Cumbria County Council

Cumbria Local Resilience Forum

CUMBRIA RESILIENCE

Equality Impact Assessment (EqIA)

Emergency Plan Name	**Cumbria COVID-19 Local Outbreak Control Plan**
Plan Version/Date	**Version 1.0.0 with consultation amendments**
Plan Owner	**Lead Authority: Cumbria County Council** **Directorate: Public Health** **Lead Officer: Colin Cox**
EqIA Completed by	**Aftab Khan, Emergency Planning Officer, CCC – Resilience Unit**
EqIA Date:	**24th August 2020**
Review Date	**31st January 2021**

Record of Amendments

Version	Date of Amendment	Amendment	Amended by
Version 1.0.0 with consultation amendments	21st August 2020	Consultation Amendments included	CCC Public Health and CCC Resilience Unit
Version 1.1.0	24th August 2020	Action plan added and agreed	CCC Public Health and CCC Resilience Unit

1- Purpose
What is the purpose and aims and objectives of the Plan?

The **Cumbria COVID-19 Local Outbreak Control Plan** describes Cumbria's approach to managing outbreaks of COVID-19. It is in three parts:

Part 1 (this document) describes the overall strategy and approach being taken.
Part 2 sets out the detail of the operating procedures that each element of the local system will follow.
Part 3 lists key contact details that may be required by people responding to incidents and outbreaks.
The plan reflects a multi-agency response to COVID-19. As such it has been developed through the Cumbria Local Resilience Forum (CLRF) and forms part of the overall Cumbria Emergency Plan (CEP) framework. All partners to the Cumbria Local Resilience Forum (CLRF) endorse this plan and will contribute as appropriate to delivering it.

The primary responsibility for the production of this plan lies with the County Council as the upper-tier authority. CCC Public Health and CCC Resilience Unit have overall responsibility for the development of this plan and it's Equality Impact Assessment (EqIA).

For further information about the plan, please see
https://www.cumbria.gov.uk/publichealth/covid19outbreakcontrol.asp

Aims and objectives

Aim - To prevent avoidable mortality and reduce harm from COVID-19, and to allow lockdown restrictions to be safely relaxed.

Objectives

- To establish a robust local multi-agency approach to infection prevention and control and outbreak management;
- To prevent outbreaks of COVID-19 by early identification of, and intervention in, individual incidents in key settings;
- To reduce the extent and severity of outbreaks by rapid testing, contact tracing and implementation of appropriate control measures;
- To ensure that outbreak control measures are proportionate to risk and take account of wider public health and other socio-economic considerations.

What are the arrangements for responding to the Emergency under this plan

Cumbria COVID-19 Local Outbreak Control Plan - Local arrangements

Details on local arrangements relating to outbreak management are included in the Outbreak control plan available at https://www.cumbria.gov.uk/publichealth/covid19outbreakcontrol.asp

What is this EqIA about?

This Equality Impact Assessment (EqIA) provides foresight on equality impacts of the **Cumbria COVID-19 Local Outbreak Control Plan.** An emerging body of national research led by Public Health England has pointed to the unequal impact of COVID-19 as identified in the Cumbria overarching EqIA for COVID-19 Community Impact (01-07-2020) in terms of:

- Exposure to infection and mortality rates;
- Exacerbation of structural inequalities;
- Accessibility of information and services;
- Challenges around stigma and trust.

This EqIA highlights the need for taking a proactive approach to ensure equitable access to services for all during the implementation period of the local Outbreak Control Plans by;

- **Improving the qualitative and quantitative data collection and analysis process to inform targeted response and recovery;**
- **Working more closely with District Councils, emergency services, voluntary and business sector to widen the access to and sharing of information and data relating to local outbreaks, settings and events;**
- **Making warning and informing processes regarding COVID-19 local outbreak control easy to read and accessible via conventional, community and social media networks;**
- **Establishing an effective warning and informing process for reaching out to vulnerable groups and individuals with protected characteristics in the communities;**
- **Mapping underrepresented communities and all high risk and complex settings;**
- **Engaging with the people living or working in high risk and complex settings;**
- **Building capacity and fostering partnerships within diverse communities and organisations for Covid-19 prevention and implementation of the Cumbria local Outbreak Control Plan;**
- **Making testing and tracing arrangements equitably accessible for rural communities and vulnerable groups.**

Sources of Information

COVID-19 Local Outbreak Control Plan Data Sources

All chief executives and directors of public health received a letter, and **its attachment, which captures the data sources on COVID-19** that are currently publicly available on the Test and Trace service, outbreaks and broader surveillance related to COVID-19; summarised as follows:

- **National figures for COVID-19 tests, cases, deaths for the UK** and every country of the UK are produced daily
- **National figures for the NHS Test and Trace service** are produced weekly
- The **Weekly Coronavirus Disease 2019 (COVID -19) Surveillance Report** summarises information from a variety of surveillance systems covering national data including on cases, age, gender, races and ethnicity. There is also regional data and weekly rates of cases by the local authority including a PHE top 10 of councils with public health responsibility with the highest weekly rate of cases
- The **Coronavirus (COVID-19) in the UK dashboard** contains information, at all council levels, on cases and rates and is updated daily
- From 10 July, **weekly case numbers at middle layer super output area** are available on a map and in a spreadsheet (in the "about data" section)
- On Friday 3 July, NHS-Digital released a **public version of the Containment dashboard**, progression**,** which enables triages and cases to be tracked through time.

COVID-19 cases data from LG Inform

Local authority report showing the number and rates of COVID-19 hospital cases by authority, compared to others
England overview report showing the number of COVID-19 cases and deaths across England as a whole, and the top ten councils for number and rate of cases
Weekly deaths report providing a summary of the Office for National Statistics (ONS) weekly deaths data
Care homes report focusing on deaths in care homes in particular
Vulnerable groups report providing estimates of local authority populations likely to be vulnerable to COVID-19
Area characteristics report comparing case rates across all local authorities to other factors at a local area level, such as deprivation.
For further details, please see https://www.local.gov.uk/our-support/coronavirus-information-councils/COVID-19-service-information/COVID-19-test-trace-and

Notes of the meetings of Cumbria LRF SCG and TCG
Notes of the meetings of Cumbria Health Protection Board
Targeted community engagement – Feedback from diverse community groups
Feedback and situational awareness from the frontline Staff
Responses from the Public consultation on Outbreak Control Plan
Cumbria Observatory

Overview of protected characteristics in Cumbria

Age - The total population of Cumbria as per ONS 2019 estimates is 500,012. 24.5% persons are over 65+ an older age profile when	**Disability -** A person has a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on that	**Gender reassignment -** There is lack of reliable data at national or Cumbria level relating to the number of people who have/or seeking gender reassignment or

compared with England 18.4% and 18.7 NW. 59.1% persons are aged (16-64) and 16.5% persons are aged (0-15). The overall Cumbrian population is in the COVID-19 high-risk age range. The number of Cumbrian residents died at home is significantly higher than in England. COVID-19 lockdowns have disproportionally affected day to day living and have limited lifestyle choices for older people.	person's ability to carry out normal day-to-day activities. In Cumbria, excess death in those under 75 with serious mental illness is significantly higher than England. COVID-19 lockdowns have disproportionally affected the day-to-day living and limited lifestyle choices of disabled persons. Deaf and disabled people, it is difficult to practice social distancing and lip-read from two metres away. Visually impaired people experience additional barriers in accessing local services during lockdowns.	identify with a gender different than they were assigned at birth. Stonewall research suggests that two in five trans people[1] experience a lack of understanding of their specific health needs when accessing general healthcare services. Now, they face delays or cancellations on essential gender-affirming treatment, which many have been waiting for years to access.
Marriage and civil partnership - 2011 Census data shows that 50.8 % of persons in Cumbria were married, 29.1% single (never married). 9.5% Divorced or formerly in a same-sex civil partnership which is now legally dissolved. 0.2% in a registered same-sex civil partnership. 8.4% widowed or surviving partner from a same-sex civil partnership and 2% separated (but still legally married or still legally in a same-sex civil partnership). The COVID-19 lockdown restrictions affect several people who have to cancel or rearrange their marriage or civil partnership ceremonies.	**Pregnancy and maternity** NHS primary care, district nursing teams and maternity services mainly hold this data. Accessing COVID-19 testing centres for pregnant women brings additional challenges. Especially for those living in rural areas or off the public transport routes.	**Race and Ethnicity** Over 3.5 % of the population in Cumbria are from BAME backgrounds. The proportion of residents from BAME groups varies across the six Districts and it ranges from 2.4% in Allerdale to 5% in Carlisle. The composition of BAME groups in Cumbria is very diverse and different as compared to other parts of the Northwest. There are 78 separate languages spoken (not counting English, believed to be English, refused to state, not obtained etc) among school-age children's in Cumbria, (School Census Data Jan 2020). *Guardian* analysis[2] shows that nationally, Asian and Black patients account for a third of patients in the hospital, despite making up a quarter of the population in the same areas.

[1] LGBT Britain Trans Report https://www.stonewall.org.uk/lgbt-britain-trans-report
[2] BAME Deaths from COVID-19 https://www.theguardian.com/world/2020/apr/16/data-on-bame-deaths-from-covid-19-must-be-published-politicians-warn

Religion or belief including lack of belief. According to the 2011 Census. 71.9% of persons living in Cumbria are Christians, 0.3% Buddhists, 0.3% Muslims, 0.1% Hindu, 0.3 other religion and 20.3 % identify themselves with no religion. COVID-19 lockdown affects people of religion and faiths collective worship practices in the places of worship as well as burial and cremation traditions and religious services.	**Sex (Male and Female)** 49.3 % of persons are classed as male and 50.7 % female as per 2019 estimate. The difference in life expectancy between the most and least deprived areas in Cumbria is 9.6 years for males and 6.4 years for females.	**Sexual Orientation** Nationally, (in 206) ONS estimated that 2.5% of the UK population aged 16 or above identify as lesbian, gay, bisexual or 'other'. Using this assumption 12, 500 in Cumbria are arguably from the LGBTQ community. LGBT people are more likely to be homeless meaning that many may be unable to self-isolate effectively & may not have what they need if they do fall ill. As LGBT people are more likely to experience domestic abuse this rise is likely to be disproportionately affecting LGBT people. Since the new safety measures came into effect, the LGBT Foundation has seen a 30% increase in domestic abuse/violence calls to our helpline. Additionally, sex workers – a group where LGBT people are overrepresented - are more likely to experience social exclusion, such as low income, unemployment, health problems, housing problems, or lack of social support - all of which may contribute to a higher risk of contracting COVID-19, and to poorer outcomes when unwell. Source: LGB Foundation[3] (2020).

Understanding the Impact of the emergency on communities of Place.

Where? What places or geographical areas are at risk by COVID-19?

The COVID-19 is a global pandemic and it is affecting people, places and countries with varying intensity and breadth. In Cumbria people have been affected by COVID-19 across all the districts.
This plan is focused on local outbreaks within communities place, interests and identities.
In addition to any geographic locations within Cumbria following place are identified as **High risk and complex settings:**

1. Care homes (Adults)
2. Children's Care homes
3. Schools, colleges, universities and other educational/training settings
4. Black Asian Minority Ethnic Groups activities centres
5. Homeless communities and hostels

[3] https://lgbt.foundation/coronavirus/why-lgbt-people-are-disproportionately-impacted-by-coronavirus

6. Gypsy, travellers and Roma communities transient or permanent sites
7. Faith Settings/places of worship e.g. Churches, Mosques, prayer rooms
8. Tourists camping sites
9. Migrant workers accommodations
10. Youth hostels/foyers or sheltered accommodations
11. Women refuge centres

Other workplaces

12- REPPIR & Upper-tier COMAH sites
12. Manufacturing and meat and food processing industries
13. Migrant workers and seasonal workforce employers
14. Prisons and other prescribed places of detention e.g. HMP Haverigg
15. Hospitals
16. Primary care
17. Mental health and community trusts
18. UK Ports of Entry – e.g. Port of Workington & Port of Barrow

Understanding the Impact of the emergency on the communities of Identities and Interests.

Monitoring and understanding the Equality Impacts during the emergency (COVID-19) and implementation of the plan.

The equality impacts will continue to be monitored and every effort will be made to address any disproportionate impact during the operation of this plan on people from vulnerable groups. There is an ongoing focus with two workstreams:

1. **Workforce** – focused on high-risk staff groups (e.g. BAME, disability and long term medical conditions) and health and care staff across Cumbria.
2. **Communities of Interests and Identities-** Vulnerable groups (E.g. Elderly and frail, physical and learning disabilities, BAME, LGBT, rural communities)

Part A – Proactive and reflective vulnerable groups' specific activities

- Identifying Elderly and frail, physical and learning disabilities, BAME patients from the practice list who might benefit from specific interventions to reduce their risk of COVID-19 related mortality; support in accessing to GP services e.g. booking an appointment or access to COVID-19 testing services.
- Improve communication and engagement with local Elderly and frail, people with physical and learning disabilities, Deaf and hard of hearing and visually Impaired, BAME, LGBT and rural communities, working with Community support networks and community and voluntary sector (VCS) organisations including specialist support VCS organisation (e.g. Cumbria Community Resilience Network, Age UK, ACTON with Communities in Cumbria, AWAZ, Carlisle MENCAP, OutREACH Cumbria, LGBT HQ and Pride in North Cumbria (PiNC), Churches together, Mosque committees, Trade Unions, Cumbria Chambers, Federation of Small Businesses and employers from high-risk business establishments) and improving the diversity of patient participation groups through Practice Manager Forums.

Part B – Reactive care and support to vulnerable individuals

- Offer a supportive monitoring service for patients in vulnerable groups who develop COVID-19.

The equality impact monitoring programme includes community research and engagement and looking for alternative appropriate methods to ensure information reaches these communities. Cumbria County Council health and wellbeing Teams and Area team along with District Council's health and environment Teams are also working together to respond to inequalities in the impact of coronavirus across Cumbria, including engaging with the voluntary sector and local faith communities. Communications and engagement about test and trace, advice to self-isolate, and outbreak planning and response will continue to be coordinated with these wider programmes.

Equalities related COVID-19 risk factors

Nationally and locally evidence has shown that people with some protected characteristics are also at increased risk of infection and/or death from COVID-19, alongside other risk factors[4]. The risk factors identified are outlined below:

- **Age** – diagnosis rates increase with age and the number of deaths from COVID-19 within Cumbria has an older age distribution
- **Ethnicity** – Risk of dying higher in BAME groups than in White ethnic groups (highest in Black ethnic groups and Bangladeshi and Kashmiri ethnicity, but also within people of Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity). Migrant workers and seasonal workforce living in overcrowded accommodations are also at higher risk.
- **Gender** – the risk of dying is higher in males than females. The number of female domestic violence victims is higher as compare to male and the emerging anecdotal evidence suggests that COVID-19 lockdown has a disproportionate impact on female victims of domestic violence[5].

Additional Factors and Communities of interest

- **Deprivation** - People who live in deprived areas have higher diagnosis rates and death rates than those living in less deprived areas – especially among people of working age. For example, death rates in Barrow-in-Furness are higher than in other parts of the County.
- **Occupation** - men working as security guards, taxi drivers and chauffeurs, bus and coach drivers, chefs, sales and retail assistants, lower-skilled workers in construction and processing plants, and men and women working in social care, nursing auxiliaries and assistants had significantly high rates of infections and death from COVID-19.
- **Health inequalities** – increased deaths among people born outside the UK and Ireland and a higher diagnosis rate among rough sleepers.
- **Literacy rate** – Over 15% of the Cumbrian population have no formal qualifications and in some wards, over 30% of people have no formal qualifications. The lack of literacy skills within communities may bring additional challenges for them to read and fully understand COVID-19 related public health messages. Also, getting messages out to those people through conventional channels of communication for warning and informing may not be effective.
- **Living in a care home** - there have been 2.3 times higher number of deaths in care homes than expected – from COVID-19 and other causes in general across the Country. Cumbrian figures need further analysis.

[4] PHE Disparities in the risk and outcomes of COVID-19
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/890258/disparities_r eview.pdf
5 Urgent action must be taken to ensure survivors safety amidst Covid-19
https://www.solacewomensaid.org/news/urgent-action-must-be-taken-ensure-survivors-safety-amidst-covid-19

- **Long term medical conditions** – People with long term medical conditions such as diabetes, hypertensive diseases, mental ill-health, chronic kidney disease, chronic obstructive pulmonary disease and dementia; an increased risk of adverse outcomes in obese or morbidly obese people are at high risk and may need additional support for testing and managing COVID-19 impacts.
- **Rurality** – Access to Covid-19 testing facilities for people living in rural areas with limited access to private and public transport links and poor broadband connectivity is a challenge. Rural community businesses serving visitors/tourists and local populations are at a greater risk of COVID-19

Equality Impacts – Who is or is likely to be affected by this emergency?
What is the actual or anticipated impact experienced by different groups of people?

Protected Characteristic	a) Using data and supporting information, what issues are there that indicate potential barriers to ensure fair and equitable access to the services.	b) What arrangements are put in place to mitigate any adverse effects and to overcome those barriers?	c) Please state any barriers or disproportionate impacts that still need to be addressed and any proposed actions to eliminate inequality.
Age - See EHRC advice and guidance on age discrimination.	Higher numbers of older people are self-isolating or shielding due to clinical conditions which make them more vulnerable. Elderly and frail people who are living alone are more likely to need support with food and essentials if they are asked to self-isolate.	Support for vulnerable people, including the elderly has been included in the plan. Arrangements are in place through the Cumbria Welfare Coordination Centre offer of support.	Help and support in accessing testing services. Delivery of the test results in alternative formats or means where standard communication channels not available or effective. Support through community resilience groups/ adult social care in accessing essential items for daily use during local lockdowns. Amend the contact tracing form to identify the additional needs of individuals in accessing testing facilities or additional support during the local lockdowns
Disability - See EHRC advice and guidance on disability.	Some people with a disability will receive support from family and friend carers and/or paid carers who may be asked to self-isolate due to COVID-19.	Accessible communication formats and channels are used to communicate with residents about COVID-19 and Test and Trace.	There is also a need to ensure information, including on mental health support is communicated when people are asked to self-isolate. There is a need to ensure people who are at risk of suicide spectrum provided with additional support and care.

Protected Characteristic	a) Using data and supporting information, what issues are there that indicate potential barriers to ensure fair and equitable access to the services.	b) What arrangements are put in place to mitigate any adverse effects and to overcome those barriers?	c) Please state any barriers or disproportionate impacts that still need to be addressed and any proposed actions to eliminate inequality.
	Some people with a disability may be shielding due to clinical conditions which makes them more vulnerable. CQC reports that more disabled people with learning disabilities have died during the COVID-19 crisis compared with the same period last year. Some disabled people, including those with mental health conditions and learning disabilities, are more likely to be in complex settings. The suicide rate is disproportionally very high in Cumbria	Access to testing for symptomatic residents includes Mobile Testing Units and home testing kits to improve access to testing for residents	Amend the contact tracing form to identify the additional needs of individuals e.g. learning disabilities, heard of hearing or deaf, visually impaired, mental health conditions or any other long term medical conditions.
Gender Reassignment - See EHRC advice and guidance on gender reassignment discrimination.	Transgender people are considered to be a marginalised group and might be at risk of being stigmatised. They also have an increased risk of poor mental	Communication plan in development to ensure that messages on test and trace do not exacerbate stigma and discrimination.	There needs to ensure information, including on mental health support is communicated when people are asked to self-isolate or local lockdowns are implemented.

Protected Characteristic	a) Using data and supporting information, what issues are there that indicate potential barriers to ensure fair and equitable access to the services.	b) What arrangements are put in place to mitigate any adverse effects and to overcome those barriers?	c) Please state any barriers or disproportionate impacts that still need to be addressed and any proposed actions to eliminate inequality.
	health which may be exacerbated by COVID-19 lockdown.		
Marriage and Civil Partnership - See EHRC advice and guidance on marriage and civil partnership discrimination.	No specific issues. However, cancellation of marriage and civil partnerships ceremonies could have an adverse impact on communities during local lockdowns.		Registrars of Marriages and Civil Partnerships needs to make alternative arrangements to facilitate the ceremonies if Local Lockdowns suddenly come into force.
Pregnancy and Maternity - Find out more about EHRC advice on pregnancy and maternity in the workplace.	Pregnant women are included in the COVID-19 'high risk' groups Recent research found a high proportion of pregnant women admitted to hospital with COVID-19 from BAME groups (56%)[6]	Pregnant women are included in the vulnerable group and receive support through Cumbria Welfare Coordination Centre where requested. Access to testing for symptomatic residents includes Mobile Testing Units and home testing kits to improve access to testing for residents as part of Test and Trace.	Ensure pregnant women have access to NHS guidance on pregnancy and coronavirus[7], in translation if needed. Amend the contact tracing form to identify the additional needs of individuals in accessing testing facilities.
Race and Ethnicity - See EHRC advice and guidance on	The online NHS COVID-19 test booking system is limited to 2011	Vulnerable people and individuals requiring support can access this	NHS COVID-19 Test registration form needs updating by enabling the options to self-identify and write in

[6] Knight, M. et al Characteristics and outcomes of pregnant women admitted to hospital with confirmed SARS-CoV-2 infection in UK: national population based cohort study *BMJ* 2020;369:m2107 https://www.bmj.com/content/369/bmj.m2107

[7] Pregnancy and Coronavirus https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/pregnancy-and-coronavirus/

Protected Characteristic	a) Using data and supporting information, what issues are there that indicate potential barriers to ensure fair and equitable access to the services.	b) What arrangements are put in place to mitigate any adverse effects and to overcome those barriers?	c) Please state any barriers or disproportionate impacts that still need to be addressed and any proposed actions to eliminate inequality.
race discrimination.	Census recognised ethnic categories. It does not allow people from diverse ethnic backgrounds to self-identify and write in their ethnic group identity in the "Others" category. There is a risk of structural inequality through data exclusion for people from BAME communities especially in Cumbria for South Asian Communities e.g. Nepalese and Kashmiri who are not recognised in the Census. People whose first language is not English may have less access to information about COVID-19, which might put them at high risk. Some people, such as undocumented migrants, asylum seekers, victims of modern-day	via Cumbria Welfare Coordination Centre offer of support. The Cumbria LOCP includes high-risk populations and complex settings such as Refugees and asylum seekers. The plan draws on the PHE SOP which provides some guidance on preventing and managing outbreak in some complex and high-risk settings. The Cumbria LOCP includes outbreak prevention and management in workplaces and also includes hospitals, care homes and primary care settings as well as hospitality, meat and food processing and allied industries. These are some of the workplaces that BAME	an individual's ethnic group identity in the 'Others' category. The UK Census Authority needs to ensure that all ethnic groups have the option to self-identify and write in 'Other' enabled in filling online forms for Census 2021. In Cumbria, there is a need to establish sustainable engagement channels with Refugees, migrant workers, Nepalese and Gypsy, Traveller and Roma communities across all districts. The contact tracing information request form needs to be amended to include the option to note additional needs of individuals e.g. Interpretation or translation Mapping of high-risk establishment with BAME employees or seasonal workforce.

Protected Characteristic	a) Using data and supporting information, what issues are there that indicate potential barriers to ensure fair and equitable access to the services.	b) What arrangements are put in place to mitigate any adverse effects and to overcome those barriers?	c) Please state any barriers or disproportionate impacts that still need to be addressed and any proposed actions to eliminate inequality.
	slavery and human trafficking may have poor access to services and information about COVID-19. There is likely to be a higher proportion of people from BAME backgrounds working in high-risk occupations.	groups are overrepresented.	
Religion or Belief - See EHRC guidance on religion or belief at work.	Places of worship may be high risk for COVID-19 transmission due to people meeting to worship and/or for ceremonies such as funerals. COVID-19 response relating to funerals and end of life care (i.e. hospital visits to dying patients/relatives) may have a significant impact on certain religions, for example, those who believe in seeing a spiritual or religious leader when they are nearing death.	Arrangements for preventing and mitigating outbreaks in faith settings have been included in the plan.	There is a need to proactively engage with faith community leaders and groups in outbreak planning, and help them in developing COVID-19 risk assessment plans for places of worship if required e.g. minority faith groups and rural church communities.

Protected Characteristic	a) Using data and supporting information, what issues are there that indicate potential barriers to ensure fair and equitable access to the services.	b) What arrangements are put in place to mitigate any adverse effects and to overcome those barriers?	c) Please state any barriers or disproportionate impacts that still need to be addressed and any proposed actions to eliminate inequality.
	Some religious groups and minority faiths places of worship may have less capacity to do COVID-19 related risk assessments. As the new guidelines now allow up to 30 people attend places of worships and funerals.		
Sex - A man or a woman. See EHRC guidance on sex discrimination.	Men are more likely to experience severe COVID-19 symptoms and are at a higher risk of death from COVID-19, compared with females. Significant increase in domestic abuse during the COVID-19 response disproportionately impacts women and their access to health services Woman as caregivers may be disproportionally affected by caring responsibilities i.e.	The Cumbria LOCP includes information on local arrangements to support vulnerable people and those who are self-isolating through Cumbria Welfare Coordination Centre also provide information or signpost individuals to other support networks. Outbreak monitoring arrangements for care homes, hospitals and other complex/high-risk	The local SOP will need to be developed to ensure roles and responsibilities are clear to support high risk and complex settings. Communications need to ensure the information on what to do if you are being abused is available to women, including local support offer and multi-lingual resources.

Protected Characteristic	a) Using data and supporting information, what issues are there that indicate potential barriers to ensure fair and equitable access to the services.	b) What arrangements are put in place to mitigate any adverse effects and to overcome those barriers?	c) Please state any barriers or disproportionate impacts that still need to be addressed and any proposed actions to eliminate inequality.
	informal carers and child care	settings have been included.	
Sexual Orientation - See EHRC advice and guidance on sexual orientation discrimination.	LGBT people may be at more risk of contracting COVID-19 and face wider inequalities which have a negative impact on health[8]. Social isolation may have a greater impact on LGBT people who rely on their external supportive social/advocacy networks Self-isolation and social distancing may result in an increased risk of homophobia or abuse and violence particularly those who are confined in some difficult family situations.	The Cumbria LOCP plan provides information on local arrangements to support vulnerable people through Cumbria Welfare Coordination Centre. Cumbria Welfare Coordination Centre also signpost sources of support for LGBT people who are asked to self-isolate, local and national services e.g. LGBT Foundation Befriending Service	There is a need to establish more sustainable links with the key LGBT support groups across Cumbria e.g. OutReach Cumbria Helpline at http://www.outreachcumbria.org.uk/ or PiNC LGBT + Youth at https://www.prideinnorthcumbria.org/ and Cumbria LGBT Pride at https://www.cumbriapride.org/ Friends & Supporters of the Furness LGBT Community at https://en-gb.facebook.com/furness.lgbt/

[8] LGBT Foundation Why LGBT people are disproportionately impacted by COVID -19 https://lgbt.foundation/coronavirus/impact

Additional Factors and Communities of interest

Protected Characteristic	a) Using data and supporting information, what issues are there that indicate potential barriers to ensure fair and equitable access to the services.	b) What arrangements are put in place to mitigate any adverse effects and to overcome those barriers?	c) Please state any barriers or disproportionate impacts that still need to be addressed and any proposed actions to eliminate inequality.
Rurality	Limited access to private and public transport links. Poor mobile phone and broadband connectivity mean that people won't have the equitable access to the information shared via text messages, E-mails and social media networks at times. Social Isolation in rural areas is more of an issue especially when community buildings are closed.	BBC Radio Cumbria and Look after your health newsletter and local authorities' members are delivering vital information and links to the communities.	Making sure people living in rural areas have information regarding testing and tracing. Linking rural communities with COVID-19 warning and informing mechanisms through CALC, ACT and Community Resilience Networks.
Socio Economic Status	Rates of death have been higher in certain occupations. High-risk occupations involve face to face contact with people which may lead to local outbreaks.	The Cumbria LOCP stresses the need for employers to follow government guidance, including conducting COVID-19 risk assessments and support self-isolation.	There is a need to involve employers in developing outbreak response if it is occupation-related. There is a need to develop local SOPs setting out arrangements for supporting local workplaces and businesses
Carers/ People with Caring responsibilities	There has been a significant rise in the number of family and friend carers nationally since the start of the COVID-19	Family and friend carers are likely to be caring for a person who may be clinically vulnerable and maybe in a very difficult	There is a need to ensure that carers who self-isolate can get support. Ensure carers have are aware of and have

	pandemic[9]. 59% of women and 41% of men have started caring for relatives who are older, disabled or living with a physical or mental illness.	position if asked to self-isolate.	access to Carers Support Networks and the community hubs and other relevant information e.g. Carers UK coronavirus guidance

Equality Impact Assessment Action Plan

Action No	Description	Update/Outcome	Lead Org/Officer	Timescale	Review Date
1	Amend the contact tracing form to identify the additional needs of individuals from protected characteristics in accessing testing facilities and delivery of services during local Outbreak Control lockdowns.	Better situational awareness and needs assessment. Equitable access to and delivery of service	CCC-PH/ Mathew Sanders	August 2020	31st January 2021
2	NHS to amend online booking form for COVID-19 testing by enabling the option to self-identity Ethnic identity in the "others" option. Writing to Census 2021 to add Nepalese, Syrian, Kurdish, Kashmiri, Sikh and similar ethnic identities in the "other" categories on the Census 2021 online form	A better understanding of COVID-19 spread within diverse communities across Cumbria beyond the Census recognised categories.	DPH and NHS/ Colin Cox	September 2020	31st January 2021
3	Widening the access to and sharing of information and data relating to local outbreaks, settings and events	Building trust and confidence communities within communities to enable everyone to control COVID-19	SMAC	September 2020	31st January 2021
4	Making warning and informing processes and information regarding	Vulnerable groups including people with	SMAC	September 2020	31st January 2021

[9] Carers Week 2020 Research Report https://www.carersweek.org/images/CW%202020%20Research%20Report%20WEB.pdf

	COVID-19 local outbreak control easy to read and accessible	learning disabilities, BAME, hard of hearing/deaf, visually impaired and low or no reading/writing skills will be better informed and make informed choices to access services			
5	Mapping and updating underrepresented communities and all high risk and complex settings	Better situational awareness and effective Outbreak control	CCC Area Team/ District Councils	October 2020	31st January 2021
6	Engaging with the people living or working in the high risk and complex settings	Minimising the risk of outbreak and effective control	CCC Area Team/ District Councils	October 2020	
7	Building capacity and fostering partnerships within diverse communities and organisations for Covid-19 prevention and implementation of the Cumbria local Outbreak Control Plan	Resilience within the community to respond and cooperate with local authorities in controlling the COVID-19 Outbreak	CCC Area Team/ District Councils	January 2021	31st July 2021
8	Making testing and tracing arrangements equitably accessible for rural communities and vulnerable groups.	Advancing equality of opportunity and positive action to enable equitable access for all.	CCC PH/ Mat Saunders	September 2020	31st January 2021

Last update by: Aftab Khan, Emergency Planning Officer,
Cumbria County Council – Resilience Unit
Dated: 28th August 2020