

FROM: NR
Health Development Policy Branch

DATE: 1 July 2020

TO: 1. Naresh Chada
2. Minister Robin Swann, MLA

CORR-2074-2020 CORRESPONDENCE FROM HEALTH COMMITTEE – BEYOND THE DATA – UNDERSTANDING THE IMPACT OF COVID-19 ON BAME COMMUNITIES

SUMMARY

ISSUE: NR Clerk, Committee for Health, has written to ask the Department of Health whether it intends to undertake a similar study of COVID-19 in BAME groups in Northern Ireland. This refers to the Public Health England report “Beyond the data: Understanding the impact of COVID-19 on BAME Groups. A copy of the correspondence is attached at **Annex A**.

TIMING: Due with Private Office 29/6/2020.

PRESENTATIONAL ISSUES Press Office will monitor any developments and liaise with officials over lines if approached for comment. Cleared with Press Office 29/6/20 (TS).

FOI IMPLICATIONS None.

EXECUTIVE REFERRAL: N/A

FINANCIAL IMPLICATIONS: None.

LEGISLATION IMPLICATIONS: None.

EQUALITY IMPLICATIONS: Yes

SPECIAL ADVISOR COMMENTS:

RECOMMENDATION: That you respond to Colm Gildernew, as the Chair of the Health Committee, along the lines of the draft letter attached at **Annex B**.

Introduction

NR

Clerk of the Committee for Health, has written to ask the Department of Health whether it intends to undertake a similar study of the impact of COVID-19 in BAME groups in Northern Ireland. This refers to the Public Health England report "Beyond the data: Understanding the impact of COVID-19 on BAME Groups".

Background

2. Public Health England (PHE) have recently published their report "Disparities in the risk and outcomes of COVID-19". This review found that the highest age standardised diagnosis rates of COVID-19 per 100,000 population were in people of Black ethnic groups (486 in females and 649 in males) and the lowest were in people of White ethnic groups (220 in females and 224 in males). An analysis of survival among confirmed COVID-19 cases showed that, after accounting for the effect of sex, age, deprivation and region, people of Bangladeshi ethnicity had around twice the risk of death when compared to people of White British ethnicity. People of Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity had between 10 and 50% higher risk of death when compared to White British.
3. Death rates from COVID-19 were higher for Black and Asian ethnic groups when compared to White ethnic groups. This is the opposite of what is seen in previous years, when the all-cause mortality rates are lower in Asian and Black ethnic groups. Comparing to previous years, all-cause mortality was almost 4 times higher than expected among Black males for this period, almost 3 times higher in Asian males and almost 2 times higher in White males. Among females, deaths were almost 3 times higher in this period in Black, Mixed and Other females, and 2.4 times higher in Asian females compared with 1.6 times in White females.
4. In addition PHE recently published a further report "Beyond the data: Understanding the impact of COVID-19 in BAME groups". This undertook a wider review of the literature and was informed by a stakeholder engagement programme which considered long standing inequalities, increased exposure to COVID-19, and the impact of racism, discrimination, stigma, fear and trust. This concluded that "the pandemic exposed and exacerbated longstanding inequalities affecting BAME

groups in the UK". It should be noted that the response to this report is being taken forward by the Equalities Minister in the UK Government.

5. Officials have reviewed these reports and are aware of the emerging evidence of the disparities in outcomes with those diagnosed with COVID-19 across a range of groups including the BAME community.
6. The Northern Ireland "Coronavirus Related Health Inequalities Report" was published on 17 June. This is secondary analysis of data captured by the COVID-19 dashboard team and presents findings for most and least deprived quintile/decile, urban/rural, other geographies, sex and age.

Northern Ireland Statistics and Research Agency (NISRA)

7. As ethnicity information is not currently available in hospital admissions and virology datasets, the Department has no immediate plans to undertake a similar analysis. In terms of further plans to analyse deaths based on the death certificate, NISRA are constrained by the variables collected at the point of death registration and there are no current plans to enhance the data collected which would likely require legislation. Place of birth (country) was analysed in the new NISRA monthly bulletin, although this obviously does not equate with 'ethnicity'.
8. NISRA holds the Northern Ireland Mortality Study (NIMS) longitudinal dataset which goes back over ten years and can be linked to other administrative data to pick up life events and personal characteristics. These data are made available in a secure setting to researchers from both academia and government, and as part of the Economic & Social Research Council investments in longitudinal data and administrative data linkage, and it is anticipated that many new research avenues will be explored relating to the various aspects of the pandemic in the next few years.
9. More specifically, the Administrative Data Research Centre in Northern Ireland, in which NISRA is a partner (ADR UK Initiative), is planning to work with a national consortium of BAME researchers and organisations to understand COVID-19's disproportionate impact on different ethnic groups. This work is in its infancy but is of a high priority. Although NISRA holds ethnicity details for the population as at

2011 in the Census record, given the elapsed time, the post-2011 immigration and the comparatively small numbers of COVID-19 deaths in Northern Ireland, the methodology used by ONS (imputing ethnicity from the last Census) will not work here.

Public Health Agency

10. The Public Health Agency (PHA) commission services with various organisations that target and support Minority Ethnic and Migrant communities across Northern Ireland. This is especially important during the current pandemic. The PHA, Health Improvement Division, is currently implementing a Health Improvement Recovery Plan. This ensures that, during the COVID-19 pandemic, health and social wellbeing improvement services, such as drugs and alcohol, mental health and wellbeing and family support, are sustained and repurposed, when relevant, for those in need and those who are most vulnerable. It also aims to be assured of the safety and quality of services provided throughout Northern Ireland. Minority Ethnic, Migrants and Travellers have been identified as priority groups within the Recovery plan. There are current Health Improvement PHA Contracts for Minority Ethnic and Migrant Population and the Traveller Community in place.

11. The Department is considering the PHE reports in detail and will consider if any further Northern Ireland analysis is required or possible. The Department will continue to work closely with colleagues in the Public Health Agency who will be supportive and active in any related research and / or data analysis and with colleagues in the wider NICS and the Health and Social Care sector to ensure any health inequalities are addressed.

Recommendation

12. You are invited to respond to the Health Committee along the lines of the draft letter attached at **Annex B**

NR

Ext: I&S

Copied to:

Richard Pengelly

Dr Michael McBride

Dr Naresh Chada

Liz Redmond

La'Verne Montgomery

Names Redacted

PHD Admin Team

Press Office

Names Redacted



Committee for Health

NR

DALO
Department of Health
Castle Buildings
Stormont
Belfast
BT4 3SQ

Our Ref: C138/20

19 June 2020

Dear NR

Impact of COVID-19 on BAME groups

Thank you for advising me of the publication of the Public Health England report analysing the impact of COVID-19 on BAME groups.

The Health Committee noted the report at its meeting yesterday and agreed to ask the Department of Health whether it intends to undertake a similar study of the impact of COVID-19 in BAME groups in Northern Ireland.

I would appreciate a response to this query by 3 July.

Yours sincerely,

Personal Data

NR

**Clerk
Committee for Health**

CC: Name Redacted

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Annex B

Mr Colm Gildernew
Chair
Committee for Health
Room 410
Parliament Buildings
Stormont
BT4 3XX

Your Ref: C138/20
Our Ref: CORR/2074/2020
Date: X July 2020

Dear Colm,

Thank you for your correspondence of 19 June 2020, in which the Health Committee noted the Public Health England report which analysed the impact of COVID-19 on BAME groups and asked if the Department of Health intends to undertake a similar study of the impact of COVID-19 on BAME groups in Northern Ireland.

My Department is considering both recent PHE reports report in detail and will look at any potential implications and lessons for the Black, Asian and minority ethnic people. I am aware of the emerging evidence of the disparities in outcomes with those diagnosed with COVID-19 across a range of groups including the BAME community.

Ethnicity information is not currently available in hospital admissions and virology datasets. However, NISRA holds the Northern Ireland Mortality Study (NIMS) longitudinal dataset which goes back over ten years and can be linked to other administrative data to pick up life events and personal characteristics. These data are made available to researchers from both academia and government. It is anticipated that many new research avenues will be explored relating to the various aspects of the pandemic in the next few years.

More specifically, the Administrative Data Research Centre in Northern Ireland, in which NISRA is a partner (ADR UK Initiative), is planning to work with a national consortium of BAME researchers and organisations to understand COVID-19's disproportionate impact on different ethnic groups. This work is in its infancy but is of a high priority.

My officials will continue to work closely with colleagues in the Public Health Agency who will continue to be supportive and active in any related research and / or data analysis and with colleagues in the wider NICS and the Health and Social Care sector to ensure any health inequalities are addressed.

You may wish to note that the Northern Ireland "Coronavirus Related Health Inequalities Report" was published on 17 June and is available at: <https://www.health-ni.gov.uk/news/coronavirus-related-health-inequalities-report>.

I trust this is helpful.

ROBIN SWANN MLA
Minister for Health