Message

From: Harries, Jenny [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=CB41E14F2B234DBEB666D05EF2623BC1-JHARRIES]
Sent: 09/06/2020 12:56:53
To: Name Redacted [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0ec6dd97afd94ca7954617810d162314-NR]; Name Redacted [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=15fb014e89294ab5b3c88e5918782c8e-NR]
Subject: RE: Qs to help follow-up from PHE Review on Covid/ethnicity/other factors

Thanks NR

I think this is quite tricky and might benefit from a very pragmatic, unminuted conversation with GEO, to get shared understanding of what is and is not possible. Might be good to do this with NR, DHSC workforce or equalities lead and GEO if Chris is content. JvT also very strong on this area and has been leading on the clinical risk differentiation.

Key things which they should be aware of include the fact that:

- a number of different 'tools' are being developed which will incorporate ethnicity risk – there is potential for these to be picked up differentially
- there is very poor understanding of the comparative or combined risk in most discussions I have heard
- many risk limitation proposals are illogical eg appropriate PPE should be provided for all frontline workers – just adding more layers won't diminish your age, ethnicity or level of obesity
- some interventions which are really practical and would help will not land well in the current context of inequalities – they will be seen as diverting from an issue which people want to discuss whereas they could in fact yield multiple tangible benefits eg weight reduction programme focus (NB new national programme in development actively so query whether this should be linked and support targeted as one possible response if done sensitively)
- there are overlaps here with the joint health work unit with DWP/DHSC
- I am very fearful that we will get reverse inequality longterm if we are not very careful how this is managed: for example lack of BAME opportunity in senior positions – for example BAME banished from frontline roles and therefore career development in NHSE, where the trend in equality has only just started to be turned.
- We need to think through how this relates to management of other BAME health conditions – for example we do not have such an equalities focus on diabetes prevalence in SE Asian origin or hypertension/stroke in Afro-caribbean populations which also kills ad disables these populations earlier in life and is well known. There is a bigger picture into which to meld the current situation. Taken in isolation I suspect we will create handling issues, and poorer health outcomes, than could otherwise be achieved

Maybe test with Chris (and JvT) if he has views on how to work through this.
Very happy to help

From: Name Redacted Name Redacted ?dhsc.gov.uk>
Sent: 09 June 2020 12:17
To: Harries, Jenny <Jenny.Harries@dhsc.gov.uk>; Name Redacted Name Redacted
Subject: RE: Qs to help follow-up from PHE Review on Covid/ethnicity/other factors

Hi both,

I have had the following email from Government Equalities Office asking for our support primarily with 2 key questions, summarised below, but see chain for more information.
1. @Harries, Jenny - A question regarding what you are looking for with regards to guidances that are sent your way. I expect we can go back and state that ensuring that: appropriate stakeholders have been engaged, and the right

channels are followed i.e. PHE and guidance team are liaised thereby ensuring that there has been sufficient peer review and that guidance being put to you doesn't contradict what is already out in the public domain.
2. Name Redacted – A few questions regarding engagement with SAGE, aware the structure of SAGE may soon be changing. Perhaps it might be useful if I were to offer a chat with yourself and Anna the DD who sent the email for you to briefly clarify when we would normally engage SAGE as from her email there a

Many thanks,

NR

Department of Health & Social Care

Name Redacted
Private Secretary to the Chief Medical Officer
39 Victoria St, London, SW1H 0EU
T: Irrelevant & Sensitive
Name Redacted
@CMO_England
Follow us on Twitter @DHSCgovuk; @UKgovGHS

From: Name Redacted Name Redacted
Sent: 09 June 2020 10:14
To: Name Redacted Name Redacted @dhsc.gov.uk>
Cc: Name Redacted Name Redacted
Subject: FW: Qs to help follow-up from PHE Review on Covid/ethnicity/other factors

NR
Do you want to take this forward?

From: anna.thompson@geo.gov.uk <anna.thompson@geo.gov.uk>
Sent: 08 June 2020 23:04
To: Name Redacted Name Redacted
Cc: Name Redacted Name Redacted
Subject: Qs to help follow-up from PHE Review on Covid/ethnicity/other factors

Hello NR

Cathy Morgan gave me your contact details - I'm getting in touch because I am working, alongside Name Redacted and others in the Race Disparity Unit, to support our Minister for Equalities Kemi Badenoch's follow-up work building on the PHE Review on Covid and ethnicity/other factors published last Tuesday. You're probably aware that the terms of her further work were published on Thursday on gov.uk here.

My colleague NR and I are looking at how best we can take forward/coordinate - across Whitehall - appropriate efforts to review and where relevant revise existing and pipeline government guidance, especially around being safe at work and safer places more widely, in the light of the findings of the Review. On the whole we're expecting mainly to prompt and encourage departmental policy leads to review and consider any appropriate changes in their particular sectoral guidance in discussion with their own PHE and HSE contacts. But based on a couple of such conversations we've had so far, we anticipate some real appetite for steers and a general sense of what degree of change to guidance content might be in scope - at one extreme end of a spectrum, no change at all (because what the right protective measures are in setting xyz applies equally to everyone), at the other extreme of the spectrum, significant and disruptive change (prioritising BAME people or subgroups such as older BAME men for PPE or pulling them back from frontline roles). I am exaggerating a bit for effect, but you'll get my drift.