COVID-19 Health and Wellbeing Impact Assessment and Recovery Plan Update

Dr Jane O'Grady

Director of Public Health

September 2020

Buckinghamshire Health and Wellbeing Recovery Plan

In June 2020, Buckinghamshire Council published 'The 3 Rs to Recovery', Reset, Resilience, Restoration in response to COVID.

The health and wellbeing Recovery Plan reflects the 3 R principles and will be informed by:
- Community engagement including Community Board recovery action plans
- COVID-19 Health Impact Assessment evidence
- Stakeholder views and action plans

Recovery will be complex as there will be repeated waves of infection & disruption and the plan will be dynamic to reflect this and emerging needs.

The recovery plans will be form part of the Joint Health and Wellbeing Strategy that the board has been developing. The strategy and recovery plans will be overseen by the Health and Wellbeing Board. The plan will complement but not duplicate the NHS service recovery plans and Council Service recovery plans.

Direct and Indirect Impacts of COVID-19;

- **Direct impacts** of COVID-19 disease

- **Indirect impacts** of social distancing and lockdown measures - social, educational attainment and job prospects, economic, employment and health impacts.

- These impacts have not been experienced equally across the population, and many impacts have replicated and increased existing health inequalities

- **Buckinghamshire Health Impact assessment** – literature review, stakeholders views including council services, NHS,VCS , members, residents and 2 surveys

- Resident survey - 5,349 residents 8 July-5 Aug 2020

- Schools survey – 815 primary school and 2678 secondary school pupils (results later)

Direct Impacts

Of people who develop symptoms, current data indicate that

- **40% have mild symptoms** without hypoxia (low level of oxygen in the blood) or pneumonia,
- **40% have moderate** symptoms and non-severe pneumonia,
- **15% have significant disease** including severe pneumonia,
- **5% experience critical disease** with life-threatening complications.
- The risk of infection, developing serious illness and dying from the disease was higher among people who were older, or from Black, Asian and minority ethnic groups (BAME), on low income and living in more deprived areas; have underlying health conditions such as diabetes or are in certain occupations such as social care , minicab and taxi drivers.

Post acute and "Long Covid"

- **1 in 10 people** with mild infection reported fatigue , shortness of breath muscle pain lasting for **four weeks.**
- People hospitalised with Covid-19 had symptoms that lasted over two months requiring rehabilitation to recover from physical health weakness and psychological trauma.

Mental Health – National Picture

- ONS people experiencing depressive symptoms doubled from 1 in 10 pre-pandemic to 1 in 5 during pandemic

- 69% felt somewhat or very worried about impact of COVID on their lives

- Many of those with pre-existing mental health conditions have reported a worsening of their conditions.

- Young adults and women hit hardest

- Evidence suggests that the lockdown measures caused an increase in social isolation and loneliness, both of which are risk factors for poor physical and mental health.

- Variable impact on children and young peoples mental wellbeing

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Buckinghamshire Survey - Mental Wellbeing

- 2 in 5 concerned about their mental wellbeing

- 47% have worried a great deal or quite a bit about the wellbeing of other family members

- 1 in 4 said they have worried a great deal or quite a bit about their childrens education

- 1 in 4 reported high anxiety

- 2 in 5 said wellbeing had deteriorated during lockdown

- Main concerns how long lockdown would last, others not following guidance, lack of sleep with a quarter wanting help to improve their sleep. Nearly 1 in 10 wanted help from mental health services.

Buckinghamshire Survey - Relationships and Social Isolation

- A quarter (23%) of respondents were concerned about feeling lonely and being isolated

- Two fifths (40%) were concerned about how friends and family were coping.

- Of the 69% of those who responded to family arguments 55% reported no change in the frequency of arguing, 18% argued less and 27% argued more.

- 1 in 5 wanted to talk to someone about they are feeling.

Buckinghamshire Survey - Physical Health

- A quarter (25%) of respondents said their physical health had deteriorated during lockdown.

- This was higher in more deprived areas and younger people.

Health Related Behaviours

Nationally

- People drinking more alcohol before lockdown tended to increase their drinking.

- Almost one third gained weight during lockdown.

- Children's physical activity levels lower in lockdown.

- Adults reported doing more physical activity but varied by groups.

- More people tried to quit smoking.

Buckinghamshire Health Behaviours During Lockdown

Alcohol

- A quarter of respondents said they don't drink alcohol, **22% said they were drinking more**, 37% said they drank the same amount, 15% said they drank less after COVID started/during lockdown.

Healthy Eating

- A **fifth of respondents (20%) said they ate less healthy and nutritious food** during lockdown.

- Those eating less healthily were more likely to be females (23.7%), under 50 years of age (29.3%), from a Black or Ethnic Minority group (23.1%); and those living in more deprived areas (30.8%)

- Nearly half of respondents reporting less healthy diets in lockdown had children under 18 in the household

- Food bank use increased across the county

Physical activity

- More than two fifths of respondents (44%) said exercise had helped them cope during lockdown. More than a quarter of respondents (29%) said they were exercising more and **nearly two fifths (38%) said they were exercising less.** 16% of respondents said they would like support joining local groups and 28% said they would like support to be more active to help them feel better

Buckinghamshire Survey Responses - Employment & Income

- **A fifth of <u>all</u> respondents (21.6%) were concerned about their finances and being in debt.**

- This was significantly more likely in those under the age of 50 years (30.2%), Black and Ethnic Minority groups (27.2%) and more deprived areas (29.9%).

- **Nearly half (48.7%) of those responding with these concerns had children under 18 years in the household.**

- **Nearly 1 in 10 (8%) of respondents were concerned about being able to afford the food they need with 7% struggled to afford food**

- **7% stated requiring help with managing debt and their finances.**

- 16% stated their employment had changed since lockdown due to COVID-19 at the end of March.

- Of the 16% who reported that their employment was affected - A fifth (22%) lost their job, 34% were furloughed, 20% had their hours decreased, 5% had their hours increased, 19% other (includes retired, resigned, sickness, shielding and unable to work due to government guidelines.

Residents claiming unemployment benefits

In March 2020

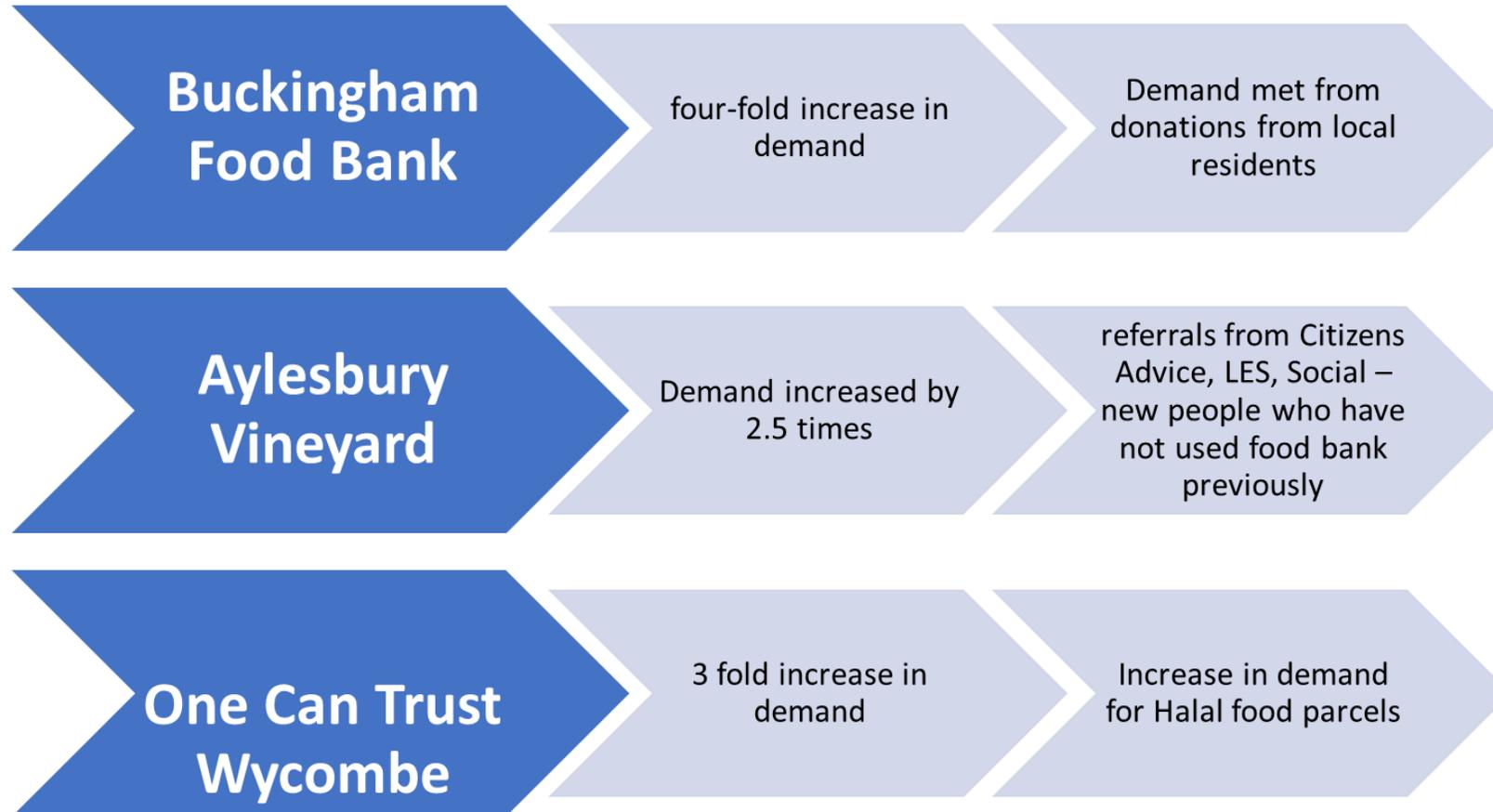- 1.7% residents claiming unemployment benefits (3.1% Engl, 2.2% SE)

By May 2020 this had increased to 4.7% for Bucks

By Aug 2020

- **4.8%** Bucks residents on unemployment benefit (6.6% Engl,5.4% SE)

- Highest in Wycombe Community Board area at **7.9%**

Post 2008 economic crisis study estimated a 1% fall in employment leads to a 2% increase in chronic illness. Strong adverse effects on musculoskeletal, cardiovascular, respiratory diseases and mental health. Mental health rise increase perhaps 2x size of other increases. Impacts on suicide.

Increased Demand on Food Banks

Buckingham Food Bank → four-fold increase in demand → Demand met from donations from local residents

Aylesbury Vineyard → Demand increased by 2.5 times → referrals from Citizens Advice, LES, Social – new people who have not used food bank previously

One Can Trust Wycombe → 3 fold increase in demand → Increase in demand for Halal food parcels

Education & Future Job Prospects - National

- Nearly all teachers estimated their pupils were behind in their current curriculum learning due to lockdown. Average estimate 3/12 behind

- Pupils in more deprived areas experienced greatest impact

- Gap between some pupils and wealthier peers could have widened by 46% in latest school year

- When unemployment rises e.g. due to recession effects usually most severe for those who have recently left full time education

- Education and employment powerful influencers of health

Access to Services

- The closure of childcare settings and schools has also meant that some children may have lost access to a place of safety.

- Access to health and social care during the pandemic has been disrupted.

- People avoided seeking healthcare during the pandemic with potential harms and longer term consequences.

- People unable to access respite care reported negative impacts on their physical and mental health

- Calls related to Domestic Violence increased across Thames Valley Police area

Health and Wellbeing Recovery Plan Priorities

1. Keeping infection rates low and residents safe from COVID.
2. Promoting mental health and wellbeing including addressing social isolation.
3. Keeping residents healthy.
4. Addressing the needs of key groups: e.g. those living in more deprived areas, food insecure, Black Asian and minority groups, travellers, homeless.
5. Community engagement and resilience.
6. Service redesign and recovery in the new normal.
7. Health in All Policies Approach - Capitalising on plans to reduce the educational gap, drive economic recovery and inclusive growth, reduce debt and financial hardship, improve the built and natural environment to improve health and resilience.

Priority 1: KEEPING INFECTION RATES LOW & RESIDENTS SAFE

Local outbreak prevention, management and control.

Health Protection board, Outbreak plan and COVID Workstreams
Flu programme.

A crucial part of reducing the risk of COVID-19 infection is proactive primary prevention:

- Targeted communications and support on social distancing, hand and respiratory hygiene, self isolation when advised to do so
- Partnership working with:
  - communities and local leaders
  - front line service providers
- Working with local businesses, retailers, commercial and voluntary and public sector

Priority 2: PROMOTING MENTAL WELLBEING

- ICP COVID-19 Mental Health Strategic Group works with VCS COVID response group

- Increase awareness of mental health support to communities and staff

- increase bereavement support

- Increase mental health support to health and care staff

- Mental health first aid training to wider partners

- Programmes to improve mental health in key groups - vulnerable groups; children, young people and families; Responders (essential workers) in wave 2; and Covid-19 survivors

Priority 3. KEEPING RESIDENTS HEALTHY

- Obesity and long term conditions such as diabetes, high blood pressure and heart disease increase risk of adverse outcomes from COVID. These conditions are preventable in many cases.

- Smoking, lack of physical activity, unhealthy eating increase the risk of these conditions. These choices are not made in a vacuum. The places people live, the communities around them and the resources people have influence their ability to be physically active, eat healthily and smoke so we need to address these factors too.

- The long term conditions that increase risk of adverse outcomes from COVID are also found more frequently in some population groups so we need to ensure prevention reaches these groups effectively e.g. people from Black and Asian groups, people living in more deprived areas.

Priority 3. KEY AREAS FOR KEEPING PEOPLE HEALTHY

- Community engagement and development of community champions
- Roll out of Making Every Contact Count (behaviour change) to champions and front line staff and VCS
- Ensure initiatives reach those at highest risk – key role for NHS and community leaders, community boards, health champions, VCS
- Healthy eating – address food insecurity, cooking and growing schemes
- Obesity – increase referrals to behaviour change service , diabetes prevention, whole system strategy
- Smoking – amplification of national campaigns Quit for COVID, Stoptober, increase referrals to LWSW
- Physical activity – online exercise, primary school initiatives, restarting simply walks
- Alcohol - responding to increased referrals post lockdown with flexible services
- Access to behaviour change service (LWSW), diabetes prevention, substance misuse services, NHS health check
- Strong NHS focus needed in primary and secondary prevention of high blood pressure, diabetes, heart disease, obesity especially in deprived areas and BAME communities and referral to behaviour change services e.g. smoking cessation
- Action on broader determinants of health (Health in All Policies)

Priority 4. ADDRESSING THE NEEDS OF KEY GROUPS: e.g.Black Asian and Minority Ethnic (BAME) groups *including travellers*

- Enhanced Community Engagement

- Better Data to monitor health, impacts of COVID & identify key issues

- Culturally Competent Communication Campaigns – to inform and reduce harm from COVID - individual and household risk reduction strategies; rebuild trust with and uptake of routine clinical services; reinforce messages on early identification, testing and diagnosis; and prepare communities to take full advantage of interventions including contact tracing, antibody testing and vaccine (if/when becomes available)

- Culturally Competent Health Promotion and Disease Prevention

- Protecting BAME staff at work

- Tackling the impact of Covid-19 on BAME patients and service users

Priority 5. COMMUNITY ENGAGEMENT & RESILIENCE

- Community Board health profile sessions delivered to all Community Boards.
- Roll out asset based community development approach to Buckinghamshire Council Community team and develop Community Champions for health - initial focus COVID.
- Community Boards & Primary Care Networks work together with local communities on recovery.
- Ensure Community Boards with significant BAME and deprived communities living in their area understand the specific risks their communities face from Covid-19 and support activities that improve Covid-19 outcomes or recovery.
- Development of a BAME Community Forum / Network to facilitate better engagement with the key issues these communities face.
- Support VCS organisations that work with BAME communities to identify and attain funding for activities that improve Covid-19 outcomes or recovery.
- Community work planned around sustainable approaches to food insecurity.

Priority 7. HEALTH IN ALL POLICIES

Relevant council policies and decisions consider how health can be improved and poor health prevented as part of business as usual.

Examples include;
- Active travel: government funding to increase space for non-motorised travel on roads
- Air quality: continuation of air quality monitoring.
- Culture, sport and leisure: Improving access to mental health and wellbeing resources
- Education: PHSE training to school staff continuing remotely.
- Housing: support for rough sleepers to move to long term accommodation.
- Planning, growth and sustainability: reopening town centres safely; climate change strategy development.