



Government
Equalities Office

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Kemi Badenoch MP
Exchequer Secretary to the Treasury &
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October 2020

Dear Colleague,

FIRST QUARTERLY PROGRESS REPORT ON COVID-19 DISPARITIES

I am writing to update you on progress with cross-government work to address the findings of the Public Health England (PHE) report '*COVID-19: review of disparities in risks and outcomes*' published on 2 June. The Prime Minister asked me to lead this work and I have today published my first, quarterly report to him on progress, in line with the terms of reference. I have laid copies of the report in the libraries of the House and it can also be found on gov.uk.

The PHE review summarised some of what was then known about COVID-19 and ethnicity. It indicated that a range of people, including the elderly, men and those from ethnic minority backgrounds were most disproportionately impacted by Covid-19. It told us what the disparities in risks and outcomes were, but not why they had arisen or what could be done about them.

My work to date has focused on the disproportionate impact that COVID-19 has had – and continues to have – on ethnic minority people. There is a wider strand of work within government that is considering other groups that may have been disproportionately impacted by COVID-19 and I will include updates on this wider work in future reports.

I commissioned the Cabinet Office's Race Disparity Unit (RDU), who are supporting me in this work, to explore the relationship between different risk factors. The RDU are working collaboratively across government and with the Office for National Statistics, and are liaising with universities and researchers to continue to build this evidence base, so we can better understand the drivers of disparities. In July, the government provided £4.3 million in funding for six new research projects to improve our understanding of the links between COVID-19 and ethnicity.

We have learned much more about the impact of the virus since June. We know more in particular about why people from ethnic minority backgrounds are more likely to be infected and to die from COVID-19. The current evidence shows that it is a range of socioeconomic and geographical factors - such as occupational exposure, population density, household composition and pre-existing health conditions - which contribute to the higher infection and mortality rates for ethnic minority groups.

However, according to the latest evidence, part of the excess risk remains unexplained for some groups and further analysis of the potential risk factors is planned for the coming months.

The evidence base is growing fast and I will continue to work with academics and the SAGE ethnicity sub-group to improve our understanding of the relationship between COVID-19 and ethnicity. I have also been reviewing, and will continue to review, the actions that government departments and their agencies have put in place to mitigate the impacts of COVID-19. This work is summarised in Annex B to the report.

It is clear that there is much good work underway. For example over 95% of frontline NHS workers from an ethnic minority background have had an individual 'Covid conversation' in the workplace to ensure good understanding of the necessary mitigating interventions in place. In July and September we issued revised guidance to employers, highlighting the findings of the PHE review and explaining how to make workplaces Covid-secure. We have also spent an additional £4m on targeting COVID-19 messaging at ethnic minority communities.

Across government, we have also reached out to all parts of the community through our information campaign. We have published messaging in well over 600 publications, including those that have high proportions of ethnic minority readerships, and reached more than five million people through the ethnic minority influencer programme. We have translated key public health messages into numerous languages, which initiated a marked improvement in recognition of the 'Stay Alert' campaign.

My report also summarises the steps taken by the NHS, PHE and others to implement the recommendations from the summary of stakeholder insights, 'Beyond the data: Understanding the impact of COVID-19 on BAME groups', led by Professor Kevin Fenton and published by PHE on 16 June.

There is, however, more we can do to protect those groups that are most disproportionately impacted by COVID-19. I am therefore announcing today a new Community Champions scheme. This includes up to £25m in funding to local authorities and the voluntary and community sector to improve the reach of official public health guidance, and other messaging or communications about the virus into specific places and groups most at risk from COVID-19.

Our Community Champions funding will support those groups at greater risk of COVID-19, to ensure key public health advice is understood and safer behaviours are followed. This will help to build trust, reduce transmission and ultimately play a part in helping to lower death rates in the targeted areas and beyond.

Councils have been working tirelessly to support and engage their communities throughout this crisis - they know how to do this best. The funding, for a target group of councils, will enable them to do more of what they know works, but also to go further, by enhancing existing schemes. Learning from the Community Champions scheme will be shared with all councils and across all relevant government departments – enabling government and local authorities to hear directly from individuals in communities on the impact of the crisis.

In addition, my report includes a number of specific recommendations, which the Prime Minister has accepted in full. These include:

- Mandating the recording of ethnicity data as part of the death certification process, as this is the only way we will be able to establish a complete picture of the impact of the virus on ethnic minority groups.
- Appointing two expert advisors on COVID-19 and ethnicity who will bring huge expertise from the fields of medicine and epidemiology to the government's work going forward.

- Ensuring that new evidence uncovered during this review relating to the clinically extremely vulnerable is incorporated into health policy.
- Supporting the development and deployment of a risk model that is being developed to understand individual risk from research commissioned by the CMO by an expert subgroup of academic, scientific and clinical experts and the University of Oxford.
- Capturing the good work being done by local authorities and Directors of Public Health through a rapid, light-touch review so that we can learn the lessons of what works at a local level.

The package of measures I have announced today will give us a better insight into how the virus is impacting ethnic minority groups, how we can best protect those who may be most at risk and how we can address longstanding public health inequalities.

I look forward to providing a further update on the progress of this work at the end of the next quarter.

A handwritten signature in black ink that reads "Kemi Badenoch". The signature is written in a cursive, flowing style.

Kemi Badenoch MP
Exchequer Secretary to the Treasury &
Minister for Equalities