The Impact of Covid-19 on Health Inequalities in York

York Health and Wellbeing Board 21st July 2021

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Summary

- In April 2021 the Health and Wellbeing Board (HWBB) held a workshop to help them better understand the impact of Covid-19 on health inequalities.

- Health inequalities are avoidable and systematic differences in healthcare access and health outcomes between different groups within society e.g. people with different incomes or from different ethnic backgrounds.

- The workshop included:

  - Discussion of data and public health intelligence illustrating the various dimensions of health inequality in our city

  - Insight from the JSNA and rapid health needs assessment process on the impact of COVID-19 on health inequalities

  - The views of local organisations on the frontline of tackling inequality and improving health, through partner 'testimonies' submitted to the board

  - Breakout groups and open discussion for board members to present and debate their experiences, priorities and the concerns of their organisations

Life expectancy at Birth in York – Males

Life expectancy at Birth in York – Females

Years
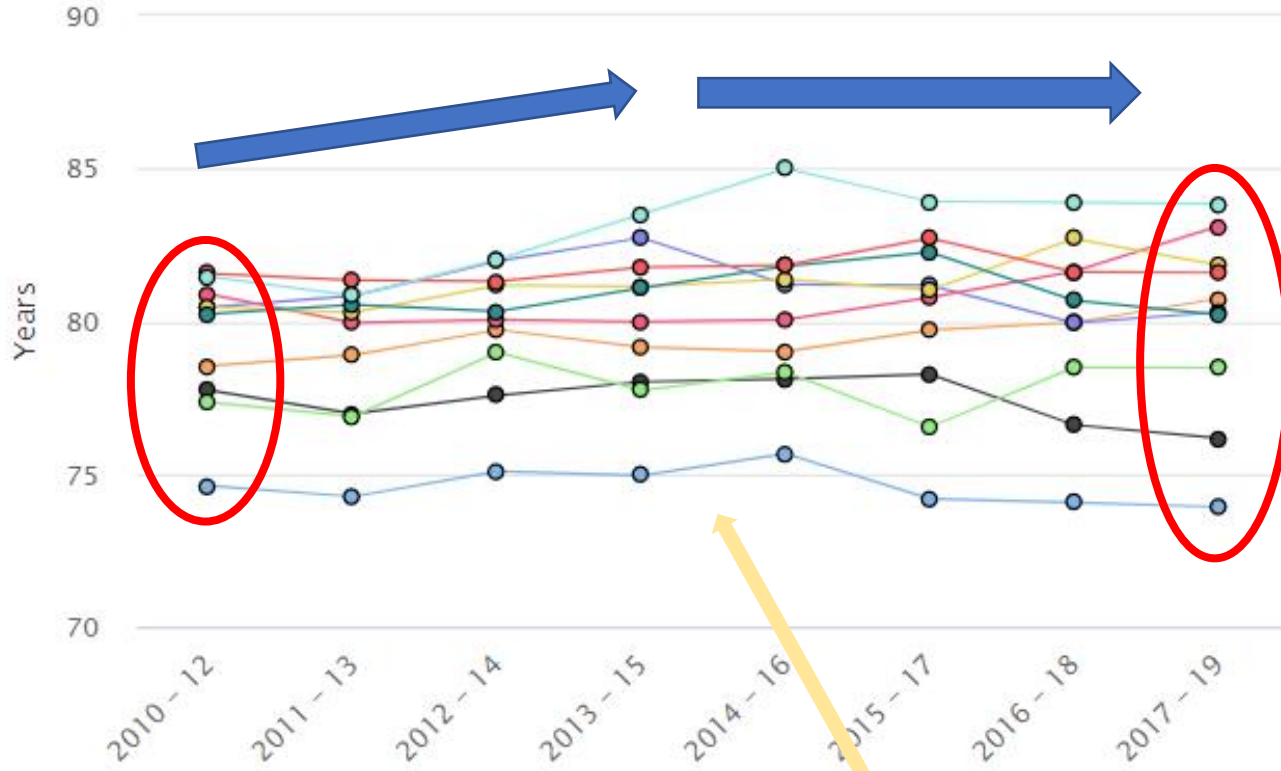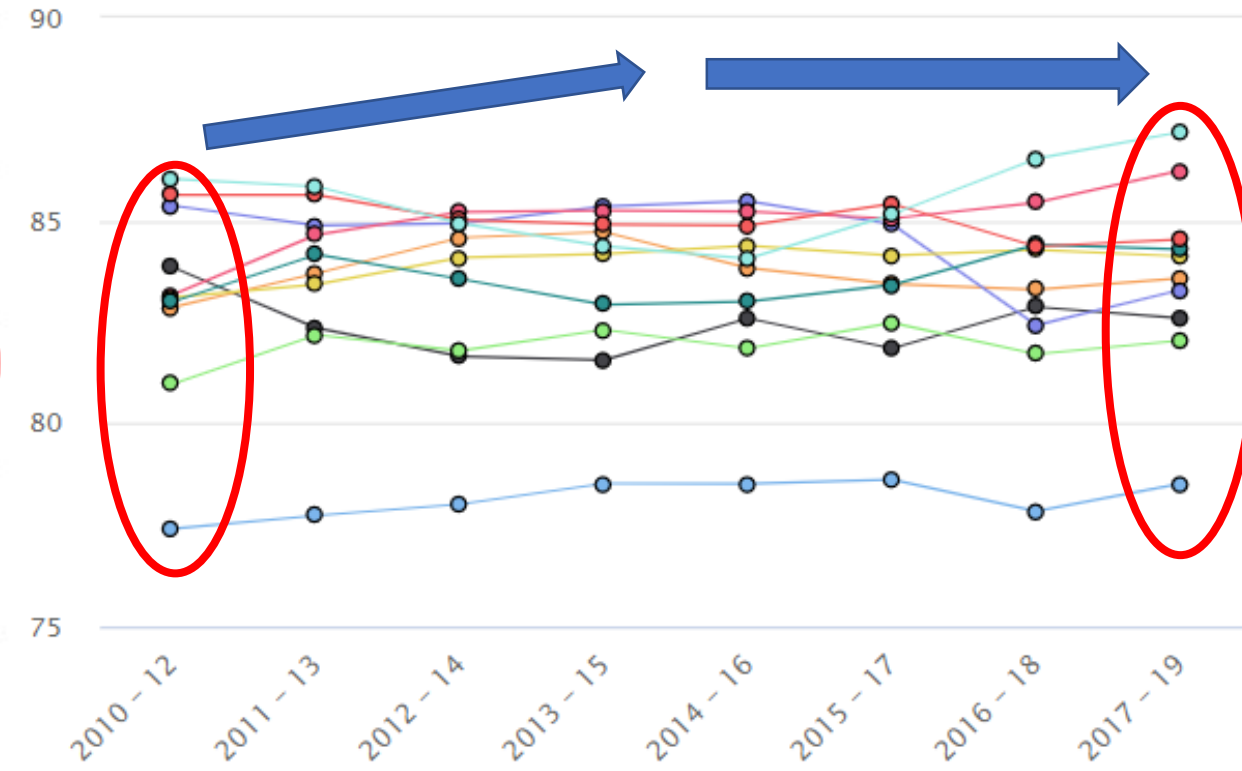
Legend:
- Most deprived decile
- Second most deprived decile
- Third more deprived decile
- Fourth more deprived decile
- Fifth more deprived decile
- Fifth less deprived decile
- Fourth less deprived decile
- Third less deprived decile
- Second least deprived decile
- Least deprived decile

'We are seeing an increased numbers of women with perinatal mental health issues. Low mood and anxiety can impact on a parent's ability to be emotionally attuned and available to their infants which is fundamental to secure attachments and healthy brain development'

Healthy Child Service

'increased isolation, caring longer hours, shielding with the vulnerable / extremely vulnerable "cared-for" during the pandemic, impact on carers breaks/respite….'

York Carers Centre

'People are struggling with poverty and lack of access to digital. This includes insufficient monies to pay for broadband and smart phones and/or inability to use technology for communication'

York Mind

'People with multiple complex needsp live in higher states of deprivation were (and are) exposing themselves to COVID-19, and with existing poor health this puts them at increase risk… anecdotally there has been an increase in those people accessing the service stating mental health concerns'

Changing Lives

'Limited social contact intensifying the feelings of isolation and loneliness … reduced direct access to medical staff on non covid issues'

York Older People's Assembly

'…a steep rise in the already high poor mental health of these communities. Within the space of a few months, in Yorkshire alone we saw 6 community members, including 2 teenage girls, die from suicide. we also had many attempted that we lost count of'

York Traveller's Trust

C Attributable risks

Physiological risks:
High blood pressure
High cholesterol
Chronic stress hormones
Anxiety / depression

B Causes

Behavioural risks:
Smoking
Poor diet
Lack of activity
Substance abuse

A Causes of the causes

Psycho-social risks:
Isolation
Lack of social support
Poor social networks
Low self-esteem
High self-blame
Low perceived power
Loss of meaning/purpose of life

Risk conditions: e.g.
Poverty
Low social status
Poor education
Attainment
Unemployment
Dangerous environments
Discrimination
Steep power heirachy
Gaps/weaknesses in
services and support

Wellbeing and health
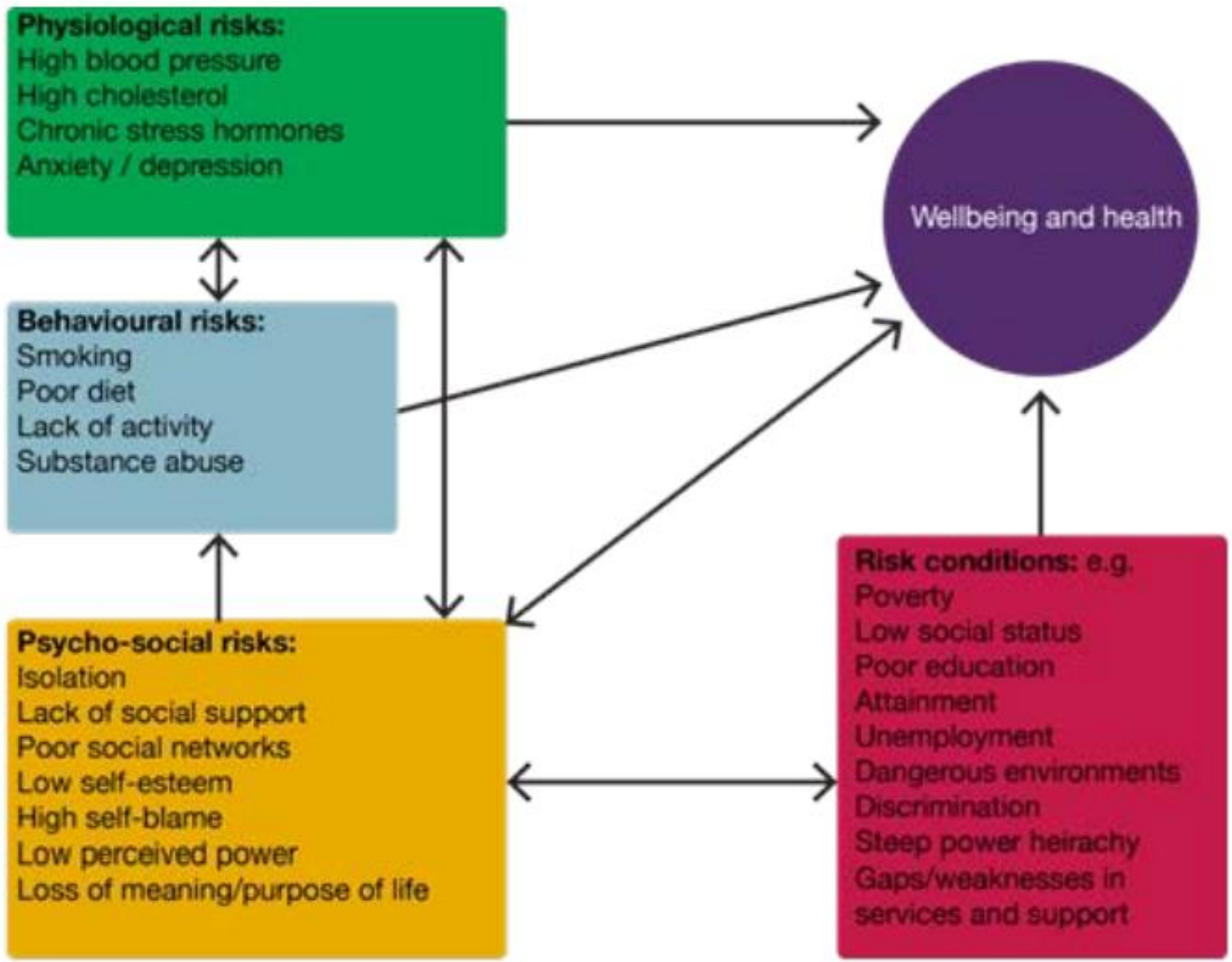
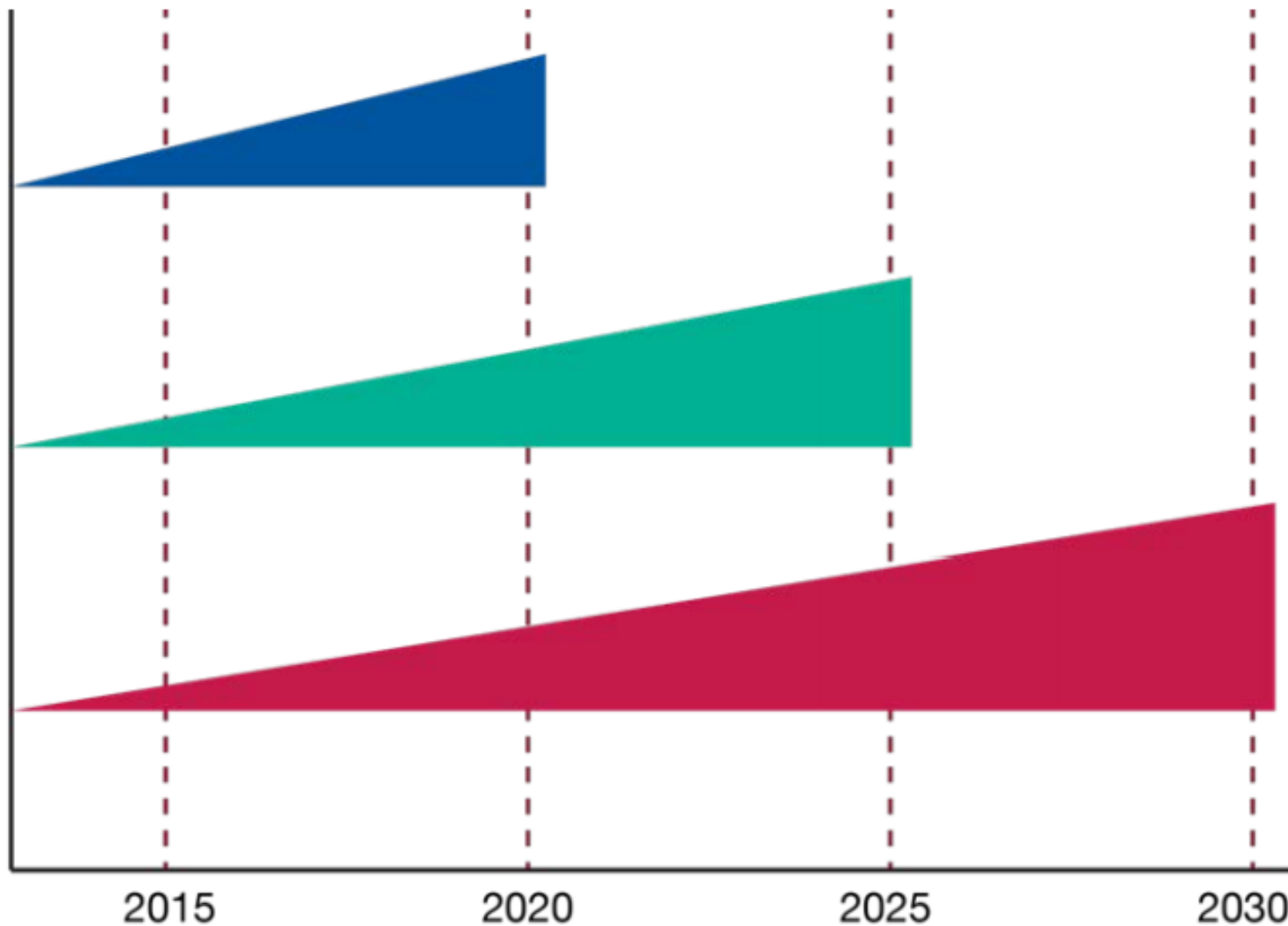Substantial impact in 3-5 years: manage hypertension: CHD; diabetes; cancer

C

Substantial impact 8-10 years: tobacco; alcohol harm; obesity management

B

Substantial impact in 12-15 years: work and skills: reduce poverty: housing

A

2015   2020   2025   2030

From the HWBB workshop:

What gap or challenge troubles you most?

- Alcohol support
- Mental Health (surge in demand for services; eating disorders in children; complex mental health cases; presentation in secondary care)
- Delayed diagnosis for cancer
- Access to dental care in children and appointment availability during lockdown
- Carer support throughout the pandemic
- Health of the traveller community
- LGBT health
- Ethnicity and health (the links have become clearer during the pandemic)
- Poverty/extreme poverty
- Fragile state of health services
- Smoking in pregnancy
- Life expectancy for those with a learning disability
- Increased speech and language problems in children and young people
- Insecurity in housing tenure

How do we use our assets better to reduce inequalities?

- Increase capacity within the social prescribing service
- Make better use of group counselling
- Consider establishing a poverty truth commission
- Increase co-production going through one cohort at a time (e.g. diabetes)
- Target health checks, stop smoking services
- Increase understanding of what and where our assets are and what capacity they have

How do we protect the next generation from the impact of COVID and the effects of inequality?

- A 20 year vision to reduce health inequalities within the city
- Reducing/eradicating smoking in pregnancy
- Co-location of services
- Improved and increased support for parents
- Enable a healthy food environment
- Assertive outreach
- By further understanding the impact of Covid-19 on CYP and families and provide them with appropriate support

HEALTH EQUITY IN ENGLAND:
THE MARMOT REVIEW 10 YEARS ON

INSTITUTE of
HEALTH EQUITY
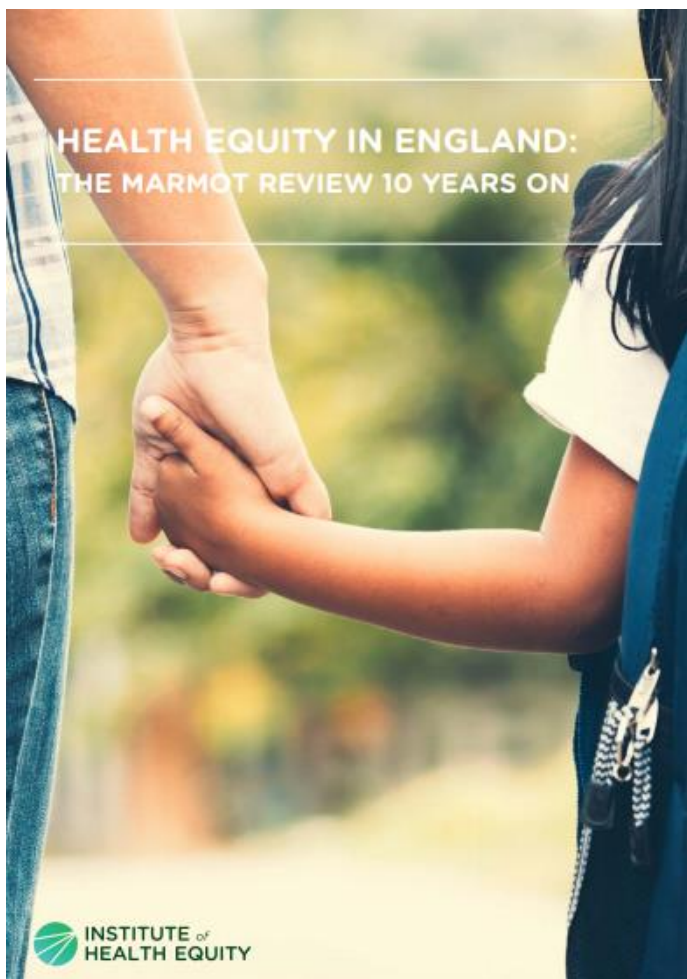
Marmot Framework

1. Give every child the best start in life

2. Enable all children, young people and adults to maximise their capabilities and have control over their lives

3. Create fair employment and good work for all

4. Ensure a healthy standard of living for all

5. Create and develop healthy and sustainable places and communities

For the board to consider

- What immediate actions there might be against the areas of inequalities identified

- How to build on the Marmot Framework

- How the HWBB best leads strategically on inequalities