

# LONDON ASSEMBLY

## HEALTH COMMITTEE BRIEFING

### Lessons learned from the first wave of COVID-19: The importance of a community-led approach

#### Executive summary

Local areas know their communities best and know how to reach them most effectively. To minimise the impacts on the most vulnerable and worst affected communities, London needs culturally competent messaging, delivered by trusted figures who best represent and understand the diversity of their locality. Culturally competent messaging will help increase awareness of, and engagement with, COVID-19 measures and the test and trace system.

Appropriately delivered messaging will also help businesses to adopt the necessary safety measures and minimise the risk of local outbreaks, but local authorities also require adequate capacity to take enforcement action when these safety measures are not adhered to. Effective community action requires local authorities to be well resourced.

The London Assembly Health Committee has investigated what lessons must be learned from the first wave of COVID-19 by consulting experts, calling for evidence, and undertaking research, to understand how to best support London through the ongoing pandemic.

#### Key findings

- Local infrastructure, such as links into communities, and adequate financial and personnel resource are required to most effectively deliver culturally competent public health messaging to communities across London, and coordinate efforts on test, trace and isolate.
- Local authorities in London have varying capacity to deliver public health enforcement measures, with implications for the management of community outbreaks.

#### Recommendation

- The Mayor to advocate on behalf of London boroughs to ensure that local authorities are adequately financially resourced and have equal ability to implement necessary local measures across London, including:
  - a. To deliver culturally competent messaging to communities and businesses;
  - b. To implement local enforcement measures where necessary.

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#### Accountability and timeliness

Throughout the Health Committee's investigation, we explored in more detail the findings from Public Health England's report "*Beyond the data: Understanding the impact of COVID-19 on BAME groups*."<sup>1</sup> Our investigation heard repeatedly that accountability for the urgent delivery of actions across all aspects of the COVID-19 response is vital to address the disproportionate health impact of COVID-19 on BAME groups, coordinated across levels of governance and with measurable outcomes.

**We therefore include the following accountability and timeliness recommendations alongside all other recommendations made by the investigation:**

- There need to be clear lines of **accountability** for the delivery of all recommendations in PHE's report "*Beyond the data: Understanding the impact of COVID-19 on BAME groups*".<sup>2</sup> Adequate resource is also required to ensure delivery.

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*"The report is silent on accountability"*

*(Professor Gurch Randhawa, Professor of Diversity in Public Health & Director of the Institute for Health Research, University of Bedfordshire)<sup>3</sup>*

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- Action on the recommendations needs to be urgently taken forward across **coordinated across all levels**: national, regional and local.

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*"There are some really key messages at an NHS London level to which it may need to at least feel itself to be accountable across the system. From an NHS London perspective, it needs to be speaking to the mental health trust, the acute trusts and GPs and asking them what they are doing in response to the recommendations."*

*(Dr Somen Banerjee, Director of Public Health, London Borough of Tower Hamlets)<sup>4</sup>*

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<sup>1</sup> Public Health England, [Beyond the data: Understanding the impact of COVID-10 on BAME groups](#), 16 June 2020

<sup>2</sup> Public Health England, [Beyond the data: Understanding the impact of COVID-10 on BAME groups](#), 16 June 2020

<sup>3</sup> London Assembly Health Committee, [COVID-19: The Experiences of BAME Londoners](#), Page 15, 11 August 2020

<sup>4</sup> London Assembly Health Committee, [COVID-19: The Experiences of BAME Londoners](#), Page 15, 11 August 2020

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- The recommendations presented by PHE's report are not new. They represent known issues related to health inequalities, ethnicity, social class, age and gender. This time **measurable** action, not just words and reports, is required.

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*"I am quite simplistic around this. If you look at this across London, a very valid question for every key public sector organisation is about what it is doing in response to these recommendations and to have some kind of accountability around that. It would be perfectly reasonable for us as a Council to be asked, "There was this very powerful report in June [2020]. What are you doing around these recommendations?"*

*(Dr Somen Banerjee, Director of Public Health, London Borough of Tower Hamlets)<sup>5</sup>*

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<sup>5</sup> London Assembly Health Committee, [COVID-19: The Experiences of BAME Londoners](#), Page 14, 11 August 2020

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#### The importance of a community-led approach

A community-led response is critical to effectively responding to the pandemic. There is a very clear and important role for local authorities to play in ensuring the delivery of tailored and effective public health messaging, coordination of the test and trace system, and engagement with local businesses and premises to ensure compliance with COVID-19 measures and regulations. Throughout the investigation the Committee heard that a prevention-led approach is key in order to most effectively minimise the transmission of the virus. In order to ensure prevention of transmission, action needs to be taken quickly. The Committee heard from Professor Kevin Fenton, Regional Director of Public Health England (PHE), that local intelligence and insight enables areas to respond quickly to the virus, and in areas with low incidence it can help to prevent an increase in cases.

*“There is definitely a case for localised action plans. If you look at all the World Health Organization pandemic guidance, it always talks about localised action plans.”* (Professor Gurch Randhawa Professor of Diversity in Public Health; and Director of the Institute for Health Research, University of Bedfordshire)<sup>6</sup>

#### Cultural competence

London has one of the most ethnically diverse populations in the UK. London is home to 60 per cent of Black residents of England and Wales and 50 per cent of the Bangladeshi population.<sup>7</sup> According to the 2011 census, there are over 80 different languages spoken as a first language in the capital.<sup>8</sup> The city has the highest proportion of non-UK born residents, at 37 per cent. In 2018 in one local authority – Brent – over half (52 per cent) of the population was born outside of the UK. Kensington and Chelsea, Westminster, and Harrow all had just under half (49 per cent) of the population not born in the UK.<sup>9</sup>

During the investigation, we heard that public health messaging must be culturally competent if it is to be successful at reaching London’s diverse communities. Cultural competency is a widely acknowledged aspect of successful public health messaging, and refers to the idea that messaging must reflect the wider communities it serves. However, despite its importance, a lack of culturally competent and targeted messaging was cited as a core issue during the first wave of the COVID-19 pandemic. Professor Kevin Fenton, Regional Director of Public Health England, pointed out that many communities felt left behind during the pandemic as messaging had not been adequately tailored to meet their needs. We heard that, in part, this was due to the speed at which areas

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<sup>6</sup> London Assembly Health Committee, [COVID-19: The Experiences of BAME Londoners](#), Page 3, 11 August 2020

<sup>7</sup> Public Health England, [Beyond the data: Understanding the impact of COVID-10 on BAME groups](#), 16 June 2020

<sup>8</sup> London Datastore, [Main Language Spoken at Home \(Census\) Borough](#), 2011

<sup>9</sup> ONS, [Population of the UK by country of birth and nationality: 2019](#), 2019

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needed to respond in the first wave.<sup>10</sup> Professor Gurch Randhawa, Professor of Diversity in Public Health; and Director of the Institute for Health Research, University of Bedfordshire, also reflected that culturally competent messaging plays a vital role in improving health outcomes.<sup>11</sup>

Community groups and Black and Minority Ethnic (BAME) individuals, engaged by PHE, highlighted that people receive and process national messages differently and that not all have the same means to apply these messages in the same way. For example, PHE's research cited that digital communication is efficient and easy to use but does not reach all vulnerable groups. Certain groups, such as the elderly, those with mental health issues, and certain cultural or faith-based communities, including Orthodox Jews, may be excluded.<sup>12</sup> A survey conducted by the Runnymede trust demonstrates the effect of this between the BAME and white population. The findings show that while just under nine in ten white people (87 per cent) had heard of the request for people to 'Stay Home, Protect the NHS, Save Lives', the proportion among BAME people was seven in ten (69 per cent).<sup>13</sup> The same is true for the request to 'Stay Alert, Control the Virus, Save Lives' (84 per cent vs 66 per cent).<sup>14</sup> Culturally competent messaging, therefore, will be particularly important going forward in London's cultural context, as engagement with testing and contact tracing will be key to controlling the virus.

Recommendations put forward by the Public Health England report, *"Beyond the data, Understanding the impact of COVID-19 on BAME groups"*, highlight important aspects of culturally competent communications. These include:

- Including culturally specific imagery and content in all communication and marketing;
- Using voices of communities with lived experiences to shape public messaging;
- Working with community and faith leaders to develop a communication plan to mitigate the fears and stigma in communities arising from media headlines around BAME and COVID-19.<sup>15</sup>

During our investigation, the Committee heard examples of the work undertaken to ensure communications were accessible to all Londoners:

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<sup>10</sup> London Assembly Health Committee, [COVID-19: London's Response, Inequalities, and the Health and Care Workforce](#), Page 7, 25 June 2020

<sup>11</sup> London Assembly Health Committee, [COVID-19: The Experiences of BAME Londoners](#), Page 9, 11 August 2020

<sup>12</sup> PHE: [Beyond the data: Understanding the impact of COVID-19 on BAME groups](#), 16 June 2020

<sup>13</sup> The Runnymede trust, [Over-Exposed and Under-Protected, The Devastating Impact of COVID-19 on Black and Minority Ethnic Communities in Great Britain](#), August 2020

<sup>14</sup> Ibid

<sup>15</sup> Public Health England, [Beyond the data: Understanding the impact of COVID-19 on BAME groups](#), 16 June 2020

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*“In Tower Hamlets we use Channel 5 to transmit the messages in Sylheti. Also, we work with the Somali community and other communities. The experience that I have had is that the sorts of mechanisms that really work are very simple.”*

**(Dr Somen Banerjee Director of Public Health, London Borough of Tower Hamlets)<sup>16</sup>**

As highlighted by the experience of Dr Somen Banerjee, Director of Public Health in Tower Hamlets, cultural and religious customs can also influence how messaging is received and understood:

*“I guess, from my perspective as a Director of Public Health, I worry a lot about the groups that I am not engaging with. We do a lot of work with faith leaders and we do a lot of work with workplaces, but I worry about small mosques that may be struggling to implement social distancing and for whom the messaging may not be getting across.”*

**(Dr Somen Banerjee Director of Public Health, London Borough of Tower Hamlets)<sup>17</sup>**

As Table 1 shows, in London there are a significant number of people who practice a religion. Targeted messaging, and utilising faith leaders, can therefore be a critical way to help ensure that guidance can be understood and applied to protect certain communities.

Religion	Approximate number of London residents
Christian	3.4 million
Buddhist	76,000
Hindu	457,000
Jewish	198,000
Muslim	1.25 million
Sikh	126,000
Any other religion	200,000

Table 1: ONS data, Breakdown of London population by religion in 2018<sup>18</sup>

Overall the right approach needs to be taken to understand how people receive messages, ensure accessibility of the message in multiple languages, and identify how cultural customs and individual faiths interact with people’s ability to understand and apply public health messaging. Local authorities are vital in ensuring messages are culturally competent; they know and understand their communities, and can work with community leaders to disseminate culturally competent messaging.

*“All our engagement work essentially says that people trust people from their own communities. What that means is that we need to work with those communities, and we need to educate and train people and have very simple messages that can be disseminated through the communities. It*

<sup>16</sup> London Assembly Health Committee, [COVID-19: The Experiences of BAME Londoners](#), Page 3, 11 August 2020

<sup>17</sup> London Assembly Health Committee, [COVID-19: The Experiences of BAME Londoners](#), Page 3, 11 August 2020

<sup>18</sup> ONS, [Population by Religion, Borough](#), 2018

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*is not necessarily us in the council, although through this process we have had a role around very direct communication with faith leaders and all sorts of groups across the community, but what we really need to do is build that capacity within the communities so that there are trusted people who can disseminate clear messages.”*

**(Dr Somen Banerjee Director of Public Health, London Borough of Tower Hamlets)<sup>19</sup>**

*“They know their local communities. They would know how to mobilise the local communities. They would know how to develop tailored messaging. They would be able to put that infrastructure in place.”*

**(Professor Gurch Randhawa, Professor of Diversity in Public Health; and Director of the Institute for Health Research, University of Bedfordshire)<sup>20</sup>**

Local authorities also play a fundamental role in ensuring that national messages are aligned across London, which is particularly important given the speed at which national messages continually evolve. We heard that new information must be communicated in multiple languages with community disseminators and be best tailored to individual communities. Messages always need to be localised, so that they can be most effectively applied within diverse communities.

Furthermore, we heard the importance of building trust within communities to ensure messages can be taken forward. It is vital that local communities feel they are being listened to for the messages to be heard.

*“Listening to communities is absolutely fundamental. Over the past few months we have had a lot of sessions with a whole range of diverse groups across Tower Hamlets and we hear things that indicate that the messages have not been taken forward or not been understood and also that people do not feel listened to. Therefore, that whole process of sitting down and listening and shaping your response in response to what you are hearing develops trust.”*

**(Dr Somen Banerjee, Director of Public Health, London Borough of Tower Hamlets)<sup>21</sup>**

It is imperative moving forward that messages must be targeted, and sensitive, to the local realities in which certain vulnerable and at-risk communities face. As such, the Committee believes that local authorities must have the resources and ability to effectively deliver culturally competent messaging to London’s diverse communities in order to increase engagement with, and awareness of, COVID-19 national guidance.

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<sup>19</sup> London Assembly Health Committee, [COVID-19: The Experiences of BAME Londoners](#), Page 5, 11 August 2020

<sup>20</sup> London Assembly Health Committee, [COVID-19: The Experiences of BAME Londoners](#), Page 4, 11 August 2020

<sup>21</sup> London Assembly Health Committee, [COVID-19: The Experiences of BAME Londoners](#), Page 9, 11 August 2020

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#### Enforcement

Local authorities can shut down events and premises if they deem that they pose a threat to public health.<sup>22</sup> However, we heard that whilst enforcement is an important measure, it should not be utilised immediately. Firstly, it is important to give culturally competent and tailored information and then offer tailored support. Local environmental health and trading standards officers are required to assess and support local businesses to implement COVID-19 guidance. If guidance is still not adhered to, then enforcement to close premises may be the safest option to protect public health. However, currently boroughs do not all have equal capacity to deliver these measures:

*“The capacity for enforcement across London varies a lot. Different boroughs have different levels of environmental health officers and trading standards officers. One of the issues that may manifest if there is a second wave is the varying ability of councils to respond to local outbreaks. If there is a need for quite an intensive local response alongside PHE and there is a need to go out into community settings to implement enforcement, what you are likely to find is that that capacity is going to be different in different boroughs and so the ability to respond may vary.”*

**(Dr Somen Banerjee Director of Public Health, London Borough of Tower Hamlets)<sup>23</sup>**

It is therefore vital that the Mayor should advocate on behalf of London boroughs to ensure that local authorities have equal and necessary financial resource to implement local enforcement measures where necessary, to ensure the protection of local communities.

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<sup>22</sup>Department for Health and Social Care (DHSC), [Local authority powers to impose restrictions: Health Protection \(Coronavirus, Restrictions\) \(England\) \(No.3\) Regulations 2020](#), 12 October 2020

<sup>23</sup> London Assembly Health Committee, [COVID-19: The Experiences of BAME Londoners](#), Page 7, 11 August 2020



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#### Methodology and contributions

Over the course of the summer of 2020 the Health Committee investigated the impacts of COVID-19 on the lives of Londoners during the first wave of the pandemic. The investigation comprised of two Committee meetings and a call for evidence.

The first Committee meeting, held in June, heard from an expert panel of guests and examined the immediate impact of COVID-19 on London's population and health and care workforce.

- Professor Kevin Fenton, PHE London Regional Director and Statutory Health Advisor to the Mayor
- Dr Vin Diwakar, NHS Regional Medical Director for London
- Dr Chaand Nagpaul, Chair of the Council of the British Medical Association
- Lisa Elliott, London Regional Director, Royal College of Nursing
- Gavin Edwards, Senior National Officer – Social Care, UNISON

To build our understanding of the effect of COVID-19 on London's health and social care workforce, we also received written submissions from the following medical organisations:

- London Regional Council, British Medical Association
- The Faculty of Intensive Care Medicine
- The Royal College of Obstetricians and Gynaecologists
- Royal College of Physicians
- Royal College of Pathologists

The second Committee meeting was split into two parts. In the first, we focused in more depth on the experiences of BAME Londoners, with particular attention on the issues of racism, stigma, discrimination, fear and trust. Evidence was provided by:

- Dr Somen Banerjee, Director of Public Health, London Borough of Tower Hamlets
- Professor Gurch Randhawa, Professor of Diversity in Public Health & Director of the Institute for Health Research, University of Bedfordshire

In the second part we looked at the effects of lockdown on Londoner's mental health, supplemented by additional evidence and views from Talk London Respondents. We heard from:

- Vicki Nash, Head of Policy and Campaigns, Mind
- Lynette Charles, the CEO of Mind in Haringey
- Nikki Morris, Chief Executive Officer of Age UK Camden
- Sarah MacFadyen, Head of Policy and External Affairs, British Lung Foundation and Asthma UK

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#### Health Committee



#### About the London Assembly Health Committee

The London Assembly is the 25-member elected body that represents Londoners and holds the Mayor to account. The Health Committee reviews health and wellbeing issues for Londoners, particularly public health issues. It also keeps a close eye on how well the Mayor's Health Inequalities Strategy is doing.

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