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## **Health and Adult Social Care Scrutiny Committee**

**4<sup>th</sup> November, 2020**

### **Report of the Interim Director of Public Health and Wellbeing**

#### **Covid-19 – Impact on Specific Communities**

##### **Purpose**

1. This report informs and updates Dudley Health and Adult Social Care Scrutiny Committee on the work being undertaken through the Public Health and Wellbeing Directorate to identify and support specific communities in Dudley who are identified to be more at risk of the impacts of COVID-19.
2. This represents a joint response as we have worked closely with Council colleagues and partner agencies to support specific communities. This report captures some of the key elements but does not do full justice to the immense work undertaken across the Dudley system, in Dudley MBC, the local NHS, care homes, voluntary sector and communities. The report builds on previous public health and wellbeing reports that have been presented to Scrutiny.

##### **Recommendations**

3. It is recommended that the Scrutiny Committee note the work being undertaken and continue to support the COVID-19 response.

##### **Background**

4. This report is supported by the presentation on the impact of COVID-19 on specific communities that will be delivered at the Scrutiny meeting on 4<sup>th</sup> November, 2020.
5. There is emerging national evidence of the disproportionate impact of COVID 19 on specific communities from a social, economic and health perspective. This includes the BAME (Black and Minority Ethnic) communities, deprived communities, those already financially struggling on benefits or low incomes and those with existing long term health issues that make them at higher risk of

serious illness or death due to COVID-19. As a result, specific actions have been implemented to identify those more at risk and mitigate the impacts of COVID-19 within Dudley borough.

## 6. Embedded Inclusive Approach

Overall an inclusive approach is embedded into all COVID-19 response as outlined within the outbreak control plan. The plan recognises that the success of the outbreak control measures and test and trace provision is underpinned by public engagement to build trust and participation. Specific sub-groups have been established to ensure that specific higher-risk communities and groups are considered and included in all planning and response. There are 6 subgroups 2 of which are the community, voluntary and faith settings and the vulnerable people sub-groups.

7. The **Community, Voluntary and faith setting** sub-group has met regularly since June 2020 and covers specific communities such as BAME, Roma and traveller communities. The group is diverse and includes representation from council departments (housing, community safety, planning and regeneration, communications, access and prevention, education, family solutions, commissioning and environmental health), as well as partners from a number of faith and community organisations.

8. The group continues to provide oversight and support to the development and delivery of outbreak management plans and supporting resources, as well as providing feedback/ monitoring of any insight or issues across high risk settings (places of worship, housing, Lye, GRT, community settings, BAME communities). Meetings have been consistently well attended.

9. In addition, a number of webinars have been held as follows:

- In July three webinars on COVID-19 and Test and Trace were held for those who work with or in voluntary, community and faith settings. These were attended by almost 200 people.
- In August/ September three webinars were held for colleagues working in private and public sector housing, including housing associations. These were attended by 51 people.
- In September a 'COVID-19 public health insights for community leaders' webinar delivered by the Acting Director of Public Health was held for community leaders. This offered a forum for sharing information about COVID-19 and the local response, and to have questions answered. The webinar was very well received, with 76 community leaders participating.
- A series of webinars for local BAME communities- see section 5

10. The **Vulnerable Communities Test & Trace Subgroup** has met since June 2020 and covers specific groups such as homeless, migrant communities and substance misuse clients. It includes key partners such as the Adult Substance Misuse Service, Children and Young People Substance Misuse Service, HIV Prevention and support in the community, Homelessness Services Domestic Abuse Refuge, Mental Health Support Service, Supported Living, and Family Assessment Centres
11. A standard operating procedure has been developed for these settings and is regularly updated, as are the frequently asked questions document, the high-risk locations/ place contacts and the guidance. Leads on this subgroup have regular communication with partners in video calls and via email. All communications from the council teams are shared and partners are drawn into correspondence and communicate in positive cases, outbreaks and complex situations.
12. The work of this group included establishing support for homeless in Dudley. Compared to many urban areas Dudley has relatively few rough sleepers and there is sufficient accommodation available for all homeless people in the borough. However, if a homeless person becomes ill with COVID-19 there are potential risks to others if they are unable to isolate themselves. Working closely with our housing, safeguarding and commissioning colleagues, suitable accommodation for self-isolating has been identified.
13. The **Children and Young People's (C&YP) sub-group** includes all partners across the range of C&YP settings. The group meets weekly to remove barriers and problem solve during covid-19 to keep children safe in all of our settings; Early Years, schools (primary, special, secondary and independent), colleges and childrens homes. These partners and settings can access the Children and Young People's Public Health team inbox at any time for support and guidance, especially around vulnerable children.
14. As part of our **local test and trace processes** we monitor the demographics of all positive cases and then target welfare calls at the most vulnerable – e.g. high risk wards, ages or ethnicity to identify any support needs and also to support in terms of compliance with the guidance. Community testing sites and a community swabbing team are also being set up which will improve access to testing especially for our more vulnerable communities

15. Impact of COVID-19 Local Assessment

As part of the Health and Wellbeing Board's (H&WBB) Joint Strategic Assessment process, an assessment of the impact of COVID-19 on the local population's health and wellbeing is being conducted. This will include assessment of both the direct impacts of the virus and the indirect impacts on the wider determinants of health, which have arisen as a result of the protection measures.

16. It is evident from national research that the burden of these impacts has not been felt equally across society, with the most disadvantaged being hit the hardest. Determining the impacts at a local level will assist in the development of priorities and inform the reset of the HWBB's strategic purpose during the post-emergency phase of the pandemic. The consequences of COVID-19 will be considered across the life course, including the social, economic, behavioural and mental health impacts, and those that have arisen due to the postponement of NHS activity during the lockdown period. There will be a focus on health inequalities throughout. The aim is to complete the interim report in December 2020 with the final report in March 2021.

17. Inclusive Community Engagement Approach:

The PHE Local Communications Planning Guide emphasises the importance of strong partner and community engagement to ensure that messages resonate with key audiences. In Dudley, over the last few years we have been working collaboratively with partners in the borough to create a vision for increasing community participation, in order to grow strong, connected, involved communities. We have also started to have a different type of conversation with partners and communities; one which focuses on assets and strengths and seeks out opportunities for greater collaboration.

18. This inclusive approach has proved invaluable throughout our response to COVID-19 as our regular conversations with community leaders and partners working with communities has provided us with rich insight into the things which have worked well and which we need to continue and grow, as well as the things which have not worked so well and which need to be done differently.

19. We have built on our connections to ensure that all members of our community have access to information about COVID-19 and how to keep themselves and others safe and well. This included:

- Providing information in a range of languages and formats to ensure accessibility. Existing Primary Care data on preferred languages was used to help prioritise which languages other than English are most widely spoken in local areas. Community leaders and administrators of local social media sites have helped to translate and disseminate key messages to our communities. Specific support including translation and interpretation for members of the Roma community in Lye was undertaken to help meet their community needs.
- Co-ordinating targeted community engagement activity with priority groups identified by PHE and local insight. These are Black, Asian and Minority Ethnic (BAME) communities, single mothers with young children, people aged 65 plus, people aged 18-24 years old, 25 – 64 year olds in work, teenagers, taxi drivers, faith leaders, the Roma community, and Gypsy, Roma and Traveller families on traveller sites.

- Community development workers focusing outreach efforts on communities identified as requiring additional support advice and guidance e.g. Lye Community.
- Providing opportunities for continued dialogue with partners and communities to collect stories and capture successes and using feedback from this change in approach to inform communications going forward.
- Further engagement work carried out in specific higher risk wards to identify any potential barriers to people accessing testing. Insight has been used to inform the approaches to community testing.

20. Going forward we are focusing on three strands:

- **Covid community champions** - can be anyone in the community. Maybe the person that everyone knows and trusts or someone who wants to help. People sign up to be a Champion, receive the latest advice and guidance, then share with anyone in their community, however they want. Champions also let the council know what is and isn't working.
- **Key influencers** – people respected by the target audience - to add power and impact to messages for these audiences. They may be asked to provide a quote, a short video/ voice message etc. to be used through various communication channels.
- **Work with existing groups and networks** - to ascertain what they think about COVID-19 and the test and trace process. What are the barriers to people adhering to the guidance and how can we counter these? What messages and communication channels would be most effective? Network and leads are in place for specific higher risk communities including BAME, roma and travellers, older people and single mothers with young children.

21. Inclusive Communication Approach

Communication work continues to be key to managing the response to COVID-19 in Dudley. Please see 3<sup>rd</sup> September, 2020 Health and Adult Social Care Scrutiny report item 5 including appendices for detailed information on the communications strand.

22. Communications and Public Affairs (CAPA) colleagues have worked seamlessly with the Public Health team to promote the key health messages and have provided a wealth information on the Council website, in printed Council publications and in local media aimed at specific communities. This has included:

- Dedicated COVID pages for specific groups on the Council website e.g. older people, shielded
- Translated guidance into several community languages. Community development workers assisted by delivering information to more distanced members of the community eg Traveller sites.
- Telephone advice line with interpreters set up in mid April. This is staffed by colleagues in the Access and Prevention team in Adult Social Care

- Ran the Be Scam Aware campaign/Safe and Sound campaigns
- Promoted health lifestyle messages about positive mental health and wellbeing
- Administered an online Tell us your views survey through the residents' ebulletin and social media channels during July/August to obtain residents' views about the Covid-19 information they received. The Council received 843 responses and 65% of the respondents had contacted the Council.
- Worked with the health intelligence team to administer and analyse a BeHeard survey to understand our local peoples' opinions on how the Dudley system has responded to COVID-19. There were 466 respondents to the survey. Headline findings show that 97% of responders at the time felt that organisations across the system were managing the COVID-19 response OK, well or extremely well. Respondents also indicated which sources of information they most trusted. High levels of trust were indicated for NHS England, Local NHS, PHE, and the Council. Facebook, twitter, Instagram and word of mouth were not seen as highly trusted sources of information. A further analysis in terms of ethnicity is in progress. The survey will inform the local public health COVID-19 response.

23. Specific Communities – Targeted Action

In addition to taking an inclusive approach to outbreak control, assessment and engagement, additional work has also been targeted at specific higher risk communities:

24. Black and Minority Ethnic (BAME) Communities

As part of the H&WBB's response a sub-group is being established to oversee and coordinate work across the system. Discussions have been held with key contacts in statutory and voluntary sector organisations on how the sub-group operate and the focus of the group's work going forward. The group will consider the wider inequalities issues raised in recent Public Health England report "Behind the data: Understanding the impact of COVID-19 on BAME groups"

25. There was the development of a new partnership of local organisations in Dudley to respond to an urgent need for the local BAME communities to receive high quality health information to protect their health and wellbeing. Together Cornerstone Community Church, Transforming Communities Together and Dudley Council Public Health created and delivered a programme of online seminars based on the latest health research and information. This was well received and successful in addressing an immediate need to reduce fear and equip the BAME community with access to potentially lifesaving information and advice. Subject experts spoke about long-term conditions that increase risk, mental health, self-care and workplace and welfare advice.

26. 230 people registered for the webinars, 68% from BAME communities, with between 52 and 70 attending each webinar. A retrospective survey indicated that a third of those responding had changed their behaviour as a result of their learning from the seminars and 30% of those responding had invited others or had shared information about the seminars. The feedback identifies an appetite from the BAME communities to be more involved and the recommendations from the webinars will inform the workplan of the new BAME subgroup. An evaluation report on the webinars giving more detailed information is available on request from the Public Health and Wellbeing Directorate.

27. Lye Roma Community

The onset of lockdown in March placed many people and families in a precarious position, facing a shortage of food, lack of income and insecure housing. Key concerns included language barriers to understanding health protection messages and access to the resources needed for people to support themselves and their families during lockdown. There was also a risk of community tensions, with some members of the Roma unaware of, or not observing, government guidance for Covid-19. Social gathering and spitting seeds in public places caused particular community concern

28. Representatives from community safety, neighbourhood policing, primary care, access and prevention, family support, the local church and Public Health formed a Covid-19 Sub-Group of the Lye Community Cohesion, Health and Engagement Group. An action plan was developed and implemented, which included:

- Establishing routes for the distribution of food and essential supplies, including a foodbank based within the church and door-step deliveries
- Translation and dissemination of key public health messages through a range of avenues, from word of mouth, recorded messaging on community Facebook pages and leafleting. Neighbourhood policing supported this communication, their involvement underlining the importance of the restrictions and need to comply.
- Facilitating application processes for benefit claims
- Connecting members of the community to housing support
- Re-establishing elements of the Lye Community Project support to the Roma community in a Covid-safe form

29. All partners supported implementation of the plan, with Roma community members assisting food distribution efforts. Public Health's Roma Community Development Worker was key. Using her unique relationship with the community and language skills, she provided a trusted source of information and support and facilitated access to services.

30. The community have been hugely appreciative of the assistance provided. Their feedback suggests that people were enabled to come through the crisis well, that they have felt valued, and could rely on services for the help they needed.

31. Traveller Sites

Sites were contacted by telephone to provide information verbally (public health messages and information on available local support), make a welfare check and ensure they had a point of contact for any concerns or queries. The approach taken was informed by the particular needs and circumstances of the community i.e. low literacy levels and lack of access to means of electronic communication. The warden at the Council managed Oak Lane site remained a key point of contact for the community there, providing a known and trusted source of information and support

32. Community Cohesion

The multi-agency Community Cohesion Strategic Group has met twice since the “on set” of COVID 19. Work takes place to reduce the risk of tensions and the impact on community cohesion outside of the Strategic Group meetings. Some members of the Group are also members of a number of the sub-groups set up to respond to COVID 19.

33. Dudley’s definition of community tension is **“A situation arising from acts or events that cause people to feel negative toward one another and/or services provided, putting at risk public order or threatening the peace and stability of local communities.”**

34. Tensions may manifest through mistrust, miscommunication, the breakdown of community relationships, violence (hate crime, violent extremism), isolation, criminal/physical damage, damage to the reputation of organisations and communities. Overall tensions for the Borough have been assessed as low to date

35. There have been a number of “campaigns” delivered through Safe & Sound (Dudley’s Community Safety Partnership) to help to address concerns and provide advice. These have included:

- Hate Crime – to raise awareness of the different strands of hate crime, reporting options and where to receive advice and support
- Modern Slavery – to raise awareness of the different types of modern slavery and how to report
- On-line risks and harms and– advice given around how to stay safe on-line
- “Fake news”/miscommunication – advice given about trusted sources of information

36. 'At high risk' and 'at extremely high risk' Vulnerable

The Government identified two tiers of vulnerability based on people's age and health status- the at high risk and the at extremely high risk (shielding) groups and made specific recommendations in terms of social distancing and self-isolating to these groups.

37. At high risk of COVID-19:

In Dudley, we worked with the CCG to identify approximately 80,000 who were considered to be at higher risk of COVID-19 due to their age (over 70), pre-existing health conditions or through being pregnant. We then provided specific local advice, information and resources about staying safe for these people online and arranged for them to be contacted by their GP and sent a text message with a link to the website if they had a smartphone. Those who did not have a mobile phone were written to by their GP, summarising the web content.

The self-management programme – which is a support service for people with long term conditions is now delivering using alternatives to a face to face service. Telephone courses have been piloted. Virtual courses are in progress and includes a course for people who have a caring role.

38. Information targeted at older people in the format of a booklet was produced and distributed widely. There is a Council webpage specifically for older people which is updated on a regular basis, this includes information on staying safe, keeping occupied at home and signposting to local support services

39. Support has also continued to community groups and projects funded by the Connecting Older People's fund, and has focused on helping them revise their original project plans in light of COVID-19

40. Food and Other Support to All Vulnerable Groups:

Working in partnership with Dudley Council for Voluntary Service (DCVS) and Black Country (BC) Foodbank, a community-based support response was mobilised to support any vulnerable resident in Dudley. This included the establishment of six locality virtual community support networks, with the principle focus being to identify and provide support for the most vulnerable. A website was set up so people could apply to volunteer. The community support networks were able to help provide essential food, medicines and befriending support

41. As demand increased we worked with Organisational Development colleagues, to identify, staff and operate a food packing and distribution warehouse at Saltwells Education Centre. This provided food parcels for vulnerable, shielded, financially struggling and self-isolating residents, including supporting those with specific dietary requirements due to medical conditions.

42. Over the 14 week lock down period, approximately 3594 people were contacted and were helped with essential food support either by a volunteer being assigned them to do a personal shop, or them receiving a food parcel from Black Country Foodbank or the Local Authority food hub. Support in terms of over the counter medication collection, benefits and advice support, and 'phone chats' for those on their own was also available.
43. Contact was co-ordinated through a single 0300 helpline staffed with Dudley CVS, library and Citizen's Advice Bureau staff. In the last 8 weeks of operation, we were able to set up a digital referral platform enabling easier collection of data on demographics and need.
44. We also supported other community organisations with food stocks who were providing food parcels to the financially vulnerable including the BC foodbank and Loaves and Fishes social supermarket.
45. Out of lockdown support is still available to those who need it and a step-up plan has been developed in case lockdown or shielding occurs again. What was particularly heartening in Dudley, however, was the vast number of people who mobilised themselves to help their neighbours, friends and communities. This is evident through case stories that are being collected through DCVS and Public Health.
46. DCVS continue to co-ordinate a community response to COVID-19 in the borough, working with voluntary and community groups and the volunteer centre to mobilise essential social support for the most vulnerable. The 6 virtual networks have been collapsed into 1 borough wide community support network. The network will also continue to provide a single point of access for the co-ordination and mobilisation of support for vulnerable people and families. The DCVS approach will draw on learning from the pandemic to date, for instance introducing volunteer roles which address digital exclusion within our communities.
47. Extremely High risk (shielding):
- Government advice for the **extremely high risk** was to stay at home and self-isolate for 12 weeks. During this time, a national support system was introduced for this group where shielded residents could sign up for support in terms of essential food supplies (national delivery of food parcels), and other support delivered locally such as check in and chat, medication delivery and basic care needs. A list of shielded residents was available to the Council and updated regularly by the national team.
48. To ensure the wellbeing of the "shielded" group, Public Health formed a team of redeployed staff to contact shielding residents. Of the approximately 8000 (initially) in this group, we contacted those who requested delivery of essential food or medicine supplies to ensure that they received them. Latterly our calls

focused on encouraging residents who are shielding but were not registered with the national program to register

49. After lock-down, calls to the shielding group continued to identify what plans they had in place to access essential food if there was a future lockdown, with a view to encouraging the take-up of priority supermarket slots on offer to the shielding group.
50. Regular information updates have been and continue to be emailed, texted or posted to this group and there is a dedicated council webpage of advice for shielding residents.
51. During lock-down approximately 1380 shielded residents were provided with food parcels on a weekly basis by the national team. The Council, in partnership with DCVS and the Black Country Foodbank, provided stop-gap food parcels to those waiting for the national delivery system to start or where the national system failed to deliver parcels. The local provision also topped up national food parcels where specific dietary requirements were needed.
52. 380 shielded were identified to need support with basic care which adult social care triaged and organised support where needed. Action was also taken to ensure all 'shielded' children and young people were receiving support or contact from the most appropriate service. This included cross checking children known to Children's Services against people registering for support via the national shielded scheme
53. Struggling with Mental Wellbeing

A range of actions were implemented including:

- Information and signposting to local support has been included in all communication and advice sent out to residents and is also available on the council COVID website pages. The Lets Get website was also updated with information including mental health support, financial support and general wellbeing support. <https://lets-get.com/healthy-lifestyles/mental-wellbeing/looking-after-your-health-and-wellbeing-throughout-covid19/>
- A new provider (Beacon Centre) was procured in September to deliver a befriending scheme for older people. This is jointly funded with Dudley CCG. The service specifically targets older people at high risk of loneliness and isolation.
- Engagement has started with partners including voluntary sector organisations to explore impact of COVID-19 on loneliness and isolation on older people to address challenges and share good practice. Network event planning in progress to take this insight work further.
- Working with DCVS volunteers, support is also available locally for 'a check in and chat'

#### 54. Financially Struggling

A range of actions were implemented including:

- Work with colleagues in Benefits Services to produce a Factsheet about benefits available and how to claim. The Welfare Rights service have set up an advice line. We have also helped Dudley Business First to develop an advice page on Coronavirus and Business.
- The Credit Union has remained open as usual. In discussion with Benefits colleagues, in person identity checks have been relaxed for emergency welfare loan claimants to make it easier for those in need to claim whilst in isolation. In July the Government announced an Emergency Assistance Grant to support people in financial hardship as a result of COVID-19. Whilst there are funds in this grant, the loan scheme has been suspended and people are directed to the grant scheme. From 1<sup>st</sup> August to 7<sup>th</sup> October, 172 people have been given a grant. 401 applications are in process. Most approved applications are from unemployed, 18 have been from employed claimants and 5 from furloughed claimants.
- The Government has introduced financial support to people who have to self isolate. This scheme went live on 12<sup>th</sup> October. Those people who meet the criteria will receive a payment of £500 per week within 3 days of their claim. As at 14<sup>th</sup> October, 71 applications have been received, of which 33 have been refused as they fail to meet the scheme criteria, 35 have applied but have not supplied the evidence required to make a payment and 3 have received payment.
- Working with local partners, residents can access benefits, welfare and debt advice provided by CAB

#### 55. Children eligible for Free School Meals

During March, Public Health, Integrated Commissioning and DCVS coordinated the large-scale distribution of meals to families eligible for free school meals with support from DCVS, utilising both council staff and volunteers. Over 25 schools were supported, and meals delivered to nearly 6000 pupils during the interim period before the supermarket voucher scheme was implemented

56. At end of March 2020 the national FSM supermarket voucher scheme was introduced for schools to issue vouchers to families eligible for free school meals. For any family where they are not able to leave the house and have no means to arrange collection of the food parcel alternative arrangements are available. Families experiencing problems accessing vouchers were supported with vouchers from the council.

## **Finance**

57. Dudley MBC has received a grant of £1,941,764 to implement local plans to support the Test and Trace programme. Additionally almost £400,000k has been received to support the emergency assistance grant scheme. Self-isolation payments of £500/person are also supported by central government. Dudley MBC applies for this funding retrospectively.

## **Law**

58. Section 73A (1) of the NHS Act 2006, inserted by section 30 of the Health and Social Care Act 2012, gives the Director of Public Health responsibility for all their local authority's duties to take steps to improve the health of the people in its area and Any of the Secretary of State's public health protection or health improvement functions that s/he delegates to local authorities, either by arrangement or under regulations – these include services mandated by regulations made under section 6C of the 2006 Act, inserted by section 18 of the 2012 Act. The Coronavirus Act 2020 and related legislation was enacted to make provision in connection with Coronavirus, and for connected purposes

## **Equality Impact**

59. There is clear evidence that COVID-19 has a disproportionate impact on different groups within the population. Many analyses have shown that older age, ethnicity, male sex and geographical areas, are associated with the risk of getting the infection, experiencing more severe symptoms and higher rates of death. This work aims to mitigate these impacts.

## **Human Resources/Organisational Development**

60. Staff from the authority and from partners have continued to work in a flexible to respond to the COVID-19 situation. Training and development has been provided as necessary. Workforce requirements are continually being reviewed. A redeployment policy is being developed with recommendation to align to business continuity plans. Current flexible working and overtime policies will be used to support any overtime payments.

## **Commercial/Procurement**

61. It is not anticipated that any large procurements will be needed. This will be reviewed on regular basis

## **Health, Wellbeing and Safety**

62. COVID-19 is a major public health concern and its impact on the health and wellbeing of the population cannot be underestimated. It has had a disproportionate effect on a number of different population groups and some of the most vulnerable groups in society. This work aims to mitigate the negative impacts.

## **Communication**

63. The COVID-19 response including the development and delivery of the outbreak plans has required substantial contribution from our communications team, including support to the COVID-19 engagement group.



**Bal Kaur**  
**Interim Director of Public Health and Wellbeing**

Contact Officer:

Karen Jackson

Telephone: 01384 816698

Email: [Karen.L.Jackson@dudley.gov.uk](mailto:Karen.L.Jackson@dudley.gov.uk)



## COVID-19 in Dudley: Analysis by Ethnicity

For the purposes of all analysis in this report, BAME groups are defined as all ethnic groups other than White British. Data correct as at 3<sup>rd</sup> November 2020.

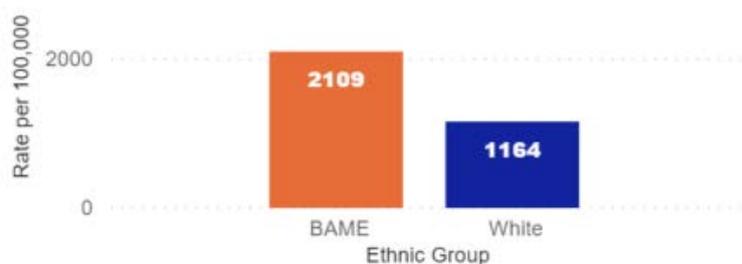
### Recorded Cases

There have been 4663 cases recorded in Dudley residents since March 2020. Of these, 869 (19%) were from BAME groups. The proportion of the Dudley population from BAME groups is estimated to be approximately 12.8%. 530 cases (11%) had no ethnicity recorded.

The overall rate is currently 1450 cases per 100,000 population, but when split by ethnic group, the rate is almost double in BAME groups when compared with the White group (figure 1).

Figure 1:

Rate per 100,000 by Ethnic Group

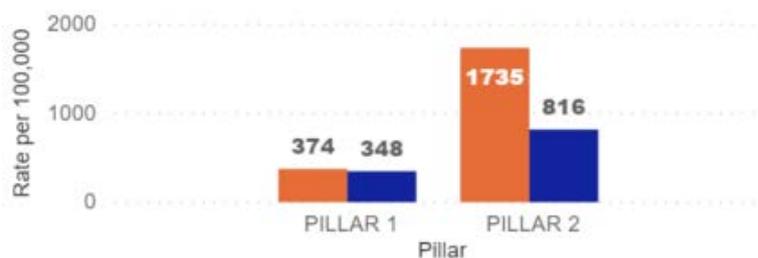


When split by type of testing, Pillar 1 (NHS testing) rates are similar in both White and BAME groups, whereas rates are much higher in BAME groups when only including Pillar 2 (community) testing (figure 2).

Figure 2:

Rate per 100,000 by Pillar and Ethnic Group

Ethnic Group ● BAME ● White



The rates in both groups have continued to rise since August 2020, but the rate in the BAME group appears to be increasing at a slightly faster rate than the White group (figure 3). However, in the most recent 28 days, cases in the White group have increased by 381% (140% in BAME groups) when compared to the previous 28-day period (figure 4).

Figure 3:

7 Day Cases Moving Avg by Date and Ethnic Group

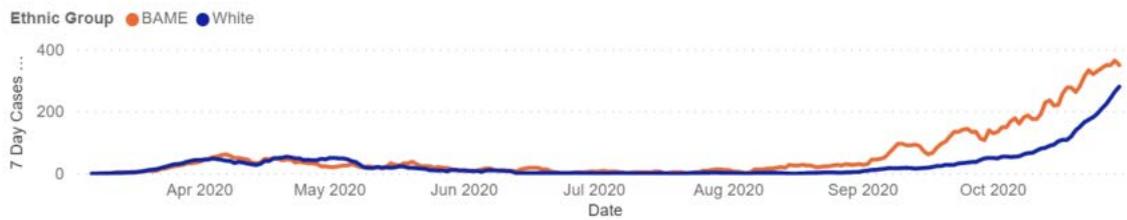


Figure 4:



## Age

The overall average age of cases is lower in the BAME group than the White group (37 compared to 49 years). This has decreased in the last 28 days for both groups. (36 and 43 respectively)

In both White and BAME groups, the majority of cases recorded are in the 25-49 and 50+ age groups. When considering rates per 100,000 (figure 5), the highest rates in both groups are in the 20-24 age group, followed by the 50+ age group. Comparing the previous two 28-day periods, there has been an increase in cases in all ages and ethnic groups (figure 6).

Figure 5:

Rate per 100,000 by Age Group and Ethnic Group

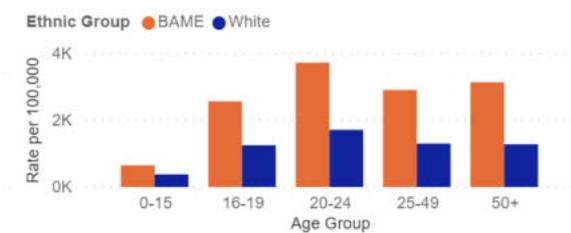
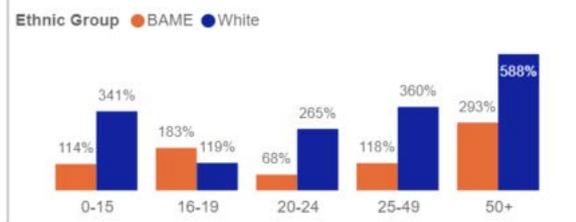


Figure 6:

Change in case rate per 100,000 between last 28 days and previous 28 day period by age and ethnic Group



## Deprivation

In the white group, cases are fairly evenly distributed across the quintiles (figure 7). In the BAME group, however, more than two thirds of all cases are in the two most deprived quintiles.

Figure 7:

