

Health and Wellbeing Board

11 September 2020

Health Impact Assessment for Health Inequalities During COVID-19



Report of Amanda Healy, Director of Public Health, Durham County Council

Electoral divisions affected:

Countywide

Purpose of the Report

- 1 The purpose of this report is to give the Health and Wellbeing Board an overview of the findings and recommendations taken from a Health Impact Assessment (HIA) on health inequalities conducted in response to the COVID-19 pandemic. The Health Impact Assessment for Health Inequalities During COVID-19 is available on request.

Executive summary

- 2 The response to the COVID-19 pandemic has been developed over time to help contain the spread of the virus through local communities. On 23rd March 2020, the government introduced measures to help protect the public from COVID-19 by introducing Staying at Home and social distancing policies; staying at home is commonly referred to as 'lockdown'.
- 3 Evidence suggests the consequence of lockdown restrictions are likely to increase inequalities in our most deprived communities. This is due to the prolonged and predicted socio-economic impact of COVID-19 on individuals, families, communities and businesses.
- 4 The lockdown measures implemented have led to a range of new policies being developed to mitigate the spread of the virus. Areas impacted by lockdown have included health, social care, education, housing, criminal justice, communities, the environment, business and the economy.

- 5 In response, the County Durham and Darlington Health, Welfare and Communities Recovery Group initiated a rapid Health Impact Assessment (HIA) to provide a 'snapshot' insight into the impact of COVID-19 lockdown on inequalities during the recovery and restoration phase of the pandemic.
- 6 From the HIA screening and prioritisation process undertaken, the priority high impact areas identified by the HIA requiring further action to mitigate against health inequalities are:
 - Socio-economic factors - poverty reduction
 - Mental health and emotional wellbeing
 - Community assets and community mobilisation
 - Inclusion of vulnerable groups integrated into the key priorities.
- 7 Areas of policy screened out the HIA prioritisation process remain significant and will continue to be monitored for outcomes within current delivery mechanisms e.g. the pause in housing evictions. This will help with the ongoing assessment of any changes in impacts occurring over the COVID-19 recovery timeframe. These areas include:
 - Education and skills
 - Housing and homelessness
 - Criminal justice
 - Domestic abuse
 - Healthcare
 - Tobacco control
 - Alcohol and drug harms
- 8 At the time of writing the HIA, the full impact of reduced access to health care for physical needs due to COVID-19 was not fully quantified (May - June 2020). Evidence emerging from Europe regarding mental health highlighted growing concerns. Subsequently, the County Durham Place Based Commissioning and Delivery Plan 2020-2025 OGIM's have been developed referencing the HIA to help frame each OGIM response to reducing inequalities across County Durham.
- 9 The findings and recommendations from the HIA will be developed into a system-wide Recovery Plan for Health Inequalities which will be integrated into key strategic partnership plans such as the Joint Health and Wellbeing Strategy and the County Durham Place Based Commissioning and Delivery Plan 2020-2025.

Recommendations

- 10 The Health and Wellbeing Board is recommended to:
- (a) Endorse the actions identified in the HIA to mitigate negative impacts and enhance positive impacts of the COVID-19 recovery response using a system wide approach.
 - (b) Promote the key priorities identified in the HIA with all partners to enable their integration into all strategies and policies as a contribution to reducing inequalities.
 - (c) Prioritise and promote the recommendations made in the HIA (see paragraph 43 and Appendix 2).
 - (d) Monitor data in priority areas to measure impact of future actions undertaken at a local level.
 - (e) Work with partners to build on learning and support preparations for any second wave or local outbreak situations.

Background

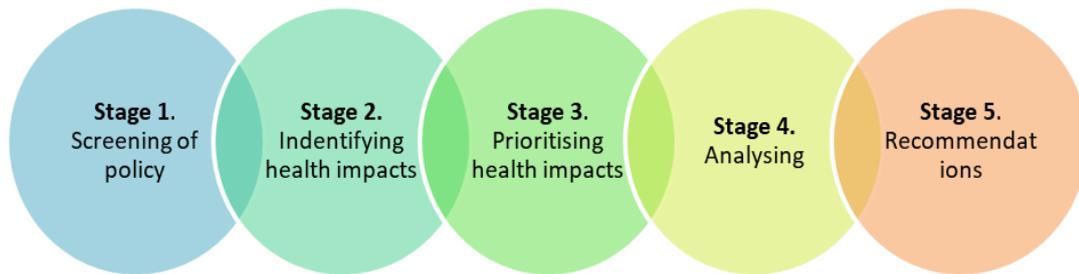
COVID-19 and Inequalities

- 11 There is clear evidence that the COVID-19 virus does not affect all population groups equally. Public Health England (PHE) indicate those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness due to COVID-19 (PHE, June 2020).
- 12 Many analyses have shown that older age, ethnicity, male sex, obesity and geographical area, for example, are associated with the risk of getting the infection, experiencing more severe symptoms and higher rates of death.
- 13 The PHE review of disparities in the risk and outcomes of COVID-19 shows that there is an association between belonging to some ethnic groups and the likelihood of testing positive and dying with COVID-19. (PHE, June 2020).
- 14 Risks associated with COVID-19 transmission, morbidity, and mortality can be exacerbated by the housing challenges faced by some members of BAME groups.
- 15 In County Durham, the Gypsy, Roma, Traveller communities present the largest minority ethnic group, but are not systematically highlighted in BAME definitions.
- 16 The most recent research from the UK suggests that both ethnicity and income inequality are independently associated with COVID-19 mortality. Individuals from BAME groups are more likely to work in occupations with a higher risk of COVID-19 exposure (PHE, 2020).
- 17 In March 2020, the Government Scientific Advisory Group for Emergencies (SAGE) advised that a combination of individual home isolation of symptomatic cases, household isolation and social distancing could have a positive effect on reducing the number of cases of COVID-19 (SAGE, 3rd March 2020).
- 18 On 16th March 2020, the UK Government introduced a shielding policy for the most vulnerable of our society and restrictions on non-essential contact and travel.
- 19 Evidence suggests the consequence of lockdown restrictions are also likely to increase inequalities in our most deprived communities. This is due to the prolonged and predicted socio-economic impact of COVID-19 on individuals, families, communities and businesses.

- 20 The lockdown measures implemented have led to a range of new policies being developed to mitigate the spread of the virus. Areas impacted by lockdown have included health, social care, education, housing, criminal justice, local communities, the environment, business and the economy.
- 21 The County Durham and Darlington Health, Welfare and Communities Recovery Group initiated a rapid HIA to provide a 'snapshot' insight into the impact of COVID-19 lockdown on inequalities during the recovery and restoration phase of the pandemic.
- 22 The HIA process was undertaken to inform a system-wide approach to mitigate against negative impacts of COVID-19 on inequalities and build on positive findings as part of the recovery response.
- 23 Findings from the impact assessment can be used by decision makers to:
 - (a) Identify actions to mitigate negative impacts and enhance positive impacts of the COVID-19 recovery response using a system wide approach.
 - (b) Integrate the key priorities identified by the HIA into all strategies and policies to contribute to a reduction in inequalities.
 - (c) Contribute to the recommendations made.
 - (d) Monitor data in priority areas to measure impact of future actions undertaken at a local level.
 - (e) Build on learning and support preparations for any second wave or local outbreak situations

Health Impact Assessment

- 24 A HIA is a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of the population and the distribution of those effects within the population. The 5-stages of an HIA include:



- 25 The HIA developed by the Health Welfare and Communities Recovery Group focuses on the key determinants impacting on the direct and indirect consequences of physical health, mental health and emotional wellbeing, social and economic factors over Marmots' Life course (Marmot, 2010).
- 26 The engagement of the views of individuals, families, communities and businesses is key to providing the narrative from those directly experiencing the impact of the pandemic.
- 27 The HIA provides a system-wide focus on specific population groups impacted by COVID-19 and encourages the development of a place-based approach to reduce inequalities.

Health Impact Assessment Screening

- 28 As part of the HIA screening process, local policies and approaches developed to reduce health inequalities have been screened and prioritised for impact. The screening matrix of the HIA highlighted positives and negatives of lockdown restrictions and timelines of short, medium and longer-term impact.
- 29 The screening enabled the ranking of key policy areas to help inform the progression into the assessment phase of the HIA which would ultimately inform the recommendations for action.
- 30 Those areas identified as high priority, but not taken forward as a priority for the HIA and will continue to be monitored for impact and progressed through existing partnership forums as business as usual.
- 31 It should be noted that, at the time of writing the HIA, the full impact of reduced access to healthcare for physical needs due to COVID-19 was not fully quantified (May - June 2020). Evidence emerging from Europe regarding mental health highlighted growing concerns.

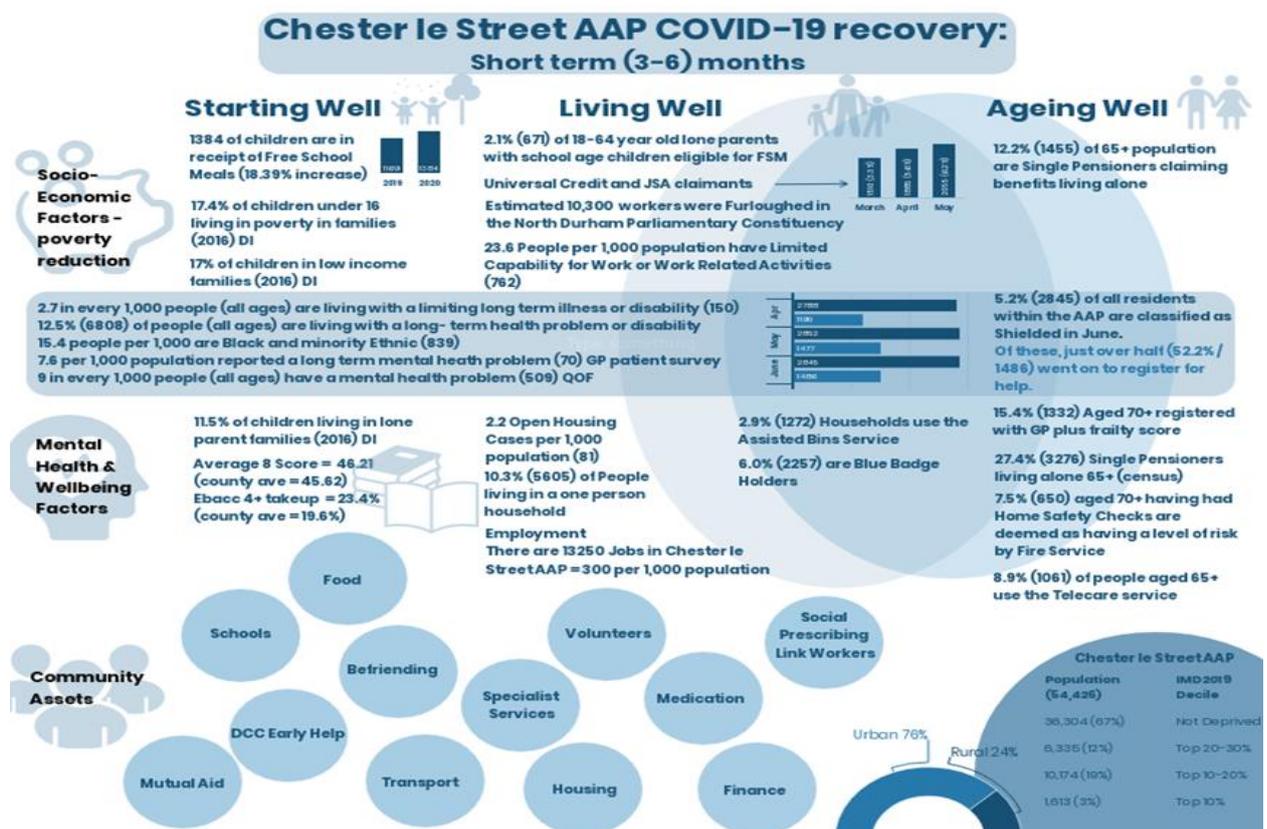
- 32 From the HIA screening and prioritisation process undertaken, the priority high impact areas identified by the HIA that require further action to mitigate against health inequalities are:
- a) Socio-economic factors - poverty reduction
 - b) Mental health and emotional wellbeing
 - c) Community assets and community mobilisation
 - d) Inclusion of vulnerable groups integrated into the key priorities.
- 33 Areas of policy screened out the HIA prioritisation process remain significant and will continue to be monitored for outcomes within current delivery mechanisms. This will help with the ongoing assessment of any changes in impacts occurring over the COVID-19 recovery timeframe. These areas include:
- Education and skills
 - Housing and homelessness
 - Criminal justice
 - Domestic abuse
 - Health care
 - Tobacco control
 - Alcohol and Drug harms
- 34 The findings and recommendations from this HIA will be developed into a system-wide Recovery Plan for Health Inequalities in September 2020, which will be monitored for outcomes in 2020, 2021 and 2022.

Area Action Partnership Data Sets

- 35 During the HIA process, data relating to local residents has been assessed to determine the inequalities within County Durham communities. This data will be monitored on an ongoing basis over a short, medium and long-term timeframe (2020, 2021 and 2022), bolstered by COVID related data published by Public Health England (WICH data, PHE, publication date to be confirmed).
- 36 Local authorities have received a shielded NHS patient list, which provides dynamic information on individuals who have specific medical conditions. This puts those people at higher risk of severe illness should they contract COVID-19. There are currently, 25,909 people across County Durham included on this list.
- 37 The information contained in the shielding data set has been used to analyse need at a county wide level through the lens of poverty reduction, mental wellbeing community assets and BAME communities.

- 38 The data has then been segmented for each Area Action Partnership to help them understand the impact of COVID-19 on their communities and help in the planning process during each stage of recovery.
- 39 Data relating to Primary Care Networks boundaries is also being considered.
- 40 The monitoring process for the priorities warranting further assessment, as determined through the screening process require, where possible, 'real time' data to provide ongoing insight into any change in the needs of local communities.
- 41 The data sets will also provide the ongoing narrative underpinning the evidence base on the outcomes of the recovery and its impact on inequalities.

Figure 1. Example of AAP Infogram Chester-le-Street



Recommendations from HIA

- 42 The key priorities identified by the HIA have been developed into a set of recommendations to address the findings on the HIA process (see Appendix 2).
- 43 The recommendations of relevance to the Health and Wellbeing Board are:

- (a) Develop an Ageing Well Strategy to inform future policy and service delivery across the system with a focus on both physical and mental health of the ageing population.
 - (b) Focus targeted work on vulnerable and marginalised groups as part of COVID-19 recovery to reduce preventable inequalities
 - (c) Train whole-system workforce to raise awareness of welfare support and impact money worries can have on health and wellbeing
 - (d) Increase access to low level early mental health support pathways for children and young people within educational and community settings linked to the Right Care, Right Place initiative.
- 44 The ask of all partners based within the health, welfare and community's system is to identify their contribution to reducing inequalities linked to the priority areas of socio-economic factors – poverty reduction, mental health and emotional wellbeing, building community assets and targeting the inclusion of minority ethnic groups.
- 45 This action can be achieved by reviewing all strategies and policies with an inequalities lens and contributing to the recommendation of the HIA. The County Durham Place Based Commissioning Plan 2020-2025 (OGIM's), also on this Health and Wellbeing Board agenda have been a positive example of this work being undertaken.

Conclusion

- 46 The response to the COVID-19 pandemic this will continue to develop over time as the local communities in County Durham learn to live with the virus.
- 47 As a consequence of the pandemic and governmental policies, health inequalities are expected to rise in our most deprived communities. This will be due to the prolonged socio-economic impact of COVID-19 lockdown on residents, their families, the communities and local businesses.
- 48 The recovery phase to the pandemic instigated by health, social care, education, housing, criminal justice, communities, environment, business and the economy all need to adapt to the changes.
- 49 The Health Impact Assessment for Health Inequalities during COVID-19 initiated by the County Durham and Darlington Health, Welfare and Communities Recovery Group has provided a 'snapshot' insight into the impact of COVID-19 lockdown using a place-based approach.

- 50 The focus on socio-economic factors impacting on levels of financial resilience, mental health and emotional wellbeing and the use of community assets and networks can now move into the action phase as part of the recovery process.
- 51 The requirement to ensure vulnerable, shielded and minority groups are targeted for consideration and has also been highlighted as a core function of helping to reduce inequalities especially as we aim to prevent a second wave and mitigate the risks of a local lockdown from occurring.
- 52 This includes ensuring early help, safeguarding, risk management and inclusion processes are implemented for the most deprived communities and proactive community engagement with communities least likely to engage with mainstream messaging to prevent the spread of the virus.
- 53 The recommendations made by the HIA present opportunities for all partners to work together to address the impacts of COVID-19 on health inequalities during 2020, 2021 and 2022.

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Appendix 1: Implications

Legal Implications - The finding of the HIA do not incur any legal implications.

Finance - Multiple funding packages have been disseminated by HM Government to the local authority in response to COVID-19. No specific funding has been allocated to implement the recommendations of the HIA. All areas of work will be undertaken withing core funding allocated to the system and/or value added by COVID-19 monies.

Consultation - The HIA has developed by using partnership agencies to provide information on the impact of COVID-19 on specific community groups. The findings from the consultation process has been factored into the report. The Health, Welfare and Communities Recovery Group are currently considering further community engagement strategies to provide insight from local residents and vulnerable groups identified.

Equality and Diversity / Public Sector Equality Duty - Equity and the engagement of vulnerable and marginalised communities are highlighted within key findings and the recommendations of the HIA report. The effectiveness of the system to identify the needs of these communities during the pandemic will be monitored and part of the implementation of the HIA Action Plan (September 2020).

Climate Change - The impact of a reduced carbon footprint during COVID-19 has been identified within the HIA. This area for consideration will highlighted within the development of a local obesity strategy which will encourage the further development of a future obesogenic environment across the county by encouraging increases in green travel plans.

Human Rights - The World Health Organization has stated that stay-at-home measures for slowing down the pandemic must not be done at the expense of human rights, but there are risks that the impact of COVID-19 could have implications for increased stigmatisation, discrimination, racism and xenophobia. Impact on human right may also be may also be compromised by border controls and quarantine measures. At a local level there may be implications for an individual's right to health and right to privacy.

Crime and Disorder - During the initial stages of COVID-19 lockdown there has been a reduction in crime and disorder issues being reported to Durham Constabulary. The HIA has identified crime and order as an area consideration requiring further monitoring as the lockdown restrictions are eased, and/or reintroduced over time.

Staffing - There are no staffing implications for the implementation of the HIA recommendations.

Accommodation - There are no implications on accommodation for the implementation of the HIA recommendations.

Risk - COVID-19 brings multiple risks to local residents in relation to increases in morbidity and mortality rates, socio-economic factors, increases in mental ill health, social isolation, community disengagement, stigma and discrimination. The risks have been identified as negative implications of COVID-19 lockdown within the HIA and have been addressed within the recommendations contained within the report.

Procurement - There are no implication for procurement for the implementation of the HIA recommendations at this current time.

Appendix 2: HIA Recommendations

Using a system-wide approach	Organisation	Timeline
		2020, 2021, 2022
1. Ensure findings from this HIA are shared with regional partnerships such as the integrated care system and LA7 strategy group to work to reduce health inequalities across the NE	LA, NHS, VCSE, Businesses	Short term
2. Key findings and recommendations from HIA become embedded into existing local plans for recovery such as the refreshed joint health and wellbeing strategy	LA, NHS, VCSE, Businesses	Short term
3. Utilise the data and intelligence drawn from the HIA into all refreshed strategies to inform planning.	LA, NHS, VCSE, Businesses	Short term
4. Develop communication mechanisms to engage with the voice of children, young people and adults to ensure recovery is undertaken WITH our communities and not done to them	LA, NHS VCSE	Short, medium and long term
5. Develop and Ageing Well Strategy to inform future policy and service delivery across the system	LA, NHS VCSE	Short term
6. Focus targeted work on vulnerable and marginalised groups as part of COVID-19 recovery to reduce preventable inequalities	LA, NHS, VCSE, Businesses	Short, medium and long
7. Link to the County Durham Poverty Reduction Strategy and Poverty Reduction Action Plan to:		
i) Prioritise the reduction of food poverty through school-based and wider community approaches.	Schools and VCSE	Short, medium and long

<ul style="list-style-type: none"> ii) Improve all partner pathways to ensure understanding of how to access statutory and VCSE support iii) Train whole-system workforce to raise awareness of welfare support and impact money worries can have on health and wellbeing iv) Undertake a specific review to understand the impact on older people and poverty linked to an ageing well strategy. 	<p>LA, NHS</p> <p>LA, NHS, VCSE</p> <p>LA, NHS, VCSE, Businesses</p>	<p>Short term</p> <p>Medium and long-term</p> <p>Medium and long-term</p>
<p>8. Link to the County Durham Mental Health Strategic Partnership to:</p> <ul style="list-style-type: none"> i. Increase access to low level early mental health support pathways for children and young people within educational and community settings – graded response and trauma informed. Consideration given for most vulnerable populations such as LGBTQ+. ii. Using population health management approaches and forecasting across the system, consider how to support prevention and early intervention to mitigate as far as possible any increased demand to secondary care iii. Develop and implement a streamlined information resource to provide access for communities and individuals to support for mental health and emotional wellbeing iv. Train system-wide workforces to address mental health and emotional wellbeing in local communities. – mental health champions and MECC v. Develop system response and offer to support the workforce (key workers) with a mental health and emotional wellbeing needs/moral injury that have developed as a result of COVID-19, eg through development of a resilience hub vi. Provide targeted support for COVID survivors and their families – CDDFT, TEWV, VCSE, Primary Care 	<p>LA, educational settings</p> <p>NHS, VCSE</p> <p>LA, NHS, VCSE, Businesses</p> <p>MHSP</p> <p>LA, NHS, VCSE, Businesses</p> <p>TEWV, CDDFT,</p>	<p>Short, medium, long term</p> <p>Short, medium, long term</p> <p>Medium and long term</p> <p>Medium, Long term</p> <p>Short, medium, long term</p> <p>Short, medium</p>

<p>vii. Undertake consultation with older people and carers as part of a developing ageing well strategy</p>	<p>VCSE, Primary Care</p> <p>TEWV, CDDFT, VCSE, Primary Care</p>	<p>and long term</p> <p>Medium and long term</p>
<p>9. Build resilience in community assets and community networks to:</p> <p>i. Maintain and further develop the Community Hub to continue engagement with vulnerable and shielded populations ensuring system interface</p> <p>ii. Map and add to Locate community assets to provide ongoing support for local residents utilising a place-based approach.</p> <p>iii. Improve service user pathways to access statutory and VCSE support mechanisms as standard.</p> <p>iv. Support the VCSE by providing sustained funding and measure outcomes to beneficiaries.</p> <p>v. Maintain support for volunteers and increase options to recruit more.</p> <p>vi. Progress Alliance contracting model to build community resilience.</p> <p>vii. Adopt the wellbeing approach across County Durham</p> <p>viii. Ensure the community is prepared to respond to a second wave and local outbreaks</p>	<p>LA, NHS</p> <p>LA</p> <p>LA, NHS</p> <p>LA, VCSE</p> <p>LA, VCSE</p> <p>LA, VCSE</p> <p>LA, NHS, VCSE, Businesses</p> <p>LA, NHS, VCSE, Businesses</p>	<p>Short, medium</p> <p>Short, medium</p> <p>Short, medium</p> <p>Short, medium and long</p> <p>Medium and long</p> <p>Medium and long</p> <p>Short, medium and long</p> <p>Short, medium and long</p>