

The Impact of Covid-19 on Health Inequalities

Summary

1. 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
2. This report summarises the information they received at the workshop and their ensuing discussions. It asks HWBB to identify the actions and/or work streams that they would like to see taken forward.

Background

3. Health inequalities are avoidable and systematic differences in health between different groups; e.g. income or ethnicity. York's [Joint strategic Needs Assessment](#) (JSNA) sets out the multiple dimensions of inequality in York.
4. HWBB received information at their workshop focused around inequality and this is summarised below:
 - **Life expectancy inequalities:** within York life expectancy varies by area across the city up to 6 years for males and 8 years for females and over the last decade we have only seen improvement in life expectancy for more affluent population groups, widening health inequalities
 - **Preventable deaths:** these are deaths which could have been avoided by public health intervention focusing on wider determinants, such as behaviour and lifestyle factors, socioeconomic status and environmental factors. In York there

are three times as many preventable deaths in our most deprived areas than in our least deprived areas

- **Multiple long term conditions:** people living in the more deprived areas of York are more likely to have multiple long term health conditions and are more likely to develop these conditions earlier in life and develop a larger number of conditions
- **Learning disability and health:** life expectancy is 62 years for people with a mild or moderate learning disability in the UK. 40% of premature deaths in this population nationally were avoidable through access to good quality health care
- **Healthy weight:** being overweight or obese shortens life expectancy and increases the risk of chronic ill health. Overall one in three Year 6 pupils in York is overweight. Ward data shows that this ranges from 8% in Copmanthorpe and Bishopthorpe to 20% in Westfield and Hull Road. Black and Asian children are also more likely to experience obesity
- **Smoking:** this is still the most significant factor in chronic ill health. The smoking rates in York are similar to the England average (in York 11.9% of the adult population is a smoker). However, York should not be complacent. Compared with similar cities, York is making slower progress on stop smoking in the priority groups of expectant mothers (10.8% smoke in early pregnancy and 10.4% by the time of delivery) and those in routine and manual jobs (26.9% of this priority group smoke)
- **Alcohol related harm:** York has higher rates of alcohol consumption and alcohol related hospital admissions than the England average and there are marked inequalities in alcohol related hospital admissions; these impact men more than women
- **Mental ill health and physical ill health in adults:** Conditions like anxiety and depression, and muscular skeletal conditions are relatively common, currently, each condition impacts about 1 in 7 York adults. Due to factors like social exclusion and relative deprivation, some groups are particularly likely to have both mental health and MSK conditions, this includes LGBT people, some ethnic minority groups, and people who are unemployed

- **Covid Vaccination:** reflecting national trends, there is variance in uptake of the COVID-19 vaccination, and those from less affluent groups and those from a BAME background showing lower levels of vaccination coverage. Work on vaccine inequalities led by Public Health and the CCG aims to bridge these gaps.
5. The board also read a number of testimonies that had been provided by local organisations. These testimonies detailed what health inequalities the people who accessed their services were experiencing and how Covid-19 had impacted these inequalities. These testimonies are at **Annex A** to this report.

Discussion

6. Following on from the information set out above the HWBB acknowledged that both inequality and deprivation were multi-faceted. Inequalities in the city were growing and the impact of Covid-19 on this was gradually becoming clearer.
7. To help focus their discussions at the workshop the board considered the information they had received in the context of three questions. These are set out below along with some of the board's initial thoughts:
- i. 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
- ii. 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 in the areas of the city/or at the groups of the population where they are most needed
 - Increase understanding of what and where our assets are and what capacity they have
- iii. How do we protect the next generation from the impact of COVID and the effects of inequality?
- Intelligent targeting and 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 children, young people and families and by being able to provide them with appropriate support

Next steps

8. Health and Wellbeing Board members are asked to further consider the information and discussions from the workshop, with a particular focus on the testimonies they received from local organisations with a view to identifying 3 or 4 key actions and/or work streams that they would like to see progressed. They are asked to clearly identify what their expectations are in terms of outcomes and indicate timescales and lead officers/groups for progressing these.
9. For each action and/or work stream identified the board are asked to identify a HWBB member to sponsor this and be the accountable person for ensuring that this is progressed. The sponsor will work with the Health and Wellbeing Partnerships Coordinator and any other group identified to ensure that actions and/or work streams are progressed and progress updates are provided to the HWBB and/or the HWBB Chair.
10. In addition to the information received at the workshop it may be helpful for board members to revisit and/or familiarize themselves with the seven indices of deprivation (**Annex B refers**) to enable them to identify where action is most needed.
11. For York, this composite index of deprivation (IMD) including health, income, employment, crime, education, housing and environmental factors shows that we have one small geographical area (within Westfield ward) with a population of 1,647 that is in the 10% most deprived in England, and 6 areas with a combined population of 9,479 within the bottom 20% most deprived in England (IMD 2019), spread through the city in areas such as Clifton, Hull Road and Westfield wards.

Consultation

12. No formal consultation has taken place to prepare this report. However, at their April workshop, the board received a number of testimonies from local organisations that detailed what health inequalities the people who accessed their services were experiencing and how Covid-19 had impacted these inequalities. These testimonies are at **Annex A** to this report.

Options

13. There are no specific options for the Health and Wellbeing Board but they are asked to identify actions and/or work streams which they would like to see progressed.

Implications

14. Health inequalities are increasing within the city and some groups are more impacted than others. Leading partnership work to tackle health inequalities is one of the core functions of the Health and Wellbeing Board, and this involves deep work to understand where, why and how these differences exist and what mechanisms and opportunities exist to reduce them. The Health and Wellbeing workshop was a helpful moment in time to consider what the data and what York stakeholders are telling us on health inequalities, and this public meeting provides a further opportunity to identify actions and commitments partners can take.

Recommendations

15. The Health and Wellbeing Board are asked to
 - Identify three or four actions and/or work streams that they would like to see progressed along with expected outcomes, timescales and lead officers/groups
 - Identify a board sponsor for each of the above identified

Reason: To ensure that work happens to reduce health inequalities within the city

Contact Details

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**Report
Approved**



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Specialist Implications Officer(s)

None

Wards Affected:

All

For further information please contact the author of the report

Background Papers:

None

Annexes

Annex A: Testimonies from local organisations

Annex B: The English Indices of Deprivation 2019

Glossary

BAME – Black, Asian and Minority Ethnic

CCG – Clinical Commissioning Group

HWBB – Health and Wellbeing Board

IMD – Index of Multiple Deprivation

JSNA – Joint Strategic Needs Assessment

LGBT – Lesbian, Gay, Bisexual and Trans

MSK – Musculoskeletal