

Report to: **People Scrutiny Committee**

Date of meeting: **19 November 2020**

By: **Director of Adult Social Care and Health**

Title: **Impact of COVID-19 on the ethnic minority population of East Sussex and staff**

Purpose: **To provide the People Scrutiny Committee with an update on the measures the Council has taken in response to the disproportionate impact of coronavirus on people of ethnic minority backgrounds.**

RECOMMENDATION

The People Scrutiny Committee is recommended to consider and note the report

1 Background

1.1 On 17th September 2020, a report was submitted to the Health and Wellbeing Board (HWB) with a summary of the support being provided to Care Homes during the Covid-19 crisis and the work the local health and social care system are doing to support staff from black, Asian Minority Ethnic (BAME) working in the care sector. The report is attached as **Appendix 1**.

1.2 As part of the feedback from the HWB, the People Scrutiny Committee requested further information about the impact of Covid-19 on our ethnic minority staff and residents.

1.3 People from ethnic minority groups are most likely to be diagnosed with Covid 19. Nationally, death rates from COVID-19 are highest among people of black and Asian ethnic groups.

1.4 An analysis of survival among confirmed Covid-19 cases and using more detailed ethnic groups shows 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.

1.5 Analysis of deaths, in the first wave of the pandemic, of NHS and social care staff has shown that BAME staff are particularly affected and account for 21% of NHS staff but 63% of COVID-19 deaths; 20% of nursing and support staff, but 64% of deaths and 44% of medics but 95% of deaths¹. It is not fully understood why this is

¹ <https://www.ethnicity-facts-figures.service.gov.uk/workforce-and-business/workforce-diversity/nhs-workforce/latest#by-ethnicity>

the case, but research suggests that it may be partly because ethnic minority staff are more likely to work on the front line in lower graded roles, may be less likely to raise concerns and are more likely to be agency staff, or nightshift workers. All these groups may be at additional risk.

2. Supporting Information: The East Sussex Picture

2.1 According to the 2011 ONS Census, the population of East Sussex is 96% white (including non-British white) and 4% black, Asian and minority ethnic. This compares very low in ethnic minority population as compared to England BAME population of 14.6%. There is no recent reliable data of the population, but it is anticipated that the ethnic minority population of East Sussex has seen an increase since 2011.

2.2 There is no robust local data available on infection and death rates linked to Covid-19 broken down by ethnicity as death certificates do not include ethnicity and more than a quarter of test results do not include ethnicity. Of the 429 cases reported in East Sussex between June and August 2020, 8% were from the black, Asian and minority ethnic community and 65% white. Since more than a quarter did not give their ethnicity, it is difficult to come to any firm inference whether there is significant over presentation of ethnic minority population affected by Covid-19 in East Sussex.

2.3 The public health intelligence team reviewing COVID-19 cases consider ethnicity (where it is available) as one of the factors when considering whether further actions are required to reduce the risk within East Sussex.

ESCC black, Asian and minority ethnic staff

2.4 4.7% of our staff have identified themselves to be of ethnic minority background, while 84.5% have disclosed themselves to be white. We do not have ethnicity date for the remaining 10.8% staff.

2.5 Of the total 32 staff members reporting absence due to confirmed Covid-19 during March and October 2020, 3 were of ethnic minority background whereas 22 were white (including non-British white). We do not have ethnicity data for a further 7.

Steps taken to reduce the disproportionate impact of Covid-19 on black, Asian and minority ethnic staff

2.6 Taking into account the national data about ethnic minority population being disproportionately affected by Covid-19, the new ESCC individual risk assessment form includes a section for BAME staff alongside other Covid-19 high risk categories. The individual staff risk assessment includes a specific section on BAME alongside other high risk Covid-19 categories to enable assessment of individuals who fall in to clinically vulnerable and moderate risk groups and lists mitigating measures.

2.7 Guidance related to Covid-19 BAME disparity has been circulated to Adult Social Care providers via the Adult Social Care Covid-19 briefing on 24th June 2020. The briefing distribution list includes the whole social care system including Care Homes, Home Care services, Day Services, Personal Assistants, supported accommodation schemes, Extra Care Housing schemes, Commissioning Voluntary Sector organisations and Carer organisations.

Clinical Commissioning Group commissioned research report on the impact of Covid-19 on ethnic minority population in Hastings

2.8 Hastings Voluntary Action (HVA) was commissioned to conduct research in Hastings and St Leonard's wards of East Sussex to understand the impact of Covid-19 on ethnic minority population. The report is attached as **Appendix 2**. The report did not find any disproportionate impact on ethnic minority population in the region potentially because infection rates in Hastings remained low during the first wave of the pandemic.

2.9 The HVA report recommends strengthening relationships with ethnic minority communities and to develop closer working relationship with organisations where ethnic minority people work and use services.

Steps taken by ESCC in response to national data on disproportionate impact of Covid-19 on ethnic minority populations

2.10 A Covid-19 Disparity group was set up in June 2020 which meets monthly to discuss matters of race equality amongst others. This has given a fresh impetus in the Council to issues of equality and the group has representations from all departments of the Council to take forward the agenda of equality, diversity and inclusion.

2.11 Since June 2020, as part of Sussex Health and Care Partnership, our staff have participated in a number of events to raise awareness about race equality and to participate in conversations around staff welfare and workforce development. These include:

- Staff Conferences in June 2020 and October 2020
- Race Equality Webinar in August 2020
- Inequalities in Health and Social Care webinar in October 2020
- Anti-Racist training in October 2020

2.12 Further steps have also been taken by all departments to ensure race equality is at the forefront of our work and integrated in our planning processes:

- Children's Services has launched Race Equality Guidance for Schools
- Adult Social Care and Health are launching Equality and Inclusion Strategy
- Corporate Governance are recruiting for an Equality Manager with remit to oversee diversity in workforce

- We are conducting a staff survey to encourage disclosure of diversity data by staff so we can understand, and address needs better

2.13 The Communications Strategy for Outbreak Plan specifically addresses how to reach ethnic minority populations with messaging, including plans to translate messages in top ten languages spoken in East Sussex as well as targeted messaging to Voluntary, Community and Social Enterprise (VCSE) organisations and smaller community groups representing ethnic minority populations.

2.14 The Communication and Inclusion Strategy for the Shielding Framework also has plans on how to get messages and information about shielding and related support out to those from ethnic minority backgrounds. This includes ensuring priority is given to those from ethnic minority backgrounds for receiving welfare check calls to those on the shielded list.

3 Conclusion and Recommendations

3.1 The Committee is recommended to consider and note the report.

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