NORTH YORKSHIRE OUTBREAK MANAGEMENT ADVISORY BOARD

REMOTE MEETING

ON: Tuesday 18th August 2020

AT: 11.00 a.m.

This meeting will be held using video conferencing.

The live broadcast of this meeting will start when the meeting commences. Members of the press and public who would like to view it can do so via the County Council's website. For help and support in accessing the meeting, please contact the Democratic Services Officer responsible for the meeting (see contact details below).

This Board is an informal, non decision-making body and therefore there is no facility for public questions or statements. If you would like to find out more about the North Yorkshire Outbreak Management Plan you can do so from the link here

AGENDA

NO.	ITEM	LEAD	INDICATIVE TIMINGS
1	Welcome/introduction	Chair	11.00 – 11:15
2	Apologies for absence	Chair	
3	Declarations of interest (if any)	Chair	
4	Notes of meeting held on 30th July 2020 and any matters arising **ENCLOSED**	Chair	
5	Update on the current position in North Yorkshire. **SLIDES ENCLOSED** which contain data internationally; for the UK; North Yorkshire; and by Districts There will also be an update on Theme 2 of the Outbreak Management Plan – High Risk Locations	Lincoln Sargeant, Director of Public Health	11:15 – 11:45

6	Beyond the data: Understanding the impact of Covid-19 on Black, Asian and Minority Ethnic Groups **SLIDES ENCLOSED**	Lincoln Sargeant, Director of Public Health	11:45 – 12:15
7	Communications Update	Faye Hutton, Marketing and Customer Communications Officer	12:15 – 12:20
8	Partner Updates (on an exception basis): • Business / LEP • Care Sector • Healthwatch • Local Government • NHS • Police • PF&C Commissioner • Public Health England • Schools • Voluntary & Community Sector	ALL	12:20 – 12:30
9	Next Meeting – 8th September 2020 at 11.00 a.m.	Chair	-
10	Any other business	Chair	-

Patrick Duffy
Senior Democratic Services Officer
Patrick.Duffy@northyorks.gov.uk
Tel: 01609 534546

13th August 2020

ITEM 4

North Yorkshire Outbreak Management Advisory Board

Notes of a discussion held remotely, via Skype, on Thursday 30th July 2020

THOSE WHO JOINED THE DISCUSSION:

North Yorkshire County Council Representatives

Councillor Caroline Dickinson, Executive Member, Public Health, Prevention, Supported Housing
Councillor Stuart Parsons, Leader of the Independent Group, North Yorkshire County Council
Barry Khan, Assistant Chief Executive (Legal and Democratic Services)
Richard Webb, Corporate Director, Health and Adult Services

District Council Representatives

Councillor Mark Crane, Leader, Selby District Council
Councillor Claire Docrwa, Ryedale District Council (substitute for Councillor Keane Duncan)
Councillor Richard Foster, Leader, Craven District Council
Councillor Helen Grant, Richmondshire District Council (substitute for Councillor Angie Dale)
Councillor Ann Myatt, Harrogate Borough Council
Councillor Stephen Watson, Portfolio Holder for Environmental Health, Waste and Recycling, Hambleton District Council

Other Partners' Representatives

Amanda Bloor, Accountable Officer, North Yorkshire Clinical Commissioning Group
Phil Cain, Deputy Chief Constable (substitute for Lisa Winward)
David Kerfoot, Chair, North Yorkshire and York Local Enterprise Partnership
Phil Mettam, Test and Trace Lead, Humber, Coast and Vale
Caroline O'Neill, Community First (substitute for Leah Swain)
Mike Padgham, Chair, Independent Care Group
Sally Tyrer, Chair, North Yorkshire Local Medical Committee
Ian Yapp, Head Teacher, Riverside Primary School

In attendance (all from North Yorkshire County Council, unless stated)

Ray Busby, Principal Democratic Services Officer
Patrick Duffy, Senior Democratic Services Officer (Clerk)
Faye Hutton, Marketing and Customer Communications Officer
Cath Ritchie, Project Manager, Technology and Change
Lisa Dixon, Director, Scarborough Borough Council
Victoria Turner, Public Health Consultant
Louise Wallace, Assistant Director, Health and Integration

Apologies received from

Judith Bromfield, Healthwatch, North Yorkshire
Councillor Angie Dale, Leader, Richmondshire District Council
Councillor Keane Duncan, Leader, Ryedale District Council
Richard Flinton, Chief Executive, North Yorkshire County Council
Councillor Michael Harrison, Executive Member for Health and Adult Services
Councillor Carl Les, Leader of North Yorkshire County Council
Julia Mulligan, Police, Fire and Crime Commissioner
Simon Padfield, Public Health Consultant, Public Health England
Lincoln Sargeant, Director of Public Health
Leah Swain, Chief Executive, Community First Yorkshire
Lisa Winward, Chief Constable

NO.	ITEM	ACTION
26	**CHAIR** County Councillor Caroline Dickinson advised that, in the absence of the Chair and Vice-Chair, she had been asked to Chair today's meeting. County Councillor Caroline Dickinson in the Chair.	
27	**APOLOGIES** As stated in the attendance on the previous page.	
28	**DECLARATIONS OF INTEREST** There were no declarations of interest.	
29	**NOTES OF MEETING HELD ON 10TH JULY 2020** **AGREED** that these were an accurate reflection of the discussion.	
30	**UPDATE ON THE CURRENT POSITION IN NORTH YORKSHIRE** Slides had been circulated with the Agenda containing data internationally; for the UK; North Yorkshire and by District; and information on Care Home Settings. Victoria Turner provided an overview of the data. Globally, the virus is still spreading. The national picture is variable with low rates in North Yorkshire. Overall, rates are below national and regional rates. We take an interest in Bradford's rate, with it bordering North Yorkshire. No outbreaks being managed currently. She also provided an update on the Themes in the Outbreak Management Plan. Among the points made were:- - Customer Contact Cards are being developed. Local and national cards will be available on the County Council's website. - Regarding testing, a key issue is the transfer of mobile units from the military to commercial providers. We are having to find alternative venues, as those that had been in use in tourism and leisure are now returning to their original purpose. - Joint working is in place with the military with respect to Catterick Garrison and other bases. Slides had also been circulated that contained information on Care Settings and the lessons learned so far. Victoria advised that two elements had been crucial in the approach to managing outbreaks in these settings:- • A pro-active, preventative approach, including daily calls to all care settings to pick up issues early; and • Multi-Agency outbreak management, including daily discussions with partners.	

Richard Webb made a number of points, including:-

- The Council and partners had tried to keep the human element uppermost in their minds. It is too easy to see statistics but the reality is this is about people who have lost their lives and grieving families.

- The Council had also tried to do more than (and keep ahead of) Government Policy. For instance, the Government said there should be a focus on people aged 65 plus. Locally, the decision was taken to continue support for younger age groups, as well as refuges and the homeless, working with Districts.

- The Council had not shied away from taking action where required.

- There had been good joint working with the Independent Care Group, with emphasis on support and help rather than inspection.

- Extra Care settings appear more Covid-free than Residential Nursing Homes. This could be due to the physical space (people have their own front door) and the way that the care is organised.

- The response is beginning to be stepped down but active relationships with care settings will continue.

- Now planning for winter and safe discharges from Hospitals.

- In terms of lessons learned, improved computerisation and improved collection around data/timeline on cases, deaths, etc., are the key points.

Victoria Turner and Richard Webb responded to a number of questions raised by Members through the chat facility as follows:-

- The Council has no direct power to take action against pubs, etc., who do not take customers details to facilitate track and trace. It is mostly a persuasive approach but, ultimately, the Council could make the non-compliance public.

- Will feedback to colleagues that some tourists are not adhering to social distancing as much as the local population and the fact that people are finding information and publicity at destinations, useful, alongside the national cards and links to Welcome to Yorkshire.

- As the flu season approaches, a variety of potential testing sites will be considered.

- The joint work being undertaken by Public Health with the Military, will look at how to combat young soldiers not adhering to social distancing and the fact that this is causing concern.

- Will take on board the helpful comments about how the public can best be kept informed.

- Work is on-going with businesses with high concentrations of foreign labour.

	• Regarding enforcement powers of District Councils, this will be covered more under the next Item on the Agenda (Contain Framework) but, for individuals, there is the power to remove someone to a testing place and hold them there. For premises, any action must be proportionate and reviewed regularly. This is limited in that, if the premises are deemed to be part of essential infrastructure, the decision rests with Central Government. Richard Webb added there is national debate whether HSE may delegate power to Environmental Health Officers (EHOs), using a joint warrant. EHOs have queried whether any such delegation will be accompanied by resources to support this. District colleagues are involved in these conversations. Mike Padgham (via the chat facility) thanked Richard Webb and Victoria Turner for the support provided to Care Providers and for being several steps ahead of national guidance. Phil Mettam (via the chat facility) said that across Humber, Coast and Vale and wider, he could confirm and commend the breadth and pro-active aspects of the approach outlined by Richard and Victoria. The Chair thanked Mike Padgham and Phil Mettam for their positive comments and expressed her thanks to staff and partners for their work in keeping residents of North Yorkshire safe from the pandemic. NOTED.	
31	**CONTAIN FRAMEWORK** Slides had been circulated with the Agenda. Richard Webb advised that:- - The new powers wrap around the work in Leicester and other areas and set out arrangements for future management of the virus. - The Framework refers to areas of intervention; areas of concern and local lockdown - which provide a fast track route for Councils to lockdown premises; events; and public spaces. The headline had been around “Local lockdowns”. In reality, the approach is more nuanced. - Central Government retain power to lockdown geographically and critical infrastructure. - Triggers are based on data and intelligence. For instance, the number of positive test results. In North Yorkshire this is running at about 1% whereas, in areas giving cause for concern, the figure is between 5% and 7%. - Local intelligence – the sort that partners on the Board are aware of – will be significant. Barry Khan outlined the legal aspects of the powers. - The Framework contains powers for the County Council to issue directions to the Borough/District Council “to exercise any of the district council’s functions in a specified way”. He did not envisage this happening, given the already good working relationships that exist between county and district colleagues.	

	A more likely scenario is that the County Council would want to empower a District Council Officer to do some of the enforcement role jointly with the County. - Principally, the County Council can: 1. Close individual premises 2. Put a restriction on events 3. Close public outdoor spaces - However, as mentioned by Victoria Turner, if premises are classed as critical infrastructure, the power of closure is with Central Government. - There are several things the County Council must do before taking action, such as taking advice from the Director of Public Health, potentially engage this Board; and review decisions every 7 days. The decision must be evidential based and fulfil the stated criteria. - The notification and decision making process were also outlined. - A number of areas are awaiting clarification, including adequacy of the new powers and the position re households of multiple occupation (licensing arrangements, testing and outbreak management enforcement). Richard Webb advised that discussions with the Ministry of Housing, Communities and Local Government had taken place, but they are not minded to change their approach. He referred to links to the latest guidance, set out below:- https://www.gov.uk/government/publications/covid-19-and-renting-guidance-for-landlords-tenants-and-local-authorities https://www.gov.uk/government/publications/covid-19-and-renting-guidance-for-landlords-tenants-and-local-authorities In response to question from a Member, via the chat facility, Barry Khan advised that the Council can close down open spaces where a large number of people are congregating. There is a right of appeal, but the closure remains in place until the appeal is held. **AGREED:**	
	a) To note the powers and ensure constituent organisations are briefed and able to implement the new powers and expectations.	Barry Khan
	b) To flag up any practical issues to the Director of Public Health and Assistant Chief Executive (Legal and Democratic Services).	ALL
	c) That, where powers need to be used, an emergency meeting of this Board will be convened on an advisory basis, where possible and practicable.	Barry Khan
	d) To set in place a rolling programme of scenario-testing.	Richard Webb
	e) That the Chair, in consultation with North Yorkshire County Council's Assistant Chief Executive (Legal and Democratic Services), have the delegated authority to make any necessary changes to the Board's Terms of Reference, to ensure compliance with the new powers.	Barry Khan

32	**PARTNER UPDATES** David Kerfoot, Local Enterprise Partnership: Referred people to the website www.businessinspiredgrowth.com and the Chief Executive's Newsletter, which the LEP contribute to. Mike Padgham, Independent Care Group: - Reiterated his thanks to the County Council for its support to providers and for keeping one step ahead of Government. - Testing is still an issue and the sector is mindful that some care staff returning from holiday may be subject to quarantine, which could create pressure on the service. - The recommencing of visiting to care settings is something that the sector must get right. - The sector remains calm, but challenges remain. - A positive has been that the pandemic has flagged up nationally and locally how important social care is to the public and the NHS. - Some lessons have been learnt on technology. Caroline O'Neill, Community First Yorkshire: - The voluntary and community sector appreciate the way that partners are combining and sharing information to disseminate to networks. - They are finding a focus on Parish Councils to be useful, especially in villages, given their links to communities. - A lot of work is being undertaken on the reopening of community buildings and supporting groups. - Sustainability of the sector is crucial - particularly small organisations who reach people that do not engage with health. These contacts will be key in any outbreak. - Have been sharing messages with Danny Kruger, MP, who is leading on work for the Prime Minister on voluntary and community services and how that work can be sustained. The Chair referred to the tremendous work being done by the voluntary and community sector. NOTED.	
33	**A PROPOSAL RE LIVE STREAMING OF MEETINGS AND ASSOCIATED MATTERS** Barry Khan presented this report which had been circulated with the Agenda. Richard Webb commented that this is a big issue of public interest and therefore he felt this Board should be open to the public. There will still need to be occasions when a full and frank discussion is required on items that are not in the public domain.	

	AGREED: a) That the Agenda papers and Notes of future meetings of this Board (i.e. with effect from the meeting to be held on 18th August 2020) be published on the Council's website. b) That, whilst not subject to requirements that papers be published five clear days before the meeting, papers be published as soon as it is practicable to do so i.e. as soon as they are available. c) That all future meetings of the Board be live streamed via the County Council's You Tube Channel. d) That where a confidential discussion needs to take place between partners, half an hour be set aside at the end of the live streamed meeting, once the live stream has ended.	Patrick Duffy Patrick Duffy ALL TO NOTE Patrick Duffy Patrick Duffy
34	**NEXT MEETING** Thursday 18TH August 2020 at 11.00 a.m.	ALL TO NOTE
35	**ANY OTHER BUSINESS** None.	

The meeting concluded at 1:15 p.m.

PD

ITEM 5

North Yorkshire County Council

Public Health Intelligence

Outbreak Management Advisory Board – 18 August 2020

Data pack produced – 12th August 2020

Produced by Leon Green / Emel Bagdatlioglu

International

Global situation

The WHO reports:

- 19,936,210 confirmed cases (216,000 daily)
- 732,499 deaths (5,100 daily)
- 216 areas / nations with cases

Dashboard accessed 08:45 BST 12/08/20. Data will reflect different reporting timeframes.

Rank	Country	Cases	Deaths
1	USA	4,999,815	161,547
2	Brazil	3,035,745	101,049
3	India	2,268,675	45,257
12	UK	311,645	46,526

Globally, cases now exceed 18 million, up 1.7 million in a week. Over 700,000 deaths to date.

The UK has the 12th highest total cases globally and the 4th highest number of deaths in the world.

Comparison with Europe

The table to the right shows 14-day COVID-19 case notification rate per 100,000.

The UK is ranked 19th for new cases and 4th for deaths, after Romania, Bulgaria and Luxembourg.

Total cases in the UK are second highest after Spain and total deaths are highest in Europe, but subject to variation in death registration practices between countries.
Source: European Centre for Disease Prevention and Control

Nation	Total to date		14-day cumulative rate per 100,000	
	Cases	Deaths	Cases	Deaths
Luxembourg	7,216	121	145.8	1.5
Spain	322,980	28,576	90.3	0.3
Romania	62,547	2,729	85.7	2.7
Malta	1,012	9	63.0	0.0
Belgium	74,527	9,879	61.7	0.4
Bulgaria	13,512	459	41.3	1.6
Sweden	82,972	5,766	35.0	0.6
Netherlands	59,139	6,148	34.6	0.0
Iceland	1,962	10	30.3	0.0
France	202,775	30,340	29.4	0.2
Czechia	18,494	389	28.0	0.2
Portugal	52,825	1,759	24.6	0.4
Poland	52,410	1,809	23.7	0.4
Cyprus	1,252	19	21.9	0.0
Denmark	14,815	620	21.8	0.1
Croatia	5,649	158	18.8	0.5
Ireland	26,768	1,772	17.9	0.2
Austria	22,122	723	17.7	0.1
United Kingdom	311,641	46,526	17.1	1.2
Greece	5,749	213	14.2	0.1
Germany	217,293	9,201	13.3	0.1
Norway	9,638	256	9.8	0.0
Estonia	2,158	63	9.1	0.0
Lithuania	2,265	81	8.8	0.0
Slovenia	2,255	120	8.1	0.1
Slovakia	2,599	31	7.7	0.1
Italy	250,825	35,209	7.5	0.2
Liechtenstein	89	1	5.2	0.0
Latvia	1,293	32	3.8	0.1
Finland	7,601	333	3.7	0.1
Hungary	4,731	605	2.8	0.1

North Yorkshire County Council

UK

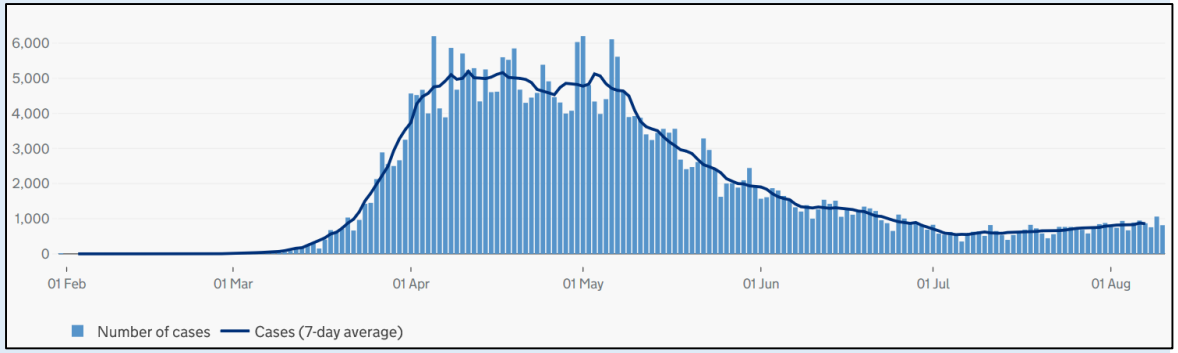
Public Health England data shows there were 311,641 lab confirmed cases in the UK on 10th August, up by 816 from the previous day. This is more recent than the data reported by the WHO.

The UK, the rolling average of daily new cases saw a minimum of 546 on 5th July and has increased slowly since, with the latest average at 856 daily cases.

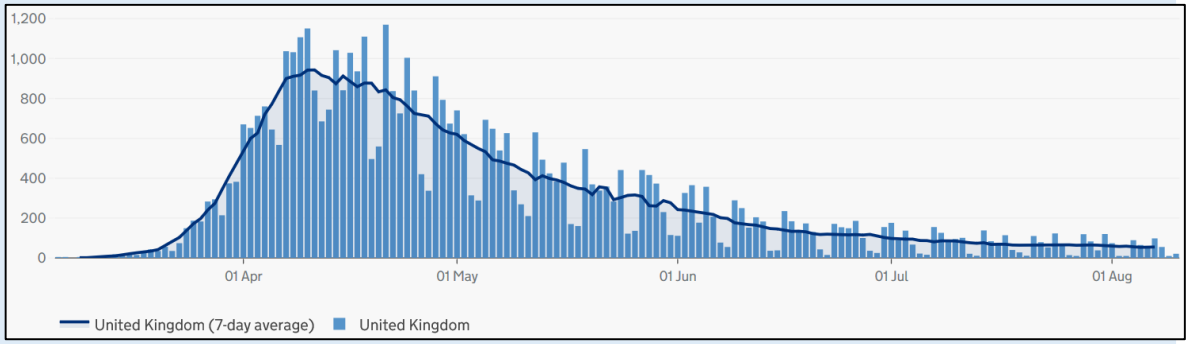
As of the 10th August, there have been 46,526 deaths recorded in the UK, up by 21 from the previous day.

The UK rolling average continues to reduce, with 55 average daily deaths recorded most recently.

Daily cases (UK)



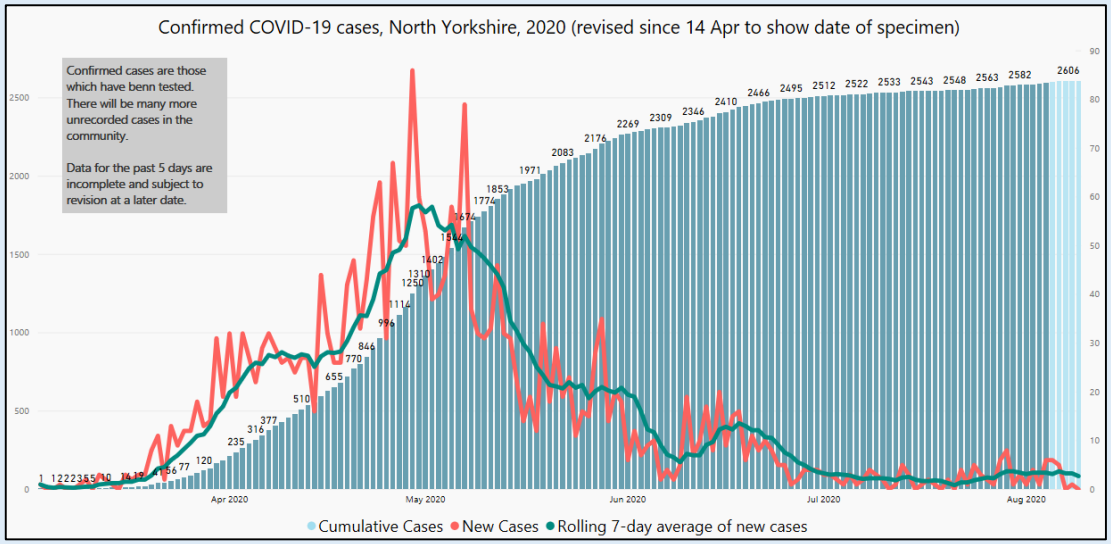
Daily deaths (UK)



PHE revised the presentation of deaths to include all the deaths of people who have had a positive COVID-19 test result from a Public Health or NHS laboratory. The data do not include deaths of people who had COVID-19 but had not been tested, people who were tested positive only via a non-NHS or Public Health laboratory, or people who had been tested negative and subsequently caught the virus and died. Deaths of people who have tested positively for COVID-19 could in some cases be due to a different cause.

North Yorkshire

Cases

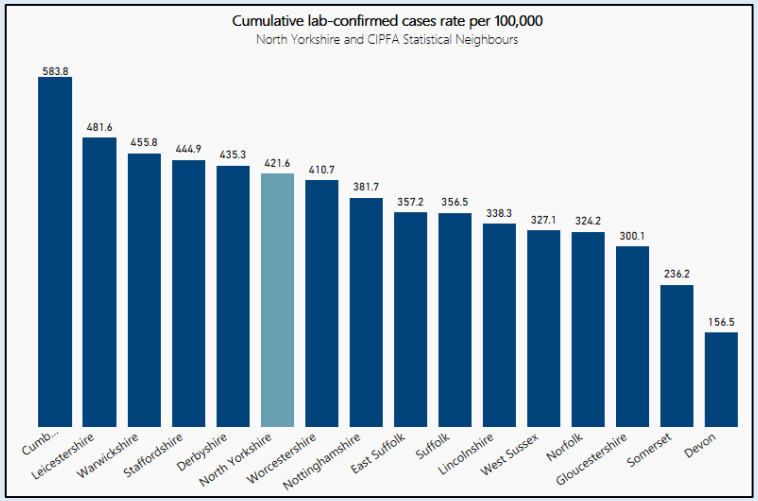


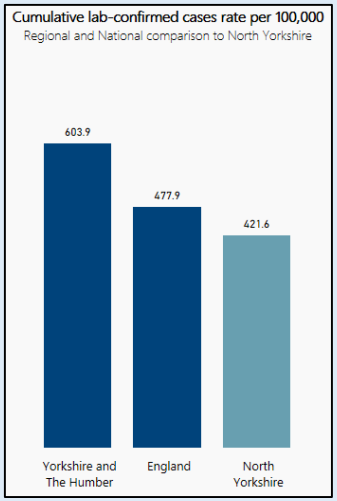
Cases

The number of cases of COVID-19 in North Yorkshire continues to increase. At 9th August, there have been 2,606 positive tests since 3rd March, up by 5 from the previous day.

There have been 43 new cases reported in the past two weeks. The rolling average of new cases in North Yorkshire is 3 cases per day.

Rates





Rates

Compared with 15 other statistical neighbour local authority areas, North Yorkshire is ranked 6th, with 421.6 cases per 100,000 population. The three areas with the lowest rates are all in the South West region, which has been less affected by COVID-19 to date.

The North Yorkshire rate is lower than both the England and Yorkshire & Humber rates.

Infection rates 2

Last refreshed	10/08/20 (daily) and 04/08/20 (weekly)	Data source(s)	NYCC Dashboard via PHE; PHE Weekly surveillance report
Descriptor	Crude rates per 100,000 population for North Yorkshire and its CIPFA statistical neighbours; weekly rate of new cases per 100,000 (map)		
Key points	• The rate of cases in North Yorkshire is slightly lower than England. • Scarborough has the highest rate amongst the county's districts and Ryedale the lowest. • Compared with the highest rates in authorities in England, all North Yorkshire's districts are much lower. Scarborough has less than half of the rate in Leicester. • Weekly new cases in North Yorkshire are below 5 per 100,000 population.		

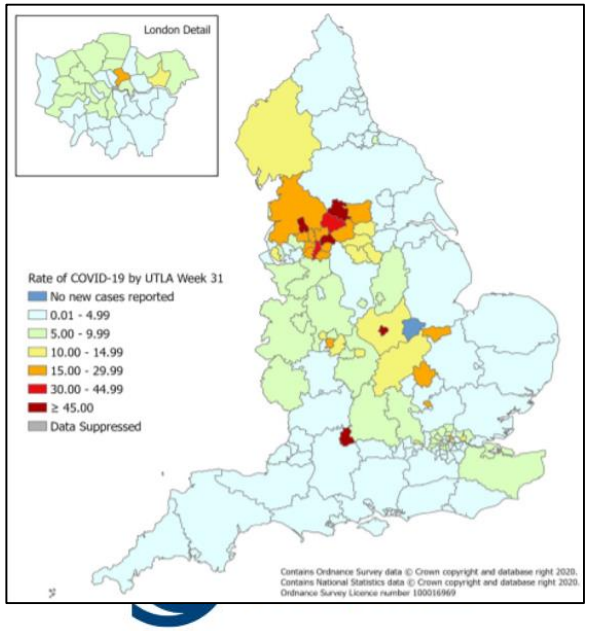
North Yorkshire districts

Area	Cases	Rate per 100,000
Craven	253	422.8
Hambleton	318	347.2
Harrogate	737	458.2
Richmondshire	275	511.8
Ryedale	137	247.4
Scarborough	563	517.7
Selby	323	356.4
North Yorkshire	2,606	421.6
England		477.9

Ten highest local authorities in GB

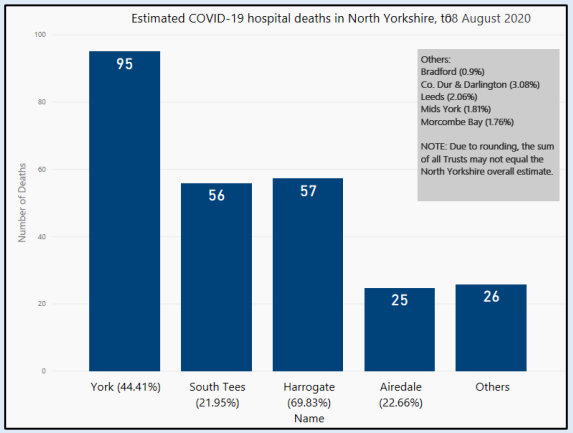
Area	Rate per 100,000
Leicester	1,465.7
Blackburn with Darwen	1,041.4
Bradford	1,007.8
Oldham	1007.5
Wrexham	1001.8
Merthyr Tydfil	961.4
Rochdale	893.8
Denbighshire	845.4
Barnsley	823.1
Bedford	799.8

Weekly rate of new cases, week 32 (to 4th August)

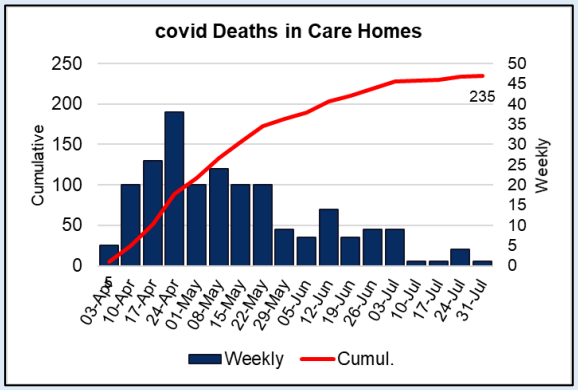


Deaths

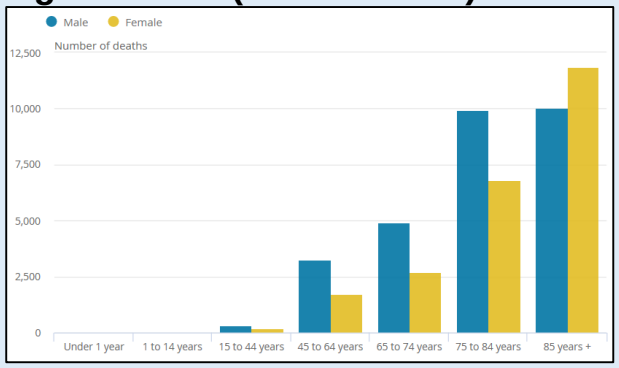
Estimated hospital deaths



Care homes



Age and sex (national data)



Hospital deaths

Estimates suggest about 259 deaths in hospital for North Yorkshire residents, unchanged since the last report. As well as the four main hospital trusts, this total includes additional estimated deaths from other surrounding hospital trusts: Darlington, Leeds, Mid Yorkshire, Morecambe Bay and Bradford.

Care home deaths

235 deaths in care homes up to 11th August, up from 229 in previous report (to 10th July).

Age and sex

Nationally, the number of deaths involving COVID-19 remains higher in the older age groups than in younger age groups. The highest proportions of deaths involving COVID-19 are in people aged over 75 years.

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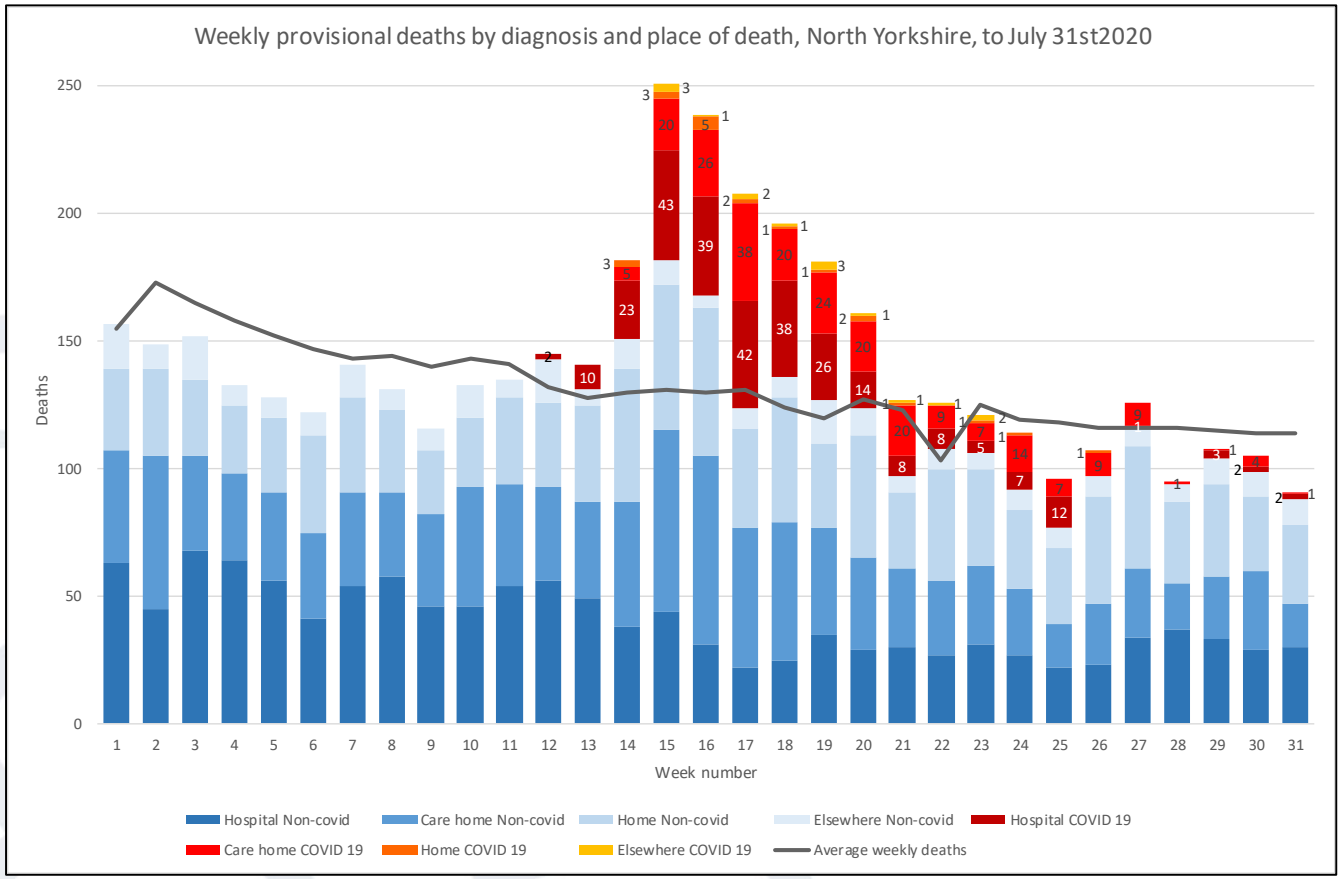
ONS provisional weekly deaths to 31st July



For week 31, there were 91 deaths reported in North Yorkshire. This is 23 (20%) below the long-term average of 114 for week 31 and 12 lower than week 30 (103 deaths).

There were 3 deaths attributable to COVID-19, down from 5 death in week 30.

In week 31, COVID deaths comprised 3% of all deaths in the county, down from 6% in week 30 and lower than 40% in week 17.

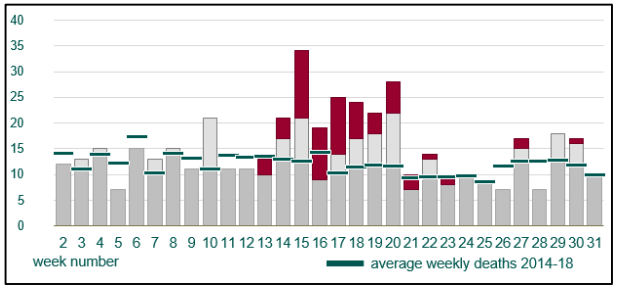
To 31st July 2020, there have been 4,417 deaths in North Yorkshire from all causes and 556 (12.6%) from COVID-19.
31.8% of deaths from all causes have occurred in care homes. There have been 235 deaths in care homes from COVID-19, 42.3% of all COVID deaths.

North Yorkshire County Council

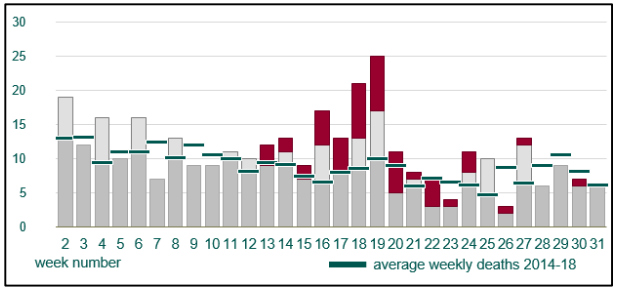
Weekly provisional deaths by diagnosis and place of death, North Yorkshire, (to 31st July 2020, wk 31)

Charts show number of deaths by district. Non-Covid shown grey, Covid-coded deaths shown red. This week there were Covid-19 deaths in Harrogate and Selby districts. Total deaths increased in Hambleton and Selby districts.

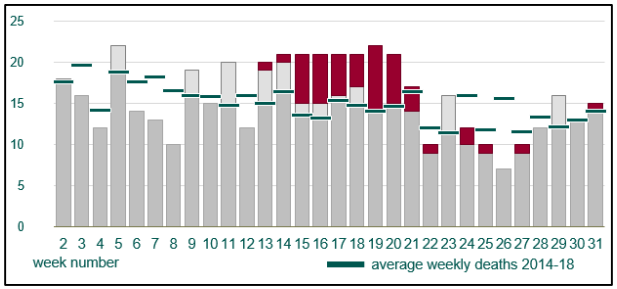
Craven



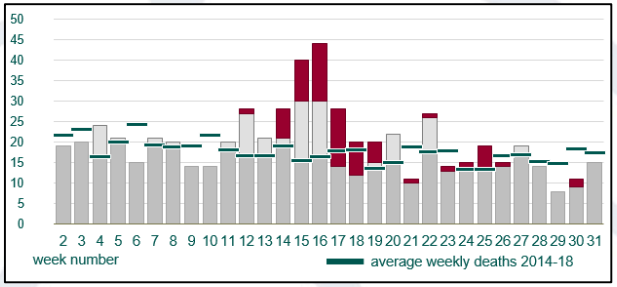
Richmondshire



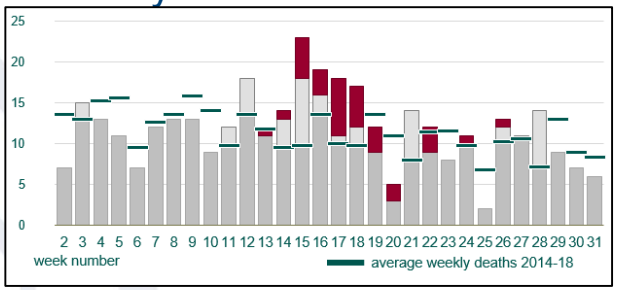
Selby



Hambleton

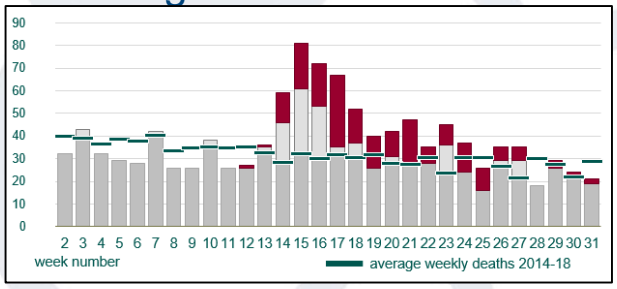


Ryedale

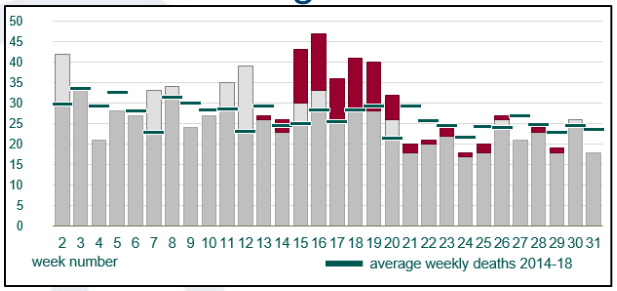


Key	
Covid19 mentioned on the death certificate	
Covid19 not mentioned	

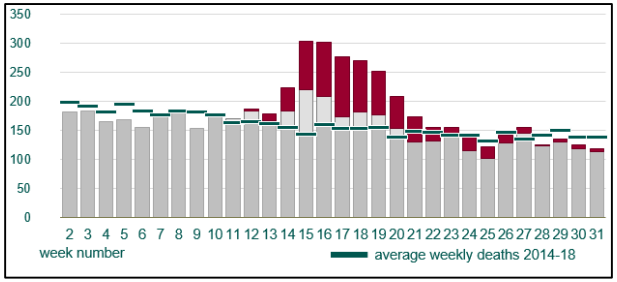
Harrogate



Scarborough



North Yorks LRF



Data sources

WHO Coronavirus Disease (COVID-19) Dashboard: https://covid19.who.int/

European Centre for Disease Prevention and Control: https://www.ecdc.europa.eu/en/cases-2019-ncov-eueea

Coronavirus (COVID-19) in the UK: https://coronavirus.data.gov.uk/

NHS England, COVID-19 Daily Deaths: https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-daily-deaths/

Office for National Statistics, Deaths registered weekly in England and Wales, provisional: week ending 24 July 2020: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregisteredweeklyinenglandandwalesprovisional/weekending31july2020

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Theme 2 - High Risk Settings

PH Consultant Leads
Rachel Richards & Katie Needham

Theme 2a – Work places ('closed' essential businesses)

Theme 2b – Communal accommodation settings

Theme 2c – Hospitality, Leisure, Tourism

New theme - Events

Theme 2- Achievements to date

- All three areas have developed a public health ‘offer’ to reflect the needs of these different high risk settings – prevention to outbreak management.
- Developed in partnership – e.g. EHOs, Housing Officers, Trading Standards, – reference groups have been established for each theme, to test out products and agree with partners roles and responsibilities.
- Developed a range of products that support both preventative work and outbreak management, for example:
  - Developed action cards that dovetail with the national ones to provide an outline of local notification process and response –of suspected cases, confirmed cases or outbreaks/clusters.
  - Created a webpage for each theme which acts as a central repository, inclusive of all relevant guidance and advice, to support District/Borough colleagues, local landlords, accommodation providers and any other stakeholders within these settings https://www.northyorks.gov.uk/coronavirus-covid-19-testing
  - Developed a tourist/visitor information sheet that covers pre-visit and during visit advice in line with national kite marks and brands (#KnowBeforeYouGo, #GoodToGo, #RespectProtectEnjoy)
- Supported a number of settings to date with incidents and outbreaks within/associated with their premises, including where appropriate arranged access to testing on site.
- Membership of regional task and finish group to better understand how to support both tenants and landlords with any potential COVID-related issues or outbreaks in HMOs.
- Member of national good practice network on tourism.

Theme 2 - Next steps

- Programme of table top exercises to test out local approach and develop scenarios to ensure ready for implementation as required.
- Establishment of one co-ordination group for theme 2 to share learning etc across sub-themes.
- New group established to look at ‘events’ –planned and unplanned.
- Further development around risk stratification of settings to ensure proportionate responses
- Support businesses to continue to navigate covid secure guidance and ensure our resources are kept up to date with accurate version control
- Share/disseminate action cards.
- Continue to utilise the NY Workplace Health Partnership Group to understand and responds to any issues raised from a business perspective.
- Delivering presentations at ;
  - 14 September – part of LEP webinar series
  - 23 October – Richmondshire Business Forum

ITEM 6

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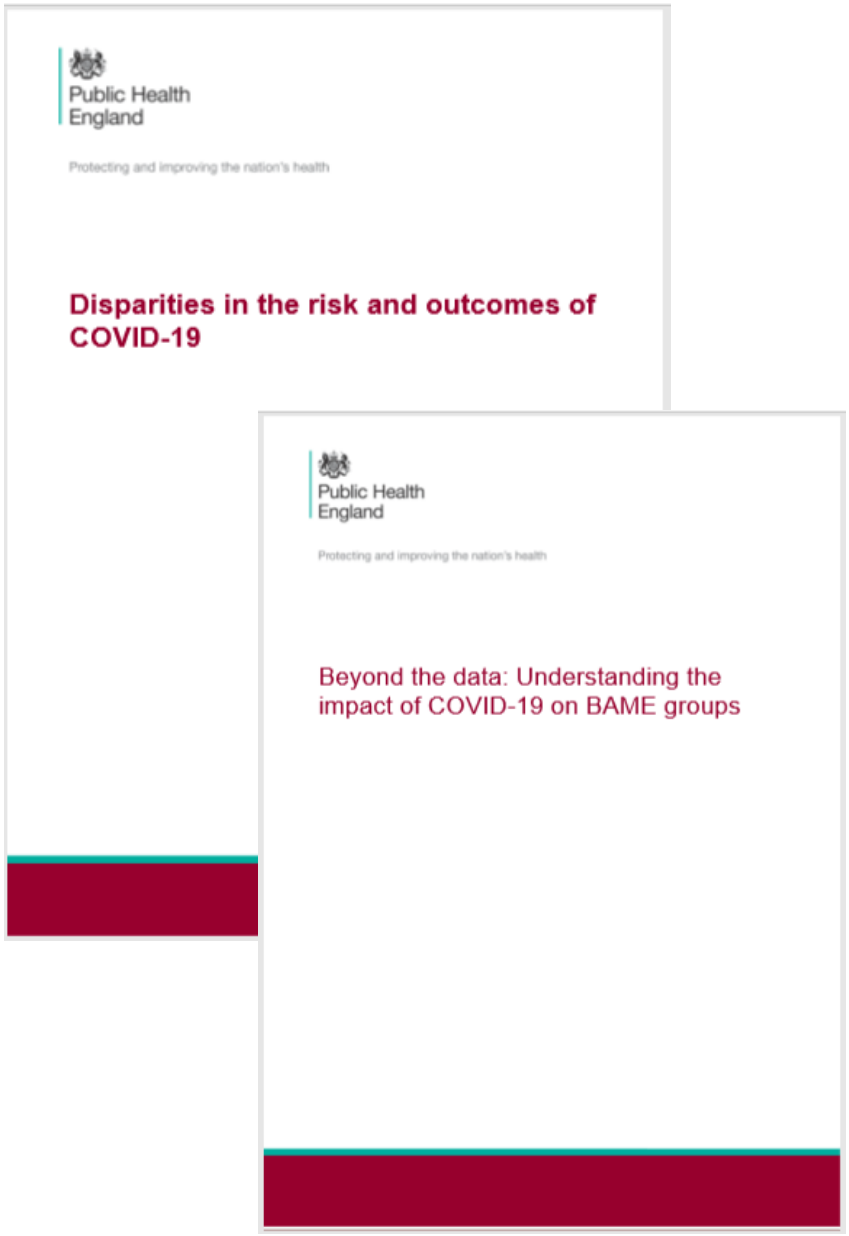
Beyond the data: Understanding the impact of COVID-19 on BAME groups

Outbreak Management Advisory Board

18th August 2020

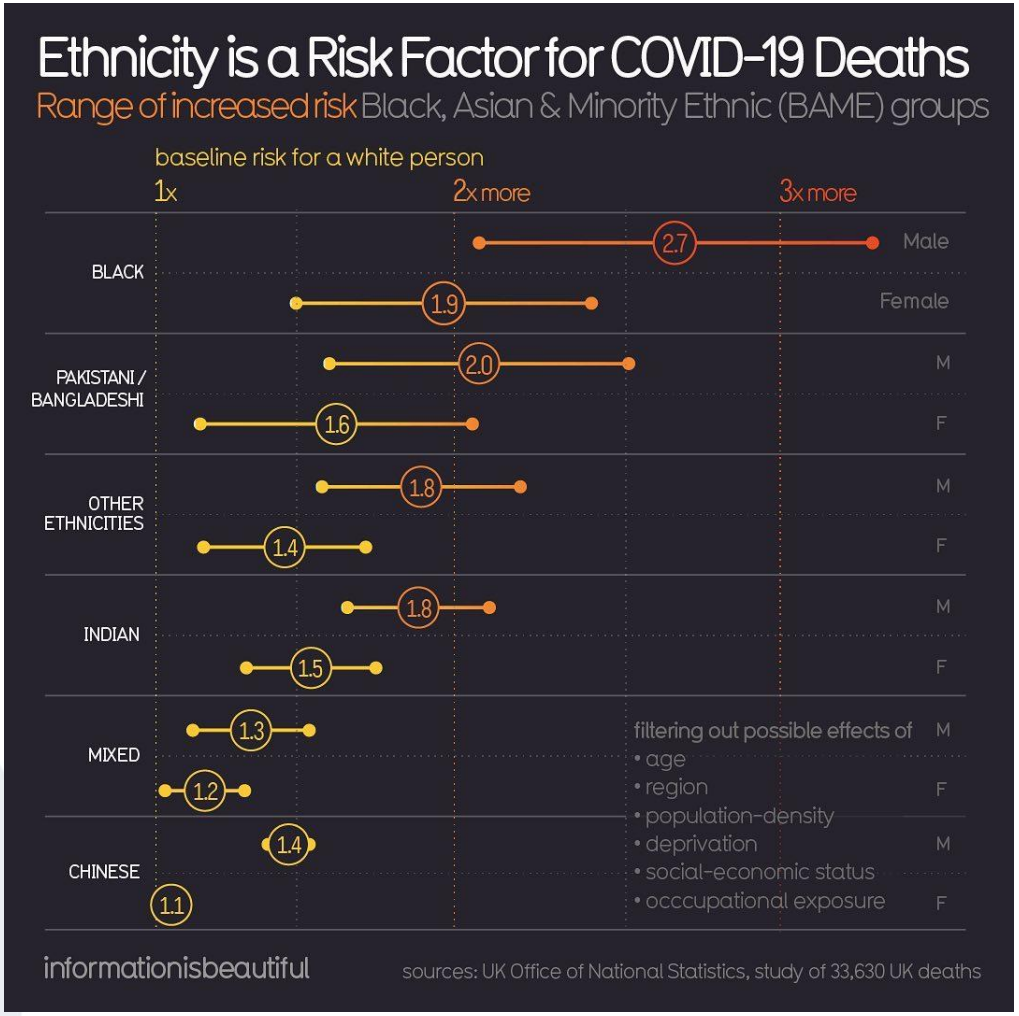
Background

- Research by Public Health England (PHE) and others into differences in risks and outcomes of COVID-19 between different groups of people
- Inequalities found between age groups, gender, deprivation level, ethnicity
- Higher risk in older age groups, males, people living in more deprived areas, and Black, Asian and Minority Ethnic (BAME) groups
- Further report published to identify causes of impact on BAME groups in particular



What the report says

- There is an association between belonging to some ethnic groups and the likelihood of testing positive and dying with COVID-19
- The highest age-standardised diagnosis rates of COVID-19 per 100,000 population were in people of Black ethnic groups and the lowest were in people of White ethnic groups



What the report doesn't cover

- Did not account for the effect of:
  - Occupation
  - Comorbidities
  - Obesity

- These factors are important – associated with risk of catching and/or dying of COVID-19
- In other studies when co-morbidities are included – difference in death rates between ethnic groups is reduced

- Genetics not included in scope of review

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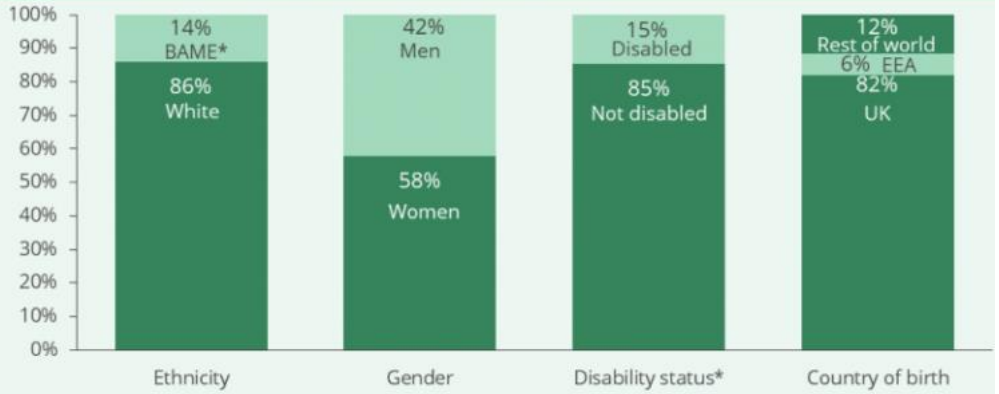
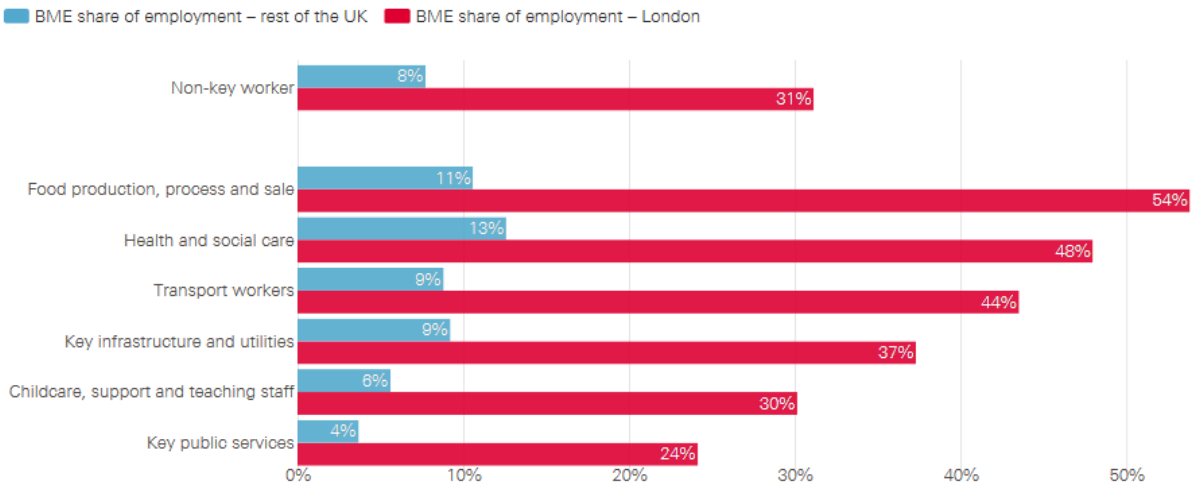
Key workers are more likely than average to be BAME, women, and born outside the UK



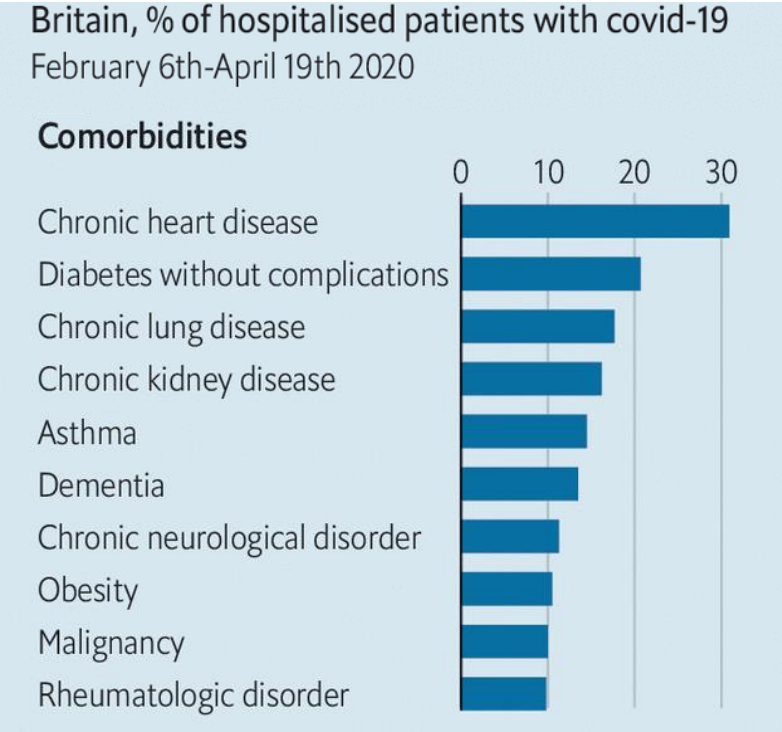
Source: ONS, Key workers reference tables, Tables 6a, 4a, 10a, 5a, May 2020.
*BAME = 4% Black, 7% Asian, 1% Mixed, 2% Other
*Disability status as defined by the Equality Act

Black and minority ethnic (BME) workers make up a disproportionately large share of key worker sectors in London



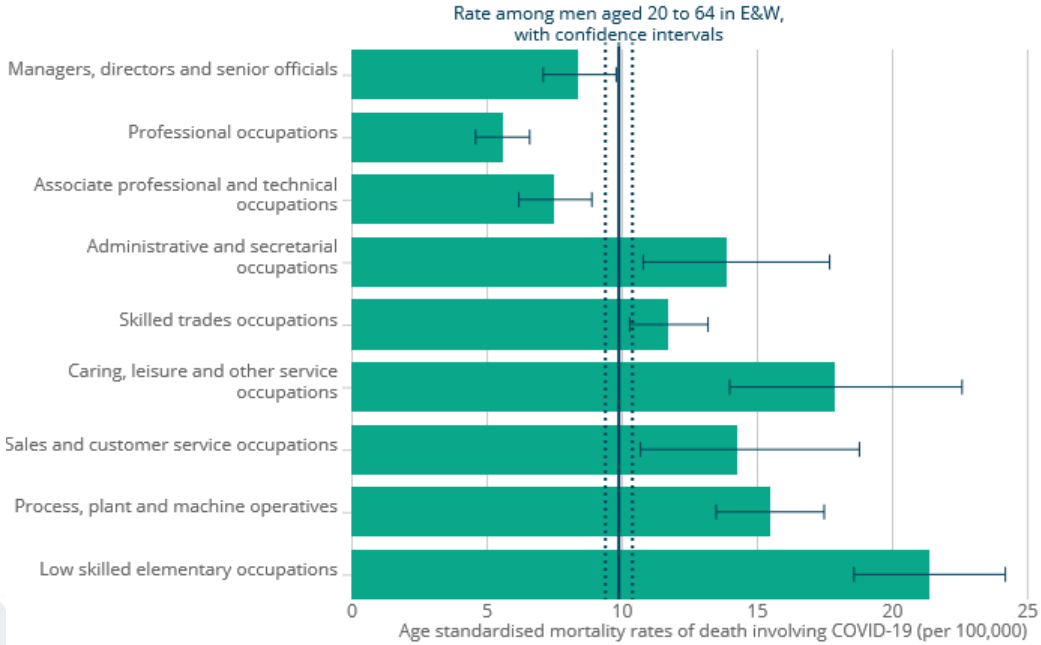
Source: Health Foundation analysis of Labour Force Survey, ONS • Note: Data is a 4-year average for Q1–4 2019

COVID infections associated with co-morbidities



Data: BMJ, 2020

COVID mortality associated with occupation



Data: ONS

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Socioeconomic risk

- People of Black, Asian and other minority ethnic groups may be more exposed to COVID-19, and therefore are more likely to be diagnosed
  - Individuals from BAME groups are more likely to work in occupations with a higher risk of COVID-19 exposure (e.g. key workers)
  - Individuals from BAME groups are more likely to use public transportation to travel to their essential work.

- Risks associated with COVID-19 transmission, morbidity, and mortality can be exacerbated by the housing challenges faced by some members of BAME groups

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Health & health seeking behaviour

- Many pre-existing health conditions that increase the risk of having severe infection (e.g. diabetes) are more common in BAME groups and many of these conditions are socioeconomically patterned

- 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.

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Economic disadvantage

- Both ethnicity and income inequality are independently associated with COVID-19 mortality
- Strong association between economic disadvantage and COVID-19 diagnoses, incidence and severe disease
- Economic disadvantage is also strongly associated with the prevalence of smoking, obesity, diabetes, hypertension and their cardio-metabolic complications, which all increase the risk of disease severity

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Recommendations

1. Mandate **comprehensive and quality ethnicity data collection and recording** as part of routine NHS and social care data collection systems
2. Support **community participatory research**
3. **Improve access, experiences and outcomes** of NHS, local government and integrated care systems commissioned services by BAME communities
4. Accelerate the development of **culturally competent occupational risk assessment tools**
5. Fund, develop and implement **culturally competent COVID-19 education and prevention campaigns**, working in partnership with local BAME and faith communities
6. Accelerate efforts to target **culturally competent health promotion and disease prevention programmes**
7. Ensure that COVID-19 recovery strategies actively **reduce inequalities** caused by the wider determinants of health to create long term sustainable change

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How we should respond

Short term

- Proactive intervention on risk factors (e.g. cardiovascular disease, smoking cessation) to mitigate the effect of wider socioeconomic issues

Long term

- Continued action to reduce inequalities
- Act to change the underlying structural and societal environments (e.g. homes, neighbourhoods, work places) - not solely focusing on individuals and their health behaviours

*How we should **not** respond – shielding people on basis of ethnicity*

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Local examples/suggestions

- Addressing underlying inequalities and wider determinants of health is a core part of PH work
  - Also included as part of COVID recovery workstreams

Areas of potential focus:

- Targeted work with BAME individuals/communities as part of public health services e.g. weight management, smoking cessation, flu vaccination
- Consideration as part of targeted health promotion communications to specific groups
- Ensuring routine collection of ethnicity data in across public health, social care and wider health services
- Consideration of ethnicity as part of Joint Strategic Needs Assessment process (embedded within thematic JSNAs but also specific e.g. Gurkhas)

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Links into wider work

- West Yorkshire and Harrogate ICS – independent review into the impact of COVID-19 on health inequalities and support needed for BAME communities and staff
- Humber, Coast and Vale ICS – review led by Steve Russell and PHE paper reviewed by Population Health Management and Prevention Board. Board to be responsible for capturing progress against the 7 recommendations in the report
- We are the NHS: People Plan for 2020/21 includes specific commitments on urgent action to address systemic inequality that is experienced by some NHS staff including BAME staff

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