Introduction

Following publication of the Public Health England (PHE) report *COVID-19: review of disparities in risks and outcomes*[1], the Prime Minister and the Secretary of State for Health and Social Care asked the Minister for Equalities, Kemi Badenoch MP, to lead cross-government work on next steps.

The terms of reference[2] for this work were announced on 4 June. The Race Disparity Unit (RDU) in the Cabinet Office is supporting the Minister for Equalities with this work.

The PHE review indicated that a range of people, including the elderly, men and those who are most deprived or from ethnic minority backgrounds, were most disproportionately impacted by COVID-19. Given the stark findings in relation to ethnicity, the RDU's main focus has been to consider why this virus has had such a disproportionate impact on people from ethnic minority groups, and in particular men from within those groups. A separate strand of work within government is considering other disproportionately impacted groups.

This report is the first quarterly update on progress to the Prime Minister and the Secretary of State for Health and Social Care, as required by the final term of reference. Progress is summarised against each of the terms of reference in turn.

PHE also published a rapid literature review and results of stakeholder engagement, *Beyond the Data: Understanding the impact of COVID-19 on BAME groups*[3] which made a number of recommendations. Many of these have already been delivered against or have been subsumed into the work already underway by the RDU. The table at **Annex A** summarises progress against each of these recommendations.

Race Disparity Unit
October 2020

[1] https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes
[2] https://www.gov.uk/government/news/next-steps-for-work-on-covid-19-disparities-announced
[3] https://www.gov.uk/government/publications/covid-19-understanding-the-impact-on-bame-communities

Executive summary and recommendations

Summary

This report summarises the work undertaken across government since the report of the PHE review was published on 2 June.

The PHE review set out some of what was known at the time about COVID-19 and ethnicity. It told us what the disparities in risks and outcomes were, but not why they had arisen or what could be done about them. The Race Disparity Unit (RDU) has been working collaboratively across government and with the Office for National Statistics (ONS), and is liaising with universities and researchers to build the evidence base and to get a better understanding of what is driving these disparities.

The current evidence clearly shows that a range of socioeconomic and geographical factors such as occupational exposure, population density, household composition and pre-existing health conditions contribute to the higher infection and mortality rates for ethnic minority groups, but a part of the excess risk remains unexplained for some groups. Each successive publication of results is filling the gaps in the evidence base and refining our previous understanding of the impact of different risk factors. This is set to continue over the months ahead.

Alongside this work, the RDU has supported the Minister for Equalities to review the actions that government departments and their agencies have put in place to mitigate the impacts of COVID-19. This work to date is summarised in **Annex B** to the report.

There has also been a significant amount of work to improve the reach and understanding of public health communications on COVID-19, with a particular focus on targeting those parts of the community who may be at greatest risk. To augment this, the government is now introducing a new *Community Champions* scheme to enhance existing communication strategies in a target group of councils and fund work with grassroots advocates from affected communities. The scheme will also provide funding for voluntary and community groups who specialise in working with communities most at risk from COVID-19.

Recommendations

The Minister for Equalities has also made the following recommendations to the Prime Minister, which have been accepted in full:

Recommendation 1: NHS England must ensure that Trusts implement NHS plans for the next stage of the pandemic, and that these plans continue to reflect the latest evidence about ethnic disparities and risk factors.

Recommendation 2: departments must put in place arrangements for the effective monitoring of the impacts their policies are having on people from ethnic minority backgrounds including:

- the uptake of particular COVID-19 policies or grants of funding by ethnic minority individuals and groups;
- monitoring and assessing the level of infection, hospitalisation and mortality rates across ethnicities, where appropriate; and
- assessing how effectively these policies have been understood by those people at whom they are targeted.

Recommendation 3: there should be a rapid, light-touch review of action taken by local authorities and Directors of Public Health to support people from ethnic minority backgrounds, in order to understand what works at a local level.

Recommendation 4: Departments should continue to work at pace to develop new policy interventions to mitigate COVID-19 disparities, informed by the latest evidence.

Recommendation 5: Support should be given to the development and deployment of a risk model to understand individual risk that is being developed from research commissioned by the CMO by an expert subgroup of academic, scientific and clinical experts and the University of Oxford.

Recommendation 6: Ensure that new evidence uncovered during this review relating to the clinically extremely vulnerable is incorporated into health policy.

Recommendation 7: Government departments and academics should prioritise linkage between health, social and employment data to build a complete picture of ethnic group differences in COVID-19 risk and outcomes.

Recommendation 8: RDU should introduce and publish a new "Summary of evidence about COVID-19 and ethnicity" report, working collaboratively with external experts, which would be updated every time (significant) new statistics and research are published.

Recommendation 9: The recording of ethnicity as part of the death certification process should become mandatory, as this is the only way of establishing a complete picture of the impact of the virus on ethnic minorities. This would involve making ethnicity a mandatory question for healthcare professionals to ask of patients, and transferring that ethnicity data to a new, digitised Medical Certificate Cause of Death which can then inform ONS mortality statistics.

Work is underway across government to develop a solution, taking into account legal, digital and methodological processes, and this must be given sufficient priority.

Recommendation 10: Minister for Equalities to work with ministerial colleagues to establish metrics for assessing the impact of their policies to tackle COVID-19 disparities.

Recommendation 11: There should be a series of roundtables over the coming months involving faith leaders and other community representatives and focussing on those groups that are most at risk from COVID-19.

Recommendation 12: work must continue on improving public health communication to enable the successful delivery of existing and new interventions to all parts of the

Term of Reference 1: Review the effectiveness and impact of current actions being undertaken by relevant government departments and their agencies to directly lessen disparities in infection and death rates of COVID-19

Summary

1. Departments and their agencies acted quickly to address the PHE review's findings, although many of these actions are targeted at the population as a whole rather than focused solely on those from ethnic minority backgrounds. While it may be too soon to evaluate the effectiveness of some of these interventions, departments must ensure that they have in place appropriate systems for monitoring the impacts their policies are having.

Approach

2. RDU officials have worked closely with their colleagues across other government departments and agencies, and in particular the Department of Health and Social Care (DHSC), PHE, the Cabinet Office and the Ministry of Housing, Communities and Local Government (MHCLG), to assess current initiatives to lessen the disparities highlighted by the PHE report, with a particular emphasis on ethnic minority groups.

3. The RDU requested an initial set of returns from departments in June, seeking details of their actions and the department's assessment of their effectiveness. This was followed by a second request in August, in which RDU provided feedback on the previous set of returns, identified any gaps in these and sought updates by the beginning of September. The Minister for Equalities wrote to relevant ministerial colleagues on 28 July, just before the launch of the second round, encouraging them and their officials to engage in this exercise.

4. The RDU analysed the second set of returns and a summary of this work is set out in **Annex B**. The RDU will provide feedback to individual departments on their returns and this will be reinforced through a letter from the Minister for Equalities to relevant ministerial colleagues. The RDU will continue to monitor cross-government activity, seeking further updates from departments and sharing lessons learned.

5. This term of reference is based on the work of government departments. There is a significant amount of work being carried out at a local authority level and by Directors of Public Health which is not currently being captured centrally. Capturing this will be a focus in the coming months.

Results

6. RDU had returns from all relevant departments and their agencies[4]. These showed that there is a significant amount of work underway. The general approach has been to mitigate the impact of COVID-19 across the population, with some specific actions focused on ethnic minority groups where appropriate.

7. In particular, the plans for the third phase of the NHS's response to COVID-19, announced at the end of July, included commitments to accelerating the return of non-COVID health services, preparation for winter demand pressures, and taking action on health inequalities. Progress against these commitments will be assessed in future versions of this report.

8. For some policies, departments have yet to establish effective metrics and monitoring arrangements. While this is understandable with more recent initiatives, this must be a priority for departments over the coming months. That will enable the RDU to monitor and assess short and longer term impacts and to assess which interventions are most effective.

Recommendations

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Recommendation 3: there should be a rapid, light-touch review of action taken by local authorities and Directors of Public Health to support people from ethnic minority backgrounds, in order to understand what works at a local level.

[4] Returns were commissioned from those departments with a direct policy or operational interest in this work. The exercise was limited to England and Wales only.

overcrowded households[14], large households, and in households with poor housing conditions[15].

- Some occupations carry a higher risk of getting infected[16] with COVID-19 as the job cannot be undertaken at home; people still need to commute to work in order to provide essential services for the community. 1.4 million key workers were from ethnic minorities, making up 14% of all key workers[17] (5% of the total workforce) and 20% of those in high risk occupations compared to their 11% involvement in the total workforce.

- Risk factors linked to being seriously ill or dying from the disease. 33.9% of people who were critically ill with confirmed COVID-19 (up to 31 August) were from ethnic minority (excluding White minorities) backgrounds. In addition, as at August 2020[18], the risk of death from COVID-19 was significantly higher for ethnic minorities compared to the White population in England and Wales. For example, the hazard ratio for the South Asian ethnic group for dying from COVID-19 was 1.27 after adjusting for age and sex and socioeconomic factors and health factors; this is consistent with previous analysis from the International Severe Acute Respiratory and Emerging Infection Consortium (ISARIC)[19].

  - Analysis from ONS[20], PHE[21] and academia[22] revealed that differences in COVID-19 mortality between ethnic groups were largely attenuated by geographical and socio-economic factors. Figure 1 reveals how much the estimated risk of death decreases when accounting for known characteristics of individuals - location (region, population density, area deprivation), household composition, socio-economic position, highest qualification held, household tenure, multigenerational household flags and occupation indicators (including key workers and exposure to others) in 2011, and health (self-reported health and disability status in March 2011, and hospital-based comorbidities since April 2017).

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[14] https://www.ethnicity-facts-figures.service.gov.uk/housing/housing-conditions/overcrowded-households/latest
[15] https://www.ethnicity-facts-figures.service.gov.uk/housing/housing-conditions/non-decent-homes/latest
[16] https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/whichoccupationshavethehighestpotentialexposuretothecoronaviruscovid19/2020-05-11
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[21] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908434/Disparities_in_the_risk_and_outcomes_of_COVID_August_2020_update.pdf
[22] https://www.medrxiv.org/content/10.1101/2020.08.03.20167122v1.full.pdf