Sussex
Health and Care Partnership

Our COVID-19 BAME Response

Action Plan

13th May 2020

Executive summary

- Data is emerging that there are global disparities concerning a disproportionate number of BAME deaths related to Covid-19;
- The Sussex Covid-19 BAME Action Plan is part of the recovery process to urgently address the issues COVID-19 has created;
- A programme group has been set up and led by Lola Banjoko - Executive Managing Director, Brighton and Hove CCG, Sussex ICS Lead and Scott Durairaj - Director of ICS Assurance, Sussex Health and Care Partnership;
- The system response will be co-led by Lola Banjoko, Executive Managing Director, Brighton and Hove CCG and Adam Doyle, Chief Executive Officer, NHS Sussex Commissioners;
- The system response programme will be chaired by Peter Molyneux, Chair of Sussex Partnership NHS Foundation Trust;
- The programme group has set out a plan of action across Sussex which is detailed in this document and includes a set of proposed immediate actions to save lives through measures to protect staff via health and social risk assessments, testing at scale, provision of PPE, and monitoring data, as well as full engagement with BAME staff and BAME residents and stakeholders in our local communities;

Context

- Data is emerging that there are global disparities concerning a disproportionate number of BAME deaths related to Covid-19;
- The Intensive Care National Audit and Research Centre (ICNARC), reports that nearly a third of people who were critically ill with coronavirus were from BAME backgrounds. These findings have sparked concerns among BAME communities, who represent about *14 percent of the population;
- Moreover, in April it was reported that a disproportionate number of NHS staff that have died so far were from BAME backgrounds;
- It is critical to understand the health inequalities and the structure of race inequalities at play in these statistics rather than a specific link to genetics as has been suggested by some newspapers;
- Categories under BAME should align with the Workforce Race Equality Standard;

*2011 Census

Key challenges

Population disparity

- Long term health conditions
- Issues relating to the wider determinants of health
- Socio-cultural and religious norms.
- Access or barriers to treatment
- Legacy issues

Workforce disparity

- Issues with frontline roles
- Impediments from care settings zero contracts/agency
- Increased pressure for some communities to work due Economic reliance of families abroad
- Few BAME senior roles

Engagement and Communication

Engagement and Communication

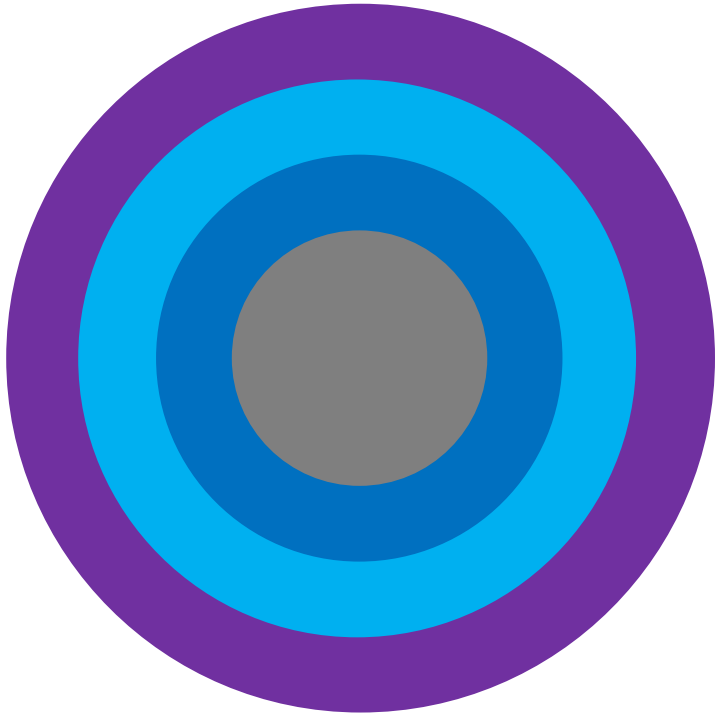
Our challenges

- Many in the BAME community do not engage with wider UK mainstream communication channels used for COVID-19 messaging;
- Many BAME prefer to engage with BAME/Diaspora media channels to satisfy their cultural and communication needs;
- Some BAME also have a language barrier.

Our response:

- Engage the BAME community when developing messages;
- Use BAME/ Diaspora media channels, including BAME networks to pass on via social media platforms;
- Working with BAME communities and VSC organisations as trusted intermediaries
- Review our existing communications and engagement strategy on COVID-19 to ensure it is culturally appropriate.

Our response



The programme will act as a single focal point for coordinating the Sussex Integrated Care System Response and will coordinate, track and report on all actions being undertaken by health and care partners in Sussex.

Responses to the challenges

Population disparity

- Introduce early clinical intervention
- Introduce contact tracing for targeted sections
- Involve the Voluntary & Community Sector
- Involve local councillors/MPs
- Involve community leaders

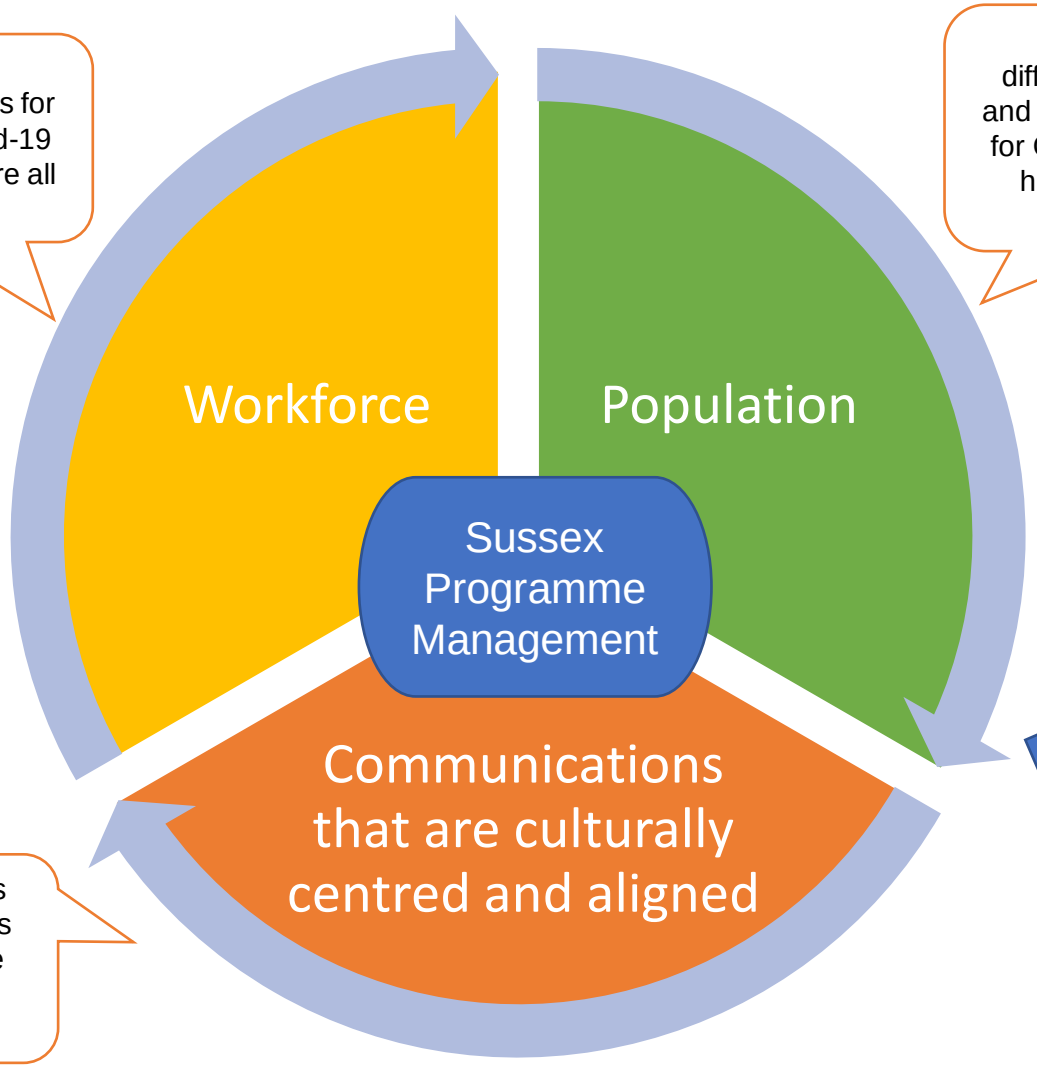
Workforce disparity

- NHS - risk assessment of all BAME staff who may have risk factors
- Support staff in care settings – infection prevention control bespoke education; enable self isolation and support
- Proactive engagement of local BAME networks
- Support mental health and well being, e.g. review wellbeing offer to ensure cultural sensitivity.

Covid-19 BAME Disparity Response

Develops rapid differential responses for workforce with Covid-19 symptoms and assure all BAME staff

Develops rapid differential responses and clinical interventions for Covid-19 patients at home; and support prevention



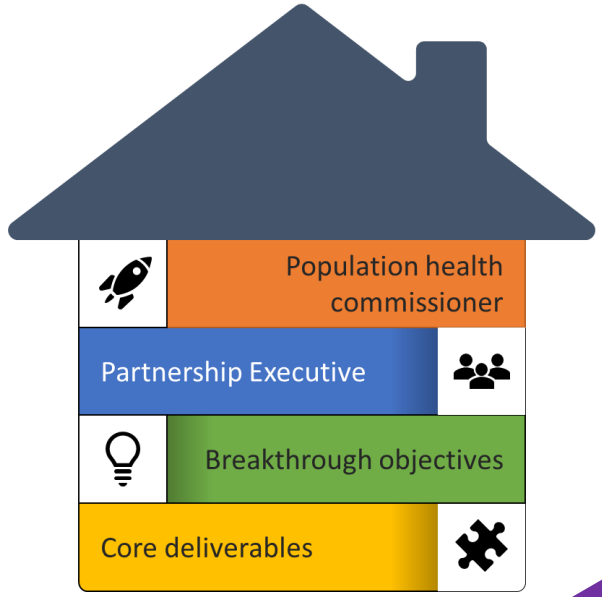
Delivers new channels and ensures messages are delivered by those similar to target audiences

Accountability

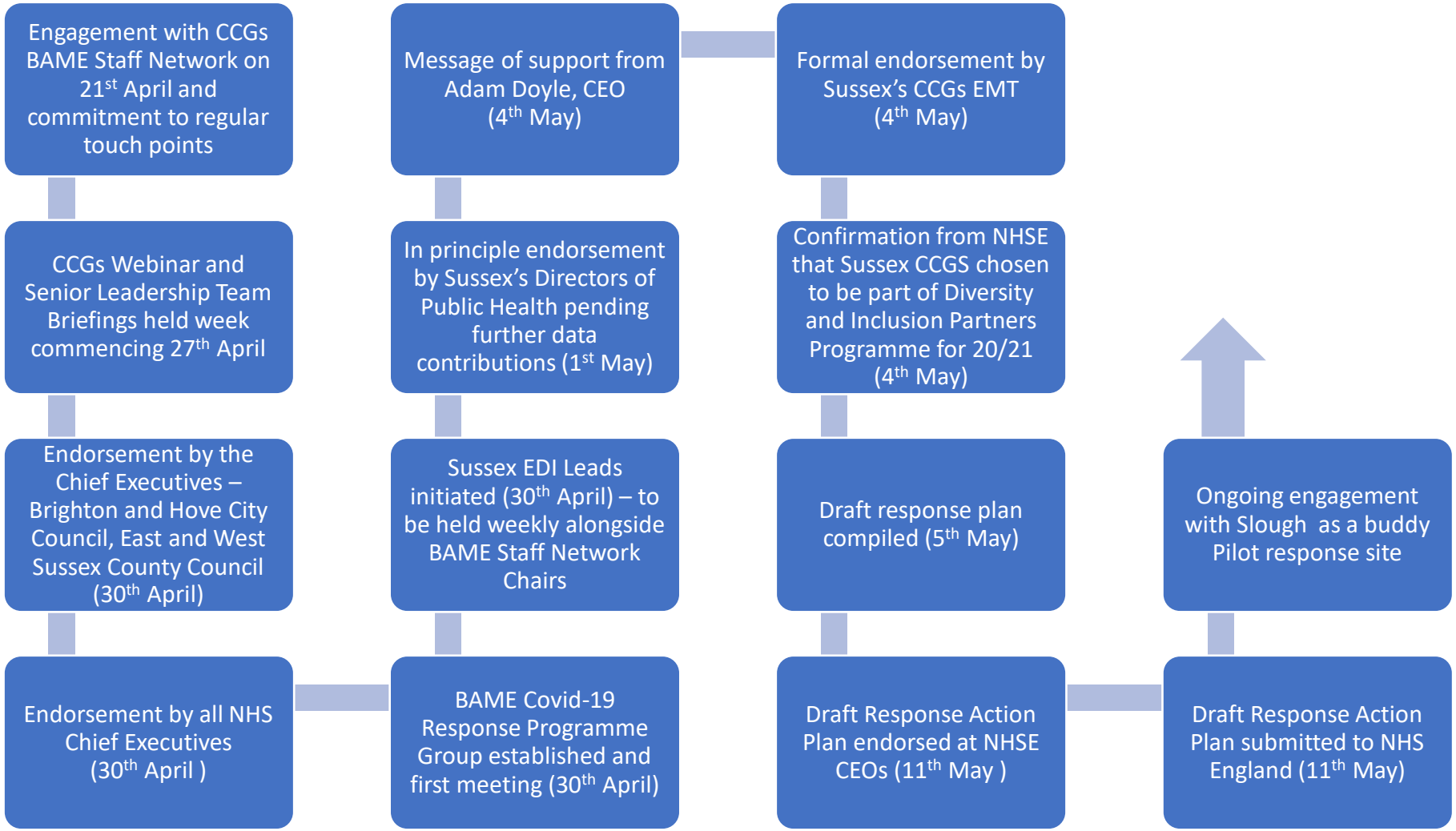
Communicate and implement

Reports delivery against interventions

Reporting to Boards/Governing body
Ensuring work is implemented and reported on; should be delivered with mainstream Covid-19 responses with support. Consider data streams and report used on daily ICC calls



Work so far


Engagement with CCGs BAME Staff Network on 21st April and commitment to regular touch points
CCGs Webinar and Senior Leadership Team Briefings held week commencing 27th April
Endorsement by the Chief Executives – Brighton and Hove City Council, East and West Sussex County Council (30th April)
Endorsement by all NHS Chief Executives (30th April)
BAME Covid-19 Response Programme Group established and first meeting (30th April)
Sussex EDI Leads initiated (30th April) – to be held weekly alongside BAME Staff Network Chairs
In principle endorsement by Sussex's Directors of Public Health pending further data contributions (1st May)
Message of support from Adam Doyle, CEO (4th May)
Draft Response Action Plan endorsed at NHSE CEOs (11th May)
Draft response plan compiled (5th May)
Confirmation from NHSE that Sussex CCGS chosen to be part of Diversity and Inclusion Partners Programme for 20/21 (4th May)
Formal endorsement by Sussex's CCGs EMT (4th May)
Draft Response Action Plan submitted to NHS England (11th May)
Ongoing engagement with Slough as a buddy Pilot response site

Our commitment

1. Every member of staff, current and returning, will have a risk assessment to keep them safe – this is our commitment to looking after our staff;
2. In Sussex every health and care organisation will have a BAME co-leader;
3. Our BAME leaders will be asked to pull together as an system for all BAME staff and networks around Health and Social Care with regards to the plan for Sussex – this is our commitment to BAME experience-led decision making;
4. A bespoke health and wellbeing (including rehab and recovery) offer for BAME staff will be developed and rolled out for the system – this is our commitment to protecting the wellbeing of our staff;
5. A plan of action to review our BAME residents in the community including upscaling support to those who are clinically vulnerable, targeting rehab and recovery interventions, building a better understanding of BAME needs and creating a framework for community cohesion and confidence;
6. Every part of the system will use guidance on increasing diversity and inclusion in communications, led by the system - this is our commitment to palpable inclusion and role modelling.

Sussex COVID-19 BAME Response Action Plan

- Our Covid-19 BAME Action Plan is part of the recovery process to urgently address the issues this virus has created;
- A programme group has been set up and led by **Lola Banjoko** - Executive Managing Director, Brighton and Hove CCG, Sussex ICS Lead and **Scott Durairaj** - Director of ICS Assurance, Sussex Health and Care Partnership;
- The programme group has set out a plan of action across Sussex;
- The information that follows sets out proposed immediate actions to save lives through targeted measures to protect staff and our local BAME residents.
  - Safeguarding our staff
  - Safeguarding our communities
  - Communications and media

A. Safeguarding our staff (1 of 5)

Item	Workstream	Objective		Action
1	Safeguarding staff	1.1	Improve use of PPE	Boards to assure training and compliance around appropriate use of PPE equipment; particular focus on areas unaccustomed to PPE (e.g. mental health, district nursing) where BAME staff are disproportionately represented.
				Update guidance on re-fit tests – if a staff member 'fails' a fit test as some BAME staff reporting for face shape or facial hair purposes, trust must certify and re-deploy.
				Examine research from elsewhere to identify best practice on whether fit testing for BAME staff is fit for purpose.
				Initiate organisational or system wide BAME staff support line which will act as a gateway for PPE issues, Wellbeing concerns, testing or any other emerging concerns.
		1.2	Improve risk assessment for existing and returning staff	Guidance and support to employers on creating proactive approaches to risk assessment for BAME staff, to include factors such as: whether BAME, > 70 years, pregnant, underlying health condition as per PHE list, mental health concerns, and whether directly caring or in proximity to Covid-19 patients, etc) with a specific focus on returners.
				Risk assessment guidance will actively include discussion with staff about any concerns or views they have regarding their place of work and role.
				Check that Royal College (of Midwives, Obstetricians and Gynaecologists, and Anaesthetists) registries for determining risks for healthcare workers in maternity includes specific BAME consideration and data collection.

A. Safeguarding our staff (2 of 5)

1	Safeguarding staff	1.3	Staff testing	Urgently establish feasibility of collection of staff testing data by a range of protected characteristics.
				At risk BAME staff and their families will be placed on the priority list for testing.
				Ensure wider consideration of testing strategy considers overlap between lower income/BAME staff that do not have means to travel for testing.
		1.4	Improving data collection	COVID analytics team to collate returners data, staff deaths and sickness absence data by a range of protected characteristic.
				Use data from risk assessments to look at how staff risk profiles cluster together to then examine the characteristics of the 'high risk' group, using this information as a means to further protect and safeguard staff.
				Develop equality monitoring information for purpose of consistent data during COVID-19.
		1.5	Understand BAME staff health and wellbeing needs	Drawing on national and local data, produce clear, evidence based and co-produced description of the specific health and wellbeing needs of BAME staff with clear recommendations. .

A. Safeguarding our staff (3 of 5)

Item	Workstream	Objective		Action
2	Engagement with staff and staff networks	2.1	Engage and network with existing BAME, faith and other staff networks	Webinars with the range of staff networks across organisations and disciplines.
		2.2	Disseminate guidance to senior leaders and boards on the importance of supporting and safeguarding BAME staff	Letter to Trust and CCG CEOs on importance of equality and inclusion, and engaging BAME staff during COVID.
				A call to action for NEDs and boards via guidance and communication on what they can do on this agenda.
		2.4	Provide support, guidance and sharing of replicable good practice with NHS regional leads	Webinars with human resource directors, nursing, medical directors and others on the importance of equality and inclusion and supporting BAME staff.
		2.5	Ensure culturally appropriate awareness and support in the workplace for BAME staff	Short information document on the impact of COVID on BAME communities.
				Culturally-sensitive support line for staff including in different languages (linking with Freedom to Speak Up Guardians).

A. Safeguarding our staff (4 of 5)

3	**Representation in decision making**	3.1	Reiterate and amplify narrative that thought diversity leads to greater success	Senior leaders to reiterate and amplify narrative that thought diversity leads to greater success, especially in unprecedented times, using existing WRES/WDES evidence to: - Highlight importance of representative decision making for staff and patient experiences and outcomes; - Bridge the intellectual gap on why this is especially important during the pandemic.
				Reverse decision to pause WRES/WDES data collections and extend to cover Gold Commands.
		3.2	Ensuring the right governance and actions are in place	Rapid review of representation on NIRB and Gold Commands, at every level.
				Statement on website of every Sussex NHS organisation on their recognition and support to their BAME communities and staff in relation to Covid-19 and for this to include an impact assessment and priority actions.
		3.3	Internal and external accountability	Chairs/NED to lead internal scrutiny and assurance on progress in this area at all levels
				Community engagement and external accountability – through the local government HOSCs.

A. Safeguarding our staff (5 of 5)

Item	Workstream	Objective		Action
4	Prehospital care	4.1	Follow up staff who are ill	Regular home (telephone) follow up of staff from BAME communities (especially in areas of high mortality) off sick with COVID symptoms.
		4.2	Monitor staff who are ill	Pulse oximetry should be provided for those staff more at risk.
5	Rehabilitation and Recovery	5.1	Build understanding of BAME health and wellbeing needs	Clear, evidence based and co-produced description of the specific health and wellbeing needs of BAME staff with clear recommendations.
		5.2	Work in partnership with BAME staff networks and community groups	Review of the quality, access and cultural appropriateness of the current Health & Wellbeing and Mental Health offer for BAME groups, working with staff networks and taking into account wider community based support.
				Co-develop enhanced/tailored and flexible offers of support (culturally sensitive) for a range of staff groups, taking account of existing community based support systems (2-4months)
				Establish within this a Mary Secole package of support that takes account of religion, natural communities, with targeted support (2-4months)

B. Safeguarding our communities (1 of 3)

	Workstream	Objective		Action
6	Safeguarding the BAME population	6.1	LTCs	Review of patients with LTCs (esp diabetes/hypertension/ CVD) from BAME populations in areas of high covid mortality.
		6.2	Diabetes	Re-purposed BAME-focused insight and communications work that can be support COVID response.
				Re-purpose elements of the diabetes programme to support BAME individuals in making healthy choices, including weight loss which could support risk reduction.
		6.3	Mental Health	Ensure BAME people/communities are aware of and encouraged to access mental health support via the NHS and other sector partners.
				Mental health services are aware of and supported to address the psychological impacts of COVID-19 on BAME people / communities in particular.
		6.4	CVD	Contact those with hypertension to ensure that they understand social distance is strongly recommended (i.e. the vulnerable group).
				Online/telephone NDPP type health coaching for people with hypertension or diabetes who are overweight.
				Consider including hypertension in the list of underlying health conditions for which social shielding is strongly recommended (i.e. the vulnerable group).
				Consider free blood pressure monitors for BAME populations in areas where COVID-19 cases >250/100K
				Develop the option of remote heart failure clinics to reduce contact prioritising high-risk patient cohorts such as BAME.
		6.5	Respiratory	Work on a social distancing rehabilitation offer including access online immediately post discharge for cardiac, pulmonary and stroke recovery.

B. Safeguarding our communities (2 of 3)

	Workstream	Objective		Action
7	Prehospital care	7.1	Follow up	Regular home (telephone) follow up of people from BAME communities (especially in areas of high mortality) with COVID symptoms.
		7.2	Testing	Possibly issuing home pulse oximeters to above group.
		7.3	Monitoring	Recruitment of people into PRINCIPLE trial from areas with high BAME populations or more than 250 cases per 100K population.
		7.4	Contact tracing	Reinstitute contact tracing for populations with more than 250 cases per 100K population. This could be based on symptoms while the availability of testing is limited; targeted at mainly areas with high BAME populations).
8	Rehab and Recovery	8.1	Build understanding of BAME health and wellbeing needs	Bring together BAME and religious leaders across Sussex to discuss the health and wellbeing needs of our BAME communities, nationally and regionally .
				Clear, evidence based and co-produced description of the specific health and wellbeing needs of BAME people with clear recommendations.
9	Community Cohesion and Confidence	9.1	Regular briefings with data	Regular briefings with data for local leaders / politicians from areas with high BAME populations, so those local leaders / politicians can convey key messages to their local populations with data.
		9.2	BAME politician or clinical lead support	Consider if no BAME politicians that a clinical lead for each system that reflect the population and is supporting the response issues briefing.

B. Safeguarding our communities (3 of 3)

	Workstream	Objective		Action
10	Other work	9.3	Volunteering	Capture ethnicity and language data for volunteer base (software to determine crude numbers, survey to include ethnicity question)
				Widen referrals to include BAME voluntary sector organisations and self referral, and ensure that support reaches BAME communities.
		9.4	System readiness/recovery stages	Developing tools and resources to support ICS/Steps in taking community based action especially those in poverty and from BAME communities
				Recovery stage has a real focus on BAME (and other deprived/vulnerable) communities given potential stored up pool of morbidity, mortality and unmet demand by development of Impact Assessments.
		9.5	Interpretation and translation services	Ensure universal access to services.

C. Communications and Media (1of 3)

	Workstream	Objective		Action
11	Communications and Media	11.1	Health and wellbeing of staff and the BAME community	A public message via either established networks or new ones that target BAME communities highlighting the issue of hypertension and risk ahead of any national research findings. Consider primary care hypertension and BAME patient lists, BAME staff networks and interpretation and translation providers. Other large public bodies such as local authorities and police networks, comms channels and the VCS. • A Sussex wide inter-faith contact group is being established to connect with faith communities in relation to death and dying issues related to COVID and this will also be used to engage on the COVID 19 disparity issues. • The community connectors team (redeployed public involvement team) are reaching out to hear from BAME communities about their experience of COVID 19 messaging and access to services. The team are also refreshing their mapping and contacts of BAME organisations, groups and communities to ensure the widest reach.
		11.2	Risk assessment, staff testing, better data collection	CCGs linking in with leads at providers re patient and public via VCS.
		11.3	Pre hospital care; rehab and recovery	Comms via GP lists, 111 etc for the population and via their own HR for staff. NB Appropriate guidance and communications for primary care colleagues is being developed by our CMO.

C. Communications and Media (2 of 3)

	Workstream	Objective		Action
11	Communications and Media	11.4	Ensure clear guidance disseminated throughout NHS on protection of staff	Clear don and doffing training guidance in multiple languages for staff.
		11.5	Engagement with staff and staff networks	• The BAME Chairs group will be asked to pull together as an ICS system for BAME staff networks and the wider conference for all BAME staff and networks around Health and Social Care with regards to the plan for Sussex. • Sussex EDI Leads meeting weekly to include BAME Staff Network Chairs. • The CCGS have successfully gained participation in the NHS Employers National Diversity and Inclusion Partners Programme and this will enable further shared learning. • A letter to CCG BAME staff has been drafted setting out commitment to issue and actions being taken. Guidance to line managers about refreshed risk assessment also being developed – particularly for BAME staff being redeployed to front line. HR are providing ethnicity data on all staff so that this can be targeted. • Contact has been made with local authority EDI leads with a view to reaching out to BAME Staff Networks in adult social care and/or other settings.

C. Communications and Media (3 of 3)

	Workstream	Objective		Action
11	Communications and Media	11.6	Improve COVID-19 meaningful communication amongst BAME community groups	Relay communication on myths and misinformation. NB. Our existing COVID-19 public comms and engagement plan is being reviewed.
		11.7	Culturally appropriate awareness and support in the workplace for BAME staff	Work with BAME Stakeholder mapping is underway and a full comms and engagement plan is being created to include a focus on both staff and patients network and stakeholders.
		11.8	Regular briefings with data	Regular briefings with data for local leaders and politicians from area with high BAME populations so that these local leaders and politicians can convey key messages to their local populations with up to date data. • Refreshed data (both population and workforce) is being gathered by Public Health. • The Head of EDI is putting in place arrangement to involve Governing Body Lay Members (Equalities and Diversity Leads) in the programme for assurance/input
		11.9	Increase BAME representation in communications and on the media	Ensure diversity of representation and advice in development and delivery of comms.