Covid-19 and Black, Asian and minority ethnic communities

Summary

This pack has been prepared ahead of the debate to be held in the Commons Chamber on Thursday 18 June 2020 on the effect of Covid-19 on Black, Asian and minority ethnic (BAME) communities. The debate will be opened by Dawn Butler MP.
1. Background

The Backbench Business Committee has scheduled a debate to consider the following motion:

That this House is concerned about the level of deaths from COVID-19 among Black, Asian and minority ethnic communities; notes that structural inequalities and worse health outcomes for Black, Asian and minority ethnic people go hand in hand; calls on the Government to (a) review the reports by NHS England, PHE, ONS, (b) set out in detail the scope and time-frame of that review and (c) urgently put a plan in place to prevent avoidable deaths.¹

The debate will take place on Thursday 18 June 2020 and will be led by Dawn Butler.

The debate follows two publications from Public Health England (PHE) looking at the effect of Covid-19 on Black and Minority Ethnic (BAME) communities:

- Covid-19: review of disparities in risks and outcomes, PHE, 2 June 2020
- Beyond the data: Understanding the impact of COVID-19 on BAME groups, PHE, 16 June 2020

PHE’s review on disparities provided a descriptive review of data on disparities in the risk and outcomes from Covid-19.² PHE said that the review confirmed “that the impact of Covid-19 has replicated existing health inequalities and, in some cases, has increased them.”³

The review also reported that the risk of dying among those diagnosed with Covid-19 was higher in BAME groups than in White ethnic groups.⁴

In a 4 June 2020 press release, the Government’s Equality Hub announced that following the release of the PHE review, the Minister for Equalities, Kemi Badenoch, would lead the government in a programme of work, which amongst other things, would review the effectiveness and impact of current actions being taken to lessen disparities in Covid-19 infection rates and deaths.⁵

PHE’s report on the impact of Covid-19 on BAME groups provided a summary of stakeholder insights into factors affecting the impact of Covid-19 on BAME communities. PHE identified a number of emerging themes from sessions with the stakeholders, including longstanding inequalities, increased risk of exposure to and acquisition of Covid-19 (particularly around occupation, travel and housing), and racism, discrimination, stigma, fear and trust.

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¹ Future Business as of Tuesday 16 June 2020, Parliament.uk, accessed 17 June 2020
² COVID-19: review of disparities in risks and outcomes, PHE, 2 June 2020
³ Ibid
⁴ Ibid
⁵ Next steps for work on COVID-19 disparities announced, Gov.uk, 4 June 2020
On 15 June 2020, the Prime Minister announced a cross-government commission to “investigate all aspects of inequality”.6

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6 Rather than tear some people down we should build others up (£), The Telegraph, 15 June 2020; reproduced on Gov.uk [accessed 16 June 2020]
2. Statistics on Covid-19 and BAME groups

The section provides a brief summary of some of the existing evidence on the association between BAME groups and Covid-19 infections and related deaths. It should be noted that emerging data collections in response to the Covid-19 pandemic are provisional. In addition, the need to provide timely evidence means that some of the academic studies published have not yet been peer reviewed.

Office for National Statistics

Provisional analysis by the Office for National Statistics (ONS) on Covid-19 deaths by ethnic group indicated that the risk of death involving Covid-19 among some ethnic groups is significantly higher than that of those from white ethnic groups.

The ONS analysis found that when age was taken into account, black males were 4.2 times more likely to die from a Covid-19-related death and black females were 4.3 times more likely compared with white males and females. People from Bangladeshi and Pakistani, Indian, and mixed ethnic groups also had a raised risk of death involving Covid-19 compared with those of white ethnicity.

When the analysis included age, socio-demographic characteristics and measures of self-reported health and disability, the risk of a Covid-19-related death among certain minority ethnic groups compared with white ethnicities was reduced but continued to represent an increased risk compared with white groups. Males and females of black ethnicity were 1.9 times more likely to die from a Covid-19-related death than those of white ethnicity. Males in the Bangladeshi and Pakistani ethnic group were 1.8 times more likely to have a Covid-19-related death than white males and for females, the figure was 1.6 times more likely.

ONS concluded that their results show that the difference between ethnic groups in Covid-19 mortality is partly a result of socio-economic disadvantage and other circumstances, but that a remaining part of the difference has not yet been explained.

University of Oxford and the London School of Hygiene & Tropical Medicine

Academics at the University of Oxford and the London School of Hygiene & Tropical Medicine (LSHTM), working on behalf of NHS England, analysed the pseudonymised health data of over 17.4 million UK adults to discover the key factors associated with death from Covid-19. They found that people from black and Asian groups had a markedly increased risk of in-hospital death from Covid-19, and this was only partially attributable to pre-existing clinical risk factors or
deprivation. The researchers argued that further research into the
drivers of the association was urgently needed. (Williamson et al 2020)

University College London

Academics at University College London (UCL) analysed NHS data on
patients with a positive Covid-19 test who died in hospitals in England
between 1 March and 21 April 2020. The analysis took into account
patients’ age and the geographical region they lived in. They found an
increased risk of death for black African, black Caribbean, Pakistani,
Bangladeshi and Indian minority ethnic groups. (Aldridge et al 2020)

Institute for Fiscal Studies

The Institute for Fiscal Studies (IFS) published a briefing examining Are
some ethnic groups more vulnerable to COVID-19 than others?.

Key findings from the report included observations that:

- The impacts of the Covid-19 crisis are not uniform across ethnic
groups, and aggregating all minorities together misses important
differences. Understanding why these differences exist is crucial for
thinking about the role policy can play in addressing inequalities.

- While many minority groups live disproportionately in areas such as
London and Birmingham, which have more Covid-19 deaths, most
minorities are also younger on average than the population as a
whole, which should make them less vulnerable.

- After stripping out the role of age and geography, Bangladeshi
hospital fatalities are twice those of the white British group,
Pakistani deaths are 2.9 times as high and black African deaths 3.7
times as high. The Indian, black Caribbean and ‘other white’ ethnic
groups also have excess fatalities, with the white Irish group the
only one to have fewer fatalities than white British.

Health Service Journal

Data published in the Health Service Journal on BAME deaths from
Covid-19 was identified through identifying reports of 119 deaths,
published in both mainstream and social media, up until 22 April 2020.
The results outlined the disproportionately high rate of BAME individuals
among Health and Care Workers who have died from Covid-19. Among
all staff employed by the NHS, BAME groups account for approximately
21% of staff but 63% of Covid-19 deaths among NHS staff involved
those from BAME groups. Among medical staff (ie doctors and dentist),
around 44% are from BAME backgrounds while 95% of reported
Covid-19 deaths among medical staff involved people with BAME
backgrounds.
Public Health England (PHE) Review

On 2 June, PHE published the findings of a review into disparities in the risk and outcomes of Covid-19

The review examined age-standardised mortality rates for all causes of death and for deaths mentioning Covid-19 by ethnic group between 21 March 2020 and 1 May 2020. Death rates from Covid-19 were higher among those from BAME backgrounds than from White ethnic groups. When compared with White males, Black males were 3.9 times more likely to die and Asian males 2.5 times more likely to die. Among females, death rates were 3.3 times higher in the Black ethnic group, and 2.3 times higher in the Asian ethnic group than the White group.

The differences in Covid-19 mortality between ethnic groups are the opposite of that seen for all-causes mortality in previous years where higher mortality rates are associated with White ethnic groups.

The PHE report compared the Covid-19 mortality rates with a baseline of all-cause mortality rates using the average annual all-cause mortality rates for 2014 to 2018. The 2014-18 all-cause rates showed lower levels of mortality in Asian and Black ethnic groups compared with the White group.

The report also highlights an analysis of survival among confirmed Covid-19 cases using more detailed ethnic groups. This showed that after accounting for the effect of sex, age, deprivation and region, people of Bangladeshi ethnicity had around twice the risk of death than 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 people.

Ethnicity and other characteristics

The relationship between health and ethnicity is a complex one. PHE’s Local action on health inequalities publication provides a useful summary of the evidence on differential health outcomes between ethnic groups.

Indeed, the Local Action report notes that:

Without explicit consideration of ethnicity within health inequalities work there is a risk of partial understanding of the processes producing poor health outcomes and ineffective intervention.\(^7\)

A combination of several factors are likely to underpin the elevated risk from Covid-19 among BAME groups. This section looks briefly at how health status, existing social inequalities and structural factors in society may be playing a part.

The Institute for Fiscal Studies briefing Are some ethnic groups more vulnerable to COVID-19 than others? Points out that underlying health conditions which may increase the risk of contracting Covid-19 are especially prevalent among older Bangladesis, Pakistanis and Black

\(^7\) Local action on health inequalities Understanding and reducing ethnic inequalities in health, PHE, August 2018
Caribbeans. Compared with white British individuals over 60 years of age, Bangladeshis are more than 60% more likely to have a long-term health condition that makes them particularly vulnerable to infection, which may explain excess fatalities in this group.

The PHE Local action on health inequalities report notes that experiences of discrimination and exclusion may impact on health-related practices, including healthcare-seeking behaviours.

Occupational exposure may contribute to disproportionate deaths for some groups. Key workers are likely to be at higher risk of infection through the jobs they do. NHS workforce statistics show that around 45% of NHS medical staff in England are from BAME groups as are over a quarter of nursing staff.

The Health Foundation have recently highlighted employment figures for London showing that, while black and Asian workers make up 34% of the general working population, they represent 54% of food retail workers, 48% of health and social care workers, and 44% of transport workers. Many of these key workers will not have had the option of working from home and may have had to continue using public transport, this exposing them to higher risk of infection. Plus, in the case of NHS and social care workers, they are likely to have been in close contact with others who may be infected. (See Health Foundation: COVID-19 and inequalities and discrimination.)

People from BAME groups are also more likely to live in overcrowded households which could increase the risk of Covid-19 transmission. The housing section of the Ethnicity Facts and Figures website published by the Cabinet Office includes overcrowding figures based on English Housing Survey data for the three year period from 2014/15 to 2016/17.

This showed that households from ethnic minority groups were more likely to be overcrowded than White British households. Around 2% of White British Households were classed as overcrowded compare with 30% of Bangladeshi households, 16% of Pakistani households and 15% of Black African households.

Factors like those outlined may explain some of the excess risk of Covid-19 among BAME groups but further research is needed to determine what combination of factors leads to higher coronavirus infection rates and/or more severe outcomes of Covid-19.

In addition, it has been argued that any new research must go beyond explaining and understanding, and also provide tangible strategies to aid action by local and national system leaders. (See for example - Health Foundation: Emerging finding of the impact of COVID-19 on BAME groups.)
3. PHE’s review on disparities in the risk and outcomes of Covid-19

Multiple pieces of work have been commissioned by the Government, and the Chief Medical Officer, to examine inequalities in the risk and outcomes from Covid-19.

Public Health England (PHE) is an executive agency of the Department of Health and Social Care. PHE provides government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific expertise and support.8

PHE has released two publications looking at the effect of Covid-19 on BAME communities:

- Beyond the data: Understanding the impact of COVID-19 on BAME groups, published on 16 June 2020

This section of the briefing provides comment on PHE’s review of disparities in risks and outcomes. Section 4 of this briefing discusses PHE’s report on understanding the impact of Covid-19 on BAME groups.

Background

On 4 May 2019, a PHE press release announced that PHE was to lead a review to understand how different factors, such as ethnicity, deprivation, age, gender and obesity, could impact on how people are affected by Covid-19. The press release provided further detail:

The review will help provide insight into emerging evidence to suggest COVID-19 may be having a disproportionate impact on different groups and examine the potential effects of other factors such as ethnicity, level of obesity or gender.9

The press release included comments from Health Secretary Matt Hancock who said, “the more we know about this virus and its impact, the more we will be able [to] protect lives and limit the spread.”. It also stated that the review was to be led by Professor Kevin Fenton, Regional Director of Public Health and PHE and NHS London, who would be supported by a wide group including Trevor Phillips OBE.

In a 16 June 2020 written statement, the Minister for Equalities, Kemi Badenoch said that she had received communication from the Chief Executive of PHE, Duncan Selbie, who had clarified that the review Professor Fenton had led refers to a “parallel piece of work to engage with individuals and organisation within the BAME community.”10

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8 About us, PHE, accessed 17 June 2020
9 Review into factors impacting health outcomes from COVID-19, PHE, last updated 5 May 2020
10 HLWS285, 16 June 2020
PHE published Terms of Reference for its Review into disparities in the risk and outcomes of COVID-19, and outlined its objectives, as follows:

- analyse and present disparities in COVID-19 infection, hospitalisation and mortality
- describe the association between age and sex and COVID-19 cases and outcomes
- quantify disparities in excess mortality by comparing against previous years
- consider possible explanations for the findings such as the presence of obesity or underlying health conditions that are associated with increased risk of complications from COVID-19
- determine the impact of occupation (including healthcare workers), where data are available, on hospital admissions and outcomes from COVID-19 infection
- suggest recommendations for further action that should be taken to reduce disparities in risk and outcomes from COVID-19 on the population

The Terms of Reference also stated that the work would be led jointly by Professors Yvonne Doyle and John Newton, and that findings were expected at the end of May. The terms of reference also stated that the National Institute for Health Research (NIHR) had been commissioned to examine the “root causes” of PHE’s findings.

PHE’s review examined disparities in Covid-19 infection and outcomes across a number of population sub-groups; age and sex, geography, deprivation, ethnicity, occupation, inclusion health groups and deaths in care homes. The findings were published on 2 June 2020 in PHE’s report Disparities in the risk and outcomes of COVID-19.

This section of this debate pack will focus its discussion on PHE’s analysis of ethnicity in Covid-19 infection and outcomes.

**PHE review findings on ethnicity**

The review’s discussion on ethnicity looks at five broad ethnic groups:

- White / White British
- Black/ Black British
- Asian / Asian British
- Mixed / Multiple Ethnic groups
- Other ethnic groups

The review considered all-cause mortality – a term widely used to describe all of the deaths which occur in a population, regardless of the cause. It explains that the higher Covid-19 death rates in Black and Asian ethnic groups is the opposite to previous all-cause mortality rates in these groups:

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

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mortality rates were lower in Asian and Black ethnic groups. Therefore, the inequality in COVID-19 mortality between ethnic groups is the opposite of that seen for all causes of death in previous years.\footnote{COVID-19: review of disparities in risks and outcomes, PHE, 2 June 2020}

The review cited a range of other evidence, some of which highlighted disproportionate risks to BAME communities:

- On 22 May 2020, the Intensive Care National Audit and Research Centre (ICNARC) published its \textit{report on Covid-19 in critical care}.\footnote{ICNARC report on COVID-19 in critical care, ICNARC, 22 May 2020} This reported that 15.2\% and 9.7\% of critically ill patients, confirmed as having Covid-19, were from Asian and Black ethnic groups respectively. ICNARC’s 12 June 2020 report, published after the PHE report, reported a similar prevalence in Asian and Black ethnic groups at 15.0\% and 9.7\% respectively.\footnote{ICNARC report on COVID-19 in critical care, ICNARC, 12 June 2020}

- On 7 May 2020, the Office for National Statistics (ONS) published findings on \textit{Covid-19 related deaths by ethnic group in England and Wales}.\footnote{Coronavirus (COVID-19) related deaths by ethnic group, England and Wales: 2 March 2020 to 10 April 2020, ONS, 7 May 2020} This studied deaths which occurred between 2 March and 10 April and were registered by 17 April 2020. The report found that Black males were 4.2 times more likely to die from a Covid-19 related death, and Black females are 4.3 times more likely than White males and females. People of Bangladeshi, Pakistani, Indian and Mixed ethnicities also had statistically significant raised risk of death involving Covid-19 compared with those of White ethnicity. (also see section 2)

- The review referred to a clinical study involving 23,577 Covid-19 patients admitted to UK hospitals, carried out by researchers at the Universities of Edinburgh and Liverpool. In April 2020, they published their findings, \textit{Investigating associations between ethnicity and outcome from COVID-19}.\footnote{Investigating associations between ethnicity and outcome from COVID-19, E Harrison et al., 25 April 2020} Importantly, the study reported on data which had been adjusted to take account of patient factors such as comorbidity. Looking at ethnicity in isolation, the study reported that BAME groups have the same or better survival than the White ethnic group. The study reported that no association was seen between self-defined ethnicity and survival in patients hospitalised with Covid-19 after adjustment for other factors, such as comorbidity. Summarising their findings, the researchers wrote:

  More admissions to HDU/ITU [high dependency unit/intensive therapy unit] are seen in the Black, Asian and Minority Ethnic (BAME) group, compared to the White ethnic group. These are explained by differences in patient characteristics such as comorbidity. No difference in HDU/ICU admission is seen after adjusting for patient characteristics.

  The White ethnic group has higher mortality than the BAME group.
In robust matched models (propensity-score matched), no excess mortality is seen in the BAME group.

In conclusion, Black and Minority Ethnic individuals might be more likely to be admitted to hospital with COVID-19. BAME groups are more likely to be admitted to HDU/ICU. When patient characteristics are taken into account, no excess HDU/ICU admissions or deaths are seen in the BAME group.\(^{17}\)

The study appears to have been presented to the government’s Scientific Advisory Group for Emergencies (SAGE) and discussed at a 28 April 2020 meeting.\(^{18}\)

The review states that some co-morbidities which increase the risk of poorer outcomes from Covid-19 are more common among certain ethnic groups, including:

- Higher rates of cardiovascular disease in Bangladeshi and Pakistani groups than in White British groups;
- Higher rates of hypertension in Black Caribbean and Black African groups compared with other ethnic groups;
- Higher prevalence of Type 2 diabetes in BAME communities.\(^{19}\)

Additional to an inferred link between ethnicity and co-morbidity, the PHE review provides discussion on what it describes as a complex relationship between ethnicity and health. The review highlights that previous research has considered the following socio-economic factors which are likely to increase the risk of BAME communities acquiring the infection:

- BAME people are more likely to live in urban areas, in overcrowded households and in deprived areas.
- BAME people are more likely to have jobs that expose them to higher risk.
- BAME people are more likely than people of White British ethnicity to be born abroad. This may mean that they face additional barriers, such as cultural and language differences, in accessing services.

**Covid-19 cases and outcomes**

The review presents an analysis of laboratory confirmed cases that were identified under Pillar 1 of the government’s testing programmes.\(^{20}\) This facilitated testing for individuals with a medical need, and where possible, critical key workers.

PHE reported on data from 139,086 individuals who had tested positive for Covid-19 by 13 May 2020, from which it was possible to assign ethnicity to 127,821. The review notes that the results have not been adjusted for some factors which may influence the likelihood of being infected, such as geographical location. The review also notes, that due

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17 Investigating associations between ethnicity and outcome from COVID-19, E Harrison et al., 25 April 2020
19 COVID-19: review of disparities in risks and outcomes, PHE, 2 June 2020
20 Coronavirus (COVID-19) Scaling up our testing programmes, DHSC, last updated 6 April 2020
to the data having been collected under Pillar 1 of the government’s testing programme, the data will reflect the population of people with severe disease, rather than all of those who get infected. It appears that the data would also include test results from key workers.

PHE presented analyses on a number of metrics, including age standardised diagnoses rates, age standardised deaths rates and survival following diagnosis:

- Figure 4.2 shows the age standardised diagnoses rates by ethnic group. After adjustment by age, the highest diagnosis rates of COVID-19 per 100,000 population were in people of Other ethnic groups (1,076 in women and 1,101 in men) followed by people of Black ethnic groups (486 in females and 649 in males). This compared to 220 per 100,000 among White females and 224 among White males.

- The highest age standardised deaths rates in confirmed cases per 100,000 population were among people of Other ethnic groups (234 in females and 427 in males) followed by people of Black ethnic groups (119 in females and 257 in males), Asian ethnic groups (78 in females and 163 in males), Mixed ethnic groups (58 in females and 116 in males) and White ethnic groups (36 in females and 70 in males) (Figure 4.5).

- An analysis of survival among people with confirmed COVID-19 by sex, age group, ethnicity, deprivation and region, shows that, after taking these factors into account, some ethnic groups still had a higher risk of death than others (Appendix A). This analysis looked at 16 ethnicity categories and found that, when compared to White British ethnicity, people of Bangladeshi ethnicity had twice the risk of death. 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 (Appendix A, table A1).21

Using data based on ONS death registration data, PHE’s excess mortality model showed the number of excess deaths by sex and ethnic group between 20 March and 7 May, as compared to corresponding dates in 2014 to 2018. The model also quantified how many deaths had Covid-19 mentioned on the death certificate. PHE reported the following findings:

- Overall, the model suggests there have been 43,941 excess deaths among the White group, 2,301 Black, 3,083 Asian, 385 Mixed and 1,038 in the Other ethnic group. Deaths in Black males were 3.9 times higher than expected in this period, compared with 2.9 times higher in Asian males and 1.7 times higher in White males. Among females, deaths were between 2.7-2.8 times higher in Black, Mixed and Other ethnic groups in this period, compared with 2.4 in Asian and 1.6 in White females.

The percentage of these excess deaths for which COVID-19 is mentioned is highest in males in the Other ethnic group (94.0%) and Asian males (80.9%), and lowest in Mixed

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females (58.2%) and females in the Other ethnic group (62.8%).

Other disparities

The review identified a number of other groups that were judged to be at increased risk from Covid-19.

The largest disparities PHE found were related to gender and age:

- Working age males diagnosed with Covid-19 were twice as likely to die as females
- Among people with a positive test, when compared with those under 40, those who were 80 or older were seventy times more likely to die.22

The review provides further discussion on disparities associated with geographical location, deprivation, occupation and rough sleeping.

Limitations of the PHE review

PHE reported that “it was possible to assign ethnicity” to 127,821 of the 139,086 individuals who had tested positive. The review does not provide an explanation of how ethnicity was assigned.

Further uncertainty about the methods used to assign ethnicity is noted in PHE’s discussion of age standardised diagnoses rates by ethnic groups. PHE notes that diagnosis rates in the ‘Other’ ethnic group are likely to be an overestimate due to the “difference in the method of allocating ethnicity codes to the cases data and the population data used to calculate the rates”.23

The analysis also did not include the effect of occupation. The review considers occupation to be an important factor, stating that it is associated with risk of being exposed to Covid-19 since “some key occupations have a high proportion of workers from BAME groups”.24

In addition, PHE acknowledged that its review did not include the effect of comorbidities or obesity. Identifying these as important factors, PHE stated that “they are associated with the risk of death and are more commonly seen in some BAME groups”.25 The review also refers to “other evidence” (which was not identified) which has shown that including comorbidities and obesity greatly reduces the risk of death among hospitalised patients.

The review noted that the “majority” of testing had been offered to individuals in hospital with a medical need. This means that confirmed Covid-19 cases were more likely to represent a subset of the general population – namely those with pre-existing severe disease. The review considered this point significant, suggesting that disparities between diagnoses rates may reflect differences in the risk of getting the

22 COVID-19: review of disparities in risks and outcomes, PHE, 2 June 2020
23 Ibid.
24 Ibid.
25 Ibid.
infection, presenting to hospital with a medical need and the likelihood of being tested.26

Following the publication of the PHE review, the Minister for Equalities Kemi Badenoch responded to concerns about data that the review had not provided discussion on during a Parliamentary debate.27 Ms Badenoch highlighted a number of factors that the review did not include; comorbidities, population density, public transport use, household composition and housing conditions. Ms Badenoch said that these aspects would be considered in “the next stages”.28

The government’s next steps

In a 4 June 2020 press release, the Government’s Equality Hub announced that following the release of the PHE review, the Minister for Equalities, Kemi Badenoch, would lead the government in a programme of work. Ms Badenoch said:

This government is rightly taking seriously the initial findings from the PHE report published earlier this week. However, it is also clear that much more needs to be done to understand the key drivers of the disparities identified and the relationships between the different risk factors.

That is why I am now taking this work forward, which will enable us to make a real difference to people’s lives and protect our communities from the impact of the coronavirus.29

The press release set out the wide-ranging Terms of Reference, which included:

- Reviewing the effectiveness and impact of current actions being undertaken by relevant government departments and their agencies to directly lessen disparities in infection and death rates of COVID-19
- Modifications to existing, or development of new policy
- The commissioning of further data, research and analytical work by the Equality Hub to clarify the scale, and drivers, of the gaps in evidence highlighted by the review
- Building and expanding on stakeholder engagement undertaken by PHE
- Providing quarterly updates to the Prime Minister and Secretary of State for Health and Social Care on progress being made to address health inequalities by departments and their agencies

The press release also advised that the Race Disparity Unit in the Equality Hub would work directly with Minister for Equalities Kemi Badenoch would, and would be supported by officials in PHE and other departments or agencies. In response to a 11 June 2020 Parliamentary

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26 Ibid.
28 Ibid.
29 Next steps for work on COVID-19 disparities announced, Gov.uk, 4 June 2020
Question, Ms Badenoch said that the timeframe of the work would be announced in due course. 30

In an article in The Telegraph on 15 June 2020, the Prime Minister announced a cross-government commission to “investigate all aspects of inequality”. 31 Further discussion on this is provided in section 7 of this briefing.

Parliamentary response to the review

In response to an Urgent Question, and following the publication of the PHE review, the Minister for Equalities, Kemi Badenoch, made a statement on 4 June 2020. She said:

The review confirms that covid-19 has replicated, and in some cases increased, existing health inequalities related to risk factors including age, gender, ethnicity and geography, with higher diagnosis rates in deprived, densely populated urban areas. The review also confirmed that being black or from a minority ethnic background is a risk factor. That racial disparity has been shown to hold even after accounting for the effect of age, deprivation, region and sex.

I thank Public Health England for undertaking this important work so quickly. I know that its findings will be a cause for concern across the House, as they are for individuals and families across the country. The Government share that concern, which is why they are now reviewing the impact and effectiveness of their actions to lessen disparities in infection and death rates of covid-19, and to determine what further measures are necessary. 32

She also outlined further work to be undertaken by the government in response to the review:

It is also clear that more needs to be done to understand the key drivers of those disparities and the relationships between different risk factors. The Government will commission further data research and analytical work by the Equalities Hub to clarify the reasons for the gaps in evidence highlighted by the report. Taking action without taking the necessary time and effort to understand the root causes of those disparities only risks worsening the situation. That is why I am taking this work forward with the Race Disparity Unit in the Cabinet Office, and the Department of Health and Social Care, and I will keep the House updated. 33

Following Ms Badenoch’s statement, a number of Members made contributions to the debate. Particular concerns were raised about the review’s absence of recommendations on reducing inequalities, and the failure to include the contributions of stakeholders in the published review.

In responding to these concerns, Ms Badenoch said PHE “did not make recommendations because it was not able to do so”. She further said that some of the data needed “is not routinely collected”, and that

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30 PQ 56084, 11 June 2020
31 Rather than tear some people down we should build others up (§), The Telegraph, 15 June 2020; reproduced on Gov.uk [accessed 16 June 2020]
33 Ibid.
acquiring it would be “extremely beneficial”. Later she also said that different reports had produced different findings, and that this was one reason that the government were not rushing to make recommendations.  

During the debate, Ms Badenoch responded to concerns about the review’s failure to mention occupational discrimination faced by BME healthcare staff. She said that it was important to remember that the purpose of the review was to look at specific factors, emphasised that the government would continue to look at other factors and said that it marked the “beginning of the process”.

A 28 May 2020 Parliamentary Question asked, amongst other things, whether public authorities in the UK should be gathering data on the ethnic profiles of people dying with Covid-19. A response from Cabinet Minister Lord True included information from Professor Sir Ian Diamond, Chief Executive of the UK Statistics Authority. Sir Ian said that collecting information on ethnic profiles of individuals dying with Covid-19 presented practical and methodological challenges, mainly in relation to guidance which states that responses on ethnicity should be answered by the individual directly, particularly for adults.

Prior to the review’s publication, there were some reports by the media that the government had delayed publication due to concerns that it could increase racial tensions amidst global protests about racial inequalities. Labour leader Sir Keir Starmer, and Mayor of London Sadiq Khan, were reportedly among those who had urged the government to publish the report. The DHSC reportedly said that the report had not been “delayed due to global events”.

Industry and stakeholder response to the review

The British Medical Association (BMA) reportedly described the review as a “missed opportunity” to implement action. BMA Council Chair, Dr Chaand Nagpaul, reportedly expressed concern about a lack of practical guidance to protect people of BAME origin, and an absence of discussion on the “higher proportion of BAME healthcare workers” who had died from Covid-19. He was also critical that the review had not “properly consider[ed] the occupations of BAME victims”, exposure to the virus and availability of PPE as risk factors.

Mayor of London Sadiq Khan reportedly called for a public inquiry, and for ministers to commit to implement its conclusions.

Concerns about the leadership of the PHE review

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35 HL4512, 28 May 2020
36 Ibid.
37 Boris Johnson urged to publish BAME Covid-19 review immediately, The Guardian, 2 June 2020
38 Ibid.
39 Ibid.
40 Calls mount for public inquiry into UK BAME Covid-19 death rate, The Guardian, 2 June 2020
41 Ibid.
42 Ibid.
On 4 June 2020, Ms Badenoch responded to concerns about the representation of BAME leadership at PHE during a debate on the PHE review, and discussed the involvement of Professor Kevin Fenton, Regional Director of Public Health and PHE and NHS London, in the review:

I thank my hon. Friend for that question, which makes an important point. We do want to see diversity in leadership across institutions in this country, which is one reason why we asked Professor Kevin Fenton, who is a black surgeon, to lead on this review. This issue is close to my heart, and, as a black woman who is Equalities Minister, I will be looking into it as well. I can definitely take this forward and examine what is happening across our institutions.43

A 4 June 2020 article by BBC News reported that the PHE review had been led and written by Professor John Newton, and reported that PHE had said that Professor Fenton had “contributed” to the review.44 The article included comment from social justice campaigner Patrick Vernon who said that the black community had felt that the black community felt “misled” about Professor Fenton’s involvement. Mr Vernon also said, “We’ve lost confidence in the process and want an independent public inquiry”.45

The article included a statement from PHE, who said:

Professor Fenton has been engaging with a significant number of individuals and organisations within the BAME community over the past couple of months, to hear their views, concerns and ideas about the impact of the virus on their communities.

The valuable insight he has gathered will inform the important work the Equalities Minister Kemi Badenoch is now taking forward.46

On 16 June 2020, the Minister for Equalities, Kemi Badenoch, made a written statement in response to claims that she had misled the House about the role of Professor Kevin Fenton in the PHE review into disparities in the risk and outcomes of Covid-19. She also addressed claims about the inclusion of third-party submissions in the final report:

On 9 June 2020, the honourable member for Brent Central made a Point of Order raising concerns that I misled the House about the role Professor Kevin Fenton had in the Public Health England (PHE) review into disparities in the risk and outcomes of COVID-19; and also whether third-party submissions were part of their final report. As I was unable to attend to respond in person, I am writing now to do so.

On 4 June, I stated in the House, that Professor Fenton was leading PHE’s review. A press release from PHE on the 4 May clearly stated, ‘Professor Kevin Fenton, Public Health Director for London will lead the review’ into how different factors can impact on people’s health outcomes from COVID-19. In the same press release, Professor Fenton said ‘We are committed to hearing

44 Coronavirus: Black health expert did not lead BAME report. BBC News, 4 June 2020  
45 Ibid.  
46 Ibid.
voices from a variety of perspectives on the impact of COVID-19 on people of different ethnicities. Duncan Selbie, the Chief Executive of PHE, has since written to the honourable member and myself to clarify that the review Professor Fenton led, refers to a parallel piece of work to engage with individuals and organisations within the BAME community.

I understand the purpose of this was to gain insights into what communities themselves felt the impacts of COVID-19 were. This work was separate to the epidemiological review of the data, which the Chief Medical Officer commissioned. However, they are all part of the work PHE has been doing to investigate this issue. Today, a document summarising this engagement and its findings were formally submitted to me and due to be published by PHE.

In regard to the honourable member’s suggestion that I misled the House about whether third-party submissions were part of PHE’s report, my statement as I made it is accurate. Third-party submissions are part of Professor Fenton’s extensive stakeholder engagement work as he made clear on 4 May, which will contribute to and inform the next stage of work that I am taking forward.\(^\text{47}\)

\(^{47}\) HCWS293, 16 June 2020
4. PHE’s report on understanding the impact of Covid-19 on BAME groups

Calls for the publication of the PHE report

In a Parliamentary debate on the PHE review on 4 June 2020, Dawn Butler raised specific concerns about an apparent lack of third-party submissions in the published review.\(^{48}\) Kemi Badenoch responded with clarifications about the nature of the published review, and highlighted work being undertaken separately by PHE concerning stakeholder engagement:

> With permission, Mr Speaker, I think I need to clarify some confusion that seems to have arisen. The Government commissioned a review to analyse how different factors can impact on people’s health outcomes from covid-19. That is what was published this week. Separately, PHE has been engaging with a significant number of individuals and organisations within the BAME community over the past couple of months to hear their views. That was not a part of this. A lot of people think that that is something that should have been in the report. We will be building on, and expanding on, that engagement as we take this work forward, but that is different from the report that we have commissioned.\(^{49}\)

On 13 June 2020, and referring to PHE’s first review on disparities, The Guardian reported on claims that “pages containing recommendations to protect black, Asian and minority ethnic (BAME) communities were removed” from the PHE review.\(^{50}\)

The Guardian reported that it had seen a letter sent by the British Medical Association (BMA) to Health Secretary Matt Hancock, in which BMA Council Chair, Dr Chaand Nagpaul, called for the “missing pages [of PHE’s first report on disparities] and recommendations to be published immediately”. Dr Nagpaul reportedly said:

> I’m finding it inexplicable the government did not release the full report at a time not only when the BAME community suffered so disproportionately with the virus, but also at a time when there was global outcry and outrage to racial inequalities.\(^{51}\)

PHE was reported as having said that the recommendations would be published the following week, at the same time that they were submitted to ministers.\(^{52}\)

An earlier Guardian article, published on 11 June 2020, reported on claims from Professor Raj Bhopal who had reportedly been asked to

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\(^{49}\) Ibid.

\(^{50}\) BMA demands answers over missing BAME pages of Covid-19 report, The Guardian, 13 June 2020

\(^{51}\) Ibid.

\(^{52}\) Ibid.
peer-review the unpublished recommendations.\textsuperscript{53} Professor Bhopal reportedly said that the allegedly withheld report was an “open secret” and had “every hallmark of a [government] report ready to go to the press.”\textsuperscript{54} On 13 June 2020, the BBC reported that it had seen a leaked draft of the PHE report.\textsuperscript{55}

\textbf{Findings of the report}

On 16 June 2020, PHE published its report, \textit{Understanding the impact of Covid-19 on BAME groups}.\textsuperscript{56} PHE also published a letter from PHE Chief Executive Duncan Selbie to Equalities Minister Kemi Badenoch which set out the remit of the report.\textsuperscript{57} Mr Selbie explained that PHE had engaged “more than 4,000 people who represent the views of Black, Asian and Minority Ethnic (BAME) communities”. This was with a view to gather insights into factors that may be influencing the impact of Covid-19 on these groups and to find potential solutions. The letter also highlighted recommendations from the report, reproduced here:

1. Mandate comprehensive and quality ethnicity data collection and recording as part of routine NHS and social care data collection systems, including the mandatory collection of ethnicity data at death certification, and ensure that data are readily available to local health and care partners to inform actions to mitigate the impact of COVID-19 on BAME communities.

2. Support community participatory research, in which researchers and community stakeholders engage as equal partners in all steps of the research process, to understand the social, cultural, structural, economic, religious, and commercial determinants of COVID-19 in BAME communities, and to develop readily implementable and scalable programmes to reduce risk and improve health outcomes.

3. Improve access, experiences and outcomes of NHS, local government and Integrated Care Systems commissioned services by BAME communities including: regular equity audits; use of Health Impact Assessments; integration of equality into quality systems; good representation of black and minority ethnic communities among staff at all levels; sustained workforce development and employment practices; trust-building dialogue with service users.

4. Accelerate the development of culturally competent occupational risk assessment tools that can be employed in a variety of occupational settings and used to reduce the risk of an employee’s exposure to and acquisition of COVID-19, especially for key workers working with a large cross section of the general public or in contact with those infected with COVID-19.

\textsuperscript{53} BAME coronavirus protection advice ‘unpublished’, says senior academic, The Guardian, 11 June 2020
\textsuperscript{54} Ibid.
\textsuperscript{55} Coronavirus: Racism ‘could play a part in BAME Covid deaths’, BBC News, 13 June 2020
\textsuperscript{56} COVID-19: understanding the impact on BAME communities, PHE, 16 June 2020
\textsuperscript{57} Equalities Minister BAME review letter, PHE, 16 June 2020
5. Fund, develop and implement culturally competent COVID-19 education and prevention campaigns, working in partnership with local BAME and faith communities to reinforce individual and household risk reduction strategies; rebuild trust with and uptake of routine clinical services; reinforce messages on early identification, testing and diagnosis; and prepare communities to take full advantage of interventions including contact tracing, antibody testing and ultimately vaccine availability.

6. Accelerate efforts to target culturally competent health promotion and disease prevention programmes for non-communicable diseases promoting healthy weight, physical activity, smoking cessation, mental wellbeing and effective management of chronic conditions including diabetes, hypertension and asthma.

7. Ensure that COVID-19 recovery strategies actively reduce inequalities caused by the wider determinants of health to create long term sustainable change. Fully funded, sustained and meaningful approaches to tackling ethnic inequalities must be prioritised.

A rapid review undertaken as part of the report sought to understand the social and structural determinants of health that may impact disparities in Covid-19 incidence, treatment, morbidity and mortality in BAME groups. The report’s executive summary provides an overview of the findings:

The literature review and stakeholder feedback indicate that risks associated with COVID-19 transmission, morbidity, and mortality can be exacerbated by the housing challenges faced by some members of BAME groups. The most recent research from the UK suggests that both ethnicity and income inequality are independently associated with COVID-19 mortality. Individuals from BAME groups are more likely to work in occupations with a higher risk of COVID-19 exposure. They are more likely to use public transportation to travel to their essential work. Historic racism and poorer experiences of healthcare or at work may mean that individuals in BAME groups are less likely to seek care when needed or as NHS staff are less likely to speak up when they have concerns about Personal Protective Equipment (PPE) or risk.58

PHE carried out a total of “17 sessions” involving over 4,000 people with a range of interests in BAME issues. PHE provided a summary of the stakeholder feedback:

Stakeholders expressed deep dismay, anger, loss and fear in their communities about the emerging data and realities of BAME groups being harder hit by the COVID-19 pandemic than others, exacerbating existing inequalities. Many had lost colleagues or family members to the disease, and nearly all are experiencing the impact of the disease on their communities with the significant social, physical and mental health impacts and complications.

Stakeholders acknowledged that while actions are already being undertaken, the results of the PHE review and other studies should be used to strengthen and accelerate efforts moving forward. Clear, visible and tangible actions, provided at scale were called for now with a commitment to address the underlying

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58 Beyond the data: Understanding the impact of COVID-19 on BAME groups  PHE, 16 June 2020
factors. A summary of available resources available to support local action is provided in this report.59

The report identified a number of emerging themes from the stakeholder sessions:

- Longstanding inequalities exacerbated by Covid-19
- Increased risk of exposure to and acquisition of Covid-19
- Increased risk of complications and death from Covid-19
- Racism, discrimination, stigma, fear and trust
- Moving forward

Response to PHE’s second report

Owing to the short lapse of time between the publication of the PHE report and the publication of this debate pack, it is likely that government, Parliamentary and stakeholder response will follow in due course.

Here, we include some early comment from stakeholders available at the time of writing.

Jennifer Dixon, Chief Executive at The Health Foundation said:

We welcome Public Health England’s report and their recommendation of a properly funded strategy to tackle the wider circumstances in which people live— including education, job opportunities, working conditions and housing— which shape underlying health and vulnerability to COVID-19.60

She further expressed concern that the report “makes no specific recommendation on tackling entrenched discrimination and racism” and said that “now is the time for further concrete action, beginning with government.” 61

Niall Dickson, Chief Executive of the NHS Confederation said that the report “provides further evidence of the disproportionate impact the virus is having on BME communities.” 62 He said that whilst there were several reasons for this, as well as much that is still unknown, this must not detract from the need for decisive action.

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59 Beyond the data: Understanding the impact of COVID-19 on BAME groups, PHE, 16 June 2020
60 Discrimination is a key factor behind the disproportionate impact of COVID-19, The Health Foundation, 16 June 2020
61 Ibid
62 Decisive action needed to tackle Covid-19 impact on BME people, NHS Confederation, 16 June 2020
5. Inquiries by other bodies

In addition to the work undertaken by Public Health England, several other bodies are conducting inquiries into aspects of the relationship between Covid-19 and its disproportionate impact on particular population groups. Some of these inquiries are highlighted below.

Equality and Human Rights Commission (EHRC)

The Equality and Human Rights Commission is a statutory, non-departmental public body established by the Equality Act 2006. Its role is to promote and uphold equality and human rights ideals and laws across England, Scotland and Wales. On 5 June 2020, the EHRC announced that it would hold an Inquiry into the impact of coronavirus on ethnic minorities, to develop “clear, evidence-based recommendations for urgent action to tackle entrenched racial inequalities” in this area. Details of the inquiry are limited at present, though the EHRC has stated that the first step of the process will be:

to meet race equality leaders to discuss our proposals for an inquiry. Our ongoing work has shown that there are disproportionate numbers of ethnic minority groups living in substandard accommodation, and there is a need to improve access to healthcare, employment, educational outcomes and in the immigration system.63

Select Committees

Women and Equalities Committee

In March 2020, the Women and Equalities Select Committee began an inquiry into “the different and disproportionate impact that the Coronavirus – and measures to tackle it – is having on people with protected characteristics under the Equality Act”. Three sub-inquiries were subsequently launched on 10 June 2020, with one examining “Coronavirus and BAME people”.

To date, the main inquiry has received hundreds of pieces of written evidence and has taken oral evidence from Rt Hon Elizabeth Truss MP (Minister for Women and Equalities), Professor Sir Michael Marmot (Director at UCL Institute of Health Equity), Liz McKeown (Office for National Statistics), Imran Rasul (University College London) and David Isaac CBE and Melanie Field (Equality and Human Rights Commission).

When the Minister gave evidence on 22 April 2020, she emphasised that she was “very concerned” to hear reports about the high number of deaths among the BAME community from Covid-19 and added that she had held discussions with the:

Race Disparity Unit, the Chief Medical Officer and Public Health England about really establishing what the data is showing us about the impact on BAME communities of this virus. We have already started that work. We do not yet have the data to really

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63 Equality and Human Rights Commission, Inquiry into the impact of coronavirus on ethnic minorities, 5 June 2020
show us exactly what the situation is or why the situation has come about, but it is something we are certainly working on.\textsuperscript{54}

The Minister subsequently clarified that this work was part of the PHE review of Covid-19 disparities.

The Chair of EHRC emphasised to the Committee that it had tried to secure meetings with Government Ministers about the unequal impact of coronavirus but, at that point, had had limited success:

If I am frank, my concern is that sometimes equality issues seem to be on the agenda, but not towards the top of it. That comes back to the point I was making in relation to the Government’s need in a crisis situation like this to save lives. We fully understand that, but we believe that in relation to many of the concerns raised by our stakeholders, many of the individuals who approach us, and the cases that people ask us to get involved in, it would be helpful to have a coherent strategy across the whole of Government.\textsuperscript{55}

Other select committees have considered disparities in the risks and outcomes as parts of broader inquiries into Covid-19. Some examples are given below.

**Health and Social Care Committee**

The HSCC launched an inquiry early in March 2020 to consider “the management of the coronavirus epidemic by the Government and its agencies”. As part of this inquiry, MPs have heard from – among others – the Chief and Deputy Medical Officers for England, the Government Chief Scientific Adviser and the Chief Executive of NHS England and Improvement. When asked by a Committee Member on 5 May 2020, for example, why there were “disproportionate deaths in BAME communities”, the Deputy Chief Medical Officer for England, Dr Jenny Harries, commented on the range of factors that might lead to a higher mortality rate:

\begin{quote}

different research groups, have looked at the data they have, taking out elements of underlying disease prevalence—we know that chronic cardiac disease, for example, is a key contributor to poor outcomes from Covid, and the same applies to diabetes—and taking out the risk element from those conditions, which are frequently more prevalent in some black and minority ethnic groups, it gets to be a very complex picture. When, as you have just highlighted, you then add the complexity of perhaps cultural differences in the way people live, or perhaps the fact that different groups are more likely to be living in socioeconomically deprived areas in some instances, it is a really complex picture.\textsuperscript{66}
\end{quote}

**Commons Science and Technology Committee**

The Commons S&T Committee has held 9 oral evidence sessions as part of its inquiry into [UK Science, Research and Technology Capability and](https://www.publications.parliament.uk/pa/cm201920/cmselect/cmtsct/263/263.pdf)

\textsuperscript{64} Q55 - Women and Equalities Committee, *Oral Evidence: Unequal Impact: Coronavirus (Covid-19) and the impact on people with protected characteristics*, HC 276, 22 April 2020


\textsuperscript{66} Q424 - Health and Social Care Committee, *Oral evidence: Management of the Coronavirus Outbreak*, HC 36, 5 May 2020
Influence in Global Disease Outbreaks. On the 18 May 2020, the Committee Chair, Greg Clark, wrote to the Prime Minister with reflections on the pandemic and ‘lessons learned so far’.

The Chair highlighted that the Chief Medical Officer, Professor Whitty, had told the Committee that there was “pretty clear evidence that there is over-representation, at least in certain areas, of people from BAME backgrounds in the number of people who get into severe difficulties” with COVID-19, but that the reason for this was not clear.\(^\text{67}\) The Chair also noted that there was a lack of data on the ethnicity of those dying from Covid-19 because it was not “systematically collected”.\(^\text{68}\) The Committee went on to recommend to the Government that it should “consider how ethnicity data on those dying as a result of COVID-19 could be systematically recorded”.\(^\text{69}\)

Academic publications

Kings College Hospital NHS Trust

A study published in pre-print (i.e. not yet peer-reviewed) on 25 May 2020 examined the impact of ethnicity on outcome of severe COVID-19 infection in 1200 consecutive patients admitted between 1st March 2020 and 12th May 2020 to Kings College Hospital NHS Trust in London. Its key findings were:

- firstly that BAME patients are significantly younger and have different co-morbidity profiles than White individuals. Secondly, there is no significant independent effect of ethnicity on severe outcomes (death or ITU admission) within 14-days of symptom onset, after adjustment for age, sex and comorbidities.\(^\text{70}\)

University of Leicester and University Hospitals Birmingham NHS Foundation Trust

A group of 13 academics conducted a systematic review of the impact of ethnicity on clinical outcomes in COVID-19. It found that “data in the published medical literature on ethnicity in patients with COVID-19 remains limited” but was growing. The authors suggested that this should be addressed by:

- routine reporting of disaggregated data on ethnicity as part of routine governmental surveillance data, large scale international registries and clinical trials to inform future public health interventions and mechanistic studies.\(^\text{71}\)

The also reported that the UK and USA are also the “only countries within the ten countries with the highest incidence of COVID-19 cases to report data disaggregated by ethnicity in national surveillance reports”. Overall, the review found that BAME individuals were “at an

\(^{67}\) Letter from the Chair of the Science and Technology Committee, Greg Clark, to the Prime Minister, COVID-19 pandemic: some lessons learned so far, 18 May 2020

\(^{68}\) Ibid.

\(^{69}\) Ibid.

\(^{70}\) J T Teo et al, Impact of ethnicity on outcome of severe COVID-19 infection. Data from an ethnically diverse UK tertiary centre, MedRxiv, 25 May 2020

\(^{71}\) D Pan et al, The impact of ethnicity on clinical outcomes in COVID-19. A systematic review, EClinical Medicine, 3 June 2020
increased risk of acquiring SARS-CoV-2 infection compared to White individuals and also [had] worse clinical outcomes from COVID-19”.

**openSAFELY study**

The OpenSAFELY study worked on behalf of NHS England to examine factors associated with Covid-19-related hospital death. The study relied on the linked, electronic, primary health records of 17 million adult NHS patients. Results were published on 7 May 2020 in preprint but have not yet been peer reviewed. Of the 17,425,445 adult electronic health records reviewed, there were 5683 deaths attributed to Covid-19. After adjusting for risk factors, including sex, age, deprivation and certain pre-existing conditions, the authors concluded:

People from Asian and black groups are at markedly increased risk of in-hospital death from COVID19, and contrary to some prior speculation this is only partially attributable to pre-existing clinical risk factors or deprivation; further research into the drivers of this association is therefore urgently required. Deprivation is also a major risk factor with, again, little of the excess risk explained by co-morbidity or other risk factors.\(^2\)

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\(^2\) E Williamson et al, OpenSAFELY: factors associated with COVID-19-related hospital death in the linked electronic health records of 17 million adult NHS patients, medRxiv, 7 May 2020
6. National Guidance for BAME staff working in the NHS

Since the death of the first frontline health and care staff from Covid-19 there have been concerns that Black, Asian and minority ethnic (BAME) staff are facing disproportionate risks from the pandemic, with significantly higher infection and mortality rates. While this is likely to reflect disparities affecting the wider BAME community, concerns have also been raised about BAME staff working in roles that are particularly exposed to Covid-19, and facing greater problems accessing PPE.\(^{73}\)

Ahead of the completion of the Public Health England (PHE) review of Covid-19 disparities, NHS England and NHS Improvement issued directions to NHS trusts on 29 April 2020 recommending they undertake appropriate risk assessments for their BAME staff and to put in place any measures to protect and support their BAME staff.\(^{74}\) They have also developed a number of other policies to address the impact of Covid-19 on BAME staff in the NHS, including engagement with staff and staff networks, representation in decision making, rehabilitation and recovery, and communications and media.\(^{75}\) The Department of Health and Social Care (DHSC) has also said it is also working to support the care sector to ensure the safety of all staff in social care.\(^{76}\)

On 30 April, NHS Employers published guidance for NHS organisations to take appropriate measures to mitigate the risk of Covid-19, including taking ethnicity into account, alongside other factors. The guidance detailed 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.\(^{77}\) NHS England and NHS Improvement expect all NHS trusts to follow and take account of any guidance that is issued and to disseminate it as appropriate to the relevant departments or clinical areas to action and take forward as necessary.\(^{78}\)

On 16 June 2020 PHE published its report, COVID-19: understanding the impact on BAME communities, which included a number of recommendations relating to NHS, social care and public health.

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\(^{73}\) RCN, BAME nursing staff experiencing greater PPE shortages despite COVID-19 risk warnings, 28 May 2020

\(^{74}\) NHS Chief Executive Letter, Second Phase of NHS Response to Covid-19, 29 April 2020

\(^{75}\) NHS England, Addressing the impact of Covid-19 on BAME staff in the NHS

\(^{76}\) PQ 49819, 2 June 2020

\(^{77}\) NHS Employers has collated a range of workforce guidance from the Department of Health and Social Care, NHS England and NHS Improvement, Public Health England (PHE), and Health Education England, along with their own advice, into one central resource for workforce leaders in the NHS. NHS Providers also list a number of the initiatives that trusts and their local communities have introduced to support the NHS workforce (NHS Providers, supporting staff). The Commons Library Briefing, Coronavirus: health and social care key issues and sources (CBP 8887) provides further links to guidance and advice provided to health and care staff provided in Sections 1.6 and 1.7.

\(^{78}\) NHS England, Addressing the impact of Covid-19 on BAME staff in the NHS
services. With regard to the NHS, the report noted that for many BAME communities, lack of trust of services and treatment resulted in their reluctance to seek care on a timely basis, resulting in late presentation with disease. Stakeholders felt that work to rebuild trust with BAME communities in the aftermath of Covid-19 must be a key part of restoring local clinical and care services. With regard to NHS staff, historic negative experiences at work were highlighted as a factor in why BAME NHS staff may be less likely to speak up when they have concerns about PPE or testing. PHE recommendations relating to NHS, social care and public health services, included:

3. Improve access, experiences and outcomes of NHS, local government and integrated care systems commissioned services by BAME communities including: regular equity audits; use of health impact assessments; integration of equality into quality systems; good representation of black and minority ethnic communities among staff at all levels; sustained workforce development and employment practices; trust-building dialogue with service users.

(...)

5. Fund, develop and implement culturally competent COVID-19 education and prevention campaigns, working in partnership with local BAME and faith communities to reinforce individual and household risk reduction strategies; rebuild trust with and uptake of routine clinical services; reinforce messages on early identification, testing and diagnosis; and prepare communities to take full advantage of interventions including contact tracing, antibody testing and ultimately vaccine availability.

6. Accelerate efforts to target culturally competent health promotion and disease prevention programmes for non-communicable diseases promoting healthy weight, physical activity, smoking cessation, mental wellbeing and effective management of chronic conditions including diabetes, hypertension and asthma.

PHE also recommended mandating comprehensive and quality ethnicity data collection and recording as part of routine NHS and social care data collection systems.

Trade unions, and other bodies representing health and care staff, have repeated demands for swift action to protect BAME staff from Covid-19, with the Royal College of Nursing calling for UK governments to reflect on their failure to safeguard workers. The health think tank the King’s Fund welcomed the PHE recommendations, and hoped they would prompt “serious, tangible actions that are implemented rapidly.” In particular, the King’s Fund commented that:

Improved recording of ethnicity in care settings and on death certificates is long overdue, and it’s important to get this right to

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79 PHE, COVID-19: understanding the impact on BAME communities, 16 June 2020
80 Ibid.
81 Ibid.
82 Ibid.
83 RCN demands government avoids further delays to protect BAME nursing staff from COVID-19, 16 June 2020
ensure we have accurate, reliable data that can be used to improve health outcomes.

We need to see renewed efforts to tackle racism and discrimination within the health and care system. It is shameful that people’s expectations and experiences of health services can still be shaped by the colour of their skin, while BAME staff are more likely to suffer bullying, harassment and discrimination, and remain under-represented in senior positions.\textsuperscript{84}

\textsuperscript{84} ‘If the government truly agrees that Black lives matter, now is the time to prove it’: The King’s Fund responds to Public Health England BAME report, 16 June 2020
7. Wider work on racial disparities

In an article in *The Telegraph* on 15 June 2020, the Prime Minister announced a cross-government commission to “investigate all aspects of inequality”:

- It is no use just saying that we have made huge progress in tackling racism. There is much more that we need to do; and we will.
- It is time for a cross-governmental commission to look at all aspects of inequality - in employment, in health outcomes, in academic and all other walks of life. We need to tackle the substance of the problem, not the symbols.  

While there is little further detail at present, early reports suggest the commission would report directly to the Prime Minister and be overseen by the Minister for Equalities, Kemi Badenoch MP.

The response to the announcement has been mixed. David Isaac, chair of the Equality and Human Rights Commission (EHRC), said the EHRC was ready to work with the new commission:

- Now is the time for urgent action. We need to see a clear and comprehensive race strategy with clear targets and timescales from Government. We hope this new commission will help deliver that and we stand ready to work with it.

Other commentators, including the Shadow Justice Secretary, David Lammy MP, have questioned whether there is any need for the commission, given previous reviews and reports relating to racial inequality.

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**Box 1: Reviews of racial inequality**

There have been several reports and reviews of racial inequality, established under successive governments, including:

**Windrush Lessons Learned Review** (March 2020)

The independent review of the Windrush scandal, led by Wendy Williams, HM Inspector of Constabulary and Fire and Rescue Services, was published on 19 March 2020. The report found that “what happened to those affected by the Windrush scandal was foreseeable and avoidable”, observing that “A range of warning signs from inside and outside the Home Office were simply not heeded by officials and ministers”.

**Race Disparity Audit** (October 2017)

On 27 August 2016 the then Prime Minister, Theresa May, announced an audit of public services to analyse how outcomes differ by ethnicity. The report was published on 10 October 2017 and found disparities between ethnic groups in all areas of life affected by public bodies.

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85. [Rather than tear some people down we should build others up (£), The Telegraph, 15 June 2020; reproduced on Gov.uk] (accessed 16 June 2020)
87. [https://twitter.com/EHRC/status/1272470269387575298] (accessed 16 June 2020)
89. See: [Windrush generation: Government action to ‘right the wrongs’, Commons Research Briefing, CBP-8779, 24 March 2020]
**Lammy Review** (September 2017)
The Lammy Review assessed racial bias and BAME representation in the criminal justice system. It was established under the Cameron government on 31 January 2016, and led by David Lammy MP. The review found that those who are charged, tried and punished are disproportionately likely to come from minority communities.

**McGregor-Smith Review** (February 2017)
Baroness McGregor-Smith led a review of race in the workplace. The review found underemployment and underpromotion of people from BAME backgrounds.
8. News items and blogs

BBC News Online
Coronavirus: Racism 'could play a part in BAME Covid deaths'
13 June 2020

BMA
COVID-19: the risk to BAME doctors
12 June 2020

Shelter
Government must support people who have no recourse to public funds
10 June 2020

Nursing Times
New research centre will focus on BAME health issues in wake of Covid deaths
31 May 2020

Travellers Times
Councils flout weak Government coronavirus guidance to continue to evict Travellers
28 May 2020

Guardian
Six in 10 UK health workers killed by Covid-19 are BAME
25 May 2020

National Institute for Health Research
The impact of COVID-19 on black, Asian and minority ethnic communities
20 May 2020

CaCHE (UK Collaborative Centre for Housing Evidence)
The unequal impact of Covid-19 on Black, Asian, minority ethnic and refugee communities
6 May 2020
Chartered Institute of Housing
Assisting Gypsies and Travellers during the COVID-19 crisis
5 May 2020

New Internationalist
The hostile environment in housing
27 April 2020

Guardian
Coronavirus fears as UK asylum seekers made to share cramped rooms
15 April 2020

Friends, Families and Travellers
Covid-19: FFT raise government’s lack of support for Travellers with Council of Europe
8 April 2020

Martin Glynn
‘I am, because we are, we are because I am’: race and COVID-19

BMJ
Ethnicity and covid-19 [Editorial]
11 June 2020
9. Parliamentary material

Written statements

Coronavirus impact update
Jo Churchill (Parliamentary Under Secretary of State (Minister for Prevention, Public Health and Primary Care))

Today, Public Health England has published the result of their work to engage with individuals and organisations within the BAME community, to hear their views, concerns and ideas about the impact of Covid-19 on their communities. As the House will know, my honourable friend, the Equalities Minister will be leading on the next steps, working with PHE and others. Copies will be deposited in the Libraries of both houses and are available on PHE’s website, https://www.gov.uk/government/organisations/public-health-england

16 Jun 2020 | HCWS296

Clarification regarding disparities in the risk and outcomes from COVID-19
Kemi Badenoch (Minister for Equalities )

On 9 June 2020, the honourable member for Brent Central made a Point of Order raising concerns that I misled the House about the role Professor Kevin Fenton had in the Public Health England (PHE) review into disparities in the risk and outcomes of COVID-19; and also whether third-party submissions were part of their final report. As I was unable to attend to respond in person, I am writing now to do so.

On 4 June, I stated in the House, that Professor Fenton was leading PHE’s review. A press release from PHE on the 4 May clearly stated, ‘Professor Kevin Fenton, Public Health Director for London will lead the review’ into how different factors can impact on people’s health outcomes from COVID-19. In the same press release, Professor Fenton said ‘We are committed to hearing voices from a variety of perspectives on the impact of COVID-19 on people of different ethnicities. Duncan Selbie, the Chief Executive of PHE, has since written to the honourable member and myself to clarify that the review Professor Fenton led, refers to a parallel piece of work to engage with individuals and organisations within the BAME community.

I understand the purpose of this was to gain insights into what communities themselves felt the impacts of COVID-19 were. This work was separate to the epidemiological review of the data, which the Chief Medical Officer commissioned. However, they are all part of the work PHE has been doing to investigate this issue. Today, a document
summarising this engagement and its findings were formally submitted to me and due to be published by PHE.

In regard to the honourable member’s suggestion that I misled the house about whether third-party submissions were part of PHE’s report, my statement as I made it is accurate. Third-party submissions are part of Professor Fenton’s extensive stakeholder engagement work as he made clear on 4 May, which will contribute to and inform the next stage of work that I am taking forward.

16 Jun 2020 | HCWS293

Urgent Question

Commons Urgent Question:
HC Deb 4 June 2020 | Vol 676 c1003-

repeated in the Lords:
HL Deb 8 June 2020 | Vol 803 c1621-

PQs

Coronavirus: Ethnic Groups

Asked by: Lord Taylor of Warwick

To ask Her Majesty’s Government what steps they intend to take to support BAME communities in response to the findings in their report Disparities in the risk and outcomes from COVID-19, published on 2 June.

Answering member: Baroness Berridge | Department: Women and Equalities

The Minister for Equalities is working with the Race Disparity Unit and the Department for Health and Social Care to carry forward work to identify and fill the gaps in PHE’s review; and work across government to take appropriate steps to mitigate disparities identified. The terms of reference for this work, which include quarterly updates to the Prime Minister and Secretary of State for Health and Social Care on progress, were published on GOV.UK on 4 June. The timeframe will be announced in due course.

HL Deb 16 June 2020 | PQ HL5118
**Schools: Coronavirus**

**Asked by: Oppong-Asare, Abena**

To ask the Secretary of State for Education, with reference to the higher mortality risk from covid-19 among Black, Asian and Minority Ethnic groups, what guidance he is giving to schools on protecting staff and children from a BAME background and their families from covid-19; and what support he is giving to schools to enable them to implement that guidance.

**Answering member: Nick Gibb | Department: Department for Education**

We are aware that there is emerging evidence that Black, Asian and Minority Ethnic (BAME) individuals can be more severely affected than the general population by COVID-19. On 2 June, Public Health England published their review into *disparities in the risk and outcomes of COVID-19*, which included ethnicity. There is still much work to do to understand the key drivers of disparities, the relationships between the different risk factors and what we can do to reduce the impact. The Government is considering how the review and ongoing work on this issue should inform our approach. Schools should be especially sensitive to the needs and worries of BAME members of staff, BAME parents and BAME pupils, and consider if any additional measures or reasonable adjustments may need to be put in place to mitigate concerns.


This includes advice on approaches and actions schools should implement to create an inherently safer system, where the risk of transmission of infection is substantially reduced.

**HC Deb 15 June 2020 | PQ 52591**

**Poverty: Coronavirus**

**Asked by: Whittome, Nadia**

To ask the Secretary of State for Digital, Culture, Media and Sport, what steps his Department is taking to support child poverty charities working in BAME communities during the covid-19 outbreak.

**Answering member: Mr John Whittingdale || Department: Department for Digital, Culture, Media and Sport**

The Government has announced a broad package of support for businesses and charities to ensure that organisations that need support are able to access it. This includes the Coronavirus Job Retention Scheme, the Coronavirus Business Interruption Loan Scheme, and the...
option to defer VAT payments due between 20 March and 30 June 2020.

In addition, on 8 April the Government announced a £750 million funding package to ensure charities providing frontline services to vulnerable people affected by the pandemic can continue their vital work. Of this, £360 million was to be allocated to individual government departments based on evidence of service need. This funding has now been allocated to government departments, who are using a range of approaches to award funding either directly to charities or through bidding processes. As part of this package, the Department for Education will provide £26.4 million to support vulnerable children in England.

£370 million has been allocated to support small and medium sized charities during the pandemic. This includes £60 million funding through the Barnett formula to support charities in Scotland, Wales and Northern Ireland. Of the £310 million to be spent in England, £200 million has been distributed to the National Lottery Community Fund to award grants through the Coronavirus Community Support Fund. Applications for this fund opened on 22 May and the National Lottery Community Fund is assessing applications in the order in which they are received, in order to award grants as quickly as possible. Child poverty charities working with BAME communities during the Covid-19 outbreak are eligible to apply for this funding.

**HC Deb 12 June 2020 | PQ 56207**

**Coronavirus: Ethnic Groups**

**Asked by: Farry, Stephen**

To ask the Secretary of State for Health and Social Care, with reference the findings in the report published by Public Health England on 2 June 2020 entitled Disparities in the risk and outcomes of covid-19, what steps he plans to take to reduce health inequalities for BAME groups.

**Answering member: Jo Churchill | Department: Department of Health and Social Care**

Racial disparities in the health of the nation are unacceptable. Following the publication of Public Health England (PHE)’s report, the Parliamentary Under-Secretary of State for Equalities (Kemi Badenoch MP) has been asked to urgently review the findings and better understand the drivers behind them. As part of this, we will look very closely at the health inequalities aspects of PHE’s report and further action needed to address them.

We remain committed to levelling up and spreading opportunity around this country, which will be an essential part of the economic and social recovery from this crisis.

**HC Deb 12 June 2020 | PQ 53662**
Charities: Ethnic Groups

 Asked by: Butler, Dawn

To ask the Secretary of State for Digital, Culture, Media and Sport, what recent assessment he has made of the adequacy of support for BAME charities that are helping people disproportionately affected by covid-19.

Answering member: Mr John Whittingdale | Department: Department for Digital, Culture, Media and Sport

My department is committed to ongoing, regular and in-depth engagement with the charity and social enterprise sectors during the COVID-19 pandemic. DCMS will continue to work closely to assess how we can support BAME charities and social enterprises in doing their important work. The Minister for Civil Society holds a fortnightly roundtable to hear directly from BAME civil society organisations to highlight concerns and responses to covid-19.

The Government’s £750m targeted funding package and a further £150 million from dormant bank accounts will help charities, social enterprises and vulnerable individuals. We are proactively engaging across government and directly with the sector to maintain a complete picture of the impact and to better understand unmet needs at a national and local level that are not already addressed by existing plans.

My department and the National Lottery Community Fund (NLCF - our distribution partners for the Coronavirus Community Support Fund) have been - and continue to - engage extensively with BAME organisations during the development of the response and are working with a number of organisations to improve the reach of the Coronavirus Community Support Fund. A diverse advisory panel has been set up to support the distribution process for the fund.

HC Deb 11 June 2020 | PQ 54027

Topical Questions

Asked by: Helen Hayes

The terms of reference for the Public Health England report on covid-19 disparities promised recommendations for further action to reduce disparities in risk and outcomes, yet the report did not include a single recommendation. The Government have since announced that the equality hub in the Cabinet Office will review existing actions, commission further data and undertake further engagement. I ask the Minister: where is the urgency? On what date will we see a clear, detailed action plan to stop further preventable deaths and address the appalling inequality of this pandemic? When will the Government demonstrate, with their actions, that black lives matter by putting in place the protections that black, Asian and minority ethnic workers and communities need to keep them safe from coronavirus?

Answering member: Michael Gove | Department: Cabinet Office
The hon. Lady raises a very broad question. As the Secretary of State for Health has pointed out, many of those who have been in the frontline of the fight against coronavirus have come from BAME communities. We know that they have been disproportionately affected both by the spread of the virus and by its severity. It is vital that we not only develop a more sophisticated scientific and medical understanding of why, but also protect those communities and do everything to ensure that they are safe from the virus and supported if it affects them or their families. Every day, I and other Ministers are asking for more evidence and more action.

HC Deb 11 June 2020 | Vol 677 c397

Test and Trace Application

Asked by: Afzal Khan

Given that we have known for months about the disproportionate impact of coronavirus on black, Asian and minority ethnic communities across the UK, I am confused as to why the Government chose to trial the NHS contact tracing app on the Isle of Wight, an island with an overwhelmingly white population. We know that BAME communities are less likely to trust the app due to their experiences of discriminatory policing and there is potential for existing biases to be amplified by algorithms. With that in mind, does the Minister still think that the Isle of Wight was the right place to trial the app?

Answering member: Michael Gove | Department: Cabinet Office

The hon. Gentleman makes a series of very important points. The Isle of Wight was an appropriate place in which to trial the app, because by definition trialling it in a geographically secure, as it were, community was one way to make sure that we could conduct that trial in an effective way and in a way that allowed us to learn lessons rapidly. Trialling the app in other parts of the United Kingdom would have posed significant challenges, but he is absolutely right to remind us that the BAME community is more affected by covid-19, and that there are elements within the BAME community that have concerns about the exercise of state power in maintaining public order and in other areas. We are very sensitive to both of those issues. It is absolutely critical that we continue to work to identify more effectively those factors among the BAME community and others which predispose them towards either catching the virus or suffering more adversely. Of course, when it comes to our proud tradition of policing by consent and the protection of civil liberties, we need to maintain those traditions in order to command the confidence of all our citizens.

HC Deb 11 June 2020 | Vol 677 c391
**Health Professions: Ethnic Groups**

**Asked by: Lewis, Clive**

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to (a) protect and (b) support BAME medical staff working in the NHS during the covid-19 outbreak.

**Answering member: Helen Whately | Department: Department of Health and Social Care**

NHS Employers, working in partnership with key stakeholders, published guidance for employers on 30 April. The guidance detailed 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 NHS Improvement issued directions to the service on 29 April recommending all trusts to undertake appropriate risk assessments for their Black, Asian and minority ethnic (BAME) staff and to put in place any measures to protect and support their BAME staff. They have since developed a five-point programme to address the concerns of BAME staff, covering protection of staff, engagement with staff and staff networks, representation in decision making, rehabilitation and recovery, communications and media.

The Department has commissioned Public Health England to complete a rapid review to understand disparities in COVID-19 infection across the population. This will include looking at the impact on different ethnic groups.

**HC Deb 08 June 2020 | PQ 48552**

**NHS: Ethnic Groups**

**Asked by: Lord Taylor of Warwick**

To ask Her Majesty's Government what plans they have to offer NHS front-line BAME staff alternative roles during the COVID-19 pandemic.

**Answering member: Lord Bethell | Department: Department of Health and Social Care**

NHS Employers has recently published guidance to employers on risk assessments, advising them to consider issues such as pregnancy, ethnicity, age and disability. Since 30 April, numerous extensive expert publications have been produced by organisations such as the Royal College of Psychiatrists.

As a result, many National Health Service trusts are updating their risk assessment procedures. Human resources directors are considering a range of mitigating actions, including redeploying staff into alternative roles, and measures such as additional hygiene measures, stringent fit testing procedures, equity of personal protective equipment provision and training, and improved occupational health support.
NHS Employers will publish updated guidance shortly to reflect the range of approaches being taken by trusts.

HL Deb 04 June 2020 | PQ HL4808
10. Useful links

16 June 2020

2 June 2020

Institute for Fiscal Studies *Are some ethnic groups more vulnerable to COVID-19 than others?*
1 May 2020

Office for National Statistics *Coronavirus (COVID-19) related deaths by occupation, England and Wales: deaths registered up to and including 20 April 2020*
11 May 2020

House of Commons Library publications

*Coronavirus: Impact on the labour market*

*Coronavirus: Which workers are economically impacted?*

*Coronavirus: Which key workers are most at risk?*

*Coronavirus: health and social care key issues and sources*
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