

# Southend on Sea Borough Council - Equality Analysis

## 1. Background Information

### 1.1 Name of policy, service function or restructure requiring an Equality Analysis:

Southend-on-Sea Covid-19 Local Outbreak Management Plan

### 1.2 Department:

Children & Public Health

### 1.3 Service Area:

Public Health

### 1.4 Date Equality Analysis undertaken:

25/3/21

### 1.5 Names and roles of staff carrying out the Equality Analysis:

Krishna Ramkhelawon – Director of Public Health

Katie Gardner – Operations Manager, Covid-19 Pandemic Management Programme

### 1.6 What are the aims or purpose of the policy, service function or restructure that is subject to the EA?

The Southend COVID-19 Local Outbreak Management Plan describes Southend's approach to preventing virus transmission and managing outbreaks of COVID-19. It describes the overall strategy and approach being taken and sets out the detail of the operating procedures that each element of the local system will follow.

The plan reflects a multi-agency response to local outbreaks management of COVID-19 in Southend-on-Sea in collaboration with other partners and neighbouring local authorities. It has been developed in close collaboration with the Regional

Partnership Team and Public Health England. It has also been developed with the Health Protection Board, the Outbreak Oversight and Engagement Board and the Essex Local Resilience Forum (ERF). All partners in the Health Protection Board endorse this plan and will contribute as appropriate to delivering it. For further information about the plan, please see our website – [www.southend.gov.uk](http://www.southend.gov.uk)

The key objectives of the Local Outbreak Management Plan (LOMP) are to protect the health of the population of Southend by:

- Preventing the spread of COVID-19 and associated disease, including the coverage of the COVID-19 vaccination programme;
- Pro-active management of high-risk settings which would be complex and problematic if an outbreak were to occur;
- Early identification and proactive management of outbreaks to reduce risk to life;
- Co-ordinating capabilities across partner authorities, agencies, and stakeholders;
- Building trust with citizens, communities, organisations and businesses to enable them to play their full part in keeping Southend safe and to reduce health inequalities;
- Assuring the public and stakeholders that this plan is being effectively delivered;
- Enable economic recovery through controlled relaxation of 'lockdown', underpinned by a robust and effective infection control strategy.

## 1.7 What are the main activities relating to the policy, service function or restructure?

The plan reflects the approach to the end-to-end COVID-19 response, addressing relevant issues of inequalities and includes:

- Dealing with enduring transmission and effective deployment of community testing
- Deploying effective contact tracing and working with the PHE Health Protection Team to develop an enhanced approach to identify earlier source of infection
- Support for self-isolation and promoting a Covid-secure environment
- Effective public health surveillance and responsive outbreak management
- Collective approach to vaccine roll-out – with due regards given to inequalities vis-a-vis accessibility, managing hesitancy and complacency.

## 2. Evidence Base

### 2.1 Please list sources of information, data, results of consultation exercises that could or will inform the EA.

#### Data:

The Operations, Performance and Intelligence team have access to a database called Power BI that's been developed by Public Health England to present data and dashboards related to COVID-19. It has multiple sections showing different datasets with contact tracing data, testing rates, positivity rates, case rates, vaccination figures – much of which can be filtered according to age, sex and ethnicity. This is our best source of local data on Covid-19.

The Daily Epi Snapshot is an Excel report prepared and emailed to us daily by PHE Field Service. It contains information on case rates, testing, positivity etc.

#### COVID-19 case data from LG Inform:

Local authority report showing the number and rates of COVID-19 hospital cases by authority, compared to others

England overview report showing the number of COVID-19 cases and deaths across England as a whole, and the top ten councils for number and rate of cases

Weekly deaths report providing a summary of the Office for National Statistics (ONS) weekly deaths data

Care homes report focusing on deaths in care homes in particular

Vulnerable groups report providing estimates of local authority populations likely to be vulnerable to COVID-19

Area characteristics report comparing case rates across all local authorities to other factors at a local area level, such as deprivation.

For further details, please see [COVID-19: test, trace and local outbreak management | Local Government Association](#)

Daily review and demographical analyses are undertaken by the Public Health Intelligence Team.

#### Engagement:

The Communications and Engagement cell regularly organise 'Community conversations' hosted by SAVS, and with support from NHS and other partners. These engagement events provide insight into the impact Covid-19 is having on our community, and the questions and issues that are coming up for them.

The NHS CCG and care homes will be looking at reasons behind vaccine hesitancy via surveys and individual conversations but this is work in progress.

We have launched a survey which we give out to everyone who has a test at each of our asymptomatic testing sites in order to gather feedback on customer experience, to see how we can make improvements in terms of Accessibility, communication and respond to any concerns.

2.2 Identify any gaps in the information and understanding of the impact of your policy, service function or restructure. Indicate in your action plan (section 5) whether you have identified ways of filling these gaps.

The current data we have on the ethnicity of those who have taken a Covid-19 test isn't provided to us in a way that allows us to draw conclusions and assess if all ethnicities have equitable access to testing facilities.

We have feedback from those who have joined our engagement events, answered our surveys, and we have data on those who have taken tests, and had the vaccine. But we don't have feedback and data from those who haven't taken up these initiatives.

Continued exploration and analyses will be undertaken to understand areas of inequalities pertaining to the protected characteristics and known geo-demographic characteristics – these are described in section 3.2 below.

### 3. Analysis

3.1 An analysis and interpretation of the impact of the policy, service function or restructure should be undertaken, with the impact for each of the groups with '*protected characteristics*' and the source of that evidence also set out against those findings.

In addition, the Council has identified the need to assess the impact of a policy, service function or restructure on carers, looked after children (as part of the age characteristic) as well as the socioeconomic impact of different groups, such as employment classifications.

Initial assessment of a perceived impact of the policy, service function or restructure. The impact can be positive or negative (or in some circumstances both), none or unclear:

The impact of our plan will be positive for each of the groups with protected characteristics as Covid-19 affects everyone and our plan is ultimately focused on

saving lives and reducing all harm posed by this disease. However there are some groups which will be disproportionately affected by Covid-19 and our plan needs to include targeted work to prevent this.

Descriptions of the protected characteristics are available in the guidance or from: EHRC - protected characteristics

### 3.2 Where an impact has been identified above, outline what the impact of the policy, service function or restructure on members of the groups with protected characteristics below:

Nationally and locally evidence has shown that people with some protected characteristics may be disproportionately affected by the pandemic - at increased risk of infection and/or death from COVID-19, alongside other risk factors such as isolation and associated mental health issues.

The risk factors identified are outlined below:

- Age – diagnosis rates increase with age and the number of deaths from COVID-19 has an older age distribution.
- Ethnicity – Risk of dying is higher in BAME groups than in White ethnic groups (highest in Black ethnic groups and Bangladeshi and Kashmiri ethnicity, but also within people of Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity). Migrant workers and seasonal workforce living in overcrowded accommodations are also at higher risk.
- Gender – the risk of dying from Covid-19 is higher in males than females. The number of female domestic violence victims is higher compared to male and the emerging anecdotal evidence suggests that COVID-19 lockdown has a disproportionate impact on female victims of domestic violence.
- Existing health conditions – Those who are shielding are likely to be more affected by the restrictions due to the isolation. This could cause mental health issues such as anxiety, agoraphobia and loneliness.

Additional Factors and Communities of interest:

- Deprivation - People who live in deprived areas have higher diagnosis rates and death rates than those living in less deprived areas – especially among people of working age.
- Occupation - men working as security guards, taxi drivers and chauffeurs, bus and coach drivers, chefs, sales and retail assistants, lower-skilled workers in construction and processing plants, and men and women working in health and social care, nursing auxiliaries and assistants had significantly high rates of infections and death from COVID-19.
- Health inequalities – increased deaths among people born outside the UK and Ireland and a higher diagnosis rate among rough sleepers.
- Digital literacy – a lack of digital literacy or lack of access to IT devices due to financial reasons or otherwise can have a detrimental effect on a person's

mental and physical health and this is heightened during the pandemic when social interaction is limited. It also means people can miss key communications.

- Literacy rate – In parts of the population with no formal qualifications or education the lack of English literacy skills within communities may bring additional challenges for them to read and fully understand COVID-19 related public health messages. Also, getting messages out to those people through conventional channels of communication for warning and informing may not be effective. Whilst restrictions are in place, people aren't visiting libraries, community centres, places of worship which have previously been key hubs for distributing information.
- Living in a care home - there have been a higher number of deaths in care homes in relation to the rest of the population.

## 4. Community Impact

4.1 You may also need to undertake an analysis of the potential direct or indirect impact on the wider community when introducing a new/revised policy, service function or restructure.

4.2 You can use the Community Cohesion Impact Assessment as a guide, outlining a summary of your findings below:

The equality impacts will continue to be monitored and every effort will be made to address any disproportionate impact during the operation of this plan on people from vulnerable groups. However there are a few impacts that our response to the pandemic may have on the wider community which are listed below:

- Use of churches as testing sites means they're not able to be used by the community who usually use these venues for their own activities and community groups.
- By paying to use a venue, we could be setting a price bracket for other groups who later want to resume their hire of the venue or start a new hire agreement – making it financially more difficult for the community.
- We have worked closely with the voluntary sector in Southend throughout the pandemic and many voluntary groups have played a massive role in the community response. Many will have had to prioritise emergency response activity and became temporarily unable to offer other services.
- Many staff across the Council have been redeployed to work on the response to Covid-19 and this has had an impact on other services which were part of the substantive duties of these staff members.
- Enforcement of rules and coronavirus legislation has been perceived as an infringement on human rights and impacted negatively on mental and physical wellbeing.
- There are also potential positive impacts. The community has shown a high level of capacity, solidarity and skills supporting neighbours and groups affected by COVID and lockdown as seen in the mutual aid and free school meals support efforts. We can't rely on this to continue indefinitely without

some input and need to continue to celebrate and support community resilience to make the additional safety net sustainable

## 5. Equality Analysis Action Plan

### 5.1 Use the below table to set out what action will be taken to:

- Ensure a full analysis of the impact of the policy, service function or restructure is undertaken.
- Mitigate/address identified negative impacts or unlawful prohibited conduct.
- To promoted improved equality of opportunity and to foster good relations.
- How the action plan will be monitored and at what intervals.

The Covid-19 Pandemic Management Programme will take the below actions forward through the relevant cells and the Director of Public Health will ultimately lead on this. These will be underway or completed by June 2021. This plan and actions will be reviewed in June 2021.

#### 1. Planned action:

Review booking forms regarding testing and vaccination to identify the additional needs of individuals from protected characteristics in accessing testing facilities and delivery of services during local Outbreak Control lockdowns.

#### Objective:

Better situational awareness and needs assessment. Equitable access to and delivery of service.

#### 2. Planned action:

Review booking forms regarding testing and vaccination to enable the option to self-identify Ethnic identity in the “others” option. We are also looking at the access to these facilities and other barriers (e.g. hesitancy linked to cultural differences).

#### Objective:

A better understanding of COVID-19 spread within diverse communities across Southend.

3. Planned action:  
Widening the access to and sharing of information and data relating to local outbreaks, settings and events

Objective:

Building trust and confidence communities within communities to enable everyone to control COVID-19

4. Planned action:  
Making warning and informing processes and information regarding COVID-19 local outbreak control easy to read and accessible

Objective:

Vulnerable groups including people with learning disabilities, BAME, hard of hearing/deaf, visually impaired and low or no reading/writing skills will be better informed and make informed choices to access services

Update:

We have mapped underrepresented communities and high risk and complex settings and disseminate posters, videos and information via a variety of avenues. Examples are a network of Community Connectors who share information via WhatsApp groups, Faith groups, posting on Facebook groups of international communities in Southend, working with the local voluntary sector including charities that work with people with learning disabilities, unpaid carers, BAME, hard of hearing/deaf, visually impaired, sex workers and refugees.

We have mapped underrepresented communities and high risk and complex settings and reach out: we arrange events, disseminate posters, videos and information via a variety of avenues. Examples are a network of Community Connectors who share information via social media, newsletters, Faith groups, posting on Facebook groups of international communities in Southend, targeting Facebook ads with translated materials to language groups, working with the local voluntary sector including charities that work with people with learning disabilities, unpaid carers, BAME, hard of hearing/deaf, visually impaired, sex workers and refugees.

5. Planned action:  
Engaging with people living and working in high risk and complex settings

Objective:

Minimising the risk of outbreak and effective control

Update:

A key part of our Covid-19 response involves working with Vulnerable groups and we have a dedicated workstream for this. This covers a wide range of areas and we have delineated our efforts to the following (1) Sheltered housing/

hostels (2) BAME residents (3) Gypsies and travellers (4) People who are homeless (5) People who are shielding (6) People with learning disabilities and (7) People living with long COVID (8) Refugees & No recourse to public funds (NRPF) (9) Vulnerable under 60s, (10) Sex workers (11) People who suffer with Drugs and Alcohol dependency (12) Prison releases (13) HMOs.

We are building on existing support mechanisms across these areas to maximise engagement with staff working in these settings and how we actively engage with these more vulnerable people. Where relevant welfare assessments will be undertaken and information and guidance provided in the relevant format to ease engagement.

6. Planned action:

Building capacity and fostering partnerships within diverse communities and organisations for Covid-19 prevention and implementation of the Southend local Outbreak Control Plan

Objective:

Resilience within the community to respond and cooperate with local authorities in controlling the COVID-19 Outbreak

Update:

We have a dedicated workstream focused on Communications and Engagement led by the voluntary section (SAVS) and building community resilience is part of this. We have worked with the voluntary sector, NHS and other partners to organise 'Community Conversations' which are an open forum for residents to join the discussion and ask questions throughout the pandemic. We invested in the Community Connectors coordinator and seeking further funds to build community capacity

7. Planned action:

Making testing, tracing and vaccination equitably accessible for vulnerable groups, including tackling vaccine hesitancy.

Objective:

Advancing equality of opportunity and positive action to enable equitable access for all.

Update:

We have used places of worship as testing sites and vaccination centres in order to make these initiatives more accessible and familiar for these community groups. Linking up with faith groups has also been a helpful way to distribute communications to these communities.

We have tried to ensure that testing and vaccination sites are evenly distributed across the Borough so that most people are within a thirty minute walk of one of these sites. We've considered sites for people that don't have access to a car, but also sites for busy families where a big car park adjacent

to the site will make the experience less stressful for them. We've publicised accessibility features such as car parks, or steps on our website so it helps residents choose the site that works best for them.

A number of virtual events for the BAME community have been held. These have been aimed at raising awareness of how to stay safe and protect yourself from the virus and encouraging vaccine uptake.

We are partnering up with voluntary groups who work with people with learning disabilities, hearing and visual impairments and other disabilities to ensure our testing and vaccination sites are accessible and residents can be reassured and know what to expect as part of the experience.

### Signed (lead officer):

Katie Gardner

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### Signed (Director):

Krishna Ramkhelawon

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Once signed, please send a copy of the completed EA (and, if applicable, CCIA) to Tim MacGregor  
TimMacGregor@southend.gov.uk.