Director of Public Health submission on Health to Sheffield's Race Equality Commission

- **Introduction**

  - Inequalities in Sheffield

Sheffield is a city of extremes. The fact that a third of its 28 wards represent some of the most deprived in the UK with the remaining representing some of the wealthiest areas in the UK outside of London, this is reflected in health terms as a gap in healthy life expectancy of almost 20 years. Health inequalities are multi-dimensional with avoidable health gaps experienced by many groups with shared characteristics such as gender, sexual orientation, learning disabilities and people from Black, Asian, and other Minority Ethnic groups.

Health protecting and damaging factors are present throughout the entire scope of any individual's life experiences. Eliminating inequalities in health requires action on all relevant fronts and thus the 'inequalities cake' could be cut in many ways. In Sheffield a decision was made to take a life-course approach to the refresh of the Health and Wellbeing Strategy in 2019, believing that was the most comprehensive way to approach the elimination of inequalities in health for all affected groups.

  - H&WB strategy

The overall goal of Sheffield's H&WB strategy is to eliminate the gap in healthy life expectancy by improving the health and wellbeing of the poorest and most vulnerable the fastest. It's life course approach has nine ambitions:

- Every child achieves a level of development in their early years for the best start in life
- Every child is included in their education and can access their local school
- Every child and young person has a successful transition to independence
- Everyone has access to a home that supports their health
- Everyone has a fulfilling occupation and the resources to support their needs
- Everyone can safely walk or cycle in their local area regardless of age or ability
- Everyone has equitable access to care and support shaped around them
- Everyone has the level of meaningful social contact that they want
- Everyone lives the end of their life with dignity in the place of their choice

Whilst some BAME groups are known to be amongst those experiencing poor living conditions, limited life chances and resultant poor health outcomes, there is no explicit ambition related to those disparities.

That said, there are examples of good work occurring in BAME communities such as:

- 'Parkwood' – Active Country Park: Cycle Trails & Hub
- Community based genetics awareness project which is being delivered by Fir Vale Community Hub.
- Transforming Cities Funding work, to work with local vol orgs in Darnall – TCF funding is about physical infrastructure for active travel e.g. better bus routes, proper bike lanes etc.
- Tobacco work – specific focus on BAME groups as a priority population for Stop smoking Service – this is monitored to ensure around 20-30% of quits are from BAME groups. Targeted interventions via primary care and also media and comms on Shisha, Ramadan for example.
- All deprived communities targeted where we have high prevalence of cheap and illicit. Interventions in collaboration with health protection re Shisha bars and Significant work by Trading Standards in geographies of high BAME residents to prevent children from getting hold of cigarettes (age of sale) and availability of illegal tobacco.
- Citywide food and obesity strategy with targeted interventions on sugar, chronic disease, food poverty, holiday hunger and healthy eating. Targeted by high prevalence of overweight and obesity and direct link between deprivation, ethnicity, and chronic disease.
- Currently planning local better health campaign includes smoking Physical activity and Healthy Eating targeting a range of BAME communities – age profile over 40s mostly likely to impacted by Covid – severe disease/illness and death

- **Impact of Covid-19 Pandemic**

It became clear very early on in the pandemic that the detrimental impact of both the pandemic and the societal response to it would be disproportionately spread across Sheffield's population.

Poor data and lack of published data on Covid deaths (due to ethnicity not being recorded on death certificates) and ICU admissions by ethnicity made it difficult to know whether the early evidence at national and international level demonstrating that people from BAME backgrounds were more likely to be severely affected by, and to die from, the virus itself would be replicated in Sheffield. There was nothing to reassure us that it would not be. In addition, we also saw a higher than usual number Muslim burials early on in the pandemic which caused concern.

- HIAs

Sheffield's H&WB board commissioned a health impact assessment to record and formally recognise those impacts. The aim was to enable stakeholders to focus their work in the most impactful places to minimise the long-term, negative impact and maximise the many positive changes that came from the crisis.

The HIA focussed on a number of themes, identified by city-wide partners as areas of concern[1]. Authors were encouraged, where possible, to document the experience of people with protected characteristics. As work progressed it became clear that people of BAME backgrounds were being impacted adversely across the board, and the decision was taken to review their experiences in a separate chapter.

- **BAME Health Impact Assessment**

In Sheffield there were indications from communities of higher rates of virus transmission, infections, severe disease, and death rates within BAME communities before it became a national agenda, as well as higher number than usual of Muslim Burials. Alongside this here was a lack of Public Sector knowledge about our BAME Communities and Faith organisations and how to access them. This issue was raised by the co-chair of the citywide tactical group who asked for a BAME citywide response to Covid. The DPH asked the ACP to take responsibility for the development of a BAME Strategy Group and to look at how BAME populations could be further protected. This led to the creation of two subgroups- Communities and Workforce (workforce group focused on staff risk assessments, leadership and representation within services and organisational structures). The communities strand was to inform the Covid19 BAME Health Impact Assessment, consider mitigating actions, recovery, and response to second and subsequent waves.

- Lack of local data - on Covid19 infection rates, severe disease, hospital admissions and death by ethnicity.

The paucity of understanding of local impacts and lived experience meant it was vital to talk to BAME communities to understand if these impacts were the same as national picture. The BAME Public Health inequalities communities' group was established and began meeting on the 2nd of July 2020. Whilst initially the group was expected to be a short-term endeavour (for 3 months), it has remained in place and is now a key structure in the VCF space. Over 25community organisations attend the group representing: Black - African, Caribbean, and Somali. Asian – Pakistani, Bangladeshi and Chinese, Yemini, Minority Ethnic – Roma Slovak communities

The communities' group is co-chaired by a Health Improvement Principal from SCC Public Health and the CEO of FaithStar – important as trust was already established with FS and some trust with PH due to response in pandemic. The methodology used is 'listen, learn, reflect, action', with guest speakers and community questions. The meetings have an open, honest, transparent dialogue which has been vital in the re-establishment of trust. An action

[1] Active travel, employment, health-related behaviours, education, income and poverty, Loneliness and social isolation, domestic and sexual abuse, domestic and sexual abuse, access to care and support, housing, end of life, Long-Covid, mental health.

log is in place to monitor progress and demonstrate change. Key Impacts and needs identified by the group included:

Confusing communications and misinformation in relation to PH Covid19 messaging, both national and local, looking to friends, social media and country of origin rather than trusted sources of information, and lack of trust in the government, the NHS and SCC.

Language barriers (health literacy and interpreting issues) – very little information was provided 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

Mental Health Issues (older and young people) – increasing, complex, multifactorial issues were identified which BAME organisations were not equipped to deal with such as complex SMI cases and suicide ideation/attempts. Referrals on long waiting lists and services not accommodating cultural beliefs and practice – these inhibited willingness to access support. Anxiety and depression related to the virus and increased risk of infection

Isolation particularly in older people usually reliant on a sense of community from family and coming together in places of worship or lunch clubs for example.

Frontline care and access – people didn't know who to contact, refer or plug people into services, both NHS and Council.

Food parcels/food security - access to culturally appropriate food was limited, only 5% of BAME people accessed SCC food provision (which started late with recording Equality and Diversity information). Response from communities was widespread – hot and cold food boxes provided into their hundreds using their own resources.

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-generational 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 a complex national process. 40% of people supported by the Citizens' Advice Bureau were BAME.

Bereavement – people were not able to carry out usual burial and religious rituals and ceremony, places of worship were closed, as were sources of community and support. The larger impact of loss of family members and friends exacerbated BAME communities fear of the virus.

Domestic Abuse – higher contact with BAME led community organisations who support women with domestic abuse (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.

- **Historic impacts**

The impact of austerity on BAME community services meant they were funded mainly from external sources outside of the city. Due to the latter there was a reduction in the number of BAME community organisations over the last 10 years this meant that the reduced number were overstretched and under resourced to meet demand and need.

Contact with key decision-makers in the council and NHS had been inconsistent for most of the organisations over many years. Lack of investment in infrastructure and capacity building meant that many funded their own, local response to the pandemic.

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 – the impact of this was considered to be unequal access to funding and relationships within the voluntary sector. Demand for support and services from community organisations far exceeded that which they were able to deliver to BAME communities.

- **Our response**

The BAME communities' group initially met weekly and moved to 2 weekly meetings after Christmas. Over 25 meetings were held between July 2nd 2020 and April 2021 50 hours of collaboration, discussion, reflection and learning, and many more hours outside of the group. 23 different, Covid-related topics have been covered from government guidance, prevention safety measures, testing, isolation, vaccination, long-Covid, business grants, faith, mental health, travel restrictions, 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 alone would not be able to reach e.g. closed WhatsApp groups, mosque broadcasts and community radio, community TV and social media.

- Impact of the group on members

Feedback:

- *This is one of the only safe spaces in the city for us to have these important and difficult conversations.*
- *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 issues 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 on working to understand how we can work better together. Lots of us had not done this in years.*
- *Pro-activeness and participation have been key going forward well done everyone.*
- *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.*

- **Outcomes of the group**
  - 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 SCC /John MacIlwraith SCC /Greg Fell DPH SCC and Brian Hughes CCG)

- 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
- 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 Primary Care Networks 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 group members are Commissioners on the Sheffield Race Equality Commission and continue to feed in issues from the group

- **Future plan**
  - A commitment to continuing the dialogue with BAME organisations building on the trust gained during the last year
  - Review and implement recommendations within the BAME Impact Assessment with robust action plans that set out clearly how these will be achieved – including the previous commitment to deliver the 7 PHE recommendations and ACP asks
  - Address as a city 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 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)

- **Concerns**

We cannot go back to a deficit position in terms of trust, relationships, and collaboration. We must all work collectively to ensure we move forward to achieve fairness, social justice, and racial equality.

Confronting the impact of racism on health requires a system-wide response across institutions and at a place-based level. This is essential if we are to truly reduce health inequalities and improve health outcomes for all our communities. I know that we can meet this challenge. I know that we can create a city where all people have the opportunity to live a healthy life when we each take responsibility and work together. I am committed to this work.