Impacts of Covid19 on Black, Asian and Ethnic Minorities - the Sheffield Response

Sarah Hepworth - Health Improvement Principal
Snapshot into Officer Experience







 Early indication of disproportionate impact on BAME communities in the city

Indications of higher rates of virus transmission, infections, severe disease and death rates within BAME communities before it became a national agenda item

- Higher volume than usual of Muslim Burials
- There was some lack of Public Sector knowledge about our BAME Communities and Faith organisations and how to access them

PHE reports on Covid19 impact on risks and outcomes

Due to ethnicity not being recorded on the death certificates we do not have information on Covid19 deaths at a national and local level by ethnicity.

CMO asked PHE to undertake a review on why disproportionate impacts were occurring within BAME communities

Page

COVID-19: review of disparities in risks and outcomes (2nd June) Epidemiological data

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

- Beyond the data understanding the impact of Covid19 on BAME populations PHE June 2020 (16th June)
- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment data/file 892376/COVID stakeholder engagement synthesis beyond the data.pdf

- Raised by the co-chair at tactical group asked for a BAME citywide response to Covid
- The ACP took responsibility for the BAME Strategy Group and looked at how BAME populations could be further protected
- This led to the creation of two sub groups- Communities and Workforce (risk assessments and representation)
 - Communities strand to inform the Covid19 BAME Health Impact Assessment and mitigating actions and recovery response/ 2nd wave
 - Lack of local data on Covid19 infection rates, severe disease, hospital admissions and death by ethnicity. Lack of understanding of local impacts/lived experience meant it was vital to talk to BAME communities needed to understand if these impacts were the same as national picture.

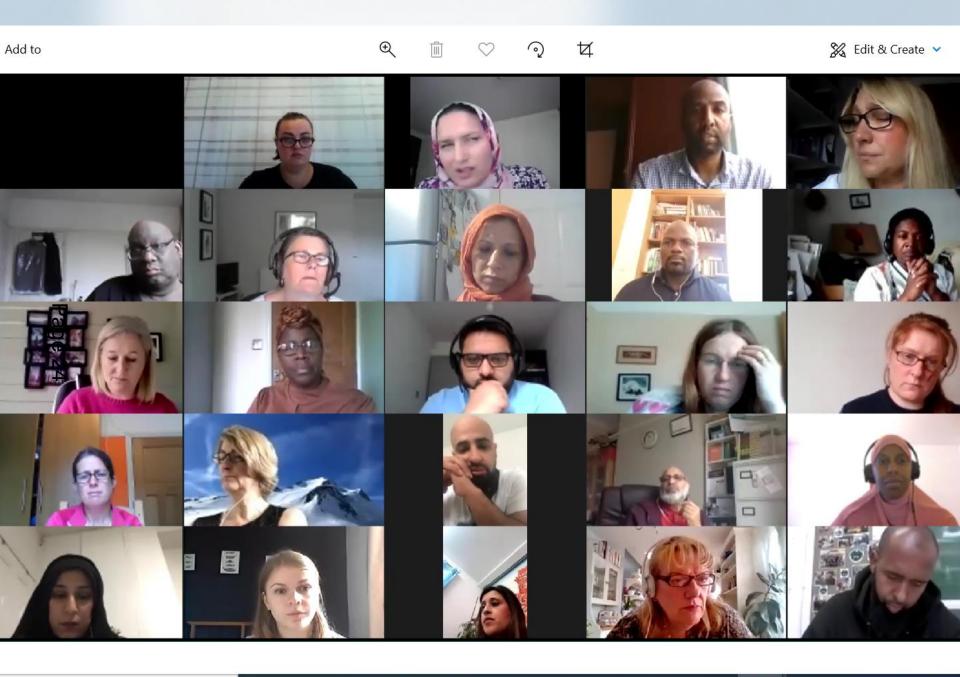
Who attends the group?

Over 25 BAME community organisations attend representing: Black - African, Caribbean and Somali. Asian – Pakistani, Bangladeshi and Chinese, Yemini, Minority Ethnic – Roma Slovak communities

- **Faithstar**
- Thalassaemia South Yorkshire foundation
- Firvale community projects
- Page 23 Sadacca
 - Shipshape
 - Roshni Sheffield
 - Ashiana
 - Firvale Hub
 - SACMHA
 - Pakistani Muslim Centre
 - Hallam Homecare Services
 - Reach up
 - African Voices
 - African/Asian Women Health Group

- Somali Mental Health
- Director of MA Education Consultancy
- Unity Gym
- SCCCC
- Sickle Cell Anaemia
- **Sheffield Chinese Community Centre**
- Darnall Wellbeing
- FSB
- ISRAAC
- ACT

Statutory and VCF orgs who attend: CCG, ACP, SHSC, SCC, STH, SHC, VAS, Healthwatch, CAB





























Methodology and ethos of group

Co-chaired by Public Health and FaithStar - important as trust was already established with FS and some trust with PH due to response in pandemic

Page 25 Listen, learn, reflect, action

Guest speaker, community questions

- Open, honest, transparent dialogue
- Action log and monitoring of progress to demonstrate change

Why are BAME populations being hit harder by Covid19 in Sheffield?

- Covid19 has shone a light on existing inequalities and exacerbated these
- A higher proportion of BAME communities live in areas of deprivation (38% vs 23% city average) including Burngreave, Firvale, Page Hall, and Darnall, Sharrow these are amongst the 10% most deprived in the country. **Urban areas densely populated.**
- These areas of the city have experienced a greater burden of disease from Covid 19 than more affluent parts and have seen some of the highest death rates in the country.
 - Socioeconomic factors, housing (multigenerational and overcrowded, Slovak community average 6 people per household and Bangladeshi 4.2) 15% have one fewer bedroom than they require compared to 5% Sheffield population
 - Inequalities in the prevalence of heath conditions that increase the severity of disease including obesity, diabetes, CVD and asthma (GP practice level data only not by ethnicity)
 - Inequalities in prevalence of health behaviours smoking, obesity, alcohol and PA uptake linked to economic deprivation and prevalence of health conditions (no data by ethnicity locally no annual data by ethnicity nationally)
 - Occupational risk, (key worker roles) Taxi drivers, social care, chefs, less likely to be able to work from home and insecure roles more likely to be shut down (self employed)
 - Historic racism, discrimination and stigma, structural inequalities, lack of power and voice
 - More likely to use public transport to travel to essential work
 - Less likely to seek health care when needed lack of trust in NHS to meet their needs due to lack of representation in services lack of cultural appropriateness (late presentation across a range of conditions) more reliance on local BAME community services

Unpacking the relative contributions made by different factors is challenging as they do not all act independently – these increase risk of exposure to the virus and risk of severe disease/death

Key impacts- lived experience

- Confusing communications and misinformation on PH Covid19 messaging national and local – looking to friends, social media and country of origin rather than trusted sources of information – Lack of trust with Govt, NHS council
- Language barriers (health literacy and interpreting issues) very little info in different languages in early stages of epidemic
- Hoax rumours circulating included:
 - BAME communities being used as Guinee pigs for vaccination research,
 - ▶ If BAME people go to hospital for treatment for any condition you will get Covid19, they will inject you with it
 - If you go into hospital due to COVID19 you won't come home again
 - White people will be given preferential treatment if oxygen supplies are limited in hospital
 - ► Covid does not even exist just a way to control BAME communities
- Communities told us that people were frightened to attend appointments at the hospital/GP for fear of getting Covid19.
- We heard of people presenting later with Covid19 severe symptoms due to the latter and also not presenting early with heart attacks
- Families did not want seriously ill relatives to go into hospital for Covid treatment due to fear of loved ones dying alone

Page 27

- Mental Health Issues (older and young people) increasing, complex multifactorial
 - ▶ BAME organisations not equipped to deal with complex SMI cases and suicide ideation/attempts but stepped up to high demand. Referrals on long waiting lists and services not accommodating cultural beliefs and practice – these inhibit willingness to access support
 - Anxiety, depression at it's height about the virus and increased risk and infection

Isolation- older people- usually reliant on sense of community from family, places of worship coming together, lunch clubs

- Frontline care and access didn't know who to contact how to refer or plug people into services (NHS and Council)
- Food parcels/food security access to culturally appropriate food limited
 - Only 5% of BAME people accessed SCC food provision (started late to record E and D info)
 - Response from communities was widespread hot and cold food boxes provided into their hundreds using their own resources

Page 2

Key impacts - lived experience

- ▶ Education issues children falling behind who already fair less well– parents not understanding how to support due to complex online learning systems and language barriers. High anxiety sending children back to school and potentially bringing the virus home to multi- generation families
- Poverty employment and loss of jobs, a number of self employed people in BAME communities did not access support due to lack of trust with the council and complex national process. 40% of people CAB supported were BAME
 - Bereavement not able to carry out usual burial and religious rituals and ceremony – places of worship closed – source of community and support. Larger impact of loss exacerbated fears.
 - Domestic Abuse higher contact with BAME organisations Roshni and Ashiana than usual. The proportion of BAME referrals to mainstream services has dropped however referrals have risen overall impacts of lockdown exacerbated domestic abuse and coercive behaviour and control. Demand outstripped capacity.

BAME Community Organisations

- Loss of BAME community organisations over the last 10 years meant that the reduced number that currently exist were overstretched and under resourced to meet demand and need.
- Impact of austerity on BAME community services funded mainly from external sources outside of the city inconsistent contact with the key decision makers in the council and NHS directly for some of organisations for many years
- Lack of investment in infrastructure and capacity building meant that many funded their own local response
- ▶ BAME VCF sector felt neglected and voiced that they did not feel that Anchor VCF organisations in the city represented them or reached their communities – this impacted on unequal access to funding and relationships within the Vol sector
- Demand for support and services from community organisations far exceeded that which they were able to deliver to BAME communities

Our response

- Initially met weekly and moved to 2 weekly meetings after xmas
- Over 30 meetings since July 2nd 2020 to June 2021
- 60 hours of collaboration, discussion, reflection and learning – many more hours outside of the group
- Covered around 23 different topics related to covid from government guidance, prevention, Hands Face Space, ventilation esting, isolation, vaccination long covid business grants, faith, mental health, travel estrictions, covid variants and much more around wider impacts on inequalities, education, racism, and social justice
- SCC funded organisations to deliver significant communications and engagement work on prevention and vaccination in a range of community languages and channels the council/NHS alone would not be able to reach
- E.G. closed WhatsApp groups, mosque broadcasts and community radio, community TV and social media

Meeting Date	Agenda items and attendees
2-7-20	Listening to BAME community organisations lived experience during covid19 epidemic
9-7-20	Decision maker John Macwraith SCC Exec Director Peoples services - communities commissioning
13-7-20	Head of SCC Comms, Mark Mcadam Comms and misinformation
20-7-20	Brian Hughes Accountable Officer Sheffield CCG Paul Taylor Head of Customer Services Covid19 Memorial,
6-8-20	Mental Health Services and provision Liz Johnson Equalities lead and Jason Rowlands Director of Strategy (SHSC)
13-8-20	RACE Equality Commission Chair Prof Kevin Hylton Susan Hird Consultant in PH (TTI)
20-8-20	Education, Andrew Jones SCC Director of Education and Bethan Plant, Health Improvement Princiapl (PH)
3-9-20	SCC Public Health, Jess Wilson Food and Obesity lead for the city. Food strategy, SCC Holiday Hunger programme, SCC comms resources available

Impact of the group & development of Trust

- These meetings have proven that the BAME communities are not hard to reach and they are here. It is a great platform to share information and ways people are working in helping their communities. It has been amazing to work together and play a vital role. It has made such a difference to feedback and shape the city. It really has changed the voice of BAME communities.
- It really has raised the issue people are facing daily. It has been great to work in partnership with others.

These meeting have helped build the trust between local authorities and communities. Peoples heart are now in the right place, Thank you.

- The collaborative, participatory approach has been excellent
- Brilliant collaborative and reflective approach to community work.
- We have felt really heard. It has been such a powerful and important space.
- This journey has been epic, such a good practice model and should be replicated in other spaces in the city.
- I have grown in confidence and it has been important for my own journey. I have access to more professionals than ever before this has strengthened my work and my own practice. Also we (the community organisations) are collaborating working to understand how we can work better together. Lots of us had not done this in years,
- Pro-activeness and participation has been key going forward well done everyoned

Impact of the group & development of Trust

- This is one of the only safe spaces in the city for us to have these important and difficult conversations
- This meeting space has been great, and the journey has been vital.
- It has been a great opportunity to work with other organisations. So much information and vital messages has come from this group.
- A requirement and essential
- The last 9 months have been a hard journey for all, fighting inequalities together. Being able to build connections with others has been really positive.
- The group have been supportive, and it has been great to meet and work with other local BAME organisations in the city. It is a good space to share information and help one another
- Looking back over the past nine months, it has been fantastic to listen and learn from other local BAME organisations. The space given has been really uplifting.
- The meeting has been active along with visible learning. There have been many frank discussions that are needed. Finally, the trust gap is closing.

Prevention work

谢菲尔德华人社区中心-健康与社区信息

Christmas bubbles 圣诞泡泡

圣曼谢密思是被允许实行从12月23日至27日,这意味着最多三个家庭可以见面, 但您不能昂情这 些家庭,例如,您在圣诞节当天见一个家庭但在节礼日(圣诞节之前一天)见另一个家庭(这是 不被允许的),您只能与祖同的家庭在位五天里见面,

请谨慎选择您的泡泡。仅仅因为您可以见面,但并不像味着您应该这样做,特别是如果您有年龄 比较大规则势都体的家庭成员,政府已制作—个关于圣诞泡泡的添进影片可在Youtube上观看。 以下图片也制在网络www.sheffield.gov.uk/coronaviruscommunityresource 的"节日(Festive)"标 即下と呼叫





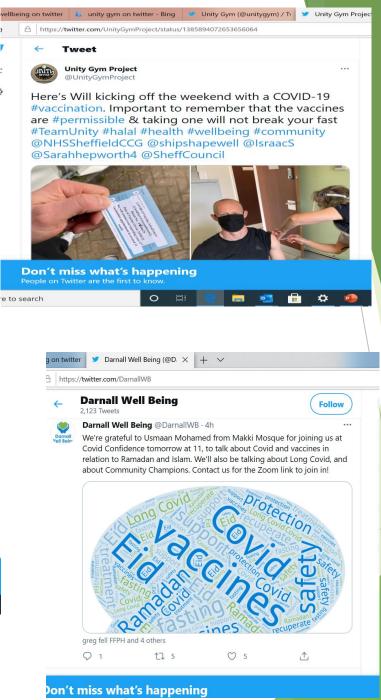






Social media promoting vaccination and covid safe behaviour





Community Newsletter



Help to keep communities safe

This newsletter is to help keep you updated with the latest information about Covid-19 so you can share with your organisations and communities. Thank you for your support, we appreciate everything you're doing to help keep communities in Sheffield safe.

- Webpage set up for easy access to national and local resources including translations
- www.sheffield.gov.uk/coronaviruscommunityresources
- Simple clear communication resources developed by SCC Communications Dept for communities embedding community insight
- Weekly community newsletter with 600+ subscribers for sharing key messages

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Sucasiaha iyo jawaabaha talaalka covid19

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कोविद वेक्टीन तमहात्र का ऐंड ए तह.

療養社区回答环节 ovid 19 Vaccine Community Q&A Session

Join us in a friendly space with local Imams & Gps speaking about Covid 19 Vaccine. A space to ask your questions and share concerns/worries.

Imam Sadaqat Hussain - Madina Masjid

Imam Aslam Zahid - Jamia Masjid & Usmania

Imam Osama: Makki Maiid Dr Ollie Hart -SLOAN Practice

Dr Gasan Chetty - Matthews Practice

Shilla Patel -Veritas Practice Cinnamon Verge -Health Advisor and Nurse

Wednesday 10th February

1pm- - 2:30pm

Contact ShipShape to book your space & receive your Zoom link: 0114 2500 222 ...info@shipshape.org.uk

Or Register. https://bit.ly/3oy7tpr



This webinar is hosted and facilitated by FaithStar

OICES FROM HE EDGE

THE AIM OF THE WEBINAR

A WEBINAR TO EXPLORE THE **FOLLOWING AREAS.**











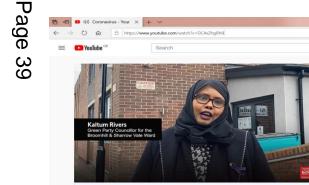




Vaccination pop up clinic at Firvale Hub for ROMA Slovak Community -50 booked in via community engagement

Page 38

 SCC Councillors Mohammed Mahroof, Kaltum Rivers, Abtisam Mohamed and Abdul Khayum have filmed video's in community languages and these can accessed via Youtube

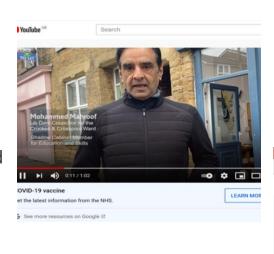


COVID-19 vaccine

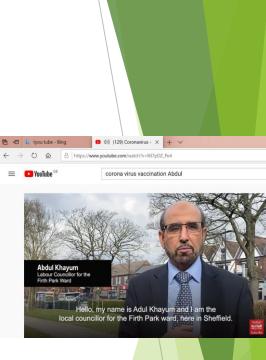
Get the latest information from the NHS

G See more resources on Google Ø

P Type here to search



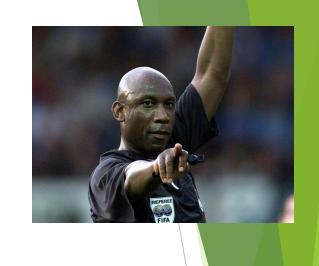


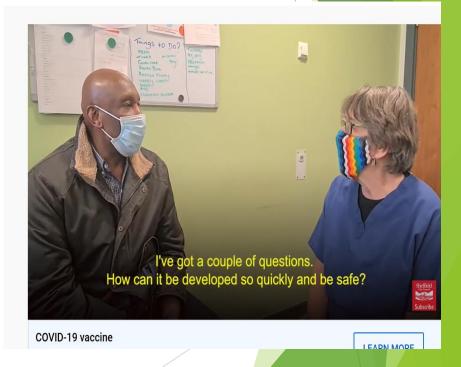


https://www.youtube.com/watch?v=DC4xZhgRhIE

Uri Rennie - vaccination video

- Uri Rennie (retired English football referee) during his covid vaccination, discusses vaccine hesitancy with the GP administering his vaccination.
- Uri is a trusted, well respected member of the African Caribbean community and his video aimed to help reduce vaccine hesitancy.
- He is determined to do more than 'talk the talk' in trying to use football as a vehicle to bring about change.





https://www.youtube.com/watch?v=3SDN7XAW 6wO

Covid19 **Vaccination** Young Adults campaign targeting 18-^{Pag} 35 years (launched 14th June 21)

NHS Sheffield CCG NHSSheffieldCCG

Covid hasn't gone aw the UK. Get a vaccine booked in today. #Va

Covid hasn't gone away. New variants are spreading in the UK. Get a vaccine to keep Sheffield open. Get booked in today. #VaccinateSheffield @SheffCouncil

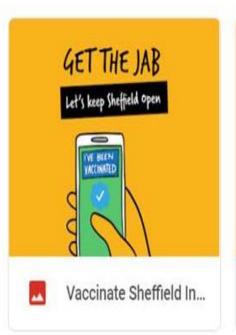


10:45 AM · Jun 15, 2021 · Twitter Web App

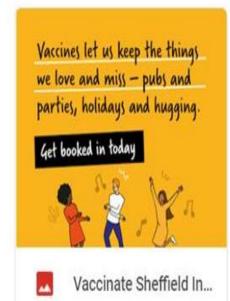
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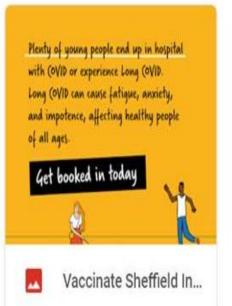












Faith leader comms and engagement

- Faithstar established Faith Covid group
- Established links with health protection, PH and SCC enforcement teams (covid secure POW)
 - PH support re interpreting Government guidance and developing local Muslim burial and funeral protocols
- Communications social media key messages, community radio shows on staying safe during Easter, Ramadan, Eid and Christmas.
- Letter from DPH Greg Fell and leader of the council to local faith leaders Video's from DPH on current safety measures
- Faith leader vaccination video's by Faithstarhttps://www.youtube.com/watch? v=ppvKThCn5CA



E Mail: Greg.Fell@sheffield.gov.ul

Date: 1st April 2021



with how they have come together and

es we have had to face as a city, and nadan. Sheffield communities have

nd the incredible support that you have

E Mail: Greg.Fell@sheffield.gov.uk

Date: 1st April 2021



Telephone: (0114) 273 5380

Dear Respected Clergy/Trustees/Management Committee Member

On behalf of Sheffield City Council, I would like to wish all our Christian communities a happy Easter. People across our city continue to amaze us with how they have come together and supported each other through this extraordinary year. It is very special to see.

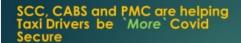
The community spirit lives on after one of the toughest times we have had to face as a city, and I know that this will continue throughout Easter. Sheffield communities have shown incredible resilience during the Covid19 pandemic







Page 43



Supporting Taxi's and passengers to stay safe over the Festive Period

Sheffield Licensed Taxi drivers can collect a free Covid secure pack, including face coverings, sanitiser and gloves,

on the 22nd of Dec 11-3pm from the Pakistan Muslim Centre, Woodbourn Road, Sheffield, S9 3LQ

You will just need to show your ID badge to collect a pack

`More` Covid Secure Taxis in Sheffield



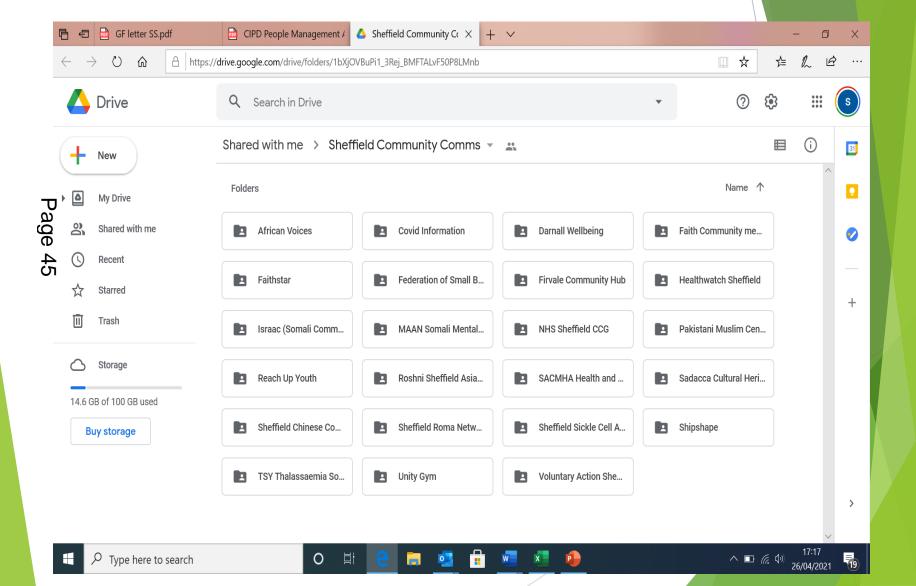




More Covid Secure Taxi Initiative with PMC and CABS

Google Drive

https://bit.ly/SheffCommunityComms



National media spotlight on our work:

BBC Article from Newsnight – with support from Firvale Community Hub The 'working poor' are hardest hit, Sheffield study finds - https://www.bbc.co.uk/news/health-56334982

Greg talked about the Sheffield approach to reducing vaccine hesitancy in BAME communities on ITV Calendar

- https://twitter.com/AdamFowlerITV/status/13699736101405 57312?s=20
- https://twitter.com/AdamFowlerITV/status/13699695762518 87616?s=20
- https://twitter.com/AdamFowlerITV/status/13699723502

Covid: Pfizer joins fight to tackle vaccine hesitancy

https://www.bbc.co.uk/news/uk-england-south-yorksh 56927168





Outcomes achieved so far

- Re-establishment of trust between communities the council leaders and NHS
- Group members report not feeling marginalised due to the links made via the group and access to information and influencing local decision and services (A&E/Social Care/Carers/Mental Health Suicide prevention)
- Feeling heard and represented by decision makers (Sarah Hepworth/John Mac/Greg Fell and Brian Hughes)
- BAME organisations working more collaboratively together (e.g BAMER 5) vaccination proposal to SCC and NHS allowed advocacy for funding
- Direct routes into communities re communications and messages, result = many lives protected but we will never be able to quantify
- Funding in excess of around £500k to BAME communities to deliver covid prevention /vaccination work from the Council and the NHS
- Increase in people reporting less hesitancy and intention to take up the vaccination following community conferences and conversations examples across all communities
- BAME representation at the Sheffield First Partnership (Halima from the African women's group in Darnall) and new joint VCF SCC steering group

Outcomes achieved so far

- Citywide Maternity Fund Bid led by MCDT and inclusive of several BAME organisations from the PH group (focus on Perinatal Mental Health)
- ► Thalassaemia organisation lead new role with British Islam Muslim Association
- Shaping Research on representation of BAME communities and informing local and national research bodies NIHR and Royal College of GP's, Pfizer conference
- Establishing links between community organisations PCN'S and local schools/faith leaders
- Citywide response to racist behaviour targeting Chinese community re covid Community orgs, NHS, SCC and Universities etc workforce and community response.
- Wider access and relationships to faith groups and community leaders
- Relationships with many professionals across the ACP footprint and BAME communities
- ACP Reciprocal mentoring Scheme with BAME community leaders and chief execs in the city (STH SHSC SCH and SCC)
- Three of our group members are Commissioners on the Sheffield Race Equality Commission and continue to feed in issues from the group

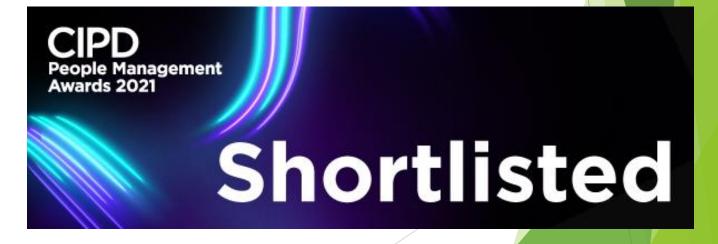
These issues and outcomes are Intersectionality important and we know other communities have been badly impacted and we should replicate the model across other areas/groups e.g. Disabled people

Page 48

Charted Institute for Professional Development People Management Awards 2021

Developing Partnerships

Best Community Initiative Category



What next? and ongoing?

- Commitment to continuing the dialogue with BAME organisations and building on the trust developed
- Review and Implement TOR for group and recommendations within the BAME Impact Assessment with robust action plans that clearly set out how these will be achieved – including the previous commitment to deliver the 7 PHE recommendations and ACP asks
- How will we as a city address the issue of lack of data by ethnicity groups across social, health, economic and environmental factors? Urgently need prevalence of health conditions, and health behaviours by ethnicity. Intersectional data also.
- Address the inequity in disease and health behaviour prevalence and ensure people are managing their conditions
 - Empower and involve BAME voices from the community in the development of strategies, services/interventions, policy, communications and health education campaigns that involve them
 - Support and develop capacity building within BAME community organisations and invest in the infrastructure of BAME community organisations in the city to enable them to be more resilient and deliver effective frontline services
 - Ensure NHS and Council services are representative, culturally appropriate and inclusive (including relevant training across the system)