To: Employment Committee
10 February 2021

COVID-19: Health & Safety Assessment Report
Executive Director: Delivery

1. Purpose of Report

1.1. The purpose of this report is to report the council's compliance with the Health and Safety at Work Act 1974, Health and Safety (Display Screen Equipment) Regulations 1992 (as amended in 2002) and the council's general duty to look after our staff's wellbeing when working at home and in the office.

1.2. As a result of COVID 19 and the changes with working arrangements, this report summarise the results of Display Screen Equipment assessments, Home working assessments, Completion of eLearning package "Display Screen Equipment and "BAME" vulnerable group assessments undertaken since end of November 2020.

2. Recommendation

2.1. To consider and endorse the next step identified in section 6.

3. Reasons for Recommendation

3.1. The council has a duty of care under Health and Safety legislation for ensuring the wellbeing of staff. With all staff having had to change their working environments and ways of working, the council was required to update everyone's risk assessments. For those who use computers as part of their work, these staff also had to undertake new Display Screen Assessments (DSE). Finally, for home and remote workers, their risk assessments needed to be updated, to reflect the increased time working away from the main offices and the new requirements for the protection of customer data while away from the office.

3.2. The coronavirus pandemic has increased the health inequalities across the country. Evidence shows this has had a particularly negative effect on Black, Asian, and minority ethnic (BAME) communities. Therefore, it is important that the council is informed of how this may impact the workforce and puts in place actions to mitigate these impacts.

4. Alternative Options Considered

4.1. No alternative actions proposed.

5. Key findings

5.1 Under the Health and Safety at Work Act 1974, employers and the employee have a duty to look after the employee's wellbeing.

General duties of employees at work UK.

It shall be the duty of every employee while at work—

a) to take reasonable care for the health and safety of himself and of other persons who may be affected by his acts or omissions at work; and

b) as regards any duty or requirement imposed on his employer or any other person by or under any of the relevant statutory provisions, to co-operate with him so far as is necessary to enable that duty or requirement to be performed or complied with. Health and Safety at Work Act 1974.

5.2 The purpose of the report is to ensure compliance with these provisions for staff when working at home and in the office. To this end, an analysis of assessment has been carried out on the following from 1123 employees:

- Home Assessments: **546**
- Display Screen Assessments: **910**
- BAME /Vulnerable Assessment: **97**
- DSE e-learning: **592**

More detail can be found within the report at Appendix A.

6. Next Steps as agreed by CMT 9th December 2020

6.1. All new employees to complete a home working assessment prior to commencing employment. Completing a refreshed home working assessment becomes mandatory for all existing employees.

6.2. All new employees to undertake a Display Screen Equipment assessment, and the eLearning package "Display Screen Equipment" as part of their induction process. Completing the new eLearning package, which requires a new Display Screen Equipment assessment, is now mandatory for all existing employees.

6.3. All Directors should ensure their staff have an up to date Display Screen Equipment and home working assessment by the end of March 2021 and provide the data to Health and Safety, highlighting any changes or issues with individuals home working arrangements since the beginning of the pandemic.

6.4. All Directors should re-review existing risk assessment for staff with potential work-related exposure to COVID-19 by the end of March 2021 and provide the data to HR and OD highlighting any concerns raised by managers and staff.

6.5. HR and OD to provide an annual report on issues/concerns highlighted in the risk assessment for staff with potential work-related exposure to COVID-19.

6.6. The Health & Safety Assessment Report is to be produced annually, to provide comparative data.

7. Background Information

7.1. Based on the representation made to CMT in September (Annex A), it refers to the 'Disparities in the risk and outcomes of COVID-19' report published by Public Health England (PHE) on 2nd of June 2020, a package of actions aimed at reducing the risk within the workforce was agreed along with recognition that colleagues health and safety is paramount during this period as we all continue to work from home.

8. Consultation and Other Considerations

Legal Advice

8.1. The recommendations in this report are underpinned by the Council's duties as an employer both in common law and under statute to take reasonable care in ensuring a safe work environment (which extends to home working) and safe systems of work for its staff.

Financial Advice

8.2. There are no financial implications.

Assistant Director: HR and OD

8.3. CMT have agreed it makes sense for all staff working from home to have completed a homeworking assessment, regardless of whether there are not any perceived risks.

Equalities Impact Assessment

8.4. This paper is provided to summarise information related to health equalities and coronavirus. The proposed actions aim to encourage positive actions related to equalities.

Strategic Risk Management Issues

8.5. The council has reviewed its workplace risk assessment tool developed to assess working practice of all staff. The tool now enables a particular assessment of BAME staff as well as considering other protected characteristics which might put a member of staff at greater risk from COVID 19.

Background Papers

Appendix A – CMT 9th September – COVID-19 Inequalities in Relation to BAME Community.
Appendix B - Health and Safety Report 2020

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Appendix A - COVID-19 Inequalities in Relation to BAME Community

To: Corporate Management Team
9 September 2020

COVID-19 inequalities in relation to the BAME community
Assistant Director of Chief Executives Office

1 Purpose of Report

1.1 Two reports were published in June by Public Health England, reporting how COVID-19 is affecting different demographic groups. A number of factors and characteristics are identified that increase the likelihood of catching the virus and dying from it.

1.2 The purpose of this report is to summarise these two PHE publications and identify issues and actions relevant to consider at a local level.

2 Recommendation

2.1 To note the research and findings of the Public Health England reports in the context of the needs within the borough.

2.2 To approve the proposed priority actions identified in section 5.15.

3 Reasons for Recommendation

3.1 The coronavirus pandemic has increased the health inequalities across the country. Evidence shows this has had a particularly negative effect on BAME communities. Therefore, it is important that the council is informed of how this may affect the local community and puts in place actions to mitigate these impacts.

4 Alternative Options Considered

4.1 No alternative actions proposed.

5 Supporting Information

Report one: Disparities in the risk and outcomes of COVID-19

5.1 The 'Disparities in the risk and outcomes of COVID-19' report was published by Public Health England (PHE) on 2nd of June 2020. It used statistical evidence from surveillance data to identify the patterns of characteristics related to diagnosis and mortality of COVID-19. It takes a purely statistical view of the information to date and states that the causation and reasons behind the patterns are not clear.

5.2 The following key patterns were identified:

- The largest disparity was for age – older adults are significantly more at risk of mortality, especially those over 80 years old.
- Although a similar rate of diagnosis, males are more likely to need intensive care treatments and have a higher risk of mortality than females.
- Those living in areas of deprivation have a greater risk of mortality.
- Black ethnicities are the most likely to be diagnosed with COVID-19.
- All BAME groups have a greater risk of mortality than white ethnicities.

- Specific occupations such as healthcare, security and public vehicle drivers are at greater risk of mortality.
- More deaths are occurring in care homes than would be expected in normal circumstances.
- Other health conditions such as diabetes are often reported in COVID-19 deaths (diabetes was reported on 21% of COVID-19 death certificates).

5.3 These disparities mostly replicate existing inequalities in mortality rates, except for the finding related to the BAME community, as previously mortality has been higher in white ethnic groups.

5.4 One of the most significant findings related to BAME was that after accounting for the effect of sex, age, deprivation and region, people of Bangladeshi ethnicity had around twice the risk of death than people of White British ethnicity. There were also health conditions related to the impacts of coronavirus with higher rates of cardiovascular disease in Bangladeshi and Pakistani ethnicities and higher rates of hypertension in Black Caribbean and Black African ethnicities.

Report two: Beyond the data: Understanding the impact of COVID-19 on BAME groups

5.5 A second report, '[Beyond the data: Understanding the impact of COVID-19 on BAME groups]', was subsequently published by PHE on 16th of June 2020. Whilst the previous report identified a range of inequalities, the purpose of this report was to understand the context and reasons related to BAME communities. It reported on insights from over 4000 stakeholders to deliver practical actions and initial strategies for addressing the inequalities. It also extends the previous report to provide a more detailed literature review comparing the effects of COVID-19 for BAME groups and the white British population.

5.6 Findings from the literature review show that BAME groups are more likely to:
- work in occupations at higher risk of COVID-19 exposure.
- live in multigenerational housing, particularly Asian families.
- live in high density urban areas
- use public transport to travel to essential work.
- avoid seeking health care due to effects of historic racism and poor previous experience.
- remain quiet if they have concerns about PPE in the workplace.

5.7 The stakeholder engagement identified five emerging themes related to BAME communities:
- There are longstanding inequalities which are exacerbated by COVID-19. This is in structural and societal environments, and socio-economic factors.
- There is increased risk of exposure and acquisition of COVID-19 e.g. through occupation as key workers.
- There is increased risk of complications and death e.g. through high instance of underlying conditions like diabetes and obesity.
- Racism, discrimination, stigma, fear and low trust are affecting health seeking behaviours e.g. the fear of diagnosis was negatively impacting uptake of testing.
- Further research is needed to understand impact on BAME community. Particularly on the socio-economic, occupation, cultural and structural factors related to COVID-19.

See appendix A for visual of these findings.

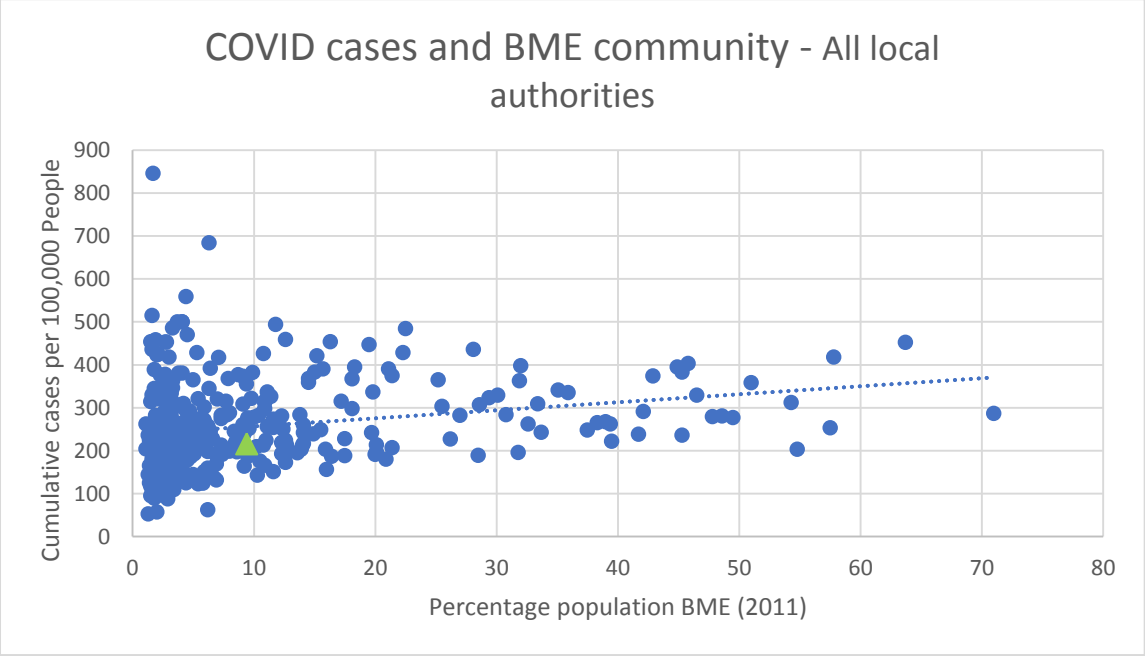
5.8 Recommendations of report to central government:

1. Make comprehensive ethnicity data collection routine in the NHS and Social Care systems and available to health and care partners.
2. Encourage community participatory research to understand BAME communities and to develop accessible programmes to improve health outcomes. Work should be collaborative with community leaders.
3. Improve access, experiences and outcomes of NHS, local government and Integrated Care System services for BAME communities, including regular equality audits and use of health impact assessments.
4. Further develop culturally competent occupational risk assessment tools to reduce employee risk of exposure to COVID-19.
5. Fund and launch culturally inclusive COVID-19 education and prevention campaigns to reinforce risk reduction strategies and rebuild trust. (Including promotion of clinical services for testing)
6. Prioritise promotion of culturally competent general health and disease prevention programmes. Including promoting health weight, physical activity, smoking cessation and effective management of chronic conditions.
7. Ensure recovery strategies actively reduce inequalities of health and create sustainable change.

5.9 The government's Equality Hub, led by the Equalities Minister, has committed to using these findings to inform their future work.

Relevance to Bracknell Forest/ Key issues

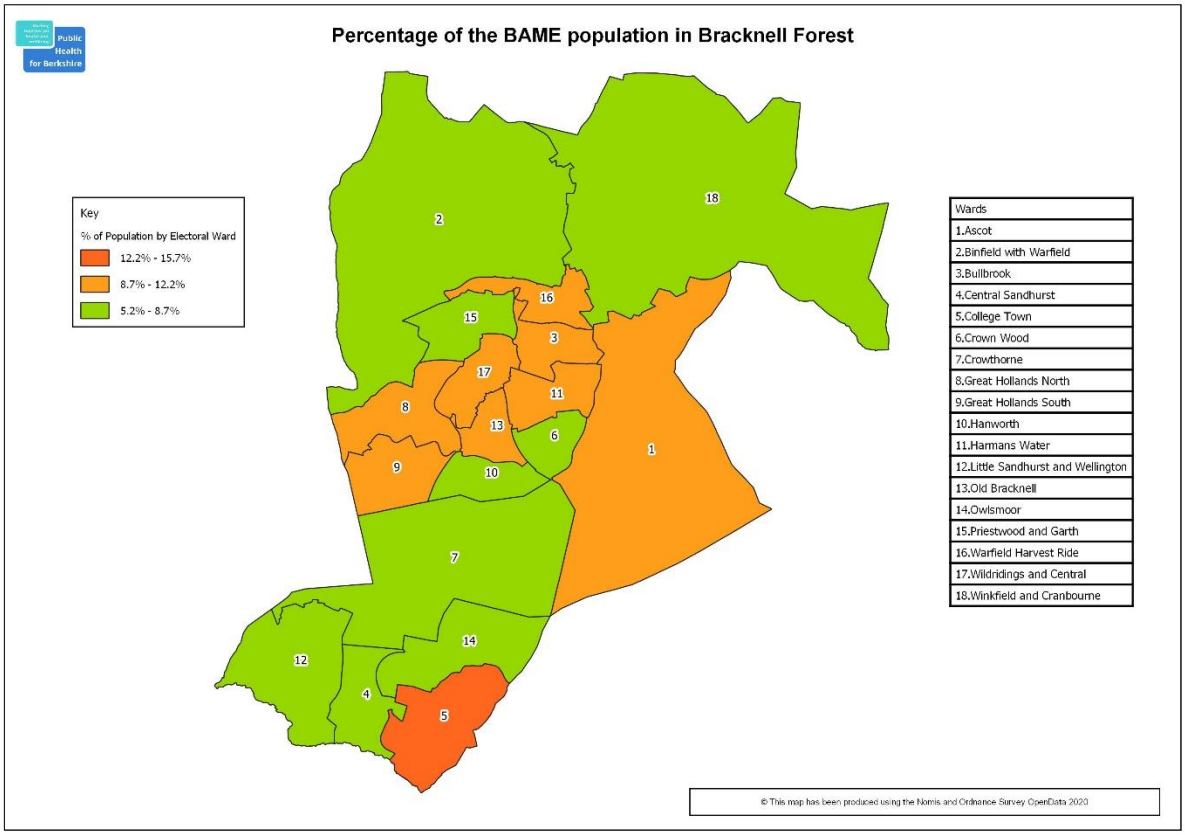
5.10 In Bracknell Forest there is an estimated BAME population of 10,500[1], this is proportionally similar to the rest of the South East and slightly lower than the average for England. Compared to all local authorities, in Bracknell Forest there is a slightly lower rate of COVID-19 cases than the average for the size of the BME community, however this difference is very small.



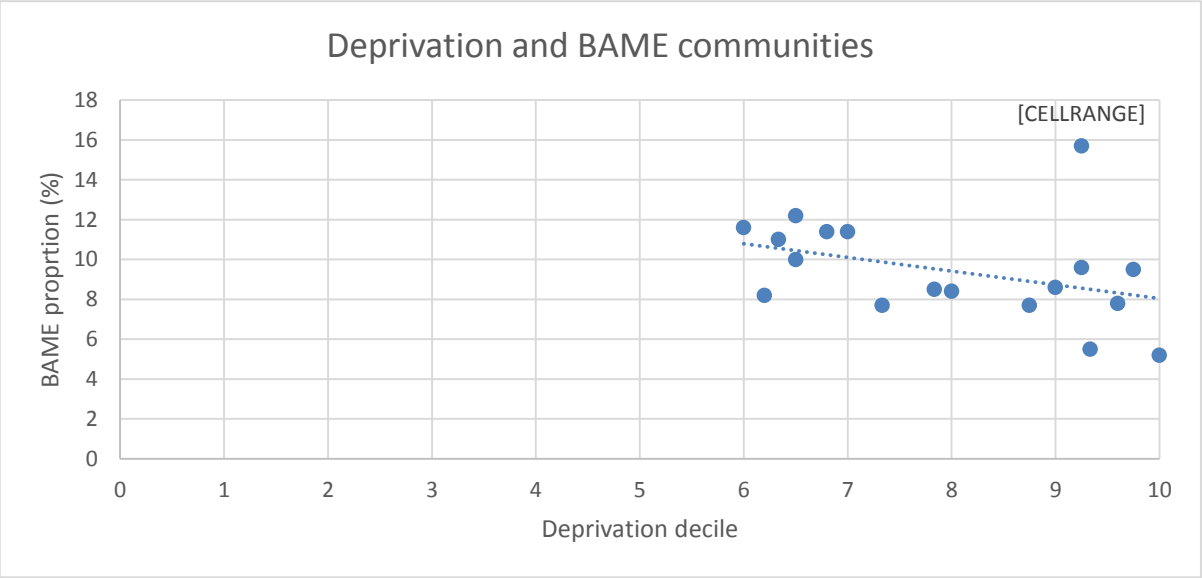
Bracknell Forest is marked with green triangle, 9.4% BME and 216 cases per 100,000 people. Reported 15/6/20. Source: LG Inform https://lginform.local.gov.uk/reports/view/lga-research/covid-19-cases-and-area-characteristics

[1] Based on 2011 census proportions and extrapolated according to the 2019 population projections.

5.11 The highest proportion of the BAME community for Bracknell Forest is located in the College Town ward where there is a significant Nepali population, many of whom are ex-Gurkhas. Other areas with greater proportions of the BAME community are broadly in central Bracknell. Therefore, additional consideration may be required for these areas when targeting resources to engage the BAME community.



5.12 Similar to the findings of the PHE report, there is also a correlation locally between BAME communities and deprivation. Broadly, the greater the deprivation of an area, the more likely there is to be a higher proportion of BAME residents. Deprivation is intricately linked to many inequalities such as poor housing, higher unemployment, income, levels of poverty, age, life expectancy, gender and disability. For example, currently, in England, people living in the least deprived areas of the country live around 20 years longer in good health than people in the most deprived areas. Therefore, addressing these inequalities is likely to be complex, and need further investigation.



Plot of wards. Note that deprivation deciles are published at an LSOA level and are based on a national scale. The first deprivation decile is the most deprived and the tenth is the least deprived. To get an estimate for the ward, an average of the LSOA deprivation deciles has been calculated.

5.13 Work is also being undertaken as part of the local Community Impact Assessment to further map neighbourhood level data such as ethnicity, areas of deprivation, age profile and other vulnerability characteristics related to COVID-19.

Proposed actions and wider work taking place

5.14 The key recommendation for action is to **develop an engagement plan** for BAME communities across Bracknell Forest, to ensure they are aware of COVID support including prevention advice, the Test and Trace system and the Outbreak management plan.

5.15 Following the development of an engagement plan there are also a number of recommendations linked to the findings in the second PHE report. Although many of the original actions from the report are targeted to the NHS and central government, there may be other considerations for local authorities. The actions recommended for CMT are based on the themes of recommendations from the PHE reports and in discussion with the Public Health team and Council's Equality Group. These are the priority actions that sit within a wider plan.

Ref	Action	Timescales	Lead
1	Ensure BAME communities are accessing COVID testing by evaluating the use of local testing centres to ensure it is representative of population demographics.	Sept 2020	Public Health
2	Evaluate the completion of occupational risk assessments for vulnerable groups within the council to assess any improvements to the process and understand the data generated, for example any gaps in completion. Use this data to identify areas internally with high numbers of BAME workforce.	Oct 2020	Health and Safety
3	Improve the quality of local information about BAME communities by better utilisation of existing data sources. For example, identifying BAME community with comorbid diabetes or obesity, identifying local occupations with high BAME workforce and understanding local profiles linked to GP surgeries.	Sept – Dec 2020	BF Public Health working with shared team & Health
4	Take measurable action to improve access, experiences and outcomes of our services for BAME communities by ensuring comprehensive	Jan 2021 and ongoing	Directors and DMT's

	ethnicity data collection in the delivery of services including in health, social care, housing and schools. This should use standardised definitions and categories and include quantitative and qualitive data for effective equalities monitoring.		
5	Engage BAME communities to research perceptions, confidence and trust in BFC/health & social care services working with partners including health and the VCS.	April 2021	Public health, health, social care, supported by the Engagement and Equalities team.

5.16 Locally, Slough Borough Council have the highest proportions of BAME residents. They have already outlined an initial pilot approach to tackling the BAME inequalities related to COVID-19. They have identified five strands as part of this test:

1. Community awareness and engagement – getting information to the BAME community and wider population
2. Improving information – collecting and monitoring quality data
3. Prevention and hard reduction – Improving detection and management of health
4. COVID-19 clinical management – prevention outreach, home monitoring and early hospital admissions
5. Workforce – linked to Frimley ICS to complete risk assessments and gather staff feedback.

5.17 There is also already work taking place at a local level, led by Public Health and linking closely with the communications team. This group is looking at learning from and replicating some of the community activity from Slough and the other pilot areas. It is aiming to:

1. Increase awareness of the higher rate of COVID-19 related deaths for BAME communities.
2. Motivate and empower professionals and residents to take action to reduce this rate.
3. Communicate what professionals, organisations and residents can do to reduce COVID-19 related deaths in BAME communities.

5.18 The equalities subgroup will track the progress of the recommended actions from this report with regular reporting to CMT.

6 Consultation and Other Considerations

Legal Advice

6.1 n/a

Financial Advice

6.2 n/a

Other Consultation Responses

6.3 n/a

Equalities Impact Assessment

6.4 This paper is provided to summarise information related to health equalities and coronavirus. The proposed actions aim to encourage positive actions related to equalities.

Strategic Risk Management Issues

6.5 The council has reviewed its workplace risk assessment tool developed to assess working practice of all staff. The tool now enables a particular assessment of BAME staff as well as considering other protected characteristics which might put a member of staff at greater risk from COVID 19.

Background Papers

1. Disparities in the risk and outcomes of COVID-19
2. Understanding the impact of COVID-19 on BAME groups

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Appendix A – Graphic from Public Health England