



Item

## **Impact of the coronavirus pandemic on Black, Asian, And Minority Ethnic (BAME) communities in Cambridge**

**To:**

Councillor Anna Smith, Executive Councillor for Communities

Environment and Community Scrutiny Committee – 28<sup>th</sup> January 2021

**Report by:**

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**Wards affected:**

All

### **Not a Key Decision**

#### **1. Executive Summary**

The Council passed a motion on 16 July 2020 in support of Black Lives Matter. One of the actions identified in the motion was to: “Request from the Director of Public Health a report on the impact of the Covid-19 pandemic on BAME communities in Cambridge by the end of 2020, to be reviewed in the Environment and Community scrutiny committee, and shared with BAME community representatives.” The report from Public Health is attached as Appendix A.

In addition, this committee report provides details around how Cambridge City Council has been supporting Black, Asian, and Minority Ethnic communities in 2020 during the coronavirus pandemic.

## **2. Recommendations**

The Executive Councillor is recommended to note the content of the report and Appendix A.

## **3. Background**

- 3.1 At the Full Council meeting on 16th July 2020, Councillors expressed their unanimous solidarity with Black Lives Matter (please see the Black Lives Matter motion background report for the full text of the motion). The motion was proposed by Cllr Thittala and seconded by Cllr Porrer. At the same meeting, the council committed to a range of actions tackling structural inequality and discrimination related to race. The motion was passed in line with broader commitments of the council to tackle racism, both structural and individual. The motion shared Cambridge City Council's position acknowledging that:
- (a) Racism in all forms, both structural and individual, continues to be a serious problem throughout the UK, including in Cambridge.
  - (b) Although progress has been made in combatting racism, much more work is needed to eradicate it entirely.
  - (c) This Council welcomes our duty as a public leader to actively spearhead that work locally.
- 3.2 One of the actions within the motion is the subject of this committee paper – a report on the impact of the Covid-19 pandemic on BAME communities in Cambridge. A report on this matter has been produced by Public Health, which can be found at Appendix A. Information on BAME community representatives the council intends to share the report with are included in section 6 of this committee report. Appendix B contains population estimates by broad ethnic group and local authority districts based on the 2011 Census applied to the ONS Mid-2018 population.
- 3.3 The request for a report from Public Health was made because in the early months of the pandemic it was identified in national research that people from BAME backgrounds were far more severely impacted by the coronavirus pandemic than their White counterparts. For example:

- In April 2020, the [Intensive Care National Audit and Research Centre](https://www.icnarc.org/Reporting)<sup>1</sup> identified that 34% of patients admitted to an Intensive Care Unit (ICU) with confirmed cases of coronavirus were from a BAME background.
- Data from the [Office for National Statistics \(ONS\)](https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronavirus-relateddeathsbyethnicgroupenglandandwales/2march2020to15may2020)<sup>2</sup> from 2<sup>nd</sup> March to 15<sup>th</sup> May 2020 showed that BAME people were experiencing the effects of coronavirus more severely and often with more adverse outcomes in comparison to their White counterparts.
- Public Health England produced a paper in June 2020 exploring differential impacts of coronavirus on BAME communities and multi-faceted reasons for BAME communities having worse outcomes ([Beyond the data: Understanding the impact of COVID-19 on BAME groups](https://www.gov.uk/government/publications/covid-19-understanding-the-impact-on-bame-communities)<sup>3</sup>).

3.4 In December 2020, the [Office for National Statistics](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/why-have-black-and-south-asian-people-been-hithardest-by-covid-19-2020-12-14)<sup>4</sup> confirmed that death rates for Black and South Asian people continued to be higher compared to White ethnic groups and that “after accounting for where people live and social and economic factors (including people’s jobs, education and housing conditions), the gap lessens but is still significant.” Risks increase for ethnic minority groups who have more exposure to people in their jobs, have been worse hit financially, and live in larger households.

3.5 In the same month a report from the Women and Equalities Committee called [Unequal impact? Coronavirus and BAME people](https://committees.parliament.uk/publications/3965/documents/39887/default/)<sup>5</sup> identified how BAME people have been impacted by coronavirus and how pre-existing inequalities have amplified the pandemic's impact on BAME people.

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<sup>1</sup> : Intensive Care National Audit and Research Centre reporting: <https://www.icnarc.org/Reporting>

<sup>2</sup> Office for National Statistics March to May 2020 data:

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronavirus-relateddeathsbyethnicgroupenglandandwales/2march2020to15may2020>

<sup>3</sup> Public Health England paper: <https://www.gov.uk/government/publications/covid-19-understanding-the-impact-on-bame-communities>

<sup>4</sup> Office for National Statistics December 2020:

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/why-have-black-and-south-asian-people-been-hithardest-by-covid-19-2020-12-14>

<sup>5</sup> Women and Equalities Committee report:

<https://committees.parliament.uk/publications/3965/documents/39887/default/>

#### **4. Cambridge City Council's support for Black, Asian, and Minority Ethnic communities in 2020 during the coronavirus pandemic**

##### Sharing Public Health messaging through community leaders

- 4.1 Cambridge City Council has mainly been supporting Black, Asian, and Minority Ethnic (BAME) Communities through sharing of Public Health messages directly to community leaders. This has especially been as and when Public Health messaging has changed, and we have invited communities to ask us any questions they have on this too.
- 4.2 In August 2020 when there was a very small spike in coronavirus cases, we found out from Public Health that the number of Bangladeshi people impacted was disproportionate but relatively low (at less than 10). Given this and national reports that impacts on Asian communities is disproportionate, since August the council has targeted public health messages through trusted members of Asian communities. This has been found especially effective because officers have developed contacts in Asian communities over 20 years. Messaging has been shared with:
- Asian women's groups in the city. This has included attendees at the council-run Women's Health and Wellbeing Sessions. The group is currently open to all women, but initially started as an Asian Women's Health and Wellbeing group, so still has a large proportion of Asian women attending. The Community Development Officer who normally runs the group speaks Bengali and Sylheti and has maintained regular contact with the members of the group after not being able to run it during the coronavirus pandemic.
  - 4 local mosques that agreed to deliver new Public Health messages in their Friday sermons, including via a radio station that over 100 Muslim households listen to during prayer time
  - Darwin Drive Community Centre
  - Indian Cultural Association
  - The Cambridge Gurdwara
- 4.3 Community leaders found contact from the helpful, because they felt this gave the messages they were sharing with their communities about coronavirus further authority. The Council has been a main source of information they can trust on coronavirus to help dispel some of the myths on social media. Community leaders have also found it helpful to

have conversations with the council to help them to interpret how Public Health advice applies specifically to their communities (for instance, around weddings and congregational prayers).

- 4.4 At the end of 2020, following feedback from community contacts that it would be helpful, Cambridge City Council also produced a poster about how individuals can self-isolate after they have been in contact with coronavirus. This was produced in English and Bengali and been sent out to 11 Asian shops in Cambridge (in Cherry Hinton, Petersfield, Arbury, Kings Hedges and East Chesterton.)
- 4.5 Council officers have also shared public health messaging and helped answer any questions related to messaging through regular contact with:
- The 125 people the council is supporting through the Syrian Refugee resettlement campaign
  - Cambridge Ethnic Community Forum (CECF), which is an umbrella organisation for Cambridge and surrounding districts that provides racial equality services to individuals and groups. CECF has helped us to get information out to groups supporting different BAME communities. CECF has also delivered food parcels to BAME people experiencing food poverty, working with the Karim Foundation.
  - Cambridge African Network, which brings together city residents of African origin to advance their health and wellbeing.
  - A contact who has access to three social media channels that link to Chinese communities living in Cambridge.
  - The Cambridge Korean Foundation
- 4.6 The Council has also raised awareness of financial support available to residents (<https://www.cambridge.gov.uk/coronavirus-financial-support-for-residents>) through community leaders mentioned above. The Community Resilience Hub has been open to queries from any member of the public needing help with test and trace (for further information, see: <https://www.cambridge.gov.uk/local-coronavirus-test-and-trace-support>).

### Support for Gypsies and Travellers

- 4.7 In April 2020, the Minister for Communities wrote to councils advising that some Gypsies and Travellers have “the potential to be disproportionately impacted by COVID-19” and that “social-distancing or self-isolation may be particularly challenging for members of these

communities due to often confined and communal households, and restricted living conditions on many sites”. They also pointed out that many households “lack running water, adequate sanitation, and refuse disposal facilities, all of which are essential to limit the spread of the virus and keep people safe.”

- 4.8 There are no settled sites for Gypsies and Travellers in Cambridge City but any unauthorised encampments are especially likely to experience the issues above. The Council has arranged provision of water, portable toilets, and waste disposal for unauthorised encampments on land owned by the Council. When council officers undertake welfare assessments for unauthorised encampments, this includes asking whether people have symptoms of coronavirus and what support they may need as a result. The Council works closely with Cambridgeshire County Council’s Public Health team because the Lead Nurse for Gypsy Traveller Health is able to provide Covid-19 tests for people with coronavirus symptoms on sites where people are unable to get to a testing centre.
- 4.9 In addition, some land in Cambridge City next to Cowley Road Depot has been identified as a potential transit site for Gypsy and Traveller people needing to self-isolate. This would be used by Gypsy and Traveller people who come into contact with people with coronavirus who are from settled sites in Cambridgeshire or on unauthorised encampments.

## **5. Implications**

### **a) Financial Implications**

None for this report.

### **b) Staffing Implications**

There are no staffing implications.

### **c) Equality and Poverty Implications**

An Equality Impact Assessment is not required for this report, as it is informational rather than to directly effect policy change.

### **d) Environmental Implications**

There are no environmental implications.

## e) Procurement Implications

There are no procurement implications.

## f) Community Safety Implications

The content of the report from Public Health at Appendix A explores community safety implications of the coronavirus pandemic on Black, Asian and Minority Ethnic (BAME) communities. This committee report also explores some of the means in which Cambridge City Council has supported BAME communities during the pandemic.

## 6. Consultation and communication considerations

The content of the committee report and the Public Health report attached at Appendix A are to be shared with BAME community representatives – including:

- Attendees of the council's Women's Health and Wellbeing group
- Community grants recipients that support Black, Asian, and Minority Ethnic communities
- Cambridge Ethnic Community Forum
- Gurdwara
- Mosques

## 7. Background papers

Background papers used in the preparation of this report:

- Cambridge City Council's Black Lives Matter motion:  
<https://www.cambridge.gov.uk/black-lives-matter-council-motion>
- Intensive Care National Audit and Research Centre (April 2020), *ICNARC report on COVID-19 in critical care*:  
<https://www.icnarc.org/Our-Audit/Audits/Cmp/Reports>
- Office for National Statistics (June 2020), *Coronavirus (COVID-19) related deaths by ethnic group, England and Wales: 2 March 2020 to 15 May 2020*:  
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronaviruscovid19relateddeathsbyethnicgroupenglandandwales/2march2020to15may2020>
- Office for National Statistics (December 2020), *Why have Black and South Asian people been hit hardest by COVID-19?*  
<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/why-have-black-and-south-asian-people-been-hit-hardest-by-covid-19>

<https://www.nhs.uk/conditions/diseases/articles/why-have-black-and-south-asian-people-been-hithardest-by-covid-19/2020-12-14>

- Public Health England (June 2020), *Beyond the data: Understanding the impact of COVID-19 on BAME groups*:  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/892376/COVID\\_stakeholder\\_engagement\\_synthesis\\_beyond\\_the\\_data.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf)
- Women and Equalities Committee (December 2020), *Unequal impact? Coronavirus and BAME people*:  
<https://committees.parliament.uk/publications/3965/documents/39887/default/>

## **8. Appendices**

- Appendix A: Public Health report on the impact of the coronavirus pandemic on Black, Asian, And Minority Ethnic (BAME) communities in Cambridge.
- Appendix B: Population estimates by broad ethnic group and local authority district, and Cambridgeshire and Peterborough Census 2011 percentages applied to ONS Mid-2018 Population

## **9. Inspection of papers**

To inspect the background papers or if you have a query on the report please contact Helen Crowther, Equality and Anti-Poverty Officer, tel: 01223 457046, email: [helen.crowther@cambridge.gov.uk](mailto:helen.crowther@cambridge.gov.uk)



## **Appendix A:**

### **‘The impact of the coronavirus pandemic on Black, Asian and Minority Ethnic communities in Cambridge in 2020’ for the Cambridge City Council Environment and Community Scrutiny Committee.**

**Report of Dr Liz Robin, Director of Public Health, Cambridgeshire County Council  
Date: 6<sup>th</sup> January 2021**

#### **1. Introduction**

An action in the Black Lives Matter motion approved by the Full Council on the 16<sup>th</sup> July 2020 requested a report from the Dr Liz Robin (Director of Public Health for Cambridgeshire and Peterborough) on the impact of the COVID-19 pandemic on BAME communities in the City of Cambridge.

This report has been drafted while we are enduring a severe and extended second wave of the pandemic, which is having a serious impact on the population’s health and wellbeing, and stressing local health and other services. It has drawn on data that is available at this point in time and in some cases is unconfirmed and incomplete.

The report sets out the population estimates data by broad ethnic group that we have for Cambridge City residents and compares it to other districts in Cambridgeshire, Cambridgeshire & Peterborough together, and England as a whole. This highlights some data problems such as using data from the 2011 census adjusted for mid-2018 population and other more current population and ethnicity reporting such as the 2019 school census. These data illustrate reporting and classification challenges such as the nearly 9% mixed/other category in Cambridge which is higher than England as a whole. It also shows in the ethnic data collection for COVID-19 testing results that 38% were reported as ‘unknown’ ethnicity.

The COVID-19 pandemic was identified in the UK in early 2020 but like all epidemics it affects the population at different times and often in more than one phase. The key phases in Cambridge is illustrated by looking at local hospital admissions for COVID-19 in Addenbrookes Hospital (Cambridge University Hospitals NHS Foundation Trust) in 2020.

Testing for coronavirus was limited in the first wave of the pandemic in the period March-June as it was used mainly within the NHS for patients being admitted and for symptomatic staff. Access improved in the autumn as testing capacity and local access points in the community increased so we can share the more recent data we have on positive tests for COVID-19 in the autumn/early winter months where there is also some data on ethnicity. Test data reflects people who developed symptoms and contacted the NHS111 service to access a test. This will not have measured asymptomatic cases and there were barriers to accessing testing such as the early reliance on drive in centres, a distance from where people live and impossible for those without transport.

Age is the greatest risk factor for getting severe illness from COVID-19 that requires hospital admission and sadly has caused excess deaths. We can share some high-level information compiled by the local NHS that looks at admissions and deaths from COVID by age, gender

and with ethnicity. This audit was undertaken by the local NHS partners to monitor whether ethnicity was contributing to a higher than expected hospital admissions and death. This followed the reports that the Committee covering paper references such as the Intensive Care National Audit and Research Centre (ICNARC) report in April 2020 and subsequent reports by the Office of National Statistics (ONS) and Public Health England (PHE).

The ONS and PHE reports draw attention to the complex mix of factors putting people at greater risk of contracting, becoming severely ill and dying from COVID-19 such as social and economic deprivation, housing conditions, occupation and certain underlying health conditions in addition to ethnicity. The ONS findings do still find that even after accounting for socio-economic factors there are still inequalities in mortality across different BAME subgroups. These various factors are covered in the Parliamentary Women and Equalities Committee Report (Dec 2020) as referenced.

## 2. Population estimates and ethnic minority groups.

**Table 1 in Appendix B** shows the population estimates by broad ethnic group and local authority districts based on the 2011 Census applied to the ONS Mid-2018 population. For Cambridge City with its 125,758 estimated total population the proportions of the population are - 81% White British/White Other, 4.8% Asian (Indian/Pakistani/Bangladeshi), 3.6% Asian (Chinese), 1.5% Black (African/Caribbean), 8.9% Mixed/Others. This compares to the all England proportions of 84.5% White, 5.6% Asian (Indian/Pakistani/Bangladeshi), 0.7% Asian (Chinese), 3% (Black African/Caribbean) and 6.3% Mixed/Others.

These data show broadly similar profiles between Cambridge and England but the data shows some marked differences between local authority populations across Cambridgeshire and Peterborough. Cambridge City has a diverse community but no large single ethnic minority population that has settled in one part of the City. The university student population is an important sub population within Cambridge and the timing of a census will affect how students are recorded. The term times have also been an important factor in how the pandemic has developed in 2020. The next census is on the 21<sup>st</sup> March 2021 and will provide better estimates of ethnic minority populations.

We have provided the proportion of test positive cases by broad ethnic populations for Cambridge City in the period from September to the 27<sup>th</sup> December, in Table 2. This shows that there was a high proportion of positive cases (38%) where ethnicity was 'Unknown'. Positive cases by ethnicity is reviewed by the daily surveillance group to identify any outbreaks or settings of a concern. In addition, a local authority report, provided by PHE and which includes proportion of weekly cases by ethnicity, is shared with the Cambridge City Council single point of contact daily. The data also shows the difference in estimates between the 2011 proportions and the 2019 school census data, which affects the interpretation such as the observed proportion testing positive and the expected proportion based on the resident population. Despite these caveats there does appear to be a higher proportion of Asian (Indian/Pakistani/Bangladeshi) people who tested positive for COVID-19 in Cambridge City during this period. A relatively small proportion of the population who test positive will develop symptoms and signs that lead to hospital admission, transfer to critical care and sadly in some cases death.

**Table 2. Proportion of COVID-19 cases against estimated ethnic population of Cambridge**

Cambridge City	% of cases (where known)	Census 2011	School Census 2019
Asian: Chinese	2.0%	3.6%	1.7%
Asian: Indian/Pakistani/Bangladeshi	13.8%	4.8%	9.8%
Black	2.9%	1.5%	2.7%
White: British	63.7%	66.0%	56.4%
White: Other	11.8%	15.1%	17.0%
Mixed/Others	5.8%	8.9%	12.4%
Known ethnicity	100.0%		
Unknown	37.9%		
Total			

Source: Covid-19 Situational Source: Awareness Portal, Public Health England

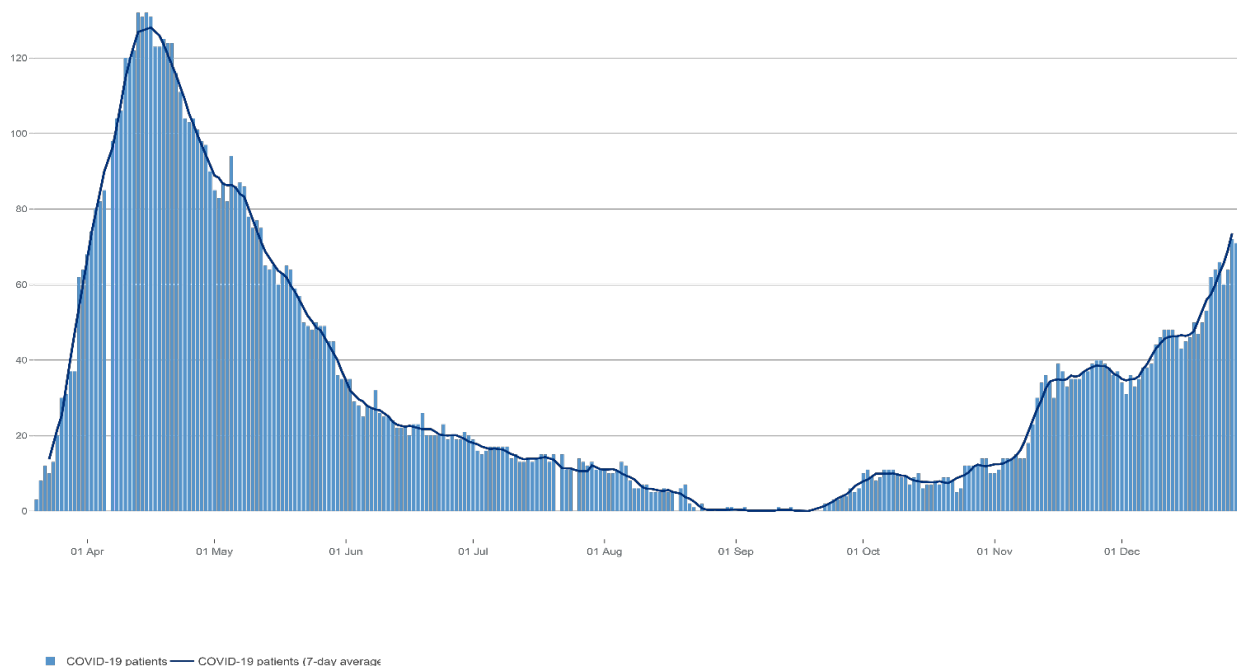
Cambridge City is a diverse community and ethnic minority groups are distributed across the geographical area. When looking at where positive cases have been identified over the pandemic there will be issues about ease of access to testing sites and ability to use the booking process.

### 3. Hospital admissions and deaths

There is a time lag between contracting the virus, becoming symptomatic and the virus getting through the immune response in the nose and throat and causing a systemic illness. There is often another lag between developing more severe symptoms and the relatively small proportion of people requiring hospital admission. So looking at hospital data there is always a time gap between community spread and consequential hospitalisation and then either discharge or death.

The epidemic curve for COVID-19 in 2020 is nicely illustrated in the local hospital time line for admissions to Addenbrookes Hospital.

**Fig 1: COVID-19 inpatients at Addenbrookes Hospital (7 day average)**



Source: <https://coronavirus.data.gov.uk/>

This shows the time period of the first wave, the summer reduction in hospitalisations and then the rising cases again in the autumn and early winter months. The majority of Cambridge residents use the local acute hospital if they require emergency hospitalisation with a small minority using more distant or specialist hospitals.

#### **4. The NHS response**

The local NHS partners took action when the early reports of the higher risks of hospitalisation and death for BAME people was recognised. The NHS staff undertook occupational risk assessments to take account of working environment, underlying risk factors as well as ethnicity. There were no reports of PPE being unavailable to front line staff, which was raised as a concern nationally.

Hospital data was examined as part of an audit which confirmed the fact that admissions tended to be older people (modal age 76yrs), male gender (58%) and those with underlying health conditions such as obesity, diabetes, hypertension and other heart, lung and kidney diseases. These data showed that for Addenbrookes (Cambridge University Hospitals NHS Foundation Trust) 65% of admissions were White British with 8.45% being BAME. Analysing the hospital deaths this showed the same pattern with 74% were White British, and that 5% were BAME. These data are reassuring in that the NHS hospital service was admitting a slightly higher proportion of BAME patients but that the mortality was no higher. However, ethnic data capture was still an issue with 15% of admissions and 16% of deaths being recorded as unknown.

#### **5. Discussion**

The COVID-19 pandemic has shone a light on our society and exposed vulnerability factors due to pre-existing underlying health and socio-economic inequalities. Deprivation is one of the most important risk factors. Our most deprived populations have more than twice the

risk of people from more affluent populations using the Index of Multiple Deprivation (IMD) for contracting and suffering severe illness and death. In addition to these factors, ethnicity has been shown to be a high risk especially for Black (African and Caribbean) and Asian (Indian/Pakistani/Bangladeshi) populations. Some ethnic groups such as Asian (Chinese) have been shown to be less at risk.

The NHS has a comparatively high proportion of its workforce who are BAME and front-line NHS workers are at a greater occupational risk of contracting COVID-19. Through media reports of deaths in the first wave and subsequent audits the higher risks in BAME people have been confirmed. The Office of National Statistics (ONS) have undertaken major reviews alongside Public Health England (PHE) and have found that even allowing for measures of socioeconomic deprivation there remain higher risks for ethnic minority groups especially Black and South Asian populations.

In the analyses and discussions about these higher risks there is evidence about the higher risk of living in dense urban environments, poor housing conditions, overcrowding, multigenerational households, occupations with public facing roles and high risk jobs such as taxi drivers/security guards as well as industries such as food processing plants. In addition, there have been issues identified such as access to testing, to telephone and online services and the contribution of some underlying health conditions more prevalent in some BAME groups such as hypertension/obesity/diabetes.

The NHS prides itself on aiming to provide clinical services in an equitable way and this preliminary analysis in Cambridge does suggest that the outcome after hospital admission is no worse and possibly better for BAME people. While not being complacent and noting that this was an audit and not scientific research, this is a credit to our local system.

As in the past ethnic data recording remains a challenge though and we note that the government has committed to ensuring the recording of ethnicity on death registration to enable better capture of mortality data. The gap between the 2011 census and the 2020 pandemic has also been a problem to get an up to date measure of the local demography and ethnic mix. The 2021 census, which starts in March 2021, will be a help. All organisations need to consider collecting ethnic data to audit equality of opportunity, advancement and service in their services.

Racism in its individual, group or institutional manifestations still needs attention with work still to be done by employers and service providers. Culturally competent communications and service provision is another learning point from COVID-19 to make prevention messages clear for people in their first language and adapt service provision to ensure ease of access especially as some services are telephonic or on-line or accessible only by car. Working with local BAME communities is shown to be a more effective way of promoting prevention messages and enabling access to services.

## **6. Conclusion**

This report provides information about the population estimates and broad ethnic groups in Cambridge City compared to Cambridgeshire, Peterborough and England. This shows that Cambridge City has a richly diverse population made up of many groups who live across different wards. The proportions broadly match national population estimates.

It provides data on test positive cases in Cambridge compared to the population estimates, local hospital admissions and deaths. This shows that Asian (Indian, Pakistani and

Bangladeshi) groups have had more positive cases identified in COVID-19 testing than might be expected.

The report recognises the national evidence of inequalities in the risk of contracting the virus, suffering more severe illness and death for BAME populations. In Cambridge there is some evidence of a higher proportion of positive cases identified in BAME groups but the hospital admissions and preliminary death data do not show a higher than expected BAME death rate.

Work is on-going on developing culturally competent prevention, testing and care programmes for the local population. Appropriate social media communications using different platforms and involving local leaders is beneficial in addition to suitably translated leaflets/posters.

Ethnic data capture and monitoring still requires attention as there is still too high a proportion of 'unknown' ethnic status in datasets. Some of this is to be determined at a national level such as death registration but local organisations and employers need to play their part to ensure that we can monitor and assess prevention, treatment and care service to ensure they meet local needs equitably.



## Appendix B:

Population estimates by broad ethnic group and local authority district, Cambridgeshire and Peterborough, Census 2011 percentages applied to ONS Mid-2018 Population

Area	Asian: Chinese		Asian: Indian/Pakistani/Bangladeshi		Black		White: British		White: Other		Mixed/Others		Total
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	
Cambridge	4,522	3.6%	6,096	4.8%	1,927	1.5%	82,990	66.0%	18,981	15.1%	11,242	8.9%	125,758
East Cambridgeshire	309	0.3%	532	0.6%	408	0.5%	80,193	89.7%	5,254	5.9%	2,665	3.0%	89,362
Fenland	229	0.2%	535	0.5%	428	0.4%	91,784	90.4%	6,488	6.4%	2,026	2.0%	101,491
Huntingdonshire	602	0.3%	2,582	1.5%	1,349	0.8%	158,714	89.5%	8,231	4.6%	5,875	3.3%	177,352
South Cambridgeshire	1,259	0.8%	3,062	1.9%	1,166	0.7%	137,460	87.3%	8,345	5.3%	6,226	4.0%	157,519
<b>Cambridgeshire</b>	<b>7,051</b>	<b>1.1%</b>	<b>12,968</b>	<b>2.0%</b>	<b>5,320</b>	<b>0.8%</b>	<b>550,182</b>	<b>84.5%</b>	<b>47,677</b>	<b>7.3%</b>	<b>28,284</b>	<b>4.3%</b>	<b>651,482</b>
<b>Peterborough</b>	<b>955</b>	<b>0.5%</b>	<b>18,549</b>	<b>9.2%</b>	<b>4,000</b>	<b>2.0%</b>	<b>142,579</b>	<b>70.9%</b>	<b>21,956</b>	<b>10.9%</b>	<b>13,001</b>	<b>6.5%</b>	<b>201,041</b>
C & P	8,045	0.9%	31,044	3.6%	9,244	1.1%	693,645	81.4%	69,398	8.1%	41,146	4.8%	852,523
<b>England</b>	<b>400,727</b>	<b>0.7%</b>	<b>3,109,169</b>	<b>5.6%</b>	<b>1,656,490</b>	<b>3.0%</b>	<b>44,643,703</b>	<b>79.8%</b>	<b>2,623,873</b>	<b>4.7%</b>	<b>3,543,217</b>	<b>6.3%</b>	<b>55,977,178</b>

**Source:** ONS, Census 2011, Table QS211EW applied to ONS Mid-2018 population estimates

### Key points:

- At the time of the 2011 Census Cambridge City had a more ethnically diverse population than that seen in Cambridgeshire and Peterborough, with a higher proportion in all ethnic groups except for White British