

Report to:	Health and Wellbeing Board	Date of Meeting:	Wednesday 9 September 2020
Subject:	The Direct and Indirect Impacts of COVID-19 on the Health and Wellbeing of our Local Population		
Report of:	Director of Public Health	Wards Affected:	(All Wards);
Portfolio:	Health and Wellbeing		
Is this a Key Decision:	N	Included in Forward Plan:	No
Exempt / Confidential Report:	N		

Summary:

The report presents a Liverpool John Moores University and the Champs Public Health Collaborative, which has produced a rapid evidence review identifying what the current evidence tells us about the direct and indirect impacts of COVID-19 on health and wellbeing.

Recommendation(s):

(1) The paper is to be received and noted by the Board.

Reasons for the Recommendation(s):

The purpose of the paper is to aid understanding of the impact of COVID and inform future Health and Wellbeing Board Decisions.

Alternative Options Considered and Rejected: (including any Risk Implications)

Not applicable

What will it cost and how will it be financed?

(A) Revenue Costs

There are no revenue implications identified within this report.

(B) Capital Costs

There are no capital costs associated with this report.

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets):
None identified
Legal Implications:
Equality Implications:
The equality Implications have been identified and risk remains, as detailed in the report.

Contribution to the Council's Core Purpose:

Protect the most vulnerable: Information on the impact of COVID to aid future oversight and decision making
Facilitate confident and resilient communities: Information on the impact of COVID to aid future oversight and decision making
Commission, broker and provide core services: Information on the impact of COVID to aid future oversight and decision making
Place – leadership and influencer: Information on the impact of COVID to aid future oversight and decision making
Drivers of change and reform: Information on the impact of COVID to aid future oversight and decision making
Facilitate sustainable economic prosperity: Not applicable
Greater income for social investment: Not applicable
Cleaner Greener Not applicable

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Executive Director of Corporate Resources and Customer Services (FD6115/20) and the Chief Legal and Democratic Officer (LD4307/20) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

Not applicable

Implementation Date for the Decision

Immediately following the Board meeting.

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Appendices:

There are no appendices to this report

Background Papers:

There are no background papers available for inspection.

1. Background

- 1.1 Health inequalities already existed in our community before the pandemic. However, COVID-19 has impacted disproportionately on our most vulnerable communities potentially widening the gap in health and wellbeing measures between some groups and the rest of Sefton. There will be implications during our recovery phase with regard to how we best try to tackle this. The recently published review gives some indication as to what some of the impacts have been and can be expected if applied with a Sefton lens

2 Impacts

2.1 Impacts on family, friends and communities

There is evidence of increased civic participation in response to the pandemic and a positive impact on social cohesion. Thousands of new volunteer groups have been established in communities across the country and the majority of adults believe the country will be more united and kinder following the pandemic.

Social isolation and loneliness have impacted on wellbeing for many. There are also serious concerns about how the combination of greater stress and reduced access to services for vulnerable children and their families may increase the risk of family violence and abuse. Compounding this, safeguarding issues have been largely hidden from view during lockdown.

2.2 Impact on money and resources

There has been an increase in people signing up for Universal Credit and Jobseeker's Allowance benefits. Young workers and low earners have been impacted the most and household incomes have fallen particularly among the lowest earners. The predicted economic downturn will have significant health impacts in the short and longer term.

2.3 Impact on education and skills

Children and young people may be hit hardest by the social distancing and lockdown measures. School closures risk exacerbating existing inequalities in

educational attainment. Surveys suggest that the richest households are more likely to be offered active help from school, and that they are spending more hours a day on home learning.

2.4 Impact on our surroundings

People have spent far more time at home during lockdown which may play a role in exacerbating the health impacts of poor-quality housing. Further, an estimated 12% of households in England have had no access to a private or shared garden during lockdown. Although access to public parks is more evenly distributed, inequalities exist in access to good quality and safe public green space. Air was cleaner and healthier in early lockdown, but global emissions have since rebounded to close to 2019 levels.

2.5 Impact on transport

The impact on transport has been mixed. Falls in road journeys during the early period of lockdown have generally been short-lived and there are concerns about the lasting damage that may be done to public transport systems. A positive impact has been seen with more people cycling, but it remains to be seen whether the changes to cycling infrastructure will have a lasting impact.

2.6 Impact on the food we eat

Lockdown has exacerbated food insecurity and food need; particularly among children. The number of adults who are food insecure is estimated to have quadrupled. Food banks have experienced a rapid increase in demand but alongside this have experienced reduced volunteer numbers.

2.7 Access to health and social care

The COVID-19 pandemic has both disrupted and changed the delivery of NHS and social care services. Concerns have been raised about significant drops in A&E use and the health care needs of people with long-term conditions have been significantly impacted.

2.8 Individual health behaviours

The wider determinants of health both shape the distribution of, and trigger stress pathways associated with the adoption of unhealthy behaviours. Lockdown has impacted on these behaviours in different ways. People who were drinking alcohol the most often before lockdown are also the ones who are drinking alcohol more often and in greater quantities on a typical drinking day. People already drinking alcohol the least often have cut down in the greatest number. The impacts on smoking appear to be more positive, with smokers showing an increased motivation to quit and to stay smoke free during the pandemic.

Findings are less clear in relation to diet. Non-UK studies show decreased physical activity and increased eating and snacking during lockdown. In England, physical activity behaviours among children and adults have been disrupted by lockdown. Although some groups have continued to be physically active, groups that were least active before lockdown are finding it harder.

2.9 Health and wellbeing outcomes

It is expected that long-term conditions will have worsened for many people over the course of lockdown and there are particular concerns about the impact of delayed cancer diagnoses and the knock-on effects as NHS services are resumed. There is also increasing evidence that people who experience mild to moderate COVID-19 disease may experience a prolonged illness with frequent relapses.

Experience from previous pandemics and economic shocks suggests that mental ill health will increase widely during the pandemic, although the scale is difficult to predict. A range of factors may be drivers of poor mental health, including those directly related to COVID-19 (e.g. more generally or because of the loss of family and friends to COVID-19) and those indirectly related through the effects of the social distancing and lockdown measures (e.g. through social isolation or because of financial insecurity).

3 Recommendations

The impacts of COVID-19 have not been felt equally – the pandemic has both exposed and exacerbated longstanding inequalities locally. As we move from the response phase into recovery, the direct and wider impacts of the pandemic on individuals, households and communities will influence their capacity to recover. The unequal impacts of the COVID-19 pandemic go further than the direct impacts of the disease itself. The unintended consequences of lockdown, social distancing and other measures designed to control the spread of infection – isolation at home, economic shutdown, school closures and reduced access to services – have had and will continue to have their own unequal impacts on health and wellbeing outcomes.

- 3.1 We must therefore adopt the principle of “proportionate universalism”, in line with our health and wellbeing strategy for the borough. Targeted support will be required for some groups who have been disproportionately disadvantaged by the pandemic including men, older people, those with existing health conditions, ethnic minority communities, so-called ‘low skilled’ workers and those from poorer areas are all at a greater risk of infection, serious illness and of dying from COVID-19.
- 3.2 We are returning to a different social landscape in Sefton to what we were operating in before. We need to understand this landscape and adapt to it to better serve the local community. We must not be afraid of working in new and innovative ways and in new partnerships. This will include how best to carry on with our test and trace model in the years to come.
- 3.3 We have had a bolstering to our sense of community in terms of the vast numbers of volunteers to help with our community response. This is something we can build on in our response to protecting the health of those most vulnerable in our communities.
- 3.4 Sefton Council should work with the CCGs on combined efforts to promote the usage of local health services to prevent non COVID related conditions from going

unchecked. This should include consideration of how services return to face to face access rather than a solely digital offer.

- 3.5 Adopting a life course approach, we potentially have a cohort of children in Sefton who have been impacted educationally and socially, with lifelong impacts who may need specialised consideration and a trauma informed approach. This is of particular note to our more disadvantaged children.
- 3.6 While mental ill health is difficult to predict in terms of how it will manifest post pandemic for Sefton, it is vital we have systems in place to handle this and consider it as another “wave” of impacts from COVID-19. There may be fear associated with getting back outside, interacting with our local economy and becoming less sedentary.
- 3.7 There is likely to be an increased demand on local healthy weight services and provision due to an increase in local population weight and the associated comorbidities e.g. CVD. For a while there is also likely to be a widening of the BMI difference by socioeconomic position.
- 3.8 Worsening financial insecurity is likely to lead to an increased demand on local food banks and more pressure on our employment related services. We should prepare for this by ensuring sufficient capacity and resource in the system.