City of Westminster

Adult Social Care and Public Health

Title:	Covid Impact
Division:	Adult Social Care and Public Health
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Purpose:	Overview of the health impact of Covid-19 and recovery planning
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Covid-19 impacts and Recovery Planning

1. The Covid-19 pandemic has changed all our lives, disproportionately impacted our communities, and in many cases worsened health inequalities between groups locally. The impact has been felt across the board. For example, children and young adults have been unable to go to school and socialise with their peers, those with relationship difficulties and unpaid carers have been unable to draw on their usual support outlets, and people with frontline occupations who cannot work from home have been at greater risk of exposure.

2. One of the most important things that the public health system can do is to highlight problems that affect the health of disadvantaged population groups, so that we collectively repurpose our efforts from treating ill health to dealing with the causes and collaborating on prevention and solutions to stop them arising in the first place. Professor Sir Michael Marmot articulated why it is so important for Public Health to focus our attention on reducing health inequalities when asking: 'What good does it do to treat people and send them back to the conditions that made them sick?'.

3. The Public Health department recently developed a Health Impact Assessment which provides a summary of the current evidence of the direct and indirect impacts of Covid-19 on the health and wellbeing of Westminster residents during the first wave of the pandemic. This l includes health disparities which existed before Covid-19. For example, the life expectancy of a baby boy born in Queen's Park is 78.2 years compared to 86.8 years for a baby boy born in Abbey Road.

4. The full report will be available online at jsna.info in May 2021, and key findings on impact and disparities include:

   - Locally, during the first wave, 60% of Covid-19 deaths were men despite an even split in gender for residents who tested positive. The majority of residents who sadly died were aged 65+.

   - During the first wave, national data indicated that people from Black ethnic groups were most likely to be diagnosed with COVID19 and people of Bangladeshi ethnicity had around twice the risk of death than people of White British ethnicity (*PHE, 2020*). Initial analysis of local registered deaths data between March and July 2020 reveals that there has been a higher rate of deaths among people from a BAME background (both Covid19 and non-Covid19) when compared to last year. Due to small numbers, the local conclusion should be treated with some caution due to the relatively small numbers of people who have sadly died. For this reason, it is also not possible to break this analysis

down further by ethnic group Further analysis of cause of death will be undertaken in 2021 to better understand any differences.

- Most residents who have died from Covid-19 have had an underlying health condition. 41% of the GP registered patients aged 16 and above in Westminster have at least one long-standing health condition in 2019. It is important to emphasise that social and economic disadvantage influences the distribution of these underlying conditions. For example, around 4% or patients registered with local GPs have diabetes, lower than the London (6.8%) and England (7.1%) average. However, there is variation across wards in the borough, for example diabetes prevalence is around 9% in Church Street. (*PHE Fingertips 2019/20; JSNA Ward Health Profiles 2019)*.
- The 2020 Westminster City Survey shows that Black African residents were more likely to be concerned about the impact of Covid-19 than other ethnic groups.
- Research focused on BAME communities in North Westminster, conducted by Support When It Matters (SWIM) Enterprise, identified that 62% were reluctant to vaccinate and only 44% would use Track and Trace. Only 38% of respondents stated that they would have a vaccination against Covid-19.
- The Westminster City Survey found that 46% of residents were concerned about their mental health and wellbeing. Women and older residents were more likely to be concerned, as were those who were unemployed. Residents from mixed ethnic minority groups were more likely to be concerned about their mental health and wellbeing.
- In Westminster the prevalence of depression, diabetes, hypertension, obesity and Severe Mental Illness (SMI) in the GP registered population is, overall, higher amongst BAME groups compared to residents of white ethnic background. Asian and Asian British residents are shown to have similar rates of SMI as residents of white ethnic background.
- ONS research found that nationally, disabled adults were more likely (45%) to report being very worried about the effects of COVID19 than non-disabled adults (30%) in the early part of lockdown. They were also more likely to report spending too much time alone (*ONS, 2020*)
- Local community intelligence has highlighted concerns around the negative impact on mental health and wellbeing, including isolation and loneliness, anxiety and stress, fear and stigma, suicide and bereavement. National research tells us it is likely that certain groups of people will be particularly affected e.g. young adults, women, people with lower educational attainment or income, people living alone, and adults with long term conditions or disabilities.
- The number of people claiming out-of-work benefits from January to August 2020 more than doubled in Westminster.
- Locally, people reported not going out at all and not letting children out, with physical activity dropping completely for many residents.
- Between July and September 2020 there was an increase in referrals to local domestic violence services, to the highest levels in five years.
- National research indicates drinking habits changing in the first lockdown, with 1 in 5 people drinking more alcohol. However, there some local evidence that a number of service users have taken the opportunity to reduce alcohol or drug use with the pandemic interrupting habituated patterns of behaviour and social networks.

5. Covid-19 is exposing and exacerbating health inequalities that already existed in Westminster. The challenges we have faced with the uptake of the Covid vaccine are the same we face each winter with the flu vaccine and other preventative services.

6. The pandemic is far from over and the public health department continue to monitor population health with a greater focus than ever before of working with residents to improve our understanding of their needs, barrier and experiences. This is key to preventing ill health and responsive action to identified health disparities and emerging trends.

7. The findings of the Health Impact Assessments will be taken forward in the commitments made in the 2021 Director of Public Health's Annual report focused on the impact of Covid-19 and through our City for All programme. Westminster is committed to focussing on groups with the greatest needs, continuing to consult residents on their health and wellbeing to direct our effort, and innovating by codesigning campaigns and actions to bring us closer to the communities we serve.

8. Obesity is an increasingly worrying Public Health issue. The pandemic, and the societal changes associated with it, have increased sedentary behaviours and reduced the access to weight management services, physical activity and fresh, healthy food. In recognition of this additional challenge, Westminster has received an additional £88K from PHE to support adult healthy weight initiatives in 2021/22.

9. By focussing and committing to long term change, we can begin the journey of making significant in-roads to address the levels of inequality that are damaging the health and wellbeing in many of our most disadvantaged communities.

10. There is an urgent need to scale up prevention activity and address health inequalities – the levers for which lie predominantly outside health services. The conditions in which we live and work and the connections we have define how well and how long we live. A system-wide approach to recovery needs to be adopted which focuses much more attention on the communities with the greatest needs. It is recommended that all aspects of Council work are reviewed to consider their contribution to address health and social inequality (the driver of Covid-19 and other disease impact) and a robust approach is developed to measure collective impact in areas of deprivation.

11. Health service action is needed to reduce the risk of Covid-19 (action to identify and treat cardiovascular risk factors), and to rapidly respond to health needs unmet or exacerbated during lockdown e.g. missed screening and immunisations appointments (NHSE responsibility), increases in anxiety and depression, cancelled operations and routine appointments.

12. Through the Change and Innovation Board, we will work collectively to build back Fairer through:

- Focused attention on areas and communities with the greatest needs.

  We will focus on improving the health and wellbeing in areas and communities with the greatest need, including Black, Asian and minority ethnic communities. We have already started making changes to ensure there is equality of access and service experience. We have begun making calls to residents who haven't had a health check to ensure health conditions are picked up early and we tackle the most preventable deaths. We also want to expand the capacity of local BAME-led organisations offering much needed services to our communities. We have also engaged extensively with local voluntary and faith organisations supporting communities where there has been evidence of low vaccine uptake and the inequality in vaccine uptake between ethnic groups is narrowing.

- Ensuring that we systematically ask residents about their health and wellbeing and codesigning campaigns and actions to ensure that we better serve their needs.

  We will be consistent in asking residents about their health and wellbeing to better understand needs, barriers and experiences. We will also continue to advocate for ethnicity data collection to be mandatory across all our systems. We will also advocate for this data to be broken down beyond 'BAME', making sure our responses do not treat non-white communities as one homogenous group.

- Innovate by codesigning campaigns and actions to bring us closer to the communities we serve.

  Working with grass roots organisations, local communities and community leaders we will innovate to ensure that residents are actively involved in the development and delivery of public health services, campaigns, and disease prevention programmes. By doing so, we aim to achieve a proportionately equal uptake of flu and Covid-19 vaccines across all ethnic groups. We are proud of the work already being done to engage with our communities. We have translated materials into Arabic, Bengali (Sylheti), Somali, Farsi, Kurdish, Tigrinya and Portuguese to promote testing and the Covid-19 vaccine. In addition to recruiting 138 Covid-19 health champions to promote Covid messaging widely in the communities, we have provided accurate and up-to-date messaging to 90 community champions to support 1:1 information giving and signposting in project neighbourhoods of Church Street, Harrow Road, Mozart, Westbourne Park and Churchills Gardens/ Tachbrook, engaging with a range of Bangladeshi, Somali, Black African-Caribbean, Arabic speaking and mixed communities.

- Investing £3m of our Public Health grant into local Covid-19 Recovery programmes

  We will invest in the COVID19 recovery programmes to address health inequality and improve residents' chances of living a healthy and happy life. We will measure our success every year in how far we see a narrowing gap in the existing health inequalities.