COVID-19

Black, Asian and Minority Ethnic Needs Assessment for Slough

September 2020

Contents

Executive summary

People from Black, Asian and Minority Ethnic (BAME) groups are at increased risk of dying from coronavirus (COVID-19). Slough is a town where over half its population (54.7%) are BAME, and over one quarter are recorded as not speaking English as a first language.

Slough is one of a number of pilot areas chosen to test approaches to strengthen the ability of individuals and communities to protect themselves from the direct and indirect harms of COVID-19.

This needs assessment forms part of the wider pilot, and provides a descriptive overview of the risks and outcomes from COVID-19 among BAME groups in Slough. Using local information from the Frimley Health and Care Integrated Care System, three key areas have been examined:

- risk factors for COVID-19
- COVID-19 cases
- COVID-19 deaths

Key messages

Increased exposure to risk factors

When compared with Slough as a whole, and with White ethnic groups in particular, BAME groups find themselves living in more deprived, densely populated areas, with higher levels of diabetes, hypertension, more chronic conditions, and poorer lifestyle outcomes.

As a consequence of this, many BAME communities in Slough are likely to find themselves at increased risk of being exposed to and contracting COVID-19.

Increased COVID-19 infections

Whilst just under 55% of the population of Slough were BAME, 58.9% of confirmed cases of COVID-19 were BAME, and this increased to nearly two thirds (63.2%) for confirmed and suspected cases.

Rates of COVID-19 infection – from both confirmed and confirmed and suspected cases – were higher in BAME groups (aged 50 and over) in Slough compared with White ethnic groups. BAME groups aged 50-79 were at greatest risk of COVID-19 infection compared with White ethnic groups.

Whilst the direct and indirect harms of COVID-19 will be felt and experienced across the whole of Slough, local BAME communities are likely to be disproportionately impacted.

Increased COVID-19 deaths

Excess deaths from confirmed and suspected cases of COVID-19 were seen among BAME groups (aged 50 and over) in Slough during the peak of the pandemic. This means that BAME groups were over-represented for excess COVID-19 deaths.

Some of the greatest differences in excess COVID-19 deaths between BAME and White ethnic groups were seen among those aged 60-69 and in people with diabetes.

Case fatality rates from COVID-19 were higher in BAME groups (aged 70 and over) in Slough compared with White ethnic groups, with the greatest difference being among people aged 80 and over.

Combined with higher levels of infection, it is clear that the health and lives of BAME groups in Slough have been disproportionately impacted by the effects of COVID-19.

Recommendations

This needs assessment provides a descriptive overview of the risks and outcomes of COVID-19 among BAME groups in Slough, and its findings are intended to:

- prevent short term harm reduction
- prepare for a second wave

The recommendations reflect these two issues, and the importance of developing and delivering appropriate actions which can mitigate against the immediate direct and indirect harms of COVID-19 on the BAME population of Slough.

1   Poor health and lifestyle outcomes

- Ensure patients at risk of developing diabetes and/or hypertension are identified through general practice records and public health campaigns

- Ensure patients with diabetes and/or hypertension have their disease controlled and managed appropriately through regular general practice monitoring and interventions

- Ensure patients with multiple chronic conditions have their diseases controlled and managed appropriately through regular general practice monitoring and interventions

- Establish with Frimley Health and Care Integrated Care System processes for validating and monitoring key primary care intervention outcomes

- Ensure key lifestyle outcomes – smoking status, physical activity, overweight and obesity – are routinely *and* accurately recorded within general practice records

- Actively engage with individuals and communities to develop and promote whole family centred lifestyle activities

2   Catching COVID-19

- Develop culturally competent COVID-19 health awareness and prevention campaigns

- Targeted COVID-19 prevention messages for multigenerational households, larger households and more densely populated areas

- Targeted COVID-19 prevention messages for people with diabetes *and* hypertension (especially among those aged 70 and over)

- Improve health literacy and ensure it is culturally competent

- Listen to and develop the community voice through participatory research

3   Protecting staff from COVID-19

- Develop culturally competent occupational risk assessments

- Ensure priority testing for BAME workers

4   Long-term risk factors

- Ensure COVID-19 Slough/Berkshire recovery strategies actively seek to reduce health inequalities caused by the wider determinants of health

5   Data quality

- Ensure comprehensive *and* quality ethnicity data collection *and* recording across the whole of the Frimley Health and Care Integrated Care System geography

1 Introduction

1.1 The COVID-19 pandemic

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus.[1] Coronaviruses are a large family of viruses that are known to cause respiratory infections in people ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV).[1]

Most people (about 80%) infected with COVID-19 recover from the disease without needing hospital treatment.[1] However, around 1 in 5 people who gets COVID-19 becomes seriously ill and develops difficulty breathing.[1] Older people and those with underlying medical conditions – such as high blood pressure, diabetes, heart and lung problems – are at highest risk of developing serious illness.[1] Not everyone who gets COVID-19 survives, with around 4% of infected people dying across the world.[2]

The virus is spread primarily between people during close contact, most often via small droplets produced by coughing, sneezing and talking.[1] The outbreak was first identified in the Chinese city of Wuhan, in December 2019,[3-4] whilst the World Health Organization declared the outbreak a Public Health Emergency of International Concern on 30 January 2020[5] and a pandemic on 11 March.[6]

1.2 COVID-19 in the UK

The impacts of the COVID-19 pandemic in the UK will be felt and experienced by young and old alike, both in the short, medium and long term (figure 1),[7] and its consequences will impact more on some groups, communities and places than others.

Figure 1   Impacts of the COVID-19 pandemic in the UK across the lifecourse
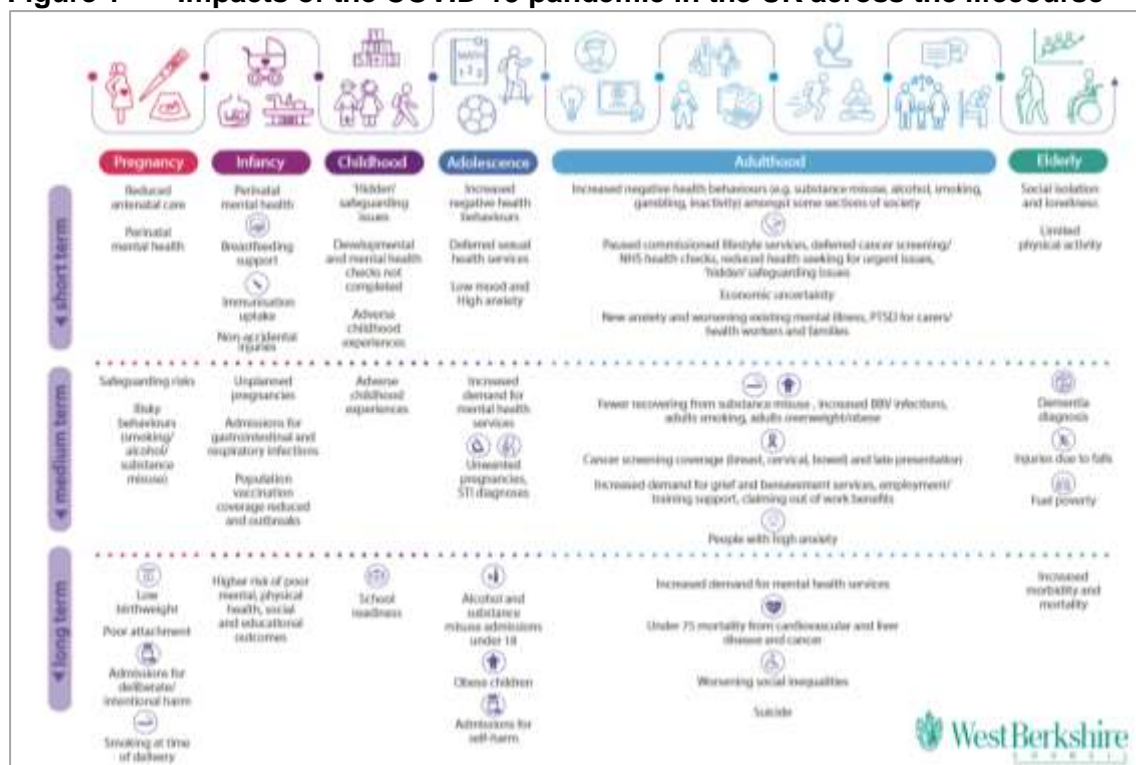
Evidence[8-9] has found that, among people already diagnosed with COVID-19, the largest disparity (or inequality) was found by age. People aged 80 or older were 70 times more likely to die than those aged under 40. The risk of dying was also higher in males, higher in those living in more deprived areas, and higher in Black, Asian and Minority Ethnic (BAME) groups. These inequalities largely reflect existing inequalities in deaths, except for BAME, where mortality was previously higher in White ethnic groups.

Evidence from the British Medical Association[10] has found that a disproportionate number of BAME doctors and other healthcare workers have died from COVID-19:

- 21% of all staff are BAME – 63% of healthcare workers who died were BAME
- 20% of nursing staff are BAME – 64% of nurses who died were BAME
- 44% of medical staff are BAME – 95% of doctors who died were BAME

Higher death rates from COVID-19 have also been reported among people working in a range of occupations such as: caring and nursing; taxi drivers; security guards; among people born outside the UK and Ireland (those born in Central and Western Africa and the Caribbean for example); among people living in care homes; and among people with certain health conditions such as diabetes, hypertension, chronic kidney disease, chronic obstructive pulmonary disease.

2   The Slough BAME pilot

Slough is one of a number of pilot areas chosen to test approaches to strengthen the ability of individuals and communities to protect themselves from the direct and indirect harms of COVID-19. The overall aim of the pilot is to reduce levels of morbidity and mortality across Slough.

BAME communities are being disproportionately impacted by COVID-19.[8-9] Within Slough, over half of the population are BAME, and over one quarter are recorded as *not* speaking English as a first language. Other key factors at play include: higher deprivation, more densely populated neighbourhoods, multigenerational households, larger households.

3   Scope of the needs assessment

This needs assessment brings together information from the Frimley Health and Care Integrated Care System to examine the impact of COVID-19 on the BAME population of Slough. It has been grouped into three broad themes:

- risk factors for COVID-19
- COVID-19 cases
- COVID-19 deaths

4 Risk factors for COVID-19

4.1 Demography

There were 161,985 people registered[1] with general practices in Slough (as of August 2020). Of this total, 79,235 were female (48.9%) and 82,750 (51.1%) were male. The population of Slough is generally younger than the UK, with an average age of 34.5 years, compared with a UK average of around 40 years.

In Slough, 28.7% of residents were aged under 20 (compared with 23.4% in the UK), 58.0% were aged 20-59 (52.5% in the UK), whilst 13.3% of Slough's residents were aged 60 and over, compared with nearly one quarter (24.1%) in the UK (figure 2).

Figure 2   Age and gender profile of residents in Slough in 2020 (all ages)
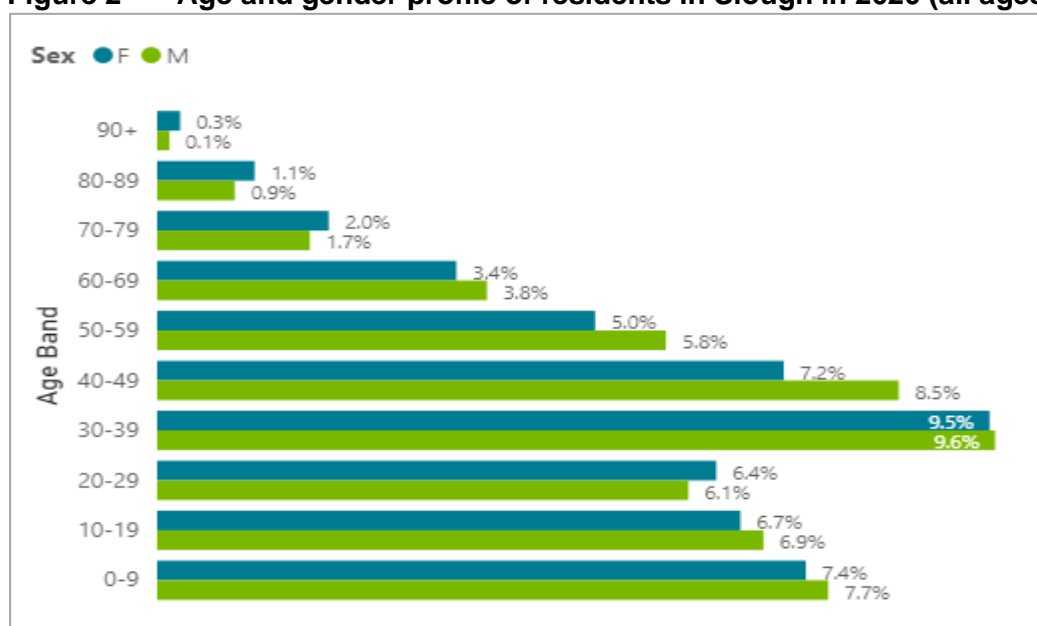
Source: Frimley Local Insights Tool 2020 (Frimley Health and Care Integrated Care System)

Over half the residents of Slough (54.7%, 88,573) were from Black, Asian and Minority Ethnic (BAME) groups (table 1). The average age of BAME groups in Slough was younger than White ethnic groups – 33.1 years compared with 38 years. This is reflected in the proportions of people aged 60 and over – 11.2% in BAME groups compared with nearly 1 in 5 (18.2%) in White ethnic groups.

Among BAME groups in Slough, 83.6% (74,038) were classified as Asian or Asian British, 11.8% (10,466) were Black or Black British, whilst the remaining 4.6% (4,069) were Mixed. Black or Black British residents in Slough had the highest average age – 34.8 years – followed by Asian or Asian British (33.2) and Mixed, who had the youngest average age of 28 years.

Within Asian or Asian British groups in Slough, 45.1% of people (33,372) were classified as Pakistani, 43.9% (32,468) were Indian, whilst 0.4% (667) were Bangladeshi. Among Black or Black British groups, the two largest groups were African (58.3%, 6,101) and Caribbean (22.1%, 2,314).

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[1] This will include a small proportion of people registered with a GP who are not resident in Slough, and people resident in Slough who are not registered with a Slough GP. For this report, the term 'residents' is used to cover the Slough population.

Table 1   Age and gender profile of residents by ethnicity in Slough in 2020 (all ages)

Ethnicity	Female	Male	Total	%	Average age
BAME	43,017	45,556	88,573	54.7	33.1
White	28,360	27,816	56,176	34.7	38.0
Other	5,968	6,129	12,097	7.5	29.7
Missing	1,890	3,249	5,139	3.2	31.4
Total	**79,235**	**82,750**	**161,985**	**100**	**34.5**

Source: Frimley Local Insights Tool 2020 (Frimley Health and Care Integrated Care System)

Across the 15 wards of Slough, the largest proportions of BAME residents were located around the wards of Baylis and Stoke, Upton, Elliman, and within parts of Wexham Lea, Farnham, Chalvey, and Central (map 1).

4.2   Deprivation

Based on the 2019 Index of Multiple Deprivation (IMD),[11] just over three quarters (75.4%) of people lived in the more deprived areas of Slough (deprivation deciles 2-5; table 2). Although differences were small, a *significantly* higher proportion of BAME groups resided in the more deprived areas of Slough than did White ethnic groups – 76.6% versus 73.3%.

Among BAME groups, Black or Black British (80.3%) were *significantly* more likely to live in the more deprived areas of the town compared with Asian or Asian British (76.0) or Mixed (75.7%).

Table 2   Percentage of population by deprivation decile in Slough in 2020 (all ages)

Ethnicity	IMD deprivation deciles[2]							Total
	2*	3	4	5	6	7	8	
BAME	8.7	19.6	35.2	13.1	10.6	6.1	6.8	**100**
White	9.5	20.8	32.8	10.2	14.6	8.6	3.5	**100**
Other	8.0	20.1	35.5	11.3	12.3	7.2	5.3	**100**
Total	**8.9**	**20.1**	**34.5**	**11.9**	**12.1**	**7.0**	**5.5**	**100**
Sub-BAME								
AAB*	8.1	18.5	36.0	13.4	10.4	6.0	7.6	**100**
BBB*	11.8	27.3	30.4	10.8	10.7	6.2	2.8	**100**
Mixed	10.3	21.1	32.6	11.7	13.6	6.9	3.9	**100**

Source: Frimley Local Insights Tool 2020 (Frimley Health and Care Integrated Care System)

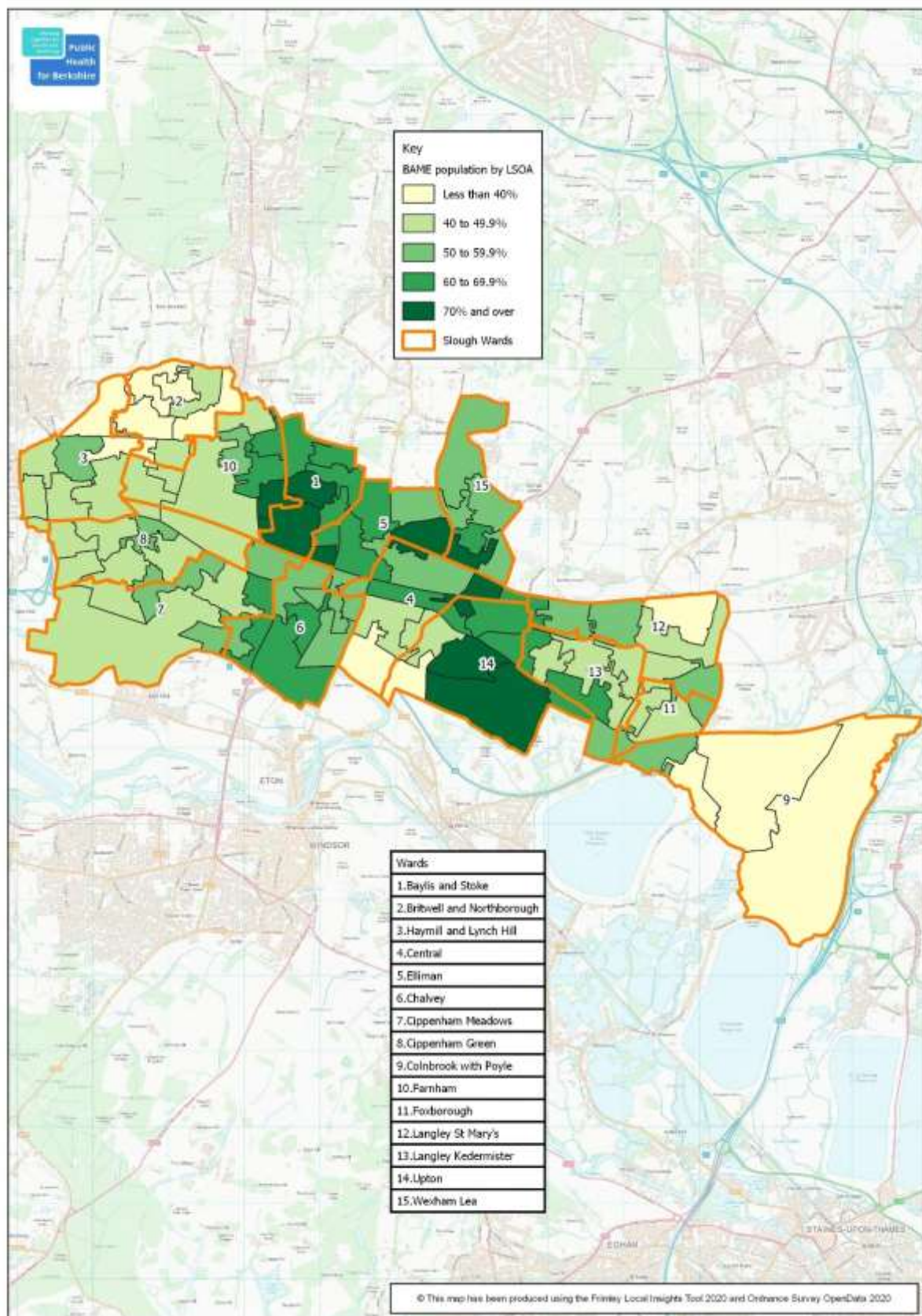* 2 = deprivation decile 2 (more deprived)
* AAB = Asian or Asian British; BBB = Black or Black British

A number of the more deprived areas in Slough were those which contained the highest proportions of BAME residents – these included areas around the wards of Chalvey, Elliman, Wexham Lea, and Baylis and Stoke (map 2). Many of these patterns were reflected in the Health Deprivation and Disability Domain of the 2019 Indices of Deprivation (map 3).[11] This sub-domain of deprivation measures poor health, disability and premature mortality.
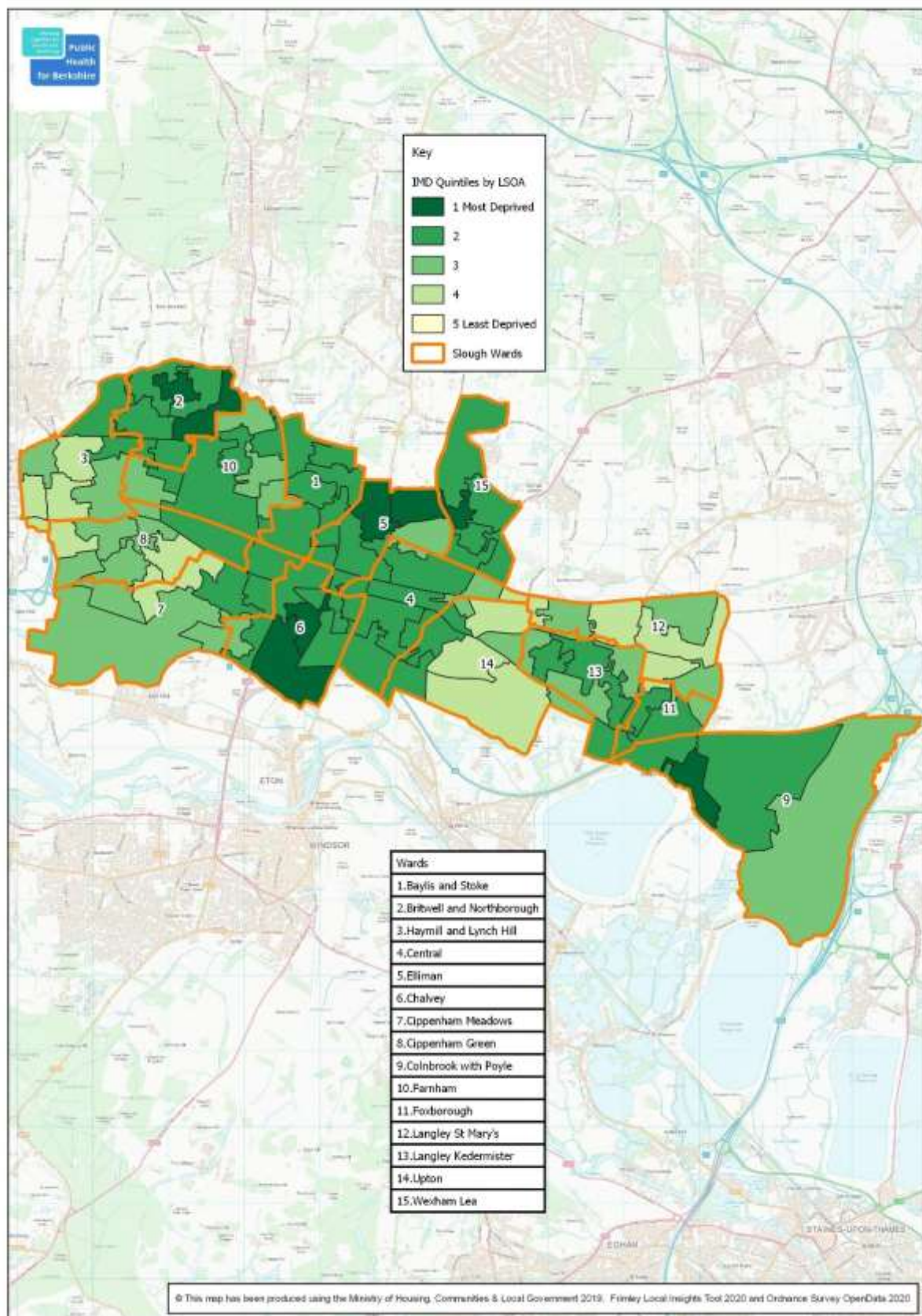
Both the IMD and Health Domain show the concentration of high levels of deprivation around areas of Slough which have large BAME populations.

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[2] No residents were recorded as living in decile 1 (most deprived), decile 9 or decile 10 (least deprived) in Slough based on the 2019 Index of Multiple Deprivation.

Map 1   BAME population by geography in Slough in 2020 (all ages)

Map 2   2019 Index of Multiple Deprivation in Slough

Key

IMD Quintiles by LSOA

- 1 Most Deprived
- 2
- 3
- 4
- 5 Least Deprived
- Slough Wards

Wards

1.	Baylis and Stoke
2.	Britwell and Northborough
3.	Haymil and Lynch Hill
4.	Central
5.	Elliman
6.	Chalvey
7.	Cippenham Meadows
8.	Cippenham Green
9.	Colnbrook with Poyle
10.	Farnham
11.	Foxborough
12.	Langley St Mary's
13.	Langley Kedermister
14.	Upton
15.	Wexham Lea

© This map has been produced using the Ministry of Housing, Communities & Local Government 2019, Frimley Local Insights Tool 2020 and Ordnance Survey OpenData 2020

Map 3   2019 Health Deprivation and Disability Domain in Slough

Key
Health Deprivation and Disability Quintiles by LSOA

1 Most Deprived
2
3
4
5 Least Deprived
Slough Wards

Wards
1.Baylis and Stoke
2.Britwell and Northborough
3.Haymill and Lynch Hill
4.Central
5.Elliman
6.Chalvey
7.Cippenham Meadows
8.Cippenham Green
9.Colnbrook with Poyle
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11.Foxborough
12.Langley St Mary's
13.Langley Kedermister
14.Upton
15.Wexham Lea

© This map has been produced using the Ministry of Housing, Communities & Local Government 2019, Frimley Local Insights Tool 2020 and Ordnance Survey OpenData 2020

4.3   Population density

Population density looks at the number of people living within a certain area, such as people per square mile or kilometre for instance. The more densely populated an area, the greater the opportunities for COVID-19 to be contracted and spread.

Across Slough, just over 3 in 10 people (31.6%) lived in densely populated areas (based on 8,000-10,000 people (and over) per square kilometre; table 3). Compared with White ethnic groups, BAME groups were *significantly* more likely to live in more densely populated areas – 34.3% versus 28.1%.

Among different BAME groups, Asian or Asian British (35.3%) were *significantly* more likely to live in more densely populated areas of the town compared with Mixed (29.7%) and Black or Black British (29.4%).

Table 3   Percentage of people per square kilometre in Slough in 2020 (all ages)

Ethnicity	ppsqkm*						Total
	0-2k*	2-4k	4-6k	6-8k	8-10k	10-12k	
BAME	3.6	8.5	27.4	26.2	25.2	9.1	**100**
White	6.6	7.6	27.5	30.2	22.1	6.0	**100**
Other	5.4	9.3	26.5	29.8	22.4	6.5	**100**
Total	**4.8**	**8.3**	**27.3**	**27.9**	**23.9**	**7.7**	**100**
Sub-BAME							
AAB*	3.1	8.7	27.5	25.5	25.7	9.6	**100**
BBB*	6.7	6.8	27.1	30.0	22.3	7.1	**100**
Mixed	5.6	8.4	26.6	29.7	23.4	6.3	**100**

Source: Frimley Local Insights Tool 2020 (Frimley Health and Care Integrated Care System)

* ppsqkm = people per square kilometre
* 0-2k = 0-2,000 people per square kilometre etc
* AAB = Asian or Asian British; BBB = Black or Black British

4.4   Health and lifestyles

4.4.1   Burden of disease

There was a total of 31,960 years of healthy life lost in Slough in 2017 (table 4). Cancer was the highest contributor to all-age disability-adjusted life years (DALYs)[3] locally at 13.5%, followed by musculoskeletal disorders (13.1%), cardiovascular diseases (11.1%), mental health disorders (9.4%) and neurological disorders (8.1%).

Chronic respiratory diseases accounted for 5.9% of DALYs in Slough, diabetes and kidney diseases 3.7%, and other respiratory infections and tuberculosis 2.8%.

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[3] Disability-adjusted life years (DALYs) are a measure of overall disease burden and equal the sum of years of life lost (YLL) and years lived with disability (YLD). One DALY equals one lost year of healthy life.

Table 4   Causes of disability-adjusted life years (DALYs) in Slough in 2017 (all ages)

Cause	Slough		England	
	DALY	%	DALY	%
Neoplasms	4,301	13.5	2,748,247	18.1
Musculoskeletal disorders	4,220	13.1	1,814,240	11.8
Cardiovascular diseases	3,539	11.1	2,169,330	14.3
Mental disorders	3,031	9.4	1,092,653	7.1
Neurological disorders	2,594	8.1	1,327,647	8.7
Chronic respiratory diseases	1,874	5.9	989,756	6.5
Other non-communicable diseases	1,663	5.2	667,405	4.4
Unintentional injuries	1,498	4.7	658,631	4.3
Digestive diseases	1,297	4.1	610,427	4.0
Skin and subcutaneous diseases	1,244	3.9	457,713	3.0
Diabetes and kidney diseases	1,173	3.7	503,164	3.3
Maternal and neonatal disorders	1,125	3.5	313,231	2.1
Substance use disorders	1,123	3.5	439,882	2.9
Respiratory infections and tuberculosis	883	2.8	398,759	2.6
Sense organ diseases	844	2.6	466,682	3.0
Self-harm and interpersonal violence	578	1.8	228,208	1.5
Transport injuries	437	1.4	181,145	1.2
Nutritional deficiencies	200	0.6	73,051	0.5
Other infectious diseases	114	0.4	39,473	0.3
Enteric infections	111	0.3	49,605	0.3
HIV/AIDS and sexually transmitted infections	79	0.2	23,717	0.2
Neglected tropical diseases and malaria	32	0.1	13,903	0.1
Total	**31,960**	**100**	**15,266,868**	**100**

Source: Institute for Health Metrics and Evaluation 2020

4.4.2 ACORN wellbeing

Based on the ACORN[4] wellbeing classification system, nearly 1 in 5 BAME residents in Slough (19.9%) were potentially 'at risk' or faced 'health challenges' (table 5). A further one quarter of BAME residents were classified as 'caution' in regard to their wellbeing.

Among BAME groups, Black or Black British (35.5%) were potentially most 'at risk' or faced 'health challenges'. This compared with 31.8% for Mixed groups and 17.0% for Asian or Asian British.

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[4] ACORN is a segmentation tool which categories the UK's population into a range of demographic types. These types can then be used to explore differences across a range of issues such as health, attitudes, expenditure etc.

Table 5   Percentage of ACORN wellbeing groups in Slough in 2020 (all ages)

Ethnicity	Healthy	Caution	At risk	Health challenges	Total
BAME	53.5	26.6	17.6	2.3	**100**
White	35.0	34.3	25.9	4.8	**100**
Other	42.3	30.8	23.5	3.4	**100**
Total	**45.9**	**29.7**	**21.1**	**3.3**	**100**
Sub-BAME					
AAB*	57.4	25.6	15.3	1.7	**100**
BBB*	32.3	32.1	29.3	6.2	**100**
Mixed	36.4	31.8	27.9	3.9	**100**

Source: Frimley Local Insights Tool 2020 (Frimley Health and Care Integrated Care System)

* AAB = Asian or Asian British; BBB = Black or Black British

4.4.3   Health conditions

Higher deaths rates from COVID-19 have been reported among people with certain health conditions such as diabetes, hypertension, chronic kidney disease (CKD), chronic obstructive pulmonary disease (COPD).[8-9] Among BAME groups in Slough (all ages), the prevalence of diabetes (8.9%) was *significantly* higher than the town average of 7.2% and the average of 5.8% for White ethnic groups (table 6). There were 7,927 people from BAME groups who had diabetes in Slough.

Within the different BAME groups, the prevalence of diabetes was *significantly* higher among Asian or Asian British – 9.3% compared with 7.6% (Black or Black British) and 5.8% (Mixed). The prevalence among Asian or Asian British was also *significantly* higher than the Slough average of 7.2%. For hypertension, the prevalence was *significantly* higher among Black or Black British (15.2%) compared with the other two BAME groups (11.7% and 9.8%), as was the prevalence of CKD (3.4% compared with 1.8% and 2.0%). For Black or Black British, the prevalence of both hypertension and CKD were also *significantly* higher than the Slough average.

Table 6   Percentage of certain health conditions in Slough in 2020 (all ages)

Ethnicity	Health condition									Popn
	Can*	CHD	CKD	COPD	Dep	Diab	Hyp	MH	Ob	
BAME	1.3	2.7	2.0	0.4	4.7	8.9	12.0	1.0	7.2	**88,573**
White	2.6	3.0	3.1	2.3	10.6	5.8	14.5	1.5	8.7	**56,176**
Other	0.8	1.2	1.0	0.4	4.3	4.3	6.8	0.7	4.3	**12,097**
Total*	**1.7**	**2.6**	**2.2**	**1.0**	**6.6**	**7.2**	**12.1**	**1.1**	**7.3**	**161,985**
Sub-BAME										
AAB*	1.2	2.9	1.8	0.4	4.5	9.3	11.7	0.9	6.9	**74,038**
BBB*	1.8	1.3	3.4	0.3	5.1	7.6	15.2	1.5	9.4	**10,466**
Mixed	1.2	1.4	2.0	0.5	7.1	5.8	9.8	1.1	6.2	**4,069**

Source: Frimley Local Insights Tool 2020 (Frimley Health and Care Integrated Care System)

* Can = cancer; CHD = coronary heart disease; CKD = chronic kidney disease; COPD = chronic obstructive pulmonary disease; Dep = depression; Diab = diabetes; Hyp = hypertension; MH = mental health; Ob = obesity

* Total includes people whose ethnicity is missing
* AAB = Asian or Asian British; BBB = Black or Black British

Among BAME groups aged 50 and over, the prevalence of both diabetes (31.6%) and hypertension (45.5%) were *significantly* higher than the Slough average (23.0% and 41.7%) and the average for White ethnic groups (15.7% and 41.1%; table 7).

Table 7   Percentage of certain health conditions in Slough in 2020 (aged 50 and over)

Ethnicity	Health condition									Popn
	Can*	CHD	CKD	COPD	Dep	Diab	Hyp	MH	Ob	
BAME	4.7	11.7	8.4	1.6	8.2	31.6	45.5	2.0	16.7	**18,585**
White	7.3	9.1	9.7	7.0	14.4	15.7	41.1	2.5	16.9	**17,385**
Other	3.3	6.0	4.9	2.0	7.4	18.4	30.9	1.5	11.4	**2,096**
Total*	**5.7**	**10.0**	**8.6**	**4.0**	**10.7**	**23.0**	**41.7**	**2.1**	**16.1**	39,071
Sub-BAME										
AAB*	4.4	13.2	7.7	1.7	8.3	33.6	45.5	1.9	16.1	**15,107**
BBB*	6.2	4.7	11.8	1.0	6.7	22.5	45.6	2.5	19.5	**2,729**
Mixed	5.3	7.2	9.7	2.7	12.6	25.4	44.6	1.9	16.7	**749**

Source: Frimley Local Insights Tool 2020 (Frimley Health and Care Integrated Care System)

* Can = cancer; CHD = coronary heart disease; CKD = chronic kidney disease; COPD = chronic obstructive pulmonary disease;
Dep = depression; Diab = diabetes; Hyp = hypertension; MH = mental health; Ob = obesity

* Total includes people whose ethnicity is missing
* AAB = Asian or Asian British; BBB = Black or Black British

Among BAME residents aged 70 and over in Slough, the prevalence of hypertension increased to 71.8%, diabetes to 43.2%, CKD to 21.4% and COPD to 3.5%. The respective averages for the town were: 66.7%, 31.4%, 22.2% and 7.9%. The prevalence of hypertension and diabetes among BAME groups remained *significantly* higher than the averages for Slough and White ethnic groups among this older cohort.

Looking at the numbers of people suffering from both diabetes *and* hypertension shows that, at the age of 50, 1 in 5 (21.7%) BAME residents in Slough had these two conditions – by the age of 70, this increased to over 1 in 3 (36.0%; table 8). The proportion of BAME residents in Slough (aged 70 and over) with diabetes *and* hypertension was *significantly* higher than White ethnic groups and the Slough average.

Table 8   Percentage of people with diabetes and hypertension in Slough in 2020

Age group	Number (%)						
	BAME	White	Other	Total*	AAB*	BBB*	Mixed
50 and over	4,025 (21.7)	2,047 (11.8)	257 (12.3)	**6,333 (16.2)**	3,437 (22.8)	448 (16.4)	140 (18.7)
70 and over	1,521 (36.0)	1,003 (19.7)	95 (22.2)	**2,620 (26.5)**	1,284 (36.2)	186 (36.3)	51 (31.9)

Source: Frimley Local Insights Tool 2020 (Frimley Health and Care Integrated Care System)

* Total includes people whose ethnicity is missing
* AAB = Asian or Asian British; BBB = Black or Black British

4.4.4   Number of chronic conditions

Nearly 6 out of 10 people (58.3%) from BAME groups in Slough (aged 50 and over) had two or more chronic conditions, which is around 10,800 people (table 9). This proportion is *significantly* higher than the average for Slough (54.6%) and White ethnic groups (55.3%).

Among the different BAME groups, 60.3% of Asian or Asian British were recorded as having two or more chronic conditions, which was *significantly* higher compared with the 55.7% for Mixed and 48.7% for Black or Black British.

Table 9   Percentage of chronic conditions in Slough in 2020 (aged 50 and over)

	Number of chronic conditions				
Ethnicity	**0**	**1**	**2-4**	**5-7**	**8+**
BAME	21.1	20.5	40.9	12.7	4.7
White	24.2	20.2	36.3	12.4	6.6
Other	43.0	19.6	28.4	7.2	1.7
Total	**25.4**	**20.1**	**37.3**	**12.0**	**5.3**
Sub-BAME					
AAB*	19.9	19.8	41.9	13.4	5.0
BBB*	27.3	23.9	35.3	10.1	3.3
Mixed	22.5	21.7	41.6	9.5	4.6

Source: Frimley Local Insights Tool 2020 (Frimley Health and Care Integrated Care System)

* AAB = Asian or Asian British; BBB = Black or Black British

4.4.5   Frailty

In people aged 60 and over in Slough, just over half (51.2%) were recorded as having mild, moderate or severe levels of frailty (table 10). This increased *significantly* to 55.4% among BAME groups, which is around 5,500 BAME people.

Within the different BAME groups, Asian or Asian British were recorded as having the highest levels of frailty (56.6%), which was *significantly* higher than Black or Black British (48.0%) and higher than Mixed (52.3%, though not significantly).

Table 10   Percentage of frailty in Slough in 2020 (aged 60 and over)

	Level of frailty				
Ethnicity	**NR***	**Fit**	**Mild**	**Moderate**	**Severe**
BAME	6.1	38.5	31.7	15.6	8.1
White	7.8	41.3	27.1	17.4	9.7
Other	22.8	43.9	21.1	7.9	4.3
Total	**9.0**	**39.8**	**28.5**	**14.2**	**8.5**
Sub-BAME					
AAB*	6.1	37.3	31.8	16.3	8.5
BBB*	6.2	45.7	30.8	12.2	5.0
Mixed	5.4	42.3	33.7	10.9	7.7

Source: Frimley Local Insights Tool 2020 (Frimley Health and Care Integrated Care System)

* NR = frailty status not recorded (assumed fit)
* AAB = Asian or Asian British; BBB = Black or Black British

4.4.6   Lifestyle estimates

Smoking, obesity and levels of physical activity are all important drivers of general health and some, if not all, may increase the risk of serious illness or death from COVID-19.[12-13] To explore these issues locally, national data has been used.[5]

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[5] One of the main limitations of using national data is that it does not always reflect local variations. However, when local data is either limited or not available at all, national data provides a useful indication of possible trends.

Asian and Black groups were *significantly* less likely to be current smokers than the England average, whilst Mixed groups were *significantly* more likely (table 11; Appendix 1). Levels of physical activity were *significantly* lower among Asian and Black groups, whilst Black people were *significantly* more likely to be overweight or obese compared with the England average.

Were these trends to be reflected locally, there would be considerable variation across BAME groups, with certain people more likely to be at increased risk compared with others.

Table 11   Lifestyle estimates among adults* in England

Ethnicity	Lifestyle indicator			
	Smoking	Physically active	Physically inactive	Overweight or obese
White	Worse	Better	Better	Worse
Other	Similar	Worse	Worse	Better
Asian	Better	Worse	Worse	Better
Black	Better	Worse	Worse	Worse
Mixed	Worse	Similar	Better	Better

Source: Public Health England 2020 (Public Health Outcomes Framework)

Compared with England: ▮ Better ▮ Similar ▮ Worse

* Smoking = adults 18 and over (2019); Physical activity = adults 19 and over (2018/19); Overweight or obese = adults 18 and over (2018/19)

4.5   Wider determinants

People's health is determined and shaped by many different things such as genetic factors, lifestyle choices, education, housing, employment, access to healthcare services. Collectively known as the wider determinants of health (figure 3),[14] many of these will be linked with COVID-19.

Figure 3   Wider determinants of health

To explore some of these wider determinants across Slough, data from ACORN[6] has been used (table 12). Some of the main findings are described below.

In regard to the economy, BAME groups in Slough were *predicted* to be above the national average (of 100) for 'higher managerial/professional' jobs (score of 118), and below the national average for 'routine occupations' (79). Across the economy in general, Asian or Asian British were predicted to be 'better' than the national average, whilst Black or Black British were predicted to be 'worse' than average.

For education, BAME groups in Slough were predicted to be above the national average for people having degrees (118), for GCSE passes (102), and below the national average for 'no formal qualifications' (88). Whilst there was some variation among the different BAME groups in Slough, these overall trends largely remained.

Table 12   ACORN predicted characteristics for Slough in 2020 (all ages)

Indicator	BAME	White	Other	Total	AAB*	BBB*	Mixed
Economy							
Higher managerial/professional	118	102	110	**111***	121	99	104
Routine occupations	79	91	84	**83**	76	95	90
Unemployed & seeking work	100	109	105	**104**	97	116	111
Looking after home/family	102	103	102	**102**	101	109	106
Never worked & LT unemployed	110	115	113	**112**	107	125	118
Education							
Degree/higher degree	118	106	113	**113**	121	105	108
No formal qualifications	88	94	90	**90**	86	98	94
5+ A*-C (inc. Eng/Maths) GCSE	102	98	100	**100**	103	97	98
Family							
1 person HH (non-pensioner)	114	117	118	**116**	113	122	118
All pensioner households	68	71	68	**69**	67	70	69
Household size: 5+	127	121	125	**125**	128	124	125
Finance							
Using savings/running into debt	103	102	103	**103**	104	102	102
Just managing to make ends meet	90	95	92	**92**	88	98	95
Has 2+ loans	108	106	107	**107**	109	105	106
Unsecured debt greater than £15k	108	103	105	**106**	110	99	102
Housing							
Privately rented	143	137	144	**141**	144	140	140
Mortgaged	112	106	108	**110**	114	100	105
Flat or maisonette	123	119	124	**122**	122	132	124
Terraced house	101	114	110	**106**	98	117	113

Source: Frimley Local Insights Tool 2020 (Frimley Health and Care Integrated Care System)

* 100 = the national average (all scores are relative to England and not to one another)
* AAB = Asian or Asian British; BBB = Black or Black British

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[6] ACORN uses a range of indicators to 'predict' certain characteristics for local areas. These indicators can be used to explore differences across a range of issues such as the economy, education, finance, transport etc.

Household size (five and over) was predicted to be above the national average for BAME groups in Slough (score of 127).

In terms of finances, local BAME groups were predicted to be above the national average for 'using savings or running into debt' (103), having two or more loans (108) and having an 'unsecured debt greater than £15,000' (108).

BAME groups in Slough were predicted to be above the national average for living in privately rented accommodation (143), or living in a flat or maisonette (123). Black or Black British (117) and Mixed (113) were above the national average for living in a terraced house.

4.6   Summary

Over half the population of Slough (54.7%) are from BAME groups. When compared with Slough as a whole, and with White ethnic groups in particular, people from BAME groups find themselves living in more deprived, densely populated areas, with higher levels of diabetes, hypertension, more chronic conditions, and poorer lifestyle outcomes.

These risk factors, both individually and collectively, will increase the likelihood of people being exposed to and contracting COVID-19, and for BAME groups living in Slough, many are likely to find themselves at increased risk.

5 COVID-19 cases

5.1 Number of cases

There were 1,906 confirmed and suspected[7] cases of COVID-19 in Slough between February and June 2020. Of this total, 411 cases (21.6%)[8] were confirmed (figure 4). The *rate* of confirmed cases locally was 252.4 (per 100,000 population) and 1,170.4 for confirmed and suspected cases.

The number of people infected with COVID-19 in Slough is likely to be under reported (as is the case elsewhere). This is explained in part by people who had COVID-19 but did not have any symptoms – asymptomatic people – and people who had symptoms, but did not contact their healthcare services.

Figure 4   Percentage of confirmed cases of COVID-19 in Slough (all ages)

Source: COVID-19 Epidemiology Dashboard 2020 (Frimley Health and Care Integrated Care System)

There were 242 confirmed cases of COVID-19 among BAME residents in Slough. This means that although just under 55% of the total population of Slough were BAME, 58.9% of confirmed cases of COVID-19 locally were BAME (figure 5). This proportion increased to 63.2% (number = 1,204) for confirmed and suspected cases among BAME groups.

Of the BAME residents with confirmed cases of COVID-19 in Slough, 204 (84.3%) were classified as Asian or Asian British, 34 (14.0%) were Black or Black British, whilst four residents (1.7%) were Mixed (figure 6). For confirmed and suspected cases among BAME groups, 1,015 (84.3%) were classified as Asian or Asian British, 152 (12.6%) were Black or Black British, whilst 37 (3.1%) were from Mixed groups.

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[7] Numbers of confirmed and suspected cases of COVID-19 recorded by the Frimley Health and Care Integrated Care System between weeks commencing 24 February to 22 June 2020. Confirmed cases were identified through laboratory testing; suspected cases through 111 calls (which were subsequently recorded on GP systems).

[8] A low percentage indicates large numbers of symptomatic people not confirmed, which could indicate certain groups of people that are less likely to be tested.

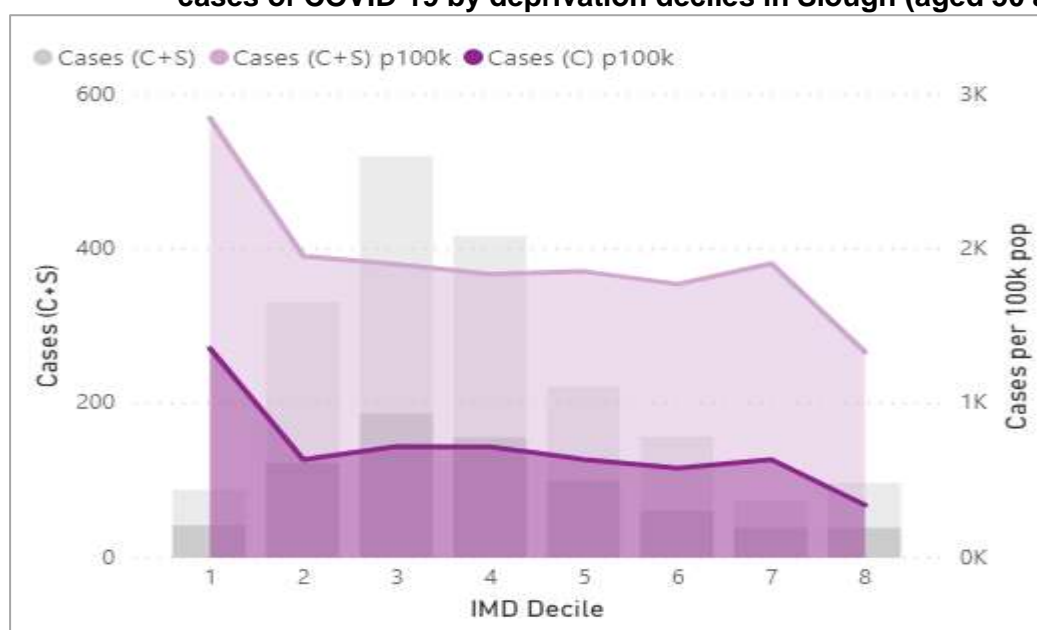**Figure 5   Percentage of confirmed cases of COVID-19 by ethnicity in Slough (all ages)**
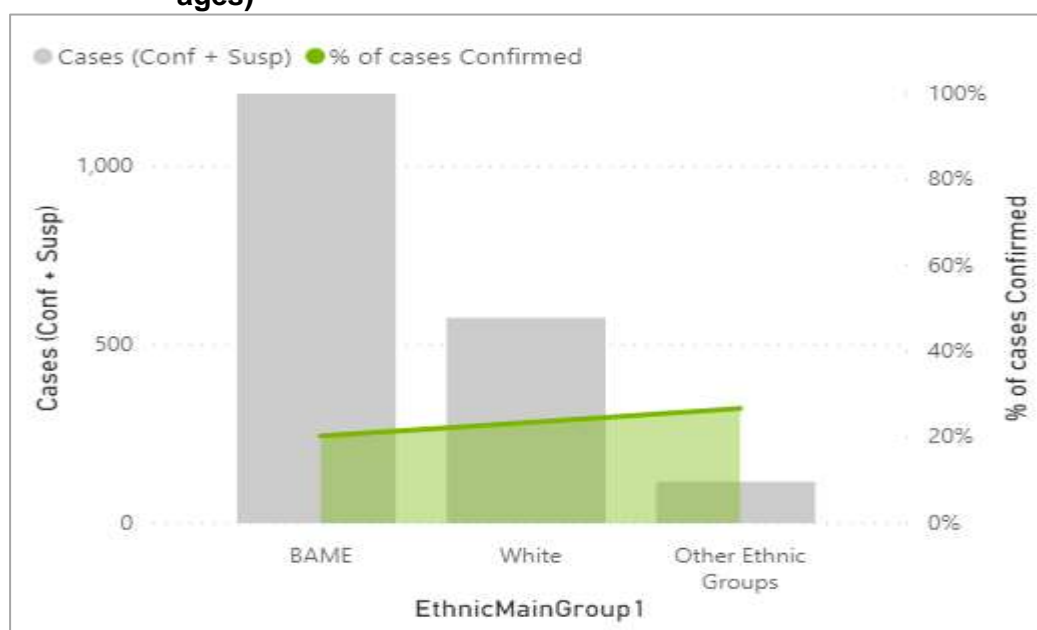
Source: COVID-19 Epidemiology Dashboard 2020 (Frimley Health and Care Integrated Care System)

Figure 6   Percentage of confirmed cases of COVID-19 by ethnicity in Slough (all ages)
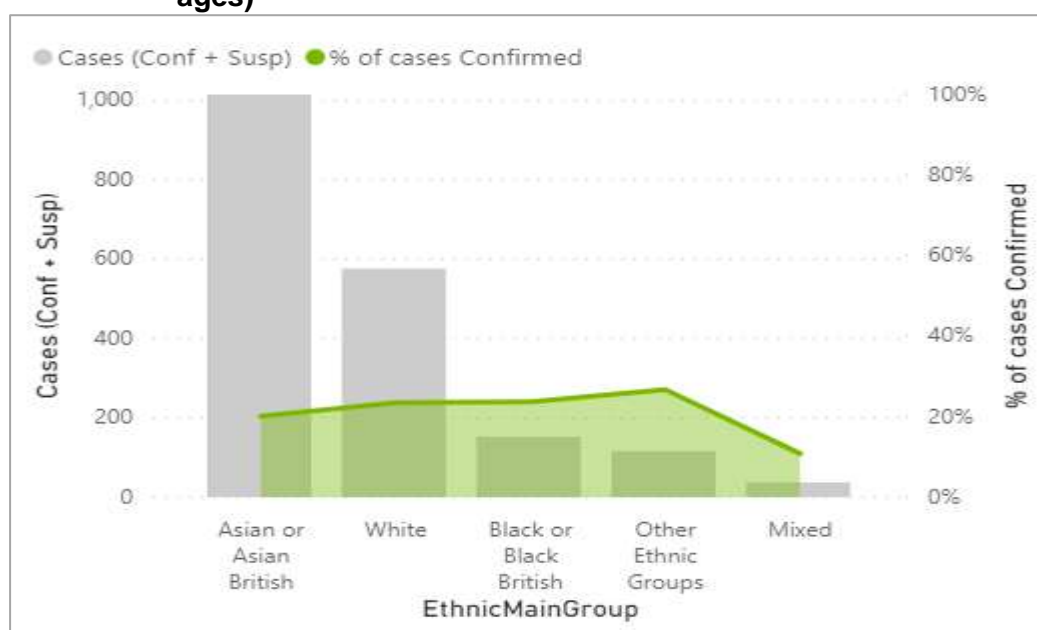
Source: COVID-19 Epidemiology Dashboard 2020 (Frimley Health and Care Integrated Care System)

5.2   Population risk

Rates of infection (crude rates per 100,000 population) from confirmed (and confirmed and suspected) cases of COVID-19 increased with age in Slough, in line with national trends (figure 7). Rates of confirmed cases were highest among people aged 80 and over – 1,625.3 per 100,000 (and 2,577.2 for confirmed and suspected cases).

Among people aged 50 and over in Slough, rates of confirmed cases of COVID-19 were higher in males than females (700.0 versus 648.3 per 100,000; figure 8). Whilst rates of confirmed and suspected cases were higher among females (1,981.0 compared with 1,767.2), this higher rate is likely to reflect increased levels of concern around COVID-19 among females, along with higher levels of testing (which has been seen nationally).

Rates of COVID-19 infection among males and females varied by age. Among people aged 50-69 years old, rates of confirmed cases were similar between males and females (460.1 versus 480.8), whilst among people aged 70 and over, rates were higher among males (1,485.7 versus 1,051.0).

In regard to deprivation, rates of confirmed cases of COVID-19 (in people aged 50 and over) ranged from 1,355.0 in the most deprived areas of Slough to 341.7 among the least deprived areas of the town (figure 9). For confirmed and suspected cases, rates ranged from 2,845.5 to 1,332.4.

Rates of COVID-19 infection in Slough (among people aged 50 and over) were also found to vary by: multigenerational households, larger households, population density, and were higher among people with more long-term conditions and greater levels of frailty (Appendix 2). These findings very much mirror those reported nationally.

Figure 7   **Rates (crude, per 100,000) of confirmed and confirmed and suspected cases of COVID-19 by age groups in Slough**

Source: COVID-19 Epidemiology Dashboard 2020 (Frimley Health and Care Integrated Care System)

Figure 8   Rates (crude, per 100,000) of confirmed and confirmed and suspected cases of COVID-19 by gender in Slough (aged 50 and over)
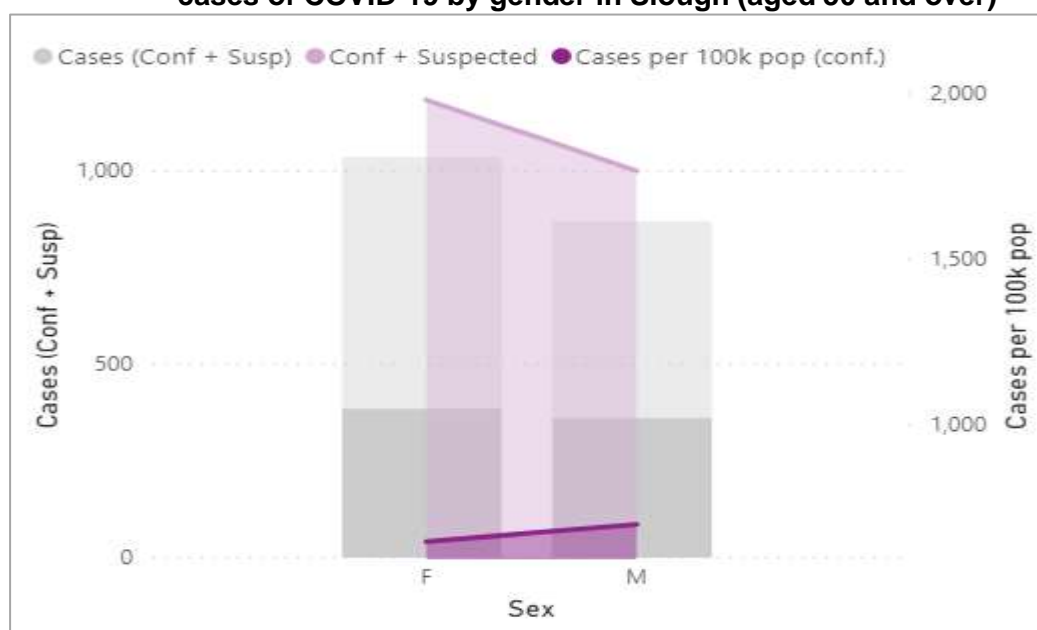
Source: COVID-19 Epidemiology Dashboard 2020 (Frimley Health and Care Integrated Care System)

Figure 9   Rates (crude, per 100,000) of confirmed and confirmed and suspected cases of COVID-19 by deprivation deciles in Slough (aged 50 and over)
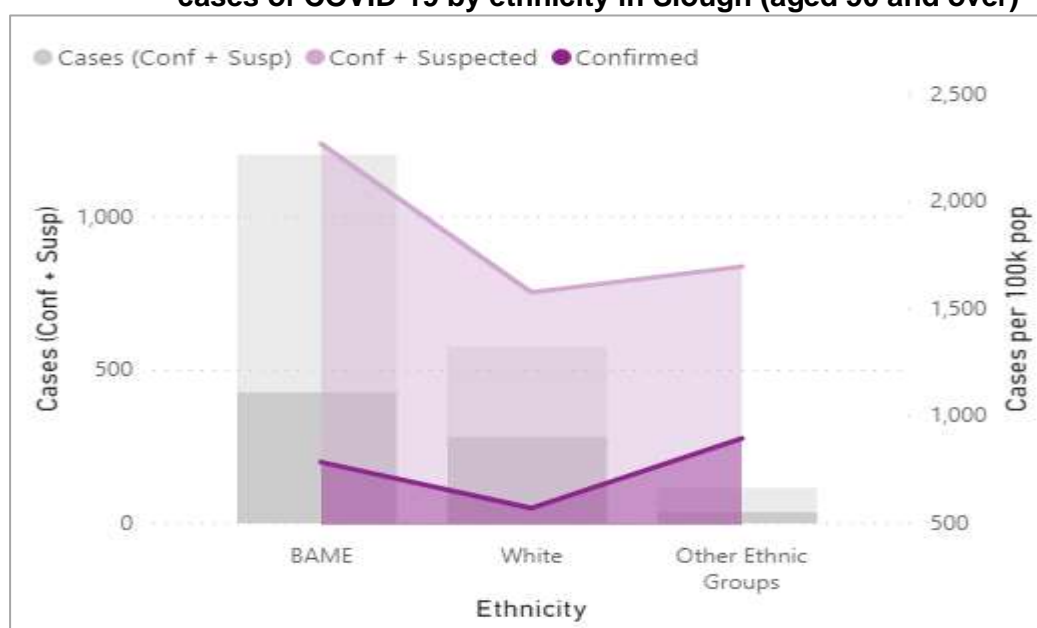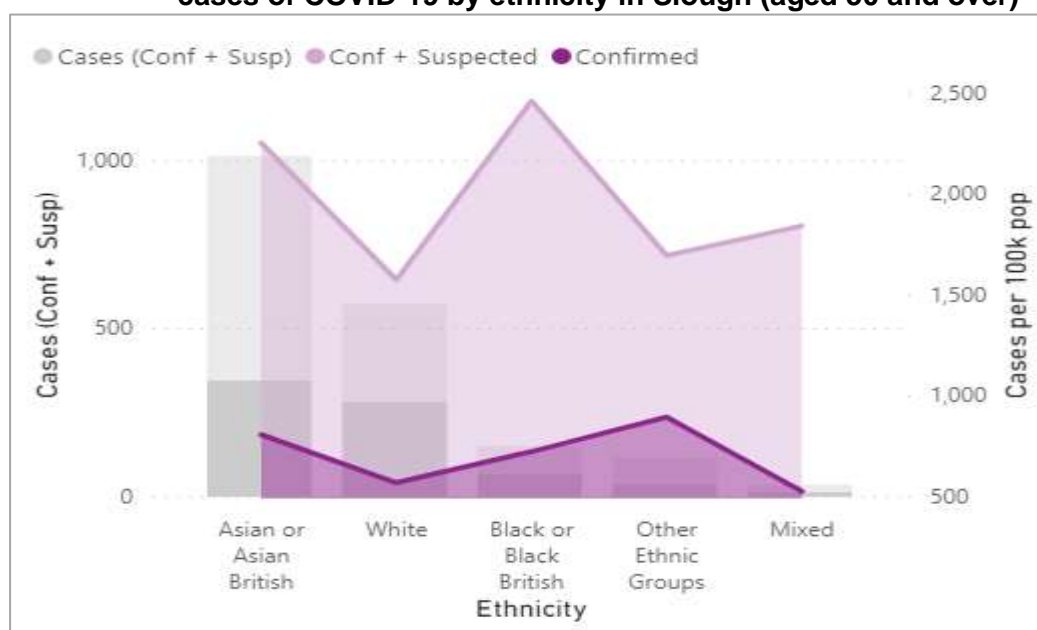

Source: COVID-19 Epidemiology Dashboard 2020 (Frimley Health and Care Integrated Care System)

5.3   BAME risk

Rates (crude per 100,000 population) of confirmed cases of COVID-19 in Slough were higher in BAME groups (aged 50 and over) compared with White ethnic groups – 784.9 (per 100,000) versus 570.5 (figure 10). Whilst the rate among BAME groups was not significantly higher, this lack of statistical significance is in part explained by small numbers, and when examined across the whole Frimley geography – 1.3 million people – rates of confirmed cases were *significantly* higher among BAME groups.

Rates of confirmed and suspected cases of COVID-19 were *significantly* higher in BAME groups compared with White ethnic groups (2,269.8 versus 1,577.2).

Figure 10   Rates (crude, per 100,000) of confirmed and confirmed and suspected cases of COVID-19 by ethnicity in Slough (aged 50 and over)

Source: COVID-19 Epidemiology Dashboard 2020 (Frimley Health and Care Integrated Care System)

Although the numbers of cases are relatively small (especially among Black or Black British, and Mixed ethnic groups), rates of confirmed cases of COVID-19 among BAME groups aged 50 and over in Slough were highest among Asian or Asian British (808.5), followed by Black or Black British (724.6) and Mixed (527.0; figure 11). For confirmed and suspected cases, rates were highest among Black or Black British (2,463.8), followed by Asian or Asian British (2,256.0) and finally Mixed groups (1,844.5).

Although there was some variation in the rates of confirmed cases of COVID-19 among BAME specific groups aged 50-69 and 70 and over, it remained difficult to draw any firm conclusions from these differences due to the small numbers of confirmed cases.

Figure 11   Rates (crude, per 100,000) of confirmed and confirmed and suspected cases of COVID-19 by ethnicity in Slough (aged 50 and over)

Source: COVID-19 Epidemiology Dashboard 2020 (Frimley Health and Care Integrated Care System)

Rates of confirmed cases of COVID-19 varied by age and ethnicity (table 13). Compared with White ethnic groups, BAME groups aged 50-79 years were at a greater risk[9] of COVID-19 infection, whilst among people aged 80 and over, there was little difference between BAME and White ethnic groups in regard to infection.

Table 13   Rates (crude, per 100,000) of confirmed and confirmed and suspected cases of COVID-19 by BAME and White ethnic groups in Slough (aged 50 and over)

Age group	BAME Conf*	BAME Conf/Sus* Rate	White Conf	White Conf/Sus Rate	Conf RR*	C&S RR*
50-59	572.5	2,313.1	278.2	1,418.8	2.06	1.63
60-69	630.3	2,240.9	345.6	1,132.7	1.82	1.98
70-79	1,263.9	2,044.6	794.4	1,779.5	1.59	1.15
80 and over	1,627.0	2,498.6	1,670.2	2,783.7	0.97	0.90
Total	**784.9**	**2,269.8**	**570.5**	**1,577.2**	**1.38**	**1.44**

Source: COVID-19 Epidemiology Dashboard 2020 (Frimley Health and Care Integrated Care System)

* Conf = confirmed cases of COVID-19
* Conf/Sus = confirmed and suspected cases of COVID-19
* Conf RR = confirmed Relative Risk (BAME confirmed cases rate/White confirmed cases rate)
* C&S RR = confirmed and suspected Relative Risk (BAME confirmed and suspected cases rate/White confirmed and suspected cases rate)

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[9] Based on relative risk (RR). RR has been used to compare the rate of COVID-19 infection in BAME and White ethnic groups: if RR is greater than 1, there is an increased risk of infection; if less than 1, there is a decreased risk.

After adjusting[10] for the main risk factors in Slough, crude rates of confirmed cases of COVID-19 remained higher among BAME groups (aged 50-79) compared with White ethnic groups (table 14). Some of the greatest differences in the risk of COVID-19 infection between BAME and White groups were seen among females, those suffering multiple long-term conditions (five conditions and over), chronic kidney disease and obesity.

Table 14   Rates (crude, per 100,000) of confirmed and confirmed and suspected cases of COVID-19 by BAME and White ethnic groups in Slough (aged 50-79)

Risk factor	BAME		White		Conf RR*	C&S RR*
	Conf*	Conf/Sus*	Conf	Conf/Sus		
	Rate		Rate			
Male	652.1	1,967.4	480.7	1,404.2	1.36	1.40
Female	752.4	2,548.5	327.2	1,387.4	2.30	1.84
Deprivation (deciles 1-5)*	767.2	2,235.9	421.2	1,478.4	1.82	1.51
Multigenerational HH*	822.7	2,493.1	423.7	1,483.1	1.94	1.68
Household size (5+)	673.9	2,324.8	513.6	1,592.2	1.31	1.46
Population density (6k+)	763.6	2,241.6	394.8	1,432.4	1.93	1.56
LTC* 2-4	840.1	2,602.5	593.1	1,700.3	1.42	1.53
LTC 2 and over	1,279.1	3,108.2	745.8	2,269.1	1.72	1.37
LTC 5 and over	3,500.0	5,666.7	1,366.6	4,582.0	2.56	1.24
Frailty (MMS)*	1,363.6	3,384.3	976.9	2,850.9	1.40	1.19
Hypertension	1,091.6	2,756.2	644.4	1,811.2	1.69	1.52
Diabetes	1,476.4	3,445.0	923.9	2,199.7	1.60	1.57
Chronic kidney disease	2,841.9	4,529.3	934.6	3,011.4	3.04	1.50
Obesity	1,088.4	3,265.3	448.4	1,980.6	2.43	1.65
Total	**700.3**	**2,246.9**	**405.3**	**1,396.0**	**1.73**	**1.61**

Source: COVID-19 Epidemiology Dashboard 2020 (Frimley Health and Care Integrated Care System)

* Conf = confirmed cases of COVID-19
* Conf/Sus = confirmed and suspected cases of COVID-19
* Conf RR = confirmed Relative Risk (BAME confirmed cases rate/White confirmed cases rate)
* C&S RR = confirmed and suspected Relative Risk (BAME confirmed and suspected cases rate/White confirmed and suspected cases rate)
* Deprivation (deciles 1-5) = more deprived; Multigenerational HH = households with an age range of at least 50 years
* LTC = long-term conditions; Frailty (MMS) = mild, moderate, severe

Comparing people aged 80 and over with those aged 50-79, some of the greatest differences in risk of COVID-19 infection between BAME and White ethnic groups persisted among those suffering from multiple long-term conditions (between 2-4 conditions), and those who were obese (table 15).

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[10] Crude rates adjusted for age, ethnicity and individual risk factors (due to small numbers, it was not possible to adjust for multiple risk factors at a time).

Table 15   Rates (crude, per 100,000) of confirmed and confirmed and suspected cases of COVID-19 by BAME and White ethnic groups in Slough (aged 80 and over)

Risk factor	BAME		White		Conf RR*	C&S RR*
	Conf*	Conf/Sus*	Conf	Conf/Sus		
	Rate		Rate			
Male	2,355.7	2,944.6	1,931.8	3,295.5	1.22	0.89
Female	917.4	2,064.2	1,512.0	2,474.2	0.61	0.83
Deprivation (deciles 1-5)*	1,500.0	2,357.1	1,800.8	3,263.9	0.83	0.72
Multigenerational HH*	1,040.1	1,337.3	1,324.5	1,324.5	0.79	1.01
Household size (5+)	1,737.5	1,930.5	5,179.3	7,968.1	0.34	0.24
Population density (6k+)	1,859.3	2,748.6	1,508.5	2,325.6	1.23	1.18
LTC* 2-4	1,564.4	2,406.7	1,038.4	1,557.6	1.51	1.55
LTC 2 and over	1,885.4	2,900.7	1,765.9	3,077.7	1.07	0.94
LTC 5 and over	2,372.3	3,649.4	2,453.4	4,514.2	0.97	0.81
Frailty (MMS)*	1,832.3	2,889.4	1,867.7	3,180.2	0.98	0.91
Hypertension	1,753.1	2,667.7	1,500.3	2,827.5	1.17	0.94
Diabetes	2,393.6	3,590.4	2,482.3	3,723.4	0.96	0.96
Chronic kidney disease	2,592.6	3,888.9	2,257.3	3,724.6	1.15	1.04
Obesity	2,857.1	4,000.0	1,724.1	2,758.6	1.66	1.45
Total	**1,627.0**	**2,498.6**	**1,670.2**	**2,783.7**	**0.97**	**0.90**

Source: COVID-19 Epidemiology Dashboard 2020 (Frimley Health and Care Integrated Care System)

* Conf = confirmed cases of COVID-19
* Conf/Sus = confirmed and suspected cases of COVID-19
* Conf RR = confirmed Relative Risk (BAME confirmed cases rate/White confirmed cases rate)
* C&S RR = confirmed and suspected Relative Risk (BAME confirmed and suspected cases rate/White confirmed and suspected cases rate)
* Deprivation (deciles 1-5) = more deprived; Multigenerational HH = households with an age range of at least 50 years
* LTC = long-term conditions; Frailty (MMS) = mild, moderate, severe

5.4   Summary

There were 1,906 confirmed and suspected cases of COVID-19 in Slough between February and June 2020. Of this total, 411 cases (21.6%) were confirmed. Whilst just under 55% of the total population of Slough were BAME, 58.9% of confirmed cases of COVID-19 were BAME, and this increased to 63.2% for confirmed and suspected cases.

Rates of confirmed cases of COVID-19 mirrored those reported nationally, and varied by age, gender, deprivation, multigenerational households, larger households, population density, number of long-term conditions and levels of frailty.

Rates of confirmed (and confirmed and suspected) cases of COVID-19 were higher in BAME groups (aged 50 and over) in Slough compared with White ethnic groups. BAME groups aged 50-79 were at a greater risk of COVID-19 infection compared with White ethnic groups, whilst among people aged 80 and over, there was little difference.

Some of the greatest differences in the risk of COVID-19 infection between BAME and White ethnic groups (aged 50-79) were seen among females, those suffering multiple long-term conditions (five conditions and over), chronic kidney disease and obesity.

Compared with White ethnic groups, BAME groups in Slough find themselves experiencing higher levels of COVID-19 infection. Whilst the direct and indirect harms of COVID-19 will undoubtedly be felt and experienced across the whole of Slough, local BAME communities are likely to be disproportionately impacted.
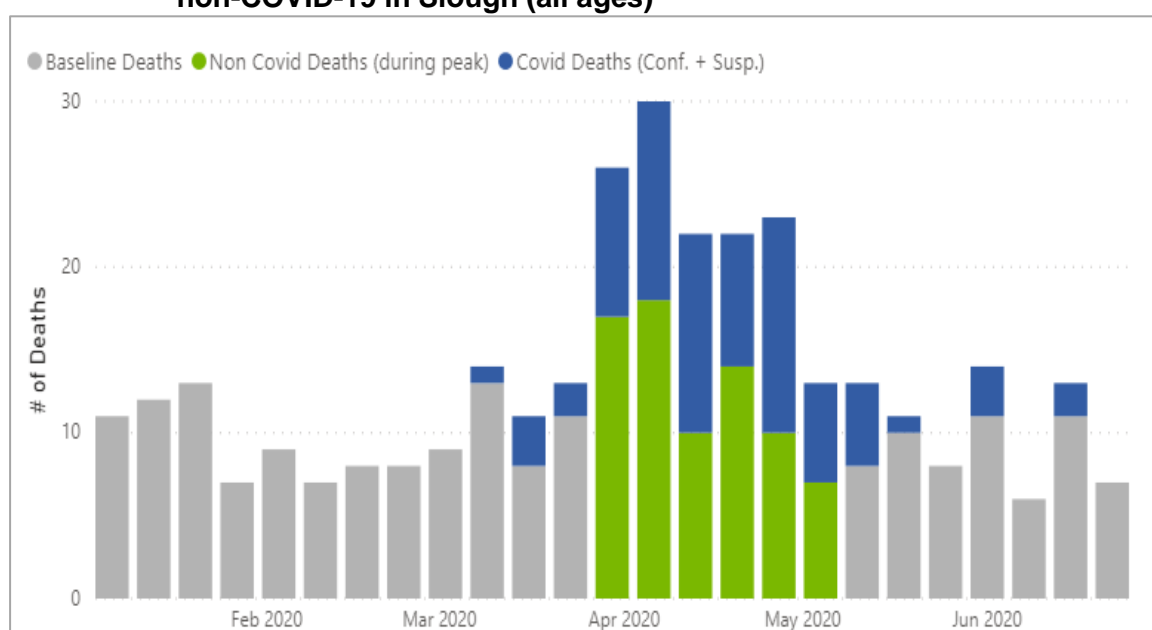
6   COVID-19 deaths

6.1   Number of deaths

Between February and June 2020, there were 78[11-12] confirmed and suspected deaths[13] from COVID-19 in Slough and 76 non-COVID-19 deaths (figure 12). Of the 1,906 local people with confirmed and suspected COVID-19, 4.1% died (among confirmed cases, this proportion increased to 17.3%).

The average age of people who died from COVID-19 in Slough was 73.9 years, which was similar (74.5 years) to those who died from non-COVID-19 conditions. Although similar, both averages were well below existing life expectancy levels for Slough (males = 78.6 years, females = 82.4 years).

Figure 12   Number of deaths from confirmed and suspected cases of COVID-19 and non-COVID-19 in Slough (all ages)

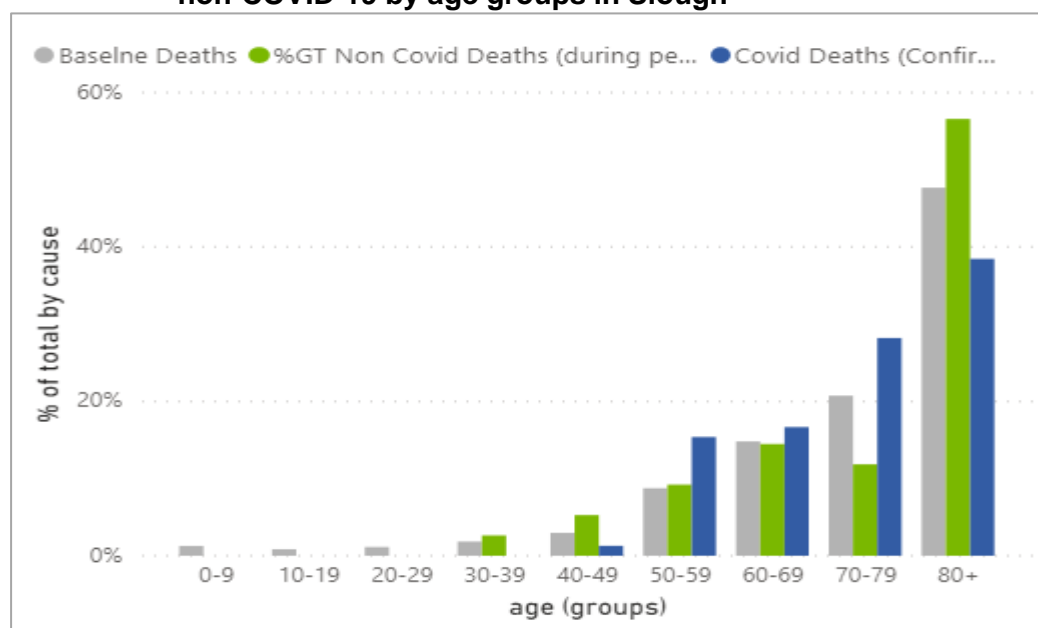Source: COVID-19 Epidemiology Dashboard 2020 (Frimley Health and Care Integrated Care System)

There were 43 confirmed and suspected deaths from COVID-19 in BAME groups from Slough, with an additional 21 non-COVID-19 deaths (figure 13). This compares with 33 confirmed and suspected deaths among White ethnic groups and 52 non-COVID-19 deaths (figure 14).

The age at which BAME groups died – both from COVID-19 and non-COVID-19 deaths – was younger compared with White ethnic groups: 72.1 years versus 76.4 years for confirmed and suspected COVID-19 deaths; 69.5 years versus 77.4 years for non-COVID-19 deaths. Whilst these differences reflect existing health inequalities, rather than being specific to COVID-19, they nevertheless remain stark.

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[11] Numbers of confirmed and suspected deaths from COVID-19 recorded by the Frimley Health and Care Integrated Care System between weeks commencing 24 February to 22 June 2020.

[12] 71 of the 78 deaths were confirmed cases of COVID-19.

[13] Deaths based on primary care records and data feeds from acute providers (Frimley Health Foundation Trust and Royal Berkshire Hospital); deaths could be missing from the sample due to reporting time lags; COVID-19 deaths based on COVID-19 confirmed or suspected status.

Figure 13   Number of deaths from confirmed and suspected cases of COVID-19 and non-COVID-19 by BAME groups in Slough (all ages)
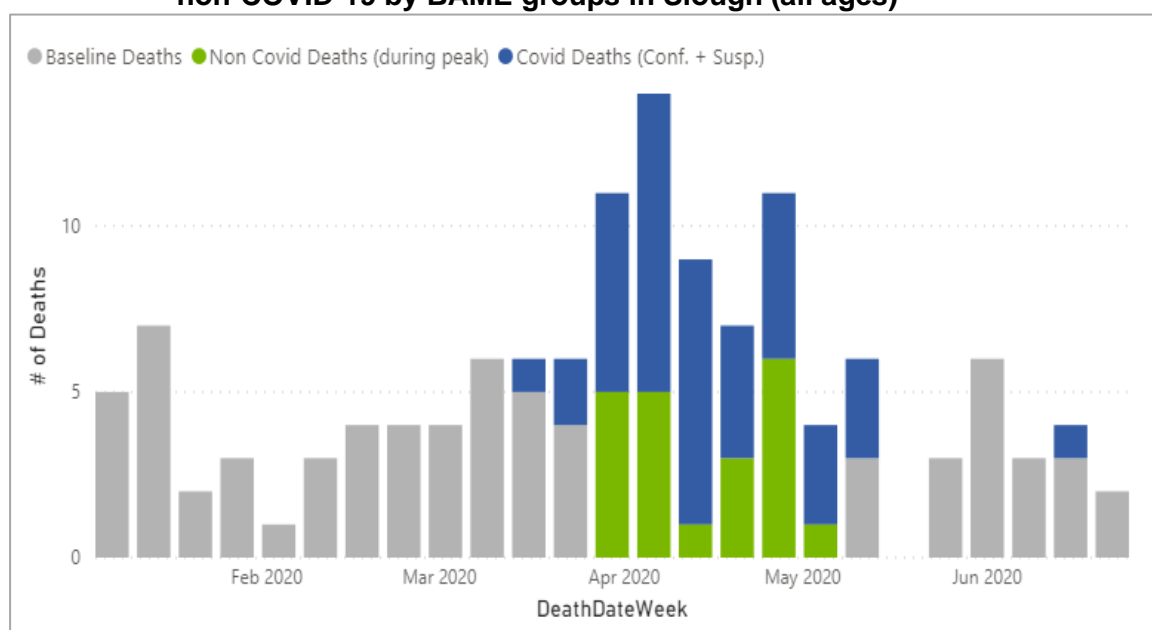
Source: COVID-19 Epidemiology Dashboard 2020 (Frimley Health and Care Integrated Care System)

Figure 14   Number of deaths from confirmed and suspected cases of COVID-19 and non-COVID-19 by White ethnic groups in Slough (all ages)
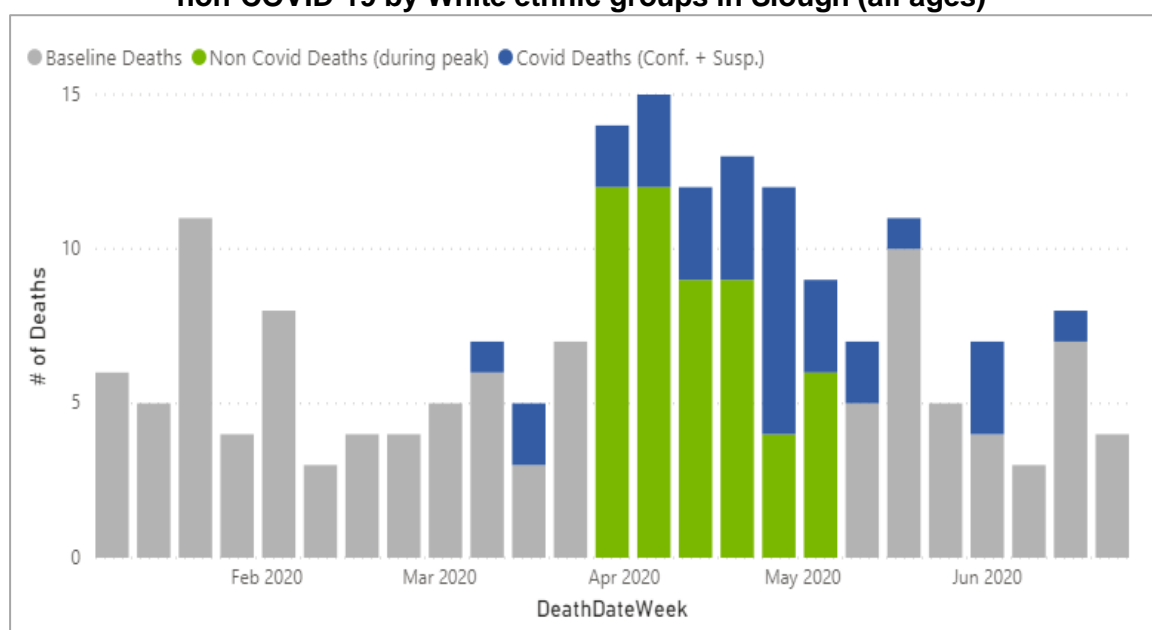
Source: COVID-19 Epidemiology Dashboard 2020 (Frimley Health and Care Integrated Care System)

25

6.2   Population risk

During the peak of the pandemic in Slough, there were an excess[14] number of deaths from confirmed and suspected cases of COVID-19 (as seen elsewhere). These excess deaths increased with age (figure 15).[15] Before the peak, for instance, approximately 1 in 5 deaths in Slough (20.7%) were from people aged 70-79, but during the peak, 28.2% of excess COVID-19 deaths were from people aged 70-79 (which was a relative increase of 36.2% in deaths due to COVID-19 for this age group).

Among people aged 50 and over, excess deaths from COVID-19 were seen among males in Slough (figure 16). The proportion of deaths among males, for example, increased from 51.7% before the peak of the pandemic to 62.3% during the peak as a consequence of COVID-19. Females in Slough tended to be more affected by non-COVID-19 excess deaths.

There was some variation in excess COVID-19 and non-COVID-19 deaths by deprivation in Slough (in people aged 50 and over), particularly among the more deprived areas of the town (deciles 1-4; figure 17). Due to the small number of deaths, however, it is difficult to interpret trends among the less deprived areas of Slough.

Excess COVID-19 deaths (in people aged 50 and over) were also reported among people with diabetes or hypertension, and varied by number of long-term conditions and levels of frailty (Appendix 3).

Figure 15   Excess deaths from confirmed and suspected cases of COVID-19 and non-COVID-19 by age groups in Slough

Source: COVID-19 Epidemiology Dashboard 2020 (Frimley Health and Care Integrated Care System)

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[14] Excess deaths refer to the number of deaths above what would usually be expected in a normal year. During the pandemic, many excess deaths can be explained by the number of people officially confirmed to have had COVID-19 (ie, excess COVID-19 deaths). However, this does not account for all excess deaths, and there will be other, non-COVID-19, related excess deaths. It remains possible, however, that among this group of non-COVID-19 excess deaths, some deaths may have been directly or indirectly caused by COVID-19.

[15] The **grey** bars in the charts show the number of deaths that would usually be expected in a normal year. A **green** bar greater than a **grey** bar = excess non-COVID-19 deaths; a **blue** bar greater than a **grey** bar = excess COVID-19 deaths.

Figure 16   Excess deaths from confirmed and suspected cases of COVID-19 and non-COVID-19 by gender in Slough (aged 50 and over)
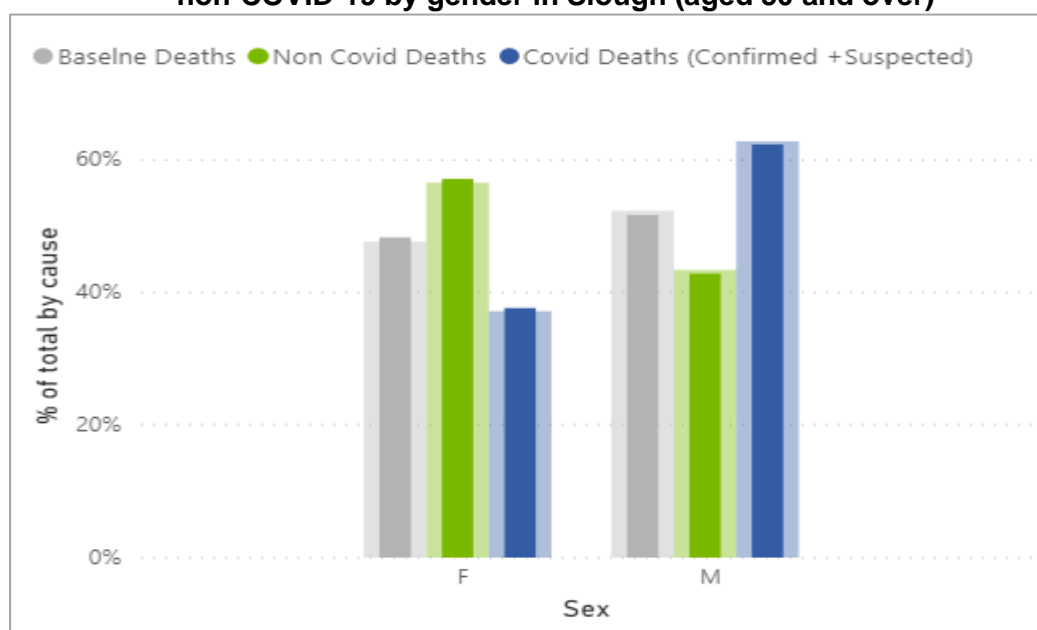
Source: COVID-19 Epidemiology Dashboard 2020 (Frimley Health and Care Integrated Care System)

Figure 17   Excess deaths from confirmed and suspected cases of COVID-19 and non-COVID-19 by deprivation deciles in Slough (aged 50 and over)
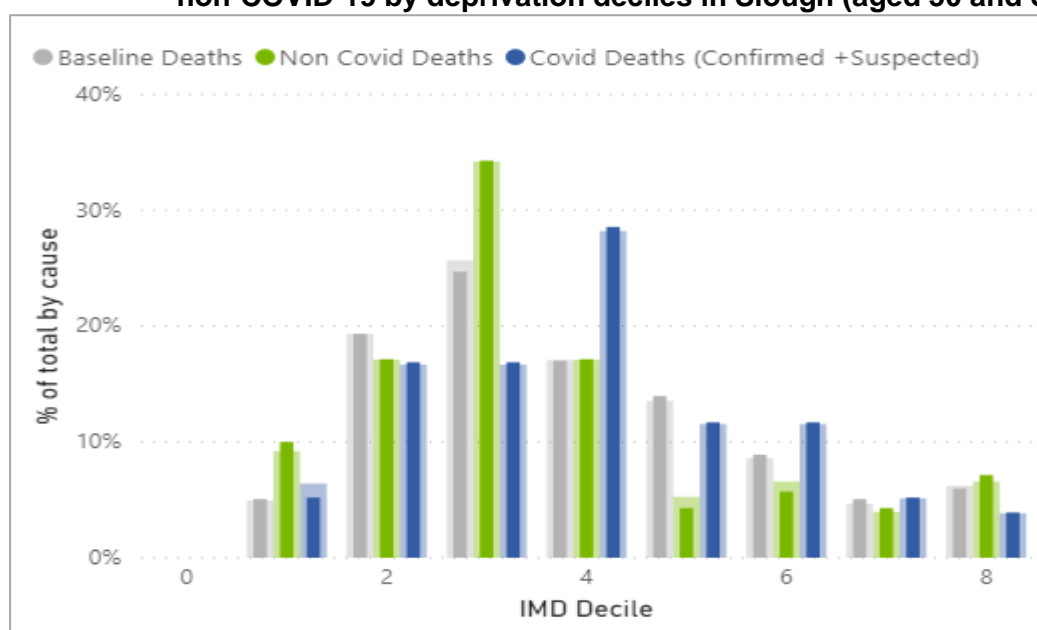
Source: COVID-19 Epidemiology Dashboard 2020 (Frimley Health and Care Integrated Care System)

The case fatality rate (CFR) – which looks at the number of deaths in relation to number of cases – was 4.1% in Slough among those who died from confirmed and suspected cases of COVID-19.

Locally, the CFR increased with age, and ranged from 0.3% among people aged 40-49 to 27.0% in those aged 80 and over (figure 18). Among people aged 50 and over, the overall CFR was 10.3%.

The CFR in Slough was higher among males (aged 50 and over) compared with females – 13.3% versus 7.5% (figure 19).

In the more deprived areas of Slough, the CFR (among people aged 50 and over) was highest in decile 4 (14.1%), compared with 9.5% in decile 1 (most deprived), 10.6% in decile 2 and 7.0% in decile 3 (figure 20). However, due to the small number of deaths (as previously mentioned), it is difficult to interpret trends among the less deprived areas of Slough.

Among people (aged 50 and over), the CFR for those with hypertension was 13.2%, for diabetes it was 14.0%, for chronic kidney disease it was 20.0%, whilst the CFR was higher in people with multiple long-term conditions and among those with increasing frailty (Appendix 4).

Figure 18   Case fatality rate from confirmed and suspected cases of COVID-19 by age groups in Slough
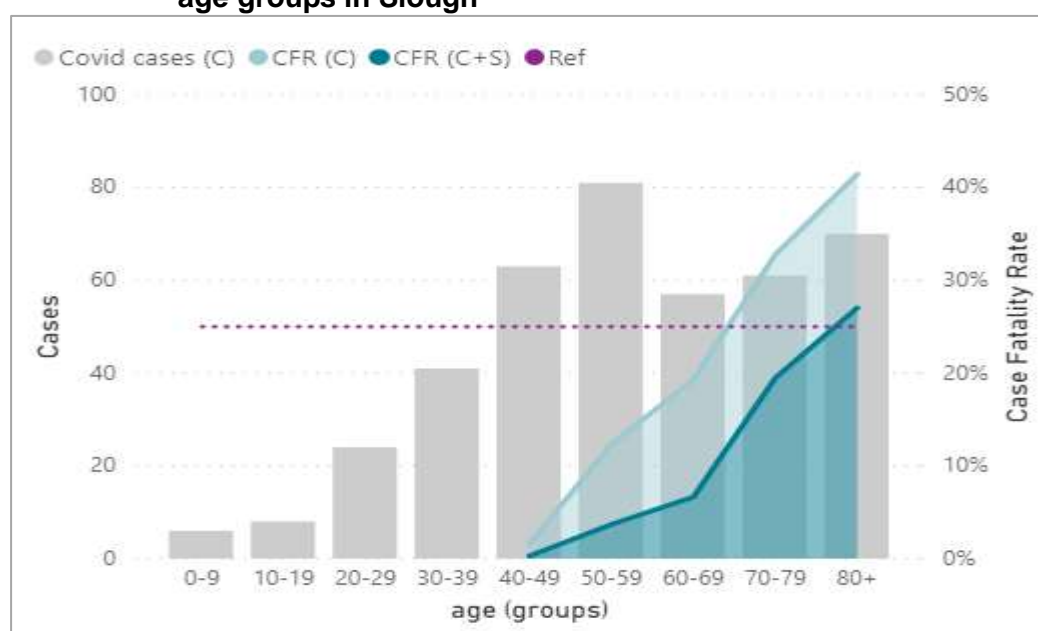
Source: COVID-19 Epidemiology Dashboard 2020 (Frimley Health and Care Integrated Care System)

Figure 19   Case fatality rate from confirmed and suspected cases of COVID-19 by gender in Slough (aged 50 and over)
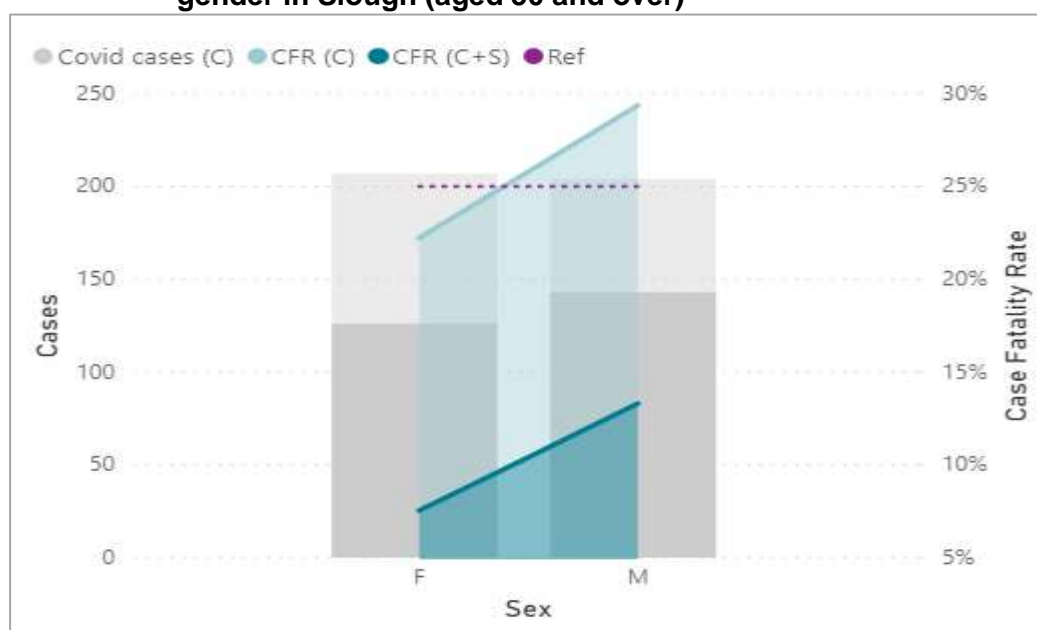
Source: COVID-19 Epidemiology Dashboard 2020 (Frimley Health and Care Integrated Care System)

Figure 20   Case fatality rate from confirmed and suspected cases of COVID-19 by deprivation deciles in Slough (aged 50 and over)
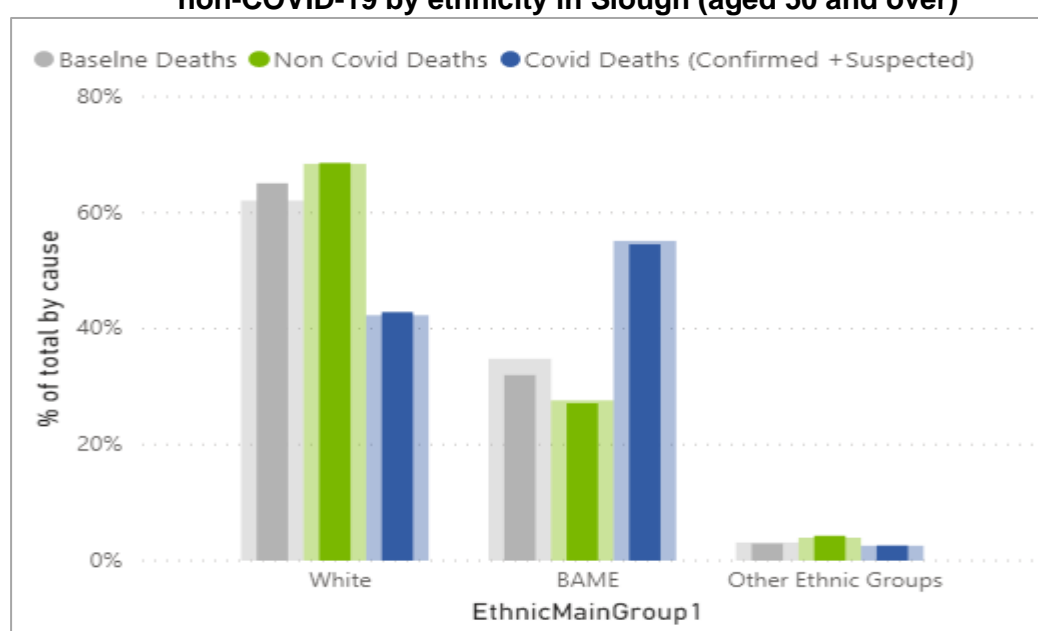

Source: COVID-19 Epidemiology Dashboard 2020 (Frimley Health and Care Integrated Care System)

6.3 BAME risk

Excess deaths from confirmed and suspected cases of COVID-19 were seen among BAME groups (aged 50 and over) in Slough (figure 21). Before the peak of the pandemic, for instance, approximately 1 in 3 deaths in Slough (32.0%) were from BAME groups, but during the peak, 54.5% of excess COVID-19 deaths were from BAME groups – a (*significant*) relative increase of 70.3%. This means that BAME groups in Slough were over-represented for excess COVID-19 deaths.

In regard to excess non-COVID-19 deaths, BAME groups accounted for a slightly lower proportion of deaths (27.1%) during the peak of the pandemic compared with their usual proportion of deaths before the pandemic hit (32.0%). This means that BAME groups in Slough were *not* over-represented for excess non-COVID-19 deaths.

Figure 21   Excess deaths from confirmed and suspected cases of COVID-19 and non-COVID-19 by ethnicity in Slough (aged 50 and over)

Source: COVID-19 Epidemiology Dashboard 2020 (Frimley Health and Care Integrated Care System)

Among BAME and White ethnic groups, excess deaths from COVID-19 and non-COVID-19 varied by age (table 16). Among people aged 60-69, for instance, 76.9% of excess COVID-19 deaths during the peak of the pandemic were from BAME, whilst among people aged 70-79, 88.9% of excess non-COVID-19 deaths during the peak were from White ethnic groups.

Table 16   Excess deaths from confirmed and suspected cases of COVID-19 and non-COVID-19 by BAME and White ethnic groups in Slough (aged 50 and over)

	BAME			White		
Age group	Baseline	Non-COVID % of deaths	COVID	Baseline	Non-COVID % of deaths	COVID
50-59	40.3	28.6	50.0	56.5	71.4	41.7
60-69	34.0	45.5	76.9	66.0	45.5	23.1
70-79	30.1	11.1	50.0	65.1	88.9	50.0
80 and over	30.7	25.6	50.0	66.4	69.8	46.7
Total	**32.0**	**27.1**	**54.5**	**65.1**	**68.6**	**42.9**

Source: COVID-19 Epidemiology Dashboard 2020 (Frimley Health and Care Integrated Care System)

Grey = baseline deaths; green = excess non-COVID-19 deaths; blue = excess COVID-19 deaths

After adjusting[16] for a number of risk factors in Slough, excess COVID-19 deaths persisted among BAME groups, especially for diabetes (tables 17 and 18).

Table 17   Excess deaths from confirmed and suspected cases of COVID-19 and non-COVID-19 by BAME and White ethnic groups in Slough (aged 50-69)

Risk factor	BAME			White		
	Baseline	Non-C*	COVID	Baseline	Non-C	COVID
		% of deaths*			% of deaths	
Male	39.0	50.0	56.3	59.0	40.0	37.5
Female	32.3	25.0	77.8	67.7	75.0	22.2
Deprivation (deciles 1-5)*	35.6	28.6	63.2	63.7	64.3	31.6
LTC* 2 and over	37.2	38.5	63.6	62.0	53.9	31.8
Frailty (MMS)*	37.0	50.0	63.6	63.0	37.5	31.8
Hypertension	35.4	35.7	64.7	64.6	57.1	35.3
Diabetes	54.4	33.3	93.3	45.6	55.6	0.0
Total	**36.4**	**38.9**	**64.0**	**62.4**	**55.6**	**32.0**

Source: COVID-19 Epidemiology Dashboard 2020 (Frimley Health and Care Integrated Care System)

Grey = baseline deaths; **green = excess non-COVID-19 deaths**; **blue = excess COVID-19 deaths**

* Non-C = non-COVID-19 deaths
* % of deaths = due to small numbers, caution is required when interpreting some of these figures
* Deprivation (deciles 1-5) = more deprived
* LTC = long-term conditions
* Frailty (MMS) = mild, moderate, severe

Table 18   Excess deaths from confirmed and suspected cases of COVID-19 and non-COVID-19 by BAME and White ethnic groups in Slough (aged 70 and over)

Risk factor	BAME			White		
	Baseline	Non-C*	COVID	Baseline	Non-C	COVID
		% of deaths*			% of deaths	
Male	31.3	25.0	53.1	65.2	75.0	43.8
Female	29.7	21.9	45.0	66.7	71.9	55.0
Deprivation (deciles 1-5)*	30.6	25.0	52.4	65.7	70.5	45.2
LTC* 2 and over	31.0	26.7	52.2	66.3	68.9	45.7
Frailty (MMS)*	30.7	24.4	49.0	66.6	71.1	49.0
Hypertension	32.5	33.3	59.5	65.8	63.9	40.5
Diabetes	54.8	66.7	65.4	42.7	33.3	30.8
Total	**30.5**	**23.1**	**50.0**	**66.0**	**73.1**	**48.1**

Source: COVID-19 Epidemiology Dashboard 2020 (Frimley Health and Care Integrated Care System)

Grey = baseline deaths; **green = excess non-COVID-19 deaths**; **blue = excess COVID-19 deaths**

* Non-C = non-COVID-19 deaths
* % of deaths = due to small numbers, caution is required when interpreting some of these figures
* Deprivation (deciles 1-5) = more deprived
* LTC = long-term conditions
* Frailty (MMS) = mild, moderate, severe

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[16] Excess deaths adjusted for age, ethnicity and individual risk factors (due to small numbers, it was not possible to adjust for multiple risk factors at a time).

Among people aged 50 and over in Slough, the *overall* case fatality rate (CFR) from confirmed and suspected cases of COVID-19 was lower in BAME groups compared with White ethnic groups – 9.8% versus 11.7% (table 19). However, the CRF varied considerably by age between BAME and White ethnic groups. Among people aged 80 and over, for instance, the CFR was far higher in BAME groups compared with White ethnic groups – 34.9% versus 21.5%.

Table 19   Case fatality rate from confirmed and suspected cases of COVID-19 by BAME and White ethnic groups in Slough (aged 50 and over)

Age group	BAME			White		
	Deaths*	Cases*	CFR (%)*	Deaths	Cases	CFR (%)
50-59	6	202	3.0	5	102	4.9
60-69	10	128	7.8	3	59	5.1
70-79	11	55	20.0	11	56	19.6
80 and over	15	43	34.9	14	65	21.5
Total	**42**	**428**	**9.8**	**33**	**282**	**11.7**

Source: COVID-19 Epidemiology Dashboard 2020 (Frimley Health and Care Integrated Care System)

* Deaths = number of confirmed and suspected COVID-19 deaths
* Cases = number of confirmed and suspected COVID-19 cases
* CFR (%) = due to small numbers, caution is required when interpreting some of these figures

After adjusting[17] for a number of risk factors in Slough, many of these differences in the CFR between BAME and White ethnic groups persisted (tables 20 and 21). For example, among people aged 70 and over, the CFR was higher in BAME groups across all the indicators explored, whilst this was not always the case among people aged 50-69.

Table 20   Case fatality rate from confirmed and suspected cases of COVID-19 by BAME and White ethnic groups in Slough (aged 50 to 69)

Risk factor	BAME			White		
	Deaths*	Cases*	CFR (%)*	Deaths	Cases	CFR (%)
Male	9	147	6.1	6	82	7.3
Female	7	183	3.8	2	79	2.5
Deprivation (deciles 1-5)*	12	263	4.6	6	135	4.4
LTC* 2 and over	14	175	8.0	7	94	7.4
Frailty (MMS)*	14	155	9.0	7	91	7.7
Hypertension	11	157	7.0	6	62	9.7
Diabetes	14	140	10.0	0	33	0.0
Total	**16**	**330**	**4.8**	**8**	**161**	**5.0**

Source: COVID-19 Epidemiology Dashboard 2020 (Frimley Health and Care Integrated Care System)

* Deaths = number of confirmed and suspected COVID-19 deaths
* Cases = number of confirmed and suspected COVID-19 cases
* CFR (%) = due to small numbers, caution is required when interpreting some of these figures
* Deprivation (deciles 1-5) = more deprived
* LTC = long-term conditions
* Frailty (MMS) = mild, moderate, severe

[17] Case fatality rate adjusted for age, ethnicity and individual risk factors (due to small numbers, it was not possible to adjust for multiple risk factors at a time).

Table 21   Case fatality rate from confirmed and suspected cases of COVID-19 by BAME and White ethnic groups in Slough (aged 70 and over)

Risk factor	BAME			White		
	Deaths*	Cases*	CFR (%)*	Deaths	Cases	CFR (%)
Male	17	53	32.1	14	58	24.1
Female	9	45	20.0	11	63	17.5
Deprivation (deciles 1-5)*	22	76	28.9	19	102	18.6
LTC* 2 and over	24	91	26.4	21	110	19.1
Frailty (MMS)*	24	92	26.1	24	115	20.9
Hypertension	22	80	27.5	15	91	16.5
Diabetes	17	69	24.6	8	38	21.1
Total	**26**	**98**	**26.5**	**25**	**121**	**20.7**

Source: COVID-19 Epidemiology Dashboard 2020 (Frimley Health and Care Integrated Care System)

* Deaths = number of confirmed and suspected COVID-19 deaths
* Cases = number of confirmed and suspected COVID-19 cases
* CFR (%) = due to small numbers, caution is required when interpreting some of these figures
* Deprivation (deciles 1-5) = more deprived
* LTC = long-term conditions
* Frailty (MMS) = mild, moderate, severe

6.4   Summary

There were 78 confirmed and suspected deaths from COVID-19 in Slough between February and June 2020 (of which 71 were confirmed cases). Of the 1,906 confirmed and suspected cases of COVID-19 in Slough, 4.1% died (this proportion increased to 17.3% for confirmed cases).

There were 43 confirmed and suspected deaths from COVID-19 in BAME groups from Slough, with an additional 21 non-COVID-19 deaths (the respective figures for White ethnic groups were 33 and 52).

During the peak of the pandemic in Slough, there were an excess number of deaths from confirmed and suspected cases of COVID-19 (as seen elsewhere). Excess deaths locally varied by age, gender, deprivation, among people with diabetes or hypertension, and by number of long-term conditions and levels of frailty. The case fatality rate (CFR) increased with age and was higher among males.

Excess COVID-19 deaths were seen among BAME groups (aged 50 and over) in Slough. This means that BAME groups were over-represented for excess COVID-19 deaths, but they were *not* over-represented for excess non-COVID-19 deaths.

Some of the greatest differences in excess COVID-19 deaths between BAME and White ethnic groups were seen among those aged 60-69 and in people with diabetes.

The CFR varied by age between BAME and White ethnic groups, with the CFR being higher in BAME groups aged 70 and over (with the greatest difference being among those aged 80 and over).

BAME groups in Slough experience more excess deaths and higher levels of mortality from COVID-19 compared with White ethnic groups. Combined with higher levels of infection, it is clear that the health and lives of BAME groups in Slough have been disproportionately impacted by the effects of COVID-19.

7   Recommendations

This needs assessment provides a descriptive overview of the risks and outcomes of COVID-19 among BAME groups in Slough, and its findings are intended to:

- prevent short term harm reduction
- prepare for a second wave

The recommendations reflect these two issues, and the importance of developing and delivering appropriate actions which can mitigate against the immediate direct and indirect harms of COVID-19 on the BAME population of Slough.

1   Poor health and lifestyle outcomes

- Ensure patients at risk of developing diabetes and/or hypertension are identified through general practice records and public health campaigns

- Ensure patients with diabetes and/or hypertension have their disease controlled and managed appropriately through regular general practice monitoring and interventions

- Ensure patients with multiple chronic conditions have their diseases controlled and managed appropriately through regular general practice monitoring and interventions

- Establish with Frimley Health and Care Integrated Care System processes for validating and monitoring key primary care intervention outcomes

- Ensure key lifestyle outcomes – smoking status, physical activity, overweight and obesity – are routinely *and* accurately recorded within general practice records

- Actively engage with individuals and communities to develop and promote whole family centred lifestyle activities

2   Catching COVID-19

- Develop culturally competent COVID-19 health awareness and prevention campaigns[18]

- Targeted COVID-19 prevention messages for multigenerational households, larger households and more densely populated areas

- Targeted COVID-19 prevention messages for people with diabetes *and* hypertension (especially among those aged 70 and over)

- Improve health literacy and ensure it is culturally competent[19]

- Listen to and develop the community voice through participatory research[18]

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[18] Based on: Beyond the data: Understanding the impact of COVID-19 on BAME groups. Public Health England. 2020.[9]

[19] Based on: COVID-19 in Black, Asian and Minority Ethnic populations: An evidence review and recommendations from the South Asian Health Foundation. South Asian Health Foundation. 2020.[15]

3   Protecting staff from COVID-19

- Develop culturally competent occupational risk assessments[18]

- Ensure priority testing for BAME workers[19]

4   Long-term risk factors

- Ensure COVID-19 Slough/Berkshire recovery strategies actively seek to reduce health inequalities caused by the wider determinants of health[18]

5   Data quality

- Ensure comprehensive *and* quality ethnicity data collection *and* recording across the whole of the Frimley Health and Care Integrated Care System geography

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Appendices

Appendix 1   Lifestyle estimates

Percentage of adults (18 and over) smoking by ethnicity in England (2019)
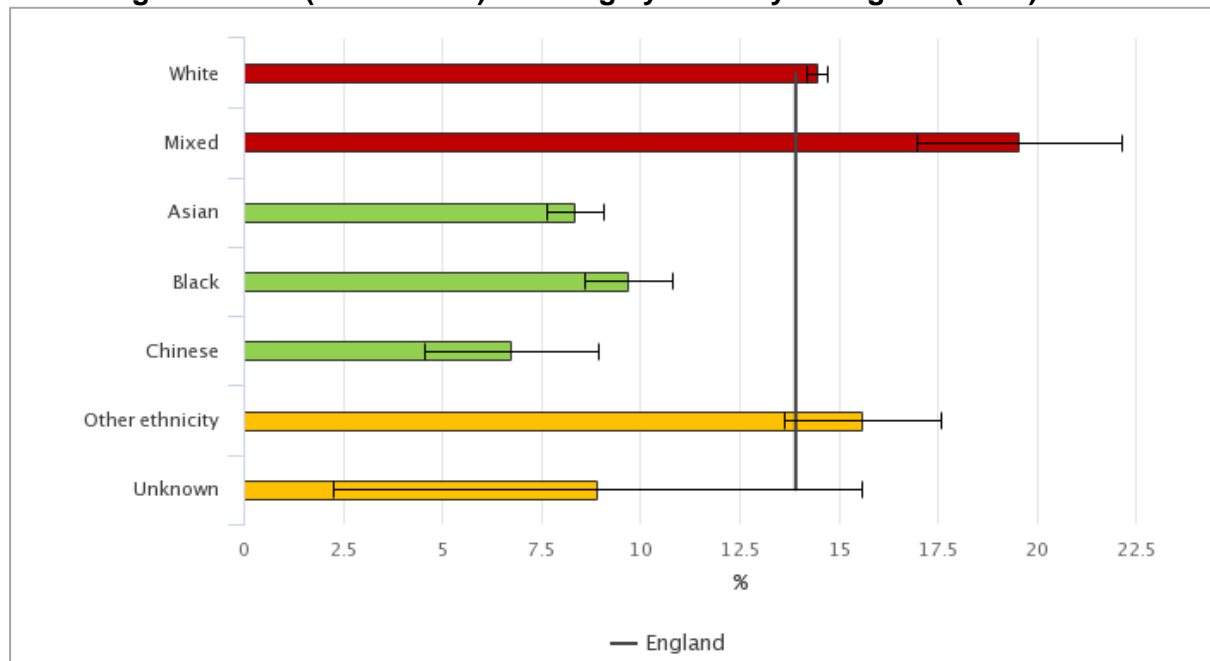
Source: Public Health England 2020 (Public Health Outcomes Framework)

Compared with England: ■ Better   ■ Similar   ■ Worse

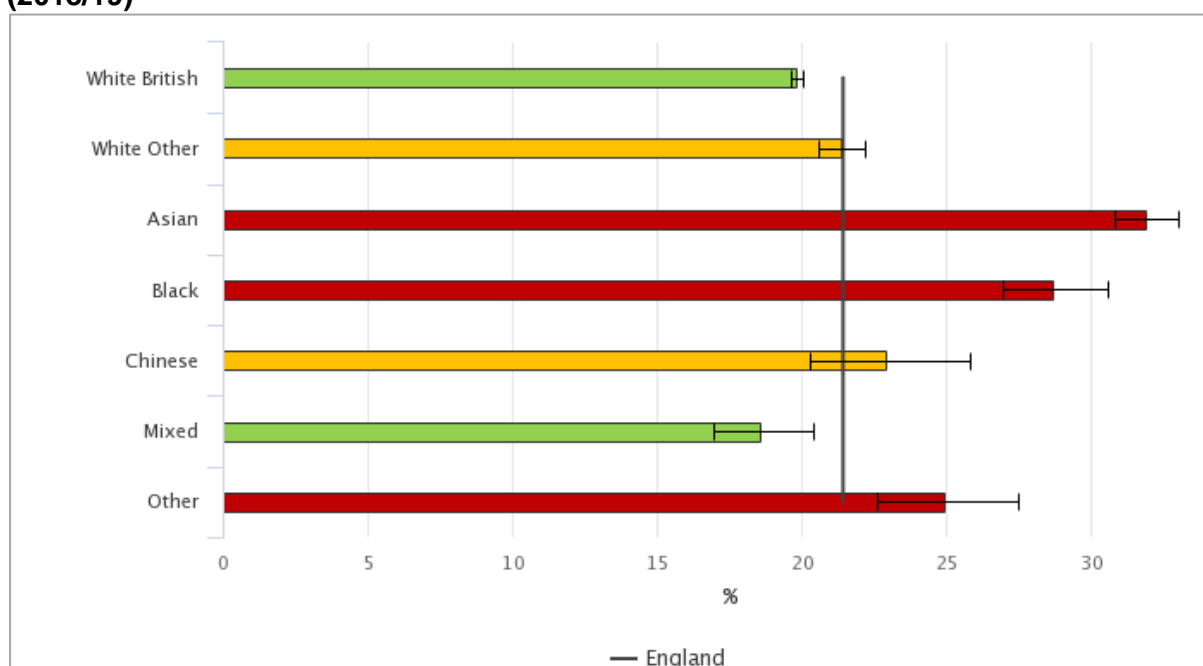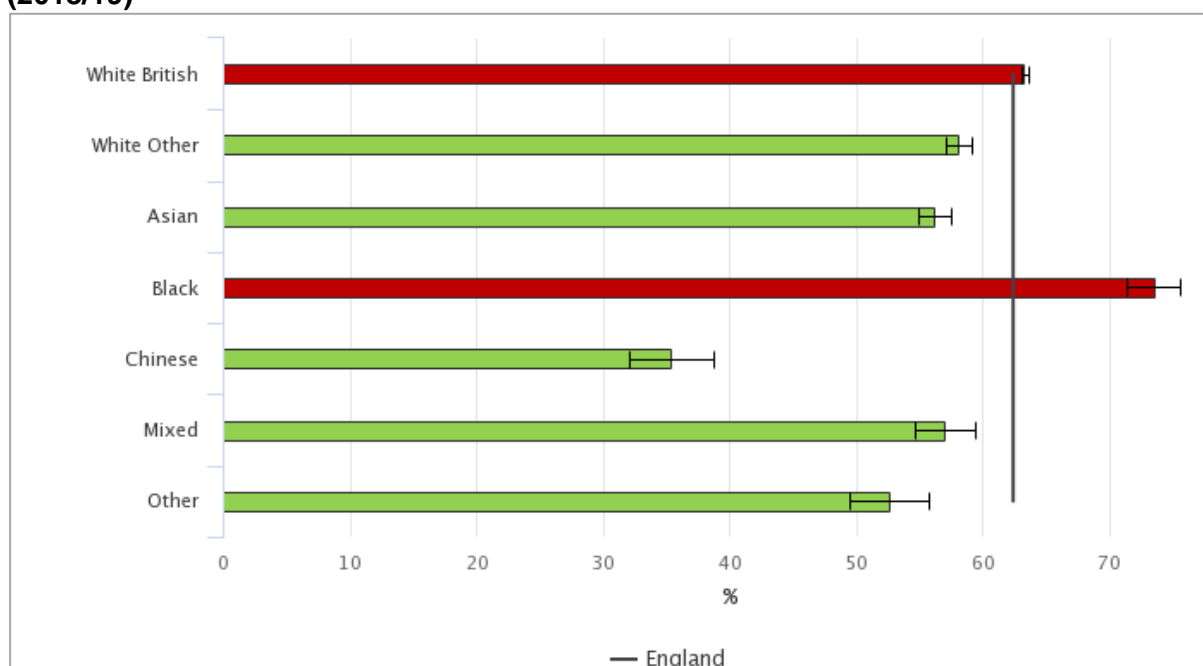## Percentage of physically active* adults (19 and over) by ethnicity in England (2018/19)
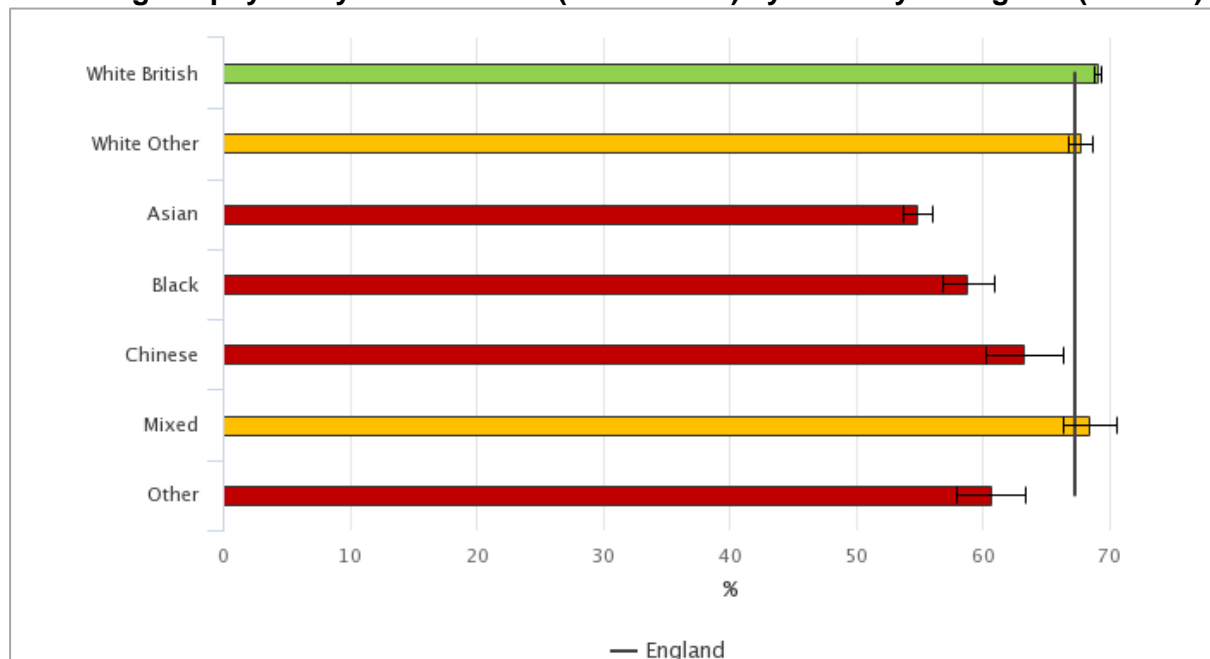
Source: Public Health England 2020 (Public Health Outcomes Framework)

Compared with England: ■ Better   ■ Similar   ■ Worse

* Adults (19 and over) doing at least 150 minutes of moderate intensity physical activity a week

37

Percentage of physically inactive* adults (19 and over) by ethnicity in England (2018/19)

Source: Public Health England 2020 (Public Health Outcomes Framework)

Compared with England: Better Similar Worse

* Adults (19 and over) doing less than 30 minutes of moderate intensity physical activity a week

Percentage of overweight or obese adults (18 and over) by ethnicity in England (2018/19)

Source: Public Health England 2020 (Public Health Outcomes Framework)

Compared with England: Better Similar Worse

Appendix 2   Rates of COVID-19 cases

Rates (crude, per 100,000) of confirmed and confirmed and suspected cases of COVID-19 by household age range* in Slough (aged 50 and over)
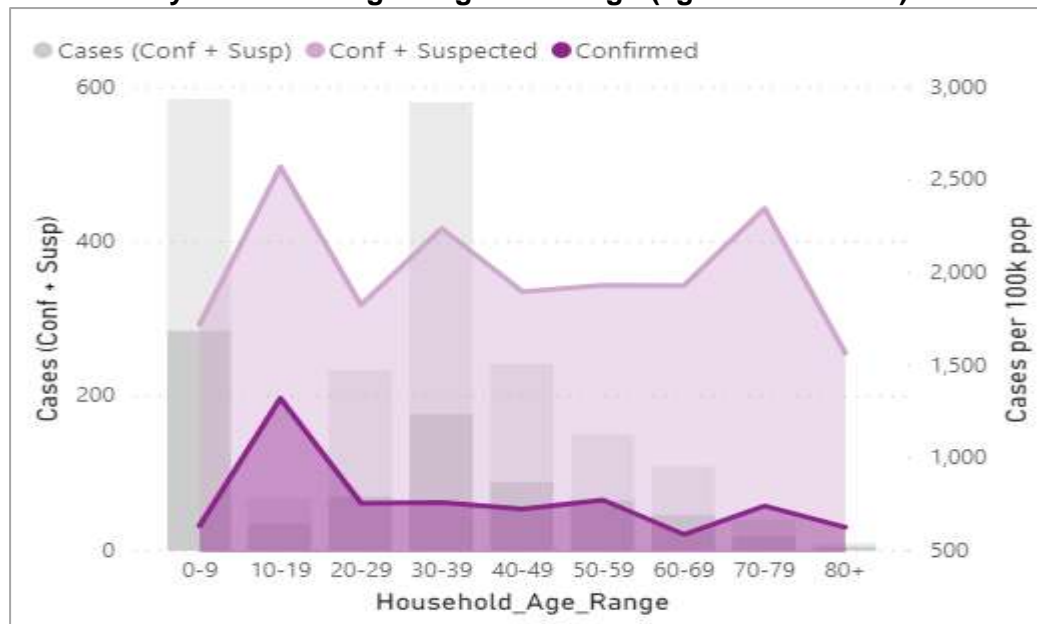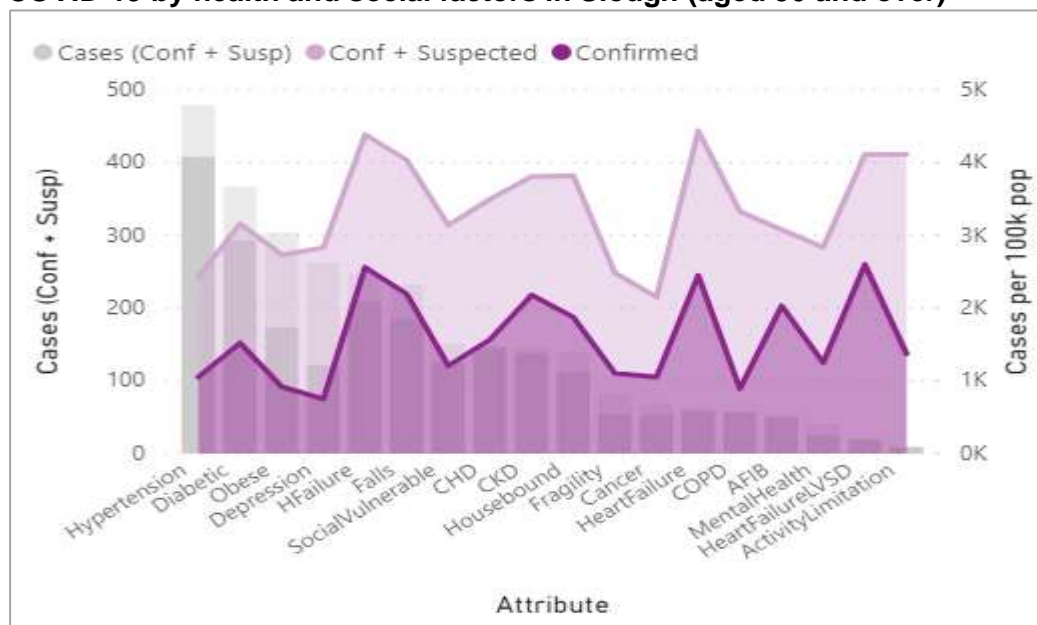

Source: COVID-19 Epidemiology Dashboard 2020 (Frimley Health and Care Integrated Care System)

* Household age range is used as a proxy measure for multigenerational households

Rates (crude, per 100,000) of confirmed and confirmed and suspected cases of COVID-19 by estimated household size in Slough (aged 50 and over)
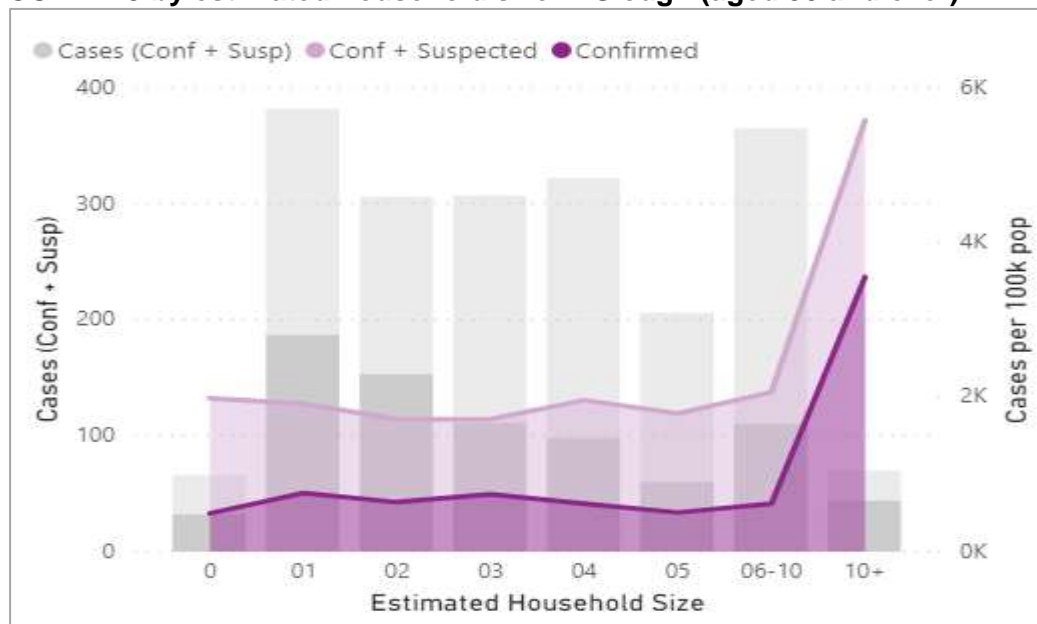
Source: COVID-19 Epidemiology Dashboard 2020 (Frimley Health and Care Integrated Care System)

Rates (crude, per 100,000) of confirmed and confirmed and suspected cases of COVID-19 by population density in Slough (aged 50 and over)

Source: COVID-19 Epidemiology Dashboard 2020 (Frimley Health and Care Integrated Care System)

Rates (crude, per 100,000) of confirmed and confirmed and suspected cases of COVID-19 by number of long-term conditions in Slough (aged 50 and over)

Source: COVID-19 Epidemiology Dashboard 2020 (Frimley Health and Care Integrated Care System)

Rates (crude, per 100,000) of confirmed and confirmed and suspected cases of COVID-19 by frailty in Slough (aged 50 and over)

Source: COVID-19 Epidemiology Dashboard 2020 (Frimley Health and Care Integrated Care System)

Rates (crude, per 100,000) of confirmed and confirmed and suspected cases of COVID-19 by health and social factors in Slough (aged 50 and over)

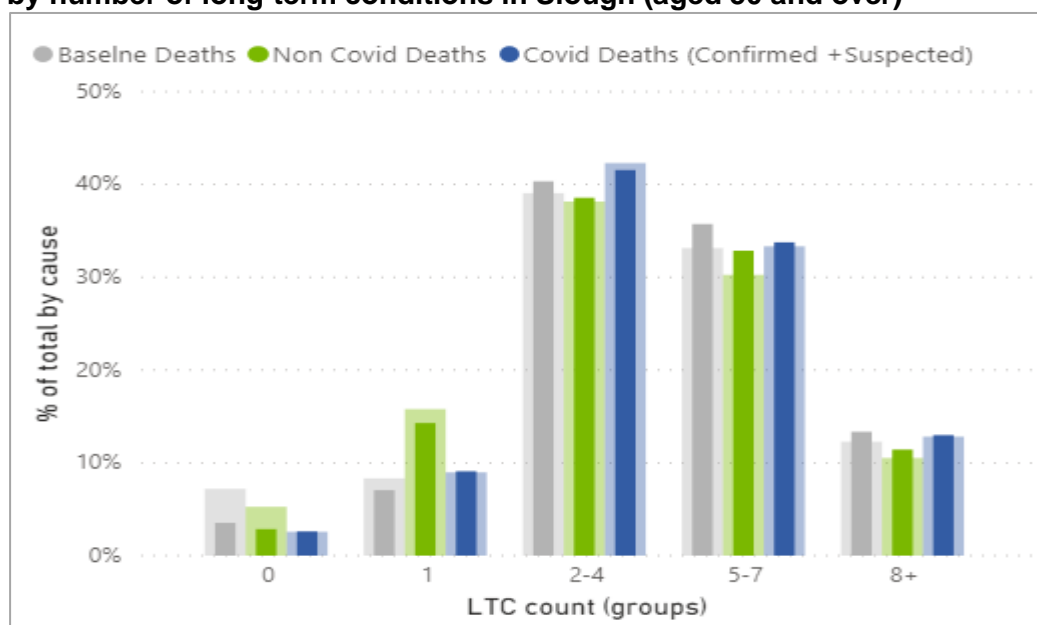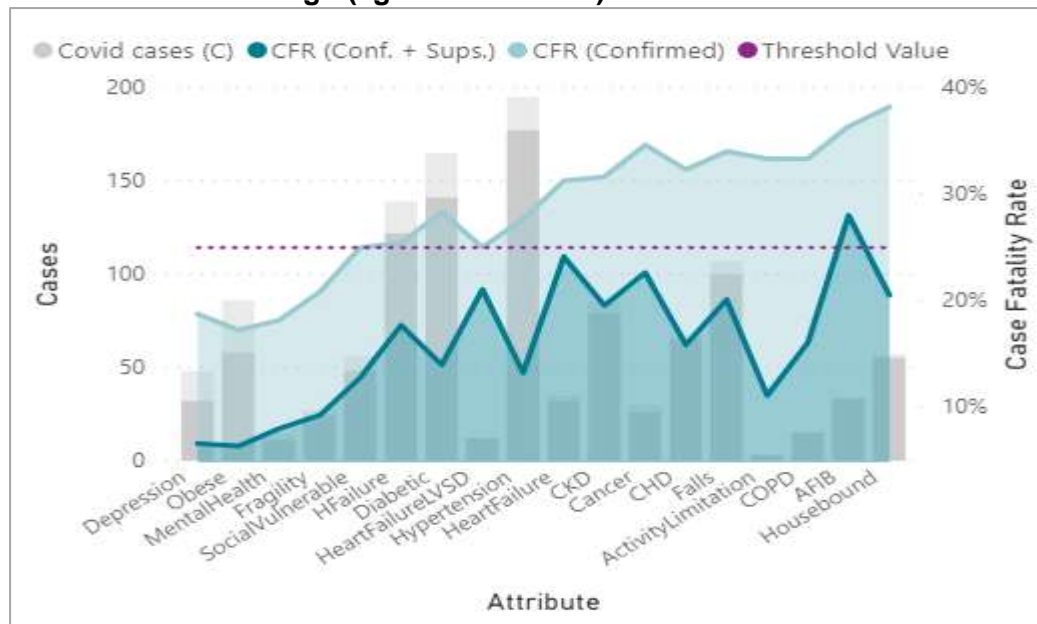Source: COVID-19 Epidemiology Dashboard 2020 (Frimley Health and Care Integrated Care System)

Excess deaths from confirmed and suspected cases of COVID-19 and non-COVID-19 by health and social factors in Slough (aged 50 and over)
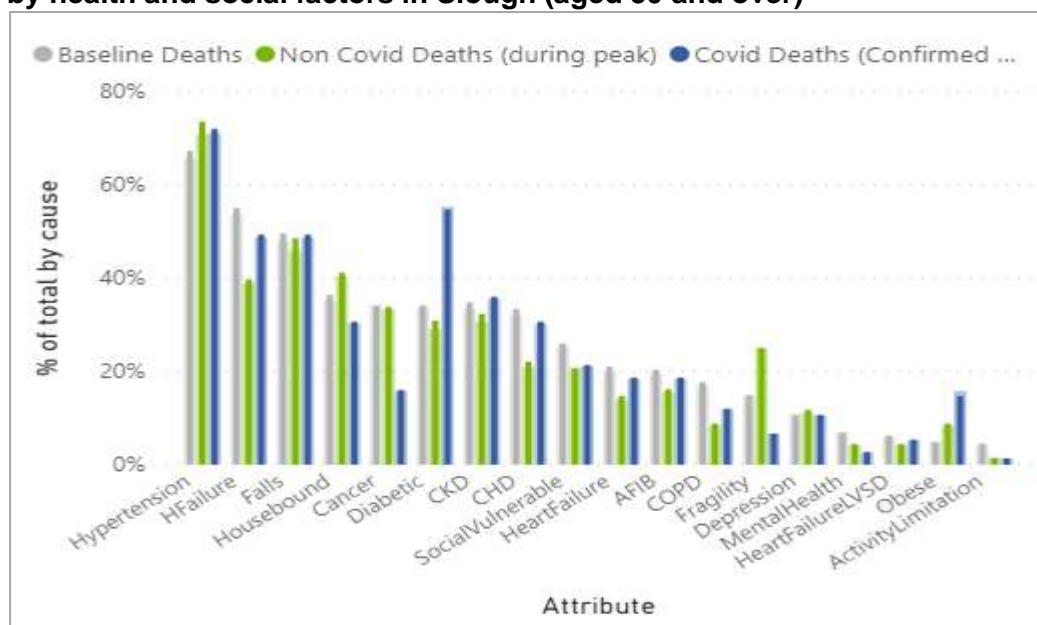
Source: COVID-19 Epidemiology Dashboard 2020 (Frimley Health and Care Integrated Care System)

Excess deaths from confirmed and suspected cases of COVID-19 and non-COVID-19 by number of long-term conditions in Slough (aged 50 and over)

Source: COVID-19 Epidemiology Dashboard 2020 (Frimley Health and Care Integrated Care System)

Excess deaths from confirmed and suspected cases of COVID-19 and non-COVID-19 by frailty in Slough (aged 50 and over)
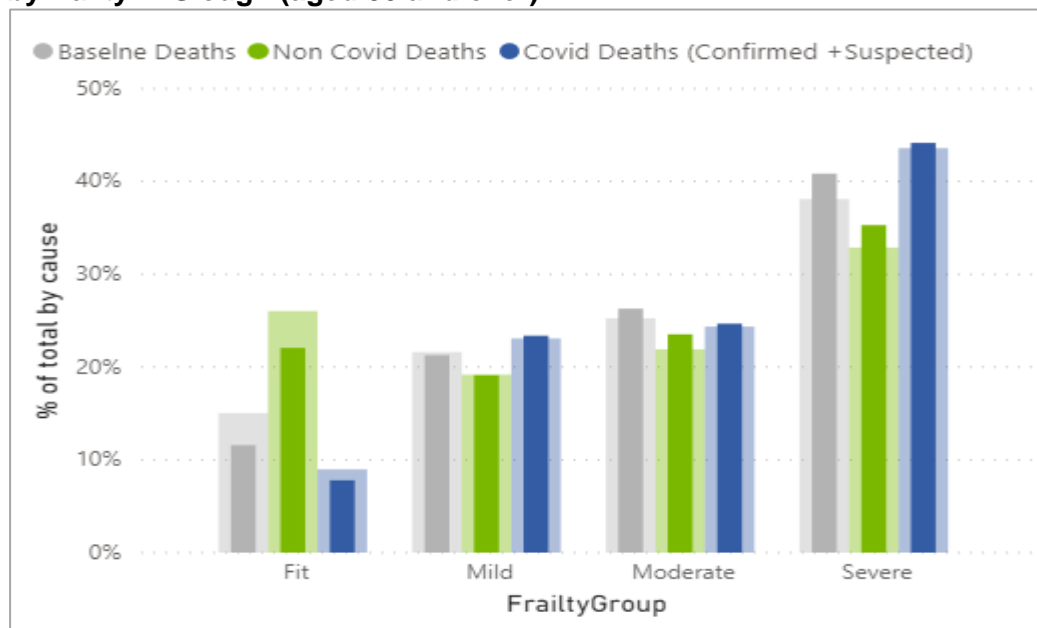
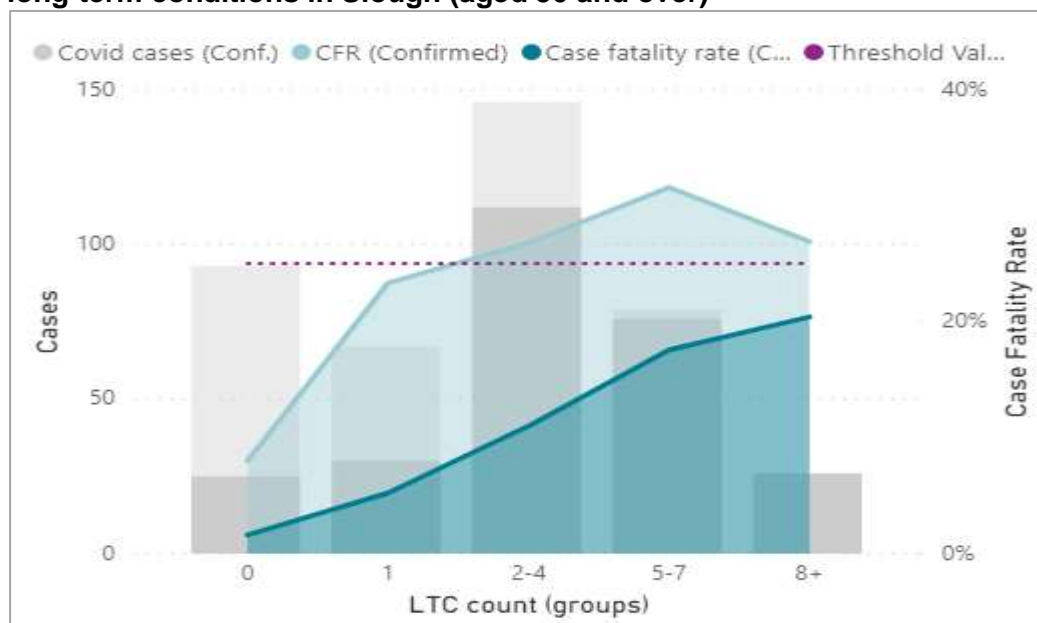Source: COVID-19 Epidemiology Dashboard 2020 (Frimley Health and Care Integrated Care System)

Appendix 4 Case fatality rates from COVID-19

Case fatality rate from confirmed and suspected cases of COVID-19 by health and social factors in Slough (aged 50 and over)
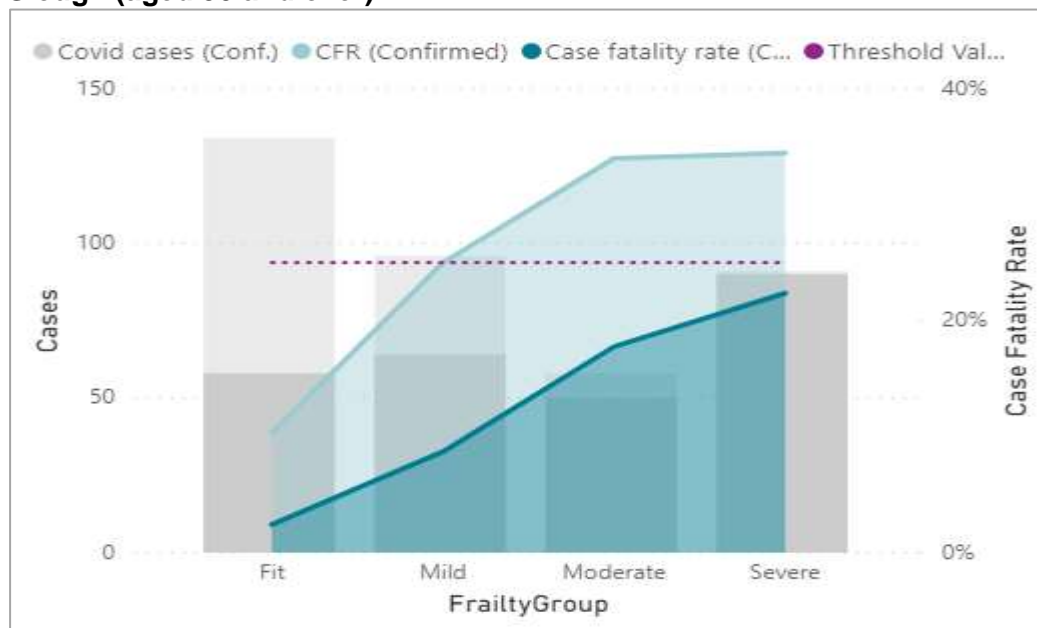

Source: COVID-19 Epidemiology Dashboard 2020 (Frimley Health and Care Integrated Care System)

Case fatality rate from confirmed and suspected cases of COVID-19 by number of long-term conditions in Slough (aged 50 and over)

Source: COVID-19 Epidemiology Dashboard 2020 (Frimley Health and Care Integrated Care System)

44

Case fatality rate from confirmed and suspected cases of COVID-19 by frailty in Slough (aged 50 and over)

Source: COVID-19 Epidemiology Dashboard 2020 (Frimley Health and Care Integrated Care System)