key priority for the Nottingham City Integrated Care Partnership (ICP).

1.13 **Action 3: Develop a NCC BAME communications plan for COVID-19 to ensure that all of our messages are accessible to BAME colleagues within NCC and to our BAME communities across Nottingham.**

1.14 This will initially focus on those communities who have struggled to access appropriate messages and information during the COVID-19 pandemic and will consider language, channel of communication and trust.A communications plan is already in development for BAME groups and also considering other groups who may not be reached by traditional messaging, such as citizens with sensory impairments.

1.15 Clear communication about the individual opportunities and services that support good health will continue to be required post-COVID-19.

1.16 **Action 4: Collate our intelligence on council and community assets (i.e. buildings, outdoor spaces, volunteers, skills) that can be mobilised to maximise action to reduce BAME health inequalities and strengthen the resilience of communities.**

1.17 An understanding of assets in local neighbourhoods will inform a place based approach to decision making. This may include consideration of the work experience or training required within local communities; how local leisure facilities can act as a focal point for communities; support around housing rights; and work with external partners to address inequalities in digital access for our most disadvantaged communities

1.18 **Action 5: Review current governance and leadership for addressing BAME health inequalities to coordinate existing work, identify gaps, and drive forward sustainable local change**

1.19 A number of existing strategic groups have been discussing BAME inequalities. It is timely to review and simplify the leadership on this agenda.

1.20 A taskforce with broad and inclusive membership across NCC and external partners, with appropriate community and civil society representation would be an effective way to coordinate immediate actions outlined in this report and implement change.

1.21 It is vital that community voice and civil society are at the heart of this programme of work, such as through representation from existing forums for example the Nottingham Together Board, or through a new bespoke forum.

1.22 Our action on BAME health inequalities must be council-wide and coordinated, with effective representation from communities across Nottingham. Every Directorate in the City Council has a role to play. The NCC Public Health team are able to provide officer-level leadership and to inform and advise on this work; achieving change requires a team approach.

1.23 **Action 6: Develop a city-wide ambition to reduce health inequalities in Nottingham**

1.24 It is important to acknowledge the work that has already been done and build on past commitments to reduce health inequalities through the creation of a shared, city-wide ambition. The social determinants of health include income, housing, environment, transport, education, work and healthcare. Therefore, addressing wider socio-economic inequalities and having a joined-up approach with systematic action across multiple fronts is essential.

1.25 The Council has demonstrated bold leadership on Climate Change with the commitment for Nottingham to become the first carbon neutral city in the country, reaching this target by 2028. This ambition extends beyond the current term of the Council, and highlights the need for long-term commitment in order to make meaningful and lasting change. It is proposed that, in a similar manner to the carbon neutral commitment, an ambition for tackling health inequalities in Nottingham is developed and pledged. This level of ambition is required to drive the multi-level action necessary to address in equality.

1.26 A **framework for a place based approach to reducing health inequalities in Nottingham** has been drafted (see appendix) It acknowledges that our BAME population is made up of diverse communities and provides core principles upon which to build tailored actions; coordinate existing activity; and inform future interventions. Potential actions identified across the three domains of community, services, and policy interventions. The framework provides a starting point for discussion and engagement.

1.27 The Council will open up a conversation with our diverse communities to identify the priorities and outcomes that are meaningful to them and develop a comprehensive action plan for change. This will be done in a way enables us to learn from communities' views of past mistakes and include communities whose voices are currently seldom heard. This collaboration with communities will aim to build the bridges needed for a stronger and more inclusive City.

## 2    Background

2.1 Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. Health inequalities arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health and wellbeing. The Marmot Review emphasises the importance of action across all stages of life, the commitment to the investment needed to tackle this, and the importance of planning at place level. Reducing inequalities requires improving the socioeconomic conditions across all disadvantaged groups.

2.2 The determinants of health include income, housing, environment, transport, education, work and healthcare. Therefore, addressing wider socio-economic inequalities is a crucial part of reducing health inequalities. A comprehensive approach with systematic action across multiple fronts, going well beyond the health and care system, is essential.

2.3 The Public Health England review on ethnic inequalities notes that 'the major determinants of ill-health are largely the same across all ethnic groups. However, ethnicity is a salient social identifier in modern Britain, shaping people's networks of association and their social and economic opportunities.

Further, minority ethnic identities continue, in many circumstances, to be stigmatised and subject to exclusionary forces.'

2.4 There is growing recognition that rather than rather than being a great leveller, the coronavirus (COVID-19) pandemic may exacerbate existing inequalities. There is clear evidence that black and minority ethnic groups are at higher risk of dying from COVID-19 than the rest of the population, the risk may not be the same for all ethnic groups.

2.5 Data from the Office for National Statistics show that, after adjusting for age, deprivation and a range of other factors, men and women of black ethnicity were at highest risk. South Asian populations also have higher risk compared to people from white backgrounds. A number of other studies have observed similar patterns in COVID-19 related deaths in hospital.

2.6 The Independent Scientific Advisory Group for Emergencies report on disparities suggests that the reasons why some BAME groups appear to be at greater risk of dying with COVID-19 are complex, with an interplay between socio-economic disadvantage in BAME populations, high prevalence of chronic diseases and the impact of long-standing racial inequalities.

2.7 Nottingham is a diverse city. In the 2011 Census 34.6% of the City's population were from BAME groups, this marked an increase from 19% in 2001.The next Census is awaited to provide an update on the ethnic backgrounds of local citizens. And there are new emerging communities within Nottingham; local information from Councillors and from Communities and Neighbourhood teams complement official statistics. The ethnic diversity is geographically distributed in the City, with concentrations of communities observed at ward level, such as BAME groups making up over 50% of the population in Hyson Green and Arboretum, and Radford. The population of Nottingham has a young age-structure (relatively more children and younger adults than older adults). In January 2017 53.1% of school pupils were from BAME backgrounds and 26% of all pupils had a first language that is not English.

2.8 As far as local data exist, Nottingham City is mirroring national trends on ethnic inequalities for COVID-19; postcode data should be coming through shortly to enable further examination of local patterns.

2.9 A Health Needs Assessment (HNA) for Black and Minority Ethnic populations in Nottingham was completed in December 2017 by Nottingham City Council and Clinical Commissioning Group. The HNA provides a comprehensive overview of the health and wellbeing of BME communities, and sets out 25 recommendations. Nottingham has a diverse population, there are different characteristics and needs among specific community groups which need to be recognised in the actions. A Community of Practice has been established to lead on developing this work which has paid particular attention to mental health.

2.10 Public Health England have conducted a two part review on the impacts of COVID-19 on BAME groups. The first report presents the data on disparities, and the second includes a literature review and reported findings from engagement with over 4000 stakeholders. Stakeholders have requested multi level action across data and research, policy, communications, and for anchor institutions, and have defined 7 recommendations. This paper has been informed by mapping opportunities for Nottingham against those recommendations.

**3      Other options considered in making recommendations**

3.1     **Do nothing**

3.2     This has been rejected as reducing BAME health inequalities is already a priority within Nottingham, with substantial work completed and underway. The recommendations here provide a framework that will build upon existing commitments through a joined up approach that makes it easier to both identify gaps and work constructively with communities. These recommendations recognise that the Council will want to provide coordination and leadership on this important agenda.

**4      Finance colleague comments**

4.1     There are no financial implications associated with this report. Any future expenditure associated with tackling health inequalities across BAME groups following on from this report will be subject to a separate decision and approval process.

Hayley Mason
Strategic Finance Business Partner (Adults & Public Health)
6 July 2020

**5      Legal and Procurement colleague comments**

5.1     There are no significant legal comments associated with this report.  As this framework develops it will need formal agreement through the appropriate channels before it can become part the Council decision making process.

Beth Brown – Head of Legal and Governance 6 July 2020

**6      Strategic Assets & Property colleague comments**

6.1     Not applicable

**7      Social value considerations**

7.1     Nottingham City is a diverse city which prides itself on the ideas of citizenship and inclusion. Nottingham has a BAME population which accounts for just over one third of the total population. The actions identified here emphasise community voice and engagement, including from seldom heard voices, and tackling long-standing inequalities. There are vast opportunities to deliver health and wellbeing improvements through the COVID-19 recovery phase and beyond and there is an explicit call for an ambitious commitment to help drive this.

**8      Regard to the NHS Constitution**

8.1     This paper is fully aligned with the 7 NHS principles in the NHS Constitution and draws on the underpinning NHS values, specifically the collaborative and community-oriented approach of working together for patients, respect and dignity, improving lives and that everyone counts.

**9      Equality Impact Assessment (EIA)**

9.1 Has the equality impact of the proposals in this report been assessed?

No                                                              X
An EIA is not required because:
This report is focussed on improving outcomes for a protected characteristic examined under an EIA.

Yes                                                            ☐
Attached as Appendix x, and due regard will be given to any implications identified in it.

**10    List of background papers relied upon in writing this report**

None

**11    Published documents referred to in this report**

11.1 National Evidence

The Independent Scientific Advisory Group for Emergencies (SAGE) (2020). Disparities in the impact of COVID-19 in Black and Minority Ethnic populations: review of the evidence and recommendations for action

Public Health England (2020) Beyond the data: Understanding the impact of COVID-19 on BAME groups.

Public Health England (2020) Disparities in the risk and outcomes of COVID-19

Institute of Health Equity (2020) Marmot Review 10 Years On.

NHS Health Scotland (2019) Health Inequalities Impact Assessment (HIIA).

Public Health England (2018) Local action on health inequalities: understanding and reducing ethnic inequalities in health.

11.2 Local information

Nottingham Insight (2020) Demography chapter: the people of Nottingham

Nottingham Insight (2017) Health Needs Assessment of the Black and Minority Ethnic Populations within Nottingham City.