

COVID 19 BAME Disproportionality Project

Shielded Programme

Moira Ugoji

Context

The shielded population are those that have been defined by Government on medical grounds as medically vulnerable due to a clinical condition that puts them at High risk of developing complications from COVID-19 infection.

Those recommended to shield include:

- Organ transplant recipients
- Pregnant women with congenital heart conditions
- Those with rare diseases such as homozygous sickle cell, SCID and others
- Those on immunosuppression therapies
- People with specific cancers or those with cancer undergoing chemo/radiotherapy.

Camden has so far received the contact details of almost 8,000 residents identified by central Government, with more records likely in future.

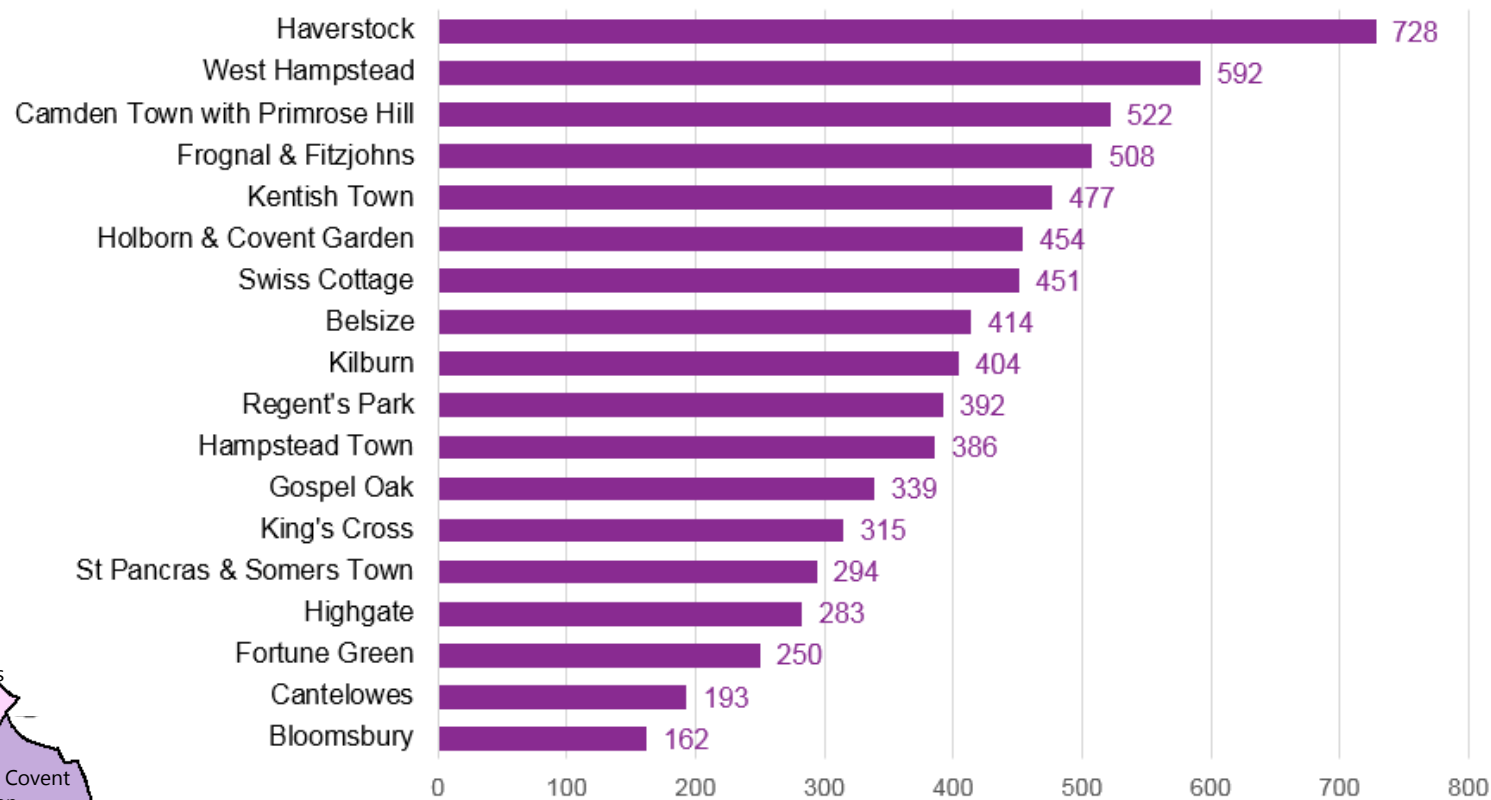
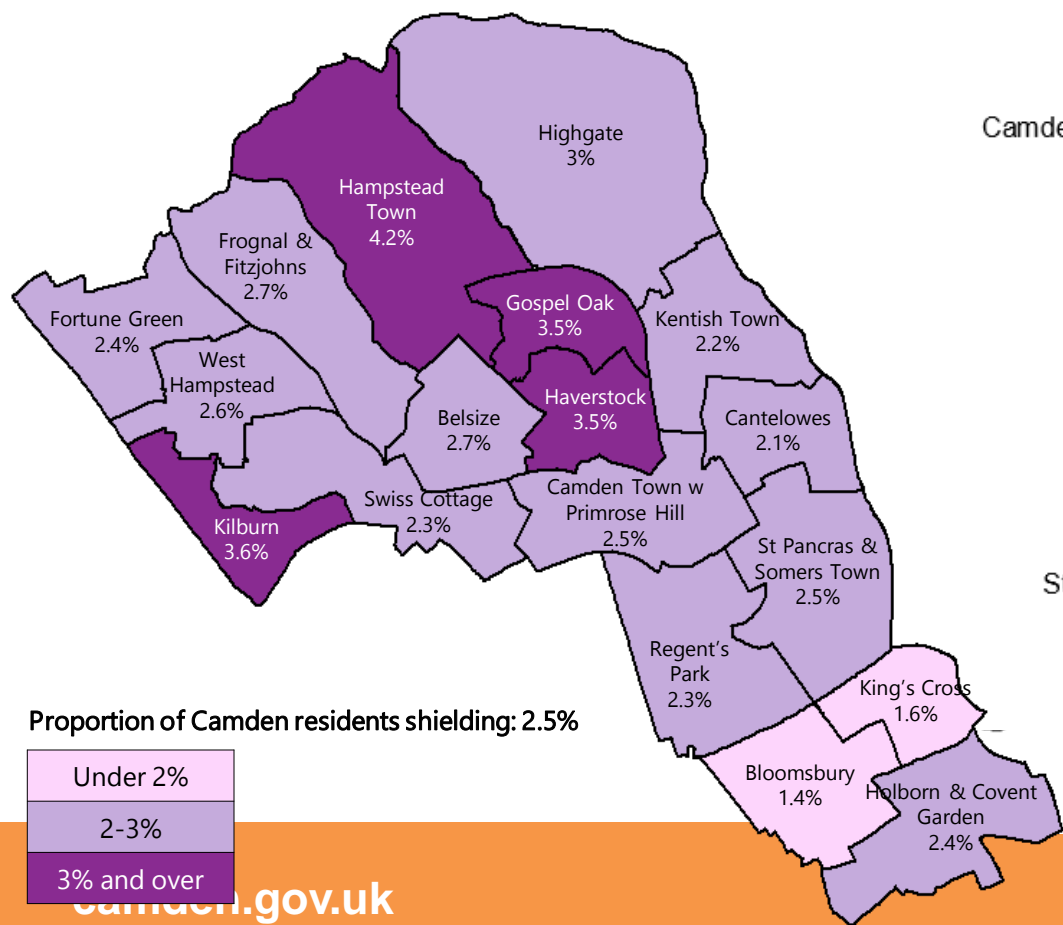
The details received do not contain the personal characteristics of those on the list, although we have received an overview from North Central London NHS.

Headlines from the data

- A significantly higher proportion of residents from Asian backgrounds are shielding from COVID-19, than Asian residents in the general population.
- Conversely, there is a lower proportion of Black and Mixed/Other Ethnicity shielders compared to their proportion in the general population
- The evidence from the data shows that there is no correlation between the location of the shielded in Camden and BAME diversity.
- There is a significantly higher level of Halal food requests amongst the shielded, compared to the Muslim population in Camden.

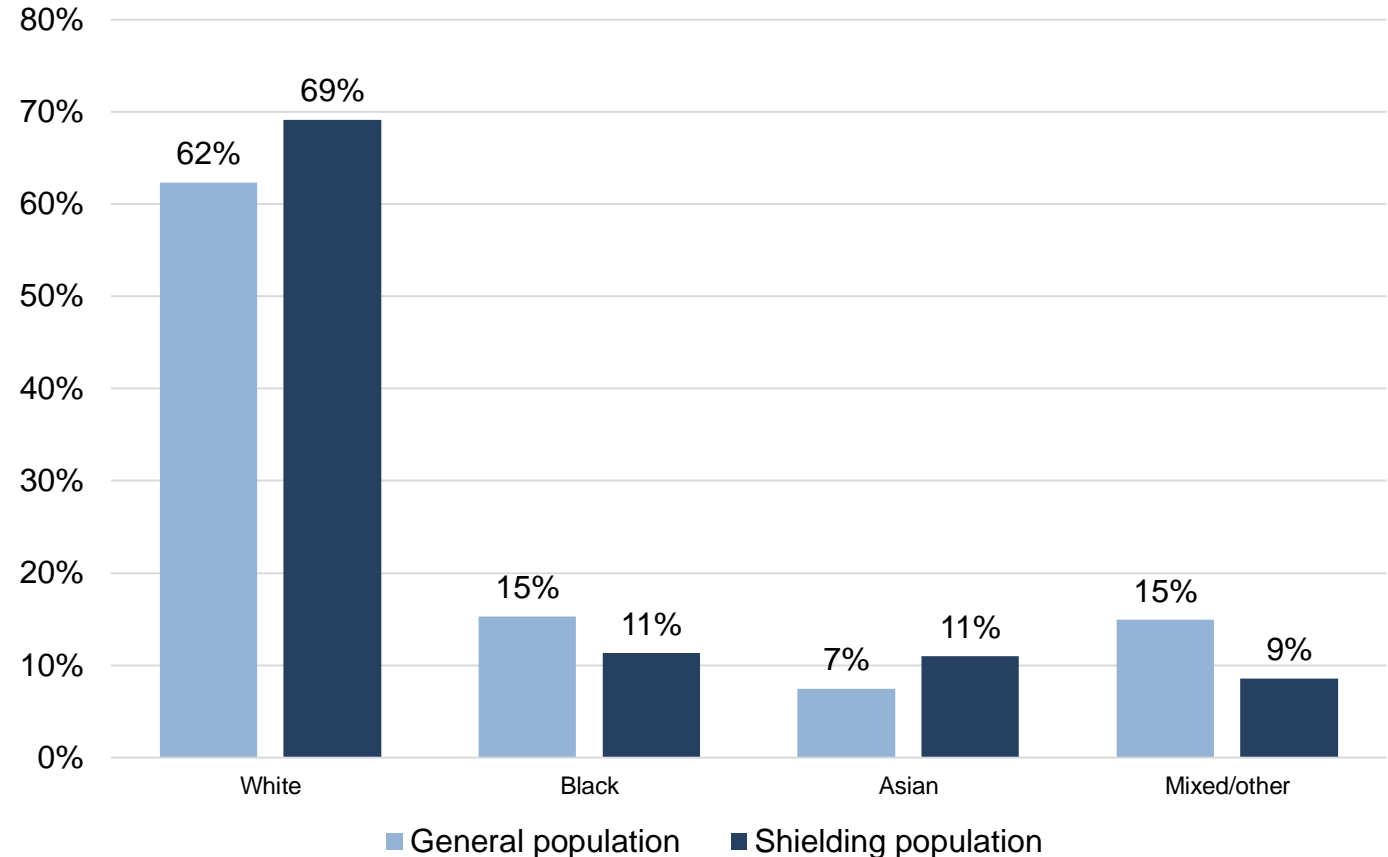
The shielded in Camden

- There are currently **6,989 people shielding in Camden**, equating to 2.5% of the population. There has been a total of 7,991 people on the shielded list since March.
- In absolute numbers, the highest number of shielders are in Haverstock and the lowest are in Bloomsbury.
- Hampstead Town ward has a significantly higher proportion of shielders (4.2%) than the Camden average.



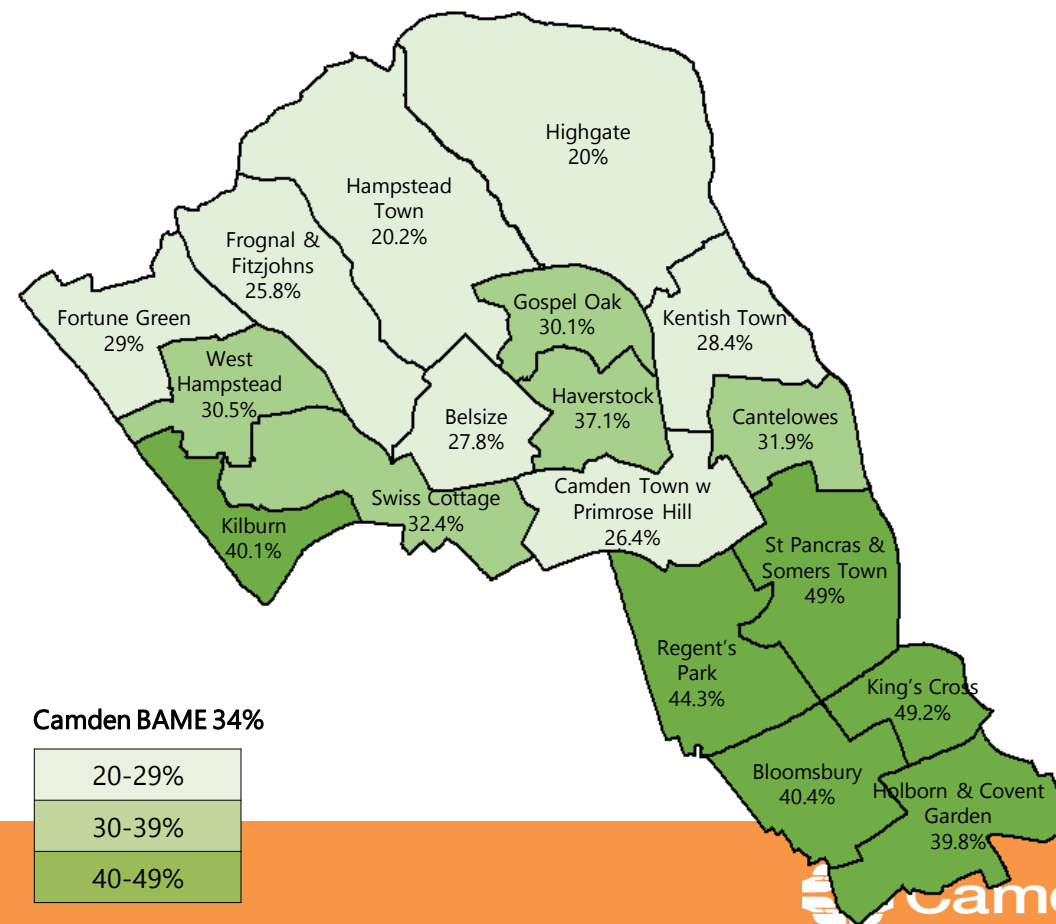
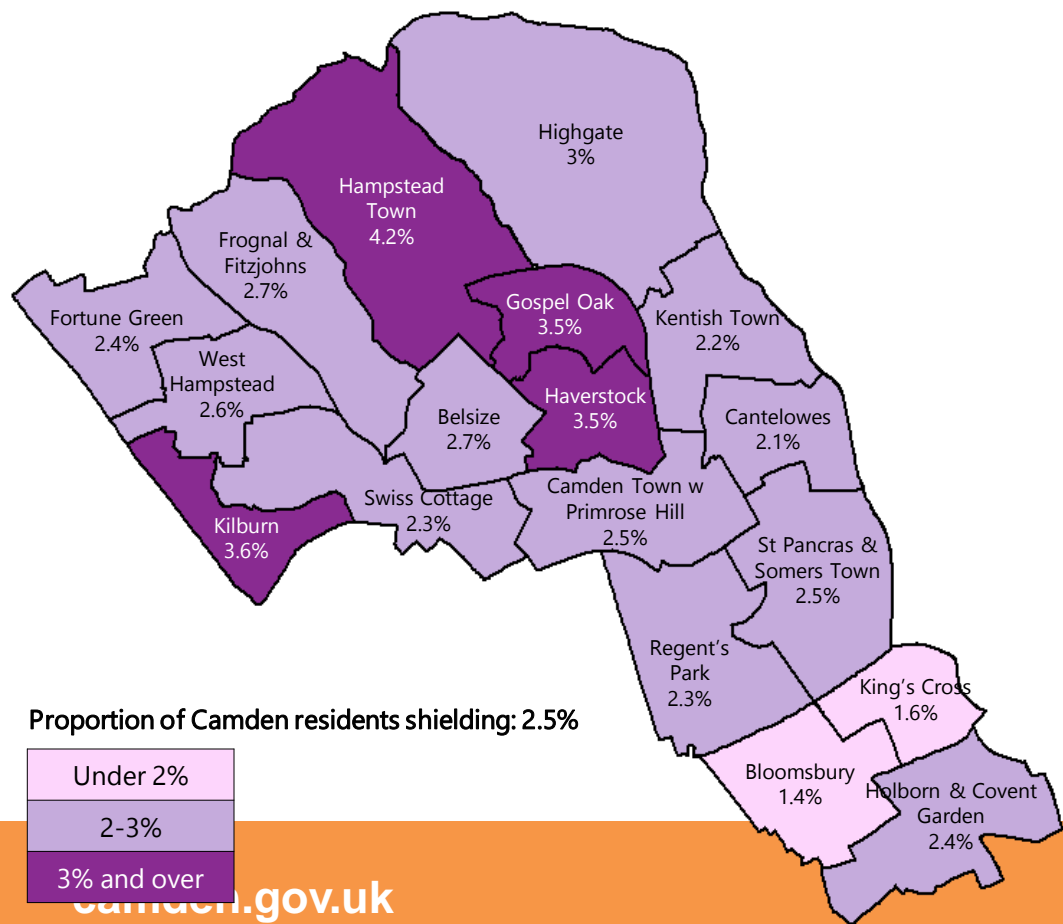
Shielding population by ethnicity

- In Camden, the ethnicity breakdown of those shielding differs from the general population.
- The proportion of **White** residents shielding from COVID-19 (69%) is significantly higher than the proportion of White residents in the general population (62%)
- A significantly higher proportion of **Asian** residents are shielding from COVID-19 (11%) than Asian residents in the general population (7%).
- On the contrary, significantly less residents of **Mixed/other** ethnicities are shielding from COVID-19 (9%) than the proportion of Mixed/other ethnicities in the general population (15%).



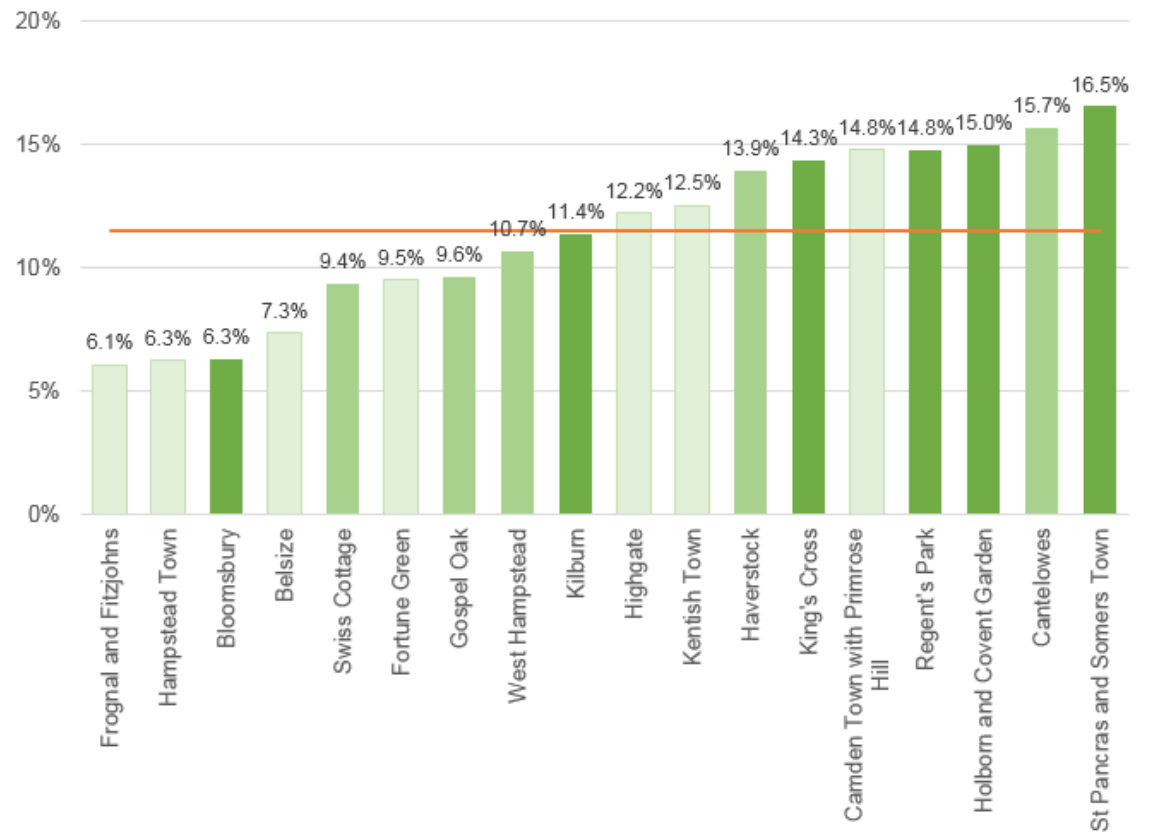
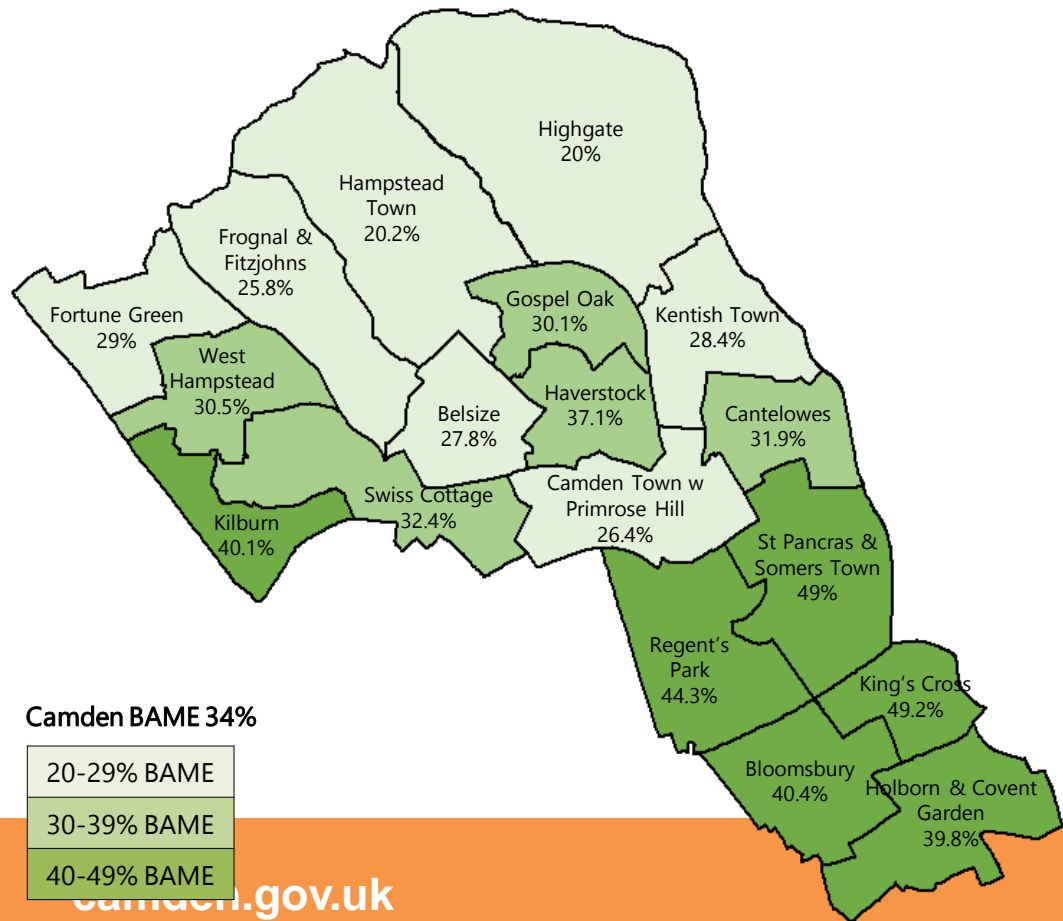
Shielders' location and BAME ward population

- There is no correlation between shielded location and BAME diversity.
- Hampstead Town has the highest proportion of shielded (4.2%) but one of the second lowest levels of BAME diversity (20.2%)
- The ward with the highest BAME diversity – King's Cross at 49.2% - has the second lowest proportion of shielded (1.6%). This is presumed to be because has the youngest age profile in Camden (31.5 years, compared to the Camden average 38.3 years). The figures show that as age increases so too does the number of people shielding from COVID-19



Ward BAME profile and shielded food need

- On average 11.5% of the shielded requested food support
- There is a correlation between ward ethnic diversity and the provision of food parcels to the shielded. St Pancras and Somers Town has the highest level of shielded food need (16.5%) and is the second most BAME diverse ward

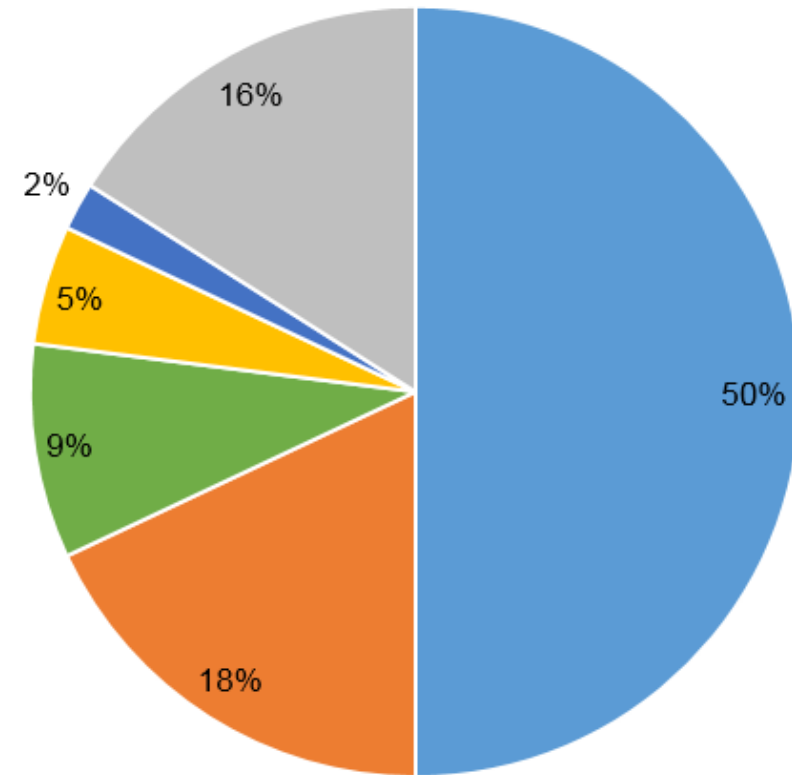


Shielded – dietary requirements

There are 566 shielded households receiving Camden food packages

The food packages are made to match individuals' dietary requirements, catering for medical, religious and cultural needs. 34% of recipients have a dietary need

- 18% of households currently in receipt of food packages require **Halal**
- 9% are households requiring **diabetic specific/low sugar** foods
- 5% are **no pork** households
- 50% have no dietary requirements



- No requirements
- Diabetic/low sugar
- Other medical requirements
- Halal
- No pork
- Other dietary preferences

Short term/Immediate goals and actions

What did the evidence tell us?	What actions are we proposing?	What does success look like?
Apart from those from Asian backgrounds, the shielded are disproportionately from White British backgrounds	<ul style="list-style-type: none">• Develop an understanding of BAME shielded support needs• Work with VCS partners to ensure culturally and religiously appropriate support is provided	Culturally sensitive support provided to BAME shielded in Camden
A significant proportion of food support to the shielded is for Halal and no pork households	<ul style="list-style-type: none">• Continue to ensure that appropriate food parcels are prepared and dispatched to these households.• Work with MHCLG and DEFRA to improve the Government direct food delivery to the shielded to take in to account religious and cultural needs• Support food banks and community food distribution points to provide culturally appropriate food parcels to those that request these	BAME shielded with religious/cultural dietary needs receive appropriate food support

Medium term goals and actions

What did the evidence tell us?	What actions are we proposing?	What does success look like?
<p>The ethnic make-up of the shielding cohort is available through the NHS. It is not linked to individual records</p>	<ul style="list-style-type: none"> Review the data held on the Beacon digital platform which supports the shielding programme explore whether ethnicity data can be included in a future iteration of the system. 	<p>Ethnicity data is available through the digital platform enabling better allocation of resources to support specific needs of BAME shielded and wider vulnerable</p>
<p>A significant number of the shielded requiring support are referred to the multi-disciplinary team through which referrals are made to Camden's Care Navigation and Social Prescribing Services</p>	<ul style="list-style-type: none"> Further work is required to understand the demographics breakdown of the shielded that are referred to the MDT and what complex needs are being identified and how they are being met. Understand the VCS capacity to meet possible increased demand from BAME shielded and support sector to continue to meet such need 	<p>Appropriate support provided to BAME shielded</p>