

Annual Director of Public Health Report 2020/21

# Equality Challenges in Barking and Dagenham

## Report Summary



**Barking &  
Dagenham**



# Health inequalities are avoidable differences in health outcomes across different groups of people within the population caused by life chances (or lack of) to lead a healthy life.

These inequalities are visible when looking at different factors such as age, gender and ethnicity, health status (e.g., life expectancy and frequency of health conditions); access to care (e.g., availability of treatments); quality and experience of care (e.g., levels of patient satisfaction); behavioural risks to health (e.g., smoking rates) and wider determinants of health (e.g., quality of housing). Inequality was recognised by the London Borough of Barking and Dagenham before the COVID-19 pandemic to be a key factor in the poorer outcomes of residents in the borough, compared to the London and national averages.

Many of the underlying factors that threaten health equity such as overcrowding, unemployment and low income also threaten increased risk of exposure, transmission, and severe impact of COVID-19 in both direct and indirect ways.



“Inequality is everyone’s problem. It impacts health, both physical and mental, income, rates of violence, teenage pregnancy, and addiction. Inequality destroys relationships between members of the same communities, and it creates isolation, alienation, and anxiety. Inequality fuels inequality.”<sup>1</sup>

**No-one left behind – an assessment of poverty and structural inequality in Barking and Dagenham.**

# COVID-19 and Inequalities in Barking and Dagenham

COVID-19 hospital data analysis for our residents over the last 12 months confirmed the above findings i.e., positive cases, admissions and hospital death rates were higher amongst certain Black, Asian and Minority Ethnic identifying groups, males, the older population, and those known to Adult Social Care services. However, there were some differences compared to the national picture e.g., an under-representation of Black African and Black Caribbean amongst the positive cases, hospital admission rate amongst the Black Others (65+ age group) and the death rate amongst the Black Africans (all ages) were lower than expected. These are preliminary findings, and no inference can be drawn at this stage unless further participatory research and data analysis is carried out.

Following analysis on population-level data in Barking and Dagenham, we found a higher proportion of Black, Asian and Minority Ethnic identifying residents live in older cohabiting households with dependent children compared to White residents. A higher proportion of Black, Asian and Minority Ethnic identifying population are either obese or overweight compared to White British. Similarly, there is a higher proportion of Black children who are overweight or obese and there are more boys than girls who are overweight or obese. Long-term conditions affect Black, Asian and Minority Ethnic identifying individuals much earlier, e.g., mean age of cancer diagnosis amongst Asian, African and Caribbean ethnic groups is 10 years earlier than White British/White others. Similarly for diabetes, it develops 7 to 8 years earlier for African/Caribbean as compared to White British/White Other residents. Also, multi-morbidity (i.e., 3 or more long-term conditions) are experienced 8 years earlier by African and Caribbean as compared to White British/White Other.



# The Impacts from COVID-19

National and Regional evidence highlighted that key risk factors for COVID-19 and the health and social care factors leading to inequalities are similar i.e., old age, males, people from certain ethnic communities, long term conditions and socio-economic factors such as poor housing, air quality, deprivation, poverty and certain frontline occupations put people at a higher risk of COVID-19 and inequalities. People living in overcrowded or multigenerational homes are also at higher risk of infection. ONS data shows only 2% of White British households experienced overcrowding versus 30% Bangladeshi, 16% Pakistani and 12% Black households.

There was a higher risk and higher rates of deaths from COVID-19 in certain communities and groups because of wider health and social care factors, such as: working in high-risk occupations, working closely with others and for some because of having pre-existing health conditions. Low paid jobs, jobs in construction, transport, health, and social care are also more likely to be carried out by people from Black, Asian and Minority Ethnic identifying communities.







## Direct Impact of COVID-19 in Barking and Dagenham



- Hospital admissions for 65 + age group were disproportionately lower than expected for those who identified as White British, Other/British/Unspecified Asian, Black African, and Black other groups
- For 65 + age group: Average age at admission was 7 years younger for Black African and Black Other identifying population than White British population
- 18-64 cohort: Average age of hospital admission was 44.5 years for our Bangladeshi, Asian Others and White Other identifying groups, 6.5 years younger than the White British population
- Bangladeshi men are 4 times more affected than women in terms of mortality
- Men who died were on average 1.3 years younger than women.
- 1 in 8 of those known to our Adult Social Care have received a positive COVID-19 test result

Housing has increasingly become a key determinant of health and wellbeing especially during the pandemic. During the lockdowns, households have spent a significant amount of time in their homes, reducing activity levels and for some this has increased their exposure to unhealthy, overcrowded conditions and further led to increasing inequalities. Control measures during the pandemic led to an increase in the gap in inequalities in early years development and educational attainment. Children living in poverty, poor housing, those with special needs and poor mental health have been particularly vulnerable to the harmful effects of the pandemic. The national evidence further highlighted the indirect impacts of COVID-19 on mental health, economy, and other wider factors.



## Indirect Impact of COVID-19 in Barking and Dagenham



- Fall in employment rates in the borough by 7% for the White population and 4% for the Black, Asian and Minority Ethnic identifying population
- The numbers of those aged 18-24 claiming out-of-work benefits has doubled
- Increased use of the Homes and Money Hub Services for those between the ages of 19-44 and 65+
- Deaths due COVID-19 were over double in the most deprived areas than that of the least deprived



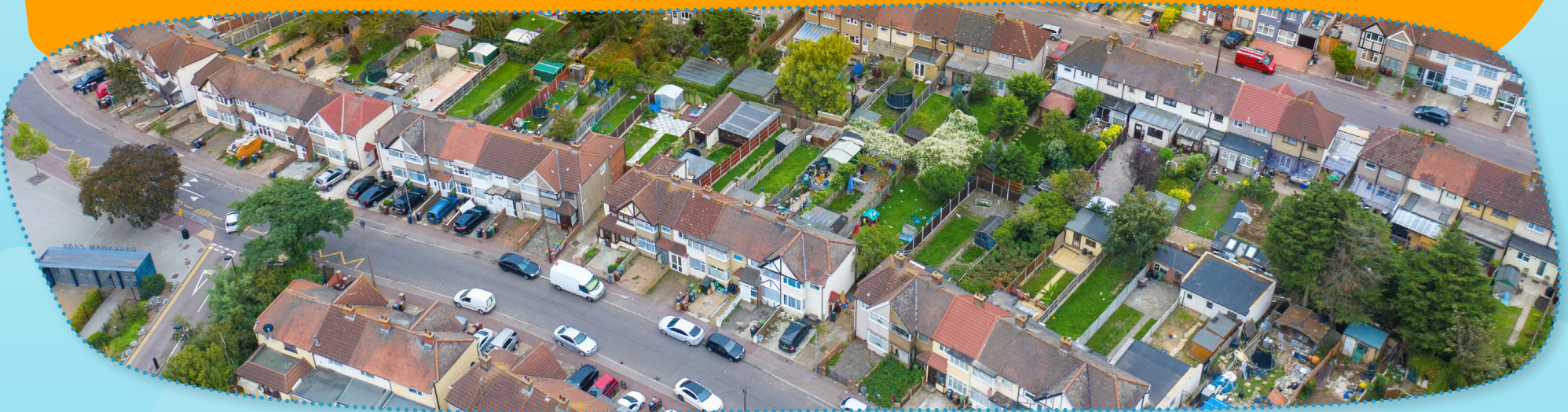
### Mental Health

- The number of adults with moderate to severe depression doubled between March and June in 2020
- The group that showed the most increased stress was younger adults, women and those identifying as Black, Asian and Minority Ethnic
- 1 in 4 young people reported worrying about their mental health during lockdown



### Children and Young People

- 35% of households with the lowest income did not have access to enough devices for online learning
- Obesity is likely to have worsened because of the pandemic
- There has been a total of one full term of face-to-face learning over the last 12 months for Barking and Dagenham





## The Council's Response and Recovery

There have been many strengths in the Councils' response to COVID-19 pandemic, centred around system partnership approach to identify and support vulnerable groups. Through the collection of good demographic data and using existing data we have been able to predict those most at risk and shielding to offer support. The information gathered allowed us to understand the engagement and reach of our services and highlighted challenges that need to be overcome, for example high case rates in areas less accessible to test sites and low uptake of vaccines in certain groups.

Through using data to lead action, we successfully established testing sites for those who need it most and through close partnership working with community-based organisations improved vaccination uptake for certain groups. The learnings throughout the pandemic should be implemented going forward to help identify, to reach out and to work with groups to tackle inequalities in all services. The report has been successful in identifying key relevant issues and in stimulating discussions with our key partners with the view to explore further and find solutions.

The Council and the community and voluntary sector have responded to the pandemic jointly, for example using our community and faith groups we have managed to gain useful understanding to better engage residents, encourage trust and understand barriers to accessibility. To gain better visibility of those in need and support them we must continue to work with and engage our communities to ensure better outcomes for our residents.

Recovery must aim to lessen the pre-existing inequalities not just inequalities worsened by the pandemic. The future model for recovery needs to be essentially linked with improvements in the wider determinants of health for our residents, by ensuring inequalities are addressed widely throughout all Council services.

## Next Steps

There are a few key findings in the report highlighted by the individual chapters and the questions it raises. However, there are several unanswered questions, and these will need further exploration to understand the reason why these inequalities exist, who they affect, and how we might address them – i.e., the aim to reduce these inequalities and to achieve our vision.

Barking and Dagenham council is reviewing its Equality and Diversity strategy in the light of the COVID-19 impact on inequalities, will take a deeper look at all the services that the council provides with the view to adapt accordingly to meet the needs of its population. The questions raised by this report and the further work planned over the next few months will help inform the Equality and Diversity strategy refresh, the Corporate Plan, and a formulate new strategic document '*No One Left behind*' that will sit above the Corporate Plan in the strategic framework.





# Thank you for reading our report

To find out more please visit:  
[www.lbbd.gov.uk/health-and-wellbeing-strategy](http://www.lbbd.gov.uk/health-and-wellbeing-strategy)



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