To:	**SECRETARY OF STATE**	**From:**	Name Strategy Unit
		Clearance:	**Hugh Harris**, Director
			Dorian Kennedy, Deputy Director
			Rory Constable, Deputy Director
		Date:	**9 September 2021**
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			Private Office Sub Copy List

RAPID STRATEGIC REVIEW ON ETHNIC MINORITY HEALTH DISPARITIES

Issue	You requested a broad but rapid piece of analysis and advice on ethnic minority health disparities, including the full spectrum of options for addressing these inequalities. This note sets out the key findings and next steps. The full report is attached as Annex A.
Date a response is needed by	We suggest meeting with you w/c 13th or 20th September to further discuss our findings and options for next steps.
Recommendation	• You note the findings of our rapid review into ethnic minority health disparities. • You review options for taking this work forward (paragraph 12-13) and possible outputs (paragraph 16) and provide a steer on next steps.

Introduction

1. You asked us to provide a broad piece of analysis setting out what we know about health inequalities faced by ethnic minority groups across the health and care system, including drivers of differences in outcomes. You also asked for the full spectrum of options to address these inequalities.

2. We looked across the piece: a) analysing disparities in outcomes, access and experience of care faced by ethnic minority groups, b) the current policy response to those issues, and c) options to go further. To do this, we worked with DHSC policy teams and analysts, PHE, and NHSE/I to understand the issue and ongoing work. We also spoke to a select number of external stakeholders to get their perspective. We supplemented this with a rapid literature review.

3. This note pulls out some selected key findings from the work and sets out options for next steps. Annex A contains the full report. This was exploratory work to illustrate the range of issues and help understand where your priorities lie in this agenda, from which we can take forwards more detailed analysis or policy work in specific areas.

Key findings

4. Our understanding of ethnicity and health is severely limited by data availability and quality. For example, there is currently no routine ethnicity data on core measures such as Health Life Expectancy or Life Expectancy. Furthermore, the data that is available is not always of high quality or consistency.

5. The best available data does highlight that a range of (often stark) ethnic health disparities exist – though these are specific rather than general. However, these disparities are complex - outcomes for different ethnic groups are not consistently positive or negative and disparities exist both between and within ethnic groups. Notable disparities include cardiovascular disease for South Asian and Black groups, mental health for Black groups and Traveller communities, and maternal outcomes for Black and Asian mothers. Notably, some groups, such the Gypsy or Irish Traveller (and to a lesser extent Bangladeshi, Pakistani and Irish) do appear to have poor outcomes across a broad range of indicators.

6. There is evidence that certain ethnic minority groups have poorer access to some services, although the picture varies across services and data is poor. Preventative services (such as screening and immunisations) and primary care are two areas where there may be particular disparities. Evidence also shows disparities in quality, safety and experience of care – though data is again limited.

7. You noted your interest in blood, organ and stem cell donation. Lower rates of donation mean there is risk of insufficient donation to meet demand among ethnic minority groups, affecting long term health outcomes and mortality rates. We could work further with NHS Blood and Transplant to understand impactful options to address this. In addition, you raised concerns regarding pulse oximeters working less well in those with darker skin due to representation bias. We could address the NHS Race and Health Observatory's call for an urgent review of all pulse oximetry and other medical devices used in the UK.

Drivers

8. Understanding the drivers of disparities in health between ethnic groups is challenging due to data and evidence availability and the multiple factors at play. Some important drivers are within the remit of health and care policy (such as access and quality of care, above). However, as with other health disparities, there are also broader drivers – an inter-related mix of socio-economic, environmental, cultural and (to a lesser extent) genetic factors.

9. As the Commission on Race and Ethnic Disparities report set out, the association between ethnicity and these wider factors explains some of the disparities in health – but evidence (such as from Covid-19 mortality data) does suggest that ethnic identities have implications for health and care independent of other factors. However, we clearly need more evidence to fully understand these disparities, including where action in the health and care system can have most impact.

10. You specifically asked about the impacts of consanguineous marriage. Consanguinity is linked with increased risk of inherited recessive disorders, thus increasing rates of child mortality, disability and other congenital abnormalities (birth defects). Among unrelated couples, approximately 1.5% of all live births have a congenital abnormality, for first cousin couples in this study the rate doubled to over 3%. More up to date research, covering a wider geographical area would provide greater insight into this issue.

Next steps

11. Due to the intersectionality of causes of ethnic health disparities (gender, age, deprivation, geography, etc.) and the nuance in experiences of different groups, these disparities would be most effectively tackled through a two-pronged

approach. Firstly, by addressing specific issues within specific communities (such as high smoking rates in Bangladeshi communities). Secondly, by taking a cross-cutting approach to disparities that recognises the underlying and overlapping causes of the disparities.

12. **Taking targeted actions of specific issues or groups** – Section C of the report outlines specific issues impacting ethnic minority groups, with options to go further. We could explore taking these forwards, including on drawing on the wealth of experience of local authorities of their local communities. Within this, there are several sub-options, depending on where your priorities lie:
    - Focusing on a specific group, such as Black African or Pakistani/Bangladeshi groups.
    - Focusing on particular parts of the system, such as quality of care, access to care.
    - Focusing on particular enablers, such as data and research or workforce representation.
    - Focusing on population-wide action on specific conditions which most impact ethnic minority groups, such as maternal health / child health, diabetes, cardiovascular disease.

13. **Cross-cutting action across the health and care system** – To be most effective we need to take a national strategic approach to tackle the wider issues across the system, including galvanising cross-government action, setting clear targets and accountability mechanisms, and – crucially - improving data, research and transparency. Section D of the report sets out actions on these points in more detail – taking forward action across these areas would be the most ambitious option.

    To note a submission has been made to PS(P) with recommendations regarding the implementation of the Unified Standard for Protected Characteristics (UISPC) which would standardise data collection regarding ethnicity across the NHS. This would have significant impact on the data available.

14. Covid-19 has demonstrated that an effective strategy would also need to work at the 'place' level, working with local authorities (and other local partners such as the voluntary sector) to develop action appropriate for local communities. The regional level of the new Office for Health Improvement and Disparities would also be vital in providing insights, skills and networks to deliver change on the ground.

15. External stakeholder engagement would be important for testing action on ethnic health disparities. We can explore how this is achieved – for example, a senior expert group advising (and potentially challenging) Ministers and the Department or an improved consultation process.

Outputs and interdependencies

16. There are options (not necessarily mutually exclusive) for how to land this work. For example:

    a) The proposed **Health Disparities White Paper**. There could be a specific focus on ethnic minority health in the proposed Health Disparities White Paper, alongside your wider ambitions for the White Paper (as recently discussed with Jonathan Marron and the team).

    b) A **vision or policy document.** You could also publish a document setting out a policy response to ethnic disparities specifically – this could focus on

particular groups, particular conditions (such as maternal outcomes), or be a broader piece of work, depending on your priorities. Given the breadth of the disparities-agenda, getting on the front-foot early with focus on ethnicity could help to show momentum and distinctiveness.

c) A **speech to set out your aims** and ambitions in this area would be a less intensive but important option. As above, this could focus on particular areas or set out your broad priorities.

17. This agenda will naturally fit well with the new Office for Health Improvement and Disparities and the Health Disparities White Paper. It should also be noted that there are important interdependencies in DHSC and across government. Most notably, the Government's response to the report of the Commission on Race and Ethnic Disparities is due to be published in autumn 2021. Existing priority areas, such as levelling up, obesity and tobacco control, also have important implications for ethnic minority health as some ethnic minority groups are disproportionately impacted by these– these agendas could be 'tilted' towards benefiting ethnic minority groups in particular.

18. We will provide further advice following your steers on the most appropriate output and more detailed next steps following your steers.

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Strategy Unit