The impact of COVID-19 in North Yorkshire and York

Rapid Health Needs Assessment

Presentation for York Health and Wellbeing Board July 2020

Peter Roderick, Acting Consultant in Public Health, Vale of York CCG

INTRODUCTION

Overview

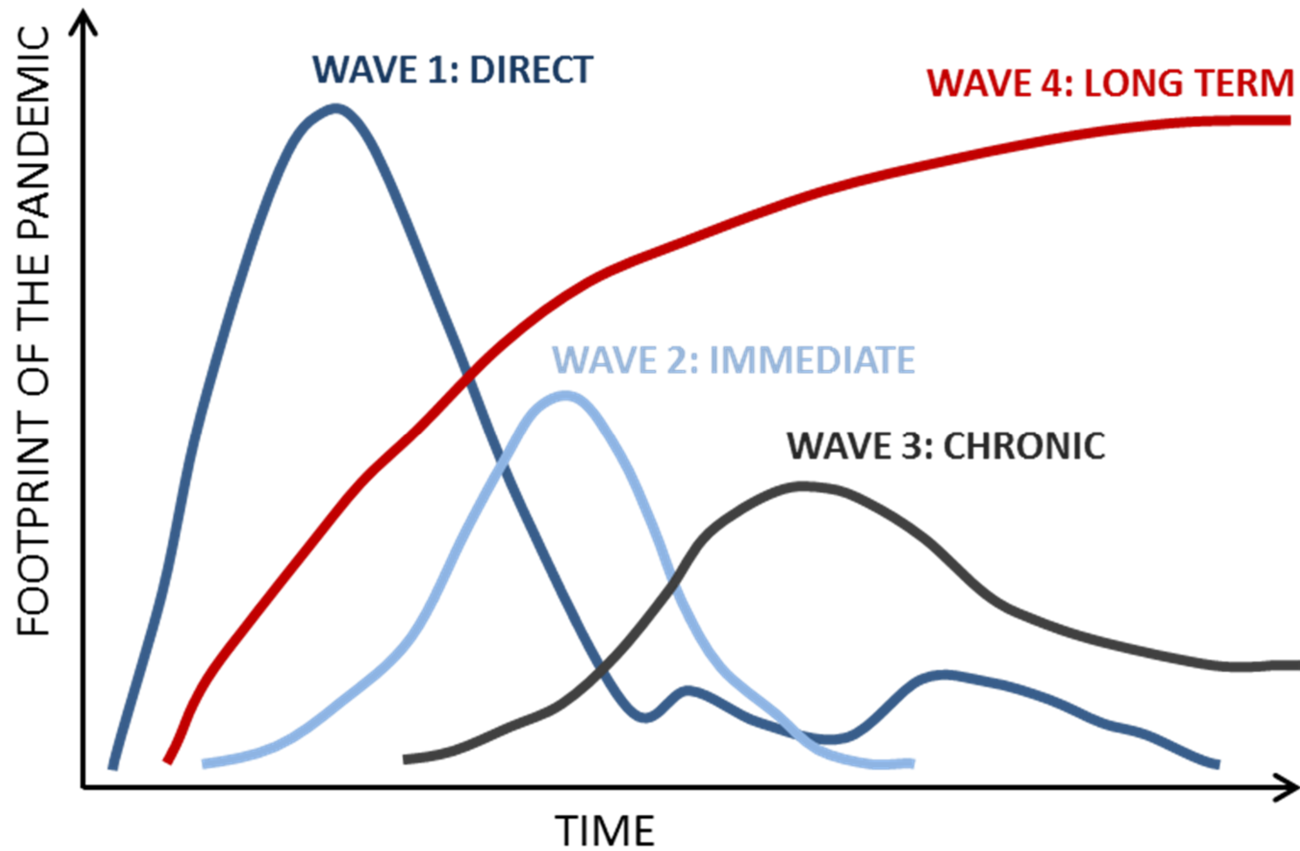
- This rapid Health Needs Assessment (HNA) was written at speed in late May 2020 to assess population health need in the North Yorkshire and York region emerging as a result of the COVID-19 pandemic.
- Commissioned by the NY+Y Systems Leadership Executive to inform recovery planning for NHS and social care sectors across the two Local Authority/CCG areas. Data presented today has been made York-specific where possible
- Methods included data analysis, engagement with partners and a public survey with 611 responses
- Full document available on the JSNA website

Rationale for a HNA approach

'HNA is a systematic method of identifying the unmet health and healthcare needs of a population' … 'rapid assessment methods are needed to collect reliable, objective information that is immediately required for decision making in the recovery phase of an event [so that] interventions can be prioritized'

(Korteweg / Currie 2010/16)

THE FOUR ‘WAVES’ MODEL



WAVE 1 DIRECT IMPACTS OF COVID-19

WHO IS MOST VULNERABLE?

Shielded groups
People with underlying conditions esp. diabetes and asthma
People from BAME backgrounds
People who are over 70
Deprivation - residents living in the bottom 20% IMD
Residents of high risk settings

SUMMARY OF WAVE IMPACTS

- **Mortality from COVID**: 165 deaths in York, with 71 (43%) in a care home
- **Mortality from other causes**:
  - Small number of suicide inquests in the region opened with COVID as a factor
  - Proportion of deaths at home from two conditions sensitive to timely urgent care, MI and Stroke, was higher compared to 2019, and the proportion of these deaths which occurred at home increased
- **Morbidity**: 3,441 patients hospitalised across NY+Y, with 308 in general beds or ITU at peak (13th April).
- **Discharge** and aftercare needs of COVID-19 patients vary but early intelligence suggests a high level of rehabilitation is often needed in broadly three areas: cardio, respiratory and neurological, plus mental health support

POSSIBLE MITIGATIONS / KEY GAPS

- Increasing access to bereavement support and counselling
- Better understanding / support for PTSD and mental health issues in healthcare staff
- Investment in the 3 key COVID community rehab areas – neurological, cardiovascular and respiratory
- Increased understanding of discharge support needs for COVID patients
- Communicate effective messages on seeking appropriate urgent care for time sensitive conditions

WHAT PARTNERS SAY

“ There will be a large on-going rehab need in the system to support ”

“ Rapid discharge into community/care homes, lack of early PPE support/advice, has resulted in widespread infection ”

“ In flu season there will be increased pressure on primary and community care; cough and temperature will cease to be a helpful distinguishing feature for Covid ”

WHAT THE PUBLIC SAYS

“ I had symptoms and have now been off work for nearly 3 weeks … unable to get tested … have struggled for breath and had chest pains, reality quite scared for my life. Didn’t want to call for an ambulance…”

“ I am deaf, and am worried about the introduction of face masks - then I cannot lip-read people ”

“ It is surprisingly exhausting, mentally and physically. I am in the most vulnerable category and live alone ”

“ I am confused over the Government’s shielding letter ”

WAVE 2 IMMEDIATE IMPACTS OF COVID-19

WHO IS MOST VULNERABLE?

People with long term conditions
People who are severely mentally ill
Digital exclusion
People who are frail
Marginalised groups
People in food poverty
Children and young people
People at risk of abuse

SUMMARY OF WAVE IMPACTS

- Face to face **GP consultations** fell by 60%, offset by an increase in phone consultations
- Childhood **vaccination** rates held steady, shingles vaccine uptake dropped, screening (cervical, bowel, breast, AAA) was paused
- Much **dental treatment** paused – but no discernible increase in urgent dental admissions
- At its lowest **A+E attendance** was 49% below start of March level at YTHFT. Around 14,000 fewer attendances were seen in March-May compared to the same period in 2019. Numbers are now slowly rising.
- Impact on **urgent care** for CVD: emergency admissions at YTHFT for chest pain fell sharply from 160 in January to 78 in March 2020.
- Adult **mental health impatient** admissions were 54% lower in April compared to January, however across all four NY+Y CCGs crisis teams saw a 15% rise in demand for support in April
- Adult and children's **safeguarding** referrals dropped sharply in April but have started to rise and partners report concerns around significant hidden need which may be disclosed in months to come

POSSIBLE MITIGATIONS / KEY GAPS

- Access to timely primary care trend data (including dental data) to better anticipate trends in demand
- Target communication on healthcare 'reopening' to excluded groups e.g. migrants, visually impaired
- Build health and digital literacy through community groups
- Prepare for stored up urgent demand wider that ED e.g. safeguarding, mental health crisis

WHAT PARTNERS SAY

“ Some patients who have attempted to manage at home are likely to be at a more enhanced state of crisis ”

“ Currently the public fear accessing healthcare due to COVID anxiety ”

“ Delayed cancer diagnosis, delayed cardio/stroke and other medical care due to fear of COVID risk – these are tremendous issues and will need a very different public health message ”

WHAT THE PUBLIC SAYS

“ I’ve not wanted to bother people, as my queries are trivial .. but I was relieved when my CPN got in touch ”

“ I needed an urgent blood test as my autoimmune condition had flared up, I was not allowed to bring my children to the surgery but they are too young to wait outside, and I have no one to leave them with ”

“ I care for my Mum with dementia who is starting to feel very low. It is really difficult to deal with her wellbeing & my own”

“ No dental appointments available for my child, despite contacting our surgery. My son is in lots of pain ”

“ I have a child with autism and learning disability. Out of routine, feel fairly abandoned by school, don't have any regular input from health, … all our usual support is gone, my anxiety is very high. ”

WAVE 3 CHRONIC IMPACTS OF COVID-19

WHO IS MOST VULNERABLE?

People with Longer term conditions
Carers
People with learning disabilities
Socially isolated people
People with addictions
People with Mental health problems

SUMMARY OF WAVE IMPACTS

- Much routine primary care for **long term conditions** was paused from March to June, following RCGP guidance: this includes NHS health checks (40-74, SMI, LD), medication reviews, frailty and annual reviews, low risk/routine smears, routine/ annual ECGs, spirometery
- Routine **referrals to secondary care** in the region were paused on the 25th March. Urgent referrals continued but fell in almost all specialties. Two week wait referrals for cancer fell to around 25% of normal volume in Mid April, but have since risen
- **Elective admissions** fell by nearly 75% at their lowest week for York, Harrogate and South Tess Trusts.
- **Prescribing** trends show a significant increase of around 25% total number of items in March and April before reducing
- There was a drop of 40% (York and Selby) in **IAPT referrals** for low level mental health support in Apr 20 compared to April 19. In IAPT as well as in CAMHS a shift to telephone and video consultations has enabled contact with service users to be sustained
- **Social prescriber** link workers identified a number of needs emerging, including bereavement support, mental health specifically in relation to isolation, anxiety, alcohol harm, and support for people with learning disabilities and their carers.
- The CYC **falls prevention** and home adaptation service have seen a significant decline in the number of referrals from professionals, and from individuals themselves, indicating lost prevention opportunities.

POSSIBLE MITIGATIONS / KEY GAPS

- Better identification and support for carers
- Using the sense of ‘reset’ in healthcare to promote self management and better chronic condition management
- Increase capacity to deal with a healthcare ‘surge’ in preventative parts of the system eg IAPT, falls prevention
- Build on social prescribing, CSOs and health champions programmes to focus on multi-morbidity/complexity

WHAT PARTNERS SAY

“ I have concerns that patients and families are not talking to GPs about emerging mental health issues. ”

“ Delays in investigation and treatment in secondary care will likely affect mortality and morbidity for a long time. ”

“ There is a risk that NHS/care staff will experience the deep effects of managing traumatic experiences and stress. ”

“ We have seen much better working between practices, and between practices and community teams ”

WHAT THE PUBLIC SAYS

“ My daughter has severe anxiety but all appointments have been cancelled and the people we were getting help from have postponed treatment. ”

“ I have had a baby during lockdown. Midwives, hospital care and health visitor care has all been affected. Also not been able to access support group for breastfeeding which I have found very difficult. ”

“I have suffered with bad mental health in the past, but am now unable to use my coping mechanisms such as seeing friends”

WAVE 4 — LONG TERM IMPACTS OF COVID-19

WHO IS MOST VULNERABLE?

Self-employed people	People with precarious work	People who are unemployed
Those living in poor quality housing	Homeless people	Children and Young People

SUMMARY OF WAVE IMPACTS

- Nationally there has been a 41% increase in **household alcohol purchasing** since lockdown. York experiences high levels of alcohol related harm, with a rate of admission episodes for alcohol-specific conditions in 2018/19 of 825 per 100,000.
- Analysis from the University of York shows improvements in **air quality** (NO2) of 30% on average across the city since mid-March.
- **Policing demand** reduced during lockdown, with a higher number of antisocial behaviour and domestic violence incidents as a proportion of dispatches. NYP has identified a number of future risks: a spike in county lines activities, an increase in safeguarding disclosures as schools go back, higher alcohol consumption when pubs and clubs re-open, and acquisitive crime linked to job losses.
- A recent ONS survey of a sample of businesses reported an average of 27% of employees have been **furloughed**, equating to around 27,000 in York. The number of people claiming Universal credit has risen from 1.3% of the population to 3.2%. Some **business sectors** are particularly affected by COVID-19: e.g. the accommodation and food services sector; combined it is estimated there are 36,000 jobs in these sectors in York.
- Many **people who are homeless** have been temporarily accommodated, and begging activity largely disappeared; however usual informal accommodation e.g. B+Bs, friend’s houses may be seen as less safe. Additionally, the last economic downturn led to a rise in homelessness in the UK.
- Local **substance misuse services** have reported a change in the types of substances being used, in particular a significant reduction in “on top” illicit usage as evidenced through urine samples. The service has identified a risk of spikes in accidental overdoses as individual’s tolerance levels will have dropped.

POSSIBLE MITIGATIONS / KEY GAPS

- Prepare health and social care partners now for health need generated by economic recession
- Reduce unnecessary hospitalisation and mortality by maintaining and surpassing COVID air quality levels through encouraging cycling and walking and helping people find alternatives to driving
- Use the Children’s Commissioner's Local vulnerability profiles to identify risks to long term CYP health
- Take steps to support businesses in strong infection control policies to minimise economic impacts

WHAT PARTNERS SAY

“ We will see increased safeguarding issues, financial hardship for people with lost jobs, increased alcohol use and delayed access to community detox ”

“ I am concerned about children and young people’s disconnection with schools, peers, extended families and loss of … ability to re-engage with education and formal structures, leading to impacts on family functioning and overall resilience ”

“ Wider determinants of health … double whammy of initial covid disruption to income followed by 2nd wave of austerity ”

“ Potential change to the rate of suicides across the working age adult workforce ”

WHAT THE PUBLIC SAYS

“ I am benefiting a lot from the cleaner air. Daily walks without pollution have improved my chronic sinus problems ”

“ I fear for the families like me who don't fall into any brackets for financial support due to currently having too much savings …by the end of the year they will be gone, but by then people will have forgotten about me ”

“ I need to work and earn and provide, and this lockdown is killing me ”

SUMMARY OF HNA FINDINGS

The stark conclusions of this assessment are that COVID-19 has already caused:

- Significant impact on all-cause mortality which will change the demographic shape of the region
- Significant impact on morbidity which will create a new category of clinical need (post-COVID care) for a large number of people
- Significant unintended consequences of the system response to COVID-19, including deferred and delayed care, missed prevention opportunities and healthcare-avoiding patient response
- Significant unintended consequences of the policy response to COVID-19, including economic threat, mental health worries due to lockdown, educational disadvantage, all of which threaten the poorest and most marginalised communities the most

At this stage it is only possible to collect data on a small number (by no means all) of meaningful indicators to quantify these impacts. More evidence will emerge

RECOMENDATIONS

1. Four priority areas emerge from the HNA for local health systems as we adjust and recover from COVID-19:
   - **Infection minimisation** will seek to reduce to the absolute minimum the death and disease caused by the pandemic
   - **Mental Health** services will need support to adjust to new disease prevalence patterns and support our residents back to mental health rooted in asset-based approaches and compassionate public services.
   - **Healthcare access** has changed rapidly and dramatically; as it is restored, a very nuanced public health message will need to be found to encourage people who need healthcare to come forward in the midst of infection precautions.
   - **Prevention** of long term conditions may not be a first-order priority at present, but they remain the leading causes of death for our area, and in particular obesity and smoking are key risk factors for COVID-19

Additionally …

2. We should increase our focus and capacity to support **health literacy** and **digital literacy**.
3. We should take a **population-le**d rather than **demand led** approach to recovery
4. We should take a **wide approach to 'vulnerability'**:
5. Recovery programmes may benefit from **taking the approach of this HNA**
6. This HNA should be extended in **Phase Two** to cover areas which have not received detailed discussion

A message of hope:

‘There is a sense that anything CAN be possible if we let patient need drive the changes’

And a message to galvanize:

‘There is probably only a small window of opportunity to do this whilst systems are “unfrozen” before they re-freeze back into previous rigid patterns of delivery’

(quotes from the HNA partner survey)