



Equity Impact of COVID-19 in North East Lincolnshire

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1.0 Introduction

COVID-19 is a public health crisis and has highlighted and exacerbated **existing inequalities** and the gap is widening on a daily basis. The COVID-19 pandemic has fundamentally **changed our world and has affected** every child, adult, family and community in England.

- Previous studies have shown that **natural disasters widen inequalities** for people with chronic diseases or those who are more vulnerable, and **COVID-19 pandemic is no exception**.
- Many analyses have shown that COVID-19 **does not** affect all population groups equally. They have shown that older age, ethnicity, male sex, socioeconomic status and geographical area, for example, are associated with the risk of getting the infection, experiencing more severe symptoms and higher rates of death and **new evidence** is emerging daily about the nature and extent of this impact.
- The pandemic has also put the **severest pressure** on the National Health Service (NHS), social care and public health services.
- It has touched upon **every aspect** of our lives some of which are: the way we work, our enjoyment of sport and the arts, our leisure activities and holidays, and our family and relationships. Crucial action to control the pandemic has had a catastrophic consequence for our economy and jobs that will be with us for years to come.

References:

Building Back Health and Prosperity: Report of the Health Devolution Commission (2020)

https://healthdevolution.org.uk/wp-content/uploads/2020/08/DEVO-Report-of-the-Health-Devolution-Commission-Final.pdf?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=11747858_NEWSL_HMP%202020-08-18&dm_i=21A8,6ZSPE,FLWQCU,S6S7W,1

PHE (2020): Beyond the Data: Understanding the Impact of COVID-19 on BAME Communities

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf

1.1 Aim

- Health inequalities **already existed** in North East Lincolnshire(NEL) **before** the outbreak of COVID-19. NEL had some of the **poorest health outcomes** in the England due to **deprivation**. The impact of COVID-19 has therefore shone a light on **inequalities** in terms of poor outcomes in relation to deprivation.
- This report aims to provide **national and local data/information** on health inequalities in relation to the outbreak of COVID-19.

References:

PHE (2020) Beyond the Data: **Understanding the Impact of COVID-19 on BAME Communities**

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf

1.2 Health Inequalities

- Health inequalities are the **preventable differences in health status between groups, populations or individuals**, that are due to unequal distribution of social, environmental and economic conditions within societies.
- Health inequalities **determine the risk** of people getting ill, their **ability to prevent** sickness, or **opportunities to take action and access treatment** when ill health occurs.
- There are **several dimensions** of health inequalities, and this is illustrated in Figure 1. It is important to **note** that people often fall into **various combinations** of these categories.

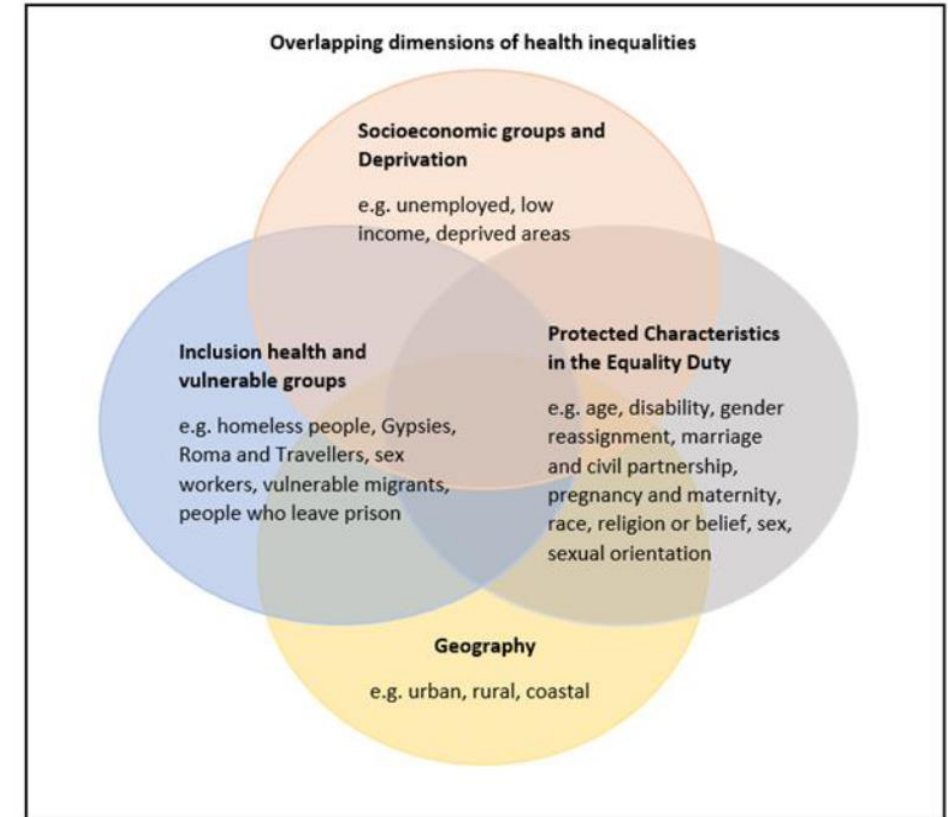


Figure 1

References:

PHE 2020. COVID-19 Suggestions for mitigating the impact on health inequalities at a local level

<https://www.local.gov.uk/sites/default/files/documents/COVID-19%20Suggestions%20for%20mitigating%20the%20impact%20on%20health%20inequalities%20at%20a%20local%20level%20%282%29.pdf>

1.3 Mortality, Age & Gender

Emerging evidence has shown that **nationally**:

- As of **26th April 2021**, a total of **127,428** people have died from COVID-19 infection in the UK (within 28 days of a positive test).
- The average daily numbers of COVID-19 deaths reported in the UK **first peaked during 08/04-14/04/2020 at 938 deaths per day on average**, and then decreased each week until the end of August 2020 before increasing from mid-September until late January 2021.
- Latest figures for **March 2021** shows that for the **first time in 4 months, COVID-19 was not the leading cause of death in England and Wales**. Data from ONS showed that COVID was the **third leading cause of death** in England in that month, accounting for 9.2% of all fatalities registered in England, and 6.3% in Wales.
- Compared to all cause mortality in previous years, deaths from COVID-19 have a **slightly older age** distribution, particularly for **males**.
- Among people with a positive test, when compared with those under 40, **those who were 80 or older were seventy times more likely to die**.
- The above are the **largest disparities** that have been found and they are consistent with what has been previously reported in the UK.
- These disparities exist **after taking** ethnicity, deprivation and region into account, however, they **do not account** for the effect of comorbidities or occupation, which may explain some of the differences.
- **Working age males** diagnosed with COVID-19 were **twice** as likely to die as females.

References:

PHE (2020). Disparities in the risk and outcomes of COVID-19

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892085/disparities_review.pdf

ONS : Monthly Mortality Analysis: March 2021 <https://www.ons.gov.uk/releases/monthlymortalityanalysismarch2020>

Mortality, Age & Gender - Local Picture

- NEL had a much **smaller** proportion of deaths associated with COVID-19 than other parts of the country in the **first wave** of the pandemic (**wave 1**).
- However, numbers **increased** dramatically with the **second wave (wave 2)** which impacted on all parts of the country **since October 2020**.
- In **wave 1**, a total of 49 deaths were registered in NEL with COVID-19 identified as a cause of death*, **36 of these were NEL residents** and 13 were residents of other local authorities.
- As of 26th April 2021, a total of **353** deaths have been registered in NEL with COVID-19 identified as a cause of death:
 - **274 are NEL residents** and
 - **79 are residents of other local authorities**.
- The **highest number of deaths** occurred in **November 2020** when 119 deaths were registered with COVID-19.
- In NEL, there were **no COVID-19 deaths registered in children**.
- Of the total registered deaths in NEL (**waves 1 and 2**),
 - 22 (6.3%) deaths were of people aged under 60 years,
 - 104 (29.4%) deaths were of people aged between 60 and 79 years and the majority
 - 227 (64.3%) of deaths were of people aged over 80 years.
- **A higher number of males** (160, 58.4%) have also died from COVID-19 in NEL **compared to females** (114, 41.6%)
- As with the national picture, the above shows that **age and infirmity** are the factors **overwhelmingly** associated with elevated mortality in our area.

*within 28 days of positive test

References:

PHE (2020). Disparities in the risk and outcomes of COVID-19

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892085/disparities_review.pdf

1.4 Ethnicity (Mortality)

The emerging evidence suggests **excess mortality due to COVID-19 in Black, Asian and Minority Ethnic (BAME) populations**. Individuals of Black African or Black Caribbean and Asian ethnic groups may have the highest increased risk.

- ONS statistics shows that BAME groups are **4 times** more likely to die of COVID-19.
- Death rates from COVID-19 **were higher for Black and Asian ethnic groups** when compared to **White ethnic groups**. This is the opposite of what is seen in previous years, when the **all-cause mortality rates are lower** in Asian and Black ethnic groups.
- According to a King's Fund study, **people from ethnic minority backgrounds constitute 14 per cent** of the population but, account for **34 per cent** of critically ill COVID-19 patients and a **similar percentage** of all COVID-19 cases. These patterns **are not unique** to the UK – in Chicago, black people constitute **30 per cent** of the population but account for **72 per cent** of deaths from the virus.
- Another analysis (HSJ) of **119 NHS staff** known to have died in the pandemic, **64 per cent** were from an ethnic minority background (only 20 per cent of NHS staff are from an ethnic minority background).

References:

The King's Fund (April 2020) Ethnic Minority deaths and COVID-19: what are we to do?

<https://www.kingsfund.org.uk/blog/2020/04/ethnic-minority-deaths-COVID-19>

Health Service Journal (2020). Exclusive: deaths of NHS staff from COVID-19 analysed

<https://www.hsj.co.uk/exclusive-deaths-of-nhs-staff-from-COVID-19-analysed/7027471.article>

Local Impact

- North East Lincolnshire has a very small population of **Black, Asian and Minority Ethnic** populations – 2.6% (2011 Census).
- Also, BAME represent a very small proportion of the over 75 population and a **much higher proportion** of younger people (the under 70s).
- Ethnicity is **not recorded** on the death certificate as a result local analysis undertaken used “**place of birth**” as proxy for ethnicity.
- Of the **34 COVID-19 deaths in the under 70s, three (8.8%)** of these occurred in people **who were not British born**.
- The rate above indicates that NEL had a **higher than expected** number of BAME deaths; this is in line with national findings.

Ethnicity: Black, Asian and Minority Ethnic (BAME) Group

Evidence shows that:

- **both ethnicity and income inequality are independently associated** with COVID-19 mortality.
- **Historic racism and poorer experiences** of healthcare or at work may mean that individuals in **BAME groups are less likely to seek care when needed.**
- Faith provides an **important** foundation for communities' resilience through recovery and bereavement and **in BAME communities faith plays a central role.**
- COVID -19 had **significantly affected** not only communities' ability to recognise their religious practices but also **to grieve for loved ones.**

Several studies have also reported that COVID-19 **did not create health inequalities**, but that rather the pandemic **exposed and exacerbated longstanding inequalities affecting BAME groups in the UK.**

References:

PHE (2020). Beyond the Data: Understanding the Impact of COVID-19 on BAME Communities

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf

1.5 COVID-19 Infection Rate

- The **second wave** of the COVID-19 pandemic has impacted on all parts of the country since October 2020.
- The situation has been further complicated by the emergence of a variant (**UK Kent variant**) which is believed to be more contagious and has spread throughout the country and beyond since December.
- As of **26th April 2021**, there are 4,404,882 cases in the UK, of which 3,848,742 are in England, and 391,920 are in the Yorkshire and the Humber region.
- The average daily number of confirmed cases at this period is 2,438 cases per day on average, a small decrease of 4.6% on the previous week. This was the **fifteenth decrease, following five successive weekly increases**.
- The number of **new cases per week** is now much reduced in all parts of the country and the second wave is almost resolved.

References:

Morciano, M., Stokes, J., Kontopantelis, E. *et al.* Excess mortality for care home residents during the first 23 weeks of the COVID-19 pandemic in England: a national cohort study. *BMC Med* 19, 71 (2021). <https://doi.org/10.1186/s12916-021-01945-2>

Evidence shows that in 179 UK care homes:

- **Lower** infection rates were found in **small homes** with **high** staff-to-resident ratios and **low** bed occupancy rates.
- **Large care homes** experienced **higher** rates of infection
- In the **Lothian region of Scotland**, excess deaths were concentrated in a minority of care homes with an outbreak.

COVID-19 Infection Rate – Local Picture

- COVID-19 infection rate for NEL was one of the **lowest** in England in the **first wave** of the pandemic but this later changed with the **second initially hitting harder** than the first. The second wave started in September 2020.
- The **peak infection rate** in NEL was in **late October/early November** with NEL having a rate at **648.6/100,000 population**. At this point, NEL had the **highest rate** in the Yorkshire and Humber region and was the **second highest** in the country.
- The borough along with other Humber authorities, all of South Yorkshire and Lincolnshire county **was moved into the very high risk (Tier 3) category** that the Government introduced to determine restrictions associated with COVID-19 infection rates following the lifting of the second national lockdown on 2nd December and **NEL remained in this tier following reviews on 16th and 30th December 2020**.
- Tier 4 restrictions were introduced to parts of the country on December 20th **following the increase in infection rates in the south east of England**. This introduced restrictions similar to the November national lockdown including the closure of non-essential shops.
- However, by 1st March, 2021, the infection rate in NEL again **rose above the national average** and by **15th March, 2021**, NEL had the **third highest infection rate in England** (after Hull and Barnsley) **following falls** in other parts of the country.
- This increase was associated with **significant and ongoing outbreaks in settings** such as health and social care sector; factories and supermarkets (staff); and an **increase** in infection rates in school age children following the **introduction** of testing for all secondary school pupils and staff.
- COVID rates **fell significantly** from the end of March and the **second wave was considered resolved by early May 2021** with rates similar to those experienced in the summer of 2020.

1.6 COVID-19 Vaccination Coverage

Vaccines are one of the most successful health interventions.

- The vaccination programme within the UK has been a huge success. However, emerging data shows **differences in uptake rates between different patient groups** in England, with evidence showing that uptake is lower among **ethnic minority patients and deprived communities**.
- Data show historical trend of **lower vaccine uptake** in areas with a **higher proportion** of ethnic minority groups in England.
- Data from an NHS trust also shows lower COVID-19 vaccination rates among **ethnic minority healthcare workers**.

- Preliminary results from a large UK surveillance study indicate that:
 - **infections of COVID-19 fell by 65% after a first dose** of the Oxford-AstraZeneca or Pfizer-BioNTech vaccines
 - reductions **increased to 70% after a second dose** of the Pfizer vaccine
 - **not enough people** had yet received two doses of the AstraZeneca vaccine to assess this.
- PHE analysis suggests the UK COVID-19 vaccination programme has so far **prevented thousands of deaths in those aged 60 and above**.
- PHE estimates that around **10,400** deaths were prevented to the end of March (2021) – 9,100 in those aged 80 and over, 1,200 in those aged 70 to 79 and 100 in those aged 60 to 69.

References:

Public Health England. Seasonal influenza vaccine uptake in children of primary school age. PHE, 2000-20.

COVID-19 vaccine hesitancy among ethnic minority groups *BMJ* 2021; 372 doi: <https://doi.org/10.1136/bmj.n513> (Published 26 February 2021)

Pritchard E, Matthews PC, Stoesser N, Eyre DW, Gethings O. Impact of vaccination on SARS-CoV-2 cases in the community: a population-based study using the UK's COVID-19 Infection Survey. <https://www.ndm.ox.ac.uk/COVID-19/COVID-19-infection-survey/results/longer-articles/vaccine-effectiveness>.

COVID-19: NHS England pledges extra funding to local areas to reduce vaccine inequalities *BMJ* 2021; 372 doi: <https://doi.org/10.1136/bmj.n580> (Published 26 February 2021)

Public Health England. Impact of COVID-19 vaccines on mortality in England December 2020 to March 2021.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/977249/PHE_COVID-19_vaccine_impact_on_mortality_March.pdf

COVID-19 Vaccination Coverage - Local Picture

The huge success of the COVID-19 vaccination programme in the UK is also **reflected locally** with vaccination rates at around **95%** for the population aged over 70.

- Percentages remain **relatively high** as the rollout continues down the lower age cohorts, although these are still in the process of being invited.

Data on vaccination coverage as of **12th April 2021** shows that:

- Overall, **92.0% of the 50+ NEL CCG population** have been vaccinated (**1st dose**).
- 92.3%** of those Clinically Extremely Vulnerable (**CEV**) and **83.3% at risk** from COVID-19 have also received the **first dose**.
- In care homes, **92.9% of residents, 85.6% of staff and 46.2% of agency staff** have now received the first dose of the vaccine.

- Data shows that in NEL, vaccination rates are around **10% lower between the most deprived areas and the most affluent areas** within the most complete cohorts (those 65 years and over).
- Ethnicity data** also shows that the BAME community in NEL has significantly **lower uptake** than the White British group.
- For the **65+ and 16-64 at risk populations the uptake in men is significantly lower than in women**.
- However, in the **Clinically Extremely Vulnerable group the uptake in women is significantly higher than in men**.

References:

Public Health England. Seasonal influenza vaccine uptake in children of primary school age. PHE, 2000-20.

COVID-19 vaccine hesitancy among ethnic minority groups *BMJ* 2021; 372 doi: <https://doi.org/10.1136/bmj.n513> (Published 26 February 2021)

Pritchard E, Matthews PC, Stoesser N, Eyre DW, Gethings O. Impact of vaccination on SARS-CoV-2 cases in the community: a population-based study using the UK's COVID-19 Infection Survey. <https://www.ndm.ox.ac.uk/COVID-19/COVID-19-infection-survey/results/longer-articles/vaccine-effectiveness>.

COVID-19: NHS England pledges extra funding to local areas to reduce vaccine inequalities *BMJ* 2021; 372 doi: <https://doi.org/10.1136/bmj.n580> (Published 26 February 2021)

Public Health England. Impact of COVID-19 vaccines on mortality in England December 2020 to March 2021.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/977249/PHE_COVID-19_vaccine_impact_on_mortality_March.pdf

1.7 Deprivation (1)

Evidence shows that in England:

- People facing the **greatest deprivation** are experiencing a **higher risk of exposure to COVID-19** and existing poor health puts them at risk of more **severe outcomes** if they contract the virus.
- The risk of testing positive for COVID-19 is **higher in those living in the more deprived areas** than those living in the least deprived.
- People who **live in deprived areas have higher diagnosis rates and death rates** than those living in less deprived areas.
- The **mortality rates from COVID-19 in the most deprived areas were more than double the least deprived areas**, for both males and females. This is greater than the **inequality** seen in mortality rates in previous years, indicating **greater inequality** in death rates from COVID-19
- The environments in which we live have a **critical role** in determining our health and wellbeing throughout our lives. The evidence base on this is **now extremely strong; residents of poor-quality places and homes are more prone to communicable diseases like COVID-19**, more likely to suffer from heart disease, diabetes and obesity,
- and have an increased risk of disability, stress, depression and anxiety.
- **High-quality places** promote physical activity, access to fresh food and engagement with nature.
- **COVID-19 has revealed the inequalities that exist when it comes to access to green spaces.** These inequalities clearly existed before COVID-19, but the pandemic brought a wider awareness that **easy access to existing green spaces was not an opportunity available to everyone.**
- The availability of greenspace depends on where people live. **Affluence** allows people to buy homes in areas that have more green spaces and access to nature, less air pollution and more space for physical activity.
- Some evidence shows that those living in the most deprived areas **will actually benefit more** from local green spaces, compared to those in more affluent areas – and that green space can help reduce the health inequality between high and low-income groups.

Deprivation (1)

References:

PHE (2020). **Disparities in the risk and outcomes of COVID-19** https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892085/disparities_review.pdf

The Health Foundation (May 2020). **Will COVID-19 be a watershed moment for health inequalities?**

PHE (2020). Beyond the Data: **Understanding the Impact of COVID-19 on BAME Communities**
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf

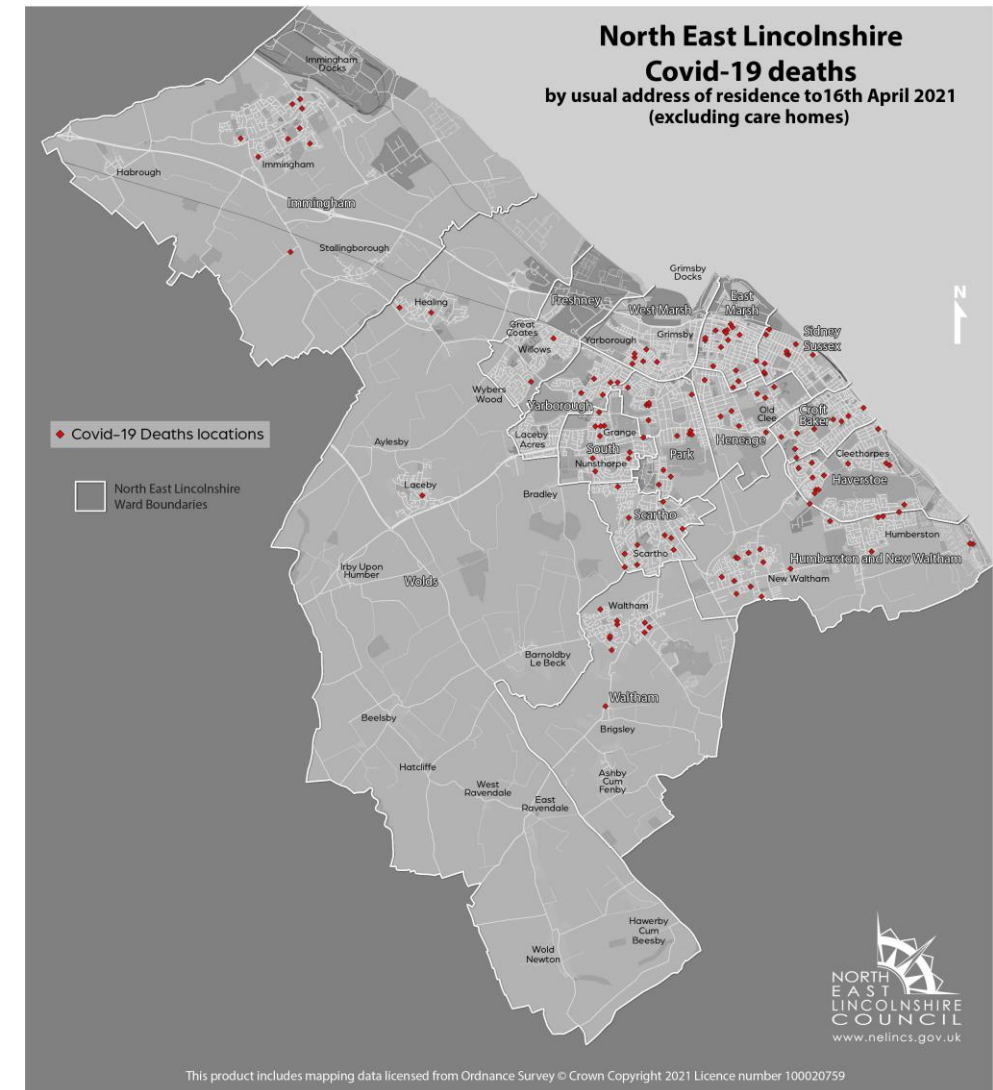
APSE (Association for Public Service Excellence) (2020). **At a crossroads: Building foundations for healthy communities**
[https://apse.org.uk/apse/assets/File/At%20a%20Crossroads%20Complete%20Version\(2\).pdf](https://apse.org.uk/apse/assets/File/At%20a%20Crossroads%20Complete%20Version(2).pdf)

We need to make sure that everyone can benefit from parks and green spaces
https://environmentjournal.online/articles/parks-and-green-spaces-are-important-for-our-mental-health-but-we-need-to-make-sure-that-everyone-can-benefit/?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=11742783_NEWSL_HWB%202020-08-17&dm_i=21A8,6ZOSF,FLWQCU,S61IC,1

Deprivation (2) - Local Picture

- Figure 1 shows **COVID-19 deaths distribution** in North East Lincolnshire as of 16th April 2021 (**excluding care home residents**).
- In line with the evidence in the slide 13, it is becoming evident that **deprivation is likely to be a factor** in terms of higher risk of death from COVID-19 in our area.
- **Higher number of deaths** due to COVID-19 can be seen in **most of our deprived wards**, for example East Marsh, Croft Baker, South and Park wards, even though these wards have a **young age profile**.
- However, **higher numbers of death are also observed in some of the less deprived wards (affluent)** Waltham, Humberston and New Waltham. These affluent wards have an older age profile.
- West Marsh has a **low number of deaths** due to COVID-19.

Figure 1:



1.8 Poverty

- The outbreak of COVID-19 **will continue to impact family finances, both in reducing income for many** (such as parents on zero-hours contracts, with little job security or who work in particularly affected industries such as hospitality) **and increased costs** (of additional childcare, higher food and utility bills **caused by family being at home more**).
- **Food insecurity is a direct result of, and a symptom of, poverty.** COVID-19 is likely to have a significant effect on poverty levels, with national evidence demonstrating that **household incomes have fallen particularly amongst the lowest earners** (with severe losses for single parents), and that **living standards are under the most pressure in lower income households**.
- Evidence shows that those on **lower incomes are the most likely** to have underlying medical conditions that make them vulnerable to COVID-19.
- Data from ONS and PHE analysis **confirmed the strong association** between economic disadvantage and COVID-19 diagnoses, incidence and severe disease.
- Economic disadvantage is also **strongly associated** with the prevalence of smoking, obesity, diabetes, hypertension and their cardio-metabolic complications, which all increase the risk of disease severity.

References:

PHE (2020). Beyond the Data: Understanding the Impact of COVID-19 on BAME Communities
Select Committee on Food, Poverty, Health and the Environment, 2020
Health & Equity in Recovery Plans Working Group, 2020

Local Impact

- **Significant increase in food poverty with an increased use of food banks** and more families seeking support with access to food has been reported.
- **Increase in utility bills was also noted during the first lockdown** causing pressure on household budgets. This issue is likely to get worse over the winter months and as a result of an increased infection rate in the second wave.
- **Job losses have been experienced** throughout the pandemic with a significant increase in requests for council tax relief / benefits.
- **Many of those made redundant are not used to the benefit system** and this may lead to further pressures on household income and potential debt issues.
- **Some low paid workers are not adhering to social isolation requests as they fear losing their job or being unable to cope financially due to the loss in wages.**
- **Rent arrears are increasing** which could be highly problematic when evictions start to take place again.

1.9 Pregnant Women

Local Impact

- All available evidence **suggests** that pregnant women **are at no greater risk** of becoming seriously unwell than other healthy adults **if they develop coronavirus**.
 - The **large majority of pregnant women experience only mild or moderate symptoms**, but most of those who have problems are in their third trimester. Around **one in 10 women** required intensive support.
 - Evidence also showed that **older pregnant women, those who were overweight or obese, and pregnant women who had pre-existing medical problems, such as high blood pressure and diabetes, were more likely to be admitted to hospital with the infection**.
 - Living in areas or households of increased socioeconomic deprivation is also known to increase risk of developing severe illness.
 - Women who were admitted to hospital with COVID-19 in pregnancy were **less likely to smoke** than a group of comparison pregnant women.
 - A prospective cohort study of all 194 obstetric units in the UK however reported that **pregnant BAME women** are around **4.5 times** more likely to be hospitalised with COVID-19 than other ethnicities, when accounting for age, BMI and comorbidities.
- As mentioned in the evidence box on the left, **all available evidence** suggests that pregnant women are **at no greater risk** of becoming seriously unwell than other healthy adults if they develop coronavirus.
 - **In NEL, isolation** during the lockdown was reported among some pregnant ladies. Those who experienced prior mental health issues or a previous loss or traumatic experience, have found lockdown particularly difficult.
 - **Those who have their IVF treatment disrupted** are likely to be in distress and require support, as they have had to experience their time in hospital and antenatal care alone.

References:

Nuffield Department of Population Health (2020). COVID-19: **Pregnant women are not at greater risk of severe COVID-19 than other women, but most of those who have problems are in their third trimester care** <https://www.npeu.ox.ac.uk/news/1963-pregnant-women-are-not-at-greater-risk-of-severe-COVID-19-than-other-women-but-most-of-those-who-have-problems-are-in-their-third-trimester>

Knight M, Bunch K, Vousden N, Morris E, Simpson N, Gale C, et al. **Characteristics and outcomes of pregnant women hospitalised with confirmed SARS-CoV-2 infection in the UK: a national cohort study using the UK Obstetric Surveillance System (UKOSS)**. *BMJ* 2020;369:m2107. <https://www.bmj.com/content/369/bmj.m2107.short>

1.10 Children and Young People (1)- *Early Years*

The years from **birth to four are critical** in shaping children's capacities and future potential. The COVID-19 pandemic has added severe pressure on an already complex and fragile system, impacting children, parents and providers, exacerbating existing vulnerabilities.

Evidence shows that:

- In the **first lockdown**, about three quarters of children have **not been attending** their early years provision for many weeks, due to the closure or restricted opening of most early years provision.
- The impact of the crisis **has not been equal**, with the most vulnerable and disadvantaged children and families suffering the most, with a prospect of long-term damage to their already restricted social mobility and life chances.
- Widespread concern has been expressed about **the impact of COVID-19 on young children's development and well-being**, with the **largest impact likely to fall on children from the poorest families or those with**

vulnerabilities and particular needs, including those with Special Educational Needs or Disability (SEND).

- For the children who have accessed provision many will have continued to thrive during this period.
- **However, for vulnerable children, those with particular needs, and those whose parents have been struggling with home learning due to work or challenging home lives**, evidence shows that the impact on their **social and emotional development and mental health at this vital time in their lives has been profound**.
- The **impact of the crisis on parents is also uneven**, with some enjoying the move to home working and the chance to have more family time. But **for others** who live more precarious lives, **the impact has been profoundly disruptive** with many suffering from financial and psychological stresses and even from the virus itself.

References:

Pascal C., Bertram T. Cullinane C., Holt-White E. (2020). **COVID-19 and Social Mobility Impact Brief #4: Early Years** <https://www.suttontrust.com/wp-content/uploads/2020/06/Early-Years-Impact-Brief.pdf>

Children and Young People (1)- *Early Years* (Local Picture)

The impact of COVID-19 crisis on Early years in NEL is similar to those experienced nationally.

- Normal **face to face contact was not available in services**, so babies could be living in harmful situations with physical/ mental health needs left unaddressed.
- In the first lockdown, **developmental/ behavioural issues were not being picked up locally** as health visitors were unable to do their 2 – 2.5-year check. This is likely to impact more on children from deprived communities.
- Referrals to **speech and language services also dropped in the first lockdown** as schools were closed and **health visitors were not able to do their checks**. It is therefore likely that **many children with speech and language issues have been missed and are not getting the support they need, which will impact on health inequalities including their mental health**.
- In the first lockdown, **local speech and language services** carried out their sessions with families through **video**, which works for some children but not others.
- The **first 3 years of life are most important for a range of long term outcomes** so if a baby/young child is living in stressful or neglectful situations with physical and mental health needs left unaddressed, this is likely to have long term consequences.

Children and Young People School (2) - *School Closures and Children's Education*

The **effects of school closures** and the **lockdown** in response to the COVID-19 pandemic has been **particularly detrimental for the most disadvantaged groups in society**, including vulnerable children and young people (CYP) .

- CYP **reported concerns about a variety of issues affecting their lives as a result of COVID-19**. These include:
 - mental health, digital poverty, education and employment, health and wellbeing, the impact of domestic violence and the length of lockdown. The impact however **varied** depending on the stage of education and family set-up.
- Figures from an online survey of 4,000 parents of children aged 4–15 in England by the Institute of Fiscal Studies carried out between April and May 2020 shows that **children from better-off households are spending 30% more time each day on educational activities than are children from the poorest fifth of households**. This will likely **increase educational inequalities** between children from better-off and the poorest households.
- The results of the survey illustrate that a **majority of parents of primary and secondary school students are struggling with providing home learning** but still have the means to provide some form of support through **access to technology, online resources or private tutoring**.

References:

Institute for Fiscal Studies 2020. **Learning during the lockdown: real-time data on children's experiences during home learning** <https://www.ifs.org.uk/publications/14848>

[Ofsted: Children hardest hit by COVID-19 pandemic are regressing in basic skills and learning - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/ofsted-children-hardest-hit-by-covid-19-pandemic-are-regressing-in-basic-skills-and-learning)

For more disadvantaged households these issues are **being exacerbated further by challenges with access to technology and connectivity**.

An **Ofsted report** into the impact of the pandemic also found that:

- Children who were **hardest hit by school closures and restrictions have regressed** in some basic skills and learning
- Some young children, who were previously potty-trained, have **lapsed** back into nappies, particularly those whose parents were unable to work flexibly
- Older children have **lost** stamina in their reading and writing, some have **lost** physical fitness, others **show signs** of mental distress, including an **increase** in eating disorders and self-harm
- Concerns remain about children who were **out of sight** during school closures, with **falling referrals** to social care teams raising fears that **domestic neglect, exploitation or abuse is going undetected**.

Children and Young People School (2) - *School Closures and Children's Education*

Local Impact

- Most schools moved to online learning, this brought **challenges** for parents as educators and the children themselves.
- Parents and children reported **volume of work varied and teaching was often inconsistent**. Some children with additional needs e.g. autism **struggled** not seeing their friends and with uncertainty.
- Children with younger/older siblings also stated they **struggled to concentrate at home** (an environment where they would not normally be expected to learn).
- Children report **struggling** as their routines and **face to face contacts are disrupted**.
- An **increase** in the number of **domestic abuse disclosures** is anticipated in NEL now children have returned to school. Adverse Childhood Experiences such as these have **long term** physical and mental health consequences.

In the first lockdown, a children and young people's **COVID-19 survey** was carried out locally. The survey shows that young people (16-18 years old) were :

- Worried about **missing/college work** (60%)* and the **impact** on their education
- Concerned with the **long-term impact** of COVID-19 e.g. **future job prospects** (70%)*
- Concerned about their **mental health and emotional wellbeing** (44%)*
- Worried about **leaving their house** (28.9%)*
- Worried about **their health and their families health** (27%)*, (70%)* respectively
- Finding it **difficult to isolate** (22.5%)*
- Tried to **avoid conversations** on COVID-19 (24.5%)* and
- Worried about a second surge.

*Proportion of young people (387) who responded who **strongly agreed or agreed** to the questions asked.

Children and Young People (3) *Mental health*

Local Impact

- For those **young people who are particularly at risk** - those living in abusive households, temporary accommodation or who have serious mental health issues – **the lockdowns have paused their learning and in many cases broken their routine and removed their regular safe space, potentially leaving them at greater risk of harm.**
- Taken together, these effects suggest that **the** impact of the coronavirus is likely to contribute to **further widening** the existing achievement gaps for young people from disadvantaged backgrounds and vulnerable young people.

Local data shows that in the first national lockdown,

- There was an **increase** in NEL young people **aged under 25 years** presenting with anxiety/stress and self-harm/suicidal thoughts when accessing Kooth online service during lockdown.
- Suicidal thoughts have become the **most common** presenting reason for the **first time**, due to the lockdown, since Kooth's contract began.
- Kooth also saw **increased demand** for therapeutic support via chat sessions and therapeutic messaging locally during lockdown.
- The **highest** number of logins to the Kooth app, were seen during the first two quarters of 2020.
- Grimsby Institute for Further Education report 16-18 year-old learners **withdrawing with emotional issues, mostly young males.**

References:

Edge Foundation (2020). **The Impact of COVID-19 on Education A summary of evidence on the early impacts of lockdown**

https://www.edge.co.uk/sites/default/files/documents/COVID-19_report_final_-_web.pdf

Online event to gauge young people's experiences of coronavirus (Hackney).

<https://news.hackney.gov.uk/mayor-makes-commitment-to-young-people-during-hackneys-covid-conversation/>

1.11 Occupation

- Evidence shows that individuals from BAME groups are **more likely to work** in occupations with a **higher risk** of COVID-19 exposure and **more likely to use public transportation to travel** to their essential work.
- Evidence also suggests that in the first national lockdown, those from **more deprived backgrounds** were less likely to be in jobs where they could work from home.
- ONS reported that **men working as** security guards, taxi drivers and chauffeurs, bus and coach drivers, chefs, sales and retail assistants, lower skilled workers in construction and processing plants, and **men and women working in social care** had significantly **high rates of death** from COVID-19. Death rates were **between 2 and 3.7 times higher** than among general population.
- Initial estimates in **wave 1** of the pandemic suggest that **front-line health-care workers** could account for 10-20%

of all COVID-19 diagnoses, with some early evidence that **front-line health-care workers from BAME** backgrounds are at higher risk.

- **Workplace factors** could have a part to play too; for example, a BMA survey carried out during wave 1 found that **BAME doctors** were **twice as likely as white doctors** to feel pressured to see patients in high-risk settings **without adequate** personal protective equipment (PPE) Other BMA research revealed that **BAME doctors are twice as likely not to feel confident to raise concerns about safety in the workplace** compared with their white colleagues.
- With **ongoing** community transmission from asymptomatic individuals in both waves, **disease burden is expected to rise**. Health-care workers in patient-facing roles have close personal exposure to patients with COVID-19 and as a result **are at high risk of infection, contributing to further spread**.

References:

PHE (2020). Disparities in the risk and outcomes of COVID-19 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892085/disparities_review.pdf

Kirby T., Evidence mounts on the disproportionate effect of COVID-19 on ethnic minorities. Lancet Respir Med. 2020; 8: 547-548

Black JRM, Bailey C, Przewrocka J, Dijkstra KK, Swanton C. COVID-19: the case for health-care worker screening to prevent hospital transmission. Lancet 2020; 395: 1418–20

Nguyen L.H., Drew D. A., Graham S, et al (2020). Risk of COVID-19 among front-line health-care workers and the general community: a prospective cohort study. The Lancet Public Health [https://doi.org/10.1016/S2468-2667\(20\)30164-X](https://doi.org/10.1016/S2468-2667(20)30164-X)

Occupation - Local Picture:

- In **wave 1** of the epidemic,, the number of deaths locally for many occupations was too small to draw any meaningful conclusions from as no clear pattern was observed.
- The **vast majority** of people who have died from COVID-19 in NEL in both **waves 1& 2** were beyond retirement age and not in paid work.
- It is also apparent that locally, during the lockdown, people from more **deprived backgrounds were also less likely to be in jobs where they could work from home.**
- Analysis of data for **waves 1 & 2** shows that a large proportion of cases and outbreaks in **wave 2** have been within the low wage economy, e.g. factory operatives, shop workers, food processors, front-line health-care workers etc.
- Care home staff **experienced** much anxiety, stress, and fear over the pandemic.
- Some care homes have dealt with **large** outbreaks and high mortality rates and found this understandably difficult especially during the second wave of the pandemic.
- Navigo estimates that 1,741 – 6,415 (17-63%) of NEL healthcare workers **could develop mild to severe mental health conditions during the pandemic**
- Navigo expects that **10% of healthcare workers will have high levels of post-traumatic stress in the 3 years post COVID-19, with 40% of cases persisting longer.** Care home workers are also likely to require long term support.
- The **Carers centre** also reported increased impact of isolation on the mental health of local carers, especially those caring for people with dementia or mental health issues, **as support groups and face to face appointments were not available.**
- It was also evident that locally in the first lockdown, people from more **deprived backgrounds were less likely to be in jobs where they could work from home.** This increase their risk of infection.

References:

PHE (2020). **Disparities in the risk and outcomes of COVID-19** https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892085/disparities_review.pdf

Kirby T., **Evidence mounts on the disproportionate effect of COVID-19 on ethnic minorities.** Lancet Respir Med. 2020; 8: 547-548

1.12 Care Homes

- The care home sector had some **significant issues** during COVID-19 pandemic and in the **first wave of the pandemic** in the UK, the burden of the coronavirus **fell much more severely on care homes (relative to the population generally)**.
- In the **first wave**, of the **48,213** Covid deaths registered between mid-March and mid-June, **40% (19,285)** were care home residents **compared** with **26% (16,355)** of the 62,250 deaths registered from 31 October to 5 February in **the second wave**.
- Covid death registrations **began to increase** in November, and **rose sharply** in the first weeks of 2021.
- The first wave of the pandemic saw **an extraordinary number of excess deaths** in the UK among care home residents.
- As of 7 August 2020, there were **29,542 excess deaths** in all care homes. **64.7%** of which were confirmed/suspected COVID-19.
- Evidence shows that excess deaths were mainly concentrated amongst **large and branded homes** that provide services to **older people and people with dementia**.

References:

[Deaths in care homes: what do the numbers tell us? | The Nuffield Trust](#)

Morciano, M., Stokes, J., Kontopantelis, E. *et al.* Excess mortality for care home residents during the first 23 weeks of the COVID-19 pandemic in England: a national cohort study. *BMC Med* 19, 71 (2021). <https://doi.org/10.1186/s12916-021-01945-2>

<https://www.gov.uk/government/publications/visiting-care-homes-during-coronavirus/update-on-policies-for-visiting-arrangements-in-care-homes>

Comparing the scale of coronavirus cases and deaths between the two waves is challenging, because there was so little testing in the early months

- In the **first wave**, many homes struggled to source enough PPE and find enough staff, with pre-existing shortages exacerbated by sickness and self-isolation.
- **High use of agency staff who may work across multiple homes** has been identified as playing a part in the **rapid spread between care homes** in the UK.
- There is also a recognition that lockdown **has been difficult** for **many residents and families** and that **visits are important** for all those in care settings.
- For **many care home residents with dementia**, **family and friends provide more than just visits**. They play a **significant role** in a person's care, whether it's interpreting their needs to staff, or providing personal care.

Care Homes

Local Impact

- Care homes have been a significant source of new COVID-19 cases in NEL.
- In the **first wave** of the pandemic, the number of cases that emerged in care homes in our area was **much lower** than in most other parts of the country. However, **the second wave saw a surge in number of new cases and deaths in care homes.**
- Not all care homes in NEL **suffered equally** from COVID-19
- NEL had a much **smaller** proportion of registered deaths in care home, (**5 deaths**), associated with COVID-19 than other parts of the country in the **first wave**.
- In **wave 2** and as of **26th April 2021** , a total of **104** registered deaths have been associated with COVID-19 in care homes.
- During lockdown, there were **concerns in NEL over care home residents deteriorating** due to lack of family and activity coordinator visits.
- There were widespread reports of **residents losing weight in the care home sector even if they had not caught covid**, this was particularly true in those care homes affected by outbreaks.
- There were also reports of residents experiencing considerable distress from being kept isolated in their rooms and being unable to see friends and family.
- **A possible resurgence in the use of antipsychotic medicine has been reflected**, which may in part be due to lack of face to face assessments.

References:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892085/disparities_review.pdf

<https://www.qni.org.uk/wp-content/uploads/2020/08/The-Experience-of-Care-Home-Staff-During-COVID-19-2.pdf>

<https://www.gov.uk/government/publications/visiting-care-homes-during-coronavirus/update-on-policies-for-visiting-arrangements-in-care-homes>

1.13 Comorbidities

- Nationally, **diabetes** was mentioned on **21%** of death certificates where COVID-19 was also mentioned during **wave 1**. This finding is consistent with other studies that have reported a **higher risk of death** from COVID-19 among patients with diabetes.
 - The figure is likely to have **increased** in wave 2 of the pandemic.
 - The proportion was **higher in all BAME groups when compared to White ethnic groups**; 43% in the Asian group and 45% in the Black group - **wave 1**.
- **The same disparities as above were seen for hypertensive disease.**
- Several studies, although measuring the different outcomes from COVID-19, report an **increased risk of adverse outcomes in obese or morbidly obese people.**

Local Impact

- In NEL, **diabetes** was mentioned on **14.4%** of death certificates where COVID-19 was also mentioned in **waves 1&2**.
- Our local data shows **no mention of diabetes** in any of the death certificates where COVID-19 was also mentioned for the BAME groups.
- Therefore, our local data **does not fit** the national pattern in the box opposite.

References:

PHE (2020). Disparities in the risk and outcomes of COVID-19

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892085/disparities_review.pdf

1.14 Bereavement

Faith provides an **important** foundation for communities' resilience through recovery and bereavement and **in BAME communities faith plays a central role.**

- COVID -19 had **significantly affected** not only communities' ability to recognise their religious practices but also **to grieve for loved ones as a result of loss from bereavement.**
- Loss of loved ones dying may be **particularly severe and grieving disrupted** because of inability to-do normal grieving rights e.g. to be physically close to dying person, have usual funeral rites, attend funeral etc.

Local Picture

- **Locally, few Bereavement partnership referrals** have been specifically linked to COVID-19 deaths, **but a majority have involved the pandemic's impact on bereavement experiences.**
- For some people, prior grief **re-emerged** during lockdown.
- Social isolation has led to some **local bereaved individuals** wishing to take their life.
- There has been **increased** extreme anxiety and re-emergence of OCD symptoms.
- Feelings of **unfairness and inequity** were reported as restrictions regarding funeral attendance have changed and eased.
- The impact of COVID has **added increased pressures** on the bereavement service and, for only the second time since 1954, had to open for cremations on a weekend.
- There has been **increased referrals to the Bereavement partnership** through Young Minds Matter and children's services.

References:

PHE (2020). Beyond the Data: Understanding the Impact of COVID-19 on BAME Communities

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf

Local Government Association(2020). Public Mental Health and Wellbeing and COVID-19

<https://local.gov.uk/public-mental-health-and-wellbeing-and-COVID-19>

1.15 People with Disability (1)

The Opinions and Lifestyle Survey - (OPN) was carried out by **ONS in May 2020** to understand the impact of the coronavirus (COVID-19) pandemic on British society. The survey revealed the following about people with disability:

- Over **70% of disabled adults** were "very worried" or "somewhat worried" about **the effect** that the coronavirus (COVID-19) was having on their life compared to non-disabled people.
- A higher proportion of disabled people than non-disabled people were worried about the effect of the coronavirus pandemic on their **well-being (62.4% for disabled people compared with 49.6% of non-disabled people)**; their **access** to groceries, medication and essentials (**44.9% compared with 21.9%**); their **access** to health care and treatment for non-coronavirus-related issues (**40.6% compared with 21.2%**); and their **health (20.2% compared with 7.3%)**.
- Concerns about **well-being** was most frequent among those with **mental health and socio-behavioural-related impairments**, whereas concerns about **access to essentials**.

was most frequent among those with **hearing- or dexterity-related impairments**

- Disabled people (11.9%) felt very **unsafe when outside their home** because of the coronavirus outbreak, compared with non-disabled people (3.8%).
- People also felt that there was increased **pressure on family carers**, because of reductions in support from care providers or fears of accepting support due to the risks of Coronavirus; and **pressure on paid carers**, due to staff shortages, and changes to how support is given were also key issues.

Another study carried out by **Inclusion London in June 2020** also revealed that:

- Over 60% of disabled people had **struggled to access food, medicine and necessities**. The issues are **wide-ranging**, including inaccessible websites, spending hours searching for online delivery slots and confusing guidance and information.

People with Disability (2)

- The coronavirus lockdown has **increased** levels of anxiety, confusion, and fear for many Disabled people . There is a **range of factors** including, social isolation, loss of control and agency, and a lack of access to mental health support services in the community feeling abandoned, often not knowing where to go for help
- Discussions of rationing resources, letters and calls from **GPs encouraging people to sign Do Not Resuscitate (DNR) notes** has caused alarm and fear. Disabled people are **fearful** that if they contract the virus and require life-saving treatment this will be denied and they will be left to die. **Other factors include** the emotional toll of juggling care, dependents and accessing food and support.
- A broad body of research links social isolation and loneliness to poor mental health. The report revealed that the coronavirus pandemic has **deepened and entrenched social isolation and loneliness** among many Disabled people compared to non-disabled people.
- Disabled people were more likely to be classified as vulnerable and staying at home.
- For Disabled people more likely to be shielding, self-isolating, or acutely restricted by lockdown measures **digital lifelines are often out of reach.**
- Because of **fear of contracting the virus and the need to shield**, many people have reduced the support they get and instead heavily rely on family. This is causing emotional and psychological stress, and pushing some to breaking point.
- The **shortage** of PPE equipment and effective testing for social care staff has in the first wave of the pandemic **resulted** in several Disabled people **foregoing essential social care**. People have concluded that the **risks** of a Personal Assistant coming into the home with, for example, asymptomatic COVID-19 **is too high**.

References:

ONS (2020). Coronavirus and the social impacts on disabled people in Great Britain

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/articles/coronavirusandthesocialimpactsondisabledpeopleingreatbritain/may2020#understanding-the-impact-on-disabled-people>

Inclusion London (June 2020). **Abandoned, forgotten and ignored The impact of the coronavirus pandemic on Disabled people Interim Report**

<https://www.inclusionlondon.org.uk/wp-content/uploads/2020/06/Abandoned-Forgotten-and-Ignored-Final-1.pdf>

People with Disability (3)

Local Impact

- Some **local people with learning disabilities** struggled to deal with restrictions (i.e. reduced opportunities for normal routine). As restrictions eased especially in wave 1, rules **became more confusing** creating anxiety and fear. In addition, some **moving plans have been delayed** (i.e. from an inpatient setting to complex supported care) and social care services were adversely impacted by closure of day care services.*
- As the evidence suggests, many families in NEL also suspended home care and provided care themselves.

**Source: The Autism Forum*

1.16 Exclusion Health Groups (1)

Doctors of the World UK carried out a Rapid Needs Assessment (RNA) to better understand the experiences of **excluded groups** at the height of the COVID-19 pandemic. **These groups include** refugees; people seeking asylum, including unaccompanied asylum-seeking children; undocumented migrants, including survivors of trafficking; people in and recently released from immigration detention; people experiencing homelessness, Gypsy, Roma and Traveller communities; sex workers and people recently released from prison. Findings from the needs assessment include the following:

- People in these excluded groups **have difficulty accessing COVID-19 guidance and key public health messages, predominantly due to digital exclusion and language barriers.**
- Where COVID-19 guidance is accessible, it is **often not feasible to implement** as guidance has failed to consider the life circumstances of people in vulnerable circumstances. This places these groups at an **increased risk** of acquiring COVID-19 and **presents a wider public health risk of disease spread.** For example,
 - accommodation **related barriers** that make guidance very difficult to follow.
 - Need to **go outside frequently** to obtain income, meet basic needs or manage addiction
 - For **sex workers** their work is often **their only income**; others rely on begging
 - For **those with drug or alcohol addictions**, going out to access their addictive substances or prescriptions is necessary to avoid withdrawal

Local Impact

Navigo, the Carers Centre, and 'We are with You' report **more pronounced alcohol and substance issues** during lockdown and **associated mental health issues** such as suicidal thoughts.

Exclusion Health Groups (2)

- The **effects of hostile environments** against immigrants, particularly failed asylum seekers and undocumented immigrants, **might affect settled BAME populations adversely** through heightened prejudice and societal tensions.
- For many BAME communities, **lack of trust of NHS services and treatment resulted in their reluctance to seek care on a timely basis**, again resulting in **late presentation** with disease. This includes **people in the asylum system and those with no recourse to public funds**, who can often face additional barriers to accessing healthcare.
- Others were also **fearful of being deported** if they presented to hospital.
- People **detained** in immigration removal centres and prisoners are **not** allowed visitors.
- The **Gypsy, Roma and Traveller community** has been **heavily impacted by job losses** as many are self-employed or rely on informal or seasonal work to support extended families and communities.
- COVID-19 and the social control measures introduced are already **impacting excluded people's mental health**.
- Excluded groups **experiencing** loneliness, increased fear and anxiety, depression, and sleeplessness, with those with pre-existing mental health problems and, in some cases, **responding with coping behaviours**, such as increased alcohol and substance misuse.
- **Children** are at **increased risk of abuse amid heightened tensions** within families forced to spend long periods of time together, **while opportunities to seek help, or for other adults to spot the signs and intervene, are reduced**.

Exclusion Health Groups (3)

School closures have led to **exclusion from education for children.**

- Children within the **Gypsy, Roma and Traveller communities have been cut out of education** as teaching moved online, and parents with low literacy and little physical space have limited ability to provide home schooling.
- Children of **asylum seekers have no access to technology** and may have parents whose **English proficiency** limits their ability to support their children with schoolwork.
- The pandemic has also **increased people's vulnerability to extreme social isolation, violence and abuse, and hate crimes and discrimination.**
- **Without reliable internet access or money to buy phone credit,** people are separated from their support networks.

Local Impact

- Additional stress has been placed **on local asylum seekers** during the pandemic and **poor mental health is being made even worse.**
- **Decisions from the home office are on hold,** and there has been anxiety around getting housing situations/ benefits arranged in time due to the agencies being closed.
- **In the first lockdown, services** such as voluntary sector care and support, drop-in centres and ESOL classes **were closed,** causing **lack of social integration and care.**
- Also, families with children feel frustration over school closures, since **home schooling can be difficult in a second language (some cannot speak English)** and feeding children on a low income and with a lack of free school meals is also difficult.

References:

PHE (2020): Beyond the Data: Understanding the Impact of COVID-19 on BAME Communities

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf

Doctors of the World (2020). An Unsafe Distance: The Impact of COVID-19 Pandemic on Excluded People in England

<https://www.doctorsoftheworld.org.uk/wp-content/uploads/2020/07/covid19-brief-rna-report.pdf>

1.17 Sexual Orientation – Lesbian, Gay, Bisexual, Transgender (LGBT)+

The COVID-19 pandemic and the **health and economic effects of the lockdown** are having a **big impact** on all people who already experience **deep and systemic inequality**. Evidence shows that:

- Many LGBT people were **not safe** in their home before the crisis. Lockdown has forced more LGBT people into **unsafe home environments** and made it harder for people to **access** the support they need.
- LGBT asylum seekers and refugees are staying in **cramped rooms with strangers**, putting their lives at risk.
- LGBT people of colour (PoC) are **more likely** to experience discrimination. They are also **twice as likely** to attend LGBT-specific venues or events as white LGBT people, however, they have now **lost vital safe spaces**.
- Some LGBT people – including LGBT people of colour, trans people and people living in poverty - were already **more likely to experience poor mental health, difficulties accessing healthcare, the risk of domestic violence and homelessness, and discrimination and unemployment**.
- **Unequal treatment and fear of discrimination may stop LGBT people** from seeking health support when they need it and the COVID-19 crisis threatens to make all these issues worse.

Local Impact

- It has **not been possible** to identify any specific local information around the differential impact of COVID-19 on the LGBT community in NEL.

References:

How COVID-19 is affecting LGBT communities: <https://www.stonewall.org.uk/about-us/news/how-COVID-19-affecting-lgbt-communities>

1.18 Domestic and Sexual Abuse and Violence against Women and Girls

Local Impact

- The pandemic and the lockdown measures introduced to control the spread of COVID-19, have **exacerbated** and exposed the inequalities and abuse experienced by many women and girls facing multiple disadvantage. These women **experience a combination of complex and overlapping problems** including homelessness, violence and abuse, substance misuse, mental ill health, poverty and contact with the criminal justice system.
- Recent surveys have reported that emergency measures restricting freedom of movement have put **women and girls at greater risk of violence** by being isolated with the perpetrators of abuse thereby limiting their ability to safely access support.
- Women and girls also faced **an increased risk of emotional abuse and/or coercion and control**, as well as other forms of abuse such as homophobic abuse from family members.
- Wider evidence from the violence against women and girls sector has **highlighted shocking rates of increased domestic and sexual abuse since lockdown first began in March 2020**. Also, necessary lockdown measures such as limiting social contact, not going to work and self-isolating at home **increased the economic abuse experienced by women**, particularly for those at risk of losing already insecure work and those from communities where men customarily have complete control over household income.
- An **increase in domestic violence (DA)** against women and girls **and associated mental health issues** as a result of the lock down was reported in NEL by Department of Work and Pensions (DPW) work coaches. This fits the national pattern evidenced on the left.
- Children's services have experienced an **average 23% increase in monthly referrals** around DA in comparison to referrals prior to the first national lockdown.
- Police data has shown a general **increase** in domestic abuse investigations in the area, with an **increased percentage of high-risk cases** which inevitably will have an emotional impact on the children.
- **Increased referrals** to Women's Aid also occurred since the first national lockdown began.

References:

Agenda (2020). **VOICES FROM LOCKDOWN: A chance for change INTERIM FINDINGS REPORT** https://weareagenda.org/wp-content/uploads/2020/08/Voices-From-Lockdown-A-Chance-For-Change.pdf?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=11747858_NEWSL_HMP%202020-08-18&dm_i=21A8,6ZSPE,FLWQCU,S6Q78,1

1.19 Homelessness

- People experiencing homelessness, especially those rough sleeping, are among the most exposed to risk of coronavirus.
- A recent survey undertaken by Crisis UK reported the following on the impact of COVID-19 on specific groups.
- ❖ **Sofa surfers** – The survey reported how the pandemic has shone a bit of a spotlight on how **very fragile situations are for sofa surfers**. People sofa surfing were particularly vulnerable to the changes caused by lockdown as **family and friends became more conscious of the space within their homes, or the pressures of confined living ended temporary arrangements**.
- ❖ As one of the **leading causes of homelessness**, a rise in **domestic abuse** led to anticipation of a rise in associated homelessness. These concerns were reflected in the findings of the survey with **58 per cent (42) of services** reporting that they had seen an increase in people fleeing or experiencing domestic abuse requiring support during the lockdown.
- ❖ In both waves 1&2, an increase was observed in **people with No recourse to public funds and EEA Nationals** requiring housing support.

References:

Crisis 2020. The impact of COVID-19 on people facing homelessness and service provision across Great Britain

https://www.crisis.org.uk/media/244285/the_impact_of_covid19_on_people_facing_homelessness_and_service_provision_across_gb_2020.pdf

- ❖ **Relationship breakdown**, both between partners and wider familial relationship breakdown, was found to be an **increasing cause of homelessness** due to the increased pressures of lockdown. Some of the relationship breakdown were driven **specifically by factors related to the pandemic**. This was mainly in the context of **multigenerational households where younger members were not adhering to social distancing rules**.
- ❖ **Economic drivers of homelessness :**
 - In the **first wave of the pandemic**, 60 per cent of respondents in the survey reported that they had seen an increase in people who were recently unemployed requiring support from their services. **The majority being those detailed above** such as sofa surfers, those fleeing domestic abuse, and relationship breakdowns.
 - Conversely, in **wave two the top three groups** that have seen an increase in homelessness were all related to broader economic trends particularly in the labour market. These are **people who are recently unemployed (81%), people who have been furloughed (69%), and people experiencing homelessness for the first time (68%)**. People losing jobs, or who were furloughed started to struggle with their housing costs.

Homelessness: Policy Changes/Local Impact

Several policy changes on housing/homelessness were made in England in response to COVID-19 pandemic. These changes are considered to have had a **beneficial impact** on reducing the number of individuals facing limited housing options, homelessness & rough sleeping. Some of these policy changes are noted below:

- **At the start of the first lockdown, all local authorities** were instructed by the Ministry for Housing, Communities and Local Government (MHCLG) to **move all** rough sleepers and individuals sleeping in communal shelters into a safe place, ideally self contained accommodation, **over the next two days**. This is known as the 'Everyone In' initiative.
- In October 2020, **guidance on night shelter use was updated** stating they can be opened over winter as a last resort.
- **Evictions from social and private rented sectors are paused until May 31st 2021**
- **Notice periods have been extended to a minimum of 6 months until May 31st 2021 .**
- A number of **welfare changes were also made**, in response

the pandemic, that are considered to **have had a beneficial impact** on reducing the number of individuals facing limited housing options, homelessness & rough sleeping.

- Following the policy changes, the number of individuals facing **homelessness due to loss of social housing locally was lower** during the pandemic compared to the two years prior.
- The moratorium on evictions in relation to rent arrears, (a common reason for evictions), would have **prevented a significant number of individuals in NEL losing social housing**.
- A **decrease** was observed locally in referrals of individuals in **private or self contained living situation**. This is likely **influenced** by the moratorium on evictions and extended notice periods.
- A survey of LA service providers and voluntary organisations carried out by Crisis UK in 2020, indicated that **most local authorities reported an increase in the numbers of both rough sleepers and single adults seeking homelessness assistance in the initial lockdown compared to the equivalent period the year before**.

References:

Fitzpatrick, S., Mackie, P., Pawson, H., Watts, B., & Wood, J. (2021). The COVID-19 Crisis Response to Homelessness in Great Britain: Interim Report.

Crisis UK (2020). The impact of COVID-19 on people facing homelessness and service provision across Great Britain

https://www.crisis.org.uk/media/244285/the_impact_of_covid19_on_people_facing_homelessness_and_service_provision_across_gb_2020.pdf

Homelessness: **Policy Changes/Local Impact**

- The pandemic also **brought to light** pre-existing 'hidden homelessness' in NEL.
- Locally, **an increase was observed** in individuals referred for homelessness having a impacted mental health, fleeing violence and being asked to leave home. This increase is possibly influenced by lockdown restrictions.
- Police data has shown an **increase in domestic abuse investigations**, whilst mental health service providers have reported how COVID-19 has led to **increased demand**.
- **Almost a quarter of referrals** to mental health services having had their mental health impacted.
- Locally, the common living situation of individuals referred for homelessness during the pandemic is **sofa surfing**.
- Just as nationally, local data also shows that during the lockdown and compared to previous years, the **main reasons for loss of a settled address were that families were no longer being able/willing to accommodate, domestic abuse and an increase in nonviolent relationship breakdowns**.

References:

Crisis 2020. The impact of COVID-19 on people facing homelessness and service provision across Great Britain

https://www.crisis.org.uk/media/244285/the_impact_of_covid19_on_people_facing_homelessness_and_service_provision_across_gb_2020.pdf

1.20 Mental Health: Suicide/Suspected Suicide

- The COVID-19 outbreak is emotionally challenging for everyone, especially for **individuals who are already at risk** (e.g., those suffering from depression).
- The pandemic led to the introduction of strong restrictive measures nationally and globally and these measure are having **a substantial effect on the global economy**, including an increase in the unemployment rate worldwide.
- The many psychological impacts of the epidemic on the population will have **a detrimental effect on the short, medium and long-term mental health of some residents**. In turn, this may **reduce** people's resilience and therefore their ability to cope.
- Longer-term impacts like trauma, grief and distress may **exacerbate the burden of mental ill-health in the community long after recovery**.
- The mental health impacts of these **will not be experienced equally**: people with existing mental health difficulties and risk factors for poor mental health are likely to be affected disproportionately.
- Mental health impacts can be experienced by **all sections and all ages of society**. Consequences could include increased demand on local government and the NHS, **increased suicide, suicide attempts and self-harm**, increased cost to public services and increased workplace sickness absence due to stress.
- Evidence shows that the outcomes of isolation and quarantine is likely to lead to **an increase in suicidal thoughts and behaviour among at-risk populations**.
- As a result, the **number of mentally distressed people** who might seek help from mental health services can be expected to **increase** in the context of the COVID-19 pandemic.

Reference

Local Government Association Public mental health and wellbeing and COVID-19 <https://local.gov.uk/public-mental-health-and-wellbeing-and-COVID-19>
Inter-Agency Standing Committee. Interim briefing note addressing mental health and psychosocial aspects of COVID-19 outbreak (developed by the IASC's reference group on mental health and psychosocial support). March 17, 2020. <https://interagencystandingcommittee.org/other/interim-briefing-note-addressing-mentalhealth-and-psychosocial-aspects-COVID-19-outbreak>
Brooks S, Webster R, Smith L, et al. The psychological impact of quarantine and how to reduce it: rapid review of the evidence. Lancet 2020; 395: 912–20
Chan S, Chiu F, Lam C, Leung P, Conwell Y. Elderly suicide and the 2003 SARS epidemic in Hong Kong. Int J Geriatr Psychiatry 2006; 21: 113–18

Mental health Impact of COVID-19 across the life course



Immediate mental health impact of COVID-19 across life course

	Pre-term	0-5 years	School years	Young adults	Working age adults	Old age
Key issues to consider	<p>Anxiety about impact of COVID on baby</p> <p>Financial worries</p> <p>Anxiety about delivery and access to care</p> <p>Isolation</p>	<p>Coping with significant changes to routine</p> <p>Isolation from friends</p> <p>Impact of parental stress and coping on child</p>	<p>School progress and exams</p> <p>Boredom</p> <p>Anxiety or depression or other mental health problems</p> <p>Isolation from friends</p> <p>Impact of parental stress</p> <p>Carer stress</p>	<p>Self isolation at university and away from family</p> <p>Carer stress</p> <p>Difficulty accessing usual support networks</p> <p>Job and financial anxiety</p> <p>Relationship stress</p>	<p>Balancing work and home</p> <p>Being out of work</p> <p>Carer stress</p> <p>Anxiety about measures and family or dependents or children</p> <p>Financial worry</p> <p>Isolation</p>	<p>Isolation and disruption of routine</p> <p>Anxiety from being dependent on services</p> <p>Financial worry</p> <p>Fear about impact of COVID if infected</p> <p>Carer stress</p>
Staff/volunteers	Cumulative load of stress from significant changes. Traumatic incidents. Isolation from work colleagues. Having to manage working from home. Potential bullying from or to others as part of not coping. Frontline staff working under exceptional pressure.					
Loss	Loss of loved ones dying may be particularly severe and grieving disrupted because of inability to do normal grieving rites eg being physically close to dying person, have usual funeral rites, attend funeral etc.					
Specific issues	Impact of delayed diagnoses and treatment (eg chronic conditions, surgery, people living in pain). Suicide and self harm risk for most at risk populations. Members of faith communities may feel disconnected because of the changes to public worship. Domestic abuse may be issues across life course. Drug and alcohol issues. People reliant on foodbanks or on low incomes or self-employed may have additional stress. People with learning disabilities and/or autism will have additional needs which should be considered in detail. Student populations may have particular issues. Impact of delayed diagnoses and treatment (eg chronic conditions, surgery, people living in pain) because of backlogs or people worried about accessing health services. Impact of changes to level of restrictions in local areas.					

Source: Local Government Association: **Public mental health and wellbeing and COVID-19**

[Public mental health and wellbeing and COVID-19 | Local Government Association](#)

Mental Health: Suicide/Suspected Suicide - Local Picture

- Findings for suspected suicides in NEL shows that between **January 2020 and February 2021** there have been **22 suspected suicides** in North East Lincolnshire. Of these, **14 (64%) occurred during a lockdown**. However, it is **not possible to say for certain** if lockdown impacted on their decision to end their life, for some it is likely that it may have contributed.
- Of those who had children in care, they were **struggling with the reduced contact**.
- **An increase in domestic violence** against women and girls **and associated mental health issues** as a result of the lockdown was reported in NEL .
- **63% of the females who died had been a victim of domestic abuse** at some point in their life, for many this related to multiple perpetrators and staying in the women's refuge.
- A high proportion (43%) of those who died by suspected suicide were unemployed. The **economic effects of the lockdown** may have contributed to their decision to end their life.
- 17 (81%) of those who died by suspected suicide **had a mental health condition** with depression being the most common.
- People in **temporary accommodation** (hotel/hostel) were unable to have visitors during lockdown.
- There was a **reduction in face to face appointments** with GPs and mental health services.
- Hanging was by far the **most common** method of suicide, followed by overdose.
- For **most people** their suicide took place at home, for others it was either in a public place, temporary accommodation or prison.
- There has been a significant increase in female deaths by suspected suicide. However, there were **more deaths in males (14) than in females (8)** overall. It is likely that the increasing trend in female deaths was also reflected during the lockdown.

Source:

Real Time Surveillance of Suicide 2020-21

1.21 People with Pre-existing Mental Health Problems (1)

- Evidence is increasing that the COVID-19 pandemic has affected the mental health of sections of the population differently, depending on their circumstances. The pandemic seems to have widened mental health inequalities, with **the groups that had the poorest mental health pre-crisis also having had the largest deterioration** in mental health during lockdown and were **more likely to experience anxiety, panic, and hopelessness**.
- The Mental Health in the Pandemic study also shows that those with a **pre-existing mental health problem** have been the most likely to **experience stress and inability to cope and** have reported **suicidal thoughts and feelings** at a rate **almost triple** those in the general population.
- Children and young people across the UK have had to **adjust to dramatic changes** in their education or employment, routine and home life as a result of the pandemic. Some have **experienced bereavement or other traumatic experiences** during the lockdown period, while groups who were already **marginalised or disadvantaged** are now likely to become more so.

A survey carried out by Young Minds with 2,036 young people with a history of mental health needs between Friday 6th June and Monday 5th July, 2020 revealed the following:

- 80% of respondents agreed that the coronavirus pandemic had **made their mental health worse**. 41% said it had made their mental health **“much worse”**, up from 32% in the previous survey in March. This was often related to **increased** feelings of anxiety, isolation, a loss of coping mechanisms or a loss of motivation.
- 87% of respondents agreed that they had **felt lonely or isolated** during the **first lockdown** period, even though 71% had been able to stay in touch with friends.

People with Pre-existing Mental Health Problems (2)

- Among more than 1,000 respondents who **were accessing** mental health support in the three months leading up to the crisis (including from the NHS, school and university counsellors, private providers, charities and helplines), 31% said they were no longer able to access support but still needed it.
- Of those who **had not been accessing support** immediately before the crisis, 40% said that they had not looked for support but were **struggling** with their mental health.
- 11% of respondents said that their **mental health had improved** during the crisis, an increase from 6% in the previous survey. This was often because they felt it was **beneficial** to be away from the pressures of their normal life (e.g. bullying or academic pressure at school).

Evidence from current studies also shows that COVID-19 has **negatively impacted** upon the mental status of people with **pre-existing Severe Mental health Illness (SMI)**.

- For people living with SMI in the community, it appears that the **burden** of psychological symptoms, including stress, anxiety, depression, and insomnia may have been **greater** than for the general population during the pandemic.
- Existing research points **to greater psychological distress** during the pandemic for people with SMI, **rather than demonstrating this distress is due to the pandemic**.
- Further research into the effect of COVID-19 on the mental health status of people with SMI is urgently needed across all income settings.

References:

YoungMinds (2020). **Coronavirus: Impact on young people with mental health needs Survey 2: Summer 2020** <https://youngminds.org.uk/about-us/reports/coronavirus-impact-on-young-people-with-mental-health-needs/>

Centre for Evidence-Based medicine (2020). **Severe mental illness and risks from COVID-19** <https://www.cebm.net/COVID-19/severe-mental-illness-and-risks-from-COVID-19/>

Mental Health Foundation (2020). **Coronavirus: The divergence of mental health experiences during the pandemic** <https://www.mentalhealth.org.uk/coronavirus/divergence-mental-health-experiences-during-pandemic>

People with Pre-existing Mental Health Problems (3)

Local Impact

- Most of the evidence reported in the 2 previous slides on people **with pre-existing mental health problems also apply to people in NEL with pre-existing mental health problems.**
- As a result, people in NEL with pre-existing mental health problems would have had the **largest deterioration** in mental health during lockdown and were **more likely to have experienced anxiety, panic, and hopelessness**
- Locally, psychotic symptoms known as **‘Covid delirium’** have been reported. Navigo has seen an **increase** in 1st episode of psychosis presentations in NEL (although not all directly because of COVID19).

References:

YoungMinds (2020). **Coronavirus: Impact on young people with mental health needs Survey 2: Summer 2020** <https://youngminds.org.uk/about-us/reports/coronavirus-impact-on-young-people-with-mental-health-needs/>

Centre for Evidence-Based medicine (2020). **Severe mental illness and risks from COVID-19** <https://www.cebm.net/COVID-19/severe-mental-illness-and-risks-from-COVID-19/>

Mental Health Foundation (2020). **Coronavirus: The divergence of mental health experiences during the pandemic** <https://www.mentalhealth.org.uk/coronavirus/divergence-mental-health-experiences-during-pandemic>

1.22 Rural/Urban Communities

- Local authorities with the **highest diagnoses and death rates** are **mostly urban**.
- Death rates in London from COVID-19 were **more than three times higher than in the region with the lowest rates**, the South West in **the first wave**.
- Death rates in London also **increased** with the **second wave** with the discovery of the “**Kent variant**” of coronavirus which appeared to be more contagious and which partly led to substantial rises in infection rates.
- The Kent variant spread throughout the country and all other regions saw **substantial rises** in infection rates from late December 2020 through to mid-January 2021.

Local Picture

- The COVID-19 death rate for NEL was one of the **lowest** in England in the **first wave** of the pandemic but this later changed with the **second wave hitting harder** in the area than the first .
- The **Kent variant** was also identified in more than **75%** of positive test samples that were tested for the variant in North East Lincolnshire in the last week of January and first week of February 2021.
- As the age profile of rural areas of the borough is older than urban areas this suggests that **COVID-19 mortality rates were higher in urban communities** in North East Lincolnshire reflecting the national pattern.

References:

PHE (2020). Disparities in the risk and outcomes of COVID-19

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892085/disparities_review.pdf

1.23 Summary

- COVID-19 has shone harsh light on some of the **health and wider inequalities that persist** in our society - nationally and locally.
- It is increasingly clear that COVID-19 has had a **unequal impact** on many people who already face disadvantage and discrimination.
- Evidence has shown that **older age, ethnicity, male sex, deprivation and geographical area**, are some of the factors associated with the risk of getting the infection, experiencing more severe symptoms and higher rates of death.

This report shows that **locally**, the impact of COVID-19 mirrors the national picture in most cases. It shows that the impact of COVID-19 has **been particularly detrimental on:**

- **people living in areas of high deprivation**
- **people from Black, Asian and minority ethnic communities (BAME)**
- **older people**
- **people living in care homes**
- **men**
- **some occupations**
- **people with a learning disability**
- **people with pre-existing conditions and**
- **people with protected characteristics**

Children and young people have also been greatly impacted by the pandemic as schools had to close during lockdown and parents had to take charge of their children's education. This was very challenging and very stressful for both the children and their parents.

Some **care homes** had to deal with **large** outbreaks and high mortality rates and found this understandably difficult.

The impact of COVID-19 on people's **mental health** cannot be over emphasised and the report has **highlighted this across the life course and different groups.**

- People of **all ages and different groups** also **experienced loneliness and social isolation** due to the impact of local tier restrictions, national restrictions and social distancing measures.
- They also experienced the **reduction in face-to-face opportunities** to socialise, connect with family, neighbours and friends and to take part in physical activity and everyday cultural and faith experiences.

1.24 Conclusions

- COVID-19 has had a **significant impact** on overall numbers of deaths both nationally and locally, where they occur and some population groups. The virus has caused many deaths **prematurely** among vulnerable groups, and cut short many lives. It has also had a **huge impact on people's mental health**.
- People's experiences of the pandemic have been shaped by **their health and existing inequalities**. Some populations have been **particularly affected** over the past year, **not only in terms of health but the social and economic effects too**.
- **Reducing these inequalities should be central to recovery**. It is therefore vital that we **learn from the pandemic and people's experiences** to ensure that in rebuilding we create a fairer society for all.