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# COVID-19 Health Inequalities Impact Assessment for the North East

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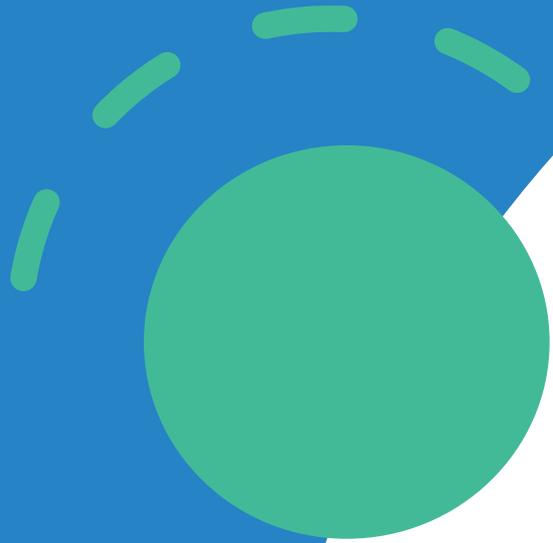
**Health and Wellbeing Lead, PHE NE**

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# **Executive summary**



# **Introduction and overview**

# Introduction

- These slides provide an executive summary of the findings and recommendations from the North East COVID-19 Health Inequalities Impact Assessment (HIIA).
- Findings represent work conducted between May and November 2020.
- The HIIA process has been iterative, with different workstreams running in parallel with recommendations and pieces of work being developed throughout the process.

# Overview of NE HIA Methodology

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## 1. Screening and scoping

- Establishment of a Multi-agency Steering Group
- Determination if HIA is required
- Development of a plan for the HIA. Agree aims, objectives and scope of work

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## 2. Assessment

- Rapid literature review
- Quantitative and qualitative analysis
- Potential health impacts of identified populations, impact on cross cutting themes and possible regional mitigating actions
- Summary of key findings

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## 3. Recommendations

- Draft recommendations to NE ADPH Network
- Agree recommendations

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## 4. Reporting

- Findings and products developed during the process were reported throughout
- Development of a communication plan to disseminate findings

## *HIIA Aims:*

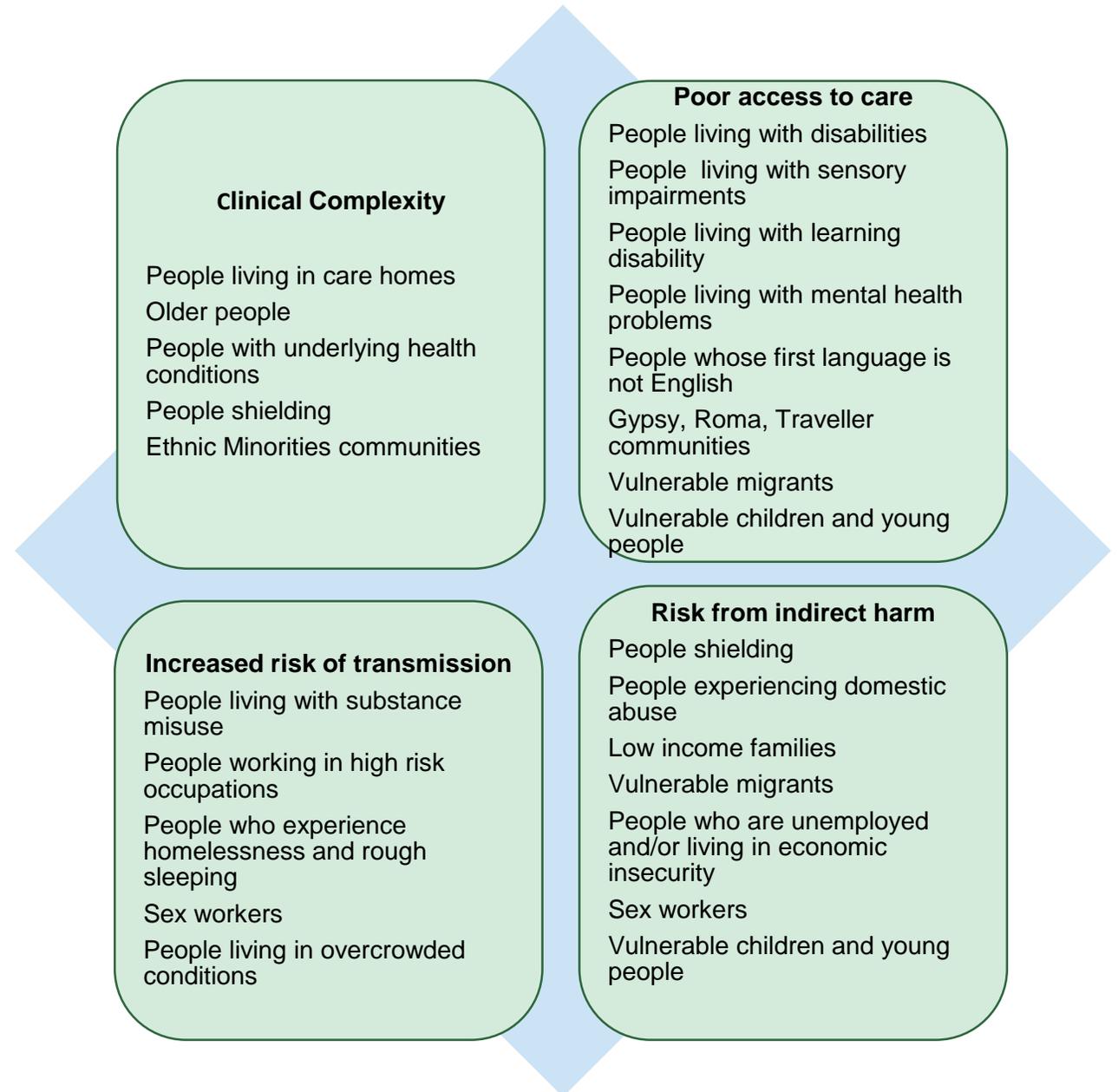
- To understand the direct and non-direct health impact of COVID-19 on the population in the North East, including the implications of the response to the pandemic and identifying who are the most vulnerable and at-risk groups.
- Assessment of the impact to inform health and social care recovery planning to support a focus on health inequalities and addressing wider social determinants.

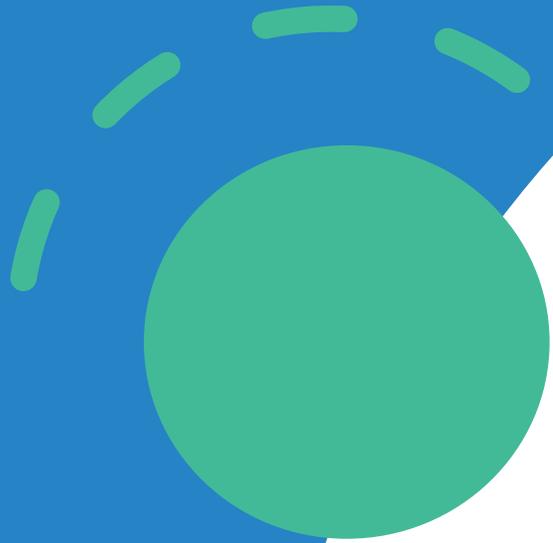
## *HIIA Objectives:*

- Use a health in all policies approach to identify existing and additional health inequalities as a result of COVID-19 and the associated response.
- To make recommendations of mitigation actions to reduce health inequalities as part of the ongoing response and recovery process.
- To identify positive consequences and impacts and make recommendations to build on new ways of working and support reducing health inequalities in the long-term.
- To work with regional stakeholders to inform the assessment and recommendations.
- To identify the current mitigation efforts that are being implemented across the NE, sharing good practice, avoiding duplication, provide support and identify gaps.

# Populations of interest and cross cutting themes

- The steering group developed the following diagram to help identify those population groups that are likely to be disproportionately affected by the direct and indirect impacts of COVID-19
- Many of the identified population groups potentially fit within a number of the categories
- A number of cross cutting topic themes were also identified as being worth consideration (e.g. alcohol, tobacco, sexual health)





# **Rapid review of literature**

# Rapid review of the literature methods

- During May and June 2020 PHE undertook a working literature review (available [here](#)) and this was subsequently built upon to rapidly review further emerging evidence.
- A rapid on-line search of academic and grey literature was conducted during May to July. Following this further pertinent published evidence up to November 2020 has been included.
- This rapid evidence review has been carried out at pace during a specific time period therefore should not be viewed as final or exhaustive.
- Findings from the literature review have been categorised into 6 key areas on the following slides:
  1. COVID-19 and health inequalities
  2. Direct health impacts of COVID-19
  3. Impacts of COVID-19 control measures on wider determinants of health
  4. Impact of COVID-19 on public mental health
  5. Impact on children and young people
  6. Economic impact

# Rapid review of literature summary of findings

## 1. COVID-19 and health inequalities

For the most disadvantaged communities COVID-19 is being experienced as a syndemic – a co-occurring, synergistic pandemic which interacts with and **exacerbates their existing chronic health and social conditions.**

## 2. Direct health impacts of COVID-19

- COVID-19 infection does not affect everyone equally. **Age is the most important risk factor for COVID mortality.**
- The main characteristics associated with a higher risk of dying from COVID-19 are:
  - being older
  - being male
  - living in a deprived area
  - being a member of Ethnic Minorities groups
  - living with excess weight
  - having a learning disability

### 3. Impacts of COVID-19 control measures on wider determinants of health

Available evidence shows, the unequal impacts of the COVID-19 pandemic go further than the direct impacts of the disease itself.

The **indirect consequences** – isolation at home, economic shutdown, school closures and reduced access to services – have had and will continue to have **unequal impacts on health and wellbeing**.

### 4. Impact of COVID-19 on public mental health

Emerging evidence reveals a **widening of pre-existing inequalities in mental health**.

### 5. Impact on children and young people

**Children** have fewer health risks from COVID-19 yet they have **suffered disproportionately** from the measures to control the virus.

Evidence has highlighted that COVID-19 has exposed and **amplified existing inequalities facing children**, meaning those children already facing the worst life chances have felt the greatest burden from the pandemic and the response to it.

## 6. Economic impact

- The North East entered the pandemic with disproportionately high levels of unemployment and now has **one of the highest rates of unemployment and the highest claimant count of any region**. Young people are among the worst affected.
- ONS data indicates that **52% of businesses** (in September 2020) in the North East report their **turnover had decreased**.
- People aged 16-25yrs were over twice as likely as older employees to have suffered job loss (1).
- Labour market losses were more pronounced for women, the self-employed and those who grew up in a poor family (1).
- **South Tyneside** and **Hartlepool** are ranked 7<sup>th</sup> and 12<sup>th</sup> nationally in a list of areas where recovery from COVID-19 is likely to be the hardest (2).
- Childhood health is a key predictor of later health and economic productivity and the gap between the North East and the rest of the country is likely to worsen without a **COVID-19 recovery strategy that prioritises families with children** (3).

(1) <https://cep.lse.ac.uk/pubs/download/cepcovid-19-011.pdf>

(2) <https://www.jrf.org.uk/blog/targeted-action-parts-britain-risk-surg-ing-unemployment>

(3) <https://www.thenhsa.co.uk/report-covid-19-and-the-northern-powerhouse-tackling-health-inequalities-for-uk-health-and-productivity/>



# Quantitative analysis

# Quantitative analysis methods

Data from the following sources was used:

## 1. National data

Identification of nationally produced data available at regional NE level.

## 2. Regional data

Sources of data included:

- Analysis requested by the HIA Steering Group undertaken by PHE North East and Yorkshire Local Knowledge and Intelligence Service (LKIS)
- North East Quality Observatory Service (NEQOS) regional analysis

# 1. National data - Findings

Data not yet available to demonstrate fully the impact of the indirect consequences of COVID-19.

PHE have published 2 resources to that can be used to baseline and monitor COVID-19 impacts. Data is available at North East region level:

1. **PowerBI intelligence pack** which aims to articulate the breadth anticipated impacts of COVID-19 and support areas to take action, assess the impact of COVID-19 on local populations and consider mitigating actions. Available [here](#)
2. **Wider Impacts of COVID-19 on Health (WICH) monitoring tool** – presents a range of health and wellbeing metrics across 8 categories. Available [here](#)

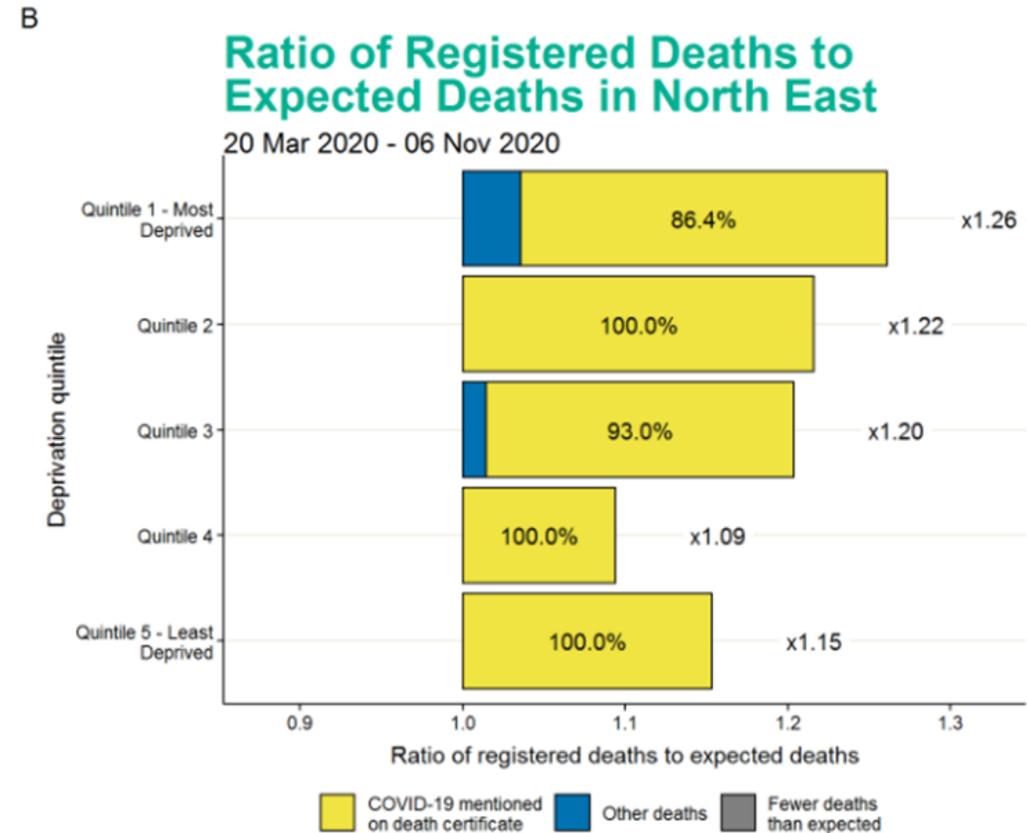
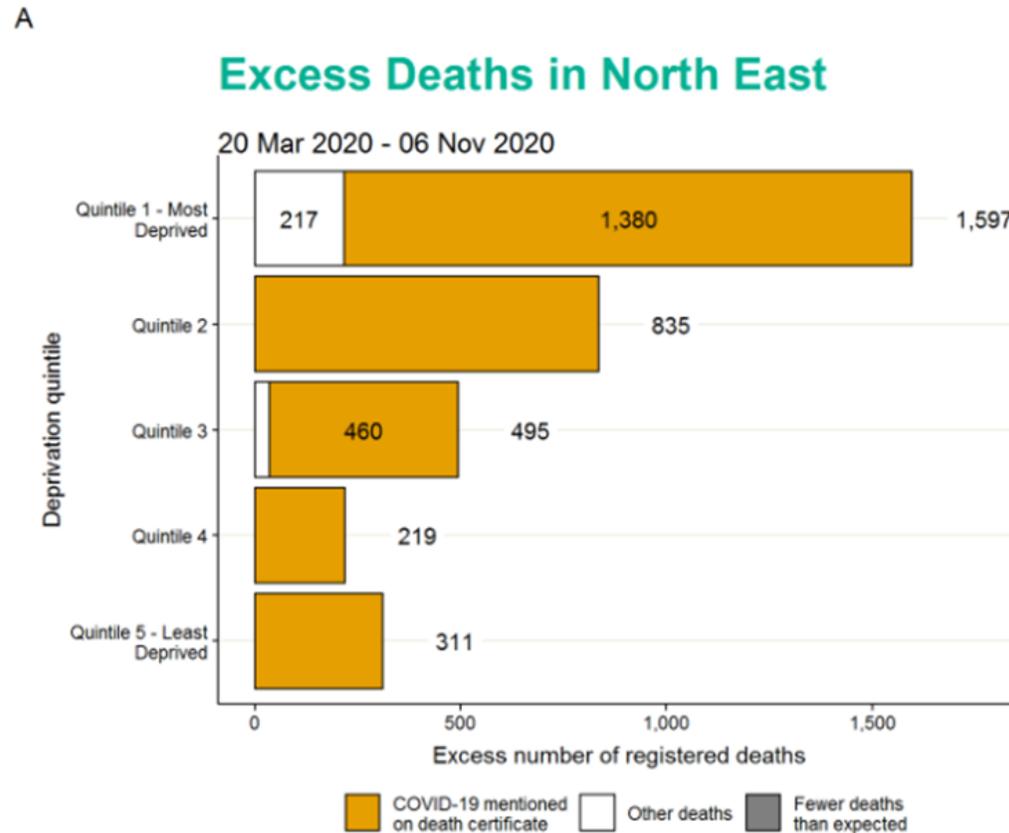
## 2. Regional data - Findings

### LKIS Analysis

LKIS undertook an analysis of inequality in COVID-19 testing, cases and excess mortality within the North East. Key points from the analysis include:

- Access to testing is not influenced by deprivation, with testing being available and accessible for those who need it.
- Between 20 March 2020 and 6 November 2020 **excess mortality was higher in the more deprived quintiles than the least deprived quintiles.**

Cumulative excess deaths since 20 March 2020 (A) and the ratio of observed to expected registered deaths since March 2020 (B) by deprivation quintile



Between 20 March 2020 and 6 November 2020 **excess mortality was higher in the more deprived quintiles than the least deprived quintiles**

# NEQOS analysis

- In September 2020 NEQOS published '*Population Health and Health Care Surveillance. Impact of COVID-19*' report. Full report available [here](#)
- In November 2020 NEQOS published a second surveillance report focusing on a key set of metrics relating to health care utilisations (hospital activity-based information for A&E, outpatient and inpatient settings and primary care. Full report available [here](#)
- Data not yet available to demonstrate fully the impact of the indirect consequences of COVID-19.
- These reports provide a baseline position for the region which can be used to help support service planning and recovery from the pandemic.

# Quantitative analysis summary of findings

- In terms of the direct impact of COVID-19 in the North East, between 20 March 2020 and 6 November 2020 excess mortality was higher in the more deprived quintiles than the least deprived quintiles.
- During the HIA data was not available to demonstrate fully the impact of the indirect consequences of COVID-19. It will take time for the data to become available to fully understand the impact of COVID-19 on health inequalities in the North East.
- Knowledge and intelligence tools have been developed to support an understanding of regional and local baselines with respect to a range of health and wellbeing metrics. As new data becomes available these will enable the impact to be fully assessed and support ongoing recovery planning.
- The quantitative element of the HIA is still live and further analysis will be updated as new data points become available.



# Qualitative analysis

# Qualitative analysis methods

- A qualitative workstream was established, a collaboration between NIHR Applied Research Collaborative (ARC) North East and North Cumbria, Public Health England (North East) and VONNE.
- The purpose of the workstream is to gather and collate insights on the impact of COVID-19 from communities across the North East. Responding to feedback from the VCSE sector it was agreed this would be done in different phases.
- **Phase 1** (August to September 2020) involved gathering existing insight from the VCSE sector. ARC team completed a rapid secondary analysis.
- **Phase 2** (March to April 2021) will involve focus groups with VCSE organisations to examine medium and longer term impacts of COVID-19.

# Phase 1 findings

Findings were broken down into macro (organisational level) and micro findings (implications for at risk and vulnerable populations):

## MACRO FINDINGS

- Sustainability and funding
- Staffing and volunteering
- Moving to digital delivery
- Partnership working and the need for shared resources

## MICRO FINDINGS

- Unmet need and withdrawal of services
- Mental wellbeing and wellbeing impacts of the crisis

Full Phase 1 report available [here](#)

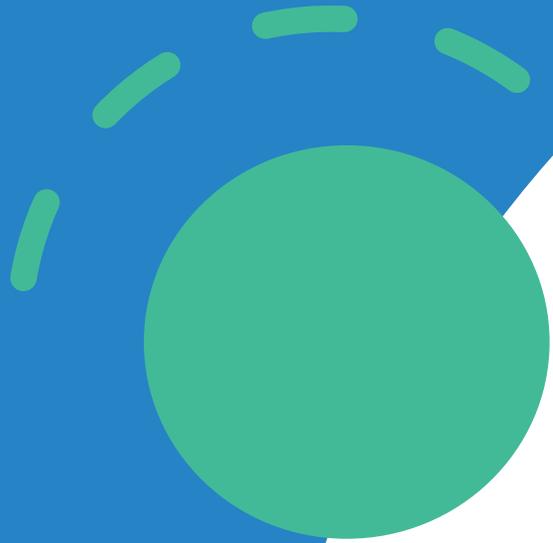
# Phase 1 insight summary of findings

Positive outcomes included finding new ways of using technology to deliver services and increased partnership working and new collaborations.

Funding is the most critical issue facing the VCSE sector.

Phase  
1 insights

Threats with the greatest potential to increase health inequalities are digital exclusion of those in most need of support; funding bodies prioritising COVID-19 at the expense of other areas of need; and withdrawal of services that are often the only source of support for the most vulnerable people.



# **Populations of interest and cross cutting themes summaries**

# Populations of interest and cross cutting themes methods

- In April 2020 the NE ADPH Networks assessed the potential impact of COVID-19 on commissioned public health services.
- A similar approach has been used to assess the impact of COVID-19 on the populations of interest and cross cutting themes identified during the scoping stage of the HIIA.
- For each population group and theme identified a summary slide has been developed presenting; current data, potential impacts and regional mitigating actions.
- These provide a **starting point** for further discussion and consultation with wider stakeholders.
- They provide a basis to inform potential mitigating actions.

(Summary slides for each population of interest and cross cutting theme are contained within the full HIIA report)

# Populations of Interest

- People living in care homes
- Older people
- People with underlying health conditions
- People shielding
- Ethnic Minorities communities
- People living with substance misuse
- People working in high risk occupations
- People who experience homelessness and rough sleeping
- Sex workers
- People living in overcrowded conditions
- People living with disabilities
- People living with sensory impairments
- People living with learning disability
- People whose first language is not English
- Gypsy, Roma, Traveller communities
- Vulnerable migrants
- Vulnerable children and young people
- People experiencing domestic abuse
- Low income families
- People who are unemployed and/or living in economic insecurity

## Cross cutting themes

- Gambling
- Alcohol
- Tobacco
- Public mental health
- Sexual health
- Screening and immunisations
- Healthy weight and physical activity
- Oral health

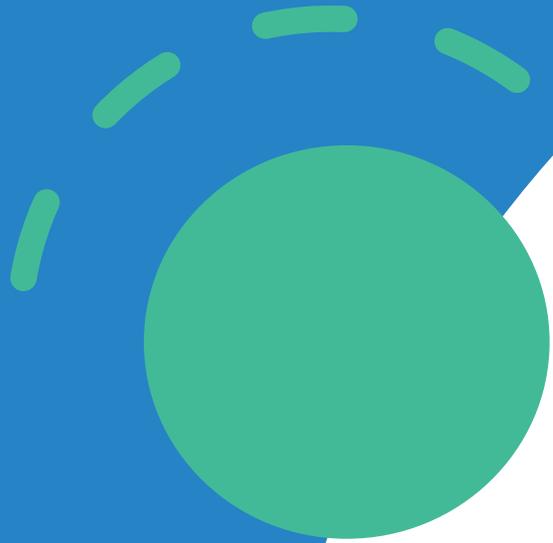
# Populations of interest summary of findings

- The potential impacts of COVID-19 and the control measures have had wide ranging impacts on the wider determinants of health. Health inequalities already existed in communities before the pandemic. COVID-19 has impacted disproportionately on the most vulnerable communities potentially widening the gap in health and wellbeing outcomes between some groups and the rest of the North East.
- Potential mitigating actions for the populations of interest have been identified drawing from published evidence and local intelligence of what action is currently being taken.
- **Further consultation** is required with key stakeholders from across the region and representatives from the specific populations of interest to agree and take forward actions to mitigate widening of existing health inequalities.

# Cross cutting topic themes summary of findings

Summarised below are common themes or high-level regional actions that were and identified through:

- the NE ADPH Network work to assess the impact on public health commissioned services
  - the HIA process, assessing the impact on the identified cross cutting themes
- Maintain positive regional collaborations that have developed.
  - Where digital/online solutions have been implemented as an alternative to face to face interventions evaluate their effectiveness and support roll out as appropriate.
  - Where opportunities have been identified (but not implemented) explore the development of digital solutions to support targeting specific populations.
  - Facilitate sharing of good practice opportunities within the region. Identification of case studies.
  - Explore opportunities to evaluate service changes to help inform new ways of working.
  - Regional amplification of specific national campaigns
  - Workforce training and support



# **Regional recommendations**

# Regional recommendations

- This HIA has been an iterative process that has seen work develop alongside the gathering and analysis of evidence, insight and data. This has been required to respond to the external environment and context which is moving at pace and changing constantly. Work to progress some of the recommendations has already begun.
- The suggested recommendations are focused on **regional action**. It is acknowledged that local places may have completed COVID-19 health inequalities impact assessments and this work is design to compliment this and identify where there are opportunities to collaborate on regional footprint. Regional recommendations have been collated under **key themes**.

# Recommendations: Supporting implementation of action to mitigate health inequalities

1. Build on the **collaboration** and rapid multi-agency partnership development that has been developed as part of the HIA. The partnership has good representation from across PHE, LA, NHS, VCSE and Academia and has demonstrated the value of a multi-agency approach. Explore the potential for this partnership to become an '*Advisory Group*' around health inequalities.
2. Development of an **health inequalities approach across NENC ICS**. NENC ICS to embed a health inequalities approach across all workstreams in order to deliver the ambition to reduce the gap in healthy life expectancy between NENC ICS and the rest of the country.

# Recommendations: Supporting implementation of action to mitigate health inequalities

3. Development and co-production of **practical health inequalities tools** for organisations to ensure they mitigate health inequalities in recovery.
  - a) NE ADPH to share learning from the pilot of the Local Authority Health Inequalities Checklist. \*
  - b) PHE NE and NECS to support the roll out and implementation of NHS specific health inequalities toolkits \*
  - c) NE ADPH and PHE NE to develop plans for sector specific practical health inequalities tools for businesses

\* See full report for details on the tools that have been developed during the HIIA as case study examples

# Recommendations: Supporting implementation of action to mitigate health inequalities

4. Resource required to enable **VCSE to be an equal partner** in decision making and recovery planning.
  - a) Continued funding (beyond March 2021) for the NENC ICS VCSE Leadership Programme to further embed the role of VCSE as an equal partner within emerging ICS structures.
  - b) Sustained investment in community development (infrastructure and grassroots) to mitigate harm and support recovery.
  - c) Resourcing to support different population groups to support recovery.

# Recommendations - Working with communities

5. To continue to **undertake work with communities** to inform recovery planning and action to mitigate health inequalities. Ensuring community insight research is disseminated and joined up with other work (such as the Prevention Board priorities, implementation of NHS Phase 3 health inequalities urgent actions, local authority behavioural insight and NHS Charities work).
6. Identify regional partnerships and networks that are working with prioritised populations of interest and cascade findings from the NE HIA.
7. To explore the potential of arranging communities of interest themed sessions to share practice and support regional and local action.

# Recommendations - Supporting recovery

8. Ensure NE HIIA findings and community insight is shared and used to support longer term COVID-19 **recovery planning** with a health inequalities focus.
9. Identify regional partnerships and networks that are supporting work linked to the cross cutting themes and cascade findings from the NE HIIA.
10. Share learning and good practice in relation to the role of anchor institutions and other public sector institutions in supporting COVID-19 recovery.

# Recommendations - Workforce

11. Utilise the Better Health at Work Award programme and other business networks to share learning and good practice across sectors in relation to supporting and promoting staff health and wellbeing.
12. Development of sector specific practical health inequalities tools for businesses (cross ref with recommendation 3c).

# Recommendations - Collaboration

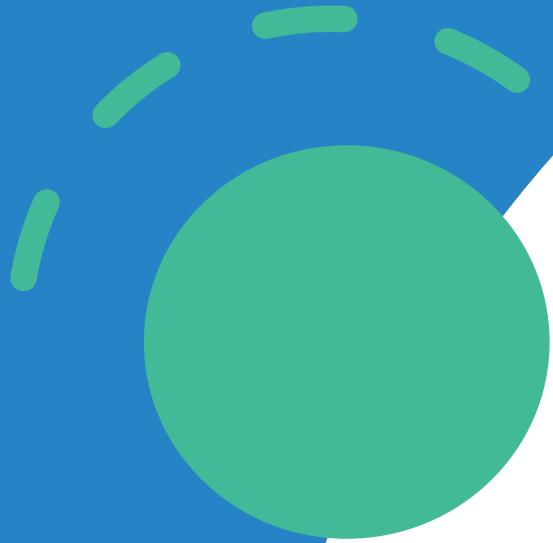
13. Build on the academic collaboration that has developed as part of the qualitative workstream to further enhance the translation of academic research to practice, identify gaps in evidence and further research opportunities.
14. NE ADPH Public Mental Health Network and ICS Mental Health Workstream to utilise the findings from the Mental Health Impact Assessment to propose regional recommendations and mitigating actions.

## **Recommendations - Communication**

15. NE HIIA Steering group to co-ordinate the development of a communication plan to disseminate findings to key stakeholders.

## **Recommendations - Measuring progress**

16. Explore development of an NENC ICS health inequalities dashboard to support implementation of health inequalities actions and monitoring of progress.



**Further reading**

# Further reading

- PHE Review Disparities in the risk and outcomes of COVID-19. Link [here](#)
- Build Back Fairer: The COVID-19 Marmot Review. Link [here](#)
- Douglas, M, Katikireddi, S, Taulbut, M, McKee, M and McCartney G. Mitigating the wider health effects of COVID-19 pandemic response. BMJ: 369, 27 April 2020. Link [here](#)
- Bambra C, Riordan R, Ford J and Matthews F (June 2020) The COVID-19 pandemic and health inequalities. Link [here](#)
- Bambra, C., Munford, L et al (2020) COVID-19 and the Northern Powerhouse, Northern Health Science Alliance, Newcastle. Link [here](#)
- Champs Public Health Collaborative (July, 2020) direct and indirect impacts of COVID-19 on health and wellbeing. Rapid evidence review. Link [here](#)
- The Health Foundation (June 2020) Emerging evidence on COVID-19's impact on mental health and health inequalities. Link [here](#)
- Children's Commissioner (September 2020) Childhood in the time of COVID. Link [here](#)

- Doctors of the World (May, 2020) An Unsafe Distance. The Impact of the COVID-19 Pandemic on excluded people in England. Link [here](#).
- Learning to Listen Again. How people experiencing complex challenges feel about engagement and participation through the COVID-19 pandemic. Changing Lives and Centre for Public Impact (2020). Link [here](#).