

UK COVID-19 INQUIRY

WITNESS STATEMENT OF MARCUS BELL ON BEHALF OF THE EQUALITY HUB WITHIN CABINET OFFICE

I, Marcus Bell, will state as follows:

Introduction

1. I make this statement on behalf of the Equality Hub for the purposes of the UK Covid-19 Inquiry. The aim of this statement is to provide an overview of the structures and responsibilities of the Equality Hub and the role it played in the UK Government's response to the Covid-19 pandemic between 1 January 2020 and 24 February 2022. The Equality Hub's key workstreams in relation to the Covid response were related to ethnicity, disability and data and analysis.

Background and Experience

2. I am Director of the Equality Hub which is based in the Cabinet Office and focused on disability policy, ethnic disparities, gender equality, LGBT rights and the overall framework of equality legislation for the UK. This is a post I have held since September 2020. Prior to this I was Director of the Race Disparity Unit and Disability Unit - two of the component units of the Equality Hub - in the Cabinet Office. I joined the Cabinet

Office in 2016 after having held a number of senior posts in the Department for Education and the Ministry of Justice.

Basis of Statement

3. I make this statement from information and documents within my personal knowledge; information provided to me by colleagues within the Equality Hub; and my own experience of the functions and operation of government. The content of this statement is true to the best of my knowledge and belief.

The Equality Hub

4. The Equality Hub was created in September 2020, when the Race Disparity Unit (RDU), the Disability Unit (DU) and the Government Equalities Office (GEO) were brought together. The Social Mobility Commission (SMC) secretariat joined the Equality Hub in April 2021. Prior to September 2020 the RDU and the DU had a shared Director and GEO had its own Director. Following the Equality Hub's creation, I became the sole Director for all the units. Leadership arrangements of the units are set out later in this statement. The four units were originally sited in different government departments, and transitioned to the Cabinet Office as set out below:
 - a. RDU was established in the Cabinet Office in September 2016.
 - b. DU staff were transferred from the Department for Work and Pensions (DWP, where they were part of the Office for Disability Issues) in November 2019.
 - c. GEO transferred from the Department for Education (DfE) in April 2019.
 - d. The SMC secretariat transferred from DfE in April 2021 to be part of the Equality Hub.

5. The units have their own areas of policy responsibilities, with a Deputy Director responsible for the different policy areas **MB/1 [INQ000083932]**. Since being brought together under the umbrella of the Equality Hub, the units have shared operational functions. This includes data and analysis, communications, operations and parliamentary/correspondence functions. The exception to this is the SMC Secretariat which has separate operational functions to maintain independence as it reports to the Commissioners rather than Ministers.
6. The Equality Hub agrees its budget and headcount as a whole with the Cabinet Office and this is then allocated across the teams in each unit. The number of full time equivalent staff in the Equality Hub was 170 in 2019/20 (GEO, RDU and DU only), 163.5 in 2020/21 and 201.5 in 2021/22 (including the SMC). Data is not available for SMC in 2019/20 and 2020/21 as it was based in a different department. Deputy Directors within the Equality Hub report directly to me, and we regularly convene senior leadership meetings.
7. The Equality Hub is responsible for cross-government policy on disability, ethnic disparities, gender equality, Lesbian Gay Bisexual and Transgender (LGBT) rights and also the overall framework of equality legislation for the UK (Equality Act 2006 and Equality Act 2010). It is not responsible for policies related to the protected characteristics of age and religion or belief. Responsibility for age sits across multiple departments depending on the subject area, e.g. Health with the Department for Health and Social Care (DHSC) or Pensions with DWP. The Department for Levelling Up, Housing and Communities (DLUHC) is responsible for religion or belief. The Department for Levelling Up, Housing and Communities was previously known as the Ministry of Housing, Communities and Local Government (MHCLG, name changed September 2021). Both are used in this statement. The Equality Hub also sponsors two arm's-length

bodies (ALBs), the Equality and Human Rights Commission (EHRC) and the SMC, the secretariat of which sits within the Equality Hub. Sponsorship of ALBs involves “delivering effective relationships between departments and their ALBs, [to ensure] the efficient and effective public outcomes that Parliament and the public expect” **MB/2 [INQ000089721]**. This includes agreeing budgets and public appointments to the ALBs such as the commissioners.

8. The Equality Hub's work generally falls into three key areas:
 - a. policies that are solely the responsibility of the Equality Hub, eg. legislating to ban conversion practices;
 - b. policies and pilot programmes that are developed within the Equality Hub and then handed over to other government departments to lead, e.g. LGBT bullying which is now the responsibility of DfE; and
 - c. advising and supporting other government departments to deliver, drawing on our expertise.
9. The key work streams of the component units that make up the Equality Hub during the time period of the inquiry, are set out below. Ministerial changes in September 2019 meant that these workstreams were a mixture of previous ministerial priorities coming to an end, new ministerial priorities and delivery of 2019 manifesto commitments. The interim Director of GEO, Elysia McCaffrey also wrote to Ministers to update them of GEO's specific priorities in May 2020 **MB/3 [INQ000083945]**. The Equality Hub, and its component units led on:

- a. The development of a cross-government National Disability Strategy, a 2019 manifesto commitment **MB/4 [INQ000089722]**. This was published in July 2021. Responsibility for delivering the commitments within the Strategy sat with departments across government. DU was responsible for implementing some of the commitments, and having oversight of the Strategy as a whole. In January 2022, a judicial review resulted in a pause of some policies which are referred to in the Strategy or are directly connected with it. The DU continued to focus on policy to improve the lives of disabled people, including significant stakeholder engagement.
- b. LGBT policy which included the delivery of commitments within an LGBT action plan **MB/5 [INQ000089723]**; consultation on proposed reform of the Gender Recognition Act **MB/6 [INQ000089724]**; and legislating to ban conversion practices **MB/7 [INQ000089725]**. The team also engaged with other government departments to improve LGBT-related policy, for example safety (Home Office (HO),) bullying (DfE), and healthcare (DHSC) amongst other areas. The team was also planning an international LGBT conference, a 2019 manifesto commitment, which was rearranged to 2022 due to the pandemic and later cancelled **MB/8 [INQ000089726]**.
- c. gender equality policy included Gender Pay Gap reporting **MB/9 [INQ000089727]**; supporting women in the workplace through a range of expert groups and policy interventions; and working with other government departments to provide expertise on gender equality related policy, for example childcare, flexible working, and violence against women and girls.
- d. race and ethnic disparities policy including projects with HO on police stop and search activity and the Windrush compensation scheme; supporting the

independent Commission on Race and Ethnic Disparities to deliver their report into disparities in the UK (published March 2021) **MB/10 [INQ000089803]**; and delivering the Government response to this report, Inclusive Britain (published March 2022) **MB/11 [INQ000089814]**.

e. legislation included regulations to introduce opposite-sex civil partnerships in England and Wales (Dec 2019). This was followed by regulations introducing same-sex marriage and opposite-sex civil partnership in Northern Ireland (February 2020).

f. the 2019 manifesto commitment to improve data and evidence about equalities. This includes maintaining the 'Ethnicity Facts and Figures' website **MB/12 [INQ000089728]**; developing the Equality Data Programme with the Office for National Statistics (ONS) which identifies barriers to opportunity that go beyond protected characteristics; and complementary programmes of work to improve the quality and accessibility of data and evidence about disability, race/ethnicity, sex/gender and LGBT.

10. The SMC secretariat supports the work of the Social Mobility Commissioners, led by a Chair (Katharine Birbalsingh CBE, from October 2021-January 2023) who sets the direction for their work. The Commission has a statutory responsibility to produce an annual report on social mobility **MB/13 [INQ000089729]**, **MB/14 [INQ000089730]**. In addition, at the direction of the Chair, it will carry out work to promote social mobility, produce research into social mobility, and advise ministers on social mobility (when Ministers request).

11. The Equality Hub's work, and its respective units, provide annual corporate updates as part of the Cabinet Office's annual reporting. These reports set out the Equality Hub's

priorities and outcome measures for the year ahead. In the Cabinet Office's Single Departmental Plan 2019 **MB/15 [INQ000089731]** (valid from 27 June 2019 to 15 July 2021) at paragraph 2.7 GEO and RDU (the only units in the Cabinet Office at the time) were responsible for the objective to "Reduce disadvantage, improve equality and tackle discrimination", with priorities listed as:

- a. Deliver the forthcoming Gender Equality and Economic Empowerment Strategy and LGBT Action Plan commitments for 2019/20.
- b. Coordinate policy responses to the ethnic disparities highlighted on the Ethnicity Facts and Figures website.
- c. Provide guidance to all large employers in all priority sectors on what works to close the gender pay gap, tackling sexual harassment in the workplace, promoting inclusiveness and ensuring gender equality in data and automated processes as work adapts to new technologies.

12. In the Cabinet Office's Outcome Delivery Plan 2021 **MB/16 [INQ000089732]** (which replaced the Single Departmental Plan, and was valid from 15 July 2021, for the financial year beginning April 2021 to April 22) the Equality Hub was stated to be responsible for "Improving levels of equality across the UK", in section 5. The delivery milestones for this objective included:

- a. Lead work to analyse and tackle disproportionate impacts of Covid-19 for ethnic minority and disabled people.
- b. Promote gender equality in the Covid-19 recovery, by working to increase women's economic participation, and reduce occupational segregation.

13. The work of the Equality Hub, including budget, headcount, and how well it is delivering on its responsibilities is also scrutinised by the Women and Equalities Select Committee (WESC) **MB/17 [INQ000083894]**. This included holding an evidence session with the Minister for Women and Equalities The Rt Hon Elizabeth Truss MP and me as Equality Hub Director on 25 May 2021 **MB/18 [INQ000089733]**, and WESC reporting on the work of the Equality Hub in their report into the role of the GEO on 24 September 2021 **MB/19 [INQ000089734]**.
14. Responsibility for other policies related to equalities issues (including understanding the equality impacts of all policies) usually sits with the relevant government department. For example, DfE is responsible for childcare, HO for Violence Against Women and Girls, DHSC for ethnic disparities in health. The Equality Hub does not have the capacity to engage on every issue, but gets involved on cross-cutting issues (e.g. the National Disability Strategy or the Inclusive Britain action plan) or where an issue is a priority for No.10 or Equality Ministers. Priorities are reviewed with No.10 and Equality Ministers from time to time.
15. Individual government departments are also responsible for understanding the equality impacts of their own policies through compliance with the Public Sector Equality Duty (PSED). The Equality Hub does not routinely review or monitor other government departments' equality impact assessments or their approach to PSED. From time to time the Equality Hub advises and gives guidance to departments about their equality duties. For example, in December 2021, the current Minister for Women and Equalities the Rt Hon Kemi Badenoch MP wrote a letter to government Ministers giving general advice on how to approach equality impact assessments, what documentation of decision making might be appropriate, and reminding them that it is an ongoing duty to consider equality **MB/20 [INQ000089735]**.

16. There is engagement from time to time with devolved administrations on specific policy areas. The majority of equality legislation for Scotland and Wales is reserved to Westminster; the Scottish and Welsh Government have some discretion to vary/add to public sector equality requirements. Equality is a fully transferred matter in Northern Ireland and is the responsibility of the Northern Ireland Assembly.

Key Decision-Makers and Officials

17. Although part of the Cabinet Office, the Equality Hub reports to its own set of Ministers who are typically based in other government departments where they have other responsibilities in addition to equality **MB/21 [INQ000089736], MB/22 [INQ000089737], MB/23 [INQ000089738], MB/24 [INQ000089739]**.

a. The Minister for Women and Equalities was The Rt Hon Elizabeth Truss MP from September 2019 to September 2022. During this time, she also held the posts of Secretary of State for Trade (at the Department for International Trade, DIT) and then Foreign Secretary (at the Foreign, Commonwealth & Development Office, FCDO). The Minister for Women and Equalities has overall responsibility for the Equality Hub's work (except disability policies, see below), and will decide how to delegate responsibilities and work streams to junior ministers.

b. Junior Minister for Equalities posts have been held by:

- i. The Rt Hon Kemi Badenoch MP from February 2020 to July 2022, based in the Treasury (HMT) and then DLUHC (from September 2021). During this period Minister Badenoch had delegated responsibility for the Covid Disparity Reports.

- ii. Mike Freer MP, alongside Minister Badenoch with specific responsibility for LGBT policy from September 2021 to July 2022, based in DIT.
 - iii. Baroness Williams of Trafford from 2018 to February 2020, based in the Home Office.
- c. Minister for Women posts have been held by:
 - i. Baroness Stedman-Scott OBE from September 2021 to September 2022, based in DWP.
 - ii. Baroness Berridge of The Vale of Catmose from February 2020 to September 2021, based in DfE.
 - iii. Victoria Atkins MP from 2018 to February 2020, based in the Home Office.
- d. Minister for Disabled People posts have been held by:
 - i. The Rt Hon Chloe Smith MP from September 2021 to September 2022, based in DWP
 - ii. Justin Tomlinson MP from 2019 to September 2021, based in DWP
- e. The Minister for Disabled People reports into the Secretary of State for Work and Pensions. This role was held by The Rt Hon Thérèse Coffey MP from September 2019 to September 2022.

18. Cabinet Office is responsible for agreeing the headcount and budget of the Equality Hub, in conjunction with Equality Ministers. While a Cabinet Office Minister is nominally responsible for Equality Hub business planning, the Cabinet Office Ministers were not responsible for the Equality Hub's decision-making related to Covid-19.
19. The leadership of the Equality Hub, and its component units, over the period of the Inquiry's interest is set out below:

Timeline of Equality Hub Directors

Director General	Lucy Smith											Peter Lee																
Director Equality Equality Hub										Marcus Bell																		
Director RDU and DU	Marcus Bell			Richard Laux			Marcus Bell																					
Director GEO	Hillary Spencer			Elysia McCaffrey																								
	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F		
	2020												2021												2022			
	Timing																											

To note, Richard Laux took on an informal oversight role across RDU and DU while Marcus Bell was on redeployment (March - June 2020), but was not formally appointed as interim Director (see redeployment section). The Equality Hub did not have a Director General to report to between September-December 2020.

20. Directors have overall responsibility for all work of the Equality Hub, including ensuring the delivery of ministerial priorities, oversight of the senior leadership team, and business planning.
21. The Equality Hub and its units are operationally based in the Cabinet Office. The Equality Hub, and prior to that its component units, reported to a Director General whose

responsibility was limited to business planning/operational oversight rather than creating or developing policy. Since December 2021, I have reported directly to Alex Chisholm, Permanent Secretary for the Cabinet Office.

22. Deputy Directors have overall responsibility for a particular policy strand, function or unit. GEO's Deputy Directors during the period were Oliver Entwistle (LGBT policy and operations), Charles Ramsden (legislative framework for equalities and ALB sponsorship), Anna Thompson (Communications, Strategy, International and LGBT policy), and Paul Trennell (Gender and Data, July 2020 until September 2021). Since September 2021 the gender Deputy Director position has been vacant with Gillian Unsworth having interim responsibility.
23. RDU's Deputy Directors during the period were Summer Nisar (race and ethnicity policy), Jags Parbha (digital) and Richard Laux (data and analysis). Following Paul Trennell's departure, Richard Laux took over responsibility for all data and analysis work across the Equality Hub.
24. DU's Deputy Directors during the period were Sarah Baker, Hannah Rignell and Alison Franks. Sarah Baker until January 2021, Hannah Rignell until September 2021, Sarah Baker and Hannah Rignell as a job share until November 2021, and Sarah Baker and Alison Franks as a job share from that point onwards.
25. SMC's Deputy Directors (known as Director) were Sasha Morgan (until November 2021, Lindsay Trammell (until January 2022), and Helen Anderson (until June 2022).
26. In October 2020, Minister Badenoch also appointed two independent advisers to assist her with the review of Covid-19 health disparities for ethnic minorities. Their remit was

to provide medical and epidemiological expertise, and to review and advise on the Covid-19 disparities project **MB/25 [INQ000083926]**.

- a. Dr Raghib Ali, who at the time was a Senior Clinical Research Associate at the MRC Epidemiology Unit at the University of Cambridge and the Director and Principal Investigator of the Public Health Research Center at New York University, Abu Dhabi.
 - b. Professor Keith Neal, emeritus professor in the epidemiology of infectious diseases at the University of Nottingham, who has over 30 years' experience controlling infectious diseases.
27. The two advisers remained in post until March 2022. They played an important role in reviewing the emerging data on Covid-19 disparities, quality assuring the four quarterly reports to the Prime Minister (which I discuss below in the Covid Disparities Quarterly Reports section), briefing the media on the findings of the reports, and (in the case of Dr Ali) speaking at events and recording videos to help increase vaccine uptake among ethnic minority groups.

Redeployment of staff during Covid-19

28. Fifty-one staff members of DU, RDU, and GEO were redeployed to help the pandemic effort. Redeployments began following the national lockdown on 24 March 2020. This includes my own redeployment to work as Director of Shielding Data in the Government Digital Service, where I was responsible for building the data system for distribution of essential supplies to Clinically Extremely Vulnerable peoples. Richard Laux took on an informal oversight role for RDU and DU during this period. This took place from 30 March

2020 to 17 June 2020. SMC was based in DfE at the time and any data about their redeployment is not available to the Equality Hub.

29. WESC, as part of their ongoing inquiry into the role of the GEO, requested further details about redeployments, which included a breakdown by grade and department **MB/26 [INQ000083920]**. Initial redeployments were for 3 months, with some extended depending on the needs of the role they were operating in. In addition staff were moved across DU, GEO and RDU to support the Equality Hub's involvement in the response.
30. RDU and DU's role in relation to Covid was recognised by the Cabinet Office through reclassification as "business critical functions". DU was added to the Critical Function list on 14 April 2020 and RDU added in June 2020. "Business critical" status meant these two units were protected from being required to redeploy staff elsewhere in government, and were able to request additional staff.
31. Redeployment of GEO staff did not have a negative impact on its ability to respond to the pandemic, as we moved the resources remaining after staff were redeployed from day-to-day policy work to the Covid response. To ensure we had capacity for the Covid response, we paused or slowed down a lot of our other forward facing policy work. DU's ability to respond was not impacted as it did not redeploy any staff. The redeployment of staff in RDU, including myself, could have had a negative impact on our ability to respond, although it is difficult to quantify. As I have explained Richard Laux (RDU Deputy Director) took on an informal oversight role for RDU during the period I was redeployed (30 March 2020 to 17 June 2020). I was confident in Richard's ability to manage RDU and progress any relevant issues as required. Once emerging data was clear about the disproportionate impact of the pandemic on ethnic minority people I returned to RDU to support existing staff who were already engaging on the response. This decision was taken on 12th June 2020 and I returned to RDU a week later.

32. Sir John Manzoni, then Permanent Secretary of Cabinet Office, took the decision about my redeployment on emergency Covid work in consultation with me. At that time (March 2020) it was not apparent that ethnic minority people were disproportionately impacted, and therefore I was needed in another part of Cabinet Office. Decisions about wider staff redeployment were managed as follows. The Civil Service established a central resourcing hub which matched people available for redeployment to the roles that needed filling at speed. Within the Hub, the then GEO Director, Elysia McCaffrey and the senior leadership team, identified those who could be redeployed and supported them in finding roles through the Civil Service resourcing hub. The redeployment of Equality Hub staff was supported by the Minister for Women and Equalities. The decision to allocate units as business critical business functions was managed by Cabinet Office.

The Equality Hub and Covid-19

33. GEO, RDU and DU's day to day operations largely continued as normal until after the national lockdown was announced at the end of March 2020. Some of the regular work of the Equality Hub was paused or wound down (as it was related to previous ministerial priorities), reflecting the reduced resources available as staff were redeployed to more critical areas, and to reflect the changing pressures on business and stakeholders.
34. One example of this was the requirement for businesses with over 250 employees to report their Gender Pay Gap by April each year. For the 2020 reporting year the Equality Hub agreed with the EHRC decision to suspend enforcement activity due to the unprecedented pressure on employers as a result of the pandemic. For the 2021 reporting year, employers had until 5th October to report their data. The EHRC took the decision to give employers an extra six months to report, reflecting the continued impact that the pandemic had on employers.

35. Aside from some engagement from DU on accessible communications in mid-March (see paragraph 125), the organisations that comprise the Equality Hub were not directly involved with the Covid response until after the national lockdown was announced on 23 March 2020 **MB/27 [INQ000083946]**.
36. Subsequently the Equality Hub's, and its component unit's, principal areas of involvement were:
- a. Production of Covid Disparities Quarterly Reports
 - b. Improving disability data
 - c. Vaccine certification and exemptions
 - d. Advice on PSED and Equality Impact Assessments
 - e. Understanding the impact on women
 - f. Providing general, ad hoc advice
37. In addition, the Equality Hub and its units had ad hoc engagement with policy teams across government and the Covid Taskforce, where we would from time to time be asked to provide an expert view of any equalities considerations on the work for which they were responsible. This could take the form of a phone call, or a document being shared with a quick turn around for comments.
38. The Equality Hub and its units did not have any engagement with the devolved administrations as this was not necessary in relation to the work it was responsible for. The GEO had some engagement with one statutory body, EHRC, in relation to the covid response (see paragraph 90).

Covid Disparities Quarterly Reports

39. The RDU played a significant role in assessing the impact of Covid-19 on ethnic minorities. Following publication of the Public Health England (PHE) report 'Covid-19: review of disparities in risks and outcomes' in June 2020 **MB/28 [INQ000089740]**, the then Prime Minister and Secretary of State for Health and Social Care asked Minister Badenoch to lead cross-government work to address the PHE report's findings. Under the terms of reference for this work **MB/29 [INQ000089741]**, the Minister was tasked with submitting quarterly progress reports to the Prime Minister and Health Secretary. The Minister was supported in this work primarily by RDU.
40. 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, RDU's main focus was to consider why the virus has had such a disproportionate impact on ethnic minority groups, and in particular men from within those groups. There was also a separate strand of work, led by DU, focusing on the impacts of Covid-19 on disabled people.
41. Minister Badenoch, with the support of RDU, published four reports to the then Prime Minister and Health Secretary.
42. The first report was published in October 2020 **MB/30 [INQ000089742]**. It summarised the evidence at the time, which showed that a range of socioeconomic and geographical factors such as occupational exposure, population density, household composition and pre-existing health conditions were contributing to the higher infection and mortality rates for ethnic minority groups. The report concluded that a part of the excess risk remained unexplained for some groups.

43. The first report included an annex detailing activity across government departments to address the disproportionate impact of Covid-19 on ethnic minority groups and also summarised work to improve the reach and public understanding of public health communications on Covid-19. The report made 13 recommendations including a rapid, light-touch review of action taken by local authorities to address Covid-19 disparities and the mandatory recording of ethnicity as part of the death certification process.
44. Minister Badenoch made a statement to Parliament on 22 October 2020 announcing publication of the first quarterly Covid disparities report **MB/31 [INQ000089743]**.
45. The second report was published in February 2021 **MB/32 [INQ000089744]**. It looked in more detail at the causes of the higher infection and mortality rates for ethnic minority groups and summarised some of the work undertaken to fill the gaps in our understanding. It concluded that the direct impacts of Covid-19 improved for some ethnic minority groups during the early second wave of the pandemic, although the virus had a much greater impact on some South Asian groups.
46. The second report summarised activity to implement the recommendations from the first report, including the light-touch review of local authority actions to address Covid disparities. It also summarised the findings of the research commissioned by RDU into a small group of ethnic minority people's personal experiences of Covid-19. For example, participants felt that communications tended to frame ethnic minorities as a homogeneous group that was vulnerable to Covid-19, which they found stigmatising.
47. The second report set out some next steps, including for RDU to share across government the findings from the qualitative research into people's personal experiences of Covid-19, and for these findings to be reflected in government communications about Covid-19.

48. Minister Badenoch responded to an urgent parliamentary question about the second quarterly report on 1 March 2021 **MB/33 [INQ000089745]**.
49. The third report was published in May 2021 **MB/34 [INQ000089746]**. It had a much greater focus on work to improve vaccine uptake among ethnic minorities, including reporting back on progress with the Community Champions scheme (see paragraph 55). It confirmed the finding from the second report that people from South Asian ethnic groups, particularly the Pakistani and Bangladeshi groups, were at the greatest risk of death from Covid-19 during the second wave and summarised activity to support and protect these particular groups.
50. The third report set out eleven next steps, including for Minister Badenoch and the Minister for Covid-19 Vaccine Deployment to continue a programme of engagement focusing on promoting vaccine uptake and encouraging asymptomatic testing, particularly for those within higher risk occupations, as sectors of the economy reopened.
51. The fourth and final report was published in December 2021 **MB/35 [INQ000089747]**. As well as detailing activity over the period June-December 2021, it summarised the main findings from the review and how these had helped to shape the government's response to Covid-19.
52. The final Covid Disparities Report concluded that the main factors behind the higher risk of Covid-19 infection for ethnic minority groups included occupation (particularly for those in frontline roles, such as NHS workers), living with children in multigenerational households, and living in densely-populated urban areas with poor air quality and higher levels of deprivation. Once a person became infected, factors such as older age, male

sex and having a disability or a pre-existing health condition (such as diabetes) were likely to increase the risk of dying from Covid-19.

53. These insights were crucial in shaping the government's response to Covid-19. For example, as noted above, in the second wave of the pandemic, the risk of dying from Covid-19 was much higher for the Bangladeshi and Pakistani ethnic groups. In response, RDU worked with other government departments on measures designed to protect those from South Asian groups. This included helping to draft updated guidance on preventing household transmission **MB/36 [INQ000089748]**, which was particularly important given the higher percentage of people from the Bangladeshi and Pakistani ethnic groups living in multi-generational homes. In January 2021 this was translated into a range of languages including Arabic, Bengali, Gujarati, Punjabi and Urdu. RDU also worked with the Department for Transport (DfT) on measures to protect taxi drivers, as around a third of taxi drivers and chauffeurs are Bangladeshi or Pakistani men who were particularly at risk. Measures introduced by DfT included requiring passengers to wear masks in taxis (from September 2020) **MB/37 [INQ000089749]**, guidance to drivers about how to protect themselves from Covid-19 (November 2020), and on fitting screens in their vehicles (March 2021) **MB/38 [INQ000089750]**.
54. The Equality Hub also supported government work with national and local partners to promote vaccine uptake among ethnic minority groups, and to tackle misinformation through a series of targeted and highly innovative interventions. This included holding events where ethnic minority healthcare professionals reassured peers about the vaccine, using places of worship as vaccination centres, linking the vaccination programme with key religious festivals such as Easter and Ramadan, and the Community Champions scheme (see paragraph 55). The Equality Hub's role involved sharing data insights with other departments, supporting MHCLG in the development of the Community Champions scheme and stakeholder engagement (including meetings

with faith and community leaders, medical professionals and others - see the Stakeholder Engagement section, paragraph 130)

55. The Community Champions scheme was announced in the first quarterly report and launched by MHCLG in January 2021 **MB/39 [INQ000089751]**. The scheme allocated £23.75 million in funding to 60 councils across England to build on or improve existing activities with at-risk residents from each local authority. In addition, surge funding was provided to 'Strengthening Faith Institutions' and 'Near Neighbours' in order to utilise their established access into 'hard-to-reach' communities. The scheme focused on driving up vaccination rates and a second round (Community Vaccine Champions) was launched in January 2022 **MB/40 [INQ000089752]**.
56. RDU supported MHCLG/DLUHC in developing both rounds of the scheme, sharing insights and information and sitting on the cross-Whitehall advisory group.
57. Minister Badenoch also shared the findings of her first three Covid Disparity Quarterly Reports with the Chair of the Joint Committee on Vaccines and Immunisation (JCVI) (in December 2020 **MB/41 [INQ000083875]**, March 2021 **MB/42 [INQ000083884]**, and May 2021 **MB/43 [INQ000083890]**) to help inform the vaccination programme. The Minister played a significant role in promoting vaccine uptake, from participating in a trial of the Novavax vaccine in order to encourage other ethnic minorities to come forward, to holding a series of roundtables with a range of different bodies including doctors, pharmacists, religious leaders and diplomats. One of the government's independent advisers on Covid-19 and ethnicity, Dr Ali, supported her in this work, attending a series of roundtables for ethnic minority healthcare professionals and recording videos reassuring people about the safety of the Covid-19 vaccines. The full detail of this engagement is set out in the Stakeholder Engagement section.

58. The final Covid Disparities Report made seventeen recommendations, which the then Prime Minister accepted in full:

- a. The government and health agencies must build on the success of the Covid-19 vaccination deployment programme in reaching ethnic minority groups and apply this to future vaccination programmes, including Covid-19 booster vaccinations, winter flu vaccination and childhood immunisation programmes.
- b. In order to reassure ethnic minority groups and encourage uptake, the government must ensure there is clarity in the communications about the need for Covid-19 boosters and the longer-term plan for Covid-19 vaccination.
- c. To reassure pregnant women that the Covid-19 vaccine is safe, the government should continue to deliver clear messaging through trusted voices and via social media.
- d. Government departments, their agencies and the NHS must continue to build trust in health services within ethnic minority groups through optimising and building on the local partnerships and networks established under the vaccination programme.
- e. The successful elements of the vaccination programme must also be applied to the work to tackle longer-standing health disparities. This must be a priority for the new Office for Health Improvement and Disparities and its partners.
- f. To build confidence in future vaccination schemes and other health interventions, the National Institute for Health Research and the NHS Race and Health Observatory should seek to increase ethnic minority participation in

clinical trials and research through methods such as promoting the INCLUDE Ethnicity Framework **MB/44 [INQ000089753]**. This framework was developed with government funding and helps clinical trials teams think carefully about which ethnic groups should be included in their trial for its results to be widely applicable).

- g. The government should continue to monitor the impacts of Covid-19 by ethnicity as the virus evolves. This may include:
 - i. measuring survival analysis over time, and
 - ii. monitoring vaccine uptake among 16 to 18 year olds and 12 to 15 year olds and uptake of the booster vaccine.
- h. The findings and recommendations from this series of reports should be applied to the government's response to future Covid-19 variants.
- i. DHSC should continue to consider the set of interdependent United Information Standard for Protected Characteristics recommendations proposed by NHS England to improve the quality of ethnicity data coding, and should outline responsibilities to relevant leads.
- j. ONS should collaborate with the other relevant health departments and consider how linking health and Census data could be improved and extended to facilitate more reliable, timely and detailed estimates of ethnic health disparities on a regular basis.
- k. Relevant health departments and agencies should review and action existing requests for health data, and undertake an independent strategic review of the dissemination of healthcare data and the publication of statistics and analysis.

- l. NHS Digital should include the proportion of records coded as not known, not stated, an 'other' group and 'any other ethnic group' in the NHS Data Quality Maturity Index.
- m. RDU will discuss ways to improve guidance and signposting for health statistics with the English Health Statistics Steering Group.
- n. A Programme Board, involving representatives of the user community and other relevant stakeholders (including the devolved administrations), should oversee implementation of these priorities and should publish regular reports of progress.
- o. The government and health agencies must implement the lessons learnt from the Covid-19 insights work and in particular:
 - i. address specific ethnic minority groups rather than a homogenous group (through for example use of the term 'Black Asian and Minority Ethnic' or 'BAME')
 - ii. ensure that public health communications do not stigmatise ethnic minorities when explaining that they may be more vulnerable or at higher risk
- p. The government should carry out a review of language and terminology around ethnicity to understand how to target messaging without stigmatising any particular group.

- q. The government should use the Covid-19 experience of reaching ethnic minority groups for future public health campaigns. This should include activities to:
- i. develop and provide materials in multiple languages and formats, including British Sign Language, easy read and audible formats, to ensure content addresses any difficulties to reach diverse audiences
 - ii. build on community partnerships and work closely with local networks to improve understanding and gain insight into the audience
 - iii. use community partners to co-create content and tailor communications that resonate with key audiences
- r. communicate key messages through community partners and specialist media and digital channels, using trusted voices to land messaging where necessary.

Improving evidence on the impact on disabled people

59. DU played a key role in identifying and championing the needs of disabled people across government. This included building the evidence base to understand the impact of Covid-19 on disabled people and highlighting issues with senior officials in the Covid Taskforce to influence papers, and in particular a commission to all departments to identify proposals for policies or interventions to mitigate Covid-19's disproportionate impact among disabled people.
60. On 21 May 2020 Sarah Baker, Deputy Director of the DU, attended General Public Sector Ministerial Implementation Group (GPSMIG) to present on the impact of Covid-

19 on disabled people **MB/45 [INQ000083880]**. This was one of four Cabinet Committees set up to manage the crisis (the others were healthcare, the economy, and international issues) **MB/46 [INQ000089754]**. Attendees approved the recommendations, which included improving data collection, continuing to engage with stakeholders and ensuring that all Covid-19 communications were fully accessible.

61. The DU asked the ONS to collect and analyse data by disability or impairment status.

This resulted in:

a. Opinion and Lifestyle survey data on the social impact of Covid 19 on disabled people in April and May 2020. For the first time the May 2020 data provided a breakdown by impairment **MB/47 [INQ000089755]**.

b. ONS death rate data for disability released by ONS on 19 June 2020 **MB/48 [INQ000089756]**.

62. From July to September 2020, DU commissioned the Policy Lab (an expert team within the civil service, that supports people-centred design approaches to policy-making) to conduct ethnographically-led research into the experiences of disabled people during the Covid-19 pandemic **MB/49 [INQ000089757]**. The aim was to understand the impact of Covid-19 on the lives of disabled people, to identify problems that could be resolved through policy changes and to make the changes necessary that would lead to positive outcomes. The research informed the development of DU's National Disability Strategy. It demonstrated that existing data on disability across government is fragmented and does not allow comparisons to be made across departments. This led to an action within the National Disability Strategy to improve government disability data.

63. At the Officials Covid-O meeting on Disproportionately Impacted Groups on 30 October 2020, I presented DU data on the impact of Covid-19 on disabled people **MB/50 [INQ000083956]**. Following this, the Covid Taskforce commissioned Emran Mian, Director General in DLUHC, and Helen Dickinson, Director in the Cabinet Office, to work across government, and together with the Treasury (HMT), DWP and me to produce a paper on disproportionate impacts from Covid-19 on disabled people for a Covid-O Committee meeting **MB/51 [INQ000083917]**. The aim of this paper was to present ministers with a package of proposals for policies and interventions to mitigate Covid-19's disproportionate impact among disabled people, including those with learning disabilities. This was discussed at the Ministerial Covid O on 8 December 2020.
64. The DU developed a range of proposals on potential interventions **MB/52 [INQ000083918]**. The Minister for Disabled People, Justin Tomlinson, and the Secretary of State for Work and Pensions, Thérèse Coffey, approved two workstreams. One was to work with ONS to understand factors driving increased mortality risk (see detail in the data and evidence section) and secondly to create a National Centre for Digital Access to use the 'forced digitisation' of services and social life during Covid-19 to make this the most accessible place in the world to live and work with digital technology (project not taken forward due to funding). Covid-19 revolutionised the way individuals and organisations operate, forcing them to move to digital solutions.
65. On 8 December 2020 the Ministerial Covid-O meeting on Disproportionately Impacted Groups agreed to a cross-government package of work to respond to the disproportionate impacts of Covid-19 on disabled people. The package spanned: (i) data/evidence building (ii) infection control measures to reduce mortality for disabled people, especially in care home settings (iii) ameliorating secondary impacts (including education and digital exclusion), and (iv) accessible communications. DU put further advice to DWP Ministers giving options on whether to announce the cross government

package agreed by Covid-O to address the needs of disabled people **MB/53 [INQ000083896]**. This was subsequently followed by a range of blogs on the DU webpage on some of the measures put in place

Vaccine certification for the adult social care sector

66. An example of the Equality Hub's contribution to government discussions on the response to Covid-19 is the debate around whether to make Covid-19 vaccination a condition of deployment for those working in the adult social care sector. This was discussed at a Ministerial Covid O meeting on 17 March 2021 (see paragraph 140 for further details). The proposal was designed to increase vaccination rates among the workforce and to protect vulnerable residents of care homes.
67. The adult social care workforce has a high proportion of ethnic minorities and a high proportion of women. At the time of the Ministerial Covid O meeting, the data showed that 68.6% of ethnic minority healthcare workers had had at least one vaccine dose, while the comparable figure for the whole workforce was 80.5%. The policy would therefore have a disproportionate impact on ethnic minority workers. We identified that there was also a risk that it would impact disproportionately on pregnant workers or those trying to conceive, given the then lower rates of vaccine uptake among these groups.
68. The Minister for Equalities was briefed to raise the equalities impacts in the meeting on 17 March. The briefing drew on information learned in a meeting the Minister had held two days earlier with the BAME Communities Advisory Group, which was established as part of the Social Care Sector Covid-19 Support Taskforce (see stakeholder engagement section for further information). The Group had raised concerns with the Minister that imposing the vaccination requirement risked damaging trust with the workforce and would require very careful handling. The Minister for Equalities was briefed to raise these concerns, and the Ministerial Covid O asked DHSC to develop a

robust handling plan to address vaccine hesitancy and equality issues, particularly for ethnic minority workers and pregnant women or those trying to conceive.

69. The Equality Hub then contributed to the subsequent consultation 'Making vaccination a condition of deployment in the health and wider social care sector' **MB/54 [INQ000089758]**, and the accompanying equalities impact assessment **MB/55 [INQ000089759]**, which was published in September 2021.

Exemptions for vaccine certification

70. The Equality Hub also played an active role in the design of exemptions to vaccine certification. Vaccine certification was designed to both increase vaccination rates among the general public and to limit the spread of Covid-19 in public places by requiring visitors to provide proof of either vaccination, a recent negative Covid test, or proof of natural immunity.
71. DU supported the Covid-19 Taskforce by holding a roundtable with disability stakeholders (23 March 2021) as part of the Certification Review. Through this discussion the Covid-19 Taskforce identified a number of potential issues with the policy, including i) equalities concerns for people for whom vaccination or regular testing would cause distress and ii) ensuring the process was fully accessible for people with disabilities. DU fed into the development of the equality impact assessment for the Covid status certification (April 2021) with the Covid Taskforce.
72. At the Covid-O meeting on Covid Status Certification on 20 May 2021, Minister Badenoch was briefed ahead of the meeting to raise these concerns (see paragraph 143 for details). The Ministerial Covid-O commissioned the unit then known as NHSx, which had a remit to set policy and develop best practice for the NHS in technology, digital and data, to develop a means for exempted individuals to prove their status, and

for the Covid-19 Taskforce; DU, NHSx and the UK Health Security Agency (UKHSA) to develop a non-digital route; and ensure that people with disabilities could access a different testing route **MB/56 [INQ000083897]**.

73. DU worked with DHSC, UKHSA, NHSx and disability stakeholders to design a fully accessible certification process and guidance including exemptions for people with severe autism or learning disability **MB/57 [INQ000083921]**.

PSED and Equality Impact Assessments

74. On 14 April 2020, the Covid Taskforce asked GEO to help in conducting a PSED assessment on the social distancing policy, which the GEO agreed. This PSED assessment was to be provided to Ministers ahead of a review of the Covid regulations that week.
75. GEO produced an outline of the PSED assessment, earmarking different departments to lead on the relevant sections, and included suggestions of issues that GEO thought should be covered. These were based on GEO research into problems that groups with protected characteristics were experiencing. GEO held the pen on a master PSED analysis document for the social distancing measures. GEO received the inputs from departments and drew them together in the single assessment document. Where time allowed GEO also quality assured returns to ensure the analysis was robust.
76. Following on from the first review of regulations, GEO followed a similar model to the above, working closely with the Covid Taskforce, to help to coordinate PSED assessments of each subsequent review of the social distancing measures until August 2020. The social distancing measures varied over time, but included requirements to self-isolate, restrictions on movement, closures of schools/public spaces, restrictions on gatherings and stay at home measures. This involved commissioning, reviewing and

collating input from departments on the ongoing impacts of existing measures, and the potential impacts of the regulatory changes being considered at each review.

77. The key documents that were produced in 2020 with GEO's support are set out below. These reflect the active discussions that happened at the time as different options for changes in the regulations were considered.

- a. a PSED analysis of the first regulation review on 17 April **MB/58 [INQ000083934]**.
- b. three iterative documents for the second review - one higher level document on 29 April **MB/59 [INQ000083935]**, followed up with more detail in iterations on 6 May **MB/60 [INQ000083936]** and 12 May **MB/61 [INQ000083943]** (the latter of which included analysis of measures that had not been taken forward as part of the second review).
- c. four iterative documents for the third review on 23 May **MB/62 [INQ000083937]**, 28 May **MB/63 [INQ000083938]**, 30 May **MB/64 [INQ000083861]** and 8 June **MB/65 [INQ000083944]**.
- d. analysis for the early July easements **MB/66 [INQ000083873]**, including analysis specifically for the exclusion of Leicester from those easements **MB/67 [INQ000083864]**.
- e. analysis of easements considered in late July **MB/68 [INQ000083867]**.
- f. analysis of easements considered in mid-August **MB/69 [INQ000083868]**.

78. The Equality Hub was not involved in the equality impact assessment for the Coronavirus Act 2020.
79. The Equality Hub supported the Cross-Government PSED Network, a network of government officials responsible for PSED in their departments, by holding specific meetings on Covid-19 to share knowledge and expertise, for example on 9 June 2020 **MB/70 [INQ000083886]**. Our work included advising how to carry out effective impact assessments in emergency response situations **MB/71 [INQ000083887]**. Guidance for departments on how to factor equalities considerations into policy and decisions was shared with this network, alongside the Covid Taskforce, Directors of Strategy in other government departments, other department contacts **MB/72 [INQ000083914]**. The Hub also responded to ad hoc requests for help when people were considering equality impacts of the policies at pace, for example engaging with policy officials in DHSC on early thinking about immunity testing **MB/73 [INQ000083955]**.

Understanding the impact on women

80. To support rapid sharing of evidence and research during Covid, GEO repurposed its existing Research Observatory work to focus on the economic and social impacts of Covid-19 and the regulations and guidance put in place to respond to it. The Research Observatory was an ongoing project to improve the evidence base on how different protected characteristics were affected by social and economic policy, covering issues like flexible working, parental leave and low pay. An informal group of researchers and academics fed into the work, which was augmented by regular searches for announcements of new research projects, funding decisions of research organisations and publication of results. The Observatory drew on research and evidence from ONS, academics, think tanks, businesses and their representative groups, and charities, as well as government departments.

81. As the potential impact of Covid-19 became clearer the project focused specifically on how Covid-19, and the response to it, affected different groups. A working document summarised the research collected by the Observatory as of 7 September 2020 **MB/74 [INQ000083931]**. Slide packs of the key findings on gender and some of the other protected characteristics were compiled and widely shared across Government Departments and presented at various Covid working groups **MB/75 [INQ000083939]**. This led to improvements in some specific policy areas, for example the potential to include grandparents in childcare bubbles.

General and ad hoc advice and input

82. Alongside the workstreams set out above, the Equality Hub was also involved in a number of one off meetings and working groups.
83. Star chambers to test and challenge department policies on non-pharmaceutical interventions (NPIs) were convened by the C-19 Strategy Unit in Cabinet Office (an earlier iteration of what became the Covid Taskforce), to review, support and challenge other government department's work on significant areas of policy. In May to June 2020 GEO, RDU or DU either attended at official level or shared equality-related questions for discussion in advance. Initial proposed star chambers covered subjects such as social contact, non-essential retail, shielding, and school and early years **MB/76 [INQ000083951]**. Anna Thompson, Deputy Director for Strategy, attended star chambers on Shielding (21 May), Leisure & Tourism and Retail (11 June) and Gatherings (at/around 16 June). In parallel, we developed and shared with the secretariat a 'mindmap' summarising equalities considerations **MB/77 [INQ000083863]**, alongside setting out further areas the units' officials were interested in, including accessible communications and victims of domestic abuse **MB/78 [INQ000083952]**. The Equality Hub unit officials also attended an NPI Design Focus Group on Equalities and Hard to Reach Groups and the Operational Advisory Group meetings (both 14 July)

which were part of wider work on smart NPIs that the C-19 Strategy Unit was leading **MB/79 [INQ000083953]**.

84. Following the publication of the PHE report in June 2020 (referenced in paragraph 37), Anna Thompson, GEO Deputy Director for Strategy led work on the PHE report findings until this was handed over to RDU to incorporate as part of the Covid Disparities work. This engagement involved relaying the PHE report findings to other government departments to identify key occupational settings/sectors to consider; to collate examples of relevant risk assessment/mitigation practices (in clinical and non-clinical settings); to influence the Health and Safety Executive to make changes to their Covid-19 guidance; and to encourage HSE and PHE to urgently develop guidance for employers in key sectors/settings **MB/80 [INQ000083866]**. A key point expressed by officials throughout this work was to ensure all measures and communications were proportionate and would not inadvertently stigmatise or disadvantage ethnic minority workers.
85. The Equality Hub contributed to work led by the Department for Environment Food and Rural Affairs (DEFRA) on food security for clinically and economically vulnerable people. Anna Thompson was a member of the Senior Officials Group between 14 April 2020 to 11 June 2020, when the project came to an end with the announcement of additional £63m for local authorities to deploy. Contributions included ensuring Defra fully considered how it deployed grant funding to avoid any indirect discrimination **MB/81 [INQ000083954]**. For example, officials contributed to a GPSMIG in May 2020 where the proposal was to only provide temporary support to those that were unable to afford food to Covid-19. The Equality Hub unit officials made the point that those who were food-insecure before Covid-19 were disproportionately female, disabled and ethnic minority and this should be considered through Defra's PSED **MB/82 [INQ000083860]**.

86. In the summer of 2020, the Equality Hub units sat on a working group with the Deputy Chief Medical Officer and representatives from the Faculty of Occupational Medicine, the Health and Safety Executive and other bodies. This group helped to develop a paper submitted to the Scientific Advisory Group for Emergencies (SAGE) Ethnicity Sub Group on 21 August 2020 titled "Mitigation of ethnicity as an independent Covid-19 mortality risk: occupational risk management; progress and considerations" **MB/83 [INQ000089760]**. The consensus from this work was that risk assessments should be applied equally and consistently across the workforce. The group concluded that singling out all ethnic minority members of staff for additional risk assessments could be stigmatising and could deny them opportunities in the workplace.
87. The DU also worked closely with a range of departments to influence policies, to ensure disabled people's lived experiences were understood, their voices were heard and their needs were addressed, including:
- a. Working with MHCLG and DfT on plans for an accelerated application, consultation and approval process enabling restaurants and cafes to set up tables on pavements, ensuring that issues for disabled people were appropriately factored in (as part of lockdown easements).
 - b. NHSx test and trace - reminding NHSx to consider all disabilities, including the need for non-digital engagement systems.
 - c. Working with GEO and DHSC on early preparation for DHSC Star Chamber discussion on the review of shielding.
 - d. Working across government to identify funding opportunities for disability charities, including members of the Disability Charities Consortium. This

included exploring funding challenges faced by larger charities, and representing their interests to department and partner budget holders **MB/84 [INQ000083947]**.

- e. Compiling a core list of good practices, e.g. for use of face coverings and social distancing for disabled people, to encourage consistency, and to avoid each sector and circumstance needing to start from the beginning in their approach.
- f. Working with DHSC, following stakeholder feedback, to relax Covid-19 lockdown confinement rules, to allow people with autism and certain other disabilities to exercise more than once a day.
- g. Working with DCMS to address loneliness of disabled people during lockdown, including exploring options for reaching those digitally excluded.
- h. Contributing to the development of 6 and 24 month scenarios, to inform policies for the recovery (an initiative led by Joint Intelligence Organisation (JIO) and the Government Office for Science) **MB/85 [INQ000083915], MB/86 [INQ000083913]**. This involved inputting into the two rounds of JIO-led high level workshops seeking to establish reasonable worst-case scenarios at 12 and 24 months. Deputy Directors from the Equality Hub units were at both.
- i. Working with BEIS on a PSED assessment for workplace guidance.

88. GEO had ad hoc engagement with their policy contacts across government to make teams in other government departments aware of gender-specific considerations in their policy work. This included:

- a. Access to childcare and the development of informal childcare arrangements where issues were raised with No.10 and the covid taskforce which led to guidance being updated.
 - b. Working with NHS Test and Trace and DHSC on implications of the app for victims of domestic abuse and stalking by joining them up with policy leads in Home Office, the Victims commissioner and charities including Refuge and Women's Aid.
 - c. Working with DHSC and DWP to develop guidance for unpaid carers and young carers, for example developing a leaflet with helpful information for unpaid carers to receive when those they are caring for leave hospital.
89. Officials from the Equality Hub units were members of three successive governance groups for a DHSC-led piece of work on stratification of Covid-19 risks for GP use (QCovid) and an additional public facing tool which was never launched. The Chief Medical Officer commissioned an expert group to develop a new predictive risk model that took into account a wider range of factors known by that time to increase risk of infection and serious outcomes from Covid-19 infection. The Equality Hub's role was to represent and promote equalities perspectives, especially around ethnicity, highlighting findings from the first of the Covid Disparities report, but more widely too. Equality Hub officials raised points related to how the algorithms underpinning QCovid might work (and the potential equality impacts or misrepresentations by the tool) and the lack of ethnicity or disability data in a paper reviewing take-up of the GP tool for different patient groups. Minister Badenoch attended the Covid O meeting on 10 December 2020 at which the roll out of the new tool was agreed, in order to support vaccine prioritisation. The groups attended were:

- a. Risk Stratification Implementation Group, meeting approximately fortnightly from 18 June 2020 to 13 August 2020,
 - b. Risk Stratification Steering Board, meeting approximately monthly from 28 October to 6 June 2021; and
 - c. Shielding & Risk Stratification Oversight Group, which met approximately fortnightly from 7 May 2021 to 17 December 2021. This later merged with governance for shielding policy and operations.
90. As part of HMT's £750m support package for the charity sector, departments were invited to bid for funding for national charities that needed to continue essential services during the Covid-19 response. On 16 April 2020 GEO put advice to Minister Truss recommending bidding for this funding to support LGBT charities in providing essential services such as homelessness support, domestic abuse support, and community based health and wellbeing services **MB/87 [INQ000083858]**. This recommendation was not accepted **MB/88 [INQ000083933]**. The Equality Hub continued official-level engagement with DCMS to make sure criteria for the programmes they were running to support charities included equality charities.
91. The Equality Hub manages the contract for the Equality Advisory Support Service (EASS). The EASS is a helpline which advises and assists individuals on issues relating to equality and human rights, across England, Scotland and Wales. As part of this the Equality Hub would have regular meetings with the provider which included discussing themes of the types of complaints that were coming through. Informally EASS raised that this included concerns from pregnant employees and those on maternity leave who

were concerned about their employment rights (ahead of furlough arrangements being announced) and disability issues related to the lack of reasonable adjustments for covid measures, for example not being prioritised by supermarkets and mask wearing. This kind of information was fed back informally to colleagues in the Equality Hub but no specific action was taken on it.

92. EASS have formal mechanisms of escalating issues to EHRC, who are responsible for enforcing the Equality Act. As part of sponsorship arrangements, the team had regular meetings with EHRC, which included discussion of how they were managing issues that were being raised about disabled people and supermarkets.

Analysis and Research

93. The majority of the Equality Hub's analysis and research activities were focused on the impact of Covid on ethnic minority people and disabled people. Race and ethnicity research was centred around the Covid Disparities Quarterly Reports. This included evaluating available data and evidence about the impact on different ethnic groups, carrying out further research and briefing, and making recommendations to improve available data. Disability analysts worked closely with ONS to improve available data, alongside commissioning ethnographic research. Findings were shared through Covid Disparities Quarterly Reports and at Ministerial Covid O meetings, alongside informal engagement with colleagues in other government departments.

Race and Ethnicity

94. The RDU analytical team undertook three main tasks in relation to Covid-19 that are summarised here and described in detail in the 'data and evidence' sections in each of the four quarterly progress reports set out in the Covid Disparities Quarterly Report section above, plus appendices and associated publications. The data and evidence

summarised in the progress reports helped shape the government's response to Covid-19.

To evaluate data and evidence about the impact on different ethnic groups

95. First, the RDU analytical team evaluated and summarised the available evidence about Covid and ethnicity from within and outside of government. This allowed the team to develop a narrative of the impact of the virus on different ethnic groups for each of the reports. This narrative included the relative risk of infection, hospitalisation and death for ethnic minority groups compared to white (or white British) people and the risk factors driving the disparities. From the second report onwards, evidence about vaccine uptake and sentiment was summarised and included, as were differences in Covid-19 outcomes for ethnic groups in different waves of the virus. From the third report, RDU analysts summarised evidence around long Covid.
96. In the reports, RDU only used published data, research and modelling from ONS, health departments (mainly PHE, DHSC and NHS) and research organisations. The team had access to some unpublished data, such as NHS Foundry **MB/89 [INQ000089761]** data on vaccine uptake, and the number of deaths in the NHS workforce from Covid-19. The NHS Foundry platform provided a range of tools to support strategic decision making for the Covid-19 response. RDU signed up to conditions of use for the unpublished data. The data was kept secure and it was used for briefing Minister Badenoch. Key insights on the quality of the data were also shared with senior Covid-19 Taskforce members. The conditions of use did not allow RDU to publish the data in the quarterly reports.
97. RDU also considered these published datasets and analyses in particular:

- a. ONS Coronavirus Infection Survey (CIS) data: These aimed to find out how many people were getting, or had, Covid-19, or had a strong response to a Covid-19 vaccination **MB/90 [INQ000089762]**
- b. DHSC-funded REACT studies (Real-time Assessment of Community Transmission findings). These aimed to improve understanding of how the Covid-19 pandemic was progressing across England **MB/91 [INQ000089763]**
- c. Other Government funded studies, such as UK-REACH **MB/92 [INQ000089764]**: These investigated how, and why, ethnicity affects Covid-19 clinical outcomes in healthcare workers
- d. ONS mortality data **MB/93 [INQ000089765]**
- e. NHS vaccine uptake data **MB/94 [INQ000089766]**
- f. ONS linked 2011 Census data to hospital records and death registrations to know the ethnicity and occupations of people who had died **MB/95 [INQ000089767]**
- g. OpenSAFELY data which linked primary care data to Covid-19 testing data, ICU admissions and deaths **MB/96 [INQ000089768]**, **MB/97 [INQ000089769]**. OpenSAFELY allows medical researchers to access pseudonymised NHS records to conduct statistical analysis.
- h. Intensive Care National Audit & Research Centre (ICNARC) data **MB/98 [INQ000089770]** on patients critically ill with Covid-19.

98. The RDU analytical team set up a working group to address points three and four of the Covid Disparities Terms of Reference (see above, Covid Disparities Quarterly Reports) being, i) to commission further data, research and analytical work by the Equality Hub to clarify the scale, and drivers, of the gaps in evidence highlighted by the initial PHE Report, and ii) to consider where and how the collection and quality of data into the disparities highlighted can be improved on, and take action to do so, working with the Equality Hub, government departments and their agencies. The working group membership consisted of health analysts from the main departments including NHS Digital, NHS England and Improvement, PHE and ONS, along with RDU policy colleagues. This working group met virtually three times between July and December 2020, conducting most of its business by email.
99. The analytical team further scheduled monthly meetings with the Disproportionately Impacted Groups team within the Covid-19 Taskforce from November 2020. They were not in the data working group described above, having been formed later.
100. The RDU analytical team had additional meetings with some data working group representatives if new data or evidence were published and there was a need to reflect that in any of the upcoming quarterly reports.
101. The aim of these meetings was to share information and knowledge. They ensured the RDU analytical team was correctly understanding the data and evidence; could test the narratives developed on different aspects of the virus for the quarterly progress reports; and make sure any issues impacting on the data and evidence were described in the reports.

Further research and briefing to develop the evidence base

102. Second, RDU directly commissioned research and provided briefing to fill evidence gaps including:

- a. Researching the risk factors linked to being infected or diagnosed with Covid-19 and linked to being seriously ill or dying from Covid-19 **MB/99 [INQ000089771]**.
- b. Identifying research happening on the link between the risk factors and Covid-19 for ethnic minorities **MB/100 [INQ000089772]**.
- c. a study of ethnic minority people's lived experience by Policy Lab **MB/101 [INQ000089773]**.
- d. PHE analysis of the relationship between ethnicity, pre-existing health conditions and Covid-19 infection and mortality **MB/102 [INQ000089774]**.
- e. the 'Perceptions of the Pandemic' study that gathered views of ethnic minority members of the public on the pandemic response across a wide range of government interventions **MB/103 [INQ000089775]**.
- f. an internal RDU analysis of the 'Understanding Society Covid-19' survey. We summarised the results in the third quarterly report, where these data tables were published **MB/104 [INQ000089776]**, **MB/105 [INQ000089777]**.
- g. creating a Covid-19 area on RDU's 'Ethnicity facts and figures' website to facilitate the timely provision of existing data related to Covid-19 risk factors and secondary impacts **MB/106 [INQ000089778]**.

h. Accessing secure, unpublished vaccination uptake data through the NHS Covid-19 Data Store **MB/107 [INQ000089779]**. This data could not be published in reports but was used for briefing (see paragraph 97).

103. With the exception of the research, briefing and datasets listed here, RDU did not provide data or modelling to other organisations as part of its work on Covid-19 published in the four quarterly reports.

104. RDU supported external research by helping academics to access data and information necessary for their work. For example supporting Professor Melinda Mills to get access to ONS Census 2011 data linked with death certificates, and supporting requests for data (from the NHS Electronic Staff Register) and possible research funding from the UK REACH team. This was to improve understanding of how and where those healthcare workers who died from Covid-19 were infected. RDU also met other researchers leading National Institute for Health and Care Research-funded projects that were undertaken as part of this work.

Recommendations to improve health ethnicity data quality

105. Finally, the data quality chapter in each of the reports assessed and reported on data quality issues with different datasets that were being used to understand disparities between ethnic groups for different aspects of the pandemic. Each report provided recommendations on how health ethnicity data quality might be improved.

106. The third quarterly report had this recommendation: "RDU should engage with the Office for Statistics Regulation (OSR) about priorities for improving the quality of ethnicity data on health records, drawing on others' expertise as appropriate, and report back in the final [fourth] quarterly report."

107. To meet this recommendation, in August 2021, RDU and OSR held a joint roundtable discussion with owners, providers and users of English healthcare data. The discussion at the roundtable and a list of attendees were summarised in the final quarterly report, and given in more detail in an appendix to the final report **MB/108 [INQ000089780]**.
108. The roundtable discussion prioritised the recommendations from the three published quarterly reports plus draft recommendations that were being considered for the fourth report. Some of these were derived from the Nuffield Trust report on Ethnicity Coding in Health Datasets, and presented by Nuffield Trust at the meeting **MB/109 [INQ000089781]**.
109. The recommendations focussed on:
- a. coding of ethnicity data,
 - b. data collection,
 - c. analysis,
 - d. reporting, and
 - e. transparency and publication of health ethnicity data.
110. The outcome of the discussion was broad agreement on the priorities. In order to progress these, RDU recommended that the main organisations associated with improvements to health ethnicity data should create a Programme Board, involving representatives of the user community and other relevant stakeholders (including Devolved Administrations), to oversee the implementation of the priorities listed. RDU considered the main organisations to be ONS, PHE, DHSC and NHS organisations.
111. The fourth quarterly report noted two main priorities based on the roundtable discussion:

- a. That the coding of ethnicity data needed to be improved in order to more effectively understand different outcomes between different ethnic groups. RDU recommended that the Programme Board could coordinate the wide-ranging and inter-related set of projects needed in this area.
- b. That there should be an independent strategic review of the dissemination of healthcare data and the publication of statistics and analysis. This review was to consider two aspects in particular:
 - i. changes to processes that might facilitate and streamline data sharing and access in the future, while respecting legal and ethical constraints of the data.
 - ii. that all useful and relevant microdata and aggregate statistics pertaining to the pandemic should be released in the future.

112. Access to the following datasets were described in the summary of the roundtable discussion, including some of the challenges we faced **MB/110 [INQ000089782]**.

- a. Accessing NHS Electronic Staff Record data by ethnicity so the UK-REACH team could link with regulator data and healthcare outcomes.
- b. Data on the number of deaths with Covid-19 of healthcare workers, held by the NHS.
- c. Data on the number of hospital-acquired Covid-19 infections and deaths that was collected through Freedom Of Information Act requests to NHS Trusts.

- d. Data on the uptake and use of the NHS Covid-19 app by different ethnic groups.

113. Access to NHS Foundry data on vaccine uptake for RDU was initially granted on 26 February 2021 **MB/111 [INQ000083948]**. That access was revoked on 12 May 2021 as the NHS Foundry programme was conducting an audit of users with access outside of the NHS **MB/112 [INQ000083949]**. The access was not reinstated.

Disability

114. DU worked with the ONS to improve the data and evidence on Covid-19 for disabled people. There were four main pieces of work.

- a. Disability mortality rates: The ONS published regular Covid-19 mortality data by disability status **MB/113 [INQ000089783]**. The analysis controlled for comorbidities and other influencing variables, like geographic factors (such as region of residence and population density), and socio-economic factors (such as household composition and occupation), and socio-demographic factors (such as age, sex, ethnicity and place of residence).
- b. Disability risk of infection: ONS used the Coronavirus (Covid-19) Infection Survey to identify the proportion of the disabled and non-disabled population testing positive for Covid-19 **MB/114 [INQ000089784]**. The survey data was also used to assess if there were any factors, such as personal characteristics, which contributed to the rates or confounded the results (sample size allowing).
- c. Disability social impacts: ONS produced regular estimates of the impact of Covid-19 on disabled people in Great Britain, including the impact on wellbeing, access to medical care, and attitudes towards plans to combat the coronavirus

pandemic **MB/115 [INQ000089785]**. DU worked closely with the ONS to include additional questions on disability **MB/116 [INQ000083881]**.

- d. Data mapping for analysis by impairment type: DU commissioned the ONS to develop a predictive model to estimate the relationships between health conditions and impairment types. The aim of this was to result in a product that links specific health problems to the Government Statistical Service harmonised impairment types, to provide a more detailed and nuanced understanding of mortality rates by impairment. The ONS trialled a range of methods to achieve this and was only able to provide experimental statistics for hearing and vision impairments **MB/117 [INQ000089786]**. For other impairments however, the approach did not provide a workable outcome **MB/118 [INQ000089787]**, **MB/119 [INQ000089788]**.

115. ONS data on disability was shared with the Covid Taskforce Disproportionately Impacted Groups team and analysts, for example via a data deep dive on the 30 March 2021 **MB/120 [INQ000083885]**, and with Minister Tomlinson, and the Secretary of State for Work and Pensions, Thérèse Coffey **MB/121 [INQ000083892]**.

116. Our discussions on key evidence and our work through the Covid-19 pandemic have highlighted longer term issues and goals, including the lack of consistency and granularity in current cross-government data such as the use of a standardised definition and breakdown by impairments using the Government Statistical Service's harmonised standards. This has prompted us to increase our focus on more strategic plans to improve disability evidence and data, as part of work on the National Disability Strategy, to be able to better understand issues and monitor and assess outcomes.

Other equality groups

117. The focus of the Minister for Equalities' four reports to the Prime Minister - and the underlying analysis - was the impact of Covid-19 on ethnic groups, given the stark disparities in infection and mortality rates highlighted by the PHE report. The focus for the LGBT populations was on synthesising and reviewing published evidence, and trying to persuade key data collections to include sexual orientation and gender identity variables.

Communications

118. To support the development of accessible and inclusive communications, the Equality Hub Communications Team produced the Inclusive Communications Assessment template for use by government communicators **MB/122 [INQ000083869]**. This was distributed to the Government Communications Service's Directors of Communications group and its Heads of Digital network for onward dissemination to their teams and colleagues. It remains available on the Government Communications Service website.
119. The Equality Hub worked with the Cabinet Office Covid-19 Communications Hub to help improve communications messaging and social media feeds across government, creating inclusive communication and accessible social media guidance that was shared with other departments **MB/123 [INQ000089789]**. We led on or contributed to content, for example about what the government's duty was on accessible communications and on planning, creating and publishing accessible social media campaigns. We contributed to accessible communications training by providing advice at an 'Ask Me Anything' panel on 3 March 2021, which was attended by over eighty communicators. These panels were regular fixtures on the Government Communications Service training programme where organisers invite expert panellists to speak on a variety of topics. We also produced written materials **MB/124 [INQ000089790]** **MB/125 [INQ000089791]** to educate government communicators on how to ensure their communications are

accessible, including a blog giving accessibility guidance for communications colleagues.

120. The Equality Hub communications team also worked with colleagues across government to improve their communications. This included advising the PHE Campaign Resource Centre **MB/126 [INQ000089792]** about uploading guidance to users on how to make their own social media accessible, for example including alternative text in images. The communications team drafted text that accompanied the images on the site and inputted into a SmartCast for users, giving direction to encourage the use of the resources in an accessible way **MB/127 [INQ000083927]**. In January 2021, we also advised several Government departments on accessible communications, for example working with the DHSC on the communications messaging and alternative formats of shielding guidance **MB/128 [INQ000083930]**.
121. Officials worked with the RNIB to transcribe gov.uk pages into spoken word format to ensure blind and partially sighted people had equal access to written information **MB/129 [INQ000083857]**. The communications team worked with the Government Communications Service to establish a senior civil servant lead and stakeholder group to feedback from disabled people's organisations, ensuring appropriate, timely and inclusive communications for a range of disabled people **MB/130 [INQ000083859]**.
122. In the summer of 2020, RDU undertook work to determine the most popular languages in areas with high ethnic minority populations. The analysis identified the 21 most popular languages and was shared with the Covid Communications Equality Hub and the teams leading on producing guidance on Covid-19. The communications team worked with the Covid-19 communications team to create advice for government communicators when considering spoken language translations **MB/131 [INQ000083940]**.

123. Each of the four quarterly Covid disparities reports produced by RDU between October 2020 and December 2021 contained a chapter on cross-government communications reporting on activities and making recommendations. The Equality Hub Communications Team collaborated with the Covid Communications Equality Hub to gather the information, shape the recommendations and provide insights and expertise to support delivery over the ensuing quarter.
124. The DU supported a range of departments to ensure that guidance and policy were accessible. This included working with Defra and other departments in May 2020 to ensure non-shielded vulnerable people could access food and other essential supplies, and advised communications colleagues on the accessibility of a local authority toolkit **MB/132 [INQ000083928]**.
125. Through our work, we advised other departments to ensure that key government guidance was fully accessible. Examples include, following informal engagement in mid-March 2020 after the first press conference on 16 March, the BBC News Channel started broadcasting all daily press conferences with British Sign Language (and on iPlayer uploads shortly afterwards) from 26 March, and that all feed from the daily press conference had a BSL interpreter on it **MB/133 [INQ000083862]**. The Equality Hub cannot require broadcasters to adopt all our suggestions; whether they include a BSL interpreter in their broadcast or not is a decision for them.
126. The communications team and DU shared information received from disability stakeholders about particular issues faced by disabled people with Cabinet Office and DHSC so that public messages would better reflect the needs of disabled people. An example was the production of communications assets which were particularly tailored for disabled people such as a video which formed part of the Enjoy Summer Safely

campaign **MB/134 [INQ000089793]**. Another example was encouraging government departments to emphasise face covering exemptions for some disabled people as part of their general messaging after disabled people reported receiving abuse from members of the public when using public transport without wearing a face covering **MB/135 [INQ000089794]**, **MB/136 [INQ000089795]**. The communications team worked with the Covid-19 Communications Equality Hub to develop an optional face covering exemption badge which is still available on gov.uk **MB/137 [INQ000083929]**.

Stakeholder Engagement

127. DU held regular meetings with, and received information from the Disability Charities Consortium and representatives from disabled people's organisations **MB/138 [INQ000089796]**. Stakeholders shared lived experience of their own, or their organisations, experience of Covid-19.
128. The Equality Hub's communications team and DU supported the Cabinet Office's Covid Communications Hub in their engagement with the Disability Communications Working Group **MB/139 [INQ000083865]**. This group, set up by the Covid Communications Hub in May 2020 and made up of disability stakeholders, provided a direct vehicle for the Covid Communications Hub to inform stakeholders of changes to Covid-19 regulations or guidance, share relevant communications materials and answer or take away stakeholder questions. The group also provided an opportunity for stakeholders to share disabled people's concerns in relation to Covid-19 guidance. The Equality Hub's contribution involved suggesting organisations to be included within the group (the Disability Charities Consortium), proposing agenda items for meetings, attending meetings and feeding back stakeholder reports to relevant government colleagues.
129. The Equality Hub's communications team joined meetings in May 2020 hosted by NHSx to consider stakeholder feedback as they sought to identify equality issues related to the

rollout of the NHS Covid-19 App. These were listening sessions to gather information which would help ensure that as the App and its promotion was being developed the needs of different groups were being taken into consideration. The sessions covered reach, accessibility and functionality of the App among other things. The stakeholders involved represented different protected characteristics including sexual orientation, age, faith and ethnicity. The Equality Hub's role was to listen to views which could be fed into other parts of Covid communications planning and provide any additional relevant information or insights to NHSx.

130. Minister Badenoch, supported by RDU officials, carried out a number of stakeholder meetings to inform and support the delivery of the quarterly Covid Disparities Reports. These insights also fed into contributions at Covid O and Covid Taskforce meetings and the vaccination programme:

- a. 23 June 2020 with Sir Trevor Phillips, Director at WebberPhillips, on ethnic minority people's engagement with Covid-19 government messaging.
- b. 24 July 2020 Lord Bethell, then Minister for Technology, Innovation and Life Sciences, to discuss test and trace and ethnic minority impacts.
- c. 11 September 2020 with Dr Chaand Nagpaul, Chair, British Medical Association (BMA), to discuss Covid-19 disparities.
- d. 21 October 2020 with SAGE Ethnicity Sub-group co-chairs on the links between Covid disparities review and sage work.
- e. 18 November 2020 with Jo Bibby, Health Foundation on Covid health disparities.

- f. 14 December 2020 with Dr Chaand Nagpaul, BMA, to follow up on the earlier meeting on disparities.
- g. 14 December 2020 with Deputy Chief Medical Officer Jenny Harries to update on disparities ahead of the Second Quarterly Report.
- h. 16 December 2020 with SAGE Ethnicity Sub-group chairs to update on disparities work.
- i. 4 January 2021 with BAME Communities Advisory Group to discuss impacts of Covid-19 on ethnic minority social care workers.
- j. 7 January 2021 hosted a roundtable with National Pharmacists Association to consider to how to increase vaccine uptake.
- k. 20 January 2021 with the Minister for Vaccine Deployment to discuss ethnic minority uptake.
- l. 5 February 2021 hosted roundtables on promoting vaccine update in Pakistani and other South Asian groups.
- m. 5 March 2021 hosted a roundtable with community leaders and groups to consider how to increase vaccine uptake.
- n. 21 April 2021 hosted a roundtable with the security industry to consider mitigations for the impact of Covid-19 on ethnic minority security guards.

- o. 29 April 2021 met with Joan Saddler (Associate Director of the NHS Confederation's BAME Leadership Network) to discuss the Commission on Race and Ethnic Disparities and disproportionate impact of Covid-19 on ethnic minority front-line health workers.
 - p. 10 May 2021 met with Sir Andrew Goddard the President of the Royal College of Physicians to discuss Covid-19 health disparities.
 - q. 19 May 2021 hosted a roundtable with High Commissioners to discuss encouraging vaccine uptake amongst diaspora groups.
 - r. 21 July 2021 met with Deputy Chief Medical Officer Tom Waite to discuss Covid-19 disparities and vaccine uptake.
131. Between October 2020 and May 2021 Minister for Women, Baroness Berridge held five virtual roundtables with marginalised women from across England **MB/140 [INQ000083888]**.
- a. 28 July 2020: Met with female entrepreneurs to gather views and anecdotal evidence on how the government can support women to overcome gendered barriers to fulfil their potential as entrepreneurs.
 - b. 12 October 2020: Engagement with members of the Young Women's Trust Advisory Panel, to discuss the impact of COVID-19 on young women, including mental health, employment, housing, domestic abuse and sexual assault.
 - c. 1 February 2021: Meeting with women from Leicester City Listening Project to hear about the issues some women face with access to formal and informal

childcare, and the impact this had on their ability to balance work and childcare, as well their household finances, and their health and wellbeing, particularly during the pandemic.

- d. 4 March 2021: Meeting with women from the Leeds City Listening project to understand the impact of COVID-19 and the current lockdown measures on their experiences with flexible and remote working.
- e. 13 April 2021: Met with women from Bristol to discuss the transition to work. Discussed the difficulties, particularly for mothers and disabled women, in accessing training and employment.

132. The outcomes of these sessions were shared with relevant government departments, Ministers, and the Covid Taskforce as relevant, to inform their policy areas.

133. GEO officials also met frequently with women's organisations, primarily to talk about the impact of the Covid-19 pandemic, throughout the period. This also included relevant umbrella organisations including Equally Ours, the UK Civil Society Women's Alliance, National Alliance of Women's Organisations and Business in the Community.

Meetings

134. During the Inquiry's timeframe, the Equality Hub's ministers and senior staff attended some key meetings to provide input. This included:

- a. Ministerial attendance at the Covid Operations Committee (Ministerial Covid O)
- b. Official-level attendance at the Officials Covid Operations Committee (Officials Covid O); and

- c. Official-level meetings with an equalities lead within the Covid Taskforce, and latterly the Disproportionately Impacted Groups Team within the Taskforce.

Covid O Committee

135. Equality Ministers were invited to attend some of the Covid 19 Operations (Covid O) cabinet committee meetings. They did not attend the Covid 19 Strategy (Covid S) meetings. The Covid O Committee was usually chaired by Michael Gove and its remit was to deliver the policy and operational response to Covid-19 **MB/141 [INQ000089797]**. Ministerial Covid O meetings were supported by shadow meetings of officials. These met weekly or more frequently as needed. The main purpose of the meetings was for the Covid Taskforce to share information about forthcoming papers and agendas for the Ministerial Covid O meetings. I attended the shadow officials meetings semi-regularly, around once a fortnight, and contributed as needed. Equality Hub attendance at these meetings began in September 2020 and ended towards the end of 2021.

136. The Ministerial Covid O meetings attended by Equality Hub Ministers to discuss equalities are set out below.

137. *24 September 2020 to discuss Disproportionately Impacted Groups (Minister Badenoch attended).*

- a. Covid 19 Strategy Team in Cabinet Office (part of the Covid Taskforce) drafted a paper on disadvantaged groups that the Equality Hub was invited to comment on. An Officials Covid O on 18 September 2020 reviewed the paper and recommendations for government departments **MB/142 [INQ000083899]**. This was presented at the Ministerial Covid O who agreed with the recommendations at paragraphs five and six **MB/143 [INQ000083870]**:

- i. Fund a Community Champions scheme to improve engagement with Covid guidance.
 - ii. Expand funding of the Reading Friends Programme, to reduce self-isolation and loneliness.
 - iii. Improve our understanding of disproportionate impact, and improve our response going forward through better data collection of protected characteristics.
 - iv. BEIS to work with energy suppliers to retain voluntary support for those affected by fuel poverty, and raise public awareness of this support.
 - v. Continue to raise awareness, by improving existing communications campaigns.
 - vi. A senior Minister should make a statement to Parliament or a wider public statement that brings together measures we have already taken – such as self-isolation payments which will disproportionately benefit these impacted groups, the action plan for adult social care and the priority given to keeping schools open (disproportionately benefits children from disadvantaged backgrounds) – as well as the further measures recommended.
- b. Minister Badenoch, supported by RDU, took an action to submit a report to the PM in response to PHE's report (published in June) on the disparities of outcomes of ethnic minorities **MB/144 [INQ000083900]**. This action was

already in progress, following the publication of the PHE report (see paragraph 41) and was part of the ongoing work on quarterly Covid Disparities reports.

138. *29 October 2020 to discuss a package of interventions for Disproportionately Impacted Groups (Minister Badenoch attended):*

- a. Following the agreement of an initial package of interventions at the 24 September meeting (see above), at the prompting of the PM, Ministers reviewed a supplementary package of interventions **MB/145 [INQ000083901]**:
 - i. To improve health outcomes swiftly in the community.
 - ii. To improve health outcomes in high-risk occupations.
 - iii. To improve wider health outcomes for disproportionately impacted groups and reduce the risk of COVID-19.
 - iv. Improve our understanding of disproportionate impact, and improve our response going forward.
 - v. Reduce indirect adverse impacts from COVID-19 and associated measures.
 - vi. A package of improved communication measures.
- b. This was preceded by an officials meeting on 26 October **MB/146 [INQ000083872]**. The Equality Hub fed into a paper which was for discussion at this meeting.

139. *8 December 2020 to discuss how to tackle disproportionate impacts of covid on disabled people (Minister for Disabled People, Justin Tomlinson, attended):*

- a. Officials provided advice to Minister Tomlinson and the Secretary of State for Work and Pensions to develop **MB/147 [INQ000083919]** and agree **MB/53 [INQ000083896]** the proposals that would be presented at this meeting. This was discussed at an Officials Covid O on 24 November **MB/148 [INQ000083941]**.
- b. Minister Tomlinson was briefed on the subject ahead of the meeting **MB/149 [INQ000083874]**. The data **MB/150 [INQ000083876]**, proposals **MB/151 [INQ000083877]** and outcomes of this meeting have been set out in paragraph 63 **MB/152 [INQ000083942]**.

140. *10 December 2020 on risk stratification (Minister Badenoch attended).*

- a. This meeting included approving the Covid risk assessment model to support vaccine prioritisation (risk stratification). Full details for this meeting are set out at paragraph 89.

141. *25 January 2021 to discuss vaccine uptake (Minister Badenoch attended).*

- a. The group agreed that national communications and messaging should be supportive and reassuring, and avoid stigmatising communities, in line with findings from stakeholders as part of wider Covid Disparities work. Minister Badenoch took an actions, also as part of the Covid Disparities work, to:

- i. Update the organisations engaged in the list under 'Faith Groups; on page 11 of the 'Vaccine Update' paper (full list of organisations engaged in the stakeholder engagement section).
- ii. Explore which community representatives and influencers have been effective in tackling disinformation to date and ensure partners to be used in this campaign are trusted voices.
- iii. Establish indicators for measuring the effectiveness of the communications campaign, drawing on insights from the Minister's previous work on reporting disparities **MB/153 [INQ000083912]**.

142. 17 March 2021 to discuss DHSC proposals on mandatory vaccination (Minister Badenoch attended) **MB/154 [INQ000083883]**, **MB/155 [INQ000083882]**, **MB/156 [INQ000083908]**.

- a. This meeting was to discuss how to operationalise the PM and Secretary of State for Health's steer to proceed with legislating to make Covid-19 vaccination a condition of deployment for existing and new social care workers, and explore whether to pursue this for frontline health care workers.
- b. Minister Badenoch was briefed on the equality issues with mandatory vaccines, ahead of the meeting, most significantly on ethnic minority workers and especially women, given unfounded concerns about the impact of vaccination on fertility.
- c. DHSC took an action to develop a robust handling plan to address vaccine hesitancy and equality issues, and to write to the Committee with plans to

assess and mitigate the likely impact of these measures on the adult social care workforce, focusing on Disproportionately Impacted Groups and high risk areas.

143. *20 May 2021 to discuss Covid status certification (Minister Badenoch attended)* **MB/157 [INQ000083916], MB/158 [INQ000083889], MB/56 [INQ000083897].**

- a. Vaccine certification was one of the proposals being considered for implementation as part of “Step 4” of the roadmap out of covid recovery **MB/159 [INQ000089798]**. This meeting was to agree proposals for domestic vaccine certification which would inform preparation for the delivery of this policy, so it was ready to be implemented if needed. DU attended the officials meeting ahead of this on 5 May **MB/160 [INQ000083922]**. The subject had previously been discussed at the Ministerial Covid O on 6 May **MB/161 [INQ000083906]**.
- b. Minister Badenoch was briefed on the equality concerns with the proposals ahead of the meeting, in particular the impact on disabled people who cannot self-administer at-home tests, those for whom repeated testing and vaccinations would be distressing, and those who are digitally excluded.
- c. The Covid-19 Task force took an action to work with the DU, NHSx and UK Health Security Agency on the proposed the non-digital route. DU worked with DHSC on the design of an exemption criteria, process and guidance, alongside the PSED **MB/162 [INQ000083923], MB/57 [INQ000083921], MB/163 [INQ000083895]**.

144. *15 June 2021 to discuss mandatory vaccination for health and social care workers (attended by Minister Badenoch)* **MB/164 [INQ000083907], MB/165 [INQ000083909].**

- a. Following the 17 March Ministerial Covid O on mandatory vaccinations in care homes, DHSC carried out a consultation on the proposals (14 April - 26 May). This meeting was to agree to publish the Government response and next steps. The response recognised the equality concerns with the approach and set out proposed mitigations to manage these.
- b. The committee agreed to the publication, and to further consultation on wider proposals. This led to the Equality Hub engaging with the Department for Health and Social Care (DHSC) on their draft consultation **MB/166 [INQ000083910]**.

145. *6 September 2021 to discuss long term support for the clinically extremely vulnerable (Minister Quince Minister for Welfare Delivery, DWP attended).*

- a. DU attended the Officials Covid O meeting on 31 August 2021 to understand the proposals for long-term support for the clinically extremely vulnerable **MB/167 [INQ000083924]**. The proposed approach required clinically extremely vulnerable people to seek advice from their NHS clinician. Minister Quince was briefed on the reports from disabled stakeholders struggling to access GPs, ahead of the meeting and briefed to ask about how the risk of an increased impact on GP workloads would be managed **MB/168 [INQ000083925]**, **MB/169 [INQ000083891]**. DWP led on preparing the Minister for this meeting.

Covid Taskforce

146. The Equality Hub held regular meetings with colleagues in the Covid-19 taskforce. From November 2020, officials from the RDU and the DU met on a fortnightly basis with the taskforce to discuss links between the strands of work on disproportionately impacted

groups, emerging data and policy. These meetings were extended to officials in the Government Office for Science who were providing the secretariat to the SAGE Ethnicity subgroup. This helped to coordinate work across these different workstreams.

147. The Equality Hub also attended regular (usually monthly) meetings with the Covid-19 Taskforce and Special Advisers in No.10 (Samuel Kasumu and Daniel El Gamry) who were advising Ministers on ethnicity issues. In these meetings the Equality Hub shared data, arguments, and evidence into any advice or other work that was ongoing about the impact of covid on ethnic minority groups, disabled people, and other protected characteristics the Equality Hub is responsible for. This largely came from the workstreams and engagement detailed within this report. While we shared intelligence, we do not have any evidence about how this was used.

148. The Equality Hub also attended fortnightly COVID-O forward looks run by the COVID-19 Taskforce secretariat providing an overview of forthcoming COVID-O meetings and any live issues.

Disproportionately Impacted Groups

149. In September 2020 a senior steering group was set up on Disproportionately Impacted Groups, to drive forward the work to support these groups (which include ethnic minority people, and disabled people). The Senior Responsible Officer was Emran Miah, Director General for Decentralisation and Growth in MHCLG **MB/170 [INQ000083902]**. The Equality Hub fed into commissions and papers for this group, including the initial commission for interventions **MB/171 [INQ000083950]**, **MB/172 [INQ000083871]**.

Vaccine Rollout

150. RDU officials regularly attended meetings of the Covid-19 Vaccine Deployment Equalities Committee. This was established in January 2021 and comprised

representatives from NHS England and Improvement, central government, local government and directors of public health. The Committee, which had an independent chair (Clive Lewis OBE), focused on driving uptake of the vaccine among disproportionately impacted groups. Initially the group met weekly, but the frequency reduced from March 2021.

151. In addition, Minister Badenoch also met with Ministers across government to discuss issues related to the Covid Disparities work:

- a. 30 March 2021 met with the Chancellor of the Duchy of Lancaster, Michael Gove, and the Home Secretary, Priti Patel, to discuss vaccine certification **MB/173 [INQ000083898]**.
- b. 11 May 2021 met with the Minister for Vaccine Deployment, Nadhim Zahawi, to consider how to increase vaccine uptake among ethnic minorities **MB/174 [INQ000083911]**.
- c. 20 May 2021 met with Minister of State at DLUHC, Lord Greenhalgh, to discuss DLUHC's work in promoting vaccine uptake **MB/175 [INQ000083903]**.

152. Minister Tomlinson also engage with decision makers to discuss disabled people and vaccinations:

- a. 4 November 2020 he wrote to JCVI to inform them of DU's data and evidence work **MB/176 [INQ000083878]**.
- b. 4 January 2021 Minister Tomlinson met Minister Zahawi, Minister for COVID Vaccine deployment, to explore how DHSC could utilise existing stakeholder

networks to help drive up vaccine uptake and build confidence among hard to reach, vaccine hesitant or at risk groups including disabled people **MB/177 [INQ000083879]**.

Women and Equalities Select Committee

153. During the Inquiry's timeframe, Ministers and officials provided evidence, and attended oral evidence sessions for WESC. WESC opened an Inquiry into 'Coronavirus (Covid-19) and the impact on people with protected characteristics', and three sub-inquiries (i) Unequal Impact? Coronavirus and BAME people, (ii) Unequal impact? Coronavirus and the gendered economic impact, and (iii) Unequal impact? Coronavirus, disability and access to services.
154. The 'Coronavirus (Covid-19) and the impact on people with protected characteristics' Inquiry opened on 30 March 2020 **MB/178 [INQ000089799]**. The Minister for Women and Equalities gave oral evidence on 22 April 2020, which also served as the Minister's first meeting with the Committee **MB/179 [INQ000089800]**. The Minister set out her priorities for GEO and the ambition to bring GEO, RDU and DU together into an equalities unit. She was also questioned on her role, and GEO's, in the Covid-19 response. Following this appearance, the Chair, Caroline Nokes, wrote to Minister Truss to request additional information about the PSED assessment for the Coronavirus Act **MB/180 [INQ000089801]** and Minister Truss responded, confirming it was the responsibility of the DHSC Secretary of State **MB/181 [INQ000089802]**.
155. GEO submitted evidence to the inquiry in May 2020 which addressed the policy issues referenced in the Select Committee call for evidence, as well as some further areas where Government was taking action to ensure help and support for all. The evidence provided a snapshot of the current position, and acknowledged that we would continue

to develop policy responses as new issues emerge and fresh data and insights were gleaned **MB/182 [INQ000089804]**.

156. 'Unequal impact? Coronavirus and BAME people' Inquiry opened on 9 June 2020, to explore the pre-existing inequalities facing BAME people and how these inequalities had impacted on their vulnerability to the virus. On 15 July 2020, Minister Badenoch and I (along with other Ministers and senior civil servants) gave evidence to this inquiry **MB/183 [INQ000089805]**. Minister Badenoch wrote to the committee to follow up on questions raised in the oral evidence session on 1 September 2020 **MB/184 [INQ000089806]** and again in February 2021 following the publication of the second Covid Disparities Quarterly Report. The committee published their report on 15 December 2020 **MB/185 [INQ000089807]**. The Equality Hub co-ordinated the government response which was published on 5 March 2021 **MB/186 [INQ000089808]**.

157. 'Unequal impact? Coronavirus and the gendered economic impact' Inquiry opened on 9 June 2020 to look in more detail at how the economic impact of coronavirus had impacted men and women differently. On 4 November Minister Badenoch and Paul Trenell (Deputy Director for Gender Equality and Analysis) gave evidence to the Inquiry, alongside other government ministers and senior civil servants **MB/187 [INQ000089809]**. The Committee's report was published on 9 February 2021 **MB/188 [INQ000089810]**. The Hub co-ordinated the government response, which was published on 14 May 2021 **MB/189 [INQ000089811]**.

158. 'Unequal impact? Coronavirus, disability and access to services' Inquiry opened on 9 June 2020 to look in more detail at ways of easing some of the problems disabled people are facing when they need access to essential services during the pandemic. Minister Tomlinson and Sarah Baker, Deputy Director for DU, gave evidence on 2 September 2020 alongside other government Ministers and senior civil servants **MB/190**

[INQ000089812]. Minister Tomlinson wrote to the Committee following his appearance to respond to additional points raised **MB/191 [INQ000089813]**. The Committee published an interim Report on temporary provisions in the Coronavirus Act on 25 September 2020 **MB/192 [INQ000089815]**, and the government response, led by DfE, was published on 25 January 2021 **MB/193 [INQ000089816]**. The Committee's full report for the Inquiry was published on 22 December 2020 **MB/194 [INQ000089817]**. DU co-ordinated the response to the report, which was published on 14 April 2021 **MB/195 [INQ000089818]**.

159. WESC held a one off session on 7 July 2021 to follow up on the Covid-19 reports which was attended by Minister Badenoch, Minister Tomlinson and Minister for Women Baroness Berridge. I supported them at this oral evidence session, alongside Paul Trenell, Deputy Director for Gender Equality, Data and Analysis **MB/196 [INQ000089819]**.

160. WESC opened a short inquiry into 'Take up of the COVID-19 vaccines in BAME communities and women'. Minister Badenoch, alongside other government Ministers, gave evidence on 10 March 2021 **MB/197 [INQ000089820]**. No reports were published, but the Chair wrote to the Minister for Vaccine Deployment, Nadhim Zahawi, following his appearance **MB/198 [INQ000089821]**.

161. Minister Truss gave oral evidence to the committee on 25 May 2021 as part of their inquiry into 'The Role of the GEO' **MB/199 [INQ000089822]**, which included some discussion of the Hub's involvement in the Covid-19 response.

Lessons Learned

162. The Equality Hub held a lessons learnt session on 18 November 2021 **MB/200 [INQ000083904]**. I chaired this and it was attended by relevant policy leads from the

RDU, GEO and DU. This session was based around the following themes: redeployment (within the Equality Hub and across Whitehall), ways of working (with the COVID-19 Taskforce and other government departments, and home-working) and communications. A summary of the conclusions from this session was shared with the Minister for Equalities in December 2021.

163. The DU attended a lessons learned session with the Covid-19 Taskforce Disproportionately Impacted Groups team on 14 July 2021. We do not hold information on the outcome of this session.

164. In August and September 2021 DU undertook a lessons learnt process, speaking to key stakeholders and other government departments to capture what worked well, and lessons learnt **Exhibit MB/201 [INQ000083893]**. We collected information throughout August and September 2021 through informal meetings with officials from DfT, DfE, Defra, DHSC, MHCLG, and Cabinet Office Covid Taskforce, in addition to disability stakeholder organisations, Mencap, RNIB, Sense and Business Disability Forum. This was supported by ONS data sources and the Covid Taskforce autumn/winter scenario planning. This resulted in advice to ministers, where they agreed to scale back Covid-19 work and to focus on the National Disability Strategy **Exhibit MB/202 [INQ000083905]**.

165. The lessons learnt informed the DU approach throughout winter 2021/2022 to focus on the following areas:

- a. Accessible communications: continue to push colleagues across government to publish Covid-19 guidance in accessible formats

- b. Stakeholder engagement: Manage the relationship with disability stakeholders through our engagement with the Disability Charity Consortium and Regional Stakeholder Networks
- c. Data and evidence: continuing to work with The ONS to build evidence on the impact of Covid-19 on disabled people
- d. Reactive policy: ensuring that new Covid-19 policy factors in the needs of disabled people

166. The lessons learnt also prompted the DU to identify work to explore what actions could be taken to support on disabled children and their families as a future priority workstream.

Statement of Truth

I believe the facts stated in this witness statement are true. I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

Signed.

Personal Data

Name MARCUS BELL

Dated 16.05.23