

# Managing & Mitigating Covid-19 Risk to the Black, Asian and Minority Ethnic Workforce

22<sup>nd</sup> October 2020  
#BAMERisk



# Welcome

Hazel Summers, Care & Health Improvement Advisor, LGA

# Agenda

1. Welcome, Introductions and Housekeeping
2. Context Setting: Why is this important?
3. All Wales COVID-19 Workforce Risk Assessment Tool
4. Lived Experience
5. The Manchester Approach
6. Introducing the NW ADASS Risk Assessment Toolkit
7. Question & Answer with our Panel
8. Next steps and close

# A quick poll...

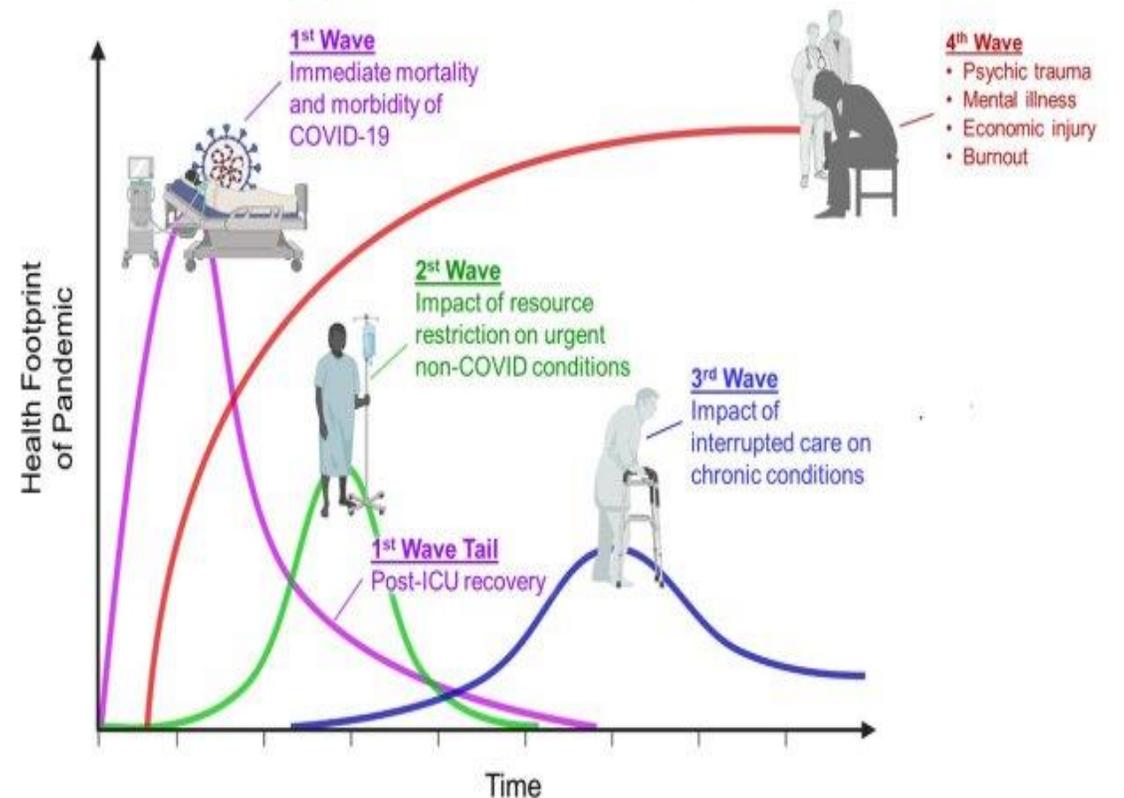
Please answer the zoom poll question that should appear on your screen

# **Risk Assessments for Black, Asian and Minority Ethnic (BAME) communities in Adult Social Care**

**Abdul Razaq**

# Coronavirus Pandemic 4 Waves

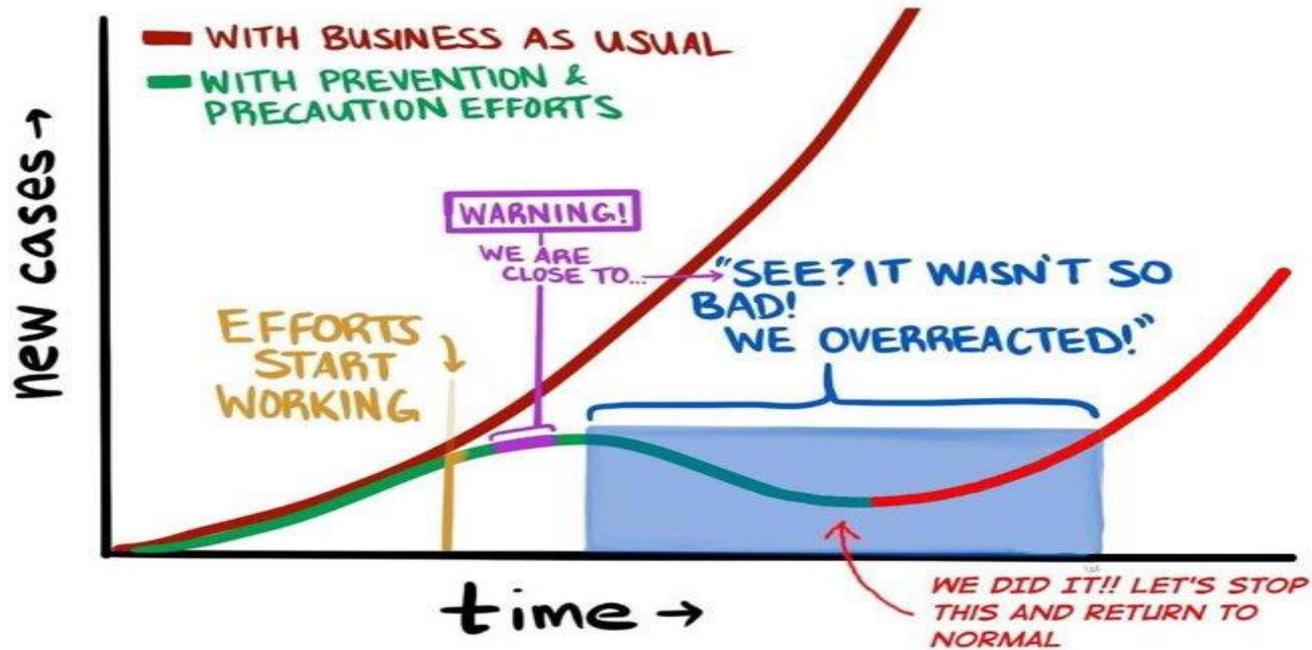
- **1st Wave:** Immediate mortality and morbidity of COVID-19.
- **1st Wave Tail:** Post-ICU and admission recovery for many patients.
- **2nd Wave:** Impact of resource restrictions on non-COVID conditions – all the usual urgent things that people need immediate treatment for – acute.
- **3rd Wave:** The impact of interrupted care of chronic conditions (people stayed home).
- **4th Wave:** Psychic trauma, mental illness, PTSD, economic injury, burnout, and more.



# Coronavirus: 6 Dimensions of Impact

1. Direct impact of the virus – deaths and human suffering.
2. Acute care - indirect on people with acute conditions not related to COVID-19.
3. Primary and community care – people with chronic conditions or people needing less urgent care which may have been interrupted.
4. The lockdown and social distancing – medium and long term – bankruptcies, unemployment, domestic abuse, neglect and hardship.
5. NHS and social care resilience – service capacity and resilience and workforce impacts.
6. Economic devastation – medium and long term scarring of the economy, local businesses and communities. Recession. 5 years of lost economic growth.

# Getting Wave 2 Ready



# Impacts of Covid-19 pandemic across the lifecycle

○ Symbol indicates **PHOF indicator**



**Pregnancy**      **Infancy**      **Childhood**      **Adolescence**      **Adulthood**      **Elderly**

short term

|  |   |  |   |   |   |
|--|---|--|---|---|---|
| <p>Reduced antenatal care</p> <p>Perinatal mental health</p> | <p>Perinatal mental health</p> <p>Breastfeeding support</p> <p>Immunisation uptake</p> <p>Non-accidental injuries</p> | <p>'Hidden' safeguarding issues</p> <p>Developmental and mental health checks not completed</p> <p>Adverse childhood experiences</p> | <p>Increased negative health behaviours</p> <p>Deferred sexual health services</p> <p>Low mood and High anxiety</p> | <p>Increased negative health behaviours (e.g. substance misuse, alcohol, smoking, gambling, inactivity) amongst some sections of society</p> <p>Paused commissioned lifestyle services, deferred cancer screening/ NHS health checks, reduced health seeking for urgent issues, 'hidden' safeguarding issues</p> <p>Economic uncertainty</p> <p>New anxiety and worsening existing mental illness, PTSD for carers/ health workers and families</p> | <p>Social isolation and loneliness</p> <p>Limited physical activity</p> |
|--|---|--|---|---|---|

medium term

|  |   |                                      |   |   |  |
|--|---|--------------------------------------|---|---|--|
| <p>Safeguarding risks</p> <p>Risky behaviours (smoking/ alcohol/ substance misuse)</p> | <p>Unplanned pregnancies</p> <p>Admissions for gastrointestinal and respiratory infections</p> <p>Population vaccination coverage reduced and outbreaks</p> | <p>Adverse childhood experiences</p> | <p>Increased demand for mental health services</p> <p>Unwanted pregnancies, STI diagnoses</p> | <p>Fewer recovering from substance misuse, increased BBV infections, adults smoking, adults overweight/obese</p> <p>Cancer screening coverage (breast, cervical, bowel) and late presentation</p> <p>Increased demand for grief and bereavement services, employment/ training support, claiming out of work benefits</p> <p>People with high anxiety</p> | <p>Dementia diagnosis</p> <p>Injuries due to falls</p> <p>Fuel poverty</p> |
|--|---|--------------------------------------|---|---|--|

# Are UK BAME populations at increased vulnerability from COVID-19?



**Black, Asian and Minority Ethnic (BAME) groups are at markedly higher risk of developing and dying from COVID-19. Causes appear to be multiple: Overrepresentation of BAME populations in lower socio-economic groups, multi-family and multi-generational households, disproportionate employment in lower-band key worker roles, and co-morbidities (especially cardiovascular, diabetes, renal and complex multi-morbidities).**

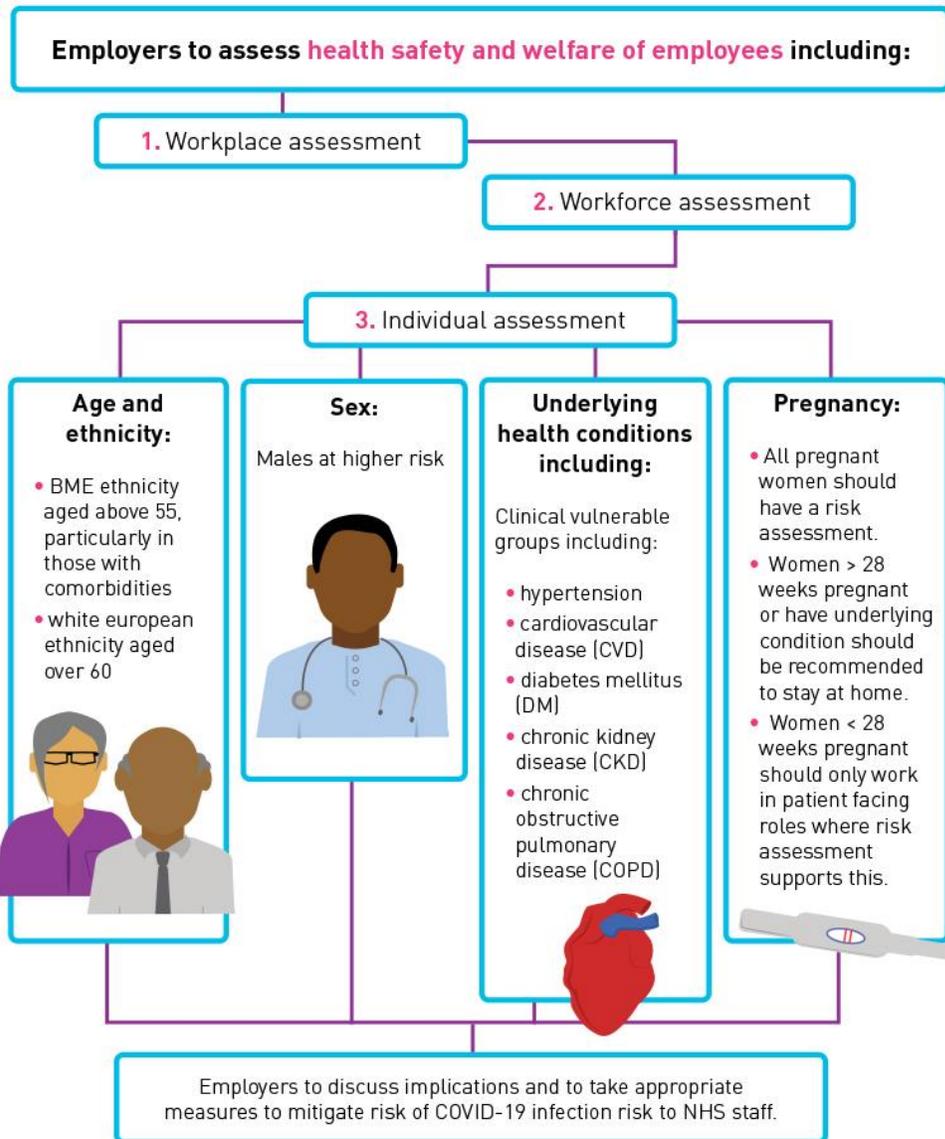
**#EvidenceCOVID**

**Abdul Razaq, Dominic Harrison, Sakthi Karunanithi  
and others 05.05.20**

# SARS COV-2 exposure increased vulnerability framework

Abdul Razaq, 2020

| BAME Population   | Community exposure risk | Co-morbidity condition risk | Disease severity risk | Health and care setting exposure risk | Death risk |
|---|-------------------------|-----------------------------|-----------------------|---------------------------------------|------------|
| Male 60+, healthy   | Low                     | Low                         | Low                   | Raised                                | Low        |
| Age 70+, healthy  | Low                     | Low                         | Low                   | Raised                                | Low        |
| Age 70+, healthy, multigenerational household   | Raised                  | Raised                      | Raised                | Raised                                | Raised     |
| Age 70+, shielded extremely vulnerable, multigenerational household                                   | Raised                  | High                        | High                  | High                                  | High       |
| Age 70+, shielded extremely vulnerable, multigenerational household, lower socio-economic group       | Raised                  | High                        | High                  | High                                  | High       |
| Health and care worker, healthy, direct care in aerosol generating environment                        | Low                     | Low                         | Low                   | Raised                                | Raised     |
| Health and care worker, LTC's, direct care in aerosol generating environment                          | Low                     | Raised                      | Raised                | Raised                                | Raised     |
| Age 30-69, healthy  | Low                     | Low                         | Low                   | Raised                                | Low        |
| Age 30-69, healthy, multigenerational household   | Low                     | Low                         | Low                   | Raised                                | Low        |
| Age 30-69, key health and care worker, LTC's, multigenerational household                             | Raised                  | Raised                      | High                  | High                                  | High       |
| Age 30-69, key health and care worker, LTC's, multigenerational household, lower socio-economic group | Raised                  | High                        | High                  | High                                  | High       |
| Under 30, healthy   | Low                     | Low                         | Low                   | Low                                   | Low        |
| Child 0-9, health conditions  | Low                     | Raised                      | Raised                | Raised                                | Raised     |



# Risk Assessment for Staff

- An independent advisory group to NHS England of clinical academics, Public Health and other doctors, led by Professor Kamlesh Khunti from Leicester University, reviewed the present evidence regarding the impact of COVID-19 on ethnic minority communities.
- Now published on the NHS Employers and FOM website, view the BAME specific [risk reduction paper](#).

Kamlesh Khunti, Abdul Razaq et al (2020)

A. Risk reduction framework needs to be used in conjunction with NHS Employers' guidance.

B. Employers need to take into consideration health care settings such as primary or community care, hospital settings or environments where aerosol generating procedures are performed.

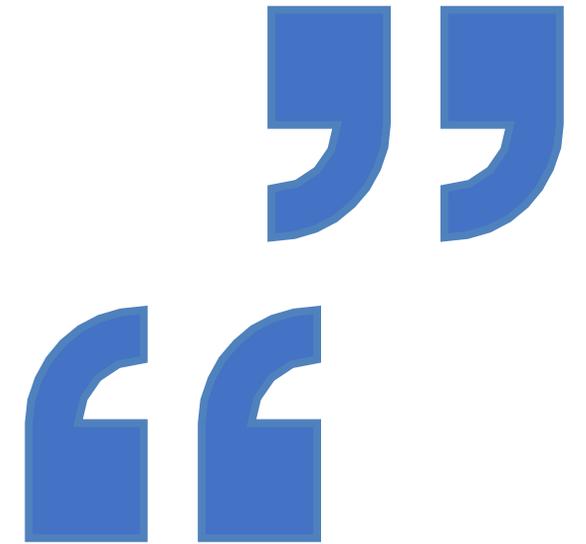
# Vulnerability from risk factors expressed as equivalence to added years of age

| <b>Risk factor</b>                   | <b>Relative risk</b> | <b>Equivalent added years of age</b> | <b>Robustness of risk estimate</b> |
|--------------------------------------|----------------------|--------------------------------------|------------------------------------|
| Female sex                           | 0.5                  | -8                                   | Robust                             |
| Ethnicity                            |                      |                                      |                                    |
| Asian or Asian British               | 1.5                  | 4                                    | Moderately robust                  |
| Black                                | 1.7                  | 6                                    | Moderately robust                  |
| Mixed                                | 1.6                  | 5                                    | Provisional                        |
| Other non-white                      | 1.3                  | 3                                    | Provisional                        |
| Body mass index (Kg/m <sup>2</sup> ) |                      |                                      |                                    |
| 30-34.9                              | 1.4                  | 4                                    | Provisional                        |
| 35-39.9                              | 1.6                  | 5                                    | Provisional                        |
| ≥40                                  | 2.4                  | 10                                   | Provisional                        |

# Marmot on Structural Racism

- Racism leads to close links between race and socio-economic position (2015).
- My thoughts 10 years ago had been that the reason for people of colour had worse health outcomes was because of social determinants of health. In other words you could explain it all through poverty. **But my view has changed.** Rather than explaining it away – saying we can explain health and care inequality through social determinants – we should ask why there are these adverse distributions of the social determinants of health according to people's ethnicity (2020).

**Sir Michael Marmot**



# All Wales COVID-19 Workforce Risk Assessment Tool

# Step 1: Check your Risk



<https://www.nwadass.org.uk/bame-risk-tool>

# All Wales COVID-19 Workforce Risk Assessment Tool – confidential once completed

## Step 1

## Check your risk

## Consider each risk factor that applies to you and total your score

| Risk factor  | Score |
|--|-------|
| <b>Age – COVID-19 seems to have a bigger impact on people who are older.</b>   |       |
| • If you are aged 50-59  | 1     |
| • If you are aged 60-69  | 2     |
| • If you are aged 70-79  | 4     |
| <b>Sex at birth – COVID-19 seems to have a bigger impact on males than females</b>   |       |
| • Male   | 1     |
| <b>Ethnicity – COVID-19 seems to have a bigger impact on people from some ethnicities</b>  |       |
| • Do you identify as one of the <a href="#">BAME or Mixed race</a> groups as set out in this link  | 1     |
| <b>Existing Health conditions (Comorbidity) – COVID-19 seems to have a bigger impact if you already have other pre-existing health conditions.</b><br>You may want to speak to your GP if you are not sure about these questions.                  |       |
| • Cardiovascular disease<br>Are you on any treatment for Hypertension (high blood pressure), Atrial Fibrillation (Irregular heart rate), Heart Failure, Previous MI (had a heart attack), had a stroke, or Transient Ischemic Attack (mini stroke) | 1     |
| • Diabetes Mellitus Type 1 or 2  | 1     |
| • Chronic lung disease (including asthma, COPD, interstitial lung disease)   | 1     |
| • Chronic kidney disease (any stage 1-5)   | 1     |
| • Sickle cell trait, Thalassaemia trait or other haemoglobinopathy   | 1     |
| <b>Obesity – COVID-19 seems to have a bigger impact if you are overweight</b><br>This link will help you work out your BMI – if your <a href="#">BMI is more than 30</a><br>OR If <a href="#">your waist circumference</a> is:                     |       |
| • South Asian Female more than 33 inches (84cm); Other BAME or white Female more than 34.5 inches (88cm)   | 1     |
| • South Asian Male more than 35 inches (89cm); Other BAME or white Male more than 40 inches (102cm)  |       |
| <b>Family history – COVID-19 seems to have a family susceptibility for some people, especially twins</b>   |       |
| • Has a member of your immediate family (parent, sibling, child) been in ITU or died with COVID-19   | 1     |
| <b>Total score</b>   |       |

# Lived Experience

Anushka Karmali, Development Officer, 360 Degrees Health Care and Rehabilitation Services Ltd

# Lived Experience

- Why this was important to me
- How we approached using Black, Asian and Minority Ethnic staff risk assessments at 360 degrees
- What worked well
- What did we learn
- Carrying on the conversations



**Manchester Local  
Care Organisation**

Leading local care, improving  
lives in Manchester, with you

# The Manchester Health & Care Risk Approach

Valerie M Reid-Fogah, Review Team Officer, Manchester Local Care Organisation



# Manchester's Approach

- Launched May 2020
- Joint for health and social care staff
- Focus on black, Asian and minority ethnic, and those with underlying health conditions in particular
- Part of a range of support for staff at high risk from Covid-19
- One-to-one with the line manager, in a format that worked for individuals: in person (social-distanced) or virtual, at the office or at home
- Regularly reviewed
- Raising awareness of vulnerability across the service
- Ensuring staff can continue to deliver essential services - safely
- Regular communications
- Building even greater rapport and trust

# The NW ADASS Toolkit

Lia Chelminiak, Programme Director, NW ADASS

# Introducing the NW ADASS Toolkit

## Our Approach

- Research on best practice models
- Engaging with organisations and staff
- Understanding concerns and barriers for BAME staff
- Understand pressures on ASC providers

## Key principles

- The risk assessment should be part of the wider risk assessment approach to **vulnerable and at-risk groups**
- It is designed for managers to support their staff in highlighting and documenting individual risks with a view to mitigating these and ensuring employees have the correct support and equipment to **stay in work safely**
- Is data led and evidence based
- It is designed to equip managers to have **individual conversations** with their staff

# Using the Toolkit

## How to use the toolkit

- Practical toolkit for managers in any adult social care setting
- Links to examples of risk assessments from a range of sectors
- Includes identifying appropriate mitigations
- Case study and tips
- Managers to adapt for their own organisation and staff

The toolkit can be found at:

<https://www.nwadass.org.uk/bame-risk-tool>

## Managing & Mitigating the COVID-19 Risk to the ASC Black, Asian, and Minority Ethnic Workforce

A practical toolkit for managers in adult social care to understand the risks, and what they can do to assess and mitigate them

This short document is intended to be a practical toolkit for managers working in any adult social care (ASC) environment. It provides practical advice and guidance to organisations on risk assessing staff from Black, Asian, and Minority Ethnic (BAME) backgrounds, and identifying appropriate mitigations. The toolkit includes a range of references and links to examples of risk assessment tools currently being used across health and social care, which organisations can utilise in their own settings. It also includes a case study from the sector, and some useful links and 'top tips' for colleagues undertaking this important work. The current version of this resource can be found at <https://www.nwadass.org.uk/bame-risk-tool>



This toolkit is based on the following key principles:

- The risk assessment should be part of the wider risk assessment approach to **vulnerable and at-risk groups**
- It is designed for managers to support their staff in highlighting and documenting individual risks with a view to mitigating these and ensuring employees have the correct support and equipment to **stay in work safely**
- Is data led and evidence based
- It is designed to equip managers to have **individual conversations** with their staff

## Understanding the Risk

Public Health England through its [Review of disparities in the risk and outcomes of COVID-19 outcomes](#) found that:

- People who are from Black, Asian and Minority Ethnic backgrounds are more likely to contract COVID-19 and die from it compared to people who are White British
- The risks are therefore higher overall but are also very different across groups. For example, compared to White British people Bangladeshi people have around twice the risk of dying of COVID-19, while Black men specifically are almost four times as likely to die
- Some of the underlying causes for this disparity are believed to include historical systemic inequalities including access to healthcare, poverty, living in poorer quality multiple occupancy housing, and working in sectors where they are more exposed to COVID-19. Racism, discrimination, stigma, fear, and trust are also

# Question & Answer

# The Panel

- Hazel Summers: Care and Health Improvement Adviser, LGA
- Abdul Razaq: Consultant in Public Health, Lancashire County Council
- Anushka Karmali: Development Officer, 360 Degrees Healthcare
- Valerie M Reid-Fogah, Review Team Officer, Manchester Local Care Organisation
- Safina Nadeen: Head of Diversity & Inclusion, CQC
- Lia Chelminiak: Programme Manager, NW ADASS

What are your next steps for your  
ASC black, Asian and minority  
ethnic workforce?

Please answer the zoom poll question that should appear on your screen

# Any further information of support?

Please answer the zoom poll question that should appear on your screen. If you still feel you need more information to do this, use the chat to let us know what would help

Close

Next Steps

Thank you for attending