Increased Covid-19 deaths among ethnic minority populations

Context

Recent ONS work on ethnicity and Covid-19 risk has shown that ethnic minority populations appear to be more likely to catch and die from Covid-19. Public Health England are undertaking a comprehensive review of the data that aims to conclude by the end of May.

This will only explain the difference - closing it will require adapting the ongoing Covid-19 policy response. The Race Disparity Unit have been charged with holding the pen on developing a government action plan in response to the PHE Review, reporting into Munira Mirza at No10. This includes looking at issues by protected characteristics - with a particular focus on gender, disability, age, obesity, vulnerable (definitely including homelessness and migration as covered by PHE Review) – as well as deprivation and occupational issues.

This note aims to capture the actions that have already been taken in the health and care sector to respond to the existing evidence, and plans to act when we have the outcome of the PHE review, to contribute to the development of the action plan.

Issue	**Actions taken to date**	**Progress update on action taken so far (20/05/20)** e.g. any outcomes, feedback, etc	**Further action planned and Timescale**
NHS workforce *Analysis of NHS staff deaths from COVID-19 found 107 deaths, 60% were BAME, despite BAME staff being 20.3% of the NHS hospital and community workforce (Sept 2019)*	NHS England has written to all NHS Trusts, Clinical Commissioning Groups, GPs and community health services that on a precautionary basis employers should risk-assess staff at potentially greater risk and make appropriate arrangements accordingly. NHS Employers have produced guidance for the NHS on how to carry out risk assessments particularly for vulnerable groups, to understand the specific risks staff members face from exposure to COVID-19 and actions which employers can take to keep staff safe. NHS England and Improvement have commissioned an independent group of expert clinicians to develop a risk assessment framework, which can be used alongside existing guidance.		NHS England and Improvements five workstreams • Protection of Staff – improving risk assessment for existing and returning NHS staff, improve use of PPE, staff testing, and improving data collection • Engagement with Staff and Staff Networks – engaging with existing BAME, faith and other staff networks, as well as senior leads on importance of equality

	The risk assessment framework has been published on the Faculty of Occupational Medicine website and is designed to better inform NHS organisations of the particular risks and concerns of their BAME team members. The risk reduction framework encourages employers to take appropriate measures to mitigate the risk of COVID-19 but does not recommend automatic redeployment. The framework instead facilitates 'discussion, not demand' between staff member and HR directors on how best to mitigate risk. NHS organisations will be encouraged to consider a range of workplace measures in discussion with their BAME staff. These measures are already in place by many organisations, such as: • ensuring fit testing processes and PPE education is inclusive, • additional hygiene measures, • and workforce measures including better occupational health support and appropriate job adjustments We have also commissioned NHS England and Improvement to provide a comprehensive support package for all NHS staff during COVID-19 response. The support package is free-to-use for NHS staff and includes: a dedicated staff helpline, a separate bereavement support helpline, and several health and wellbeing apps.		and inclusion. Disseminate guidance to senior leaders & boards on the importance of EDI and supporting BAME staff. • Representation in Decision Making – reiterate and amplify narrative that thought diversity leads to greater success, especially in unprecedented times. Ensuring the right governance is in place. Asking Chairs/NEDs to lead internal scrutiny and assurance on progress in this area at all levels. • Rehab and Recovery – we are working in partnership with BAME staff networks and community groups to co-develop and implement enhanced health & wellbeing and mental health offer. • Comms and Media – increasing BAME representation in communications and in the media. Acknowledgement of BAME contribution in the NHS and in the wider community. Ensuring clear guidance

			disseminated throughout NHS on protection of staff. Improving the COVID-19 meaningful communication amongst BAME community groups.
Social care workforce *Around 20% of the social care workforce in England are from BAME backgrounds; the most diverse workforce is in London (67% from a BAME background) [source: Skills for Care September 2019]*	We are working closely with the care sector to ensure the safety of all staff. With Skills for Care we will produce a framework to support employers discuss and manage specific risks to their staff. This includes risk by ethnicity, but also age, gender and underlying health conditions. It will be aligned to the approach taken in a published framework commissioned by NHSEI on these risks where appropriate.	As of 8th May, we have released 60.9 million items of PPE to designated wholesalers for onward sale to social care providers. This includes 11.4 million facemasks, 24.5 million aprons and 25 million gloves.	
Care homes	We are now testing all care home residents and staff, regardless of symptoms. A new online portal that makes it easy for care homes to arrange deliveries of coronavirus test kits has been launched (11 May) For whole care home testing we have the capacity to deliver up to 30,000 tests a day. We are currently prioritising testing for care homes and other areas with the greatest need. We are also testing all care home residents before they are discharged from hospital into a care home		We will soon move to a policy of testing all residents who are admitted from a community setting [DQ: What's the timescale for this?]
PPE – Guidance	We have published clear guidance on appropriate PPE for health and social care workers. This has been written and reviewed by all four UK public health bodies and informed by NHS infection prevention control experts. It is consistent with World Health Organisation (WHO) guidance. We have also published PPE guidance for employers and businesses, cleaners working outside the healthcare system, those involved in		

	the care and management of the deceased, and first responders. We are continuing to look at the evidence on the benefits of wearing face coverings in public.		
PPE – Buy & Make	We have set up a cross-government PPE sourcing unit, now staffed by over 400 people, to secure new supply lines from across the world and published rigorous standards against which we will buy. We have appointed Lord Deighton, formerly Chief Executive of London 2012 Olympics, to lead on our domestic efforts to increase the supply of PPE. DHSC is currently in contact with over 350 potential UK manufacturers. We have delivered over one billion items of PPE across the health and social care system.		
PPE - Distribution	We have brought together the NHS, industry and the Armed Forces to create a giant PPE distribution network almost from scratch. It is providing drops of critical equipment to 58,000 healthcare settings including GPs, pharmacies and social care providers. We are also rapidly overhauling the way PPE is being delivered to care homes – including through direct dispatches via Royal Mail, a 24/7 hotline and a new pilot website. Once the new system is up and running, we will look to expand further to meet the demands of the health and care sectors. The National Supply Disruption Response (NSDR) system can respond to emergency PPE requests.	Between 6 April and 12 May we have delivered over 94 million items of PPE to 38 local resilience forums (LRFs) to help them respond to urgent local spikes in need across the adult social care system and some other front-line services, where providers are unable to access PPE through their usual, or dedicated wholesaler routes	
Test and trace	When Test and Trace is fully rolled out, the programme will consist of three key pillars: • The NHS COVID-19 App, which uses Bluetooth technology to detect proximity contacts between app users, allows app users to report symptoms, get tested, and can alert other app users who have been in recent contact with a confirmed or suspected COVID-	We launched our first phase of our Test and Trace programme on the Isle of Wight on 5 May. We launched swab testing for everyone in England, Scotland, Wales or Northern Ireland aged five or over with	The next phase of the rollout, beginning on 21st May, will comprise: • Contacts of positive cases will be asked to self-isolate from 21 May and from 1 June this advice will be extended to

	19 case (the 'index case') to advise them to self-isolate for 14 days or offer other public health advice (depending on level of risk). • Updated methods of classic contact tracing, run by Public Health England (PHE) to rapidly identify and give appropriate advice to anyone who has had close, recent contact with someone who has COVID-19. This involves asking the index case to record their known recent contacts and places they have recently visited (either through a web-based tool or, failing that, through a phone interview) and alerting those contacts to advise them to self-isolate or offer them other public health advice. • Access to swab tests (virology testing) for people reporting suspected COVID-19 symptoms to find out if they have the virus. Testing will be primarily available through the NHS COVID-19 app and there are other routes available for non-app users. Patients in hospital and frontline staff will also be able to access testing through the hospital, as well as residents and staff in care homes via the satellite testing sites and other arrangements.	any of the symptoms of coronavirus on 18 May.	contacts of high-risk cases ahead of test results. • Contacts asked to go into self-isolation should have access to the same package of support as those currently asked to self-isolate due to having symptoms etc. • Household members of contacts do not need to self-isolate. • Index cases should be assumed to have been infectious at least 2 days prior to symptoms. • The period that a contact should be asked to self-isolate will be dynamic ('personalised' to the individual). • Contacts of contacts would not be traced unless and until the initial contact became symptomatic. • If someone with the high-risk symptom set orders a test but does not complete it….?? • Symptomatic contacts of an index case should be tested. • Testing will not be offered to non-symptomatic contacts (unless they eligible via another route e.g. NHS staff). • A symptomatic person who receives a negative test result will not be asked to continue to self-isolate.

			• Contacts do not continue isolation if an index case tests negative. Later phases will rollout the NHS COVID-19 App to the whole of the UK and seek to increase the provision of home testing for those not using the app. We will also use the app to request that people self-isolate if it established that have been in contact with someone who has COVID-19.
Clinical advice	~~SAGE is due to consider a refined set of clinical risk cohorts on 28 May. This will be informed by a NERVTAG review of the emerging evidence on clinical risk factors for severe morbidity and mortality from COVID-19. This may lead to a modification of the clinical risk groups and the advice they are given, especially as age, sex, ethnicity and multimorbidity (including severe obesity) are emerging as signals for poor clinical outcomes.~~ NERVTAG are reviewing the emerging evidence on clinical risk factors for severe morbidity and mortality from COVID-19. This may lead to a modification of the clinical risk groups and the advice they are given, especially as age, sex, ethnicity and multimorbidity (including severe obesity) are emerging as signals for poor clinical outcomes		Cabinet Office Star Chamber is considering the policy response that will be needed following the clinical review. Need to align the BAME action plan with that policy response.
Building the evidence base	The National Institute for Health Research and UK Research and Innovation also issued a joint call on 22 April for research proposals to investigate emerging evidence of an association between ethnicity and COVID-19 incidence and adverse health outcomes.		
Age	Current guidance is that people aged 70 or older are clinically vulnerable, meaning they are at		SAGE is reviewing the clinical advice.

	higher risk of severe illness from coronavirus. They are advised to stay at home as much as possible and, if they do go out, take particular care to minimise contact with others outside their household.		
Disability	[Is there any specific guidance for disabled people?] Current guidance is that people aged under 70 with an underlying health condition (that is, anyone instructed to get a flu jab each year on medical grounds) are clinically vulnerable, meaning they are at higher risk of severe illness from coronavirus. They are advised to stay at home as much as possible and, if they do go out, take particular care to minimise contact with others outside their household.		SAGE is reviewing the clinical advice.
Deprivation	PHE has issued Guidance for households with grandparents, parents and children living together where someone is at increased risk or has symptoms of coronavirus (COVID-19) infection: https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/guidance-for-households-with-grandparents-parents-and-children-living-together-where-someone-is-at-increased-risk-or-has-symptoms-of-coronavirus-cov This guidance is still relevant and covers all individuals at increased risk; therefore there are no plans to update this guidance at present.		The levelling up agenda is very relevant as we plan for the recovery from the COVID-19 pandemic. A cross-Whitehall approach to levelling up, to address poverty, educational attainment, employment, housing and health in left behind areas and deprived communities, in the recovery of COVID-19 and more generally.
Obesity	Current guidance is that people who are seriously overweight (a body mass index (BMI) of 40 or above) are clinically vulnerable, meaning they are at higher risk of severe illness from coronavirus. They are advised to stay at home as much as possible and, if they do go out, take particular care to minimise contact with others outside their household.		No10 have asked DHSC SoS to develop a plan to address wider public health issues that increase vulnerability to the coronavirus, including obesity, for future discussion at a PM meeting. Officials are developing the scope of the plan and appropriate milestones to align with evidence

			coming out of PHE and other reviews. SAGE is reviewing the clinical advice.
Gypsy, Roma and Traveller communities	There has long been concern among stakeholders, including a number of MPs and Peers, that Gypsy, Roma and Travellers (GRT) are not included as ethnic categories in NHS datasets and so any review using NHS data cannot include GRT. An NHS England and NHS Improvement piece of work relating to is currently in train aimed at identifying the equality monitoring data gathered across major NHS data sets with a view to understanding what equality data should be gathered and how.		NHSEI were due to send a scoping report to the Department setting out recommendations and cost estimates earlier this year but this has been delayed due to COVID-19. NHSEI still hope to make recommendations this year about what to change/include.
Updated public health campaigns	Where appropriate, and supported by data, all Public Health England (PHE) marketing campaigns have been targeted focusing on supporting a healthy lifestyle in ethnic minority audiences. PHE is currently confirming plans for our 2020/21 marketing activity, and consideration of the specific requirements of the ethnic minority audiences who can benefit from our activity is a critical element of our plans.		No 10 ask of PHE for a major well-being reset moment to launch in June, which would have a specific focus on BAME audiences. Focusing on specific at-risk BAME audiences with appropriate messaging as part of planned marketing to promote flu vaccination to both the public and health and social care workers (from July 2020) Ensuring evidence on how Covid-19 affects specific BAME audiences is factored into our targeting for activity to increase use of NHS services (in particular for stroke and cancer) Ensuring our early years materials are adapted as appropriate to BAME audiences, for example, ensuring vaccination advice is appropriately tailored to help

			reduce the impact of preventable diseases on this audience