



House of Commons
Women and Equalities
Committee

**Unequal Impact?
Coronavirus and BAME
People: Government
Response to the
Committee's Third
Report**

**Third Special Report of Session
2019–21**

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Women and Equalities Committee

The Women and Equalities Committee is appointed by the House of Commons to examine the expenditure, administration and policy of the Government Equalities Office (GEO).

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Publication

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Committee reports are published on the Committee's website at www.parliament.uk/womenandequalities and in print by Order of the House.

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You can follow the Committee on Twitter using [@Commonswomequ](https://twitter.com/Commonswomequ).

Third Special Report

The Committee published its Second Report of Session 2019–21, [Unequal impact? Coronavirus and BAME people](#) (HC 384), on 15 December 2020. The Government response was received on 2 March 2021 and is appended below.

Appendix: Government Response

Introduction

The government notes the publication of the report by the Women and Equalities Select Committee ('the Committee') on 15 December 2020 and has carefully considered its findings alongside other reports and evidence, as we work to reduce COVID-19 disparities for ethnic minority groups.

As the report acknowledges, on 22 October 2020 the Minister for Equalities published her first quarterly report on progress to tackle the disparities in COVID-19 risks and outcomes highlighted by the Public Health England review. The second quarterly report was published on 26 February.

The first report included a comprehensive overview of the actions the Department of Health and Social Care (DHSC) is taking in relation to the recommendations made in PHE's *Beyond the Data* report. Both quarterly reports also summarise the measures that other government departments and their agencies have, to date, put in place to mitigate the impacts of COVID-19.

The government response to each of the Committee's recommendations is set out below. Some of these have already been actioned. For example, the Race Disparity Unit already has a section on COVID-19 by ethnicity on the Ethnicity Facts and Figures website. Others will be picked up under existing streams of work.

The new Equality Hub, in the Cabinet Office, brings together the Disability Unit, Government Equalities Office, Race Disparity Unit and, from 1 April, the sponsorship of the Social Mobility Commission. The Government Equalities Office's remit relates to gender equality, LGBT rights and the overall framework of equality legislation for Great Britain, and the other units' areas of focus are on cross-government disability policy and ethnic disparities respectively. The units that make up the Equality Hub work closely together, under a single Director. The Equality Hub reports to Ministers who have other portfolios outside of the Cabinet Office, led by the Minister for Women and Equalities.

The Equality Hub has a key role in driving government priorities on equality and opportunity. The Hub has a particular focus on improving the quality of evidence and data about disparities and the types of barriers different people face, ensuring that fairness is at the heart of everything we do. This includes statutory protected characteristics but also other aspects of inequality, including in particular, socio-economic and geographic inequality. The Equality Hub is key to driving progress on the government's commitment to levelling up opportunity and ensuring fairness for all.

The creation of the Equality Hub, at the heart of government, means that we can deliver a coordinated response to cross-cutting equality issues, including the challenges presented by COVID-19. On those issues, the Government Equalities Office, Race Disparity Unit and the Disability Unit work together closely and with the COVID Taskforce.

Health Inequalities

Recommendation 1: *The NHS Health Check (currently for 40 to 70-year olds) must be extended to people from a BAME background from the age of 25 years for at least the next two years. We also recommend that the government's obesity strategy is culturally appropriate. The government must ensure that any work undertaken in this area is not lost when Public Health England is disbanded.*

National Institute for Health Protection

The government notes the Committee's concerns that disbanding Public Health England (PHE) could have on existing health improvement work. Preventing physical and mental ill-health and reducing health inequalities remain top priorities for the government.

Alongside work to establish the National Institute for Health Protection (NIHP), the DHSC will continue to focus on health improvement and preventing ill-health with support from the expert teams currently located in PHE. No further changes will be made to those responsibilities before Spring 2021. DHSC is currently considering a range of options for where PHE's non-health protection functions could sit in the future, including the teams tackling obesity and other prevention-focused work.

NHS Health Checks

Commissioning of the NHS Health Check programme forms part of local authorities' public health responsibilities. The programme is designed to spot early signs of stroke, kidney disease, heart disease, Type 2 diabetes or dementia. It is delivered primarily by GP practices. While the government remains committed to implementing this programme, guidance¹ on locally contracted services currently prioritises COVID-19 vaccination and related support.

PHE has issued guidance on preparations for restarting the programme, urging providers to continue applying the principle of proportionate universalism while delivering checks in a way that prioritises resources and engages those who are most likely to be at higher risk of COVID-19. PHE has also published a health equity audit tool and local data to inform local commissioning decisions in support of prioritising groups most likely to benefit from a check.

The government has also commissioned a wide-ranging, evidence-based review of the NHS Health Check programme. This is being conducted by PHE under the chairmanship of Professor John Deanfield, and is expected to conclude shortly. The appropriate starting age for the programme is among the topics being considered and so it would be inappropriate for the government to adopt the Committee's recommendation at this stage.

¹ NHS Letter to GP surgeries: Freeing up practices to support COVID vaccination

The Healthy Weight Strategy

In July 2020 the government launched *Tackling obesity: empowering adults and children to live healthier lives*. The strategy includes an overarching campaign to reduce obesity, and takes forward actions from previous chapters of the childhood obesity plan, including the government's ambition to halve the number of children living with obesity and significantly reduce the gap in obesity between children from the most and least deprived areas by 2030. It also sets out measures to protect against COVID-19 and protect the NHS.

The NHS Long Term Plan,² published in January 2019, committed to fund a doubling of the NHS Diabetes Prevention Programme (NHS DPP) over the next five years, including a new digital option to widen patient choice and target inequality. The programme aims to reduce individuals' risk of Type 2 diabetes by supporting them to achieve a healthy weight, improve nutrition, and increase their physical activity over nine months.

As Black and South Asian people are at both greater risk of developing Type 2 diabetes and of in-hospital COVID-19 mortality, NHS England and NHS Improvement (NHS-E/I) has developed a focused marketing campaign aimed at these ethnic groups.

Recommendation 2: *Many reviews and reports have put forward recommendations to tackle health inequalities. Now is the time for action and the government should finally act on these recommendations. The government should implement the entirety of the recommendations in the 'Marmot Review 10 years on', so that health inequalities are not further entrenched by the pandemic.*

The government agrees that the COVID-19 recovery must be undertaken in a way that addresses health inequalities. The government is determined to address the long-standing inequalities that exist in many areas, be they in access, outcomes or people's experience of their local health service.

The government wants to level up people's opportunity to have a long and healthy life, whoever they are, wherever they live and whatever their background or social circumstances. Professor Marmot's findings demonstrate the importance of this agenda and renew our determination to level up health across the country.

The NHS Long Term Plan contains commitments and conditions for receiving Long Term Plan funding. All major national programmes and every local area across England are required to set out specific, measurable goals and mechanisms by which they will contribute to narrowing health inequalities over the next five to ten years.

The NHS recovery (Phase 3) is being implemented in an inclusive way with eight actions to reduce inequalities in the restoration of services, including reporting on providing services to the 20% poorest neighbourhoods.

Recommendation 3: *We recommend that by the end of Summer 2021, the government implements the entirety of recommendations five and six from the Public Health England report: 'Beyond the data: Understanding the impact of covid-19 on BAME groups'.*

Annex A to the Minister for Equalities' first quarterly report on COVID-19 disparities set out the considerable progress made in implementing all of the recommendations from the 'Beyond the data' report. Further progress on recommendations five and six is set out below.

Further action to address PHE Recommendation 5 (Fund, develop and implement culturally competent COVID-19 education and prevention campaigns):

NHS-E/I published Phase 3 of its COVID-19 response at the end of July, urging all NHS Trusts to reduce health inequalities and regularly assess this progress in collaboration with local communities.

Over the last quarter, significant progress has continued to be made against these actions. All NHS systems (Integrated Care Systems) have been implementing the actions and monitoring performance.

The impact of the second wave of COVID-19 will continue to be monitored. Enhanced monitoring of the completeness of patient ethnicity data is also being undertaken. Executive Leads for Health Inequalities are in place in the majority of NHS organisations and the Director-Health Inequalities post in the national team is now filled. Primary care objectives have continued to emphasise the importance of addressing health inequalities despite the enormous pressures from the pandemic.

In December 2020 NHS-E/I wrote to all NHS systems on priorities for 2021/22³ reiterating the importance of addressing health inequalities. This includes auditing progress against Phase 3's eight actions, reducing variation in outcomes across the major clinical specialties, and making progress on reducing inequalities for people with learning disabilities or serious mental illness.

PHE

PHE's Primary Care and Interventions Unit is developing a common infection selfcare leaflet, including guidance on COVID-19, which will be translated into the ten most commonly spoken languages in the UK.

As part of the increased focus on the flu vaccination programme this winter, PHE conducted bespoke research with ethnic minority groups who are more at risk from COVID-19 to ensure the social marketing campaign is relevant and addresses any particular concerns they may have about getting the flu vaccination.

Vaccine Communications

DHSC, the NHS and PHE are working closely with ethnic minority groups to support those receiving a vaccine, to promote uptake and to help anyone who may have questions about the vaccination process.

COVID-19 vaccine uptake is lower for some ethnic minority groups. Up to 27 January 2021, the vaccination rates for eligible Black African, Pakistani, Other Black, White and Black African, and Bangladeshi people were notably low compared with eligible White British people having received a vaccine.

A concerted effort is being made to understand and overcome barriers to vaccination among ethnic minority people. The particular focus has been on encouraging uptake of vaccines and countering misinformation. Ministers, Dr. Raghiv Ali (one of the government advisers on COVID-19 and ethnicity) and other healthcare experts, have played key roles in supporting this effort.

The government continues to deliver a tailored communications strategy on vaccine roll out, reflecting the latest evidence on vaccine uptake among ethnic minority groups. Regular myth-busting content is produced. This strategy makes use of trusted platforms and messengers within communities and takes specific targeting approaches on social media channels.

The government is also working closely with the new Community Champions to disseminate key public health messages and promote vaccine uptake (see response to recommendation 5 below).

Further action to address PHE Recommendation 6 (Accelerate efforts to target culturally competent health promotion and disease prevention programmes for non-communicable diseases):

Healthy Weight

The Healthy Weight strategy (*Tackling obesity: empowering adults and children to live healthier lives*) sets out a series of measures to reduce obesity. PHE's Better Health campaign has been translated into a range of languages, including Hindi, Gujarati, Urdu, Bengali, Arabic and Somali.

Campaign development was informed by research with people from ethnic minority backgrounds. Insights were sought from local authorities, and PHE worked with charities that promote good health in at-risk groups, multi-cultural specialists and experts in specific areas such as nutrition. DHSC estimates that the first phase of the Better Health campaign has reached over 90% of the Black and South Asian population.

Campaign tracking showed that those who saw the campaign were more likely to report having taken an action to get healthier recently, particularly respondents from Black (46%) and Asian (56%) ethnic backgrounds. (The figure for all adults who saw the campaign and reported taking action was 30%.)

As a result, a further advertising campaign targeting ethnic minority groups started running from mid-January 2021. To ensure ongoing reach and cultural relevance, DHSC continues to work with community organisations and media partners to develop relevant content that addresses specific cultural issues.

The Better Health campaign also addresses mental wellbeing. It targets adults and young people from ethnic minority groups, who are at a greater risk of developing mental health problems as a result of COVID-19. Campaign performance will be assessed following the end of activity in March 2021.

Diabetes

The Diabetes Programme is widening access to the *Healthier You* NHS Diabetes Prevention Programme through a direct-to-consumer model, supported by targeted marketing and communications activities for at risk groups. Reflecting the fact that those of Black and South Asian backgrounds are at both greater risk of developing Type 2 diabetes and dying from COVID-19, NHS England has developed a focused marketing and promotion campaign, aimed at those who are Black and South Asian.

NHS England is positioning the Diabetes Prevention Programme as part of its NHS staff offer through the Living Well programme, again with a focus on its Black and South Asian workforce. The NHS Health Check restart preparation document reinforces existing messages that, when checks restart, groups at greatest risk of cardiovascular disease should be prioritised.

Recommendation 4: *The government should update the guidance on the virus itself, how it transmits, and prevention strategies, in a clear, accessible and culturally competent way.*

Throughout the pandemic, the government has continuously reviewed and updated the guidance available in light of emerging information and feedback from the public, working to ensure the guidance is clear and accessible. Key guidance is also translated into a range of languages and into accessible formats. For example, a leaflet for parents advising what to do if their child contracts COVID-19 with guidance on self-isolation was translated into 26 community languages, based on insight from local authorities.

PHE published guidance on 2 February 2021⁴ on how to stop the spread of COVID-19. This outlines the most effective prevention strategies based on the available evidence. This guidance not only describes what to do to stop the spread of the virus, but also why those actions work. Explaining the reasons why people need to follow specific behaviours is an important driver for them to adopt them. This important guidance is translated into a range of languages. In January, PHE also updated its guidance to households with grandparents, parents and children living together where someone is at increased risk of COVID-19 infection.⁵

To ensure government guidance reaches ethnic minority audiences, supporting communications assets are produced to highlight the actions people need to take to keep themselves safe. Communications are produced in a range of languages to ensure the public understands the actions they need to take to stay safe. These communications assets—including in appropriate languages—are shared through a wide range of community leaders and stakeholders to reach the public through those they engage with and trust.

4 Guidance: How to stop the spread of coronavirus (COVID-19), 2 February 2021

5 Guidance for households with children and someone aged over 70 living together

We share COVID-19 information through our press partnerships working specifically to reach ethnic minority audiences—with up to 50 print media outlets with a circulation of over 500,000. Separate radio and TV partnerships have also been established, delivering credible content in multiple languages across 12 community radio stations and 43 community television stations. We have also shared guidance by working alongside the BBC to support their videos in five South Asian languages on a range of topics including lockdown rules, vaccines, and new variants.

Recommendation 5: *In order to ensure the scheme's success, we urge the government to liaise with BAME women and representatives of BAME women to encourage them to become Community Champions so that the scheme can successfully reach those who are marginalised.*

On 25 January, the government announced allocations for the £23.75m Community Champions scheme. This includes funding for 60 local authorities and additional VCS partners to support some of the most at-risk groups in society to understand how to keep themselves safe, to get tested for COVID-19 and to access and understand vaccinations.

Each local area is developing their own strategy in partnership with their communities. This will include appointing Community Champions to represent local communities. Many areas will also be running vaccine communications campaigns, setting up helplines and directly funding local grassroots organisations.

We will ensure that all local areas engage minority ethnic women in their activity through this scheme. Community Champions reflect their local communities and will vary by socio- demographic factors including age, ethnicity, gender, health status and education. They will improve the local authority's understanding of disabled and minority ethnic audiences, and may be present on local social media groups providing a trusted voice, to counter misinformation and raise awareness of local support.

MHCLG is also running a series of webinars and learning opportunities so that our funded partners—and other areas—will learn from best practices on the ground. This will include sessions to engage women with external speakers. MHCLG will also closely monitor local authority progress as part of the scheme to ensure that ethnic minority women are appropriately engaged and mobilised.

Through the scheme, MHCLG will seek to understand the barriers faced by some women in accessing information, testing, and any concerns around the vaccination process. This will help us shape both national and local efforts to support minority ethnic women.

Recommendation 6: *We urge the government to ensure that the ethnicity data collected is disaggregated. We also recommend it is reported on a regular basis and in disaggregated form. In implementing this policy, we urge the government to consider allowing the informant of a death to report the ethnicity of a deceased individual.*

The Minister for Equalities' first quarterly report recommended (Recommendation 9) that the recording of ethnicity as part of the death certification process should become mandatory. While work is underway to implement this recommendation, this is not a quick fix, given the need for primary legislation and to make changes to existing systems.

In the interim, the government is working to improve the quality of data used to measure the impacts of COVID-19 on people in ethnic minority groups. For example, the DHSC laid two Statutory Instruments in December 2020 which amended the regulations governing GP contracts and will mandate the recording of patient ethnicity data in general practice, where such data is provided by the patient or someone lawfully acting on their behalf (where the patient is a child or someone who lacks capacity). This will apply to all of the main forms of GP contract.

The amendment will not put a contractual obligation on contractors to request, or actively collect, a GP patient's ethnicity data. It sets a clear expectation that recording this data where it is available is important. This provides a first step in capturing more ethnicity data on patient records for the purposes of data linking in the future.

Ethnicity data is already collected by practices for around 65% of their patients, but not systematically captured and recorded by all practices on the patient record. Following the PHE report, NHSE has encouraged practices to ensure that, where it is available (for example, when the patient provides such information), ethnicity data should be recorded on patients' records.

The DHSC has commissioned NHS-E/I to propose how ethnicity data can be produced and utilised using the Unified Information Standard for Protected Characteristics (UISPC). NHS-E/I's report will be submitted to DHSC shortly.

NHS England is also collecting data on vaccinations by ethnicity. This is published on a weekly basis.⁶

Recommendation 7: *The government should collect, and report, disaggregated data on clinical outcomes, for instance, the share of BAME people being tested, how many have tested positive and the share of BAME people being admitted to hospital. We believe that this is essential in assessing the impact of coronavirus on BAME people; any data collected should be disaggregated by ethnic group to allow for a much more granular analysis of the problems. This data collection should begin immediately.* (Paragraph 51)

Robust, reliable data is critical to understanding underlying racial disparities. As set out in both the SAGE ethnicity sub-group paper⁷ and the Minister for Equalities report of 22 October,⁸ a coordinated effort is required to improve data quality and insight at the local and national level to strengthen the debate and inform decision-making.

Availability of ethnicity in COVID-19 datasets

Hospital Episodes Statistics (HES) is a dataset containing records of all patients admitted to NHS hospitals in England, and includes the ethnicity of the patient. Further work is ongoing within PHE to improve the allocation of ethnicity to COVID-19 cases and deaths. Improvements will be implemented over the coming months.

Within the NHS Test and Trace programme, ethnicity is recorded for pillar 1 testing (swab testing in PHE labs and NHS hospitals for those with a clinical need, and health and care workers).

6 NHS England, COVID-19 Vaccination Statistics

7 SAGE ethnicity sub-group paper

8 Race Disparity Unit's recommendations in First Quarterly Report on COVID-19 Disparities

Both the ONS COVID-19 Infection Survey (CIS), and Opinions and Lifestyle Survey (OPN) are important in measuring different aspects of the impact of COVID-19. The CIS enables estimates of the rate of transmission of the infection, often referred to as “R”. The OPN is an important source of data about the social impacts of COVID-19. Indicators from the OPN measure the impact of COVID-19 pandemic on people, households and communities. The RDU is working with ONS analysts to improve the quality of data for ethnic minority groups from these two surveys and increase the potential analyses available.

Since 24 December, NHS England has published weekly UK-wide data on the total number of vaccinations. As noted above, from 28 January, this data has also been broken down by ethnicity.⁹

Improving the quality of ethnicity data

The RDU has been working to improve the quality of data used to measure the impacts of COVID-19 on people in ethnic minority groups. This has included exploring ways to improve the classification of ethnicity.

Comprehensive and quality ethnicity data collection and analysis needs to be part of routine data collection systems. This includes mandating the Unified Information Standard for Protected Characteristics (UISPC), which the DHSC has committed to following the Minister for Equalities’ first report. Ethnicity data collection should span service-level statistics from prevention and treatment to support and rehabilitation services.

Recommendation 8. *We recommend that the Race Disparity Unit extend the Ethnicity Facts and Figures website to include a section on the BAME impacts of coronavirus specifically reporting the disaggregated share of BAME people being: tested, infected and the share of BAME deaths from the virus. The government must ensure that this data is disaggregated by ethnicity to allow for a much more granular analysis of the situation.*

The Ethnicity Facts and Figures website already has a dedicated page on Ethnicity and COVID-19.¹⁰ It includes links to key datasets, such as the ONS statistics on deaths by ethnic groups, intensive care admissions, and the OpenSAFELY analysis of ethnic differences in COVID-19 infection, hospitalisation, and mortality. The web page also links to the ONS dashboard on the latest COVID-19 insights.

Recommendation 9. *We recommend that the Minister for Equalities as part of this work also consider the economic impacts for BAME workers, especially for those who work in shutdown sectors.*

The focus of the Minister for Equalities’ work, as set out in the Terms of Reference,¹¹ is to understand why COVID-19 has had such a disproportionate impact on ethnic minority groups, in terms of infection and death rates, and to ensure that the government is doing everything it can to mitigate that impact. While her work is considering occupational exposure as a potential COVID-19 risk factor, expanding the scope to include economic impacts for ethnic minority workers would risk undermining this focus. Furthermore,

9 COVID-19 Vaccination Statistics

10 Ethnicity and COVID-19 from Race Disparity Unit

11 Terms of Reference for COVID-19 Disparities Work

the responsibility for equalities impact assessments lies with individual departments and agencies. All Ministers and Public Bodies are fully aware of their equality duties under the law.

Through UK Research and Innovation (UKRI), the government has just invested a further £4.5 million in funding in four new research projects to understand why ethnic minority groups have been disproportionately impacted directly and indirectly by the pandemic.¹² One of these projects, led by a team from the University of Manchester, will assess the impact of COVID-19 on ethnic minority groups across a broad spectrum of issues including health, housing, welfare, education, employment and policing.

The RDU has also commissioned its own research to understand people's lived experiences of COVID-19. The findings from this are summarised in the Minister for Equalities' second quarterly report.

There is wider work across government to address the economic impacts of COVID-19 on ethnic minority workers. This includes rolling out unprecedented levels of economic support worth over £280 billion, a much-needed lifeline, for those working in closed sectors such as retail and hospitality, the workforces in which are disproportionately young, female and from an ethnic minority background.

Recommendation 10: The Equality and Human Rights Commission must extend the terms of reference for its inquiry into the experiences and treatment of ethnic minority workers in lower paid roles in the health and social care sector and commit to considering occupation as a risk factor in a wider range of sectors. We recommend that the inquiry focus should investigate the economic impacts of coronavirus for workers and determine if there is a causal link between occupation and exposure, infection and mortality rates.

The Equality and Human Rights Commission (EHRC) is an independent public body and is responding separately to this recommendation. The EHRC responded in writing to the Chair of the Women and Equalities Select Committee, the Rt Hon Caroline Nokes MP, on 14 January.

Recommendation 11. We recommend that the government extends the eligibility criteria for Statutory Sick Pay to ensure all workers on zero-hours contracts can claim Statutory Sick Pay.

Statutory Sick Pay (SSP) eligibility is based, in part, on the amount an individual earns per week rather than the amount of hours they are contracted to work. Those on zero-hour contracts may therefore be entitled to sick pay if they meet all eligibility criteria, which includes being classed as an employee and having average earnings of at least £120 per week.

The government's focus during the pandemic is getting people access to the funds they need by the quickest means possible. Extending SSP to those employees earning below the Lower Earnings Limit (LEL) of £120 per week would require new primary legislation and consequential changes to employer payroll software systems.

The government is committed to helping the lowest paid through the pandemic. The welfare system is best placed to provide this support and lower earners who already claim

Universal Credit (UC) will automatically see their benefits adjust to compensate for lower earnings. The government has also announced extra support to those who will have to rely on the welfare system by increasing the 2020–21 UC standard allowance, WTC basic element, and LHA rates. According to Office for Budget Responsibility estimates, this represents a £7.4bn investment in the welfare system in 2020/21.

Where an individual is not already in receipt of benefits, and they require further financial support while off work sick (for example where their income is reduced while on SSP or they are not eligible for SSP), they may be able to claim Universal Credit and/or new style Employment and Support Allowance (ESA). The government has made it easier for people to claim new style ESA by removing the seven-day waiting period which means people can get support from day one.

The Health Is Everyone's Business consultation which was published in July 2019, set out a number of proposals for reforming SSP.

The government received a good response to the consultation from a range of stakeholders and is considering these. A response is expected to be issued shortly.

Recommendation 12. *We recommend that the Commission for Race and Ethnic Disparities reviews the zero-hours contract policy and considers the disproportionate impact on BAME workers during the pandemic. This review should be conducted by the end of 2021 and the findings should be reported in early 2022.*

The independent Commission on Race and Ethnic Disparities was established by the Prime Minister 16 July 2020, the terms of reference for which are published on gov.uk. It is due to report back to the Prime Minister at the end of February.

Whilst the Commission is considering employment and enterprise as one of its four priority areas in discharging its terms of reference (alongside Education; Health; and Crime and Policing), it would not be appropriate to comment on its possible findings or recommendations at this time.

Reviewing Universal Credit

Recommendation 13. *The government should immediately address issues with digital connectivity particularly given the continuing uncertainty over the level of covid-19 restrictions, which means a significant minority could become further isolated from vital support. The government should develop a Universal Credit mobile application so that people can access the service on their phones.*

The Universal Credit On-line service has been developed to work equally well on a laptop or handheld device. All user testing has been conducted with users who access the service through all devices. The service does work effectively from a smartphone.

Any development of a separate application would have an impact on what the government could deliver, as both versions of the service would need to be iterated and adapted separately but in tandem.

In addition, we accept there will be occasions when people are unable to make or maintain their claim online, so as part of wider support and to prevent potentially unnecessary travel to a Jobcentre during the pandemic, telephone applications and support is available via our Freephone Universal Credit Helpline.

Recommendation 14. *We recommend that the government should make the equality survey that is a part of the Universal Credit application mandatory for applicants and claimants so that the ethnicity data of applicants and claimants can be improved.*

The Department for Work and Pensions does not have the legal power to mandate that claimants provide ethnicity data as part of their benefit claim. Primary legislation would be required for this. Other, more general, data processing requirements under UK General Data Protection Regulation would also need to be considered.

Recommendation 15. *We further recommend that the Department for Work and Pensions reviews and publishes a report on the barriers to accessing the Universal Credit application system by January 2023. The Department should use the diversity data to assess how minority ethnic people are accessing the Universal Credit system, and it should specifically consider the barriers caused by a limited English proficiency to ensure that Universal Credit is accessible for BAME communities.*

Existing and future research with Universal Credit customers would look at all of the barriers to a successful claim and would be representative of the Universal Credit population as a whole, boosting samples for sub-groups of particular interest.

Housing

Recommendation 16. *We recommend that the government should, within the next four weeks, publish clear, culturally competent guidance with practical recommendations on how to self-isolate for people living in overcrowded, and/or multigenerational, accommodation. The government should liaise with BAME groups on how to cascade this guidance. We further recommend that the government by the end of summer 2021 produce a strategy to reduce overcrowding due to its poor health impacts.*

The Minister for Equalities' report of 22 October recommended that more emphasis be placed on the promotion of existing NHS guidance on minimising transmission within households, sharing these messages widely and in the range of languages and formats needed.

Since then, the Ministry of Housing, Communities and Local Government (MHCLG) has been working closely with the Cabinet Office and Public Health England to ensure government guidance and communications to households is in line with the latest evidence and is reaching those who need it most.

In particular, the *National Lockdown: Stay at Home* guidance on gov.uk¹³ was updated in January with practical steps on how to reduce the chance of catching or spreading the virus within households. Importantly, this guidance explains both what steps should be taken to stay safe, and also why these steps work. This is a key driver in supporting people to follow the guidance.

As noted above, on 28 January PHE updated its guidance to households with grandparents, parents and children living together where someone is at increased risk of COVID-19 infection. And on 2 February, PHE published new guidance on 'How to stop the spread of coronavirus', with more detail on how to stay safe in the home. This follows on from MHCLG issuing updated guidance for tenants, landlords and local authorities on reducing in-household transmission of COVID-19 in December. Further streamlined guidance on reducing the risk of infection in shared and/or overcrowded accommodation is due to be published shortly by MHCLG.

The government is communicating the latest PHE guidance on 'How to Stop the Spread of Coronavirus' through key stakeholders in local communities as well as via MHCLG channels to ensure those living in this type of accommodation are made aware of and fully understand the new guidance. This guidance is currently being translated into a range of languages, including Arabic, Bengali, Chinese (Traditional), Chinese (Simplified), French, Gujarati, Polish, Portuguese, Punjabi and Urdu.

A housing strategy to reduce overcrowding

The government recognises the Committee's findings on overcrowding, but does not accept the recommendation. The work already underway will help bolster our evidence and support those in overcrowded conditions.

The government's strategy to increase supply and improve affordability is crucial to addressing overcrowding issues. We delivered 244,000 homes in 2019/20—the highest figure for 33 years.

The government is investing over £12bn in affordable housing over 5 years, the largest investment in affordable housing in a decade. This includes the new £11.5bn *Affordable Homes Programme*, which will provide up to 180,000 new homes across the country, should economic conditions allow. The government has also brought forward proposals to simplify the planning system, make the best use of surplus public sector land, and invest in infrastructure to unlock sites for the supply of new homes.

The government has also taken steps to tackle the issues faced by those living in overcrowded conditions by giving local authorities duties and enforcement powers, introducing the *Homes Fitness for Human Habitation Act*, providing allocation preferences and additional preferences for social housing where households are overcrowded, clarifying minimum room sizes in houses in multiple occupation (HMOs), introducing a national home swap scheme (HomeSwap Direct) and by providing guidance in line with the latest evidence on COVID-19 to support households.

Alongside this, we have initiated our two-year review of the Housing, Health and Safety Rating system (HHSRS), the tool used to assess hazardous conditions in residential properties. This review will prioritise work around overcrowding and other health related issues including indoor air quality. The government believes the most appropriate course of action is to continue with the comprehensive review that is already underway before embarking on a new review.

The review of the Decent Homes Standard (DHS) announced in the Social Housing White Paper also represents the commitment we have made to drive up standards. MHCLG expects to publish the first part of the review considering the case for change in Autumn 2021.

Recommendation 17. *We recommend that the government publish and implement a strategy to improve housing conditions in social housing and privately rented accommodation by the end of Summer 2021.*

The government recognises that there is a need to improve the standards for rented homes, which is why we brought in the Homes Fitness for Human Habitation Act 2018, and why we are reviewing both the Housing Health and Safety Rating System (HHSRS—to conclude in Autumn 2022) and the Decent Homes Standard (DHS—announced in the Social Housing White paper). MHCLG expects to publish the first part of the review considering the case for change in Autumn 2021.

The HHSRS and DHS reviews represent a major commitment we have made to all tenants, both social and private, to drive up standards. It is not appropriate to take work forward on another strategy which may lead to duplication and delay of vital pieces of work.

In addition, the government will improve building fire safety in residential buildings through our Building Safety and Fire Safety Bills. The consultation on extending the mandatory provision of smoke and carbon monoxide detectors in rented homes has recently closed and the government will be analysing the responses closely.

We have made changes to require that new homes delivered through national permitted development rights, whether to buy or to rent, provide adequate natural light in all habitable rooms and, from 6 April 2021, all new homes delivered through such rights will also be required to meet the nationally described space standards.

This is in addition to our £2 billion investment in the Green Homes Grant scheme, including upgrading off-grid homes occupied by low income and vulnerable households through the Home Upgrade Grant, which will help landlords with the costs of energy efficiency upgrades and improve standards and reduce bills for tenants.

At the Chancellor's summer economic update, the government announced a £50 million demonstrator project to start the decarbonisation of social housing over 2020/21. This will encourage innovation and help inform the design of the future Social Housing Decarbonisation Fund.

The Demonstrator will support social landlords in demonstrating the benefits of innovative approaches to retrofitting social housing at scale using the Whole House Retrofit approach. Funding has been awarded to projects across England and Scotland which will see around 2300 homes improved to at least Energy Performance Certificate (EPC) band C. The details of these projects will be announced in Spring 2021.

At the Spending Review 2020, the Chancellor announced £60 million of further funding to upgrade the least efficient social housing. The Fund will bring a significant amount of the social housing stock that is currently below EPC band C up to that standard, delivering warm homes, reducing carbon emissions and bills, and tackling fuel poverty as well as supporting green jobs.

No Recourse to Public Funds

Recommendation 18. *We recommend that the Home Office conducts an inquiry into the impact of the no recourse to public funds policy on BAME people and publishes a report by the end of summer 2022.*

As set out in the Home Office's Comprehensive Improvement Plan in response to Recommendation 7 of the Windrush Lessons Learned Review by Wendy Williams, the Home Office is undertaking a full evaluation of the compliant environment policies and measures, individually and cumulatively, which includes access to public funds. The Home Office is currently in the discovery and scoping phase of the review.

Initial Analysis of data and evidence on the compliant environment will be completed by autumn 2021. Long-term evaluation will be ongoing, and timescales will be determined by the outcomes from the initial analysis.