

**Expert Reference Group on COVID-19 and Ethnicity: Minutes of Meeting 25
June 2020 at 13:00, Webex**

Attendees

Co-Chairs:

Ima Jackson, Senior Lecturer in the School of Health and Life Sciences at Glasgow Caledonian University

Vittal Katikireddi, Senior Clinical Research Fellow at the University of Glasgow, and an honorary Consultant at Public Health Scotland

Co-Sponsors:

Christina McKelvie MSP, Minister for Older People and Equalities

Paul Johnston, Senior Scottish Government Sponsor and Director General for Education, Communities and Justice

Expert Reference Group

Douglas Anderson, senior Scottish actuary specialising in longevity and diversity

Raj Bhopal, Emeritus Professor of Public Health at the University of Edinburgh

Danny Boyle, Black and Minority Infrastructure Scotland (BEMIS)

Jatin Haria, Executive Director of the Coalition for Racial Equality and Rights

Kaliani Lyle, former Scottish Government Race Equality Framework Advisor

Nasar Meer, Professor of Race, Identity and Citizenship in the School of Social and Political Sciences at the University of Edinburgh

Gina Netto, a Reader in the School of the Built Environment, Heriot Watt University, specialising in ethnicity and social justice.

Aziz Sheikh, Professor of Primary Care Research & Development and Director of the Usher Institute

Scottish Government and Public Sector Bodies:

Marion Bain, Deputy Chief Medical Officer

Gregor Boyd, Senior Statistician in the Office Of Chief Statistician & Data Officer

Duncan Buchanan, Public Health Scotland

Alison Carmichael, Head of Employee Experience in Health Workforce, Leadership and Service Reform

Jess Dolan, Joint Head of the Equality Unit

Uzma Khan, Deputy Director Economic Policy and Economy Covid Group Hub
Strategic Lead

Elizabeth Oldcorn, Public Health Scotland

Stephen Pathirana, Deputy Director of Trade and Investment Delivery (and Chair of the SG Race Equality Network)

Alison Stout, Principal Research Officer in Equality and Social Justice Analysis

Ian Turner, Equality Unit

Melanie Weldon, COVID Public Health Directorate

Pete Whitehouse, National Records of Scotland

Secretariat:

Emily Adams, Equality Unit

Laura Merenciano, COVID Public Health Directorate

Hilary Third, Equality Unit

Apologies:

Rami Ousta, CEO at BEMIS

Andrew Fraser, Public Health Scotland

Item One: Welcome and Introductions

VK opened the meeting and briefly introduced himself as one of the two new co-Chairs of the meeting, along with IJ. He invited new members to introduce themselves to the group.

DaB, representing BEMIS, introduced himself and the work of BEMIS and the Ethnic Minority Resilience Network.

IJ introduced herself as the other co-Chair and noted her work around systems of research, and the importance of understanding ethnicity and racism as complex social constructs in the context of the disproportionate impacts of COVID-19.

VK asked for comments on the membership. HT noted that Professor Aisha Holloway has been asked to join the ERG but has not yet confirmed her membership.

The group noted the importance of the ERG not being seen as external-only, and PJ's role being central. PJ thanked the co-Chairs for volunteering, and advised that he was keen for Chairs to be external, but he will act as Senior Scottish Government Sponsor.

JH said the current ERG membership is very health-focused. NM agreed that it was important to seek out community-based organisations to draw out a more complete understanding of the dynamics. HT advised that there is a separate strand of work to engage directly with communities and the organisations that represent them. She said that this requires further development but should be strongly connected to the ERG.

KL asked if the group membership remained confidential. The Minister advised that she had been asked about the membership at committee and had shared it in that context. HT said that the Terms of Reference, including membership, as well as minutes would be published on the Scottish Government website once agreed by the group.

IJ said that there are national and international organisations ahead of the ERG who could be approached for membership. She noted the requirement for strong support to ensure that the same issues as have resulted in this situation demonstrated by the challenges of ethnicity data, COVID and health inequalities are not recreated through uncritically relying on these same systems to build our response.

KL said that the ERG needed to decide on workstreams before membership could be decided.

NM asked if there was a case for amending the Race Equality Action Plan (REAP) so that COVID-related concerns are pulled through across SG Race Equality

activities. HT advised that this was already being considered, and that it is important to review the final year of the REAP through a COVID lens.

VK and IJ agreed that the discussion around membership should be revisited under Agenda Item 3, Terms of Reference.

Item Two: Minutes and Actions of the Previous Meeting

The minutes were agreed by the group.

Action 1: Members to respond to Paul Johnston's open invitation to co-chair the ERG meetings.

The group agreed that this should be further discussed under Agenda Item 3. Noted that IJ and VK had taken on co-Chair roles, with PJ as Scottish Government sponsor.

Action 2: Scottish Government and Secretariat to ensure connections between ERG and the COVID-19 Advisory Groups are developed, for a consistent approach.

JD advised that a diagram was being created to identify connections between relevant Scottish Government-led groups around renewal and recovery. She committed to the ERG being well-known across the landscape of other groups, and suggested particular engagement with the COVID-19 Advisory Group, and the Social Renewal Advisory Group.

PJ gave an assurance that he has oversight of the range of groups and can ensure connections. He said that the COVID-19 Advisory Group receives requests from Ministers for advice on specific subjects, and that he has sight of those. He said the ERG may wish to consider whether it had any issues to share with the Advisory Group for consideration. He offered to share the membership of that group, as well as its summary conclusions, and details of the sub-group chaired by Sir Harry Burns. He also suggested that Andrew Morris, chair of the COVID-19 Advisory Group, could be asked to attend a meeting of the ERG.

AS said there was a statement from the COVID-19 Advisory Group regarding ethnicity, and that this should be shared with the ERG.

Next Steps (Action 2): Secretariat to share membership of COVID-19 Advisory Group and sub-group, and summary conclusions of those groups. Andrew Morris (COVID-19 Advisory Group Chair) to be asked to attend future meeting of ERG

Action 3: Members to comment on the revised Terms of Reference for further discussion and agreement, including whether the Group should consider migrant as well as ME communities.

The group agreed that this should be further discussed under Agenda Item 3.

Action 4: Scottish Government and PHS to explore how best to accelerate compliance with completeness and accuracy of ethnicity recording by Boards.

MW advised that John Connaghan, interim Chief Executive of NHS Scotland, had written to all Health Boards on race equality, data issues, and the workplace. She agreed to circulate the letter.

Next Steps (Action 4): MW to circulate NHS CEO letter to Health Boards

Action 5: NRS to link with VK and AS about the project NRS is undertaking linking data from the 2011 Census and COVID-19-related registered deaths.

PW advised that a meeting had taken place on 19 June. He noted that ethnicity is gathered voluntarily at death registration, and records were previously 9% incomplete as a result, hindering analysis. He advised that further work, linking deaths to census data on country of birth, had brought this gap to 1%. He said that analysis was being undertaken and findings would be published shortly. He said that some data was still missing but important conclusions would be able to be drawn.

DaB said that there had been a commitment to disaggregate the 'White' ethnic group, so that White ethnic minorities could also be considered.

RB noted that Scotland was one of few countries that recorded ethnicity at death registration.

Next Steps (Action 5): NRS to publish findings on death by ethnicity.

Action 6: SG to prioritise work underway to apply linked data to allow more detailed analyses of a range of health outcomes.

GB said that Scottish Government were chairing a new Evidence Task Group, to secure necessary datasets. He advised that the Chief Statistician was developing research to identify relative risks and severity for people from different backgrounds. DuB noted the PHS options paper that had been circulated to the ERG for consideration.

Action 7: ERG members to provide further comments on the PHS briefing on COVID-19 and ethnicity (Paper One at first meeting).

No comments have been received to date, but are still welcome.

Action 8: Jatin Haria to share interim (unpublished) analysis from Greater Glasgow and Clyde Health Board on COVID-19 and ethnicity with the rest of ERG members.

JH has circulated the paper. Action complete.

Actions 9 and 10: Scottish Government to explore how best to address data gaps in Health and Social Care Workforce, and Scottish Government to ensure risk assessment guidance includes and is disseminated to all parts of social care.

AC advised that a campaign to Health and Social Care employers in relation to improving data gaps was planned. She said this related to why data is collected, and how it is protected. She said Health Boards' Race Equality Networks had been consulted on this work, along with health unions, the BMA, the GMC and Royal Colleges, as well as health and social care employers.

AC said that the workforce guidance had been revised in light of input from the Faculty of Occupational Medicine. She said the revised guidance had been endorsed by the CMO and DCMO, and that colleagues across the Scottish Government and in other organisations had been spoken to, to ensure guidance is uniform where possible.

RB noted, in terms of language, that Minority Ethnic or ME should be used rather than BAME. HT and PJ confirmed this as Scottish Government policy and so the term Minority Ethnic or ME will be used in the context of this group. AC undertook to share this feedback with the Faculty of Occupational Medicine. RB offered to share the internationally agreed terminology with the group.

Action 11: ERG members to feed their views to the SG framework for decision-making to ensure that issues affecting minority ethnic communities and wider equality and human rights considerations are taken into account in decisions around the lifting of lockdown restrictions.

VK encouraged members to feed in as requested.

VK asked that the secretariat create an up-to-date Action Points spreadsheet and share it with the ERG before each meeting.

Action: Secretariat to create and share Action Points spreadsheet

Item Three: Revised Terms of Reference and Structure of the Group

IJ noted the importance of responsibility, accountability, and dynamics of engagement. She said she was reassured that PJ's sponsorship role meant that the ERG's external nature could be useful for making recommendations.

PJ said he is keen to be fully engaged with the ERG, and to take responsibility for Scottish Government elements of work. He said the ERG had the freedom to provide powerful challenges to the Scottish Government. GN noted that the Chairs will require full support from the Scottish Government in terms of tracking actions and ensuring progress.

In relation to the focus for the ERG, IJ noted the need for both immediate and long term actions. She asked for the group's thoughts on how to manage the work.

JH said that the Terms of Reference and membership were primarily health-focussed, and that timescales were short. He suggested more expertise be brought in on longer-term issues such as workforce. GN said that the short-term focus should be on health, but with other issues such as workforce closely intertwined.

IJ said that COVID-19 had exposed issues in relation to data and health inequalities. She said the ERG could explore the factors that have led to these issues, in order to avoid replicating them in future. She asked if members felt the ERG should split into two groups, or remain as one and bring in a wider range of experts.

NM said that if the ERG's scope were to broaden, there would also be a need to ensure that the original focus of work was kept.

DaB said that the Terms of Reference should consider whether to include migrant communities, and what that term encompassed. He noted the presence in Scotland of multi-generational ethnic minority families and communities, and that the term Minority Ethnic also included White Ethnic Minorities. GN agreed with the importance of considering migrants in this context.

RB noted that the data collected in England in relation to ME groups was ahead of any other country, but that emphasis was now being placed on lifestyle and co-morbidity factors rather than inequalities. JH agreed that explanations for disparities should be considered in light of data.

JD undertook to revise the Terms of Reference and share them with the ERG in advance of the next meeting.

Next Steps (Action 3): The Terms of Reference will be revised and shared with the ERG in advance of the next meeting.

Item Four: Evidence, Data and Improvement

VK invited PW to speak to **Paper One: COVID-19 and Ethnicity Data**. PW said that his update for Action 5 covered this. He offered to take questions. NM asked if progress had been made around Black African ethnicities at death registration, as there had previously been more data in relation to Asian groups. PW advised that some data was still missing, and in the case of some groups, numbers are very small. He advised that the census linkage work had followed the existing patterns of record distribution. He said that considerations were ongoing in relation to how to fill the remaining missing data. He advised that going forward, guidance may be appropriate to ensure data gathering improves, but there were restrictions in relation to filling past gaps. NM said these points should be considered in recommendations made by the ERG. KL said there was a need for Scottish Government to consider forms of policy intervention more broadly, and the potentially limited role of guidance in changing behaviour.

RB noted that as well as mortality data, hospital data played an important role. He advised that the methods put in place for the Scottish Health and Ethnicity Linkage Study (SHELS) could be used to support this. IJ said that there are wider ethical considerations in relation to racism [and racialisation](#) in data that must be taken into account, particularly when considering revisiting previous work. She noted anxieties from ME communities in relation to systems, and use of data. RB said that qualitative work should also be undertaken, and a change to census questions should be considered in order to improve data sets. DaB agreed with concerns around data sets, and noted the aggregation of ethnicity data into racial classification blocks as hampering the evidence base.

VK invited EO to speak to **Paper Two: PHS Options Paper**. EO said that PHS were keen to frame work around human rights considerations, and that there was a significant amount of work that could potentially be developed. She said that PHS were considering priorities, and she was working to ensure this work is represented.

DaB welcomed the paper and the human rights based approach to tackling health inequalities. He said BEMIS would welcome a further discussion on how to engage diverse communities in evidence development, alongside health research work.

DuB advised that PHS would be considering how to support Health Boards to improve ethnicity data, and agreed with others that the census played a key role.

GN said that a key priority from the paper should be communicating changes throughout the recovery phase to the public in an accessible and inclusive way. EO advised that PHS involvement in communications was being considered. GN also noted the difficulty of prioritising the paper's options, given their importance and interlinked nature.

KL raised the importance of connecting to Scottish Government health commitments, such as around diabetes and heart disease, as well as on data. HT advised that a representative of Public Health Scotland had now joined the REAP, to ensure appropriate engagement between health and race equality policy. RB noted that the Scottish Government's minority health policy dates from 2002 and now requires to be updated.

DaB and GN noted the need for improved qualitative information and the requirement to know what communities are themselves saying.

VK asked that further feedback be provided to the secretariat in advance of the next meeting.

Action: ERG members to provide further feedback to secretariat by email.

Item Five: Next Meeting and AOB

IJ suggested 9 July as the date for the next meeting. This was agreed. She suggested that small groups could engage between larger meetings in order to progress different strands of work.

She noted that the recommendations put forward by the STUC's Black Workers' Committee had not been able to be discussed at the meeting due to time constraints. She suggested this be considered alongside the wider conversation about the group's future work. DaB noted that similar concerns had been raised by the UNISON Black Workers' Committee.

Item Six: Close

VK thanked members for attendance, encouraged any feedback on papers to be submitted to the secretariat, and closed the meeting.