

**Manchester City Council  
Report for Information**

**Report to:** Health Scrutiny Committee – 9 February 2021

**Subject:** COVID Health Equity Manchester (CHEM)

**Report of:** Sharmila Kar, Director of Workforce & Organisation Development, Manchester Health and Care Commissioning and Dr Cordelle Ofori, Consultant in Public Health Medicine, Manchester City Council/Manchester Health & Care Commissioning

---

**Summary**

This report focuses on how the pandemic has affected different communities in the city and the actions we are taking to reduce disparities in severe disease and death for those ‘at risk’ communities.

**Recommendations**

The Committee is asked to:

1. Note the disproportionate impact that COVID-19 has on BAME and disabled citizens, residents in vulnerable situations and areas of socio-economic deprivation, and progress to date on tackling these disproportionalities.
  2. Ensure respective partner organisations prioritise supporting the objectives of this programme as part of their response to Covid.
- 

**Wards Affected:** All

---

**Board Priority(s) Addressed:**

<b>Health and Wellbeing Strategy priority</b>	<b>Summary of contribution to the strategy</b>
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 mitigating risk 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	This report outlines the actions in relation to our response to Covid, strengthening preventative measures, health literacy and self-care alongside strengthening cultural competencies across our system.

Turning around 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	As above

**Contact Officers:**

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

Name: Dr Cordelle Ofori  
Position: Consultant in Public Health Medicine, Co-Chair of Covid Health Equity Group  
Telephone: 07813 665526  
E-mail: cordelle.ofori@manchester.gov.uk

Name: Jackie Driver  
Position: Strategic Lead, Inclusion and Equality. MHCC  
Telephone: 07985 747017  
E-mail: jackie.driver@nhs.net

**Background documents (available for public inspection):**

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.

Not applicable.

## 1.0 Introduction

This report provides an overview of how the Covid Health Equity Manchester group (CHEM) is operating. It follows the earlier rapid review of disparities in the risks and outcomes of Covid 19 which evidenced disproportionate impacts on Black, Asian and minority Ethnic (BAME) and other disadvantaged communities who make up a significant proportion of our population in the city.

Clear evidence has emerged that Covid 19 is having a disproportionate impact on some communities who already experience health inequalities in our city. Black, Asian and minority ethnic people, people born outside the UK, disabled people, and those at high occupational risk and/or in poverty are more likely to contract Coronavirus and have poorer mortality outcomes at varying rates. These groups of people represent well over 50% of our population.

The longer-term health impacts are not yet fully known but it is expected that the socio-economic impacts and impacts of higher mortality rates not directly linked to Covid will be compounded within these groups, unless we radically change our approach to health and social care. The body of evidence that Covid 19 has not affected all population groups equally continues to grow and will disproportionately affect some communities both directly in terms of the likelihood of testing positive and dying with Covid19 and indirectly in terms of delayed presentation, diagnosis and management of long term health conditions, unless we take urgent action. This makes the need to embed inclusion and address inequality even more critical.

## 2.0 Covid Risk factors

In July 2020, this board received a paper on Addressing Inequalities, this is the wider programme in which the Covid Health Equity Manchester (CHEM) programme sits.

Covid risk factors

Clinical<sup>1</sup>

- 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

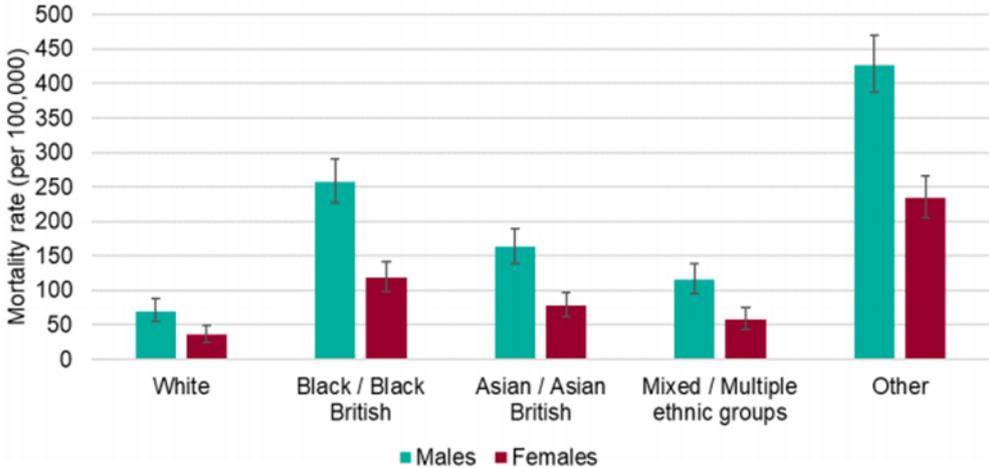
Recent publications have highlighted how people facing the greatest deprivation are experiencing a higher risk of exposure to Covid and existing poor health puts them at

---

<sup>1</sup> <https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/>

risk of more severe outcomes if they contract the virus. This is exposing the structural disadvantage and discrimination faced by parts of the Black, Asian and minority ethnic and disabled communities.

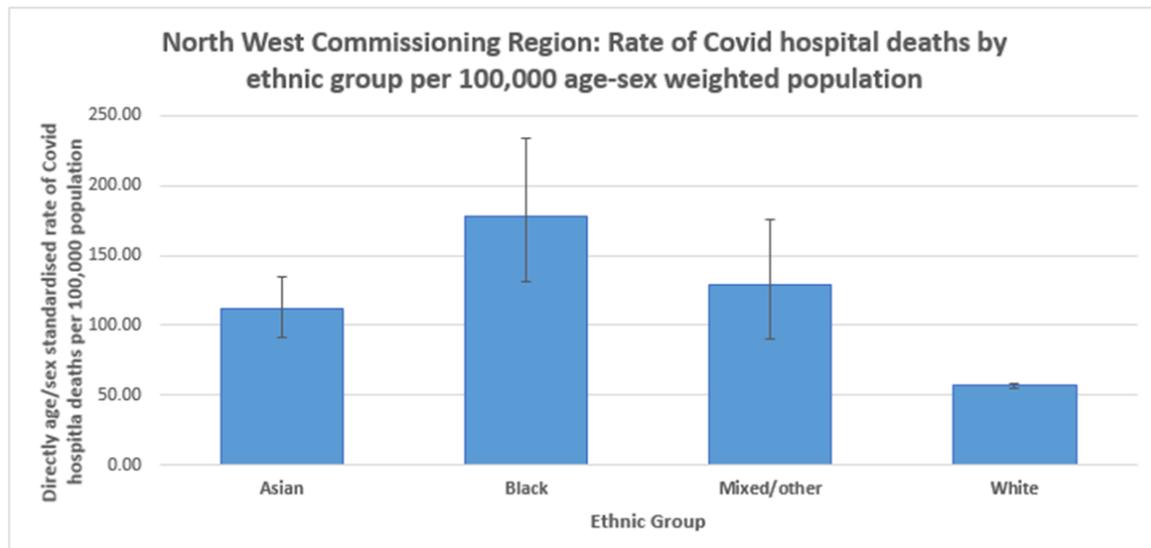
The government and wider societal measures to control the spread of the virus (including the lockdown, social distancing and cancellations to routine care) have also exacted a heavier social and economic price on those already experiencing inequality.



**Figure 4.5.** Age standardised mortality rates in laboratory confirmed COVID-19 cases by ethnicity and sex, as of 13 May, England. Source: Public Health England: COVID-19 Specific Mortality Surveillance System.

The chart above was sourced from the PHE Report on Disparities in the risk and outcomes of COVID-19. This was followed by a more in-depth report ‘Understanding the impact of Covid-19’ on BAME groups. This includes 7 recommendations to tackle the health inequalities exposed by the Covid crisis.

This national data on disparities between ethnicities has been widely reported. The risk of dying from Covid by ethnic group (adjusted for age, other socio-demographic characteristics and measures of self-reported health and disability) for males and females of Black ethnicity is a likelihood of 1.9 times more likely to die of a Covid related illness than those of White ethnicity. For Pakistani and Bangladeshi communities this risk is between 1.5 and 1.9 times more likely.



Building on analysis that has taken place at a national level, further analysis has been undertaken of Covid-19 data at a North-West regional level. For example, the chart above has been produced using Covid Patient Notification System (CPNS) data and highlights higher rates of Covid hospital deaths among BAME groups in the North West compared to the white population.

These disparities play out in Manchester sharply, because of both the high population density of BAME populations in Manchester combined with the significant inequalities and deprivation those communities already face. (The age standardised rate of deaths involving Covid in Manchester (59.8 per 100,000) is 63.3% higher than the rate for England as a whole (36.6 per 100,000)).

### **Manchester hospital data**

Recent analysis of data of Manchester hospital admissions that tested Covid positive from 1st January 2020 to November 2020 evidenced that the number of cases of people who defined as White British was 50.28%, - slightly below the average White British population of Manchester. However, for those that identified as Black African - 7.41% presented – higher than the Black African populations of Manchester of approximately 5% and 4.93% for Black Caribbean admissions of which the Manchester population is around 2%. For Pakistani residents admitted the % is 11.21 %, again, higher than the Pakistani population of Manchester of 9%.

Furthermore, about a quarter of all Black African and Black Caribbean residents admitted to hospital for Covid in Manchester required critical care (e.g. intensive care or high dependency unit).

Our Manchester hospital data between April and August 2020, told us that 24% of Black Africans admitted with Covid symptoms required critical care and 8% of those died. For our Black Caribbean communities, 26% required critical care and 52% of those died.

## **Manchester known Covid infection rates**

Up to 1 in 15 (6%) of new Covid cases currently in Manchester are Black African people. Black Caribbean people with Covid positive results have been lower, but they are at very high risk of severe illness and death when they do contract it.

Around 12.7% of all cases of COVID-19 reported in Manchester at the end of 2020 were in people identifying themselves as being of Pakistani ethnic origin. The proportion increases to 15.9% (Pakistani) and 6.6% (Black African) respectively when only cases with a known ethnic group are included (This allows for a removal of the 'unknown ethnicity' category).

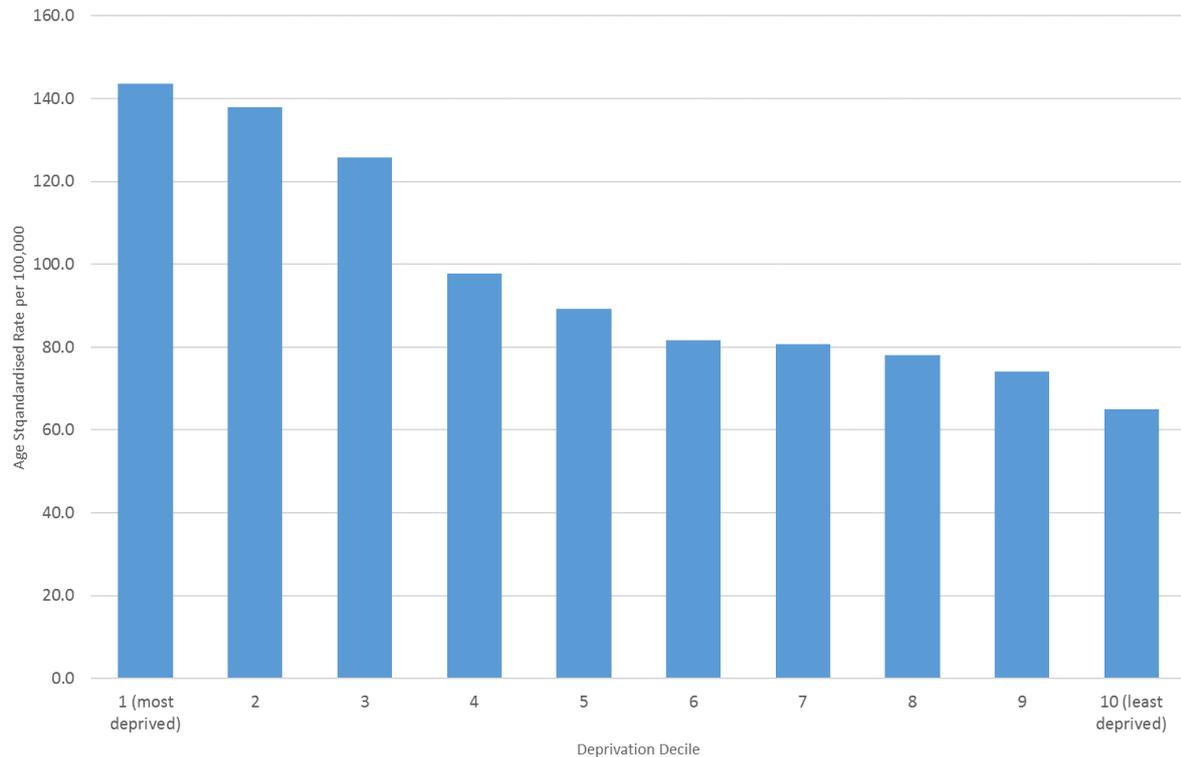
Again, these infection rates are higher than Manchester's known population density for our Pakistani community (around 9%) of the Manchester population and the Black African population (around 5%). These infection rates are also significantly higher than that for the White population, for whom the infection rate is currently 43%.

This data tells us that Covid infection, severity and death rates amongst Manchester's Black, Asian and minority ethnic communities, in particular for Pakistani, Black African and Caribbean communities, are of significant concern. We need to take urgent and decisive action to address these disparities, and this CHEM programme is set out to reduce those disparities.

### **2.1 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.

Figure 3: Age standardised rate of deaths involving COVID-19 by deprivation decile  
Deaths occurring between 1 March and 31 July 2020



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 significantly higher than females.

Data from the 2011 Census shows that around 41% of the population of Manchester define as belonging to a Black, Asian or minority ethnic (BAME) community - twice the average for English local authorities (20%). Some nine years old now, this census data next year is highly likely to evidence that the rapid growth in Manchester's BAME communities will equate to over 50%, as indicated by other local data counts.

Manchester also has a higher than average population of disabled people, at around 22-25%. Our BAME and disabled populations are both overrepresented in extreme poverty, worklessness and poor health outcomes, many of which live in high density deprived areas of the city. We want to develop and increase these communities' social connectedness, empowerment, participation, cohesion, resilience and social capital with this CHEM programme.

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

### 3.0 Covid Health Equity Manchester (CHEM)

The purpose and remit of the programme is to reduce the risk of transmission, severe disease and death among groups of people who have been identified from local demographics as most at risk, including;

- Black, Asian and minority ethnic communities
- People born outside the UK or Ireland
- People in specific occupational groups
- Disabled people (including learning disabilities)
- Inclusion health groups e.g. Asylum Seekers and Refugees, Gypsies & Travellers

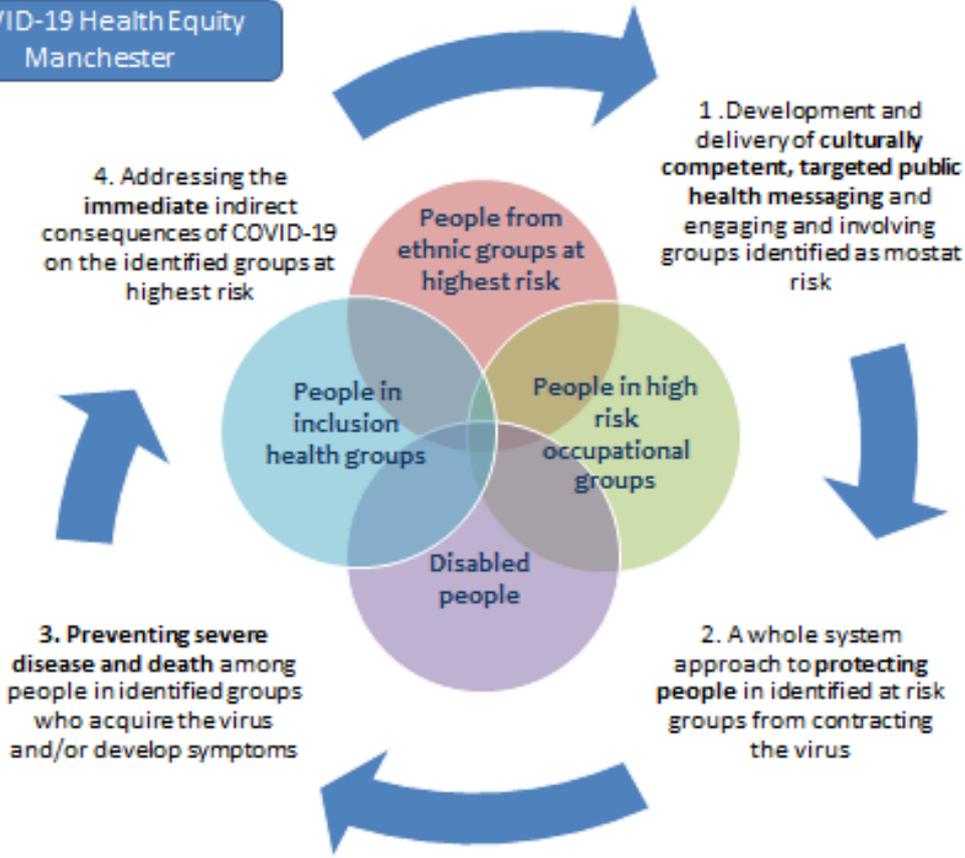
The work of the group is necessarily one of rapid response, community engagement and involvement, learning and building Covid resilience. Our Manchester approach to Covid recovery will be one of investing in our VCSE and social enterprise sector, to help build resilience, health literacy and potential for greater economic growth.

The group is co-chaired by Sharmila Kar, Director of Workforce, OD & Inclusion, MHCC and Dr Cordelle Ofori Consultant in Public Health Medicine MHCC/MCC. This programme is led by a system wide group with representation from Manchester City Council, Manchester Health and Care Commissioning, Primary Care, Manchester Foundation Trust, Manchester Local Care Organisation and VCSE senior leaders across BAME, faith and disability sectors.

Accountability is assured by both the membership and system governance structures. The Manchester COVID-19 Response Group fulfils the role of the Manchester Health Protection Group, which is the established group for all health protection issues in Manchester and chaired by David Regan, Director of Public Health. The Covid Health Equity group reports to and is a key workstream under this group. The work is co-designed across the system, all equal partners.

The diagram below set out the Covid Health Equity plan and the groups' remit and approach. The work of the group is necessarily one of rapid response, learning and building COVID resilience for the 'at risk' communities.

COVID-19 Health Equity Manchester



3.1 CHEM objectives

**Objective 1: Development and delivery of culturally competent, targeted public health messages and engaging and involving groups most at risk.**



Understandably, much of the early work has focused on objective one. We have now developed strong partnership working on urgent and immediate targeted messaging, communications and interventions and a comprehensive engagement and communication plan across all the 'at risk' communities.

We utilise local evidence and data drawn from across our systems to determine our urgent and immediate priority focus at any given time. This includes those communities where large gatherings or events may require extra precautions and those communities where we can evidence increasing risk of COVID infection or death rates.

In recognition of gaps in reach, we have co-designed a VSCE sounding board for each 'at risk' community supported by a wider list of community influencers to deliver core public health messages in culturally competent ways across the different communities. These sounding boards and influencers are facilitated by the VSCE sector. Each community delivers core messages in different ways, relevant to the best mediums and approach identified for those communities. Our work to date has been focused on specific communities<sup>i</sup> i.e. Black African and Black Caribbean and the Pakistani community. We also have a specific focus on disabled people and are engaging with wider inclusion health groups.

Our aim is to support the development of these infrastructures to form a strengthened ring of defence around these communities – ensuring they get accurate, timely, accessible advice and information to keep Covid safe and are better informed about what to do if they think they are at risk.

Further details of the work done to date is available in Appendix 1.

### **Objective 2: A whole system approach to protecting people in identified at risk groups from contracting the virus**

We develop risk assessments, mitigating measures and advocacy for occupational risk groups and frontline workers, for those at home and household risk, social and physical environments and develop measures to support those shielding.

This work has a 'two way' objective of ensuring our VSCE partners' solutions are heard and acted upon using the tools and capacity held by statutory partners.

### **Objective 3: Preventing severe disease or death**

- Enabling prompt health care seeking behaviour

Examples include engaging with the flu and now Covid vaccinations programme and local Test and Trace programmes. There is further work to do to remove barriers to flu and Covid vaccine and to support communities at risk to make informed active decisions to develop health resilience. Critical to the success of this is understanding the barriers to vaccine take up and health literacy so that we can build mitigating actions into service delivery.

- Enabling self-care for people with long term conditions

Much of our work with BAME and disabled citizens has been recognising and addressing the increased prevalence of co and multi morbidities and providing targeted advice to reduce Covid risks. There is further work to do in this area, but our sounding boards have started to evidence where we need to strengthen advice and support and where we may need to counter community-based myths and stigma to support citizens to reduce their risks. Understanding and addressing the cultural, faith and lifestyle-based concerns of our citizens is critical to our success.

#### **Objective 4: Addressing the immediate indirect consequences of Covid on the 'at risk' groups**

Citizen led, social and community approaches to:

- Mental and emotional health
- Humanitarian support
- Social connection
- Children's education
- Domestic violence

The work to address those most 'at risk' communities directly with our BAME and disabled led organisations in the city is being complimented by the delivery of place-based activity. Neighbourhood Teams, working alongside Health Development Coordinators, neighbourhood based VCSE organisations and wider partner organisations have delivered targeted engagement activity in neighbourhood where there is a large population of 'at risk' populations. This work has enabled a place-based focus to be integrated within this work. The engagement activity has in some cases allowed relationships to establish and in others grow further, laying the foundation for further activity in this area.

Overall CHEM progress to date has resulted in setting out the right infrastructures for rapid and direct messaging and two-way engagement with 'at risk' communities through our sounding boards and community influencers. This has taken a 'bottom up' approach, led through our VSCE sector intelligence and activities. These infrastructures have been critical in pooling resources and intelligence to better identifying and addressing the cultural barriers to Covid safety and prevention and getting early interventions in place. Progress to date includes:

- Early interventions in providing comprehensive risk assessments in April 2020 to address employment risk in health and care based on ethnicity and disability
- Tailored and targeted messaging to prevent further infection rates prior to events including Eid, Yom Kippur, Pride and Diwali 2020
- Tailored and targeted work to remove barriers and increase trust, engagement and uptake for local Test and Trace services
- Culturally specific flu uptake campaigns
- Culturally specific Covid vaccination campaigns
- Social media and community radio campaigns for staying safe in community languages, led and delivered by community leaders and trusted sources

- Place based community led awareness raising in Longsight, Levenshulme, Cheetham Hill and other areas where Pakistani and Bangladeshi communities are present
- Tailored and targeted messages to Muslim communities through a worker based at the Muslim Heritage Centre, focused on engagement with Imams, Mosques and community leaders to relay Covid safety and preventative messages and feedback key issues and concerns to the wider CHEM group.
- Tailored and targeted messages, in partnership with the Jewish Federation, Salford and Bury Councils to reach the Jewish Orthodox communities that live across our borders.
- Community based small grants projects to improve Covid awareness and prevention measures across our Black African and Pakistani communities, including for asylum seekers and refugees
- Ongoing engagement with smaller 'at risk' groups, including Asylum seekers, refugees, migrants, Roma, sex workers and older White Irish communities where specific risks are identified and addressed. This includes translated materials, support to address risks and prevention campaigns.
- Myth busting campaigns and Covid services barrier removal across Deaf and disabled communities and provision of information directly in easy read, British Sign Language and other alternative formats. This work includes comprehensive equality impact assessments across our local Covid vaccination and Test and Trace sites led by Deaf and disabled people's input.
- Myth busting campaigns across Black African and Caribbean communities, via social media, local radio and webinars – the most recent of which hosted by CAHN ( The Health Hour) which resulted in over 1000 participants, and brought together over 20 black clinicians to dispel myths and provide trusted source intelligence to communities.

#### **4.0 Community Champions Fund**

In December 2020, the Ministry for Housing, Communities and Local Government invited Local Authorities to bid for the Community Champions Fund. This is a fund made available to support people shown to be most at risk from Coronavirus (Covid-19) including those from an ethnic minority background, disabled people and others to follow safer behaviours and reduce the impact of the virus on themselves and those around them. This will further support the work of the CHEM group.

The Manchester bid covers **5 key priority areas** identified from the CHEM group.

##### **1. Cultural community health connectors**

Based on an existing successful VSCE model, we propose to develop new small pilots of cultural health connectors. Their roles will be to promote and develop Covid community health literacy across those communities evidenced as in greatest need and at greatest Covid risk.

##### **2. Production of culturally competent messages**

Translation, interpretation and accessible formats for regular and ongoing Covid public health messaging, along with community insight reports. We aim to work

across Greater Manchester to undertake this work. Bi-monthly key public health messages: leaflets, social media, local radio scripts will form the bulk of this work. Working across GM will avoid duplication of effort, make cost savings and avoid confusion over boundary defined messages. Different borough messaging has been a significant issue, particularly for those people with low literacy, English language or living near to borough boundaries about cross boundary differences. A single branding is expected to improve clarity of communication.

3. Remove barriers to digital services, preventing access to healthcare and wider support and advice services

Providing inclusive digital support to BAME and disabled residents to enable them to become more digitally connected and feel confident in accessing essential services online, including health and wellbeing services.

4. Safe and accurate trusted pathways to Covid vaccination and self-care information

This would include:

- a) Accessible and culturally competent co-produced winter wellness packs for Black African, Caribbean, Pakistani, Bangladeshi and South Indian communities – focus on those at occupational risk, housing risk, BAME businesses and low or self-employed and in religious settings.
- b) Safe, consistent and accurate trusted pathways for Covid vaccinations, obesity management plans, exercise and healthy eating programmes take up.
- c) To provide a pilot Covid specific community mental health counselling and support to increase the capacity of existing VCSE organisations to work (intersectionally where required) with people from the following communities to help them make informed health choices and improve health literacy:
  - Disabled people
  - People who have recently come to the UK
  - Black African communities
  - Black Caribbean communities
  - Pakistani and Bangladeshi communities
  - Wider South Asian communities
  - Asylum seekers and refugees
  - Gypsy, traveller and Roma communities

5. Preventative measures: Cultural short Covid health promotional films

Encourage increased take up of preventative measures including accessible and culturally competent co-produced community led short Covid safe films. For example, these will include a new migrant taking a journey through the vaccination process, what to expect, what you need and how to ask for help.

We are drawing together a rapid evidence review framework to measure and learn from what is working well in Manchester so we can adapt and amend swiftly as needed, scaling up, down and across. We are also complementing our approach with learnings from elsewhere. This timely funding opportunity will help us to achieve the objectives of the CHEM work programme.

## **5.0 Conclusion**

The disproportionate impact of Covid has exposed long standing inequalities in social determinants of health, including within health and care service provision and resulting life chances. We need to now also see race and disability as determinants of public health.

Disabled people and ethnic minorities are at a higher risk from coronavirus because of unequal social conditions (such as occupation and housing), unequal access to healthcare, and the structural and institutional racism and discrimination that underpin them.

As well as our recovery plans and business as usual, every action we take in addressing Covid will need robust consideration of whether our actions may exacerbate those existing inequalities, or indeed create new ones.

We have seen this already through our necessary rapid roll out of digital access to health and other essential services and need to redress this disproportionality through programmes such as the CHEM programme. Likewise, as we deliver the largest vaccination campaign in history, we know our communities are not on a level playing field and preventative measures will come too little too late for too many communities unless we actively redress existing inequalities as our core business.

## **6.0 Recommendations**

- Note the disproportionate impact that COVID-19 has on BAME and disabled citizens, residents in vulnerable situations and areas of socio-economic deprivation, and progress to date on tackling these disproportionalities.
  - Ensure respective partner organisations prioritise active support of the objectives of the CHEM programme as part of their response to Covid 19.
-