

# Beyond the data: Implementing the PHE Report – initial steps

# Members of the BAME health inequalities working group

- Vanessa Andreae, Chief Nurse, H&F CCG
- Guy Young, Deputy Director of Equality and Diversity, Imperial NHS Trust
- Mandekh Hussein, H&F GP Federation
- Samira Ben Omar, Deputy Director of Equality & Diversity, NWL NHS
- Dr Nicola Lang, Director of Public Health, LBHF
- Christine Edwards, Programme Lead, LBHF
- Rebecca Richardson, BAME Engagement Officer, LBHF
- Aysha Esakji, Community Coordinator, LBHF

# Recommendation 1 – data collection

- *“Mandate comprehensive and quality **ethnicity data collection and recording** as part of routine NHS and social care data collection systems, including the mandatory collection of ethnicity data at death certification, and ensure that data are readily available to local health and care partners to inform actions to mitigate the impact of COVID-19 on BAME communities.”*
- Understand how we all collect data now, and work to achieve a common standard for the NHS and LBHF by December 2020.
- Note: ethnicity data are not always completed in many different services. A common standard would enable us to take more definite actions to address inequalities e.g. in diabetic retinal screening or cancer services

## **Leads:**

- Guy Young, Imperial NHS Trust
- Nicola Lang, LBHF
- Samira Ben Omar, NWL NHS

# Recommendation 2 – participatory research

- *“Support **community participatory research**, in which researchers and community stakeholders engage as equal partners in all steps of the research process, to understand the social, cultural, structural, economic, religious, and commercial determinants of COVID-19 in BAME communities, and to develop readily implementable and scalable programmes to reduce risk and improve health outcomes.”*
- To create template for future work, undertaking large audit of childhood immunisation coverage and views of Covid vaccines in BAME communities, specifically Somali community:
  - Quantitative data using GP records
  - Qualitative data: gain parents’ views of immunisations and ask them to work with us to improve coverage
- Already have immunisation findings; now identifying BAME doctor to dispel vaccination myths (Imperial Paediatrics)
- Linking with National Institute of Health Research (Dr Abraham) on scope of the work
- Have submitted major research funding bid to One London digital programme via Imperial Health Partners

# Recommendation 3 – experience of services

- ***“Improve access, experiences and outcomes of NHS, local government and integrated care systems commissioned services by BAME communities including: regular equity audits; use of health impact assessments; integration of equality into quality systems; good representation of black and minority ethnic communities among staff at all levels; sustained workforce development and employment practices; trust-building dialogue with service users.”***
- Work with Guy Young at Imperial for patient experience, NHS friends and family and patient-reported outcomes work
- Explore customer services at LBHF as model of good practice (Roy Morgan, Head of CAN and Service Transformation)
- Consider recruitment in NHS NWL

# Recommendation 4 – occupational risk assessment

- *“Accelerate the development of **culturally competent occupational risk assessment tools** that can be employed in a variety of occupational settings and used to reduce the risk of employee’s exposure to and acquisition of COVID-19, especially for key workers working with a large cross section of the general public or in contact with those infected with COVID-19.”*
- Guy Young to share what Imperial does
- We already adapted NHS occupational health assessments in the council in March and completed culturally competent risk assessments
- These are to be repeated now with changing Covid levels

# Recommendation 5 – culturally competent campaigns

- *“Fund, develop and implement **culturally competent COVID-19 education and prevention campaigns**, working in partnership with local BAME and faith communities to reinforce individual and household risk reduction strategies; rebuild trust with and uptake of routine clinical services; reinforce messages on early identification, testing and diagnosis; and prepare communities to take full advantage of interventions including contact tracing, antibody testing and ultimately vaccine availability.”*
- Focus on people who don't speak English. Approach Adult Education re English lessons after talking with Somali mothers and Somali organisations.
- Link the NHS tick box in GP surgeries which indicates people don't speak English to free language courses. Assess levels of demand from NHS to influence what adult education is delivered.
- Consider GP receptionist training as feedback is mixed, especially for people who cannot speak English
- Work with HASFVO to translate Covid messages into Somali and Arabic

# Recommendation 6 – effective health promotion

- *“Accelerate efforts to **target culturally competent health promotion and disease prevention programmes** for non-communicable diseases promoting healthy weight, physical activity, smoking cessation, mental wellbeing and effective management of chronic conditions including diabetes, hypertension and asthma.”*
- Diabetes ongoing, and await videos/obesity programmes
- Have created videos sharing the National Diabetes prevention programme and rewind project (for these with advanced Type 2 Diabetes) in these languages:
  - **English** (worked with lead GPs and Nurse for diabetes in the CCG, Dr Fernandes and Tembi Chinaire)
  - **Somali** (worked with a Somali doctor and he replicated the messages in Somali to appeal to the community)
  - **Arabic** (worked with the Imam of Al Muntada mosque, who has delivered the message in Arabic in a culturally competent way)



# Recommendation 7 – recovery and wider determinants of health

- *“Ensure that **COVID-19 recovery strategies** actively **reduce inequalities caused by the wider determinants of health** to create long term sustainable change. Fully funded, sustained and meaningful approaches to tackling ethnic inequalities must be prioritised.”*
- Housing (overcrowding): bid submitted to Imperial College Health Partners to One London
- We hope research in this area will influence national policy on housing
- Other determinants to include:
  - Digital exclusion and free wifi
  - Jobs and apprenticeships
  - Staff on low salaries
- Vision for social care roles.
- People have to work to run their households, so need our support