

The Council's Response and Plans to Address the Disproportionate Impact of Covid-19 on Black, Asian, and Minority Ethnic Communities

Introduction

The purpose of this paper is to set out the Council's response and plans to address the disproportionate impact of Covid-19 on Black, Asian and minority ethnic communities; the evidence base used; the role of the working groups, and the public input.

Bristol City Council has published an Equality and Inclusion strategy 2018-2023. In this, we recognised that many people in Bristol are held back because of significant inequality, discrimination and lack of opportunity connected to one or more of the characteristics that are protected under the Equality Act 2010. There is clear evidence that the advent of Covid-19 has exacerbated these highlighted inequalities.

There are 5 objectives that we have committed to make Bristol a fairer city.

1. Our handling of equality and inclusion will reach the high standards we expect of ourselves and others will look to us as a source of good practice.
2. To build an inclusive organisation where the workforce reflects the city we serve and the needs of all citizens, and where colleagues feel confident about being themselves at work.
3. To provide inclusive services which actively address inequality and exclusion and enable all of Bristol's citizens to realise their potential and live safely.
4. To achieve a measurable increase in the extent to which communities facing inequality can contribute and share in the city's success.
5. Progressive building of good relationships between different communities in Bristol so everyone is able to participate and contribute.

Rapid Review – Impact of Covid-19 on Black, Asian and Ethnic Minority Communities.

In April 2020 Deputy Mayor Cllr Asher Craig and the Mayor of Bristol Marvin Rees asked Public Health to commission a rapid review to assess why the risk of death from Covid-19 is higher among black, Asian and minority ethnic than the white population in Bristol. This was undertaken by ARC West to under their Covid-19 Rapid review programme. The report, led by Dr Loubaba Mamluk and Dr Tim Jones, explores why this is the case and offers a summary of policy recommendations that could help reduce these health inequalities.

The researchers found a complex mixture of factors, including being poorer, where people live, overcrowded housing, types of job, other illnesses and access to health services, all influenced black, Asian and minority ethnic communities' outcomes. No one factor alone could explain all the disparities found.

Recommendations that the review uncovered include:

- ensuring adequate income protection for those in low paid or precarious employment, so workers can follow quarantine recommendations



- reducing occupational risks, such as providing appropriate personal protective equipment (PPE)
- providing culturally and linguistically appropriate public health, developed with affected communities and tailored to culturally specific challenges, such as preventing transmission in overcrowded households or shielding vulnerable people in multigenerational households
- removing NHS charges during this public health emergency could ensure that no migrant or individual from a Black, Asian And Minority Ethnic group delays seeking healthcare and risks death through fear of being charged for their NHS care

The authors of the rapid review will present their findings to the 14 December People Scrutiny Committee, and this paper sets out the action plan responding to their findings.

As an immediate response to the findings of the ARC West Rapid Review, and the national Public Health England reports, a dedicated Race Equality Covid-19 Steering Group was established, chaired by Cllr Asher Craig, Deputy Mayor and Dr Jo Brooks, consultant paediatrician Sirona Healthcare.

Race Equality Covid-19 Steering Group

The purpose of the group is to provide leadership at a city-wide level to ensure Bristol delivers in effectively tackling the issues and challenges of race inequality relating to Covid-19 and take action to implement the recommendations of the rapid review. The group includes a wide range of around 20 health and black, Asian and minority ethnic organisations or those working with black, Asian and minority ethnic communities in Bristol. A full list of members can be found here: [Bristol Race Equality Covid-19 Steering Group - bristol.gov.uk](https://www.bristol.gov.uk/race-equality-covid-19-steering-group)

Links to the reports are here:

- [ARC West rapid review on the disproportionate impact of Covid-19 on Black, Asian and minority ethnic communities \(BRR\)](#)
- [Public Health England report: COVID-19: understanding the impact on Black, Asian and minority ethnic communities \(PHE\)](#)

The Race Equality Covid-19 Steering Group provides a platform for sharing and co-ordinating work already underway across the city, and since the group formed in May 2020, we have hosted;

- Dr. Loubaba Mamluk and Dr. Tim Jones – Presenting the ARC West report
- Adwoa Webber (CCG) Healthier Together- Health Inequalities
- Mohammed Elsharif (Bristol City Council) Bristol Outbreak Management Engagement Plan – Black Asian and minority ethnic and disabled communities
- Alex Ward-Booth (CCG) – Citizens Panel and Listening Events
- Carol Slater – The Flu Vaccine and Black Minority ethnic people.
- Sibusio Tshabalala, (Black South West Network) – Supporting Black, Asian and minority ethnic businesses
- Dr. Harleen Kaur - Indirect Racial Discrimination in COVID-19 Ethical Guidance
- Andrew Mallin (Bristol City Council) Public Sector Race Equality Covid-19 data collation
- Jacqui Marshall (North Bristol NHS Trust) – Red Card to Racism
- James Durie (Bristol Economy Board - Co-Chair) – Inclusive Economic Strategy

At the outset, a number of task and finish groups, were established to implement the recommendations set out in the rapid review, overseen by the Steering Group. Where possible, these have been adopted by existing boards and groups to deliver as part of their work streams and embed in the strategic and operational work of the Council.

Theme 1 – Income Protection	
Recommendations	BRR1. Ensure adequate income protection for those in low paid or precarious employment (so workers can follow quarantine recommendations).
Progress to date	<p>Developed the Inclusive Growth and Recovery Strategy with reference to the disproportionate impact that Covid-19 has had on Black, Asian and minority ethnic communities and businesses.</p> <p>Work on The Real Living Wage has been active in including the Care sector and Black, Asian and minority ethnic organisations in the conversation regards paying a Living Wage, with reference to high numbers of Black, Asian and minority ethnic people working in the care sector.</p> <p>On 28th September, the government released the income support Test and Trace Payment Support Scheme. A communications plan was developed to ensure this information is heard by Black, Asian and minority ethnic businesses and those in precarious employment.</p>
Theme 2 – Reducing Occupational Risk	
Recommendations	<p>BRR2. Reducing occupational risks (e.g. providing appropriate PPE)</p> <p>PHE4. 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.</p>
Progress to date	<p>This work has been supported by the Race Equality Strategic Leaders Group and has provided a detailed data piece on the impact of Covid-19 on Black, Asian and minority ethnic staff working in public sector settings. All Public Sector organisations participated in a survey responding to the impacts and action in areas of occupational risk. This survey will be repeated in the spring 2021.</p> <p>Chief Executives of all local NHS trusts and the local authority have written to their staff and put in place systems for individual risk assessments and support.</p>
Theme 3 – Public Health Communication	
Recommendations	<p>BRR3. Providing culturally and linguistically appropriate public health communications. This should be developed with affected communities and tailored to culturally specific challenges, such as preventing transmission in overcrowded households or shielding vulnerable people in multigenerational households.</p> <p>PHE5. Fund, develop and implement culturally competent COVID-19 education and prevention campaigns, working in partnership with local Black, Asian and</p>

	<p>minority ethnic and faith communities</p> <p>PHE6. Accelerate efforts to target culturally competent health promotion and disease prevention programmes for non-communicable diseases.</p>
<p>Progress to date</p>	<p>In response to the disproportionate impact on Black, Asian and minority ethnic people, Bristol City Council have invested in an engagement plan including recruiting specific people to lead on Black, Asian and minority ethnic and disabled people’s engagement in relation the outbreak management plan. This is led by our Communities team.</p> <p>BCC communications team have worked closely with Black, Asian and minority ethnic communities and organisations to deliver inclusive public health communication including:</p> <ul style="list-style-type: none"> • Translated video messages for our Somali, Polish, Bengali, Arabic, Punjabi and Urdu communities on the guidance for the month long lockdown in November. The first three published (Polish, Somali and Arabic have received over 1000 views). • Social media messaging and application form about the test & trace support payment scheme pushed out to at least 9 Black, Asian and minority ethnic groups in Bristol including Somali Resource Centre, Talo, Black South West Network, Refugee women of Bristol, Voscur, Pakistani organization, Sudanese organization, Zimbabwean organization, Faith groups • ‘What I miss most’ lockdown campaign persuading everybody to adhere to the rules throughout lockdown to get the city up and running again. <p>Partner organisations (Bristol Muslim Strategic Leadership Group and Community Access Support Services) have also adopted this policy recommendation by creating translated materials including videos on mental health, [put links in to the documents and videos etc http://ow.ly/tQF350BezGf]</p> <p>CCG has worked collaboratively with Bristol City Council to ensure that the impact of COVID-19 on our local black, Asian and minority ethnic communities is recognised and effectively responded to within our healthcare response.</p> <p>Key specific steps taken:</p> <ul style="list-style-type: none"> • Listening Event in partnership with Bristol Women’s Voice, the Community Access Support Service (CASS), Ladders4Action, Nilaari and Bristol Muslim Strategic Leadership Group (BMSLG). 40 attendees shared their experiences and concerns which were shared with CCG staff to improve their understanding of the issues experienced. • Reviewed and scrutinised Equality Impact Reports across all programme teams to ensure that effective mitigations are in place across our response to the pandemic • Worked in partnership with CASS and other community partners to identify the key areas of information to be shared, and which communities were most at risk of being excluded from messaging as a result of language barriers. A number of key assets have been produced and distributed via community channels across the region: <ul style="list-style-type: none"> ○ Produced a guidance video in partnership with BMSLG on staying safe during Covid-19 in 8 different community languages (viewed

	<p>over 2,000 times)</p> <ul style="list-style-type: none"> ○ Videos produced by community volunteers (with the support of CASS) on the topic of protecting yourself and others during Covid-19 and also looking after your mental health and wellbeing. These were produced in 13 different community languages (viewed over 2,000 times) ○ Further videos and messages in multiple community languages have been produced around the 5th November lockdown changes, access to health and wellbeing services and flu vaccinations <ul style="list-style-type: none"> ● We have also worked in partnership with a local radio station, Ujima, which has a listenership which over-indexes within the Black, Asian and minority ethnic community. We jointly produced 13 shows with CCG spokespeople, covering a range of relevant topics including how to access healthcare services, focussing on Mental Health, Test and Trace and a focus on specific health topics, such as heart conditions, stroke, diabetes and cervical cancer screening.
<p>Theme 4 – Migrant experience of health care</p>	
<p>Recommendations</p>	<p>BRR 4. The removal of all NHS charges during this public health emergency could ensure that no migrant or individual from a Black, Asian and minority ethnic group delays seeking healthcare and risks death through fear of being charged for their NHS care. Somerset Foundation Trust recently included Black, Asian and minority ethnic staff in its vulnerable and at risk group.</p>
<p>Progress to date</p>	<p>A paper prepared by Anne James with input from David Barclay, Anne Gachango, Mary Griggs and others was presented to the Health and Wellbeing Board. The paper focused on migrant and refugee health, inclusion, navigating health issues, naval spray, language barriers, challenges, charging detriment in receiving large health bills resettled refugees, up to £20,000. Recommendation is to set up a task group to look into the suggestions, developing shared policies. There is broad recognition that the Board is taking these issues seriously.</p>
<p>Theme 5 – Reducing Health Inequalities</p>	
<p>Recommendations</p>	<p>RR5. Ethnic groups should be included in health inequalities work with senior leadership of this agenda.</p> <p>PHE7. 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.</p>
<p>Progress to date</p>	<p>CCG and Healthier Together are ensuring ongoing engagement with system leaders with regards to Black, Asian and minority ethnic people in the BNSSG system’s Phase 3 plan to NHS England / Improvement.</p> <p>This work has been integrated with the Healthier Together Population Health and Health Inequality programme.</p>
<p>Theme 6 – Black, Asian and minority ethnic representation in staff and leadership</p>	
<p>Recommendations</p>	<p>There should be good representation of Black, Asian and minority ethnic</p>



	communities in staff and leadership, and regular equity audits
Progress to date	<p>This policy recommendation has been adopted by the Race Equality HR strategic leaders group. Following the recent data piece, we have ethnicity data for 13 public sector orgs in Bristol for staff and at board and senior manager level. Local organisations have committed to increasing diversity among senior leaders and board members.</p> <p>Additionally, work is underway to: Share good practice and benchmarking in representation and recruitment.</p>
Theme 7	Ethnicity Data Collection and Recording
Recommendations	<p>BRR 7. Data should be collected and reported by ethnicity to understand local needs and whether they are being met, and take into account ethnic patterning in residential, income, educational, and occupational profiles.</p> <p>PHE1 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 Black, Asian and minority ethnic communities.</p> <p>PHE2. 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 Black, Asian and minority ethnic communities, and to develop readily implementable and scalable programmes to reduce risk and improve health outcomes.</p>
Progress to date	<p>Through representation by Association of Directors of Public Health ethnicity data is now included in Pillar 2 (community) testing data. Over 75% of people are declaring ethnicity and this is included in daily public Health report. In Bristol around 25% of those tested report being from a Black, Asian or Minority ethnic group.</p> <p>We have been able to increase the ethnicity data available to us for positive and negative pillar 1 tests (Hospital) through working with Southmead hospital and are working with BRI to do the same.</p> <p>We understand that ethnicity is due to be added to death certification. This is a longstanding national issue.</p> <p>We are using that information at a ward level to focus on specific areas where we can see trends eg. for working age adults and where are seeing increased levels of infection. We have increased the immediacy of the data which has enabled us to use the Covid-19 marshals, the environmental health and police to work together to provide support and enforcement on a street by street level. There is a weekly task group that reviews the action plan that has arisen from this data and decides where to focus work.</p> <p>A research bid is in development which will focus on participatory research.</p>

Wider aspects of the Bristol City Council response to address the disproportionate impact of Covid-19

Outbreak management

The outbreak management plan identifies the need for deep and meaningful engagement with all sectors with particular attention to communities at higher risk from harm and where there has shown to be disproportionate negative impact.

This includes Black, Asian and minority ethnic communities including gypsy and traveller communities, disabled people and neighbourhoods where there is greatest inequality due to poverty and very low incomes.

Community Engagement with Black, Asian and minority ethnic Communities

Work with community organisations to establish a network of community champions

The role of the community champion is to facilitate a two-way flow of information, connecting with communities in ways which are accessible, relevant and trusted. We are using social media and face to face engagement. Community Champions are 'of' their communities and well connected – we will seek to grow the Community Champions network over time. They are trained in Asset Based Community Development and in anti-discriminatory practice. Community champions identify areas of concern, questions that need addressing or opportunities for collaboration the City Council will respond positively - our aim is to build a positive working relationship.

1. Black, Asian and minority ethnic community champions. Initially working with 10 organisations reflecting priority Black, Asian and minority ethnic communities. Groups are respected with deep connections into their communities.
2. Disabled community champions. We would expect this network to connect with Black Disabled people.
3. Neighbourhoods where there is greatest inequality where there is little or no existing voluntary infrastructure. We would expect this to connect with Black, Asian and minority ethnic communities living in the area.

Outreach and engagement work in Ashley, Easton and Lawrence Hill

The Community Development Team has strong community connections in the inner-city wards. Work has included:

- Working with community champions to connect with parents of school age children and raise awareness of key public health messages
- Working with tenants from the flats in Barton Hill to facilitate dialogue with housing
- Supporting awareness raising with businesses and local people along Stapleton Road and Lawrence Hill

Faith leaders - Facilitated meeting with Faith Leaders including dedicated meetings with Mosque leaders resulting in mosques all agreeing not to open during the second wave.

Support the development of Black, Asian and minority ethnic led community hubs - providing volunteer/community response to citizens needing support

Organise and attend dedicated weekly meetings of Black, Asian and minority ethnic-led community and voluntary organisations -to share information, recognise the important work of Black, Asian and minority ethnic -led VCSE organisations

Volunteer Recruitment - positive action to recruit Black, Asian and minority ethnic volunteers including people who can speak community languages.

Contact & Welfare Service - recruiting a team which will include people who speak the key community languages (Somali, Urdu, Arabic) from the start.

Covid-19 has highlighted the effectiveness of community leadership, ownership and action on tackling the pandemic, illustrated by fantastic community actions and initiatives. The community response to Covid-19 through Can Do Bristol is phenomenal. Community-led organisations, resident-led groups and community hubs have played a leading role in both supporting residents but also preventing the spread of the virus in the city. Examples include;

- Stapleton Road Covid-19 Community Protection Group - explained and reinforced social distancing and helped business in their approach
- residents and sewing groups making face-coverings and Perspex masks as well as the passing of information and advice through What's App groups.

The Community Development team has established trusted working relationships with communities across Bristol particularly in place-based communities. Our outbreak management model builds on the Public Health models of Health and Community Champions which have worked in Bristol and in other cities.

Health Equity

In October, we recruited a Health Equity Lead in recognition of the need for senior leadership reflective of Bristol's diverse community and as part of the response to this and other Council reports.

The communications team have co-produced a range of materials in different formats to support these community initiatives. Examples include videos we have produced during lockdown in different languages (a playlist on the Council YouTube page) <https://www.youtube.com/channel/UChYwQT6nK-mPU3K8bYsZ17g>. We are currently producing new ones based on Bristol's move to tier 3.

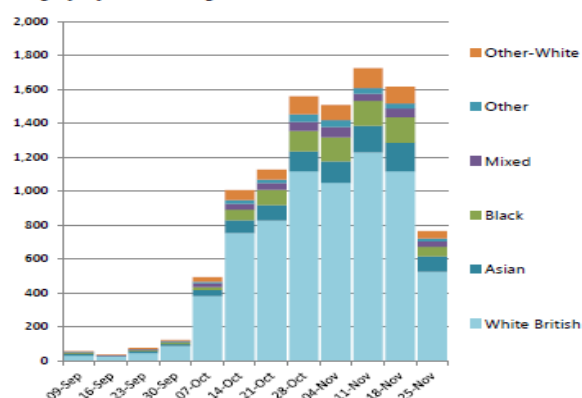
- A Facebook Ad campaign to target wards of high prevalence
- Last week key messaging for Head teachers was produced to share with parents in schools in high prevalence areas, also in different languages, disseminated by the Education team.
- Through our ongoing "Can Do Bristol" Volunteer Recruitment Campaign we have produced social graphics and posters in different languages, for community hubs to use and share to recruit bilingual volunteers including Bengali, Kurdish, Mandarin, Arabic, Polish, Punjabi, Somali and Urdu



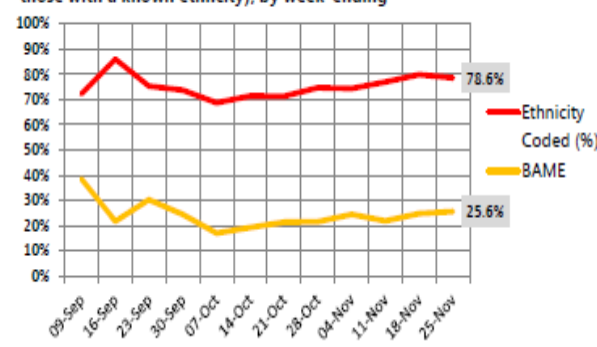
Data

The public health intelligence team have built an integrated data model which provides ward by ward detailed analysis of trends in Covid-19 transmission, which is being utilised to focus targeted activity in specific areas, including Lawrence Hill, Bishopston and Avonmouth. This has enabled community champions, Covid-19 marshals to work in partnership with environmental health and the police providing information, practical support, and enforcement where needed to increase understanding and encourage compliance in the geographical areas of highest risk. Daily reports analysing trends are monitored daily and a twice weekly detailed report is published on the BCC website. The graphics below reflect data for the week ending 25 November 2020.

New cases (with a known ethnicity) by broad ethnicity category, by week-ending



% of new cases with an ethnicity recorded & % BAME (of those with a known ethnicity), by week-ending



Next Steps

- Whilst we have an understanding of the organisational quantitative data approach to risk management in the workplace, we know that there has been a rise in Covid-19 related hate crime and additional work is needed: we are keen to understand the experiences of Black, Asian and minority ethnic people. There is evidence of an increase in hate crime for front line workers – they need support. We want to support the creation of this and are supporting the University of Bristol to apply for funding to carry out some research and to support the delivery of some support sessions with therapeutic intervention.
- Bristol City Council is committed to updating our Accessibility policy to reflect culturally competent communication.



- A proposal has been developed to apply for funding to investigate the impact of healthcare charging on migrants and their communities through UKRI. This will be a research project in partnership with University of Bristol, Bristol Refugee Rights and other key partners within the city.
- In the light of two new reports on young people (Babbasa Bridge to Equality and the Somali Youth Voice Impact of Covid-19 on the Somali community, both published in October 2020) we will build implementation of the recommendations in to the work of the task and finish groups, and in wider council operational plans where appropriate.

Conclusion

A wide range of work is underway to address the disproportionate impact of Covid-19 on black, Asian and minority ethnic communities in Bristol, and the examples provided within this paper are not exhaustive.

In addition to the programmes of work set out here, our overall objective is to identify how we can better support these groups of people in our population. We have set out this ambition in our One City plan and would value views from members of the Committee to help us shape how we take this significant work forward in terms of long term impact.

Recommendations

The committee is asked;

- To review and endorse the plans and priorities described in this paper
- To provide further advice on how we achieve and accelerate delivery of reducing the disproportionate impact of Covid-19 in health inequalities for people from Black, Asian and minority ethnic communities in Bristol.