Race Disparity Unit

Kemi Badenoch MP
Exchequer Secretary to the Treasury & Minister for Equalities
Government Equalities Office
c/o Sanctuary Building
Great Smith Street
London
SW1P 3BT

Rt Hon Boris Johnson MP
Prime Minister

Rt Hon Matt Hancock MP
Secretary of State for Health and Social Care

24th May 2021

Third quarterly report on addressing COVID-19 health disparities

I am writing to you with the third of my quarterly reports on progress to address COVID-19 health disparities among ethnic minority groups.

My first two reports summarised our understanding of the risk factors that appear to have driven the disproportionately higher infection and mortality rates from COVID-19 that we have seen among ethnic minority groups. My latest report builds on that understanding, and includes further analysis of how the second wave (up until the end of January) continued to have a much greater impact on those from Bangladeshi and Pakistani groups, while outcomes for those from other ethnic groups improved when compared with the first wave.

Higher infection rates for people from an ethnic minority background are likely to be down to a number of factors, including occupational exposure and geography as well as a greater propensity for Bangladeshis and Pakistanis to live in multi-generational households. Government interventions to address these disparities over the last quarter included targeted measures to promote vaccine uptake within these groups, which I summarise below, as well as new guidance on reducing infection within multi-generational households (translated into Bengali and Urdu) and on how to install screens in taxis and private hire vehicles (a third of male taxi/cab drivers and chauffeurs are Bangladeshi or Pakistani).

We know that vaccination offers the clearest path out of the pandemic and remains the key step in addressing the disparities in risks and outcomes from COVID-19. My second report highlighted concerns about vaccine uptake among ethnic minority groups. The government has continued an unprecedented programme of communications and engagement to tackle vaccine hesitancy and misinformation and

to increase uptake among ethnic minorities.

We should be enormously proud of the collective efforts of the NHS, central and local government, the voluntary and community sector and faith and religious groups to promote vaccine uptake. The last quarter has seen the government and partners respond quickly, effectively and flexibly to improve vaccine delivery and uptake, but without stigmatising those who may have concerns about being vaccinated. This includes a bespoke plan for vaccinations during Ramadan which has seen the use of measures such as 'twilight jabbing', establishing pop-up sites at Jesus House and other religious venues to build trust and confidence in local communities, and piloting family vaccinations with a view to encouraging uptake among multi-generational households.

Other initiatives to drive vaccine uptake include:

- The NHS has allocated over £7 million of additional funding to local sustainability and transformation partnerships to enable targeted engagement in areas with health inequalities and with communities that are not vaccine confident.
- The 60 local authority areas participating in the Community Champions scheme recruited over 4,650 individuals within two months of operation, who are now playing a vital role in combatting misinformation and driving vaccine uptake.
- Providing local health leaders with comprehensive data on vaccine uptake among those most at risk from COVID-19 within their areas, allowing them to take targeted action.
- Creating a national bank of resources, shared via a Vaccine Equalities Connect and Exchange Hub, which is giving local areas access to translated materials, multimedia and other resources that are being used to improve vaccination confidence.
- A multi-channel communications and media campaign, including use of celebrities such as Nadiya Hussain (to encourage vaccine take-up amongst British Bangladeshi audiences) and Sir Lenny Henry (to encourage uptake among Black groups).

As a result of these collective efforts, we have seen increases in both positive vaccine sentiment and vaccine uptake across all ethnic groups over the last quarter. Vaccine confidence has increased in three consecutive research periods and the vast majority of people now say they have already been vaccinated or would be likely to accept a vaccine. The UK also compares very favourably internationally and our vaccine deployment programme can rightly be described as world-leading.

We must not, however, be complacent. Relatively low uptake rates for some ethnic groups are a concern - for example, the Black African population has the lowest uptake rate among all ethnic groups and we must also do more to encourage uptake among ethnic minority healthcare workers. They must be our focus in the coming months, so that we ensure no groups are left behind. We must also ensure that our communications efforts reach and persuade younger audiences to be vaccinated, particularly among ethnic minority groups.

My report sets out a number of next steps. In particular, I am keen to improve our understanding of how the pandemic has impacted frontline healthcare workers, and to investigate any practical barriers to vaccine uptake by ethnicity, to ensure that we are doing everything we can to drive up vaccination rates.

I will continue my programme of engagement, focusing on promoting vaccine uptake but also encouraging ethnic minorities to participate with NHS Test and Trace and register with the NHS COVID-19 app, as we progress along the roadmap. My report summarises recent analysis suggesting that a large number of COVID-19 cases were averted in the second wave through contact tracing via the app. The app clearly remains a valuable tool in preventing transmission and hospitalisation and ultimately saving lives.

The report also outlines steps to improve the quality of data to advance our understanding of COVID-19 disparities. These include developing clear guidance about how ethnicity should be requested and recorded in health records, and work to harmonise ethnicity classifications in data collections across government to increase their accuracy and comparability.

It is also important that we continue to monitor new variants of concern - such as the B1.617.2 variant - which may disproportionately impact ethnic minorities, in terms of the spread of infection, and to act accordingly.

My fourth and final report will provide a further update on our activity to understand and address the disparities among ethnic minority groups and will summarise how our understanding of the disparities evolved over the course of the pandemic. I will also tie this in with work to assess the recommendations from the Commission on Race and Ethnic Disparities' recent report, particularly in relation to health disparities. I intend to include in my final report a set of recommendations for how the work to address COVID-19 disparities should be taken forward within government, as part of our longer-term strategy to tackle health inequalities.

I will report back to you in the coming months.

Yours sincerely,

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