

Addressing inequalities across Nottingham's diverse communities during the COVID response

Health Scrutiny Committee – 17 December 2020

Background

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

Nottingham is an ethnically and culturally rich and vibrant city, with over a third of citizens from BAME backgrounds (34.6% in the 2011 Census, the 2021 Census is awaited for an update on this). We also have new emerging communities within Nottingham; local information from Councillors and from Communities and Neighbourhood teams complement official statistics.

It is important to acknowledge at the outset that the term BAME does not adequately represent the ethnic groups of our citizens, and the ways our communities and citizens might describe their identity and heritage. The term BAME is used in this report when it is used in other sources or official statistics. In the future, we will seek to identify and use more inclusive language.

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. Health inequalities are caused by differences in the conditions in which people are born, grown, live, work and age. These social determinants of health include income, housing, environment, transport, education, work and healthcare.

Evidence suggests that chronic disease, and racial inequalities, as well as socioeconomic disadvantage, are contributory factors to the increased risk of being infected, experiencing serious illness and dying from COVID.¹ The visibility of the Black Lives Matter movement in 2020 has drawn attention to structural racism and societal injustice, and the importance of empowered communities making decisions about the issues that affect them.

The COVID response across health and care partners has paid particular attention to our diverse and our disadvantaged communities, and this paper sets out information on key actions taken.

Insight on COVID and ethnicity

Data from the Office for National Statistics show that, after adjusting for age, deprivation and a range of other factors, rates of death involving COVID remain greater for most ethnic groups, most notably for people of Black African, Black Caribbean, Bangladeshi and Pakistani ethnic backgrounds.²

As far as local data exist, Nottingham City is mirroring national trends on ethnic inequalities for COVID. The comparatively small numbers at a local level continue to limit our ability to identify statistically significant differences or patterns in our rates of cases and deaths by ethnic group. The Health Needs Assessment for Black and Minority Ethnic populations in Nottingham from 2017 also provides a comprehensive overview of the health and wellbeing of local communities prior to the pandemic.

Public Health England conducted a two part review on the impacts of COVID on BAME communities. The first report presents the quantitative data on disparities.³ The subsequent report included a literature review, and paid attention to lived experience by included findings from over 4000 stakeholders.⁴

¹ Independent SAGE, [Disparities in the impact of COVID-19 in Black and Minority Ethnic Populations](#), 6 July 2020.

² Office of National Statistics, [Updating ethnic contrasts in deaths involving the coronavirus \(COVID-19\), England and Wales](#), 16 October 2020

³ Public Health England, [COVID-19: review of disparities in risks and outcomes](#), 2 June 2020.

⁴ Public Health England, [COVID-19: understanding the impact on BAME communities](#), 16 June 2020.

Stakeholders requested multi-level action across data and research, policy decisions, communications, and by anchor institutions. The steps taken in Nottingham have been informed by the recommendations in the PHE report.

COVID response in Nottingham

The ongoing COVID response in Nottingham has been locally determined wherever possible to ensure it is sensitive to the needs in the City. Several key interventions to reduce inequalities among the diverse communities from recent months are highlighted here.

a) Community engagement and communications

The Civic mobilisation group have helped to meet practical and health needs through food parcels and mental health support, enabling local citizens to follow government instructions. The group focused on using existing community connections and groups to support the development and delivery of communications that are culturally supportive in the choice of message giver and language used.

The Cohesion team has contributed to the development of the Local Outbreak Control Plan, particularly thinking about diverse communities, complex settings and vulnerable groups including refugees and asylum seekers, and faith communities. There has been ongoing advice to Incident Management teams on communities affected, and effective means of reach and resources.

There has been collaboration in responding to engaging with communities who are seldom heard, including working with local voluntary and community sector organisations providing advice and guidance, and finding trusted voices – and developing short explainer videos of these trusted voices that can be shared across multiple platforms.

b) Access to health services

The importance of tackling inequalities is recognised across the health and care system. Inequalities form a key part of the Nottingham University Hospitals (NUH) prevention strategy and the Integrated Care System (ICS) approach. BAME health inequalities are a key priority for the Nottingham City Integrated Care Partnership (ICP), and they have recently set out three objectives:

1. Review commissioning processes to address any unintended structural racism, strengthening engagement and involvement of BAME communities.
2. Understand the contribution of community organisations in the commissioning of services to meet the health and wellbeing needs of BAME communities.
3. Transform engagement and communications with BAME communities to improve access to and experience of using services.

One example of an immediate response to BAME health inequalities is the reintroduction of NHS health checks (commissioned by Local Authority), after they were paused earlier in the year, in a way that prioritises individuals from BAME backgrounds. Another area for further consideration is a review of the effectiveness of translation services within local health and care services.

c) Risk assessments across the workforce

An individual risk assessment questionnaire on coronavirus exposure was developed and implemented for BAME, clinically extremely vulnerable, clinically vulnerable, and pregnant colleagues across the Council. The tool provides a template for assessing risk and identifying measures to mitigate risks, but is included as part of a wider conversation to understand and consider anxieties and concerns across the workforce. The model adopted by the Council is the same as that used across Nottingham University Hospitals. The CCG also carried out risk assessments with 100% completion.

Within the Council, during the summer HR actively encouraged all managers across NCC to have a wellbeing conversation with all BAME staff, and developed specific guidance to this end (see supporting documents). There was 100% completion of these risk assessments. Tailored adjustments to work were made for individual staff where appropriate. Examples of these adaptations including working from home, switching from front line duties, avoiding car sharing, and fast track referrals to occupational health. Managers will review and update risk assessments on an ongoing basis such as during service reinstatement.

Looking beyond COVID

The actions identified here emphasise the importance of community voice and involvement, including from seldom heard voices, and from across our diverse communities. Tackling long-standing inequalities will require ambitious commitments and sustained action to address upstream determinants of ill health. Adopting a place-based approach provides a framework for further action in Nottingham both within the COVID response and looking forwards. There is more work to be done, and collaboration and coordinated action across the system is essential to achieving this.

- **Leadership on equalities**

The NHS Nottingham and Nottinghamshire CCG are currently rolling out a programme of unconscious bias training across their workforce, have established a staff network for BAME staff, and identified BAME champions at Board level.

The Nottingham City Equalities, Diversity & Inclusion Strategy has been issued across the Council for 2020-23, working towards the Equality Objectives set out in the Council Plan:

- Make sure that our workforce will reflect the citizens we serve
- Create economic growth for the benefit of all communities
- Provide inclusive and accessible services for our citizens
- Lead the city in tackling discrimination and promoting equality

- **Developing a framework for a place-based approach**

A framework describing a place-based approach to reducing health inequalities in Nottingham was developed by Public Health and considered by the Executive Board in July 2020. The framework provides a starting point for discussion and engagement with partners and stakeholders. It provides core principles upon which to build tailored actions across diverse communities, to coordinate existing activity, and to inform future interventions. We have identified priority actions for the work within local communities, across services, and within policy; some of these actions are already progressing as set out here.

The framework takes a place-based approach structured around three domains: communities; services; and, policy. Following its development, Nottingham & Nottinghamshire Integrated Care System (ICS) has also agreed a health inequalities strategy that takes a place-based approach concerned with similar domains to those in the NCC Framework.

This paper has described some of the work that has taken place, and a framework for future work across diverse communities in Nottingham. COVID has had disproportionate and adverse impacts across many different population groups, especially those who are already facing disadvantage, for example people experiencing homelessness. Targeted approaches to meet the needs of those groups have been undertaken and are reported elsewhere.

Supporting Documents and Resources

Nottingham City Council, [Framework for a Place Based Approach to BAME Inequalities](#)

Nottingham City ICP, [Integrated Care Partnership \(ICP\) plan](#)

Nottingham City Council, [Equality, Diversity & Inclusion Strategy 2020-2023](#)

Nottingham Insight, [JSNA Chapter on the People of Nottingham](#), October 2020.

Report details

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