Manchester Health and Wellbeing Board
Report for resolution

Report to: Manchester Health and Wellbeing Board – 8 July 2020

Subject: Addressing Inequalities

Report of: Director of Workforce and Organisation Development, Manchester Health and Care Commissioning and Director of Policy, Performance and Reform Manchester City Council

---

Summary

Covid-19 has further reminded us of the differential impact of health issues on the communities who live in Manchester. This report describes how the pandemic has affected different communities in the city and the actions we are taking to respond to this.

Recommendations

The Board is asked to:

1. Note progress to date.

2. Encourage respective partner organisations on the Board to continue to prioritise addressing inequalities in health and care both as a system and within own organisations in our response to COVID 19.

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	
Improving people's mental health and wellbeing	This report outlines the actions in relation to our recovery planning and mitigating risk so as to enhance resilience for the city in relation to addressing inequalities.
Bringing people into employment and ensuring good work for all	
Enabling people to keep well and live independently as they grow older	
Turning round the lives of troubled families as part of the Confident and Achieving Manchester programme	
One health and care system – right care, right place, right time	As Above
Self-care	

Contact Officers:

Name: Sharmila Kar
Position: Director of Workforce & Organisation Development, MHCC
Telephone: 07811 982 287
E-mail: sharmilakar@nhs.net

Name: James Binks
Position: Director of Policy, Performance and Reform, MCC
Telephone: 0161 234 1146
E-mail: j.binks@manchester.gov.uk

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

N/A

1. Introduction

Clear evidence has emerged that Covid 19 is having a disproportionate impact on some communities who already experienced health inequalities in our city. BAME, disabled and people in poverty are more likely to contract Coronavirus and have poorer mortality outcomes. The longer term health impacts are not known yet but it is expected that the socio-economic impacts and impacts of higher mortality rates not directly linked to Covid 19 will also be within these communities, unless we radically change our approach to health and social care. This makes the need to embed inclusion and address inequality even more critical.

1.2 COVID risk factors

Clinical[1]

- If you are in the High clinician risk group (shielded) – disabled people
- If you are in the Moderate clinician risk group – disabled, older, obese and pregnant people
- your age – your risk increases as you get older
- being a man
- where in the country you live – the risk is higher in poorer areas
- being from a Black, Asian or minority ethnic background
- being born outside of the UK or Ireland
- living in a care home
- having certain jobs, such as nurse, taxi driver and security guard

Based on deaths that occurred up to 19 June but were registered up to 27 June there were a total of 1,883 deaths among Manchester residents. Of these, 386 deaths involved COVID-19. A total of 77 deaths involving COVID-19 were recorded as having occurred in a care home. This represents 19.9% of all deaths involving COVID-19. In the most recent week, there were a total of 3 deaths involving COVID-19 among Manchester residents (compared with 9 deaths in the previous week). Just one of these deaths were recorded as having occurred in a care home. There is now a clear downward trend in the number of deaths involving COVID-19, from a peak of 75 deaths occurring in the week ending 17th April.

The age standardised rate of deaths involving COVID-19 in Manchester (59.8 per 100,000) is 63.3% higher than the rate for England as a whole (36.6 per 100,000). The age standardised rate of deaths involving COVID-19 for men in Manchester (90.0 per 100,000) is more than double that for women (38.9 per 100,000).

The risk of death involving COVID-19 among some ethnic groups[2] is significantly higher than that of those of White ethnicity. After taking account of age, other socio-demographic characteristics and measures of self-reported health and disability.

[1] https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/

The risk of a COVID-19-related death for males and females of Black ethnicity is 1.9 times more likely than those of White ethnicity. Males in the Bangladeshi and Pakistani ethnic group were 1.8 times more likely to have a COVID-19-related death than White males. Females in this ethnic group were 1.6 times more likely to have a COVID-19-related death than White females.

The difference in COVID-19 mortality between ethnic groups is partly a result of socio-economic disadvantage and other circumstances. We also know that health and racism are inextricably linked. For many BAME communities this results in unequal access to social and economic opportunities. Quality education, employment, liveable wages, healthy food, stable and affordable housing, and safe and sustainable communities are factors that shape health. When these factors are distributed in unfair and unjust ways, they contribute to racial and ethnic disparities in health.

The PHE report published earlier provides clear evidence that COVID-19 does not affect all population groups equally. The review of disparities in the risk and outcomes of COVID-19 shows 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.

The report that followed titled *Beyond the data: Understanding the impact of COVID-19 on BAME groups* made a number of recommendations that arose from a range of requests for action from stakeholders and point to the areas where commitment, focus, and delivery at scale could make a significant difference in improving the lives and experiences of BAME communities. It is important to note whilst some of these recommendations are being acted upon many of them need to be further strengthened within our system and organisations, such as data collection, improving access, recognising how we effectively engage and communicate with communities and target our funding to name a few.

Young people and employment

National ONS figures show that 408,000 people in the 18-24 age group are unemployed, while data from the Resolution Foundation research indicates that the crisis could push a further 600,000 young people into unemployment, unless support is provided. Tens of thousands of internships, work experience opportunities and entry-level employment roles could also be cut for those new to the job markets, depending on how employers choose to respond.

Older people and transport

Access to transport is often cited as a key concern for many older people in the City. This concern is heightened as older people, who are disproportionately reliant on public transport, are advised to avoid using public transport or to do so with significant restrictions that see anxieties rise in many older and therefore more at risk

---

[2] https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronavirusrelateddeathsbyethnicgroupenglandandwales/2march2020to10april2020#toc

people. This serves to effectively sever a lifeline to access health and care services, social networks and for shopping.

Digital exclusion

As the effects of the Covid pandemic continue, so does an increased reliance on electronic means of communication and access to services. This throws up issues of digital exclusion; affordability and access to devices, broadband etc. exacerbate pre-existing economic challenges for some of Manchester's poorest residents. Added to that, even when access to a device is possible, some cohorts (i.e. disabled people, older people, some BAME groups) cannot always access services in an equitable way due to inaccessible website design or communications.

Disabled children and families

Parents and carers of children and young people with SEND managing daily family life whilst meeting the needs of their child/children is challenging. With schools shut for most pupils and access to their usual support services limited these families are facing increased pressure. Short breaks for disabled children offer a much needed break from caring responsibilities and the absence of this provision will cause increased strain on families. Specialist CAMHS services are reporting an increase in calls from families of disabled children - particularly in relation to children's sleep problems and strategies to manage behaviours of children struggling to cope with an enormous change to their daily routine.

Geographic and economic considerations

People who live in deprived areas of the country have higher diagnosis and death rates than those living in less deprived parts of England. The mortality rates from COVID-19 in the most deprived areas were more than double the least deprived areas, for both males and females, and survival among confirmed cases was also lower in the most deprived areas. This is particularly clear amongst people of working age, for whom the risk of death was almost double that of people in the least deprived areas with male diagnosis rates were significantly higher than females.

We need to continue to better understand what the local evidence tells us in terms of the impact on Manchester residents, communities and patient and how it compares to some of the national data.

2. Planning ahead for the recovery

Although the response work will continue for some time, there is now a significant focus on planning ahead for the longer term challenges as we emerge from the lockdown period. This forward planning work will help to plan for the city's recovery including its economy, residents and communities, as well as the impact on the Council including its services and finances. This work will be undertaken with key stakeholders in the city in order to develop the best possible joint plans.

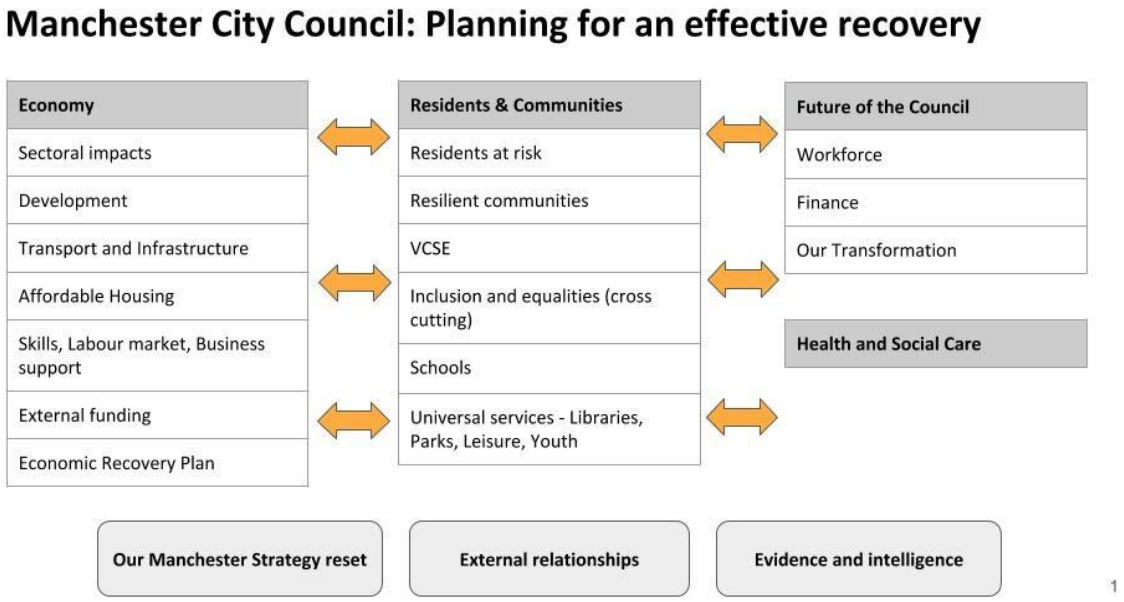
Four workstreams are being progressed in order for the City and the Council to prepare effectively for the recovery. These are highly interdependent, as illustrated

in the diagram below. Each workstream involves a significant portfolio of work, and each is in the process of identifying short, medium and longer term priority actions. The workstreams are:

- Economy
- Residents and Communities
- Future Council / Impact on the Council
- Health and Social Care

Underpinned by:

- Evidence base and impact for each of the above workstreams
- External relationships with a range of key partners
- Reset of the Our Manchester Strategy



Work is being prioritised under the Equalities and Inclusion workstream within MCC to read across various evidence sources to 1) extrapolate the key findings with a focus in the first instance on race, disability, age, poverty and shielded; 2) give an indication of gaps in the data and / or where more depth of understanding is needed, 3) use the gap analysis to inform an approach to specific and targeted engagement with relevant groups (consideration will need to be given here to which groups and forums already exist and where new engagement connections are needed) to address the gaps and / or understand community sentiment in Manchester on particular issues. This high level, strategic analysis will be kept under regular review as new and more detailed data emerges in the coming months, and reported back via the Executive Members Equalities and Inclusion subgroup to inform recovery planning.

Supporting this strategic analysis, an increased use of Equality Impact Assessments against each of the Council's relevant practical recovery actions will provide service-level / more operational consideration of community impact in relation to a given activity.

Across health and care the 'Community Cell' has been set up to lead the out of hospital/care system within the City during the period of Covid-19 response and

recovery. The community cell will seek joint working opportunities with Trafford, and other GM Localities where it makes sense to.

The 3 workstreams for the community cell are listed below. Each will have its own leadership, and coordinating group, to oversee it and report into the Cell.

1. Coordination of the Manchester Covid 19 response
2. Overall capacity and demand planning
3. Care home and home care capacity increase

The Cell will work closely with the Manchester Hospital Cell arrangements and also connect to the wider system response at City and GM level.

The Manchester COVID-19 Response Group ("the CRG") (previously called the Manchester COVID-19 Locality Planning Group (MCLPG)) fulfils the role of the Manchester Health Protection Group, which is the established group for all health protection issues in Manchester. Addressing inequalities/Health Equity is a key workstream under this group. The purpose of this workstream is to improve experiences of and outcomes for, communities that suffer disproportionate adverse impacts from COVID-19.

This will involve reducing the risk of transmission, severe disease and death among groups of people who have been identified as most risk including*;

- Black African, Black Caribbean and Asian people
- People born outside the UK or Ireland
- People in specific occupational groups
- People with learning disabilities
- Inclusion health groups -Asylum Seekers and Refugees, Gypsies & Travellers, Sex Workers, Ex-offenders*

*This will be kept under review based on emerging and evolving understanding of the disease. Note the needs of other at risk/vulnerable groups e.g. people who are homeless, older people, clinically at risk/shielded groups are being addressed through other workstreams.

3. Equality Analysis

MHCC have produced a summary of the requirement to continue to meet the statutory duty under the Equality Act 2010 to consider equality implications when reviewing policies and practices and introducing new ones through an equality impact assessment. This takes account of the easements introduced within the Coronavirus Act of 2020. We have undertaken strategic Equality Analyses in past four months, including Hot clinics, Hot care homes, Testing service, MHCC Bereavement policy and digital primary care. There have been some challenges with sequencing solutions as new pathways are developed and some retrospective analysis and mitigating actions required due to the speed of change. We have now trained twenty MHCC and MLCO colleagues to undertake an Equality Analysis and will continue to support with identifying mitigating actions where we are working in relation to recovery plans.

MCC has issued a Covid-19 specific equality analysis template and guidance which has already been used to good effect on the organisation's response work (i.e. the establishment and operations of the Community Hub) and is now being implemented across a range of recovery workstreams (i.e. in Highways regarding the re-opening of public spaces to boost the City's economic recovery). The requirement for Council services to complete equality analysis against all relevant Covid-recovery work has been restated through the organisation's recovery governance mechanisms. Progress against this requirement is overseen by the Equalities and Inclusion recovery workstream.

4. Evidence base and Governance

The Public Health Intelligence Team and Engagement Teams continue to work together to ensure that we have a full picture of the available quantitative data, analysis and qualitative evidence around the disproportionate impact of Covid-19 on certain communities.

A weekly community and public surveillance report is now being produced and shared across MHCC based on feedback to the Engagement Team from the Patient and Public Advisory Committee and Expert Panel members, Community Explorers, voluntary and community organisations and GP practices. This is effectively a log of all issues being raised by individuals and groups, many of which have equality implications. The report also shows what the Engagement Team has put in place to address the issue. Whilst some of the issues raised are linked to individual enquiries, they will help us to understand what is not working for wider groups of the community and put in place support.

The Our Manchester Disability Plan Board organised an extraordinary meeting on the 14th April and invited a range of VCSE group representatives who support other communities who experience discrimination and inequality to join the meeting. The group shared detailed evidence of the impact of Covid-19 on the communities that they serve.

A piece of rapid research has been undertaken into cohorts of the population whose needs could potentially be missed or ‘slip through the net’ as a result of the response to COVID-19. For example as a result of reduced contact – or reduced opportunities for contact – with public service professionals / carers and associated missed opportunities to identify and respond to need or risks. This includes members of the traveller community, people not registered with a GP and people of all ages at risk of domestic abuse. We continue to work collaboratively with MCC on ensuring that we are reaching people on the ‘at risk’, shielded list, both in terms of the primary care and community hub responses. This work is ingoing as part of our recovery plans.

The Our Manchester Strategy reset will involve targeted engagement with groups and communities that have been disproportionately impacted by Covid-19, as well as universal engagement opportunities for all residents, geographically organised engagement, and engagement with key partners and city-wide Boards. Inclusion and equalities will be a key 'horizontal' theme that cuts across all aspects of the reset of the strategy.

5. Workforce specific measures

Staff risk assessments are being undertaken across MHCC, MCC, MLCO and other partner organisations to address the need to ensure that ‘at risk’ staff, including BAME staff are protected. The MHCC risk assessment tool has also been shared with primary care. MHCC has worked with the MLCO to develop a risk assessment framework that has been shared with care homes in Manchester.

Manchester University NHS Foundation Trust has already acted to protect colleagues particularly those staff who Public Health England has reported are most at risk of severe illness arising from COVID-19. Over the last few months, as we have continued to learn more about COVID-19, it has also been recognised that some people from Black, Asian or Minority Ethnic (BAME) backgrounds are at greater risk of severe illness from the virus alongside the other vulnerable groups. These include colleagues who are aged over 70 years, those who have an underlying chronic health condition or who are pregnant. In order that the Trust can look after and support colleagues appropriately there are individual risk assessments available. Letters have gone out to all staff encouraging staff to feel confident to speak to their managers about undertaking a risk assessment and to talk to their managers about concerns they have. The risk assessment is part of a broader programme of protect and support staff.

Alongside the development of the standardised risk assessment, the BAME Reference Group and COVID-19 BAME Engagement Group have also supported the development of the self-assessment process which enables staff to consider how their personal circumstances may relate to the risk levels. As part of this work staff have been encouraged to complete the process and speak to their managers if they feel that they require a risk assessment.

There are also links with the BAME Nursing Network and the Caribbean and African Community Group (C&ACG) including specific contact with the C&ACG COVID-19 support work streams. These groups have helped to shape a communications campaign, produce staff focussed materials, provide feedback on documents and suggest new and innovative ways that the Trust can engage with staff.

Following receipt of the letter from NHSE/I, an audit of diverse representation within the MFT and MLCO command and control structures .The outcome of the review was agreed by the COVID-19 Strategic Group and included consideration of the full range of planning and operational groups associated with the management of the COVID-19 Pandemic. The Group agreed a proposal for chairs of command and control groups to formally review Black, Asian and Minority Ethnic (BAME) representation within existing structures.

Greater Manchester Mental Health Trust

In terms of workforce the Trust worked closely with Trade Unions and the BAME Staff Network in the design of a template to ensure staff receiving risk assessments felt assured by them and that they were creating the right conditions to have a meaningful conversation. Best practice guidance issued by the Royal College of Psychiatrists was used as the basis for this document. All risk assessments

completed are reviewed by an HR professional in the first instance to ensure that actions are captured and where there are issues that appear to be unaddressed or gaps in information these are returned back to the relevant manager for clarification or further completion where needed.

Where a BAME worker is in a frontline role and has additional comorbidities then the manager is being contacted to discuss further the rationale for retaining them in a front-line clinical role and occupational health support considered.

At the recent BAME Staff Network event (held on 29th June 2020) specific feedback was asked for in relation to how staff felt about the completed risk assessments so the Trust could understand the perspective based on staff experience. Overall staff stated that they felt the risk assessment was very positive and they had a positive experience when completing them with their manager. Staff welcomed the supportive measures put in place following the completion of the risk assessment. Some commented on the feeling of it being "tick box" and as a result of this the Trust is putting on virtual sessions to discuss with managers how to carry out a quality conversation in relation to assessing risk for vulnerable workers. These sessions will be run in partnership with Trade Union colleagues.

The Trust have provided a sample of redacted completed risk assessments to their lead health and safety trade union representative who will review and provide feedback on themes and issues that may be presenting in relation to the quality of risk assessments. Following this they will amend and send out further guidance for managers and assess the level of support that is needed to ensure the quality of the risk assessment continues to grow. Above all else the Trust wants to ensure transparency in relation to the management of risk assessments. All of the aforementioned actions are being managed via the Trust Covid Working Safely Group, chaired by the Director of HR/Deputy CEO, which reports into the Recovery Board and has trade union involvement.

6. Conclusion

The pandemic has highlighted and amplified inequalities in our society. The sheer scale of the impact on some communities means that we will need to be bold if we are to prevent inequalities from widening. As a system and within our own organisations we must make addressing inequalities a key priority.