Appendix: Wider determinants of health; to consider priorities in population health

1. Specific Areas for Consideration

1.1 The wider impacts of Covid on Essex and its implications for wider determinants (section 3)

1.2 Support for local communities around the impacts on material wealth through role as anchors as previously discussed (section 4)

1.3 Securing the best start in life and educational opportunities including work with schools and FE and around apprenticeships (section 5)

1.4 Ensuring a holistic approach to improved mental health with a focus on support around underlying drivers including debt, employment, loneliness, loss and housing (section 6)

1.5 Consideration of lifestyle choices during, and in the aftermath of, Covid, with the impact on issues such as physical activity, diet, drug and alcohol abuse and smoking (section 7).

1.5 With all of the above, consideration that we are likely to suffer a recurrence of Covid with a need for further preventative measures at the end of this calendar year.

2 Context before Coronavirus

2.1 Developments in Public Health and healthcare have had a significant impact on the population's health; people are living longer lives. However, these improvements are beginning to slow and on average over 20% of years lived are expected to be in poor health.[1]

2.2 The risk of developing long term conditions increase as people age; the latest figures for disability free life expectancy are 62 years for women and 63 for men.[2] Long term conditions, such as dementia, are key challenges for population health and in sustaining independence.

2.3 Whilst these issues are risks for the whole population there is a social gradient to life expectancy and people's health is adversely impacted by the place in which they live.[3] There are growing areas of society facing entrenched poverty and deprivation which impact adversely on people's health.

[1] Department of Health and Social Care, *Advancing our health: prevention in the 2020s* (Prevention Green Paper), July 2019
[2] The King's Fund, *What is happening to life expectancy in the UK?*, October 2019
[3] The King's Fund, *What is happening to life expectancy in the UK?*, October 2019

2.4 There is a large and growing gap between the most and least deprived districts in Essex; more than 123,000 people in areas which are amongst England most deprived, which has more than doubled over the last ten years. There is a consistent and marked decline in areas such as Tendring, which is falling faster and further behind the rest of the country.[4]

2.5 The Board are well versed in the importance of wider determinates of health. These include socioeconomic factors including material wealth, education, employment. They are especially important in the early years of life. Social networks are also important. This group account for around 40% of health impacts. Another 30% are driven by lifestyle choices including diet, exercise, tobacco, alcohol and substance misuse. The next 20% relates to access to healthcare and services

3 Coronavirus and health impacts

3.1 COVID-19 is likely to have a profound and long-lasting impact on the health and wellbeing of the people of Essex. The Board have clear existing priorities and strategy with focus on mental health, wider determinates, lifestyles and older people and people with disabilities underlined by and all age approach. It is suggested that these priorities remain apposite, but the range of actions requires under the Board to deliver agreed improvements may need to be revised, and as we move through the different stages of recovery, a greater commitment and oversight by the Board to collectively shape and measure the impact of these actions on health and life expectancy.

3.2 Age is the single biggest risk factor of serious illness from COVID-19, but we know the existing inequalities prevalent before COVID have been amplified.

3.3 COVID-19 deaths disproportionately occur in the elderly, male, and BAME populations. Ethnicity is unlikely to be the sole cause for these deaths. Ethnicity has strong links to the wider determinants of health – employment & the types of work available, quality of housing, and financial security. These socioeconomic factors may have an influence in driving the higher number of BAME deaths

3.4 COVID-19 has had a proportionally higher impact on the countries most deprived areas vs the least deprived. The age-standardised mortality rate of deaths involving COVID-19 in the most deprived areas of England was 55.1 deaths per 100,000 population compared with 25.3 deaths per 100,000 population in the least deprived areas. On average, there are 36.2 deaths involving COVID-19 per 100,000 people in England and Wales.

3.5 As more people become unemployed the economic effects will transmit from vulnerable businesses to vulnerable households and have a further knock-on effect on public services and people's health and wellbeing. Considering the

[4] Essex County Council (Data & Analytics, Research & Insight), *Changes in the Index of Multiple Deprivation for Essex: IMD 2019*, November 2019

most significant structural factors affecting deprivation before COVID-19 was income and employment, the potential for further decline is substantial.[5]

3.6 The coronavirus outbreak has had unprecedented impacts on health and society. The impact on health across the population, and in local systems is complex and not yet fully clear. It is important to note we remain in the grip of the virus and a future scenario with a return to higher levels of infection with rigorous lockdown remains.

3.7. There are a wide number of scenarios around coronavirus in the near future~

1. The disease goes away – there are examples historically in which diseases have gone away for reasons that were unclear. This is highly improbable here. Of note the Antipodes are seeing very little seasonal flu as the prevention measures for coronavirus also stop flu
2. Winter peak – the rate of transmission will be low and stay low (hovering below 1) through summer and early autumn period, before a peak or surge of COVID-19 cases over winter. This is the most likely scenario.
3. Further waves – if there is a second wave travelling around the world, it is more likely to hit the northern hemisphere over the winter months
4. We lose control – this will happen if we release the social distancing measures too fast**.** This could trigger a pandemic wave

It is important the Board note we have **not** been exposed to a pandemic wave. This would happen if the disease had swept through the population attacking 80% of people as initially proposed. This would have led to half a million deaths but rendered survivors immune to subsequent waves.

The likely proportion of people who have had the virus nationally has been between 3 and 15% by region. In Essex the figure would be between 5 and 10% likely increasing from North to South.

3.8 Against this background we need to determine impacts on health and services. The coronavirus will be with us for some time and will inevitably impact widely on health, wellbeing and have wider implications for independence. In the short to medium there will be people who are vulnerable because of their presenting health or social care need, but those who will be at risk from becoming vulnerable because of the impact from COVID 19, this is likely to change over time and the danger is that it will deteriorate. Systems need to understand the sectors, places and people who are most likely to be impacted by the evolving COVID-19 to target resources effectively

3.9 Whilst the future disruptions states from COVID-19 are still unknown, the likelihood is that the pandemic will continue to have a devastating impact on the lives of many. The likely impact on deaths is complex:

a) Increase in deaths as a direct result virus infection in short term which could increase again

[5] https://www.birmingham.ac.uk/news/thebirminghambrief/items/2020/03/contagion-the-economic-and-social-Impacts-of-COVID-19-on-our-region.aspx

b) Increase in deaths in short to medium term through people presenting late to services or not undergoing required interventions.

c) Long term increase in deaths through negative impact of wider determinates of health. These will tend to fall most heavily on already deprived populations.

There may also be a short-term reduction in deaths in frail older people as a result of coronavirus infection having hastened demise in this group.

3.10 Key areas where indirect coronavirus impacts need to be considered include~

- Material wealth and employment
- Best start in life and education
- Mental health and isolation
- Lifestyle choices

4 Material wealth and employment

4.1 This is both the key driver of health and wellbeing and the area most impacted on by coronavirus. It is also clear that those at highest risk of the disease itself including those in deprived communities and from BAME groups are often those most likely to be additionally exposed to increased financial pressure and uncertain employment. This is very difficult to manage and balance and the governments approach to the pace of relaxation of lockdown and its approach to social distance is informed by the need to start to reduce the wider impact on these groups.

4.2 Action in this area is key to improving future health. While many people have been negatively impacted economically, it is clear that those areas with higher levels of exiting deprivation are harder hit. It is also clear that the true impact and course of the economic depression can not yet be estimated and may get considerably worse over the medium term

4.3 The Board will wish to consider how it can ensure progress in this area. Key areas would include strong corporate focus in all public sector bodies in developing their role as Anchor Organisations with focus on~

- Increasing local employment including work with targeted schools and a clear approach to skills, apprenticeships and training
- Local procurement
- Social value in procurement including focus on suppliers in turn commissioning locally and providers support for key vulnerable groups in the workplace.

4.4 The Board will wish to consider its role in this and how we can ensure strong progress

4.5 There is also a need to ensure strong financial support to those who find themselves in increased hardship. This will be in part driven by the voluntary

sector. The board will wish to ensure that there is a wide range of accessible support to local communities.

4.6 This will include ensuring accessible quality advice on debt and finances through organisations such as CAB, role out of the Healthier Wealthier Children approach and enabling development of community initiatives including uniform banks and foodbank and holiday hunger initiatives

4.7 The Board will wish to ensure strong links between member organisations and training partners including Adult Community Learning to develop, with focus on areas of most need, specific projects to improve skills and access to public sector opportunities. The proposed Clacton Health and Care Campus should be a priority.

4.8 The Board will recognise the higher health needs in deprived groups and the need to ensure high quality and appropriate capacity of accessible health and care service are available. This will involve best matching of resources to need with a particular focus on primary care to address any “inverse care law”. This may involve conscious reallocation of resource.

5 Best Start in Life and Education

5.1 Support during pregnancy, new birth and early years has remained generally consistent with pre covid activity thanks to a good service response to covid by the Essex Child and Family Wellbeing Service (ECFWS), working in conjunction with other partners such as the Clinical Commissioning Groups. Antenatal visits, new birth visits and other mandated health visitor checks have remained consistently above target levels, albeit with some of it being undertaken virtually rather than face to face in line with national guidance.

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5.2 Before covid the universal Healthy Child Programme activities undertaken by ECFWS had identified priority groups at risk of not achieving health and wellbeing outcomes and were targeting these. Many of these groups are those at increased risk of covid as referred to in 5.2 above and will continue to be targeted as those in relatively greater need. However, identifying newly created covid need remains a challenge, and requires a co-ordinated approach across agencies in Essex dealing with covid..

5.3 The Education directorate are currently supporting providers whom are responsible for immunisations to access large volumes of children outside of schools as social distancing is making it very difficult to continue the programme within school buildings – there is a likelihood of some children have missed their immunisations including sexual health preventions

5.4 At the start of the lockdown period, approx. 85% of early years and childcare settings closed. This will have led to children’s routines and early learning experiences being disrupted. However, the majority of settings have done a

good job at keeping in touch with their families even when they were closed and supporting parents to continue with their children's early learning in the home environment. Some children of critical workers have needed to access a new setting to enable their parents to work, due to their usual setting closing and remaining closed. Most have made this adjustment well, but this has been very stressful for some children despite the childcare practitioners' best endeavours to make the transition as easy as possible.

5.5 It is highly likely that a number of the Essex Early Years and Childcare settings will either not re-open after covid 19, or will quickly become financially unviable and will close. This may lead to a shortage of early learning places for the under 5s and before, after and school holiday childcare in the coming months, which could also impact on parents ability to work

5.6 Proportionate universalism, whereby everyone gets some support, but those in greater need get greater support must continue. This is because a universal service, such as the Essex Child and family Wellbeing Service as the "first line response" It is imperative that front line practitioners continue to be responsive to need through universal service delivery as a safety net by which to identify those in the population who were not vulnerable pre covid but have become so. It will also be important to anticipate and predict where those with greater need are – it is anticipated that this cohort will grow due to redundancies ext. Some significant work going on in the JAMs world to understand this and to make sure holiday provision are in place during the summer holidays

5.7 Two different types of information to define need must be co-ordinated going forward – firstly information on new presenting need from front line practitioners, particularly where that new need is amongst groups not normally defined as vulnerable, and secondly information from desk top research on groups known to be vulnerable for whom need is likely exacerbated through covid. This applies across the whole Essex population, but is particularly important in terms of early intervention and prevention of problems for children and families starting out in life. Our school partnership network is important with this – as schools will already know who these children and young people are and supporting schools to support these children could mean we are in there before these children become known to frontline services

5.8 Schools have implemented a hierarchy of protective measures but the risk cannot be entirely mitigated. They have the support and advice from the ECC and Public Health teams to prevent/ contain any outbreaks within schools. 2 schools in Essex are also taking part in the national study into the prevalence of covid within primary schools, which should provide some insight into the role of children/schools in the transmission of the virus.

5.9 An implication of school closure has been a reduction in quality and access to healthy meals . The Free School Meals voucher scheme assisted with access to funds but supermarket vouchers may not necessarily have been spent on healthy food (or any food!). The Free Fruit and Veg scheme also ceased over the covid response period and there is no news on this for the Autumn term. These factors, along with a majority of children being out of school and not

necessarily being active could contribute to a rise in childhood obesity. The Free School Meal voucher scheme has now been extended to cover the summer holiday and Active Essex are planning to run summer programmes.

5.10 The impact of school closures is going to be a major issue going forward. We are currently canvassing schools to understand what their approach is going to be to make sure children 'catch up'. We already know that those disadvantage children would not have had access to technology to access the full curriculum on offer. The government provided us with some laptops that had now been distributed to children in schools. However the Further Education providers made it clear are young people in FE colleges which would not have qualified for this scheme and therefore still do not have the means to access the curriculum on offer. We also know young people in colleges will be adversely affected by not having access to the work market and therefore this could lead to the increase in our NEET numbers with all the added complications this entails. Additionally children in groups where parents less value education are less likely to have been encouraged and supported around home schooling with likely widening of inequality of opportunity.

5.11 It is also worth noting those children who are in our alternative provision – they are already disadvantaged by not being on a full time timetable and in this time having to find provision which meets their individual needs will become increasingly difficult – although we have systems in place to check these children and young people are safe their access to education might have been seriously compromised

5.12 This year's curriculum has been impacted and so some schools may have struggled to do certain subjects remotely, such as sexual health, which may have increased risk of teenage pregnancy and also reduced access to pastoral support around this issue. Schools were due to implement a new Relationships, Sex and Health Education (RSHE) curriculum from Sept but have now been given flexibility about how and when they do this which may have a further impact, particularly when combined with School Nurse drop ins being less available during school closures, even though School Nurses have continued with virtual support.

5.13 Emotional Wellbeing as a result of covid is a significant concern for schools. The ECC education team have provided a lot of support, training and guidance to schools about MH and wellbeing through the 'Let's Talk Recovery' package. There may also be an element of developmental delay caused by a significant period of time out of school and away from peers and teachers, with an associated knock on impact to the statutory SEND system if more CYP are identified with moderate learning needs. This is a current focus of the SEND improvement work following the recent Ofsted inspection

We are also worried about the emotional wellbeing of the teachers and head teachers. The education workforce have been dealing with the trauma of the children and their communities whilst trying to put things in place to ensure children are safe and provision continue – Education workforce fatigue (also emotionally) should be considered when thinking of the impact of Covid 19

5.14 Children and young people may have missed their usual therapeutic provision,
speech and language therapy, OT and physiotherapy. Knock on impact of this is not yet known. This is a focus of the Reasonable Endeavours work. There may also have been a reduction in children/ young people accessing A&E which could have a knock on impact if families were fearful of accessing A&E because of the perceived risk of COVID19 and as such have missed opportunities to access necessary health care. Messages have been promoted through the children and young people system on the importance of continuing to access the health care they need when they need to .

5.15 It is worth considering what comprehensive support can continue to be in place to support schools through this – it is mentioned elsewhere that some schools are involved in research and the education and public health team are supporting schools now. This may have to be in place for a long time to come – the interpretation and localising of national policy takes most of the education teams time – supporting head teachers to think things through and providing supportive challenge to those who are not able to provide the provision has become the day job of our teams. Children with SEND needs are not going away either and the ECC SEND teams still have statutory requirements and timescales to adhere to – if the partnership (Health and Social Care) are not able to support these SEND teams need to meet statutory requirements then the inspection due in less than 18 months will be less good

6 Mental health and isolation

6.1 Academic research from previous emergencies suggests that the height of demand for mental health support occurs after the immediate crisis abates, with some evidence suggesting that this peak can be anticipated in between 2- and 36-months' time.

The root cause in many cases will be loss; of routine, employment, financial stability, relationships (including within the family home), loved ones and as a result of prolonged isolation, opportunity. Many of those suffering will not previously required support

There will also be a cumulative effect on people with pre-existing conditions, as recovery and support will have been unsettled, causing further trauma to those who are already vulnerable.

6.2 Specialist mental health services will face these challenges with a workforce physically and psychologically drained from working through the peak of the pandemic.

6.3 However, the Covid-19 emergency has served to further highlight some of the assets and opportunities that might be mobilised as part of solution(s) to these issues. Amongst these are:

- The utilisation of community volunteers and neighbourhood-based support offers
- The use of technology for efficient remote working
- The focus of partners and providers on strong collaboration to achieve common goals, including through links to the Humanitarian Assistance Plan and associated structures.
- The ability of non-specialists to support with root-cause issues which may cause mental ill-health or emotional distress (debt, subsistence, housing).
- Routes and channels for strong population self-care messaging

6.4 There will need to be systems in place to offer support to people with mental health issues who would not historically contacted services as well as practical support and advice to help with underlying precipitating factors eg debt support.

6.5 Helping people with mental health issues to remain at work is a key element of the new Service as well as helping people back to work. This work will be especially critical

6.6 The Board is asked to note the proposal to extend the Covid-19 Mental Health & Wellbeing Forum arrangements to encompass a wider remit on prevention and wider determinants of mental health with this extended part to be chaired by the Director of Public Health.

7 Lifestyle choices

7.1 It is hard as yet to understand the implications of coronavirus and lockdown on people's lifestyle choices and impacts may be inconsistent.

7.2 In some instances working from home or furlough has enabled people more time to undertake physical activity and indeed exercise has been encouraged. The data from the State of Life and the Sport England suggests that while those in more affluent areas have been more physically active, deprived communities have struggled to maintain previous levels and have not benefit in to the same extent. It seems that positive action in this area has been more common in less deprived groups. It is not clear the impact of leisure centre and gym closures as some users would have been motivated to seek alternatives. Walking, running and cycling have all increased as a result.

7.3 In other cases restrictions and closures have reduced physical activity eg mother who would walk children to nursery or school. Similarly it is likely many children will not have benefitted from either recommended level of exercise through schools nor specific initiatives such as the daily mile.

7.4 Active Essex have worked to support a range of activities to encourage physical activity in lockdown. This has supported the national focus in this area, via

Sport England and statements from the CMO around importance of physical activity. There has been a strong focus on behaviour change in this messaging that can be built upon and grown, locally in Essex.

LDP Pilot early learnings show the impact of behaviour change, social movements and the benefits of online communities/ Covid facebook group as an example. Programmes and initiatives will need to be locally targeted, working with communities, adopting proportionate universalism principals. Asset Based Community Development is are proving effective during Covid response and can be upscaled. The Board is asked to support this as a priority. More on line activity (eg - Joe Wickes Body coach and Keeping Essex Active Youtube channel) will be appropriate in future with more flexible and home working. The future of the traditional health and fitness sector is uncertain currently. Active Essex colleagues are supporting this reset/ reopening with Sport England. We will need to step up initiatives such as the Daily Mile when schools return although school priorities may have changed.

7.5 It is possible that people may have been eating more in lockdown and there will have been less opportunity for mutual weight loss support as well as less direct Tier 2 opportunities. We will need to assess the likely impact, certainly our activity in supporting weight loss has declined considerably. Additionally the lifestyle service availability has reduced and this, together with fewer face to face and lifestyle focussed GP consultations has impacted on efforts to increase Primary care referrals to the service who are overweight and erefore at risk of diabetes

7.6 ECC PH will need to step up community weight loss services now that community halls have opened and strengthen on line offer. Diabetes prevention will be considered by the Board at the next meeting as part of a wider approach to diabetes.

7.7 The impact of Coronavirus and lockdown on alcohol use is not yet clear. Services moved on line effectively for those misusing substances but anecdote suggests an increase in referrals to services around alcohol misuse. It may be necessary to increase service capacity should need have increased. Once lockdown is relaxed drug markets will free up, availability will “improve” and people will party. We could see a spike in both Drug Related Deaths and occasional/problematic use.

7.8 While demand for smoking cessation services have declined hugely during the pandemic, smoking prevalence remains on a downward trajectory overall and the impact cessation services to overall performance is not clear. There may have been some difficulty in nicotine users accessing vape products as high street vape shops closed but the impact of this on tobacco use is not clear. It is not likely any specific additional focus will be required in this area.
Smoking cessation support in Essex moved to on line and telephone support since the end of March. It experienced an increase in self referrals during April no doubt due to concerns around respiratory issues. It would appear that whilst some people are using the pandemic as an opportunity to focus on their health

and quit habits like smoking, however there are undoubtedly some who have turned to smoking in order to cope. YouGov's COVID-19 tracker suggests 2.2 million people across the UK are smoking more than they were before lockdown.

By maintaining on line and telephone support clinics we can sustain capacity and are using social media campaigns such as #quitforcovid to emphasis the benefits of quitting particularly at this time. Consideration should also be given to the effects of COVID on those who suffer with mental ill health given they are much more likely to smoke than the general population

7.9 We are yet unclear as to the effect of Covid -19 social distancing on STI rates. Whilst the opportunity for close contact was reduced, so was the opportunity for those that were infected to be tested and treated. Many Essex residents attend large London hospitals for STi screening whilst working in London and we await both attendance and STI data from PHE.

The COVID pandemic necessitated a reprioritising of clinical delivery with a refocused response on critical services. Many sexual health services across the country stopped or significantly reduced. The Essex Sexual Health Service rapidly adapted its centralised access, electronic records and telephone triage process to maintain and expand all online services, adapt to safer medicine collection systems and provide direct contact for those who required it

Triage will be enhanced through virtual consultation and assessment, resulting in a far greater focus on clinical need before any direct contact, did not attend rates (Historically poor in sexual health) will be improved and therefore service efficiency We are also exploring a range of remote imaging and diagnostic software and systems to support the development of further virtual work