



## Health and Wellbeing Board

### **Report title: Black, Asian and Minority Ethnic (BAME) Health Inequalities Progress Update – COVID-19**

**Date:** 3<sup>rd</sup> September 2020

**Key decision:** No

**Class:** Part 1

**Ward(s) affected:** All

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### **Outline and recommendations**

This report provides an update to the Board on the work of the Black, Asian and Minority Ethnic (BAME) working group to address BAME health inequalities in Lewisham during the COVID-19 pandemic.

Members of the Health and Wellbeing Board are recommended to:

- Note the contents of this report and updated action plan

## Timeline of engagement and decision-making

### 1. Summary

- 1.1. To provide an update to the Board on the work of the Black, Asian and Minority Ethnic (BAME) working group to address BAME health inequalities in Lewisham during the COVID-19 pandemic.

### 2. Recommendations

- 2.1. Members of the Health and Wellbeing Board are recommended to:
  - Note the contents of this report and updated action plan

### 3. Policy Context

- 3.1. The Health and Social Care Act 2012 required the creation of statutory Health and Wellbeing Boards in every upper tier local authority. By assembling key leaders from the local health and care system, the principle purpose of the Health and Wellbeing Boards is to improve health and wellbeing and reduce health inequalities for local residents.
- 3.2. The activity of the Health and Wellbeing Board (HWB) is focussed on delivering the strategic vision for Lewisham as established in Lewisham's Health and Wellbeing Strategy.
- 3.3. The work of the Board directly contributes to the Council's new Corporate Strategy. Specifically *Priority 5 – Delivering and Defending: Health, Social Care and Support – Ensuring everyone receives the health, mental health, social care and support services they need.*

### 4. Background

- 4.1. In July 2018 the HWB agreed that the main area of focus for the Board should be tackling health inequalities, with an initial focus on health inequalities for BAME communities in Lewisham.
- 4.2. Following analysis undertaken by a sub group of the Board, three priority areas were identified through which the Board could play a significant role in addressing the widest gaps in BAME health inequalities. The areas identified were: mental health; obesity; and cancer.

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- 4.3. At the November 2018 meeting of the Board it was agreed to frame the ongoing discussion concerning BAME health inequalities around these three themes and to actively engage the Lewisham BME Network in this process.
- 4.4. The Lewisham BME Network is a community development project, managed by the Stephen Charitable Lawrence Trust and funded by the London Borough of Lewisham. The Network is comprised of over 120 BAME stakeholder groups, all working to support Lewisham's BAME community organisations and the communities they serve. The Network includes a BAME Health subgroup which meets monthly.
- 4.5. Progress on actions taken to date have been presented at previous Health and Wellbeing Board meetings, with an initial focus of action on the area of mental health.
- 4.6. A draft action plan covering all three priority areas (cancer, obesity and mental health) was developed in July 2019 in response to a referral made by the Healthier Communities Select Committee.
- 4.7. At the November 2019 Health and Wellbeing Board meeting, Board members agreed to further refine the draft action plan with the BME Network taking a co-production approach.
- 4.8. At the March 2020 Health and Wellbeing Board meeting, a further draft of the action plan was approved by Board members with an agreement to return to the next Board meeting with monitoring metrics to capture progress and impact of completing actions within the plan.

## **5. BAME Health Inequalities working group**

- 5.1. A BAME health inequalities working group has met since the March 2020 Health and Wellbeing Board meeting to oversee implementation of the action plan.
- 5.2. The working group had intended to meet on a monthly basis but in light of the COVID-19 pandemic and disproportionate impact of COVID-19 on Black, Asian and Minority Ethnic (BAME) communities, the group started to meet on a fortnightly basis from April 2020.

## **6. BAME Health Inequalities action plan and COVID-19**

- 6.1. Several national studies and reports have demonstrated the disproportionate impact of COVID-19 on BAME communities.
- 6.2. The ICNARC (Intensive Care National Audit & Research Centre) report on COVID-19 in critical care (looking at data from the first reported 7542 patients critically ill with COVID-19 in England, Wales and Northern Ireland), has shown that 34% of critically ill COVID-19 patients were of a non-white ethnicity (10.3% Black, 15.2% Asian). Those of non-white ethnicity make up only 14% of the population nationally. This report also showed that 34% of critically ill patients with COVID-19 receiving advanced respiratory support were of non-white ethnicity, and 40% receiving any renal support were non-white (16.6% Asian and 15.8% Black)<sup>1</sup>.
- 6.3. The Office for National Statistics (ONS) analysis of COVID-19 deaths and ethnicity for England and Wales showed that<sup>2</sup>:

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<sup>1</sup> <https://www.icnarc.org/Our-Audit/Audits/Cmp/Reports>

<sup>2</sup> <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coro>

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- When taking into account age in the analysis, Black males are 4.2 times more likely to die from a COVID-19-related death and Black females are 4.3 times more likely than White ethnicity males and females. (After adjusting for age only)
  - After taking account of age and other socio-demographic characteristics and measures of self-reported health and disability at the 2011 Census, the risk of a COVID-19-related death for males and females of Black ethnicity reduced to 1.9 times more likely than those of White ethnicity.
  - These results show that the difference between ethnic groups in COVID-19 mortality is partly a result of socio-economic disadvantage and other circumstances, but a remaining part of the difference has not yet been explained.
- 6.4. The Public Health England (PHE) review of disparities in the risk and outcomes of COVID-19<sup>3</sup> showed that there is an association between belonging to some ethnic groups and the likelihood of testing positive and dying with COVID-19. Genetics were not included in the scope of the review.
- 6.5. This review found that the highest age standardised diagnosis rates of COVID-19 per 100,000 population were in people of Black ethnic groups (486 in females and 649 in males) and the lowest were in people of White ethnic groups (220 in females and 224 in males).
- 6.6. Death rates from COVID-19 were higher for Black and Asian ethnic groups when compared to White ethnic groups. This is the opposite of what is seen in previous years, when the all-cause mortality rates are lower in Asian and Black ethnic groups
- 6.7. In light of these findings the BAME health inequalities working group made a decision to add a new workstream into the existing action plan focusing on COVID-19. The actions in this workstream have been grouped into the following themes and further detail on these actions can be found in the background paper of this report:
- Communications and Engagement
  - Data
  - Workforce

## 7. Birmingham and Lewisham African and Caribbean Health Inequalities Review (BLACHIR)

- 7.1. An additional area of work that has been added to the existing action plan is a new partnership between Lewisham Council and Birmingham City Council to share knowledge and resources through a collaborative review process following on from the work of our respective Councils as national Childhood Obesity Trailblazers.
- 7.2. The aim of the partnership is to jointly undertake a series of reviews in order to explore in depth the inequalities experienced by Black African and Black Caribbean groups and their drivers.
- 7.3. An external advisory board (including elected members) and academic advisory board are being recruited to and will oversee the work.
- 7.4. The main objective of the review is to produce a joint final report, that brings together the findings from the advisory board, stakeholder events, online forum and all research, reviews and data analysis conducted by the review group throughout an 18 month

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[navirusrelateddeathsbyethnicgroupenglandandwales/2march2020to10april2020#main-points](https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes)

<sup>3</sup> <https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes>

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period.

- 7.5. Progress and results of this partnership will be reported in to the BAME health inequalities working group.

## **8. Monitoring and evaluation of the action plan**

- 8.1. A monitoring framework has been developed for the action plan, which consists of the following:

- Intended aim of each action
- Desired impact of each action
- Impact measure of each action
- RAG (red, amber, green status for each action)

This framework will be used to monitor the ongoing progress and impact of the plan.

- 8.2. Following on from the March 2020 Health and Wellbeing Board meeting, work will also be progressed to determine some community measures of impact for the action plan.

## **9. Financial implications**

- 9.1. The various areas of work within the action plan that are the responsibility of the Council will be met from existing revenue budgets in the Community Services and Children and Young People Directorates.

## **10. Legal implications**

- 10.1. Members of the Board are reminded of their responsibilities to carry out statutory functions of the Health and Wellbeing Board under the Health and Social Care Act 2012. Activities of the Board include, but may not be limited to the following:

- To encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner, for the purpose of advancing the health and wellbeing of the area.
- To provide such advice, assistance or other support as its thinks appropriate for the purpose of encouraging the making of arrangements under Section 75 NHS Act 2006 in connection with the provision of such services.
- To encourage persons who arrange for the provision of health related services in its area to work closely with the Health and Wellbeing Board.
- To prepare Joint Strategic Needs Assessments (as set out in Section 116 Local Government Public Involvement in Health Act 2007).
- To give opinion to the Council on whether the Council is discharging its duty to have regard to any JSNA and any joint Health and Wellbeing Strategy prepared in the exercise of its functions.
- To exercise any Council function which the Council delegates to the Health and Wellbeing Board, save that it may not exercise the Council's functions under Section 244 NHS Act 2006.

## **11. Equalities implications**

- 11.1. This report specifically aims to address health inequalities for particular ethnic groups in Lewisham, with race being one of the nine protected characteristics in the Equality

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Act (2010).

## **12. Climate change and environmental implications**

12.1. There are no climate change or environmental implications of this report.

## **13. Crime and disorder implications**

13.1. There are no crime and disorder implications of this report.

## **14. Health and wellbeing implications**

14.1. Improving health outcomes and reducing health inequalities is central to the work of the Health and Wellbeing Board. This report directly aligns with these aims by outlining a plan of action to address health inequalities in Lewisham's BAME communities.

## **15. Background papers**

15.1. Black, Asian and Minority Ethnic (BAME) Health Inequalities Action Plan

## **16. Report author and contact**

16.1. Dr Catherine Mbema, [Catherine.mbema@lewisham.gov.uk](mailto:Catherine.mbema@lewisham.gov.uk)

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