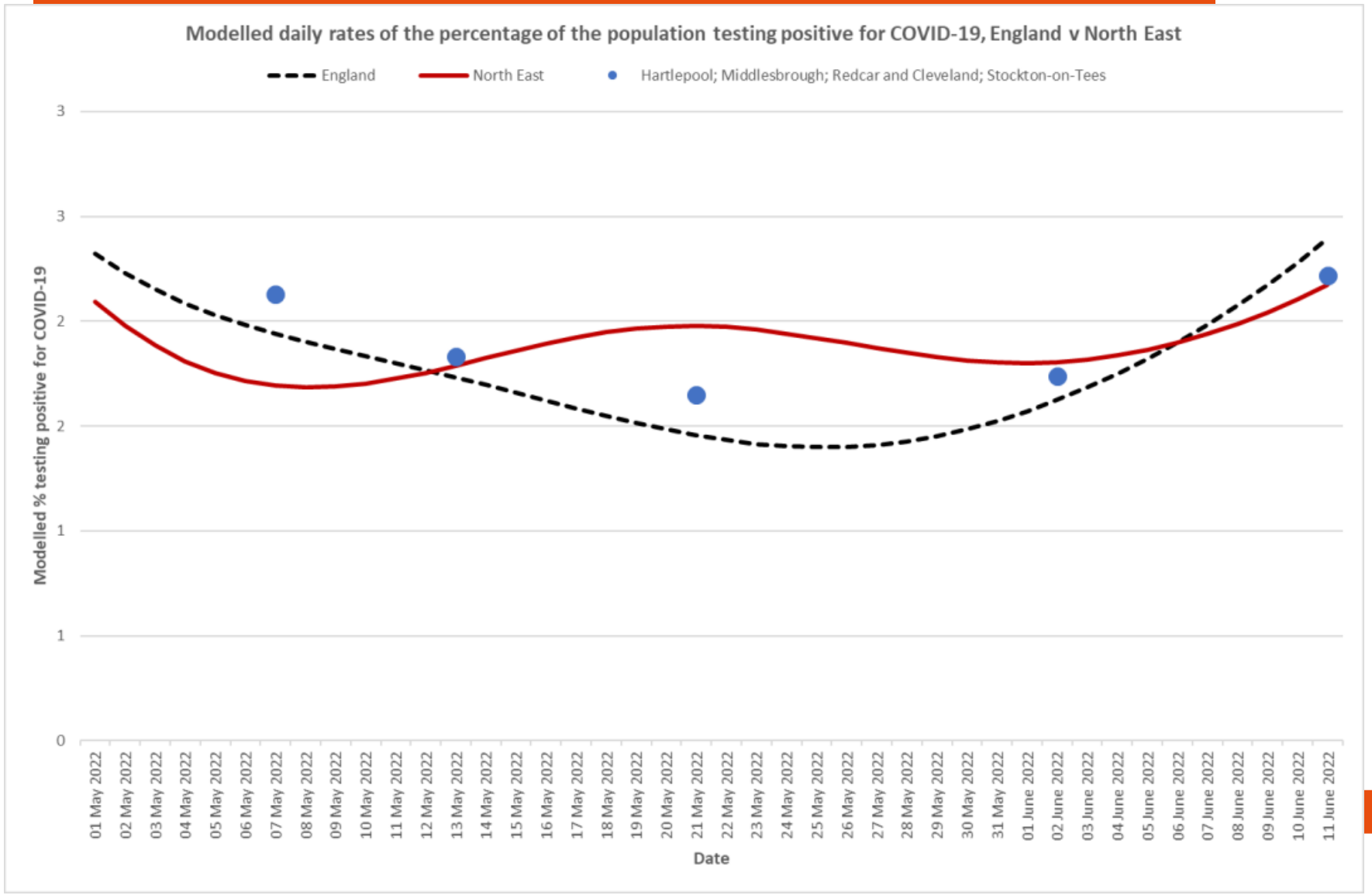
Impact of Covid

Health & Wellbeing Board

29th June 2022

Current position



- Omicron BA.4, BA.5
- Hospital admissions increasing
- We will continue to learn as pandemic progresses

Excess mortality

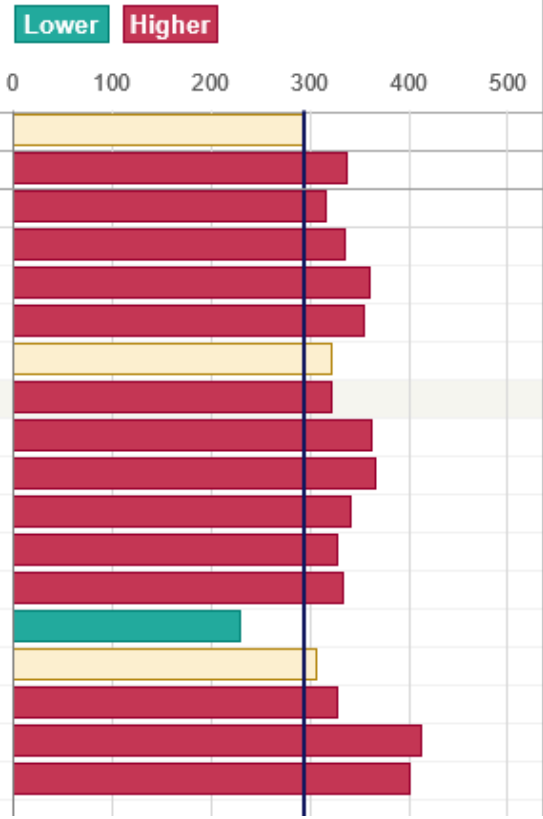
Start of 2020 to week 22 2022

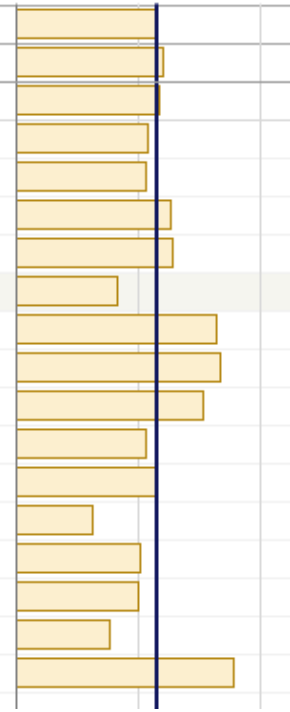
COVID-19 mentioned on the death certificate

95% significance compared to England

Excess deaths Due to issues with calculation, the average for registered deaths for week 1 2015-19 has been taken to be the same as for week 2 2015-9

Registered deaths from the start of 2020 up to 3 June 2022	2020 population	2021/22 deaths COVID-19 mentioned	Crude rate 100,000	2015-19 average deaths	Total	Excess	Crude rate 100,000
England	56,550,138	165,820	293.23	1,225,205	1,354,042	128,837	227.83
North East ONS region	2,680,763	9,052	337.67	69,230	75,698	6,468	241.26
North East and Yorkshire and the Humber PHE regions	8,207,113	25,977	316.52	198,033	217,129	19,096	232.68
CLEVELAND LRF	569,768	1,916	336.28	14,732	15,965	1,233	216.44
Hartlepool	93,836	339	361.27	2,534	2,734	200	213.35
Middlesbrough	141,285	500	353.89	3,628	3,982	354	250.84
Redcar and Cleveland	137,228	442	322.09	3,881	4,231	350	255.20
Stockton-on-Tees	**197,419**	**635**	**321.65**	**4,690**	**5,018**	**328**	**166.35**
DURHAM & DARLINGTON LRF	640,551	2,320	362.19	16,777	18,878	2,101	327.97
County Durham	533,149	1,953	366.31	13,933	15,706	1,773	332.51
Darlington	107,402	367	341.71	2,844	3,172	328	305.39
NORTHUMBRIA LRF	1,470,444	4,816	327.52	37,721	40,855	3,134	213.11
Gateshead	201,950	675	334.24	5,350	5,814	464	229.96
Newcastle upon Tyne	306,824	703	229.12	6,206	6,590	384	125.22
North Tyneside	208,871	640	306.41	5,451	5,874	423	202.61
Northumberland	323,820	1,062	327.96	9,006	9,653	647	199.93
South Tyneside	151,133	622	411.56	4,276	4,506	230	152.45
Sunderland	277,846	1,114	400.94	7,434	8,418	984	354.15





Impact on mortality (The Health Foundation)

Figure 8: Age-standardised mortality rates for deaths due to COVID-19, deprivation decile relative to the least deprived decile by age, England, March 2020 to May 2021

Source: ONS, ad hoc requested data on COVID-19 mortality by lower tier local authority and MSOA by age and MySociety IMD2019 Maps Local Authority MSOA-level file.

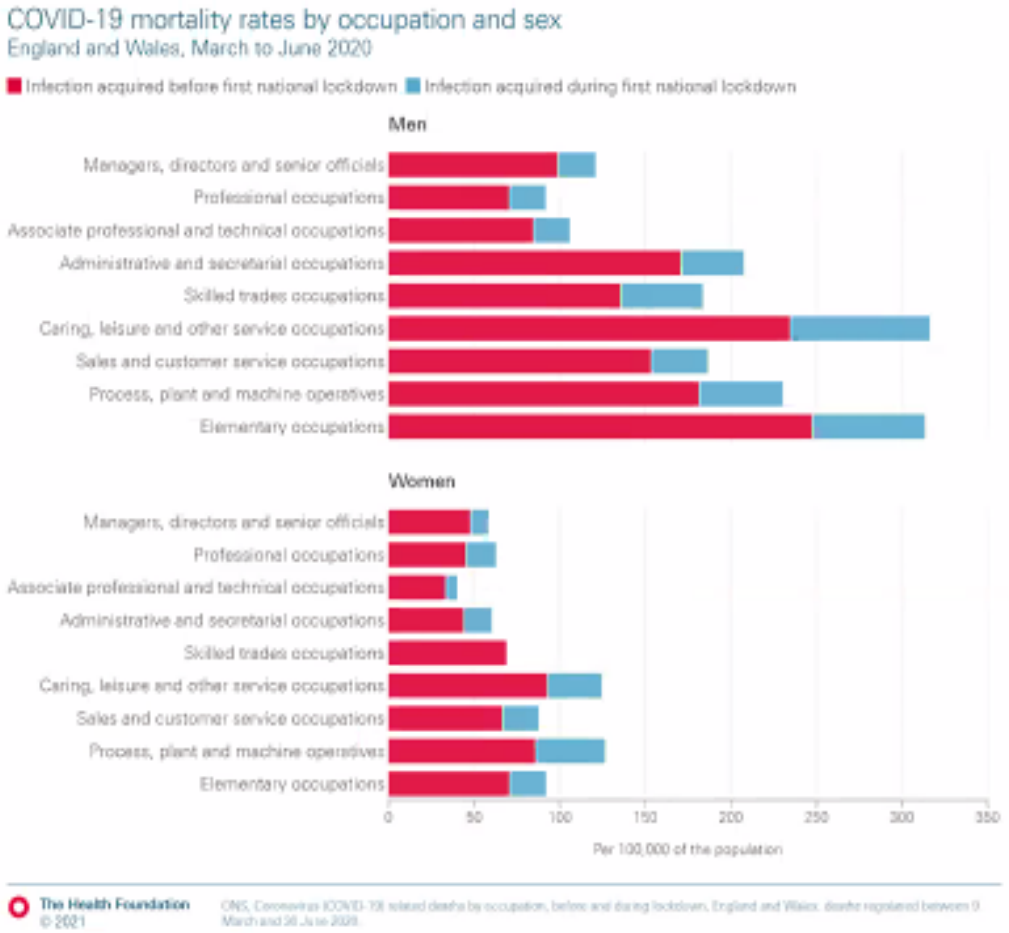
- March 21 (impact of vaccines since then)
- Considerable inequalities in mortality by deprivation, particularly <65s
- 3.7 times higher for people in most deprived areas compared to least deprived for <65s, twice as high for >65s (age differential impacted by e.g. vaccine uptake, occupational exposure)
- This reflected both higher number of deaths & younger average deaths in deprived areas – impacted by e.g. occupational exposure, access to services, vaccine uptake

Impact on mortality (The Health Foundation)

- In the Delta (summer 2021) and Omicron (Winter 2021/22) waves, overall mortality was lower than previous waves, but inequalities by deprivation remained (30% higher in the most deprived fifth)
- Regular stats no longer published on Covid-19 mortality by deprivation
- Why was mortality impact higher in areas greater deprivation?
  - Health conditions – multiple
  - In most deprived areas have 2 conditions (average) by age 61 i.e. 10yrs earlier than those in least deprived areas
  - Socio-economic factors e.g. overcrowding, unable to work from home
  - Often interact with health risk factors
  - Differences in exposure by occupation
  - Differences in lockdown-acquired infection by occupation e.g. heath & social care, education – and these can be lower income jobs where people may have poorer health & live in areas of greater deprivation

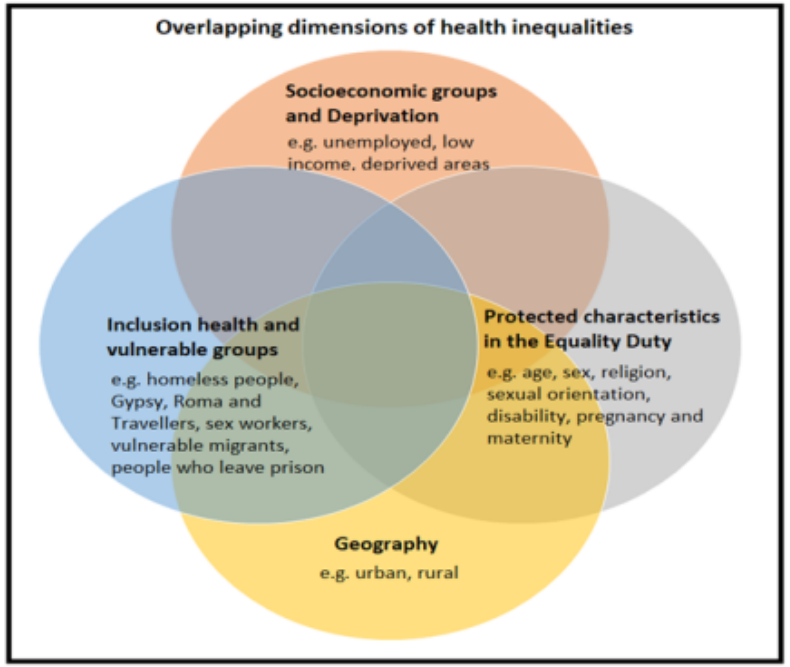
We saw rates in Teesside drop more slowly than in other areas of the country earlier in the pandemic

Impact on mortality (The Health Foundation)



Range of factors impacting e.g. occupation / working from home, health seeking behaviour, vaccine uptake

Health inequalities



Inequitable impact

Older people	Highest direct risk severe Covid, loneliness & isolation, lower tech use
Young people	Education disrupted, poor employment & health outcomes, safeguarding
BAME	Discrimination / harassment (E. Asian), greater exposure, infection & mortality
Parent / carers	Risk to income, family violence
Mental health problems	Social isolation, impacted care / worsening MH
Substance misuse / recovery	New addictive behaviours, relapse, withdrawal
Urban (crowded) or rural settings	Transmission (overcrowding), access to testing / care (rural)

PHE 2020

Inequitable impact

Disability	Disrupted support, impact of isolation
Homeless	Unable to isolate, disrupted services, no income (lockdown), withdrawal of additional support
Criminal justice	Isolation (prison setting), no family contact
Undocumented migrants	No income, difficulties accessing health services
Precarious contracts, self-employed, low income	Loss of work / no income, existing poorer health, no financial reserves
In institutions (e.g. care homes, prisons)	Isolation, exposure risk (detention centres), age / poorer health (care sector)
In need of diagnostic tests / treatment	Backlog / delay, reluctance to attend

PHE 2020

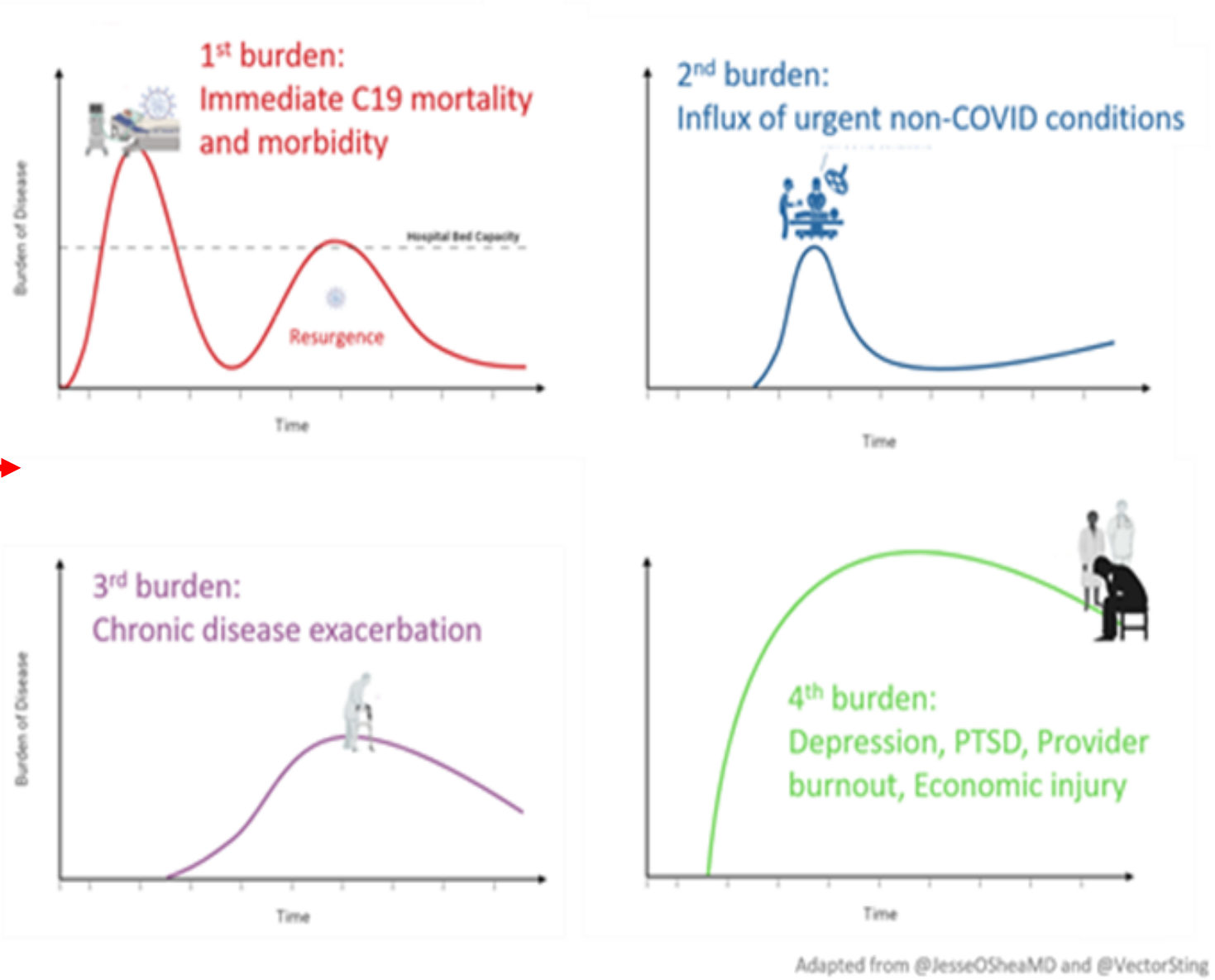
Inequitable impact

- Many communities / population groups have **more than one or multiple** factors increasing impact of Covid
- Impact can be physical / mental health, social, economic
- Some shorter-term, others long-term
- All have impact on both **individuals** and the (wider) **system:**

  - ❖ Widening inequality in life expectancy & healthy life expectancy
  - ❖ Impact across communities but in different ways & to different extents
  - ❖ Emphasises importance of community focus, whole system approach to health & wellbeing, interdependence of health and economy
  - ❖ Some impact still unknown / emerging e.g. post-Covid syndrome
  - ❖ People accessing care now in poorer health – more advanced disease e.g. cancer
  - ❖ Missed prevention opportunities (e.g. drops in immunisations / screening)
  - ❖ Backlog of care e.g. non-urgent care, primary care
  - ❖ Instability / resilience system: recruitment & retention, staff exhaustion

The burden of Covid-19

Post-Covid syndrome



Opportunity!

Embedding learning

- Focus on addressing health inequalities through proportionate universalism – build on our increased understanding
- Whole system approach to health and wellbeing, including wider determinants – clarity of roles & responsibilities
- Work **together with** communities: power of community, volunteering and VCSE
- Creative models of delivery, better joint working intelligence sharing
- Focus on earlier prevention to build resilience in communities & in the system

- **Opportunity to *Build Back Fairer*** (Marmot 2020) including learning from Build Back Fairer work in Greater Manchester

Building back fairer

- Range of recommendations based on Marmot report 2010, covering wider determinants & structural inequalities (education, healthcare, ethnicity, housing, gender)
- Using a proportionate universalism approach
- Covers:

  - ❖ Reducing inequalities in early years
  - ❖ Reducing inequalities in education
  - ❖ Build back fairer for children & young people
  - ❖ Creating fair employment & good work for all
  - ❖ Ensuring healthy standard of living for all
  - ❖ Creating and developing healthy & sustainable places & communities
  - ❖ Strengthening the role and impact of ill health prevention

Recommended next steps

HWB is requested to consider the following recommendations to seek assurance and provide strategic coordination to building back fairer from Covid, maximising the learning to-date and informing the Board's forward plan:

Health protection

- Regular assurance reports on health protection issues from Health Protection Collaborative – includes incorporating learning, preparedness to stand up in response to next wave / variant, preparedness for Autumn / Winter, maintaining & building on prevention activity across key settings

Health and Wellbeing Strategy refresh

- Refreshed Strategy (current expires 2023) based on Marmot principles / Build Back Fairer, incorporating learning from pandemic and in context of evolving ICS / ICP system & linking to other strategies / frameworks e.g. A Fairer Stockton-on-Tees
- DPH to bring back proposed approach to Strategy process in early Autumn 2022
- DPH to develop HWB work plan and approach to outcomes monitoring proposals to be developed from this

Next steps

Health and Wellbeing Board development

- Partners to continue to work together to inform the ongoing development of the HWB in the context of the pandemic, the developing ICS / ICP and the refresh of the Strategy and work programme to achieve strategic health and wellbeing system outcomes locally

Emergency preparedness

- HWB members to input to national, regional and local work to update Major Incident Plans and Pandemic plans as appropriate, with update to HWB

Impact on services

- Board member organisations to collectively coordinate activity and update the HWB on plans & work to support access to services, further understand the impact of Covid and address the evolving local picture of health and wellbeing and health inequalities. The updated H&W Strategy, work programme and outcome monitoring will draw this together as previously described and includes:
  - addressing the backlog of care for the local population
  - working more closely with communities and taking a community asset-based approach
  - understand and collectively address the impact of post-Covid syndrome