Report for: Health and Wellbeing Board

Title: Response to Roundtable on Inequalities in Health and Wellbeing Facing Black, Asian and Minority Ethnic Residents

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1.   Describe the issue under consideration

1.1   This report provides a summary of some of the progress made across the key areas in the 9 Point Action Plan (attached as Appendix 1) responding to inequalities in health and wellbeing facing Black, Asian and Minority Ethnic Residents. Members of the Board will recall that the recommendations in the 9 Point Action Plan have been adopted by the Health and Wellbeing Board and this update report will identify key actions taken to date and any barriers to progress.

1.2   This 9 Point Action Plan forms part of the work being undertaken in the broader Partnership Programme Plan Addressing Racism and Racial Discrimination. The 9 Point Plan has a specific Health and Wellbeing focus, whereas the Partnership Plan considers all areas affected by racism and racial discrimination, including for example Arts, Culture Heritage and Place, and Policy and Strategy. This wider Plan is overseen jointly by the Health and Wellbeing Board and Community Safety Partnership, which will meet again together in June.

2.   Recommendation

The Health and Wellbeing Board is asked:

2.1   To note and comment on the progress made to date.

3.   Reason for decision

N/A

4.   Alternative options considered

N/A

5.   Background

5.1   Haringey, like the rest of the country, suffered with inequalities in access and outcomes in health prior to 2020. The pandemic brought the inequalities experienced by Black, Asian, and Minority Ethnic communities into sharp focus for a much wider section of the population than those directly affected, and particularly for public services aiming to improve these outcomes. This Plan was developed in collaboration with communities to start work on improving services, as well as trust, communication and engagement across a range of relevant partners.

5.2   Below are some examples of progress made across the 9 Point Plan, this is not an exhaustive list.

5.2.1 Data and Evidence

5.2.1.1   Health Watch's report on the impact of Covid-19 on Turkish and Kurdish communities has led to the establishment of a Turkish and Kurdish Network with those communities, the NHS and Haringey Council. Improving understanding of these communities and a focus on data have already been identified as priorities for this forum, where agencies can work together to make practical improvements across a range of areas.

5.2.1.2   Progress across the NHS and Council to refine data monitoring approaches as standard in service delivery and in the workforce.

5.2.2 Funding

5.2.2.1   Many statutory partners have supported a Haringey digital inclusion project to improve access to local digital services. BEHMHT is one of the organisations supporting the project, as well as Whittington Health which have committed £7.5k to the joint bid.

5.2.2.2   During last year, Haringey Council made £600k emergency funding available to local community organisations, targeted at those particularly affected by the lockdown restrictions. This funding was to support infrastructure and enabled a range of black-led organisations to continue working effectively at the time of increased demand for services. They are also now working with other organisations on funding bids targeted at addressing inequalities.

5.2.2.3   Partners are working on a joint bid to address the needs of young black men in the borough around mental health.

5.2.3 Domestic Violence

5.2.3.1   North Middlesex University Hospital see approximately two women fleeing domestic violence and one trafficked woman requiring emergency accommodation each week, with more identified through maternity services. These women often have few or no belongings with them. The hospital provides bags, funded by North Mid Charity, containing items required for

their first night in a new environment, to help reduce some of the anxiety around moving to a new place.

5.2.3.2   Haringey Council are working with partners to implement an action plan developed with local Black, Asian, Minority Ethnic and Refugee organisations working to address Violence Against Women and Girls after a roundtable meeting in June 2020.

5.2.3.3   An additional IDVA (Independent Domestic Violence Advocate) has been recruited with a specific focus on working with women from diverse backgrounds.

5.2.4   Bereavement and Mental Health

5.2.4.1   The CCG and Council are part of a working group of local partners chaired by the GP lead for Mental Health that has been set up. The purpose of this group is to agree on an action plan for tackling inequalities in access and outcomes for mental health services. Actions include:

- Mental wellbeing workshops for BAME & faith communities, targeted at Turkish, Turkish Cypriot, Kurdish, Black African/Black Caribbean and Black British groups. From August to November, the service ran a series of sessions for frontline staff in Care Homes, many of whom are from BAME communities.
- Training in Mental Health awareness (called Mental Health First Aid Training), also targeted at these groups – for example to the African Caribbean Leadership Company (ACLC) and the Cypriot Community Centre.
- Making sure that everyone with serious mental health needs (such as schizophrenia) gets a physical health check from their GP.

5.2.4.2   An online book of remembrance has been launched by Haringey Council and partners and will enable residents to share messages and photos of loved ones.

5.2.4.3   Haringey's Community Framework for Bereavement and Loss has already seen significant activity – for example CRUSE bereavement training has been undertaken by over 180 people from different organisations across Haringey including those from BAME groups and the multi-faith forum.

5.2.5   Communications and Awareness Raising

5.2.5.1   There has been a clear focus on targeted communication as standard in a range of community languages and engagement through community organisations to reach all communities living in the borough.

5.2.5.2   Haringey Council have funded Community Protect which is led by and working across the voluntary and community sector to engage with and get messages out to our diverse communities, for example, about Covid-19 testing and vaccination. This provides funding for grass roots organisations to become community champions.

5.2.5.3   Whittington Health are working hard to raise awareness around discrimination within the Trust and have been running staff listening events

to share experiences and support safe discussions. They are the first NHS Trust in London to run a programme specifically aimed at eliminating discrimination. At the moment their senior executives all have a reverse mentor, this is someone from a BAME background who can share their feedback and have honest discussions in a structured and meaningful way.

5.2.5.4   There were significant activities to mark Black History Month across partners, despite the constraints of the pandemic. Haringey Council and partners have also developed Black History Haringey 365 which is a web-based resource of activities, history, archives and information to support awareness and to celebrate the achievements of local, regional and national black residents.

5.2.6   Prevention and Resilience Building

5.2.6.1   Wittington Health are setting up an academy in Haringey that aims to recruit local people to their organisation. As part of this they are working with the council to reach out to recent graduates from local colleges to set up a mentoring scheme with members of their team.

5.2.6.2   As a large local employer, North Middlesex University Hospital are committed to supporting our local communities into rewarding careers. In December they hosted two careers sessions in partnership with Haringey 6th Form College to give students information about apprenticeships and careers in healthcare.

5.2.6.3   The Council's programmes to address poverty and inequality focus on a range of issues including access to education, training and employment and there is a strong focus in the Good Economy Recovery Plan on supporting those further from the labour market to access employment.

5.2.7   Shielding BAME Staff and Our Communities

5.2.7.1   Whittington Health, the Council and other partners have kept in touch with those who were shielding to ensure they felt supported and had access to the same support and resources as the staff who were working at the hospital or in the community. They have also completed full risk assessments to ensure BAME colleagues who were shielding were protected at work.

5.2.7.2   Mirroring the Council's more established Equalities Network, the CCG has established a Diversity Steering Group. This is supported by networks for BAME, Disabled and LGBT staff so that they can share experiences and give recommendations of improvements to Directors. There has also been a series of awareness raising sessions for all staff. This is to help them to think more about racism and how to recognise and tackle it in their daily work.

5.2.7.3   The recent extension to the Shielded Patient List by central government explicitly includes ethnicity as a contributory risk factor (alongside age, gender, medical condition, medical treatment, BMI and deprivation indices of home address) to whether someone should be advised to shield and should be given priority for vaccination.

5.2.8 Equitable Access to Services

5.2.8.1 Whittington Health are working in collaboration with the charity Nasfiyat to improve upon how they talk to and encourage BAME staff to access psychological support to help them now and in the future.

5.2.8.2 North Middlesex recognise that people often attend the hospital because they have wider needs than just healthcare, in areas such as finances, housing and employment. Through close working with Haringey Council, wider advice services are now on site at the hospital through Connected Communities so that it is easier for our communities to access help in one place.

5.2.8.3 All the other strands of activity have a focus on equitable access and equitable treatment within their work.

5.2.9 Digital Exclusion

5.2.9.1 Many GP and hospital appointments have gone digital meaning more appointments are being carried out by telephone and video consultations where patients can have an appointment with a health care professional using a smart phone, tablet and or laptop.

5.2.9.2 The CCG and hospital Trusts have commissioned Healthwatch to lead a pilot (test) project to ensure everyone has good digital access for appointments if they need it. Volunteers are supporting people in their own home, over the phone or in public areas such as libraries. They make sure that people who need a smart phone have it in time for their appointment and can use it. When Healthwatch have finished the pilot, they will write a report to help partners understand future needs.

5.2.9.3 North Middlesex University Hospital are working with Bridge Renewal Trust to support local children by providing a school with mobile devices to improve access to online learning.

5.2.9.4 The Council has been leading on a range of digital inclusion activities - including identifying digital exclusion issues and co-ordinating actions to provide digital devices and internet connections for economically disadvantaged and digitally excluded residents. This has included:

    i.   For children and young people:
- Initial figures and extrapolated estimates from a survey sent to all Haringey schools to better understand need across the borough suggest we need somewhere between 3,000-4,500 devices for disadvantaged pupils.
- We've established partnership with the Raspberry Pi Foundation and distributed about 1,000 of Raspberry Pi computers to meet above demand.
- The Council has made £200k available from the Hardship Fund to purchase devices for pupils.

    ii.   Funding has been made available from the Council's Hardship Fund for 63 devices for a project run by the Housing Related Support team to enable a cohort of homeless individuals with 'low' to 'medium' support needs to move into the labour market, or closer to it, with specialist employability and recruitment support.

iii. More generally following the first national lockdown, up to 250 households supported by public or voluntary services were provided by the Council with a smart phone, a laptop and/or a mobile internet device to enable continued support. This included:
    o 30 residents accessing alcohol related support groups.
    o 20 residents accessing mental health support.
    o 58 care leavers.
iv. We are working with partners to develop and deliver a Digital Inclusion Strategy to continue to act to address the many areas associated with the digital divide highlighted above.

5.3 Consultation and feedback

5.3.1 Two conversations were held with the BAME Stakeholders Group in 2020 (the Roundtables on Inequalities in Health and Wellbeing), firstly to identify the key issues we should be focusing on to respond appropriately across communities to the impact of Covid-19, and secondly to agree an initial set of actions (some of which are listed above). The Group includes representatives from across the VCS and key community leaders.

5.3.2 Progress on this work is being communicated by the Bridge Renewal Trust through their monthly Equality and Inclusion Bulletin, keeping the BAME Stakeholder Group, and a wider set of community groups and partners up to date with action taken, and inviting feedback on impact and next steps. The next BAME Stakeholders Group meeting is planned for May.

6. Contribution to strategic outcomes

6.1 The improvements we're seeking through the 9 Point Plan are linked to the following outcome in the Haringey Borough Plan 2019 - 2023:

Outcome 7: **All adults are able to live healthy and fulfilling lives, with dignity, staying active and connected in their communities**; *Objective (A) 'Healthy life expectancy will increase across the borough, improving outcomes for all communities'.*

7. Statutory officer comments

Report for information: N/A

Appendix 1

Action points from the BAME communities roundtable – May 2020

1.Data and evidence: More research to collate: a. local ethnicity data building on the research by North Mid Hospital and proposed Haringey Council's Community Impact Assessment and GLA audit. Research should not generalised BAME communities but look into different groups – eg Turkish, Somali etc b. data specific to Haringey on male BAME members being forced back into work even when showing symptoms (unsafe work places)

2. **Funding** – core and project funding for grassroots BAME organisations and wider voluntary and community sector including faith groups. Haringey Council currently considering additional funding the VCS beyond the rent holidays. NHS partners could do more. More capacity building support to access charitable funding from the Lottery and others.

3. **Bereavement and mental health** – need accessible and targeted bereavement support. More work required around bereavement and the trauma of the illness both in homes and hospital. Bereavement Framework currently under development by Public Health to be co-produced with BAME groups.

4. **Domestic violence** – more support to tackle Violence Against Women and Girls and intergenerational conflicts (parents and children).

5. **Communication and awareness raising** – more tailored communications that is culturally and linguistically appropriate; e.g. mental health support being tailored and reaching people who need it.

6. **Prevention and resilience building** – more support to various cohorts of BAME families and communities to build resilience for the long-term.

7. **Shielding of BAME staff and communities** – more to be done to identify and shield at risk BAME staff across different front-line services and BAME individuals within the community; e.g. empowering staff, risk assessment, safer workplaces, testing and support to self-isolate.

8. **Equitable access to services** – tackling the structural inequalities and underlying racism and racial bias ingrained in some services. Within Haringey, we need to make more infrastructure changes to improve access to services - health care, education and early help, jobs, housing, welfare, etc - for all sections of the BAME communities? Require co-production and change in conversation about tackling deep inequalities. Need to do more to develop trust between BAME communities including young people and statutory services? Statutory services to reflect more the community they serve – terms of ethnic mix.

9. **Digital exclusion** – More work needs to be done to tackle digital exclusion experienced by BAME organisations and residents – including funding for equipment and training on how to use it. Council should fund iPads and smart phones so local people can access services.