

Briefing on Public Health England's study on disproportionality and Barnet Council's response

Context

Recent studies looking at the impact of COVID-19 on disproportionality, suggested that there was a disproportionate impact on specific factors such as age, gender, occupation and ethnicity. This is in addition to a presence of underlying conditions that remain to be the single, highest factor associated with severity of COVID-19 illness.

Several international and national studies have published similar findings that describe how COVID-19 shone light on existing health inequalities and, in some cases, exacerbated them. Below is a summary of key findings from Public Health England's study on disproportionality and how are we locally trying to address significant findings in a most pragmatic way.¹ Local data suggest the main disproportionality to be age and gender.

Key points

- The review was a descriptive look at surveillance data on the impact of COVID-19 on risk and outcomes.
- The review confirmed that the impact of COVID-19 has replicated existing health inequalities and, in some cases, exacerbated them further, particularly for Black, Asian and Minority ethnic (BAME) groups.
- The study highlighted importance of understanding the difference between BAME groups, especially those at higher risk of severe illness and death (e.g. Bangladeshi, Pakistani and Indian were at 10-50% higher risk of dying from COVID-19 than their White counterparts);
- The largest disparity found was by age. Among people already diagnosed with COVID-19, people who were 80 or older were 70 times more likely to die than those under 40.
- Risk of dying among those diagnosed with COVID-19 was also higher in males than females; higher in those living in the more deprived areas than those living in the least deprived; and higher in those in BAME groups than in white ethnic groups.
- These inequalities largely replicate existing inequalities in mortality rates in previous years, except for BAME groups, as mortality was previously higher in white ethnic groups. These analyses take into account age, sex, deprivation, region and ethnicity, but they do not take into account the existence of comorbidities, which are strongly associated with the risk of death from COVID-19 and are likely to explain some of the differences.
- When compared to previous years, the review also found a particularly high increase in all causes of deaths among those born outside the UK and Ireland; those in a range of caring occupations, including social care and nursing auxiliaries and assistants; those who drive passengers in road vehicles for a living including taxi and minicab drivers and chauffeurs; those working as security guards and related occupations; and those in care homes. This finding is more likely to be due to these occupational groups being unable to work from home and therefore had increased exposure to people with possible COVID-19 infection.

¹ PHE, June 2020: Disparities in the risk and outcomes of COVID-19

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892085/disparities_review.pdf

- These analyses did not consider the existence of comorbidities, which are strongly associated with the risk of death from COVID-19 and could explain some of these differences.
- Other studies that looked at BAME and co-morbidities (such as study of 1200 patients from King's College Hospital) found no association between BAME and COVID-19 severe illness, when controlled for co-morbidities, age and gender.
- The terms of reference for the report indicated that there will be recommendations as part of the review. However, this has not been published yet, due to the inconclusive nature of the findings. Further analyses and publication of qualitative part of this study is due out shortly.
- In the meantime, it is important to focus locally on actions that can be taken, based on emerging findings and in light of the Black Lives Matter movement.

What are we doing in Barnet to reduce health inequalities and promote equality agenda, more generally?

Health inequalities

- An Individual risk assessment tool has been developed. It will look at the cumulative risk factors of age, gender, ethnicity and occupation and will suggest a conversation and individual risk mitigation actions for our staff, if the risk of infected or of having a severe COVID-19 infection for an individual was found to be high. Managers will be encouraged and trained to have those conversations with their staff, on an individual level, in addition to team risk assessments already in place. Once finalised, risk assessment tool can be shared with partners;
- Given that one of the main risk factors for severe COVID-19 illness is a presence of underlying conditions, often more prevalent in some BAME groups, we will focus our further public health initiatives on specific population groups. Barnet's Health and Wellbeing Strategy that will be reviewed in autumn (review was delayed due to the pandemic) will focus on lessons learnt from COVID-19 pandemic and reducing health inequalities aspects throughout;
- For example, we know that the risk of developing diabetes is six times higher in some BAME groups. Before COVID-19 we had planned a large (100+) event at the Sangam Centre (Asian Women's Association) which was going to have a Gujarati translator. The event was going to include point of care testing and blood pressure check for attendees, a talk from Diabetes Specialists on the causes, types and risks of diabetes, preventative measures and additional complications and a talk on nutrition with a culturally tailored cookery demonstration. This can be re-established after the pandemic social distancing restrictions are removed;
- In the past we also done communication engagement and public events highlighting risk factors of type 2 diabetes and directing those at high risk to get a blood test from their GP and to consider referral to the National Diabetes Prevention Programme (NDPP), which is available to any adult identified to be pre-diabetic. The programme offers information leaflets in a variety of languages and delivers the group sessions in a variety of locations, including local places of worship if sufficient numbers in the area;

According to NDPP programme 2018 data:

- 49% of people on the National Diabetes Audit were from an ethnic minority group.
- 21% of people who were referred to the NDPP were from an ethnic minority group
- 40% of people who attended the NDPP were from an ethnic minority group.

- Barnet is part of Track and Trace Best Practice Group and for London (Camden, Barnet, Hackney and Newham) we will be focusing on BAME engagement and diverse communities and vulnerable groups (places of worship, care settings with a focus on people with mental ill health, LD);

Wider equality agenda

- In terms of wider equality agenda, Council-wide Equality and Diversity Steering Group has recently reviewed Equalities and Inclusion Policy, that will be published shortly. It will be accompanied by an action plan that is already overseen by the Group. We are accelerating work plan implementation to focus on areas such as training on anti-bias and inclusive recruitment, across the whole organisation, including elected members;
- Elected members could suggest a representative/champion that can be included in the work of Equality and Diversity Steering Group and wider Equality Agenda.

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