Covid-19: Impact on Delivery of Health and Wellbeing Priorities

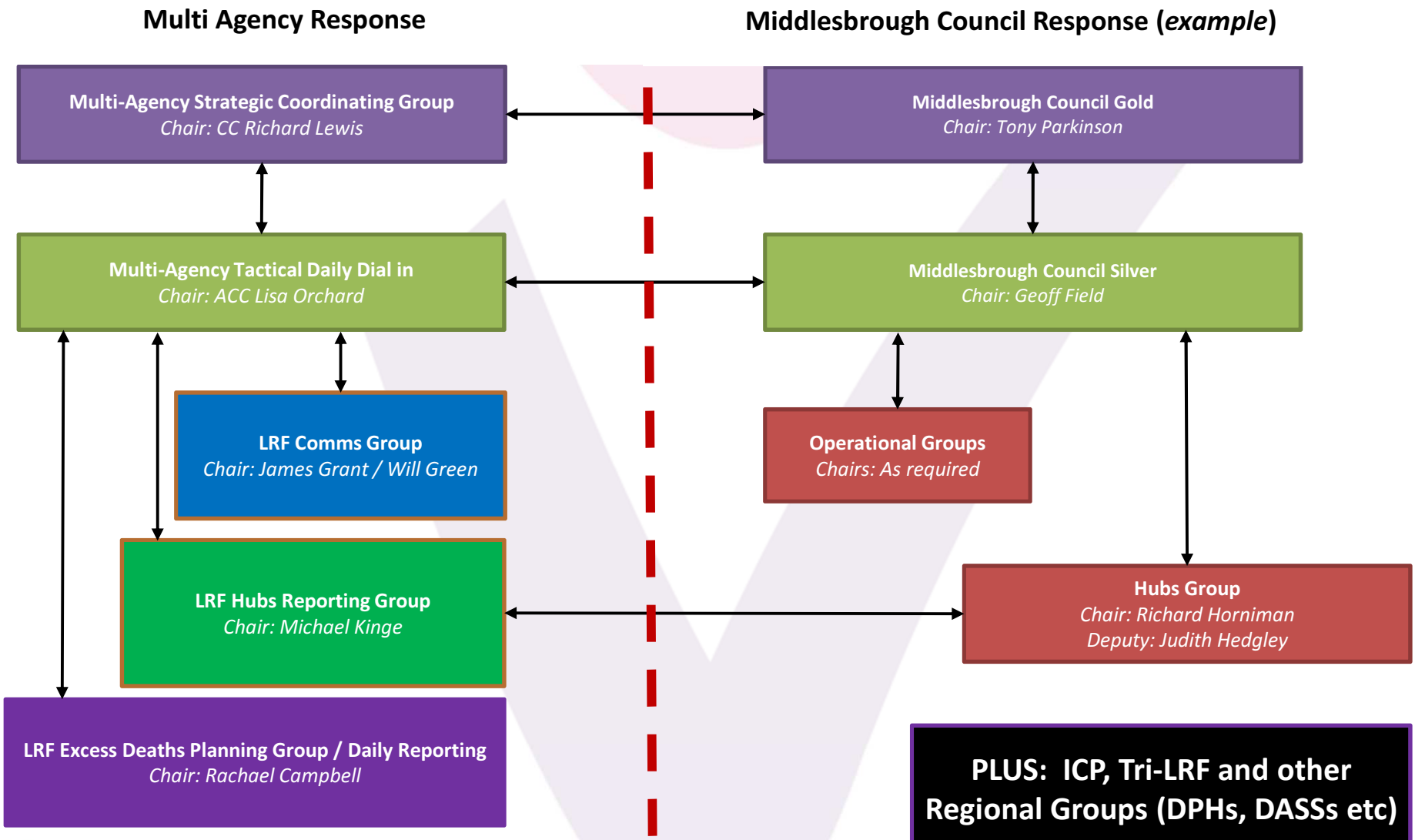
June 2020

Session Aims

- Describe the system response to COVID-19.
- Understand the impact of COVID-19 on the priorities of the Board and delivery of the Joint Health and Wellbeing Board Strategy.

System Response to Covid-19

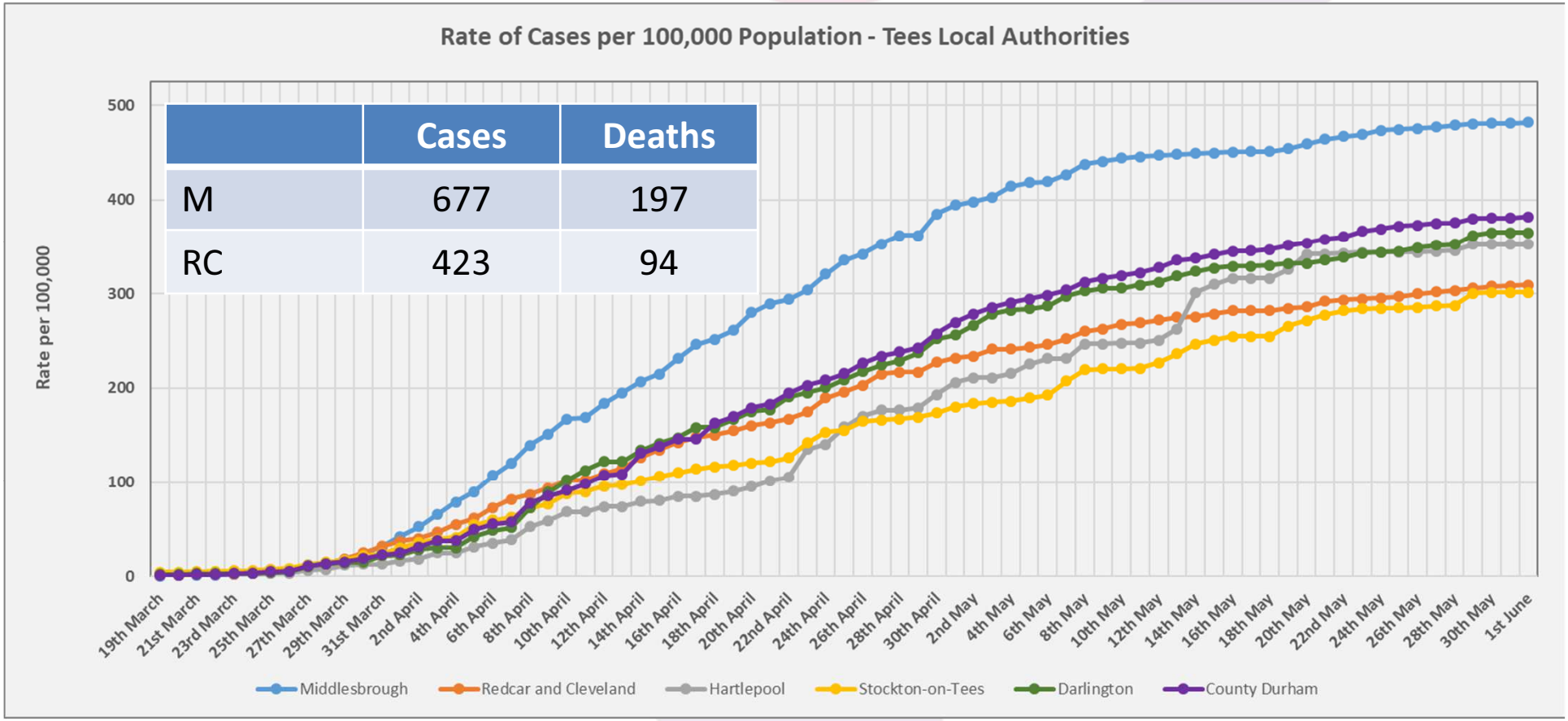
COVID-19 Response Structure



Council Action

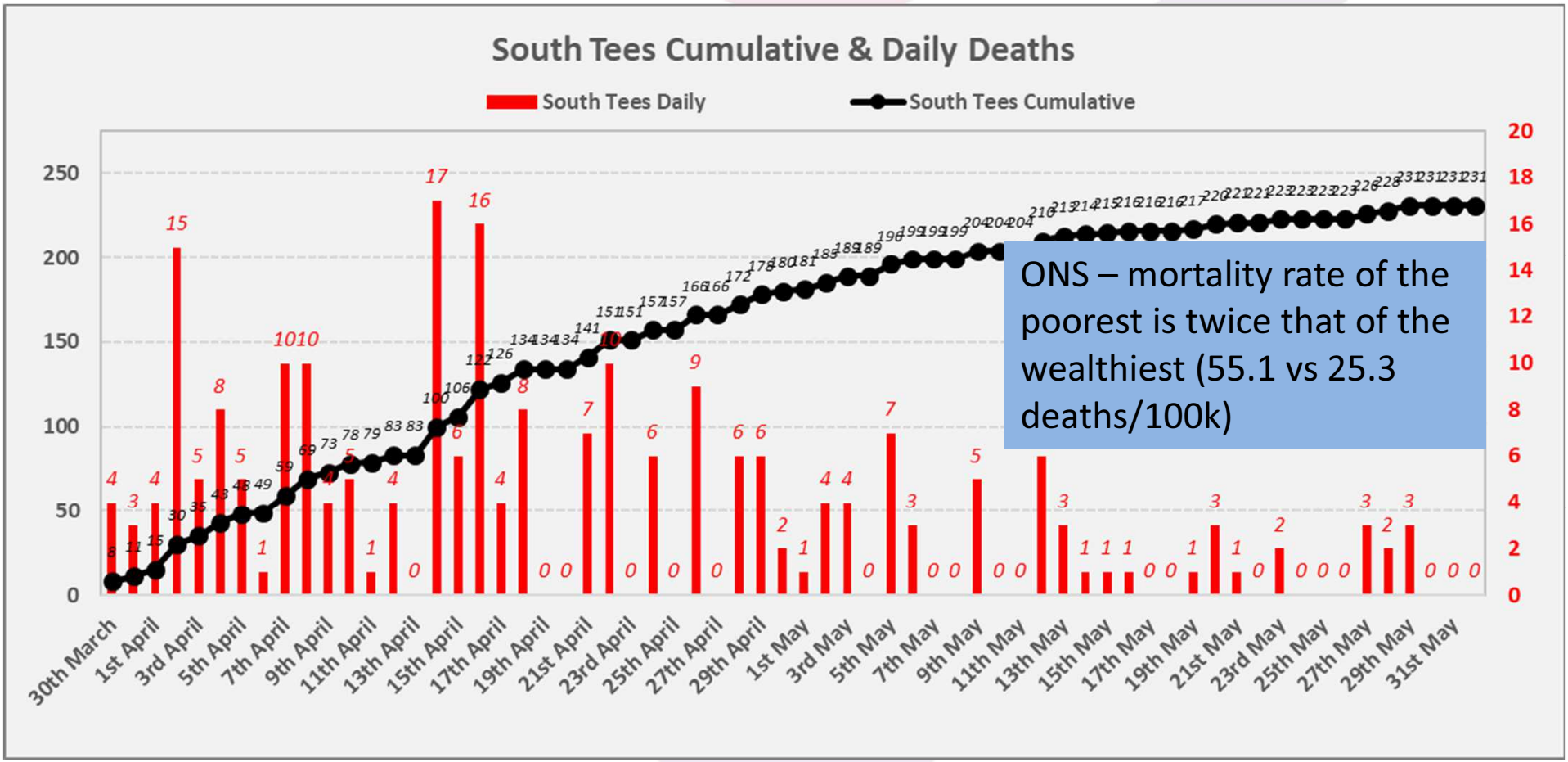
	Redcar & Cleveland	Middlesbrough
Business grants:	1,936 grants paid (£21.5m)	1,941 grants paid (£22.7m)
Community hardship grants:	38 crisis payments (£2,600)	64 crisis payments (£4,329)
Community Hub:	Calls in: 1,963 Food parcels: 3,925	Calls in: 2,048 Food parcels: 1,914
Avg School Attendance	Attendance: 2.64%. (Vulnerable children: 12.34%)	Attendance: 1.32% (Vulnerable children: 8.1%)
Sickness / self-isolation:	30 staff absent (CV symptoms) 240 self-isolating (71 shielding)	169 staff absent (CV symptoms) 164 self-isolating (107 shielding)

Impact: Incident Rate



	Cases	Deaths
M	677	197
RC	423	94

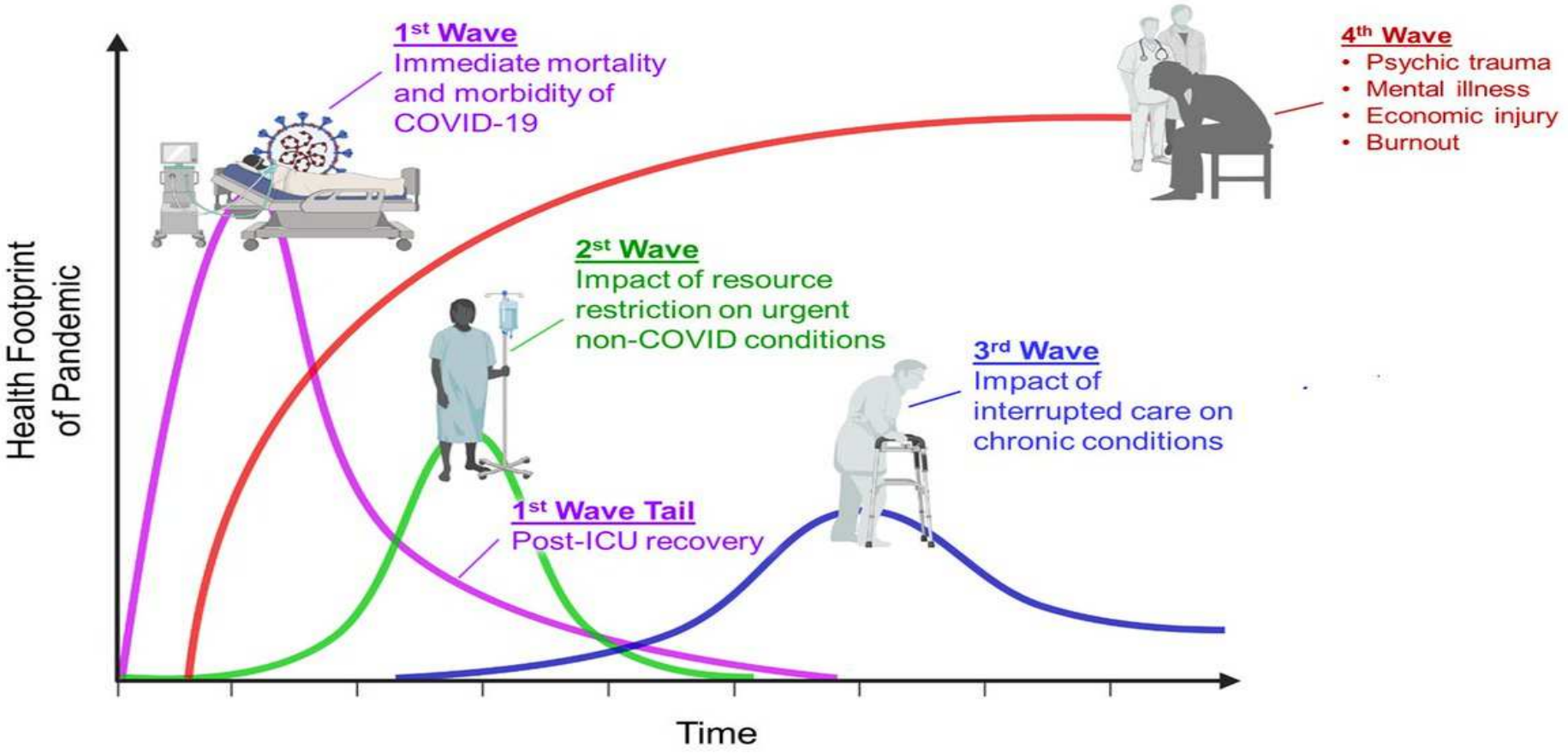
Impact: Mortality



ONS – mortality rate of the poorest is twice that of the wealthiest (55.1 vs 25.3 deaths/100k)

Impact of Covid-19 on Delivery of the Health and Wellbeing Strategy

Context: Multiple Surges



Potential Unintended Consequences

Area	Potential Consequence
Delay in presentation	▪ Late presentation of serious illness leading requiring more complex and intensive medical intervention; ▪ Delayed demand has the potential to overwhelm services
Reduced routine management of LTC	▪ Poorer management of LTC leading to higher morbidity and mortality
Reduction in planned care	▪ Potential to shift from planned to urgent
Screening programmes	▪ Potentially missed opportunity to spot disease early and improve outcomes
Immunisation programmes	▪ Lower levels of immunity in the population ▪ Outbreaks of infectious disease
Mental Health	▪ Increasing anxiety, stress, depression, OCD, stigma, medical mistrust, conspiracies, loneliness leading to depression, bereavement and grief. ▪ Exacerbation of existing mental health conditions.
Change to coping behaviours	▪ Increase in alcohol consumption, drug misuse and smoking prevalence.

Vision & Themes

"**Empower the citizens of South Tees to live longer and healthier lives**"

key themes

i. **Inequalities** - Addressing the underlying causes across local communities

ii. **Integration** - across planning, commissioning and service delivery

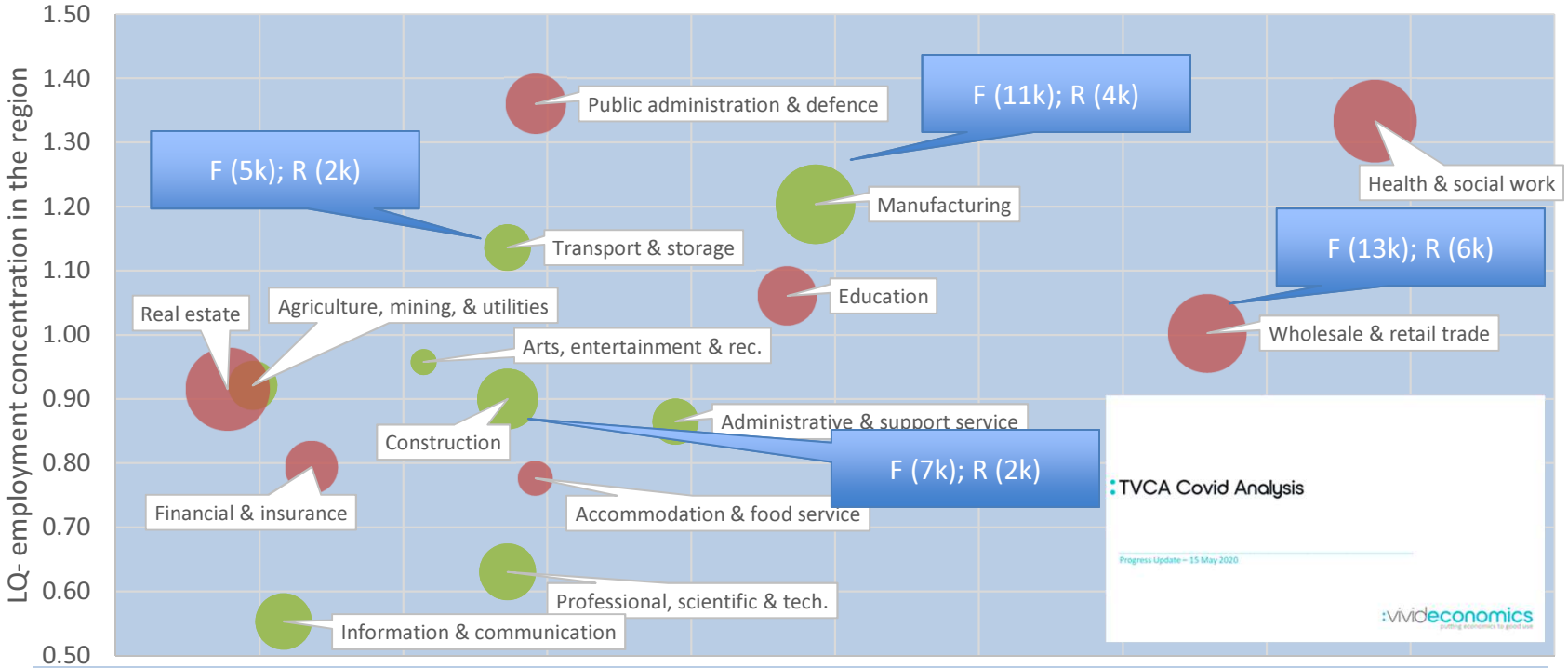
iii. **Information and Data** – data sharing, shared evidence, community information, and information given to people

Addressing the underlying causes of **inequalities**

- Tackling worklessness and addressing underlying health issues
- Tackling poverty, financial inclusion and welfare reforms
- A coordinated approach to tackle fuel poverty
- Violence prevention
- Promoting good mental Health and emotional well-being
- Inclusive growth and maximising the benefits of economic development for all communities
- Healthy lifestyles
- Developing resilient communities

Tackling worklessness and addressing underlying health issues

Economy & Employment



Estimated that 32.3% of workers in Tees Valley have been put on furlough, with 15.8% made redundant

- Notes: Key growth sectors are mapped onto their corresponding industries .
- Source: ONS (2018), TVCA (2019)

Medium Term Risks: 3 categories

Sectors which **struggle to survive**: some retail, some transport, hospitality, leisure services, and motor trade. Likely to result in significant unemployment (particularly of the young).

Sectors which will have **reasonable rebound**: construction (*assuming* significant public works incl STDC) and manufacturing.

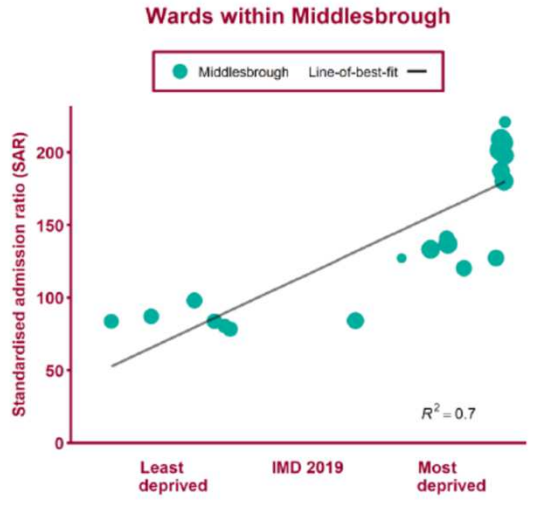
Sectors which will **recover**: public sector (education and health); IT, professional services, some wholesale and distribution and some manufacturing are the best opportunities to support employment.

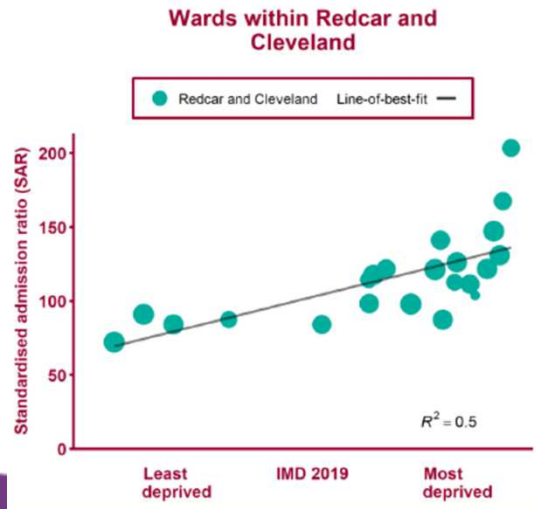
Impact

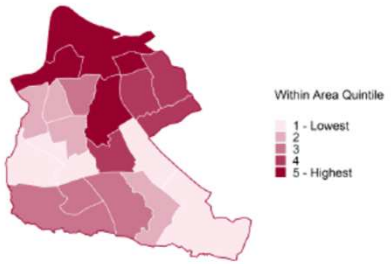
- Austerity already impacting on life expectancy (Marmot – “deaths of despair” increasing death rate of 45 - 49 y/o)

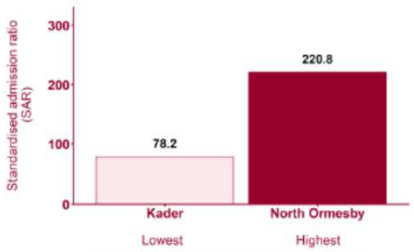
Hospital stays for alcohol-related harm (narrow definition) 2013-18

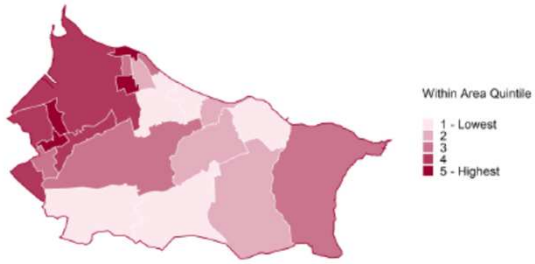
PHINE Network North East
Jan 2020

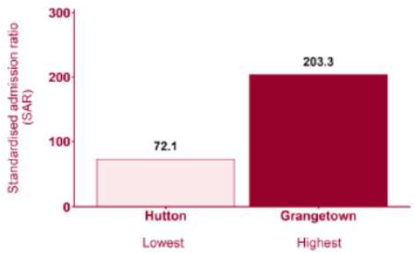






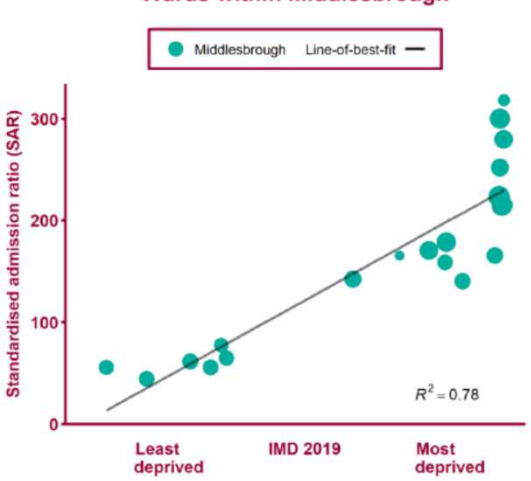


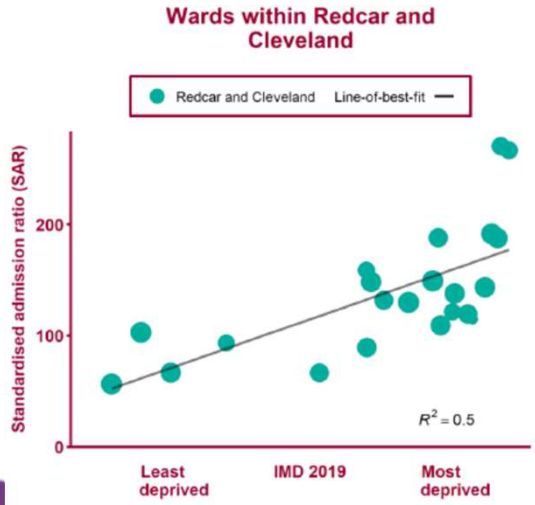


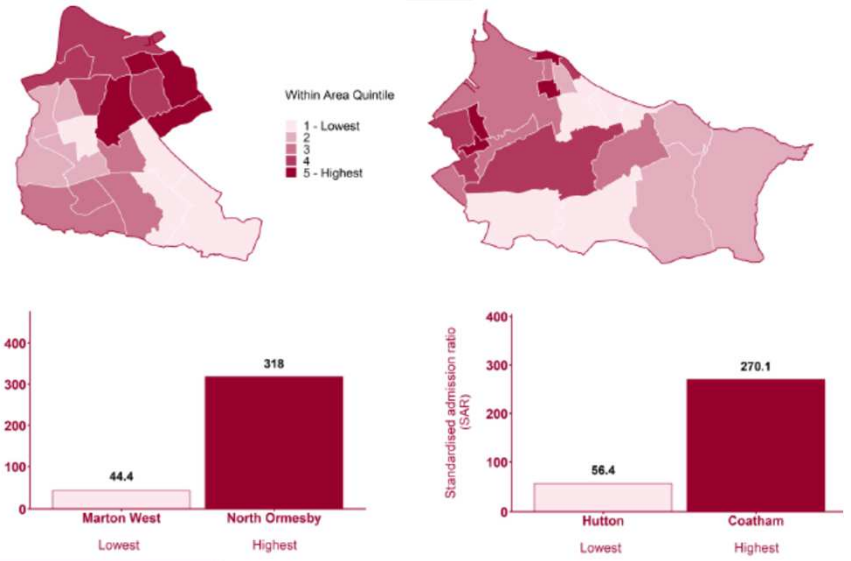


Hospital stays for self harm (2013-18)

PHINE Network North East
Jan 2020







Impact

- Austerity already impacting on life expectancy (Marmot – "deaths of despair" increasing death rate of 45 - 49 y/o)
- Worklessness is a social factor contributing to the development of MH issues – increase in MH issues in the community?
- Adversely impact Individual Placement & Employment Support programmes for people with MH difficulties - further entrenchment of inequalities for people with MH difficulties
- Youth employment and aspiration
- Importance of public sector employment and anchor institutions (Community Wealth Building)

Tackling poverty, financial inclusion and welfare reforms

Inclusive growth and maximising the benefits of economic development for all communities

A coordinated approach to tackle fuel poverty

Poverty and Health

Money and resources

1 IN 5 of the UK population live in poverty. Over half of these people live in working households. Poverty damages health and poor health increases the risk of poverty.

An inadequate income can cause poor health because it is more difficult to:

Avoid stress and feel in control

Living with the day-to-day stresses of poverty in early childhood can have damaging consequences for long-term health

Access experiences and material resources

Money can allow people to access the basics they need to fully participate in society. Yet, 48% of 21-24 year-olds earn less than the living wage

Adopt and maintain healthy behaviours

Healthy behaviours can feel unattainable. It is 3 times more expensive to get the energy we need from healthy foods than unhealthy foods

Feel supported by a financial safety net

A safety net enables people to invest in their future. In a recent study, 40% of people with unmanageable debt said they were less likely to study or retrain

The Health Foundation

References available at www.health.org.uk/healthy-lives-infographics

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LiveWell SOUTH TEES

Health and Wellbeing Board for Middlesbrough and Redcar and Cleveland

Poverty and Child Health

TEENAGE MOTHERS

UNDER 18 CONCEPTIONS

MIDDLESBROUGH:
43.8/1,000

ENGLAND:
17.8/1,000

WARD VARIATION:
96 - 9

POVERTY

CHILDREN IN POVERTY

MIDDLESBROUGH:
30%

ENGLAND:
17%

WARD VARIATION:
64% - 4%

DENTAL HEALTH

DECAYED, MISSING, FILLED

MIDDLESBROUGH:
32.1%

ENGLAND:
18.5%

WARD VARIATION:
56% - 11%

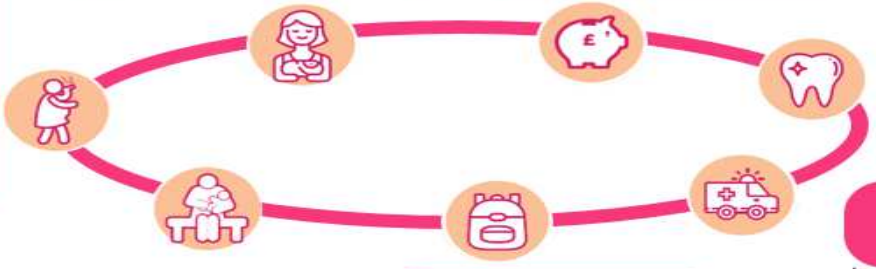
SMOKING IN PREGNANCY

SMOKING AT DELIVERY

MIDDLESBROUGH:
17.8%

ENGLAND:
10.8%

WARD VARIATION:
35% - 1%



BREASTFEEDING

BREASTFEEDING INITIATION

MIDDLESBROUGH:
47.9%

ENGLAND:
74.5%

WARD VARIATION:
28% - 78%

ATTAINMENT

GOOD LEVEL OF DEVELOPMENT AGED 5

MIDDLESBROUGH:
53%

ENGLAND:
60.4%

WARD VARIATION:
33% - 68%

ADMISSIONS FOR INJURY

UNDER 15s

MIDDLESBROUGH:
185/100,000

ENGLAND:
110/100,000

WARD VARIATION:
247 - 119

Impact

- Increased demand on NHS – primary care, A&E and emergency care
- Increased demand on all-age social care
- This will require a WHOLE system response – it is important that treatment models are not seen as the only solution to this issue
- Impact on housing - increase in tenants in arrears & debt (MH, despair, alcohol etc)
- Increased digital exclusion in the new normal

Violence Prevention

Impact

- What impact has lockdown and broader response to COVID19 had on community safety & cohesion?
- Increasing domestic abuse
- Impact on ASB (nuisance, tolerance)
- Impact on violent crime

Hospital admissions for violence (NE)

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI Lower CI	95% Upper CI Upper CI
England	–	-	76,255	44.9	44.6	45.2
North East region	–	-	4,870	62.0	60.3	63.8
Middlesbrough	–	-	320	73.3	65.3	82.0
Sunderland	–	-	585	71.8	66.0	77.9
Hartlepool	–	-	190	69.7	60.1	80.5
Northumberland	–	-	540	66.0	60.5	71.9
Newcastle upon Tyne	–	-	625	65.4	60.1	71.0
County Durham	–	-	965	63.1	59.1	67.2
North Tyneside	–	-	365	62.6	56.3	69.4
Gateshead	–	-	370	60.2	54.2	66.6
South Tyneside	–	-	255	59.7	52.6	67.5
Stockton-on-Tees	–	-	325	55.4	49.5	61.8
Darlington	–	-	150	49.6	41.9	58.2
Redcar and Cleveland	–	-	175	45.4	38.8	52.7

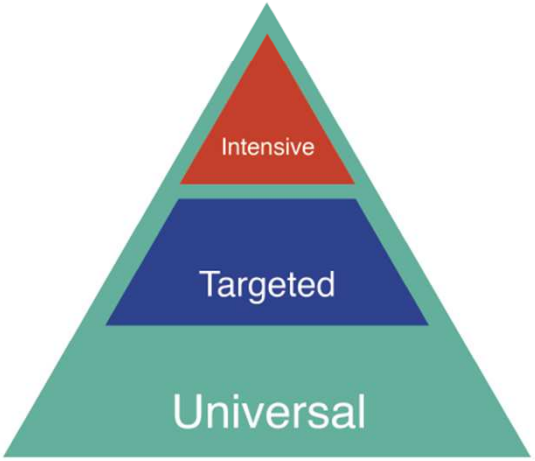
Violent offences (NE)

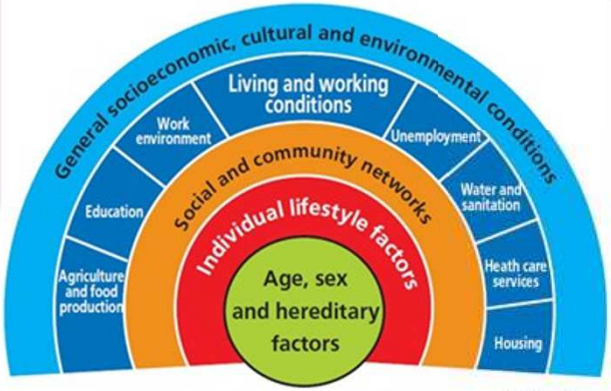
Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI Lower CI	95% Upper CI Upper CI
England	↑	-	1,502,676	27.8*	27.7	27.8
North East region	↑	-	94,972	35.9*	35.7	36.1
Middlesbrough	↑	-	7,157	50.9	49.7	52.1
Darlington	↑	-	4,550	42.8	41.6	44.1
Newcastle upon Tyne	↑	-	12,016	40.6	39.9	41.4
Hartlepool	↑	-	3,679	39.6	38.3	40.9
County Durham	↑	-	20,217	38.6	38.1	39.1
Sunderland	↑	-	9,789	35.3	34.6	36.0
Stockton-on-Tees	↑	-	6,936	35.3	34.5	36.1
South Tyneside	↑	-	5,245	35.1	34.1	36.0
North Tyneside	↑	-	6,551	32.0	31.3	32.8
Gateshead	↑	-	6,392	31.6	30.8	32.4
Redcar and Cleveland	↑	-	4,196	30.9	29.9	31.8
Northumberland	↑	-	8,244	25.8	25.3	26.4

Public Health Approaches to Violence

Address 'upstream' determinants
e.g. ACE, Troubled Families Programme, Truancy, Youth Offending, **Liaison & Diversion**, Drug & Alcohol dependence, unemployment etc.
REDUCING OFFENDING

Address 'down stream' determinants
e.g. support recovery from drug/alcohol dependence, address mental health problems, ensure access to primary care, support through training, education, employment, **housing** etc.
REDUCING REOFFENDING





The Determinants of Health (1992) Dahlgren and Whitehead

Promoting Good Mental Health & Emotional Well-Being

Impact

- Direct impacts of Covid-19 and subsequent socio-economic changes are being experienced differently by different sectors of society
- Emerging evidence that people who have had more serious experiences of Covid-19 may also have a neurological impact and/or psychological challenges post ICU
- Impact of bereavement as a result of Covid-19, in addition to bereavement processes for both this group and the broader population disrupted by social distancing measures
- Psychological impacts upon health and social care staff of providing care and treatment to people in this period
- Potential to exacerbate current inequalities experienced by people with mental health problems, & accentuate social factors that contribute to mental health problems:
  - anxiety associated with catching the virus
  - reduction or removal of key elements of social support for people with / at risk of MH issues
  - less visibility of safeguarding issues
  - increasing levels of unemployment and associated financial issues
  - lack of access to educational opportunities

Impact (2)

Specific groups within the population may feel the impacts of the current situation greater than others

- People with Learning Disabilities
- People with Autism
- People from BAME backgrounds
- Evidence emerging of the impact upon CYP
- Social isolation of elderly and vulnerable.

Treatment and Support has in most cases moved to telephone / online support

- need to understand the efficacy of delivering services in this manner
- need to understand the impact of digital exclusion

For people with the most acute needs continued support has been provided on a face to face basis (need to understand the impact of PPE and Face Masks in this context)

Demand is likely to increase and work is ongoing to forecast what that may look like taking a life course / social segmentation approach

Treatment is only a part of the answer, **whole system approaches will be essential**

Healthy Lifestyles

Impact

- Physical activity & increasing inequality (confusion on guidelines on exercise and distancing)
- Diet
- Alcohol & other coping methods
- Long term future of leisure centres and new models of fitness
- Broadening inequalities (MH, LD)

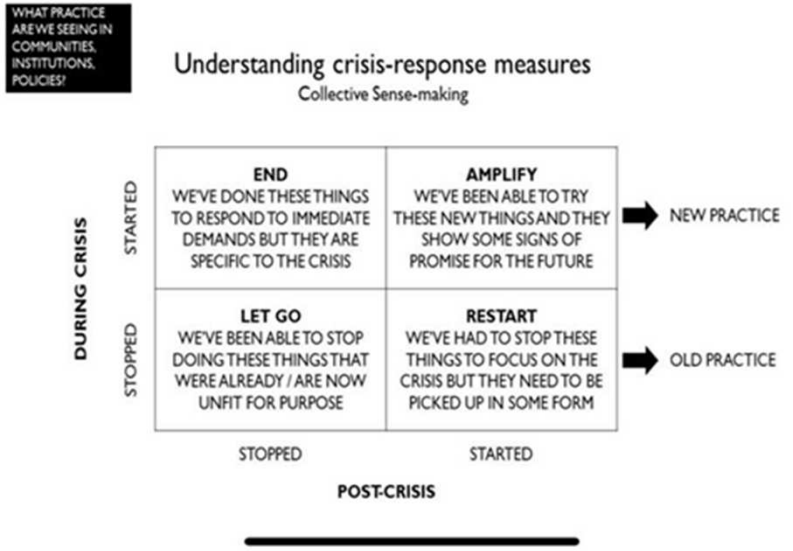
Integration and Collaboration

Integration and Collaboration

- **Joint decision making** – joint health and well-being board and streamlined partnerships
- Further develop approaches for **joint commissioning** of health and social care (all age) & joint working with other commissioning organisations to address the wider health and well-being challenges.
- Develop **new models of service delivery** that integrate health, social care, housing, VCS, police and fire service.

Learning, good practice and beneficial changes to lock in

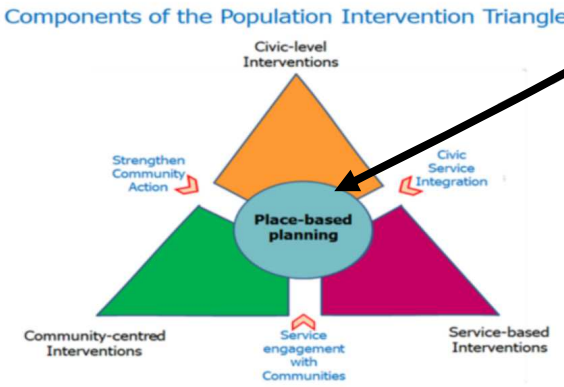
- Service delivery
- Organisational working
- Partnerships / intra organisational working
- Need to capture
  - Things that worked
  - Things that haven't worked
  - Things that need to be stood down / retracted
  - Innovation – new ways of working that will be retained



Proposed HWB Approach to Support Recovery

HWB New Normal

Role of the HWB



- Focus on **PLACE** (not organisations)
- Build **common purpose** (vision, values, common function) across members
- Shared **insight** and credible strategies
- **Mission-driven** & consistent
- Strong, collaborative **leadership**
- Closer connection to **communities**