

Health and Wellbeing Board

COVID-19 Health Impact Assessment

15 September 2020

Recommendations

The Health and Wellbeing Board is asked to:

1. Note the findings of the COVID-19 Health Impact Assessment
2. Endorse the COVID-19 Health Impact Assessment for publication on the Warwickshire County Council website
3. Utilise findings from the COVID-19 Health Impact Assessment when engaging in reset and recovery planning

1. Background

- 1.1 On 12th May the Warwickshire County Council Joint Strategic Needs Assessment (JSNA) Strategic Group agreed to initiate a COVID-19 Health Impact Assessment (HIA).
- 1.2 The aim of the HIA was: *to identify key factors that may affect the population's health and wellbeing as a direct result of the COVID-19 outbreak. This assessment will be available to both internal and external stakeholders to support their planning for recovery.*
- 1.3 Although initially proposed as a WCC piece of work, Coventry City Council and CCG colleagues were engaged to ensure that the HIA represents a system wide view across the Health and Care Partnership.
- 1.4 A project team was created which included officers from WCC Public Health and Business Intelligence; Coventry City Council Public Health and Insight Team; and Coventry and Warwickshire CCG Business Intelligence Teams.
- 1.5 The HIA is structured using the Kings Fund population health model. This highlights four interacting areas that influence the health and wellbeing of people in Coventry and Warwickshire:
 - The wider determinants of health
 - Our health behaviours and lifestyles
 - The places and communities we live in and with
 - An integrated health and care system

2. Findings

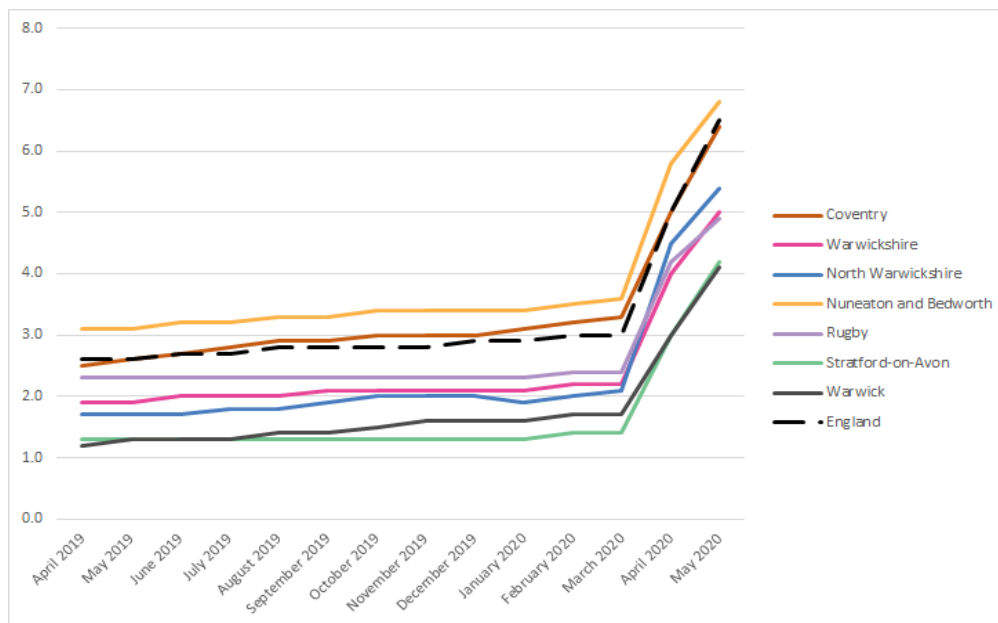
2.1 The connection between the four pillars of population health is important, and underpins two key high-level findings from the report:

- **An integrated recovery:** This analysis shows that health and wellbeing has been deeply impacted on by changes across all four quadrants of the model. The implication is that recovery cannot just be contained to one sector and has to be connected across all four to have the biggest chance of success. An integrated recovery is one where we look across traditional boundaries to understand the wider impact of services.
- **The double impact:** The HIA references that the harm from COVID-19 has been unequally distributed across the population and is likely to continue to be so whilst still circulating. This analysis shows that the wider impacts from the pandemic and lockdown will fall more heavily on communities most directly affected by the disease itself. This analysis shows the potential harm for more deprived areas of Coventry and Warwickshire and, as more evidence develops, it will be important to understand the impact on Black, Asian and Minority Ethnic (BAME) groups and on the most vulnerable individuals facing multiple deprivation.

2.2 Key findings within the wider determinants of health and wellbeing pillar include:

- Mass Unemployment Events have a significant direct and indirect impact on health and wellbeing.
- Across Coventry and Warwickshire there are 17,000 new claimants of Job Seekers Allowance or Universal Credit with a requirement to look for work. An additional 85,000 people are furloughed.
- Areas such as Nuneaton and Bedworth, and Coventry which have had a relatively higher claimant count before COVID-19 are the same ones with higher rates afterwards. The area locally with the largest relative increase was North Warwickshire (see Figure 1 below).
- Stratford-on-Avon, North Warwickshire, and Rugby identified as potentially large decreases in economic output, predominantly because of manufacturing trade.
- Household spending has dropped by 22% during the lockdown.

2.3 Figure 1. Claimants in Coventry and Warwickshire aged 16+ as a proportion of residents aged 16 – 64



2.4 Key findings within the health behaviours and lifestyles pillar include:

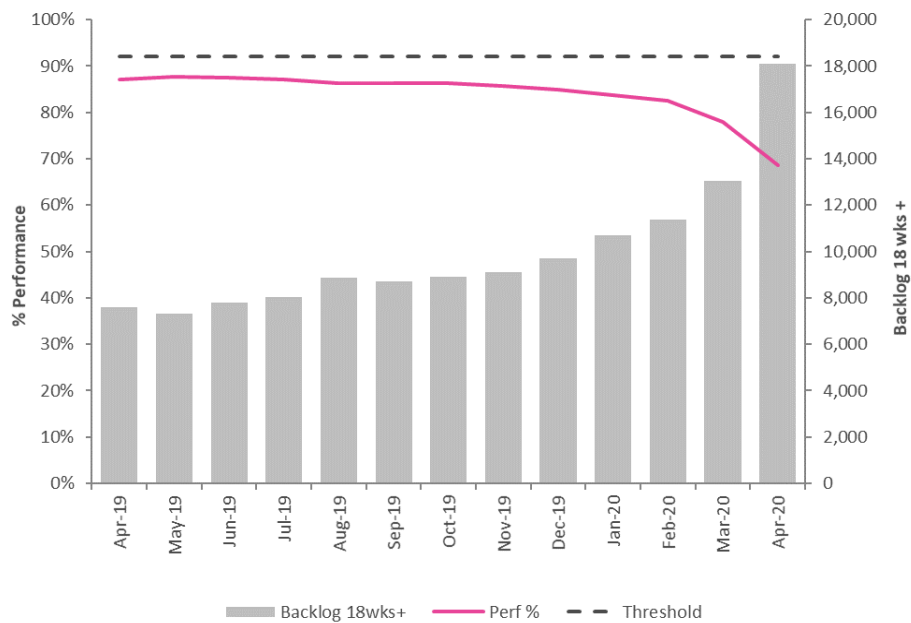
- Much of the evidence we use to understand health behaviours locally is drawn from national surveys or other data sources that have not been available. There is an evidence gap identified in this report, which prevents us from truly understanding the impact on healthy behaviours in Coventry and Warwickshire. Local surveys would be needed to fill that gap.
- Evidence that pandemics can increase alcohol use, particularly in healthcare staff. Supermarkets saw a 10.3% increase in alcohol sales in March.
- One in 500 adults started gambling in the first four weeks of lockdown. Active gamblers are more likely to use products with faster play cycles.
- Physical activity has increased for some and decreased for others in equal measures – but affluent groups are more likely to increase.
- There has been a drop in referrals to Stop Smoking in Pregnancy services.

2.5 Key findings within the integrated health and care system pillar include:

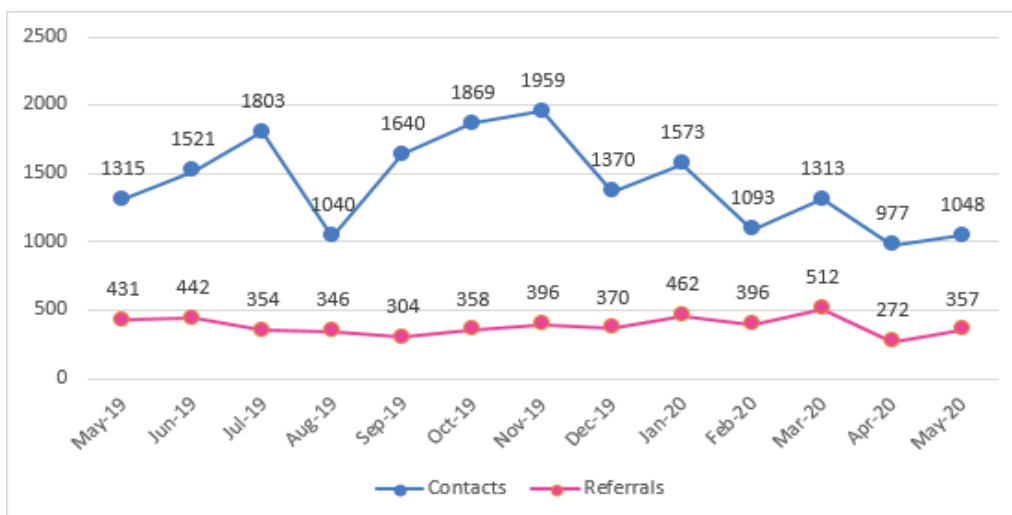
- Compared to April 2019, April 2020 saw:
 - A 62% reduction in A&E attendances. The biggest reduction was in Coventry and Rugby at 66.1%.
 - A 25.8% reduction in unplanned hospital admissions. The biggest reduction was 37.5% in South Warwickshire.
 - An 81% reduction in planned admissions. The biggest reduction was 89.7% in North Warwickshire.
 - A 74% reduction in outpatient activity.

- The total Referral to Treatment Waiting List moved to its lowest level during the 12 months between April 2019 and April 2020. There is also an increase in the backlog of referrals (see Figure 2).
- There were drops in the number of GP referrals into acute care over the same time period, including a 59.1% reduction in two week waits.
- Compared to previous months, in April and May there were 150 to 200 fewer child safeguarding referrals per month in Warwickshire (see Figure 3), and 100 to 150 fewer in Coventry.
- Each week that screening programmes were paused there were 679 missed bowel cancer screenings, 811 missed cervical cancer screenings and 538 missed breast cancer screenings.
- There is evidence of a drop in childhood immunisation coverage.

2.6 Figure 2. Waiting lists: 18+ week waits

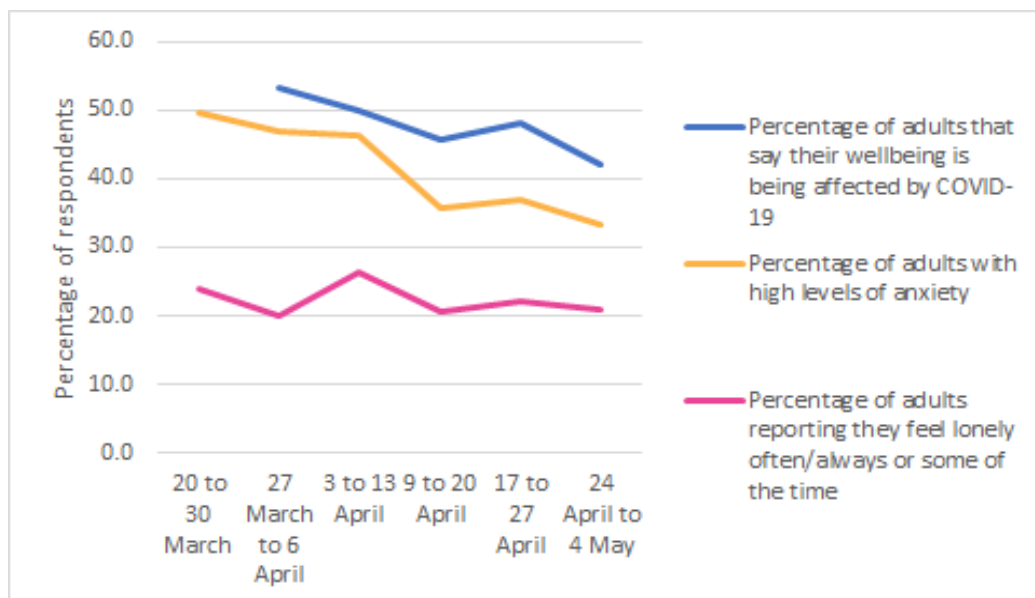


2.7 Figure 3. Child safeguarding referrals in Warwickshire



- 2.8 Key findings within the places and communities we live in pillar include:
- At the point of lockdown, half of adults reported a high level of anxiety and that COVID-19 had impacted on their health (see Figure 4).
 - Between three to four percent of the population were on shielding lists, including over ten percent of over 70 year olds. There were more calls for social support the longer lockdown went on.
 - There were increases in foodbank activity including packages to families with children.
 - Reports of anti-social behaviour and domestic abuse increased. Theft and robbery reduced significantly.
 - Over 200 homeless people were provided with temporary accommodation under the 'Everybody In' initiative.

2.9 Figure 4. ONS survey and feelings of wellbeing, anxiety and loneliness



3. Report recommendations

- 3.1 Recommendations relating to the wider determinants of health and wellbeing:
- Approaches to economic recovery can consider how 'Inclusive Growth' concepts that track the pattern as well as pace of growth can mitigate against a double impact in more deprived communities.
 - The evidence presented here on areas and sectors most at risk can be used to better target and design interventions to support economic recovery.
 - The health sector can play a role in identifying individuals who have become unemployed and explore preventative actions to mitigate any impact on health behaviours and wellbeing.

- 3.2 Recommendations relating to health behaviours and lifestyles:

- Local evidence needs to be collected on health behaviours through both planned and bespoke questionnaires and other engagement to understand the impact on health behaviours.
- There is an opportunity to encourage those who have adopted more healthy behaviours to maintain them. This needs to specifically consider the need to reduce health inequalities and how to address the barriers that prevented people in more deprived areas or lower paid professions from becoming more physically active.
- Health and social care organisations need to consider how to support front line staff to prevent increases in alcohol use seen following other pandemics.

3.3 Recommendations relating to an integrated health and social care system:

- More detailed analysis with clinical input needs to be carried out to understand the patient groups and conditions that have contributed to the decrease in hospital use, and their relative acuity. This will help to identify actions that mitigate the impact.
- The figures presented in this report on patients awaiting treatment, or who have missed screening and immunisation appointment should be used to support recovery planning. An integrated approach to recovery is needed across NHS organisations to prevent attempts to reduce the backlog from overwhelming parts of the system.

3.4 Recommendations relating to the places and communities we live in, and with:

- COVID-19 has had a broad impact on mental wellbeing and social isolation that needs to be addressed by all sectors as part of the recovery.
- Although there are plans to reduce the services available from shielding hubs, there are still health needs and anxieties in that group.
- Improvements in air quality have shown the potential to protect the public from this harm and opportunities to maintain some of the behaviours that have led to the reduction need to be considered, alongside additional work to support a shift onto more active forms of travel.

As well as the work to support rough sleepers housed during COVID-19 into more permanent accommodation, there need to be appropriate services in place.

4. Financial Implications

4.1 There are no financial implications arising from this update.

5. Environmental Implications

5.1 There are no environmental implications arising from this update.

6. Timescales associated with the decision and next steps

6.1 The COVID-19 Health Impact Assessment will be published to the WCC website following endorsement of this paper by the Health and Wellbeing Board.

Appendices

1. None

Background Papers

1. COVID-19 Health Impact Assessment

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The report was circulated to the following members prior to publication: WCC members: Councillors Caborn, Redford, Bell, Adkins, Kondakor and Roodhouse