

The impact of COVID-19 on Brighton and Hove: a statistical evaluation

Published: July 2020

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1. Introduction

What does national and local data reveal about how the coronavirus has impacted on our city, its residents, and services?

Since the coronavirus was recognised as a global pandemic, and particularly since lockdown was announced in England on 23 March, we have been presented with an ever-increasing amount of data describing the impacts of the virus (COVID-19). But what does this data say about the impacts for our city and its residents? What are transmission rates like in our city, and how many people have sadly died, directly or indirectly, from the virus? Have certain areas of the city been more affected than others? Which groups have been adversely affected, if any? And what has been the impact on our local hospitals and social care services?

In an attempt to answer these questions, Healthwatch Brighton and Hove has examined a range of published data examining the wider health and societal impacts of the coronavirus (COVID-19). Healthwatch has not produced any of the data shown in this report and we identified most of the data on the UK government, NHS and Office for National Statistics websites.




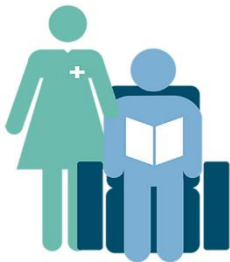
Unsurprisingly, making sense of the available data is challenging for a number of reasons which are important to understand:

- Data/reports often cover different time periods.
- Data is analysed with a specific focus, meaning that comparisons or conclusions are hard, if not impossible, to make.
- Data relies on how the raw data is recorded. For example, data showing deaths related to COVID-19 only includes cases where this is specifically mentioned on the death certificate; whilst numbers of COVID-19 cases are only those which have been confirmed by a test. This means that the data does not fully reflect the whole picture i.e. there will be many more suspected cases involving COVID-19.
- There are often delays in the data being reported.
- The published data is rapidly changing. For example, in July, the government altered the way it reported on the number of confirmed cases of COVID-19 for each local authority. This resulted in a higher overall number of cases for Brighton and Hove, from 489 on 25th June to 764 on 2nd July. This change **did not** however represent an increase in new cases as the revised data was backdated. This demonstrates how rapidly the data is changing.
- Much of the available data reflects the national picture only and has not been recreated locally.

Our report focusses on data pertinent to Brighton and Hove but we have also included some national and regional data in Annex A, although this is limited.

The data described in this report is accurate as at the date of writing (July 2020). And the picture we present will undoubtedly change.

2. Executive summary of statistical data: July 2020

	<p>CONFIRMED CASES</p> <p>As at the 15 July, the number of confirmed COVID-19 cases in the city stood at 779 (out of a local population of 290,885). This is based on tests conducted in both NHS and commercial laboratory settings.</p> <p><i>Data source: UK Government</i></p>
	<p>NUMBER OF DEATHS</p> <p>As at the 3 July, the number of deaths where COVID-19 was mentioned on the death certificate, stood at 158. The total number of deaths (any cause up to 3 July) in the city as this date was 1,169. <i>Data source: Office for National Statistics</i></p> <p>Separate data on the number of deaths occurring in the period 1 March to 31 May 2020, indicates that the Woodingdean area recorded the highest number of deaths within the city, with 14 deaths. - <i>Data source: Office for National Statistics</i></p>
	<p>LOCAL HOSPITALS</p> <p>As at 15 July, 147 deaths were registered of patients who had sadly died in hospitals within the Brighton and Sussex University Hospital NHS Trust. These are patients who had tested positive for COVID-19. <i>Data source: NHS England</i></p> <p>Separate data has predicted where residents of the city are at highest risk of hospitalisation from COVID-19. The data suggests areas such as Saltdean, Woodingdean, Mile Oak, Westdene and Hove seafront. <i>Data source: Oxford University</i></p>
	<p>CARE HOMES</p> <p>As at 9 July, 44 care homes in Brighton and Hove had reported a suspected or confirmed outbreak of COVID-19 to Public Health England. There are 92 care homes in our city. There is no indication of whether the reported outbreaks were confirmed, are still active or have been resolved.</p> <p><i>Data source: UK Government</i></p>

3. What the data reveals about Brighton and Hove

- 2.1 The first thing to note is that Healthwatch has identified fewer data publications showing the impact at the local level, so it is not possible to explore the full impact which COVID-19 has had on our city. For example, we have not been able to identify local data showing daily death rates or hospital admissions and discharges related to COVID-19, although this is not to say that the data is not available.

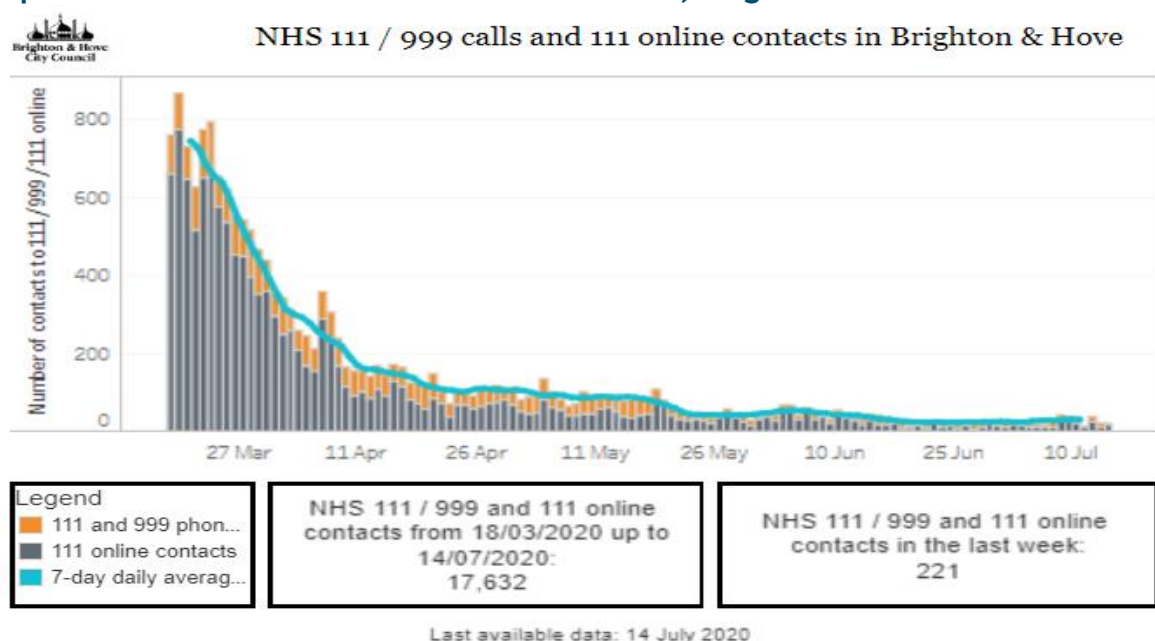
Covid-19 - key statistics for Brighton & Hove

- 2.2 In July, local data around COVID-19 since March 2020 was published on the [Brighton and Hove Council website](#), including:
- a) the number of times people have been assessed through NHS helplines as having symptoms of COVID-19
 - b) the number of confirmed cases of COVID-19
 - c) the number of deaths in 2020 in Brighton & Hove.
- 2.3 The graphs (see below) are updated daily during the week, except for the number of deaths which is updated weekly.

Numbers assessed through NHS helplines up to 14 July 2020

- 2.4 Graph one below shows **the number of assessments** carried out by NHS helplines (111 and 999 phone calls and 111 online) for people who were assessed as having symptoms of COVID-19. The figures show the number of assessments and **not** the number of people who contacted the NHS. This data is an important early warning indicator and health experts have shown a strong association between changes in these figures and changes in the number of deaths from COVID-19 that happen 16 days later. **The graph clearly shows the decline in assessments since March 2020.**

Graph one: NHS 111/999 calls and 111 contacts, Brighton and Hove

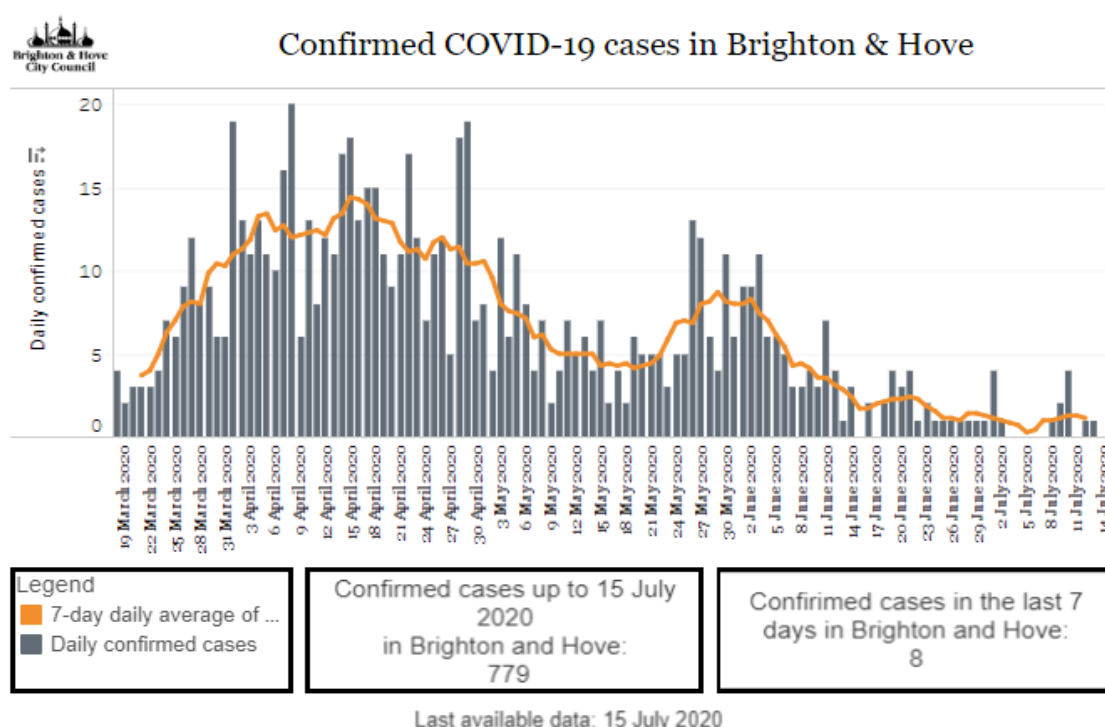


This data is [published daily by NHS Digital](#).

Confirmed cases of COVID-19 in Brighton and Hove

- 2.5 Graph two shows the **number of confirmed COVID-19** cases in the city. It gives a rolling 7-day average which is a better indication of local trends than daily figures, which can go up and down a lot. This includes testing data from two of the four government pillars. Pillar 1 tests are those conducted within the NHS, and pillar 2 are those carried out by commercial laboratories (please refer to the glossary section for more information about pillars). **The average numbers of confirmed cases have declined since April and remained low overall.** Because numbers are low (no greater than 20 over a 7-day period) then even a slight increase can reflect as a spike but this does not however represent a surge in new cases.

Graph two: confirmed COVID-19 cases, Brighton and Hove



This data is [published by the Public Health England](#).

Brighton and Hove compared with other local authorities

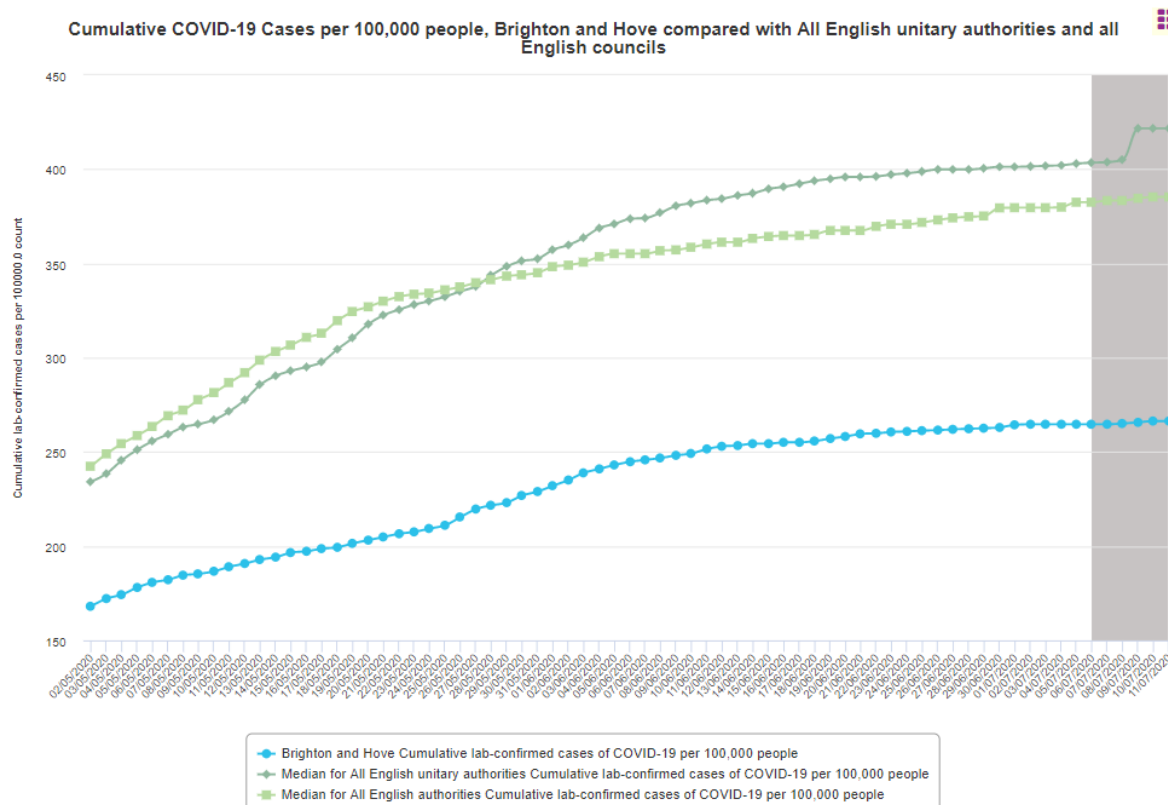
- 2.6 In addition to the data published by the Council, the [Local Government Association](#) has produced a tool which allows comparisons between Brighton and Hove and the average of other English councils of the **number of confirmed hospital cases of COVID-19**. This data is collated by Public Health England and published on the [Coronavirus \(COVID-19\) cases in the UK Dashboard](#).
- 2.7 We have included two graphs and one table which show data up to early July. These show the number of people affected by COVID-19 per 100,000 of the population. The population for Brighton is 290,885.

- 2.8 Table one and graph three shows that the cumulative (total) number of COVID-19 cases per 100,000 of the population is lower than the national Local Authority median. They show that **numbers of reported COVID-19 cases from hospitals in Brighton and Hove have remained lower than the median since reporting began.**
- 2.9 Graph four shows the number of daily confirmed cases per 100,000 of the population. The peaks in the graph are misleading as the data relates to very small numbers of cases overall, and an increase of one or two cases can show what appears to be a peak in the graph.

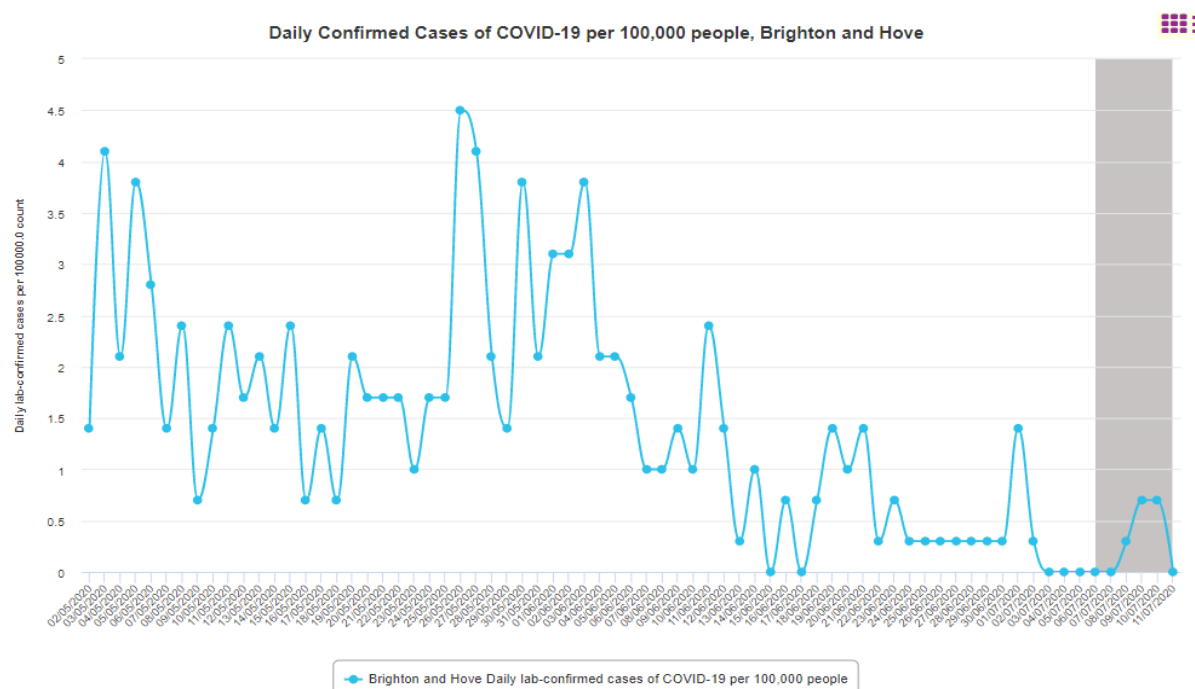
Table one: Cumulative cases of COVID-19 (6 July)

Area	Cumulative cases of COVID-19, total confirmed	Cumulative lab-confirmed cases of COVID-19 per 100,000 people	
	06/07/2020		
	Count	Count (per 100000 people)	
Brighton and Hove ↑↓	770 ↑↓	264.7 ↑↓	
Median for All English unitary authorities	875	403.5	
Median for All English authorities	549	382.5	

Graph three: cumulative cases of COVID-19 per 100,000 people (11 July)



Graph four: daily confirmed cases of COVID -19 per 100,000 people, Brighton and Hove (11 July)



Deaths linked to COVID-19 in Brighton and Hove

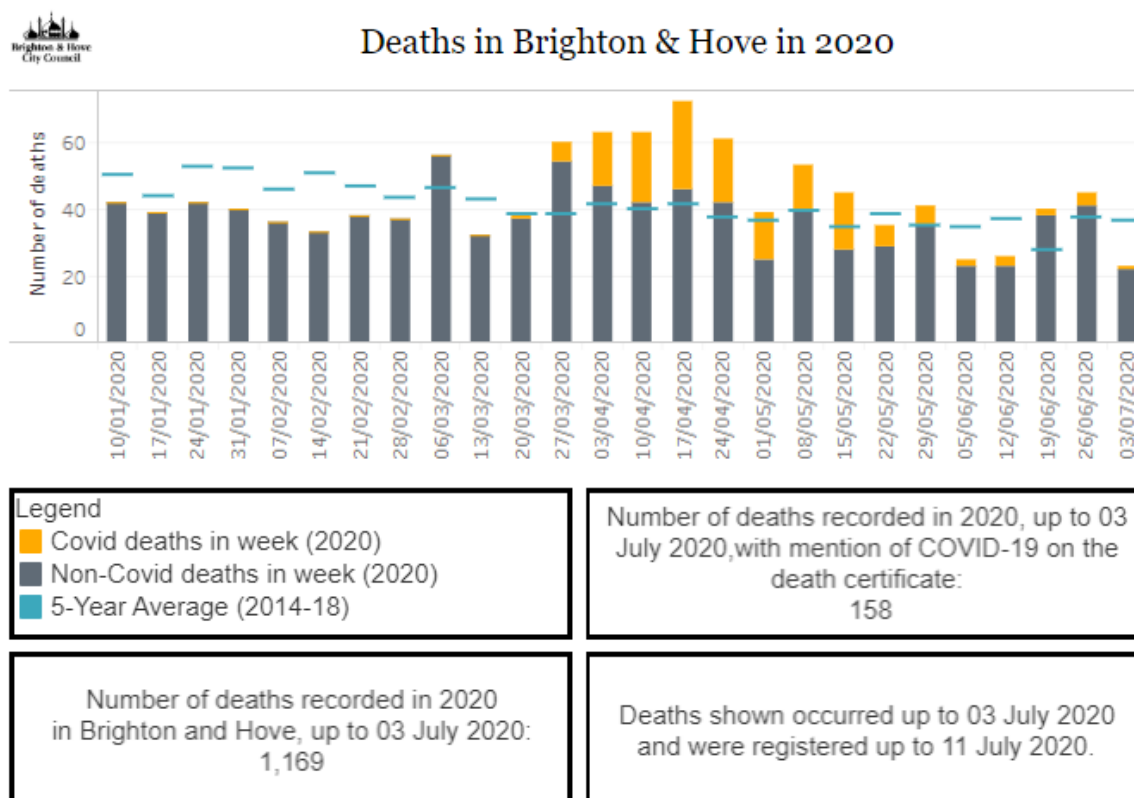
2.10 Graph five (taken from the [Brighton & Hove City Council key statistics website](#)), and table 2 show:

- The number of deaths of Brighton & Hove residents where COVID-19 was recorded on the death certificate (yellow)
- The number of deaths with no mention of COVID-19 (grey)
- The average number of deaths for the equivalent weeks in 2014-2018 (blue)
- The blue lines show if there are more deaths this year than on average.

2.11 The data shows the number of deaths by the week in which the death occurred, and include deaths registered up to eight days after they occurred (the date on the graph indicates the week ending on that date). This means the numbers are revised if more deaths are registered later which occurred in previous weeks.

2.12 The data indicates that the number of deaths related to COVID-19 has remained relatively low: the highest weekly count was 26 deaths recorded in the week ending 17 April 2020. The weekly number of COVID-19 deaths has been reducing since the end of May and have been averaging five or fewer since then. Graph 5 clearly shows the number of additional deaths which have been attributed to COVID-19, and that total deaths exceeded the previous 4-year average (2014-2019) in 11 of the 15 weeks shown.

Graph five: deaths in Brighton and Hove (3 July)



Data is [published by the Office for National Statistics](#).

Table two. The data shown in Graph 5 is also summarised in the table below.

Week ending	COVID deaths in week	Non-COVID deaths in week	Weekly total number of deaths	5-year average deaths per week 2014-2018
3.7.20	1	22	23	37.2
26.6.20	4	38	42	38
19.6.20	2	37	39	28.4
12.6.20	3	23	26	37.8
5.6.20	2	22	24	35
29.5.20	5	36	41	35.6
22.5.20	6	29	35	39
15.5.20	17	28	45	35.2
8.5.20	14	39	53	40.2
1.5.20	14	25	39	37
24.4.20	19	42	61	38
17.4.20	26	46	72	42
10.4.20	21	42	63	40.6
3.4.20	16	47	63	42
27.3.20	6	54	60	39.2

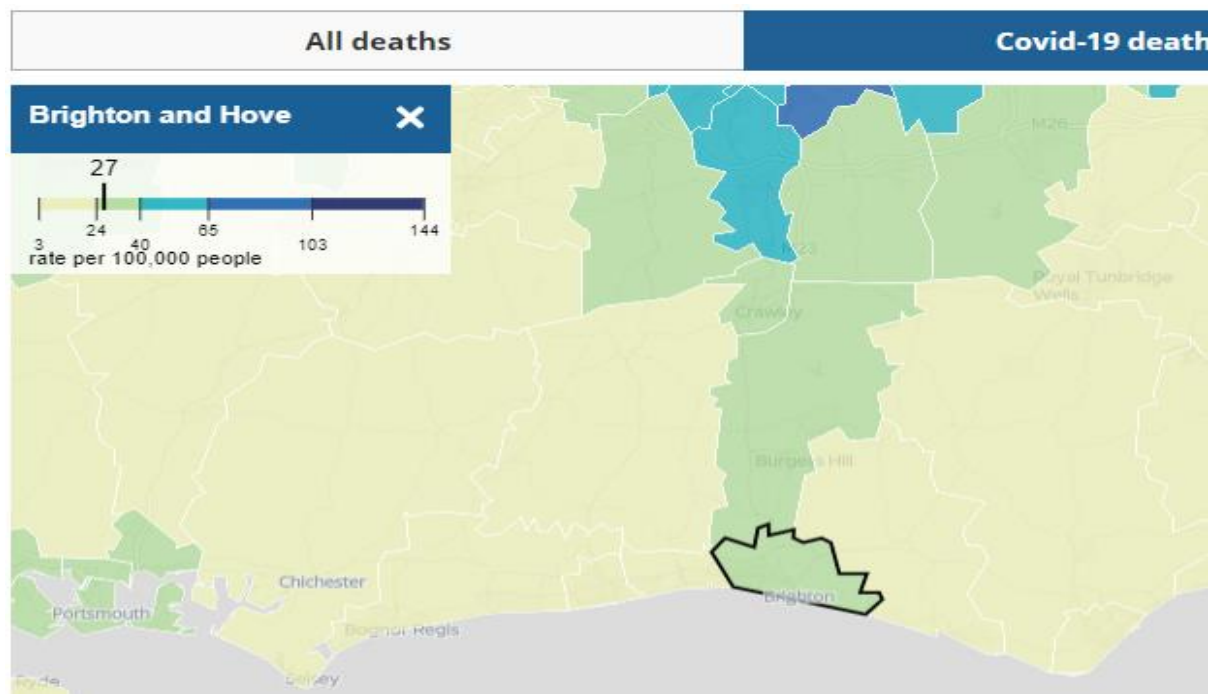
Death rates per 100,000 of the population

- 2.13. Another way of examining the data is to look at death rates per 100,000 of the population. An [interactive map](#) produced by the Office for National Statistics allows us to see the death rates linked to COVID-19 per 100,000 of the population as well as all deaths registered regardless of cause for Brighton and Hove. This is shown in table three below where we have included rates for surrounding areas (this is not to provide a comparison which cannot be made given the different geographical areas, population densities and demography). Maps one and two provide a pictorial representation of this data.

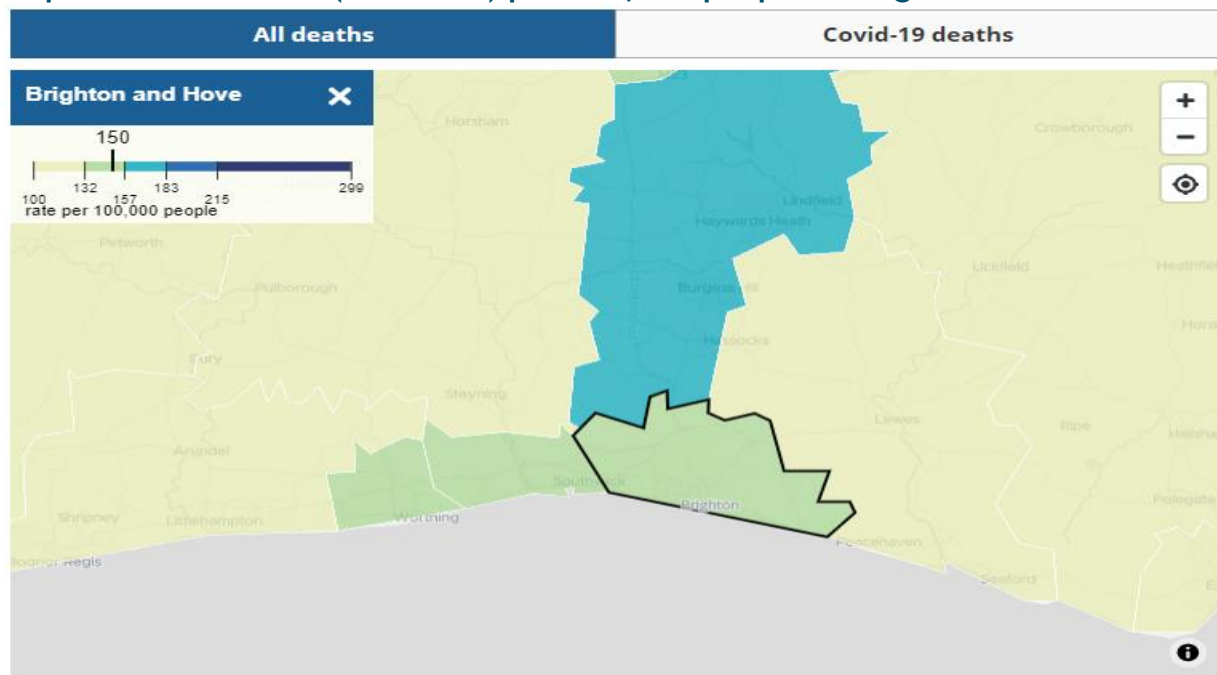
Table three: death rates per 100,000 people

	Rates of deaths related to COVID per 100,000 population	All deaths (any cause) per 100,000 population
Brighton and Hove	27	150
Adur	12	12
Mid Sussex	36	157
Lewes	24	127
Horsham	18	124

Map one: COVID-19 related death rates per 100,000 people in Brighton and Hove



Map two: death rates (all causes) per 100,000 people in Brighton and Hove

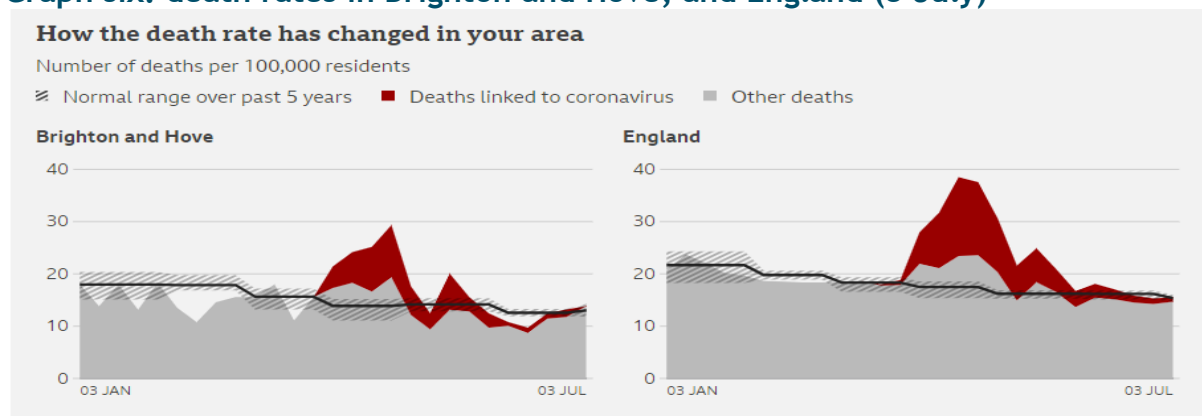


Source: Office for National Statistics.

Deaths rates per 100,000 of the population compared with the rest of England

- 2.14 Data [produced by the BBC](#) taken from the Office for National Statistics allows a comparison to be made between Brighton and Hove and England. Graph six below shows the number of deaths per 100,000 residents, and the average levels of deaths reported over the last 5 years. This **shows that Brighton and Hove mirrored the national trend with a peak in deaths related to COVID-19 in April, followed by a downward trend thereafter. It now looks as if the number of deaths related to COVID-19 in Brighton and Hove is no longer significantly adding to the average number of deaths that would be expected in a normal year i.e. the number of additional deaths from COVID now appears to be very low (supported by table two above)**

Graph six: death rates in Brighton and Hove, and England (3 July)



Deaths are death registrations where COVID-19 was mentioned on the death certificate. Source: The Office for National Statistics, National Records for Scotland and Northern Ireland Statistics and Research Agency - updated weekly.

Cases include positive tests of people in hospital and healthcare workers (Pillar 1) and people tested in the wider population (Pillar 2).

Deaths recorded by Brighton and Sussex University Hospitals NHS Trust

2.15 A limited amount of data is available showing deaths recorded by NHS Trust. Our local Trust, Brighton and Sussex University Hospitals NHS Trust, has recorded a total of 147 deaths since the beginning of the outbreak. This data is published by [NHS England](#) and is available here: [COVID 19 total announced deaths 15 July 2020](#)

2.16 For interest (comparisons are not appropriate) other Sussex Trusts have recorded the following numbers of deaths:

Brighton and Sussex University NHS Trust	147
East Sussex Healthcare NHS Trust	93
Surrey and Sussex Healthcare NHS Trust	259
Sussex Community NHS Foundation Trust	18
Western Sussex Hospitals NHS Foundation Trust	113

Deaths recorded by area of the city

2.17 The [Office for National Statistics](#) has produced data on deaths involving COVID-19 by local area. The data is available by postcode and relates to something called “Middle Layer Super Output Areas”. These are areas with a small statistical count (average around 7,000 people), but where each area has a similarly sized population and remains stable over time. The Office for National Statistics divided the city into 31 areas shown in table four.

2.18 Healthwatch examined an [interactive map](#) produced by the Office for National Statistics which shows the number of deaths occurring in the period 1 March 2020 and 31 May 2020 and registered by 6 June 2020, where COVID-19 was mentioned as a cause on the death certificate. The results are shown in table four and map three. The data indicates that the highest number of deaths was recorded in the Woodingdean area of the city, with 14 deaths.

2.19 In map three, each green circle is representative of the overall number of recorded COVID-19 deaths, and so a larger circle indicates a higher number of deaths. As can be seen in map three below the number of deaths where COVID-19 is recorded on the death certificate is relatively low across the entire city. It is important to note that this data only covers the period from 1 March to 31 May 2020 and the numbers of deaths are not equal to those shown in the graphs produced by the Council.

Map three and table four below both show: the number of deaths occurring in the period 1 March 2020 and 30 June 2020 and registered by 6 June 2020, where COVID-19 was mentioned as a cause on the death certificate

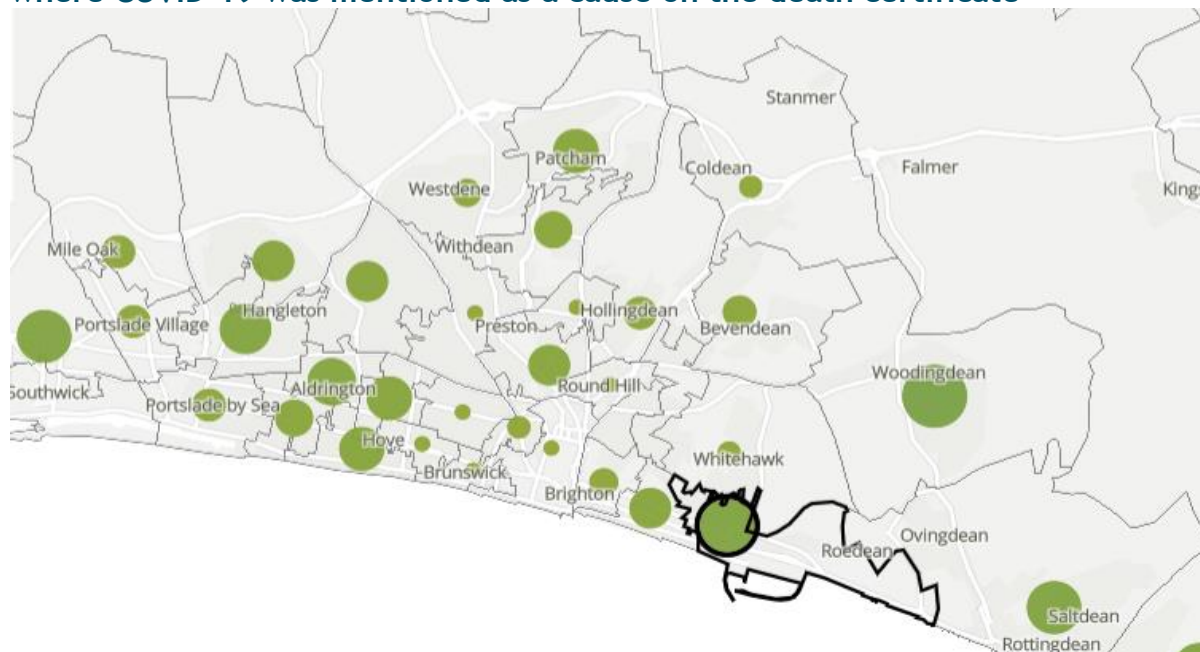


Table four

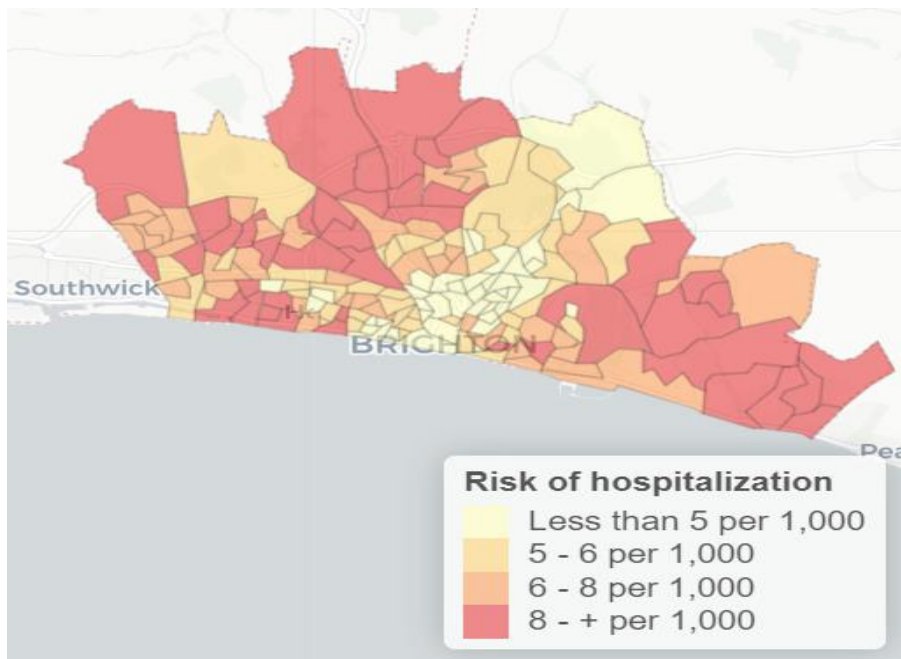
Area (as defined by ONS)	Dataset (up to May) - COVID-19 deaths				
	March	April	May	June	Total
1. Aldrington	1	1	6		8
2. Aldrington South	1	3	1		5
3. Bevendean and Moulsecoomb East	1	0	3		4
4. Brunswick	0	1	0		1
5. Coldean and Moulsecoomb North	0	1	1		2
6. Fiveways	0	0	1		1
7. Goldsmid West	1	2	4		7
8. Goldsmid East	0	0	1		1
9. Hangleton North	1	3	2		6
10. Hangleton South	2	6	1		9
11. Hollingbury	0	1	4		5
12. Hollingdean and Moulsecoomb West	0	3	1		4
13. Hove Central	0	0	1		1
14. Kemp Town	2	4	0		6
15. King Alfred	0	6	1		7
16. Mile Oak	0	4	0		4
17. North Laine and the Lanes	0	1	0		1
18. Roedean & Marina	0	9	1		10
19. Patcham East	4	2	1		7
20. Patcham West and Westdene	1	1	1		3

21. Portslade By Sea	0	2	2		4
22. Portslade Village	0	4	0		4
23. Preston Park	0	6	0		6
24. Rottingdean and Saltdean	0	4	6		10
25. Roundhill	0	0	1		1
26. St James's St and Queens Park	0	2	1		3
27. Seven Dials	1	1	0		2
28. West Blatchington	2	4	0		6
29. Whitehawk	0	2	0		2
30. Withdean Woods	0	0	1		1
31. Woodingdean	0	2	12		14
Total number of recorded deaths 1 st March to 31 st May 2020					145

Potential impacts of COVID-19 on hospitals

- 2.20 Healthwatch examined data showing potential impacts of COVID-19. An online tool from Oxford University ([The Leverhulme Centre for Demographic Science project](#)) has calculated data known to correlate to vulnerability to coronavirus showing the risk of hospitalisation from COVID-19 in the city. This includes factors such as age, social deprivation, population density, ethnicity and hospital capacity. The data could be used to identify areas that face higher disproportionate healthcare burdens due to COVID-19.
- 2.21 In [Brighton and Hove](#), several areas are in the highest risk category shown in red in the map of the city below. These included parts of North Portslade, Hove and Portslade seafront, Patcham, the Hove Park area, Hangleton, Whitehawk, Ovingdean, Woodingdean, Rottingdean and Saltdean. But the risk of hospitalisation in Brighton city centre was largely less than five per 1,000.

Map four: risk of hospitalization by area of Brighton and Hove



R Number and Growth rates in Brighton and Hove

- 2.22 There are different methods of estimating the transmission rate of COVID-19 and how fast this is rising, or declining. Two methods used by the government are the Reproduction number (R number) and Growth rate.

The reproduction number (R) is the average number of secondary infections produced by 1 infected person. A high R number implies the transmission rate is increasing, a low number means it is declining.

The growth rate reflects how quickly the number of infections are changing day-by-day. If the growth rate is greater than zero (+ positive), then the disease will grow, and if the growth rate is less than zero then the disease will shrink.

- 2.23 The first thing to note, is that neither method has produced meaningful value at the local level and Brighton and Hove Council has previously expressed concerns about data produced about local R numbers. But as the data in this report shows, to date, the rate of diagnosed cases in our city has been relatively low compared to the national picture.
- 2.24 Neither one measure, R nor growth rate, is better than the other but each provide information that is useful in monitoring the spread of a disease. R estimates do not tell us how quickly an epidemic is changing and different diseases with the same R can result in epidemics that grow at very different speeds. The R estimate and growth rates are not the only important measures of the epidemic. Both should be considered alongside other measures of the spread of disease, such as the number of people currently infected.
- 2.25 Table five below shows that the **R number for the South East** is currently 0.8 - 1 and that the growth rate is currently estimated to be between -4 and

0. Data on transmission rates and the number of infections are changing weekly.

Table five: R rates and growth rates per region of the UK (15 July)

Area	R number	Growth rate % per day
England	0.7-0.9	-5 to -2
East of England	0.7-1.0	-4 to +1
London	0.7-1.0	-5 to +1
Midlands	0.7-0.9	-6 to -2
North East & Yorkshire	0.7-1.0	-5 to -1
North West	0.7-1.0	-5 to -1
South East	0.8-1.0	-4 to 0
South West	0.7-1.1	-6 to +1

Impact of COVID-19 on care homes in Brighton and Hove

2.26 Healthwatch has been looking at published data on the impact of COVID-19 care homes. Detailed data about the situation locally is difficult to track down and as we move forward, it is to be hoped that data will become more transparent. What is evident from national and local media coverage is that a large proportion of care homes have reported either suspected or confirmed cases of COVID-19.

2.27 Data routinely published by the government shows the weekly number and percentage of care homes reporting a suspected or confirmed outbreak of COVID-19. Reported cases have been steadily rising over recent weeks across England and in the South East the level stands at 42.1%, which is the fourth lowest out of nine regions.

2.28 We understand however that this data includes information from all types of domiciliary care, and not just care homes. In addition, care homes which report a suspected COVID-19 breakout but where test results subsequently prove to be negative for COVID-19 are not removed from these statistics. These factors may lead to over reporting.

Table six: % of care homes affected by COVID-19 (5 July)

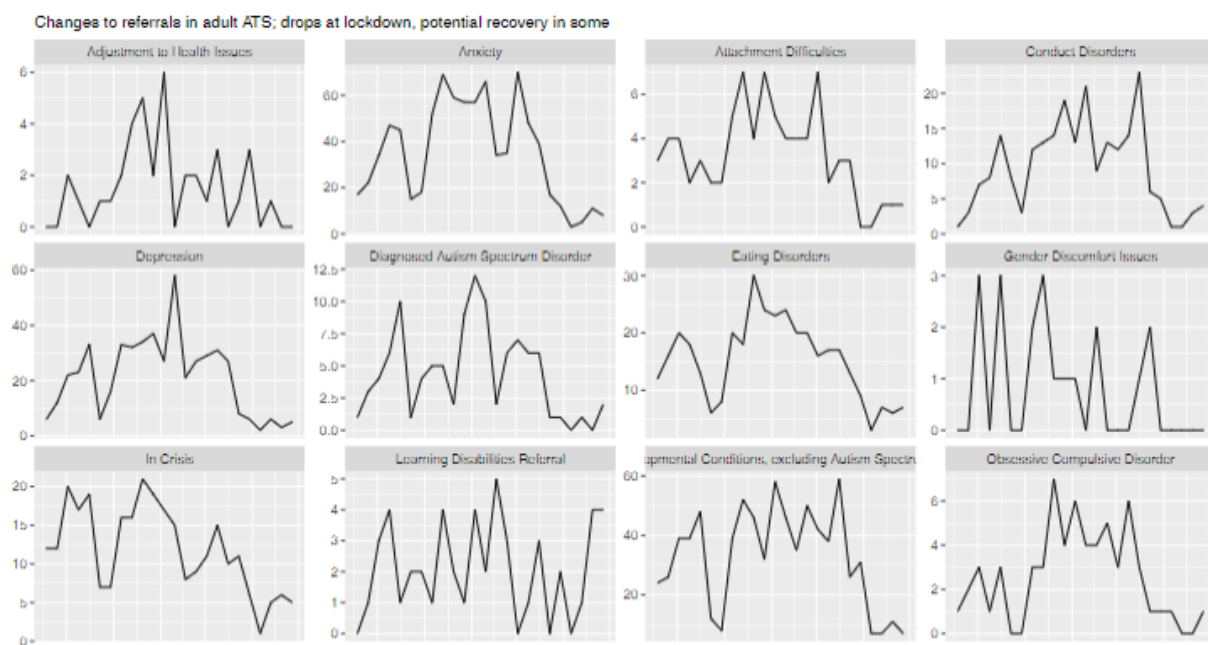
Area	% of care homes affected by COVID-19
North East	54%
London	49.2%
North West	48.8%
Yorkshire and the Humber	47.3%
East of England	47.5%
South East	42.1%

West Midlands	40.7
East Midlands	35.8%
South West	29.7%

Impact of COVID-19 on mental health in Sussex

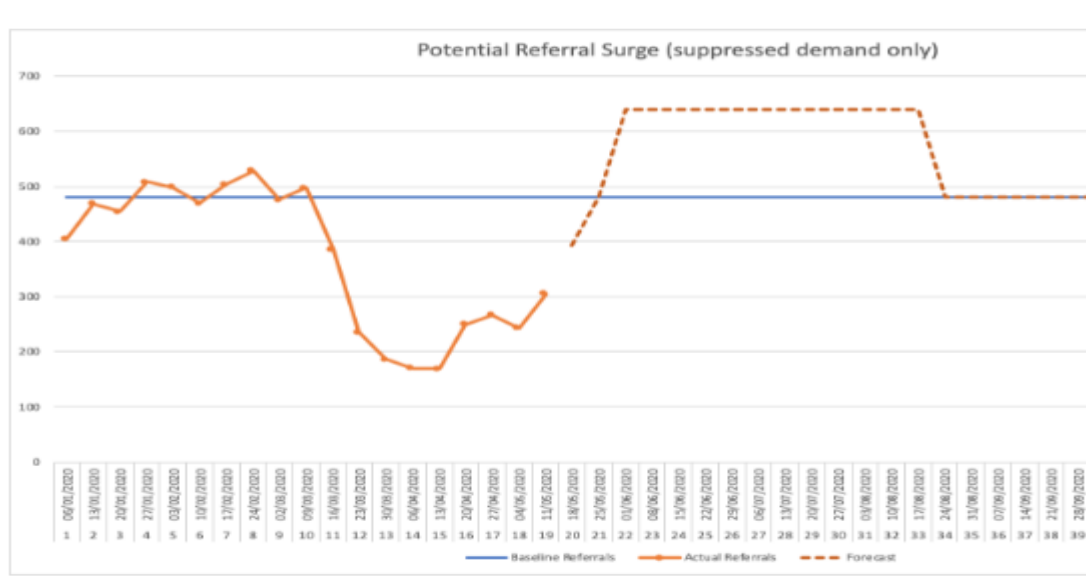
- 2.29 Healthwatch has not identified a comprehensive source of local data showing the impacts of COVID-19 on the mental health of individuals, or on related services. Data shared with Healthwatch by the Sussex Partnership Foundation NHS Trust (SPFT) shows the impacts of COVID-19 on numbers accessing mental health services, indicating a clear drop, although with some signs of recovery beginning to show. Face to face contact dropped by 65% compared with expected levels. This is shown in graph seven.

Graph seven: changes in referrals in adult services after lockdown



- 2.30. The SPFT modelling also shows how demand for services could increase after COVID-19. This data relates to people who would have been expected to be referred to services had COVID-19 not occurred. It is estimated that nearly 13,000 people in Sussex could also experience an increase in mental health problems related to economic downturn.

Graph eight: potential referral surges to mental health services (modelling only)



Annex A. The national picture

This link provides data on the [Number of coronavirus \(COVID-19\) cases and risk in the UK](#). It shows that as of 15 July, the total number of deaths of people who have had a positive test result for COVID was 45,053. The number of people who have had a positive test result was 291,911.

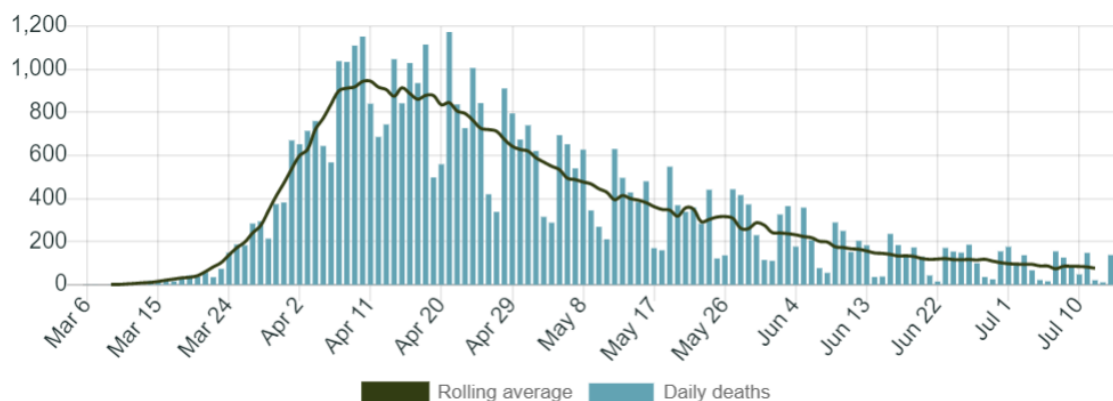
Deaths linked to COVID-19

The way [data on the numbers of deaths from Covid-19](#) changed in April, resulted in an increase in overall numbers. The revised data showed deaths in all settings with COVID-19 for the first-time including hospitals, care homes and the wider community. The new figures did not show a sudden increase in the number of deaths as it included retrospective data.

The [government chart](#) below shows the peak of additional deaths associated with COVID-19 in April 2020, and the downward decline that has been evident since early May. Additional deaths are how many more people than usual have died due to the coronavirus. It was [reported](#) that by week 20 of 2020 the UK death toll - inclusive of both COVID-19 related and non-COVID-19 deaths - was 21% higher than the average of recent years meaning, for every five deaths that occur in the UK in a normal year, six people have died this year to date.

Graph nine:

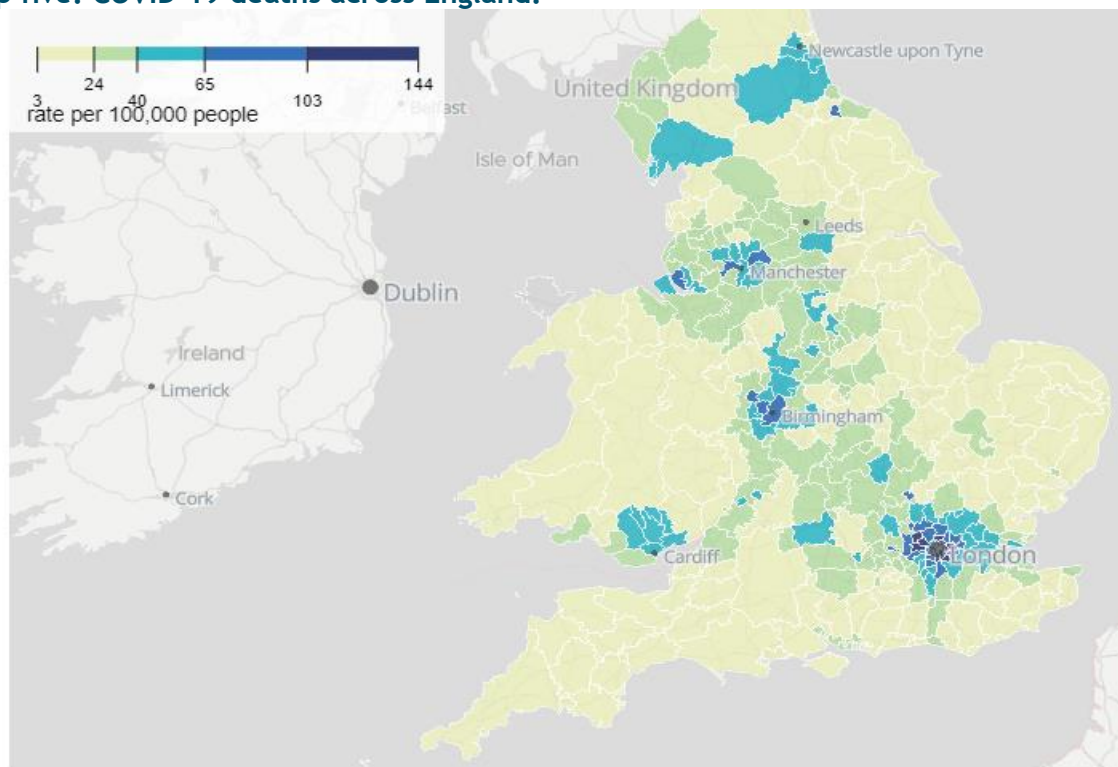
Daily additional COVID-19 associated UK deaths by date reported



Deaths and lab-confirmed case counts and rates for England and subnational areas are provided by Public Health England. All data for the rest of the UK are provided by the devolved administrations. Maps include Ordnance Survey data © Crown copyright and database right 2020 and Office for National Statistics data © Crown copyright and database right 2020. Daily and total case counts are as of 15 July 2020. Daily and total deaths are as of 14 July 2020.

The [ONS map](#) on the next page shows the number of COVID-19 deaths across England. Much of the country is shown in yellow indicating that the rate of deaths per 100,000 people was 24 or lower. The rate in Brighton and Hove is 27 (see page 9 for more information) which means that whilst the local rate is not in the lowest category it falls in the bottom part of the next category (shown in green). Areas with higher rates appear to be largely urban regions.

Map five: COVID-19 deaths across England.



Source: Office for National Statistics.

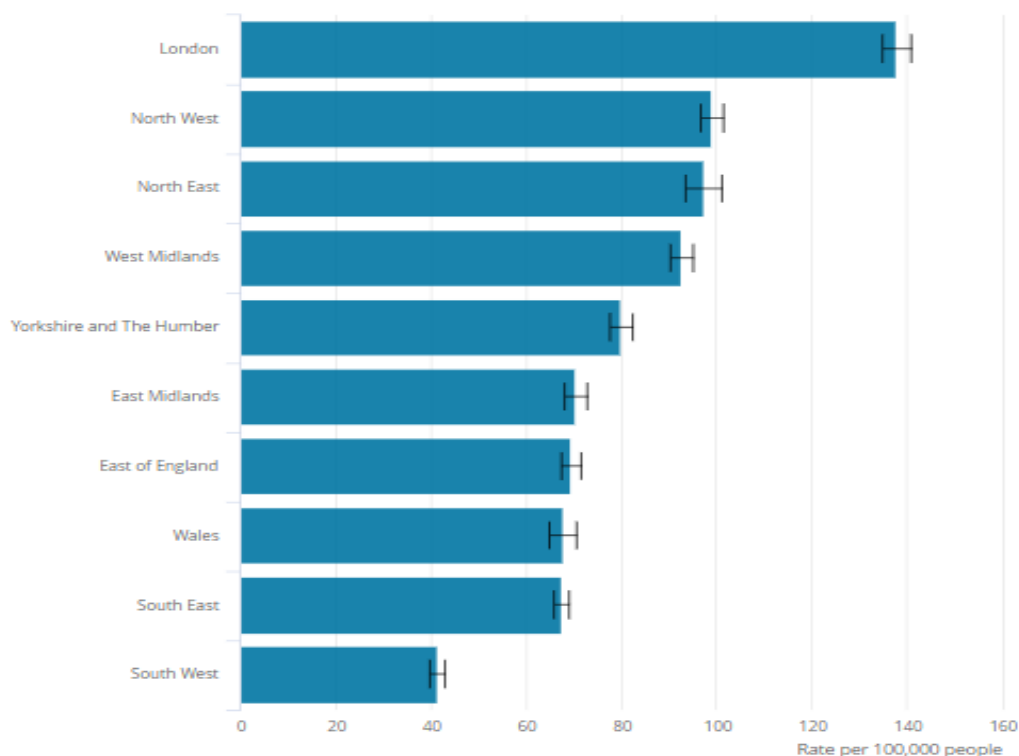
Further ONS data shows [provisional counts of the number of deaths and age-standardised mortality rates involving the coronavirus \(COVID-19\) between 1 March and 30 April 2020 in the UK](#). This ONS release has some interesting findings relating to deaths from COVID-19:

- More deaths occurred in March and April 2020 than the five-year average in all types of location, with care homes having 97.6% more deaths, at home having 40.3% more deaths, hospitals having 22.9% more deaths, and those dying elsewhere having 9.1% more deaths.
- The total number of deaths in the UK occurring in March and April 2020 that were registered by 15 May 2020 was 147,785; this is 44,449 (43.0%) more than the average for the same time period over the last five years, 2015 to 2019.
- Of the total number of deaths, 38,156 (25.8%) involved the coronavirus (COVID-19); male deaths involving COVID-19 accounted for 56.6% of these, with females accounting for 43.4%.

[ONS data](#) also shows that London had the highest age-standardised mortality rate of deaths involving the coronavirus (COVID-19) occurring between 1 March 2020 and 31 May 2020 and registered by 6 June 2020. The South East had the second lowest rate. This is shown in graph 10 below.

Graph ten: age standardised mortality rates for death involving COVID-19 (1 March - 31 May)

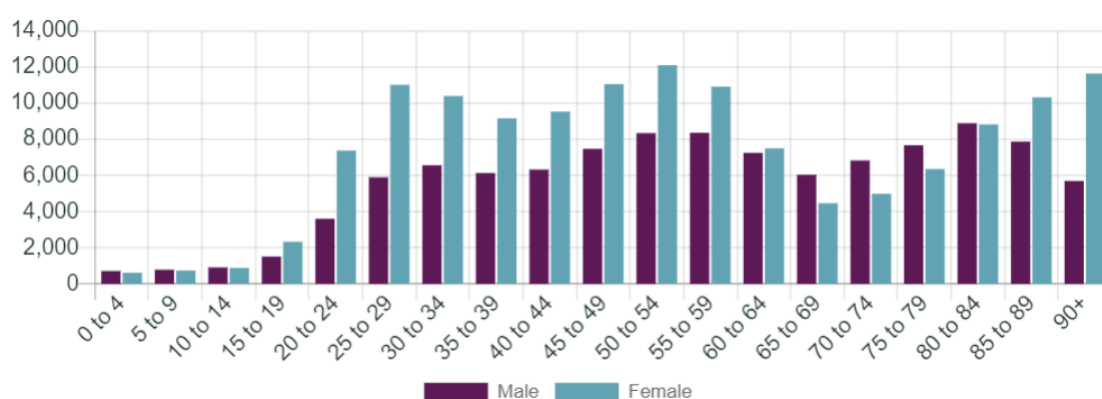
Age-standardised mortality rates for deaths involving the coronavirus (COVID-19), per 100,000 population, English regions and Wales, deaths occurring between 1 March and 31 May 2020



The table below shows the affect that COVID-19 has had on older people (70 years and over) up to 15 July, both in terms of [confirmed cases](#) and death rates. Overall, the highest rate of death involving COVID-19 was in males aged 90 years and over.

Graph eleven:

Total number of lab-confirmed cases in England by age and sex



Annex B. Wider impacts

This section includes some limited data from reports which show the impacts of COVID-19 on Black, Asian and minority ethnic (BAME) communities and people living with a disability. This data only relates to the wider impacts and does not show the impact at a local level. Healthwatch has not identified any local data.

The impact of COVID-19 on Black, Asian and minority ethnic (BAME) communities.

A [government report](#) indicated that there is clear evidence that COVID-19 does not affect all population groups equally. A review conducted by Public Health England has shown that people of Bangladeshi ethnicity had around twice the risk of death when compared to people of White British ethnicity. People of Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity had between 10 and 50% higher risk of death when compared to White British. Death rates from COVID-19 were higher for Black and Asian ethnic groups when compared to White ethnic groups.

A [ONS report](#) looked at deaths related to the coronavirus (COVID-19) by ethnic group, including death counts, age-standardised mortality rates, and hazard rate ratios by age, sex and ethnic group. This revealed that for all ages the rate of deaths involving COVID-19 for Black males was 3.3 times greater than that for White males of the same age, while the rate for Black females was 2.4 times greater than for White females.

The [Care Quality Commission](#) published data on deaths in care settings broken down by ethnicity. This data indicates a disproportionate number of deaths among people from BME groups. They state that there is a lack of data on ethnicity across adult social care as a whole. It shows that while the vast majority of all reported deaths from adult social care settings were White people the proportion of deaths in all adult social care services due to confirmed or suspected COVID-19 was higher for Black (49%) and Asian (42%) people compared to White people (41%) and people from mixed or multiple ethnic groups (41%).

The impact of COVID-19 on people with disabilities (14 May to 24 May 2020).

The [Care Quality Commission](#) has published data on deaths of people with a learning disability to better understand the impact of coronavirus (COVID-19). This analysis looked at all deaths notified to CQC (Care Quality Commission) between 10 April and 15 May. It shows that **386** people with a learning disability were receiving care from services which provide support for people with a learning disability and/or autism. For the same period last year **165** people with a learning disability, some of whom may also be autistic, died who were receiving care from services which provide support for people with a learning disability and/or autism. This is a **134%** increase in the number of death notifications this year. Of the 386 people who have died this year, **206** were as a result of suspected and/or confirmed COVID-19 as notified by the provider and **180** were not related to COVID-19.

Glossary of some terms

Definition of testing pillars

- pillar 1: swab (antigen) testing in Public Health England (PHE) labs and NHS hospitals for those with a clinical need, and health and care workers
- pillar 2: swab (antigen) testing for the wider population
- pillar 3: serology testing to show if people have antibodies from having had coronavirus
- pillar 4: blood and swab testing for national surveillance supported by Public Health England, the Office for National Statistics, and research, academic, and scientific partners to learn more about the prevalence and spread of the virus and for other testing research purposes, such as the accuracy and ease of use of home testing.

Cumulative number

A running total, or cumulative sum. This is a **sequence of partial sums of a given data set**. It is used to show the summation of data as it grows with time (updated every time a new number is added to the sequence)

Median

Is a value separating the higher half from the lower half of a data sample. For a data set, it may be thought of as "the middle" value. If all the individual data is listed the median is the one half way along that list.

The reproduction number (R)

is the average number of secondary infections produced by 1 infected person. A high R number implies the transmission rate is increasing, a low number means it is declining. The R number range for the UK as a whole is currently estimated to be between 0.7-0.9 as of 5 June 2020 which implies the transmission rate is declining (for up-to-date numbers of coronavirus (COVID-19) cases and risk in the UK, click [here](#)).

The growth rate

Reflects how quickly the number of infections are changing day-by-day. It is an approximation of the change of number infections each day and If the growth rate is greater than zero (+ positive), then the disease will grow, and if the growth rate is less than zero then the disease will shrink. The size of the growth rate indicates the speed of change. A growth rate of +5% will grow faster than one with a growth rate of +1%. Likewise, a disease with a growth rate of -4% will be shrinking faster than a disease with growth rate of -1%. **The current growth rate for the UK as a whole is -4% to -2% which implies that infection rates are shrinking.**

How to contact Healthwatch

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