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COVID OPERATIONS COMMITTEE

24 September 2020

DISPROPORTIONATELY IMPACTED GROUPS

**PAPER FROM THE SRO ON DISPROPORTIONATELY IMPACTED GROUPS AND
THE COVID-19 TASKFORCE**

1. Certain groups have been disproportionately adversely impacted by COVID-19. These groups include Black, Asian and Minority Ethnic (BAME) groups, older people, and disabled people.¹ Preventing transmission of COVID-19 to and within these groups is critical to preventing the spread of the virus both within communities at increased risk, and in the general population.² This paper makes pressing recommendations to prevent transmission and reduce mortality among those that have been disproportionately adversely impacted by COVID-19. **Urgent action is needed to prevent the same issues being replicated that we are facing a second wave of infections.**
2. **The data at Annex A shows that ethnic minorities, disabled people, older people and men are at greater risk of contracting, and dying from, COVID-19.** It also shows that young people, women, ethnic minorities and single parents are disproportionately likely to suffer long-term adverse impacts from the measures taken to control COVID-19, including poor mental health. Indeed, Government data shows that between March and May ethnic minorities were issued with fixed penalty notices at a rate of 1.6 times higher than white people at a national level. Despite Home Office work with police councils to reduce disproportionate impacts, we must recognise that as Police engagement and enforcement will often be directed towards the most impacted communities, there

¹ For instance, older people have been disproportionately subject to shielding; minority groups and disabled people have disproportionately lost their jobs.

² Epidemics including TB, HIV and Ebola have disproportionately affected, and disproportionately become entrenched in, vulnerable and marginalised communities.

may be a disproportionate impact on those groups most at risk from the virus.

3. **The recommendations in this paper would augment and complement the work led by the Minister for Equalities in relation to COVID-19 disparities for BAME groups³ (commissioned following the Public Health England report published in early June), and address issues outside the remit of that work.**

It will also augment the work that the Paymaster General and the Minister for Patient Safety, Suicide Prevention and Mental Health are doing to co-chair a task and finish group to develop a wide, long-term cross-government action plan to prevent, mitigate and respond to the mental health impacts of COVID-19. The Minister for Equalities will shortly submit her first quarterly progress report to the Prime Minister. She is likely to make a number of recommendations including: the need for departments to develop new interventions to address COVID-19 disparities and put in place systems for monitoring the effectiveness of these interventions; and further efforts to improve public health communication, including targeting harder to reach groups. Continuing to collect, analyse and share evidence will be vital to achieve these recommendations, as well as developing a greater understanding of the causes behind these disparities. As departments progress this work, and our understanding of the issues and the policy responses needed develops, we will update and bring recommendations to this Committee.

4. **Work is occurring across Government on these issues, but there is much more to be done.** Key existing initiatives include the work led by the Chief Medical Officer to develop a clinical predictive risk tool that takes indicators like age, sex, BMI, ethnicity and certain co-morbidities to provide individuals with an assessment of personal risk; asymptomatic testing of people in disproportionately impacted groups to allow earlier identification of potential outbreaks; and ongoing pilots led by NHS Test and Trace to directly or indirectly address the increased risk faced by vulnerable communities from COVID-19. In addition, we have established the Voluntary and Community Sector Emergencies Partnership, which

³ The Race Disparity Unit is working closely with academics, scientists and analysts to establish emerging data patterns and trends in regards to the impact of COVID-19 on ethnic minority communities.

can be used as a back up where local volunteering schemes do not meet demand.

RECOMMENDATIONS

5. **Given the current rise in numbers and the need to act fast to prevent a replication of the disproportionate impacts seen in the first wave, we recommend Ministers adopt a package which combines high ambition interventions to improve health outcomes, with baseline options to improve long-term adverse indirect impacts from COVID at a total cost of £29.5m.**

a. **To improve health outcomes, the package would:**

- i. **Fund a *Community Champions* scheme** to plug the persisting and substantial gaps in vulnerable individuals and hard to reach communities accessing and acting upon Government COVID-19 guidance. The scheme would have two prongs:
 1. The first would include: communications support for councils; grassroots advocates from affected communities; helplines for hard to reach communities - all of which would be co-designed with Local Authorities depending on local need.
 2. The second would be a fund, supplemented with a support package of expert support from Government, into which disproportionately impacted groups could bid to implement and or scale interventions to improve health outcomes from COVID-19 within their communities. Interventions would be independently evaluated to build the evidence base.⁴ **(MHCLG, £25m)**

⁴ The scheme would be managed by MHCLG given the Department's focus on supporting disadvantaged groups through a range of levers from community engagement, local authorities, housing, shielding, emergency response (RED) and homelessness. The proposal is that the scheme would be steered across Government through a regular senior officials meeting, where analysis, stakeholder networks and communications channels could be shared as part of a broader effort to reach vulnerable and hard to reach communities. MHCLG colleagues have discussed these proposals for governance with PHE, DHSC, DCMS, Cabinet Office and GEO.

- ii. **Expand funding of the Reading Friends Programme**, to reduce self-isolation and loneliness, and expand funding of existing mental health and wellbeing programmes in libraries, which are clinically proven to support those with mental health conditions to self-manage their conditions more effectively **(DCMS, £4.5m)**
 - iii. **Support businesses with higher numbers of employees from disproportionately impacted groups**. The NHS has made significant progress on this issue, 91% of known at risk staff and 96% of BAME staff have received risk assessments, with mitigating steps agreed where necessary. To ensure more employers are taking these steps BEIS will: consider opportunities to strengthen the *Working Safely* Guidance; use data to identify and support risky workplaces, work with local partners; and develop a toolkit for employers with high proportion of employees at higher risk, detailing mitigations that can protect at risk individuals in the workplace.
 - b. **Improve our understanding of disproportionate impact**, and improve our response going forward. The package would mandate NHS, NHS Test and Trace and other bodies to collect data on any protected characteristics of COVID-19 patients. **(DHSC, Nil cost)**
 - c. **Reduce indirect adverse impacts from COVID-19 and associated measures**. BEIS would work with energy suppliers to retain voluntary support for those affected by fuel poverty, and raise public awareness of this support. **(BEIS, Nil Cost)**
 - d. **Continue to raise awareness, by improving existing communications campaigns**, and exploring whether we can give more weight to developing specific guidance/comms on culturally specific practices. **(CO Comms, Nil additional cost)**
6. As the case count rises, the risks for disproportionately impacted groups are rising too. Members of these communities will naturally feel anxious about these and public commentary will start to focus on disproportionately impacted groups again.

We recommend that HMG should be front footed in responding to these concerns. 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 in this paper to which Ministers agree.

7. Where appropriate, the COVID-19 Taskforce is working with HMT and relevant departments to devise funding plans. Most recommendations would not require legislation or the creation of additional infrastructure, and would be driven forwards by implementing departments. Agreeing the recommended package above will require some additional funding from HMT (as indicated). **Do Ministers agree the recommendations, noting the need for additional funding?**

ALTERNATIVE OPTIONS

8. Alternatively, Ministers could choose to pursue a more ambitious package of holistic measures, by adding any of the measures below to the recommended package.
 - a. **Measures to support mental health and wellbeing of these groups.**
For instance, DCMS could introduce a Creative Leaders Fund (£7m) ; a Rehearsal Space Scheme (£1m) and/ or a National Disability Arts Access Card (£1.5m) to enable disproportionately impacted groups to access the arts. DCMS could also provide funding both to help people who are vulnerable and digitally excluded to access and use the internet (£11-12m) and/ or to boost Sports England's existing "Tackling Inequalities Fund" to support sports organisations who are themselves best placed to help the most disadvantaged (£25m). Home Office could provide funding (£3m) to the refugee charitable sector to provide support targeted at the needs of refugee and asylum seekers, who

have faced increased risks from poverty, destitution, isolation and adverse mental health since the onset of the pandemic.

b. Measures to support short and long-term health outcomes.

- i. BEIS could explore providing specific support to businesses owned/ run by people from disproportionately impacted communities. (Nil cost)
- ii. BEIS could also provide energy bill vouchers to vulnerable individuals from disproportionately impacted groups. (Scaleable - min. £50m)

c. Measures to reduce long-term impacts on educational attainment.

This could be through additional capacity support to increase school attendance in areas particularly adversely impacted by school closures (£100,000) or the appointment of attendance re-engagement officers seconded to areas with highest risk schools to drive up attendance for target groups (£5m - £10m) (DFE)