

Joint Strategic Needs Assessment 2021

Impact of COVID-19 on Health and Wellbeing in North East Lincolnshire

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Health & Wellbeing

Emerging Issues



A&E attendances have been increasing back-up to pre-COVID levels and have now exceeded numbers (as of May 2021). There is emerging evidence nationally of increased late presentations for cancer.



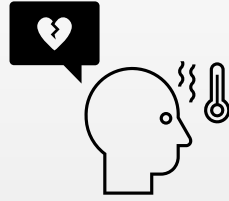
School based vaccination programmes have been impacted the most seeing a decrease in HPV vaccine coverage, other childhood vaccination programmes have been able to catch up. Screening programmes which were paused in the first lockdown could have a long-term impact on early detection of cancers.



There is emerging evidence of increased alcohol related problems with insight from Grimsby Hospital that they are seeing more people with complex alcohol issues currently.



The COVID-19 pandemic has not created health inequalities but has exposed and exacerbated longstanding inequalities affecting BAME groups in the UK.



There has been an increase in demand and acuteness across all mental health services. There has been an increase in post-natal depression and feelings of loneliness in new mums, for young people there has been an increase in anxiety, OCD and eating disorders. Stress, anxiety loneliness and uncertainty has increased in adults and for older people Locally we saw an increased number of suicides during 2020.



Some adults have increased smoking to cope with stress, anxiety and boredom in lockdowns, so children who live in households with a smoker may have been exposed to more second-hand smoke

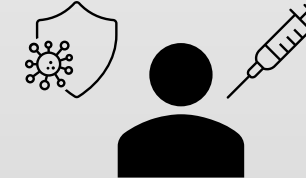


Access to contraception has been more difficult as services have moved online, condom supply decreased by 74% in the under 20's and by 64% in the 20+ population. However there is no evidence as yet that unwanted pregnancies or STIs have increased.

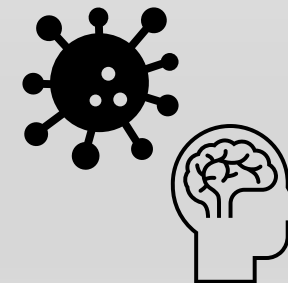
Ongoing Solutions



New triage services put in place during COVID-19 have received widely positive feedback from patients. Patients highlighted how they liked the additional privacy that came from being able to take these calls from home and felt safer limiting contact and reducing travel by only visiting COVID secure surgeries when absolutely necessary. However, patients preferred way to see a health professional was still face-to-face.



The COVID-19 vaccine uptake in North East Lincolnshire has been good, however, a significantly lower uptake of the vaccine in the most deprived residents and in those from BAME groups.



Ongoing support and research is being invested into patients affected by long COVID. The main symptoms reported are mental health problems, fatigue and headaches. In those admitted to hospital or intensive care symptoms may be more severe with a third being readmitted to hospital and a similar proportion going on to be diagnosed with a respiratory condition.

Health impacts of COVID-19 on primary care

COVID19 health impacts – primary care

- The COVID19 pandemic is having major effects on how GP practices manage their workload.
- Guidance from the Royal College of General Practitioners (RCGP) and NHSE resulted in primary care adopting a telephone triage model at the start of the pandemic.
- General Practice continued to operate throughout, albeit with considerable disruption and a changed mode of delivery.
- Primary care has faced unprecedented challenges but overall has demonstrated resilience and adaptability to the changing circumstances and delivery new ways of working.
- Initially patients were not presenting because a key issue was the willingness of patients to attend for appointments or surgery. This was addressed by repeated communications and a subsequent increase was evident.
- Disruption to routine healthcare could lead to delays and missed diagnoses.
- Although screening was not officially stopped in England, the move to having the majority of GP appointments delivered online plus lack of local lab capacity meant that many appointments were cancelled or invitations not sent.
- Primary care continue to support the suppression of the spread of COVID19 by limiting face to face contact wherever possible. Digital primary care development may build resilience to any future waves of COVID19.
- NHS 111 telephone service continued to operate for people seeking medical advice.
- Supporting the development of critical care and acute care capability to respond to a COVID19 surge in demand.

COVID19 Engagement Report (2020) – primary care 1

- Since the previous COVID-19 impact report, feedback from a questionnaire used to engage with patients who had accessed GP services ,and primary care, during the COVID-19 emergency response has been reported within the “Primary Care Response to COVID-19” Engagement Report (2020). The key findings from this report are expressed below.
- This survey was conducted between March 22nd and August 2020 (i.e. during the first lockdown). Responses were collected using a digital questionnaire sent, which received 7751 responses.
- Feedback from the COVID-19 Engagement report has shown that the majority of people’s mental and physical health has stayed the same (with some minor improvements). However, approximately a quarter to a third of respondents felt like their health and wellbeing had diminished.
- These new triage services have received widely positive feedback from patients. 63% of respondents to the COVID-19 Engagement Report rated their overall experience good or very good. Over 50% of respondents felt the appointment was easy, convenient and comfortable. Patients also highlighted how they liked the additional privacy that came from being able to take these calls from home
- Patients have welcomed revised appointment approaches as they feel safer limiting contact and reducing travel by only visiting COVID secure surgeries when absolutely necessary.
- Initially patients were not presenting because a key issue was the willingness of patients to attend for appointments or surgery. This was addressed by repeated communications and a subsequent increase was evident. However, some patients still perceive barriers to their healthcare, such as: believing the service they need is closed, believing services are too busy and perceiving it is too unsafe to access these services because of the Coronavirus.

COVID19 Engagement Report (2020) – primary care 2

- However, the COVID-19 Engagement Report highlights that patients preferred way to see a health professional is still face-to-face. Stress and anxiety have been reported in patients who feel like they are missing out on necessary checks which would take place during a face-to-face appointment. Mobile appointments do not allow doctors to carry out their own investigations and puts the onus on patients to describe their symptoms, which many find difficult.
- Many people have also reported difficulties adapting to these new portable and online services. In particular, those who are older, less competent with new technology and individuals who have a disability which affects their ability to access mobile/online triage systems. This is an accessibility issue, warranting further investigation and support.
- Alongside this, 24% of respondent within the COVID-19 Engagement report felt information about health services was confusing. Although Many people have no issue accessing online information around service changes within GP's (and the NHS overall) there is still a prominent minority who are struggling keeping up-to-date with these changes.
- A digital questionnaire was also sent out to Primary Care staff who distributed services during the COVID-19 emergency response. This research reported that Primary Care staff are also concerned about patients who are not digitally enabled not being supported or protected throughout COVID-19 restrictions.

COVID19 health impacts- Primary Care 1

Impacts	Pregnancy and early years	Children and young people	Adults	Older people
Short term	<p>There is no evidence that pregnant women are more likely to get seriously ill from COVID19, however they are on the list of people at moderate risk (clinically vulnerable) as a precaution. <i>Source: www.nhs.uk</i></p> <p>No definitive answer on the effect of COVID-19 during pregnancy. Similar respiratory disorders, such as Severe Acute Respiratory Syndrome and Middle Eastern Respiratory Syndrome have severe effects to both mother and child during pregnancy. Research seems to find that COVID-19 is less severe, with pregnancy complications occurring rarely. However, the effect pregnancy has on the immune system, and the lack of research, warrants for pregnancy shielding to continue Source: Liu et al, 2020; Wastnedge et al, 2020; Rasmussen et al, 2020; Mullins et al, 2020</p> <p>The restrictions on partners/supporting person not being able to attend any/all appointments/scans etc have had a considerable impact, particularly those experiencing uncertainty or bad news, trauma and loss. Has been some change to restrictions, however, which are highlighted in Secondary care section below. Services cannot be family centred if one parent cannot be there. Uncertainty about what care is available and how the guidance is being implemented is causing anxiety. <i>Source: Maternity Voices Partnership.</i></p>	<p>Increase in negative health behaviours and increase in anxiety, loneliness, and low mood as a result of disruption and social distancing. Risk of increased inactivity. <i>Source: the Children's Society</i> Programmes paused e.g. NCMP. <i>Source: NHS Digital</i></p> <p>There has been no significant change in rates of weight issues (underweight, overweight, obese) within North East Lincolnshire, However this may change as lockdown measures continue Source: National Child Measurement programme for 2019/20 within Yorkshire and the Humber Region</p>	<p>At the time of the previous COVID-19 impact report, various services were paused e.g. NHS health checks and routine medical reviews. NHS Health Checks are back up and running, however, invites are currently on hold due to restrictions within primary care.</p> <p>Increase in negative health behaviours e.g. alcohol, substance misuse, and poor diet. At the time of the previous COVID impact report, LARC fits were paused and contraception was changed to progesterone only pill. Virgin Care are now up to date with outstanding appointments and have agreed to provide extra clinics to meet demand. <i>Source: NELC</i></p>	<p>Risk of serious illness from COVID19. Services paused e.g. over 75 health checks, annual, frailty and medication reviews. Potential for unmet care needs due to service disruption. Older People reduced their contact with GPs and were self-medicating more or putting up with health issues, as they were nervous about going out. <i>Source: NELCCG</i></p> <p>The Over 75 wellbeing Service continues to operate, however, new referrals have stopped as Primary care focus has moved to rolling out vaccinations. Adhoc referrals have continued from other parts of the system e.g. Council's customer service. This is now a mobile service, whilst face-to-face appointments are restricted due to COVID-19 Source: <i>NELCCG</i></p>
Long term	<p>Infant routine immunisations catch up in process. Potential for longer term shift of some support delivered via phone/video to reduce the number of clinic visits. Potential increase in unplanned pregnancies.</p>	<p>Vaccinations were halted at the start of lockdown restrictions, however vaccination count for Children and infants has returned to a rate just below average and All children who missed out on routine vaccinations due to COVID-19 are now eligible for vaccines SOURCE: PHE, 2020</p> <p>Cases of children requiring intensive care after entering multisystem hyperinflammatory state due to COVID-19, experiencing symptoms similarly found in toxic shock syndrome <i>Source: Campbell and Sample, 2020</i></p> <p>An extensive catch up of school based immunisations is planned over the next year. <i>Source: NELC</i></p>	<p>An increase in health problems as a result of the negative health behaviours detailed above. <i>Source: LJMU</i></p>	<p>Issues around access to or skills to use technology to be able to receive digital or remote services. A telephone appointment may not be as complete as a video call</p> <p>Significant research is being conducted by the NEL council and CCG, in collaboration with the VSCE, into the effect of social isolation. This research confirmed worries that older people who lacked skills with, or access to, technology are unable to access health services which have moved online. These older people are also at a far higher risk of social isolation, as they are unable to use technology to connect with people during COVID-19 restrictions. Further groups highlighted for risk of social isolation were: singles, lone parents, carers, care leavers and those experiencing sudden loss of a partner or social networks.</p>

COVID19 health impacts- Primary Care 2

Impacts	Pregnancy and early years Children and young people Adults Older people
Health inequalities	Patients with LTCs are at increased risk of serious illness from COVID19 particularly those with multiple conditions. Potential disruption for patients with LTCs e.g. routine care reviews. Risk of LTCs not being managed. District nurses continued to operate but with disruption and focussing on highest priority patients. Due to 'No Recourse to public funds,' restrictions placed on migrant families based on their immigration status, Some families are unable to receive any funds, financial protection or support from governmental schemes during the Coronavirus pandemic. These families are likely to be massively affected by job loss or inability to work due to contracting COVID-19 (Children's Society, 2020) Digital exclusion due to emerging technology and modes of appointment which may be age, skill, or income related. Consequential access, quality of care, and patient experience issues.
Shielding patients	Shielding patients are particularly at risk of COVID19 exacerbation and other risks such as social isolation and loneliness. Limited physical activity due to not leaving the household. Need to understand shielding patients access to technology and associated skills to better support their healthcare. <i>Source: NELCCG</i> National pharmacy medicine delivery service has resumed throughout current lockdown and will continue in 2021 <i>Source: www.gov.uk</i>

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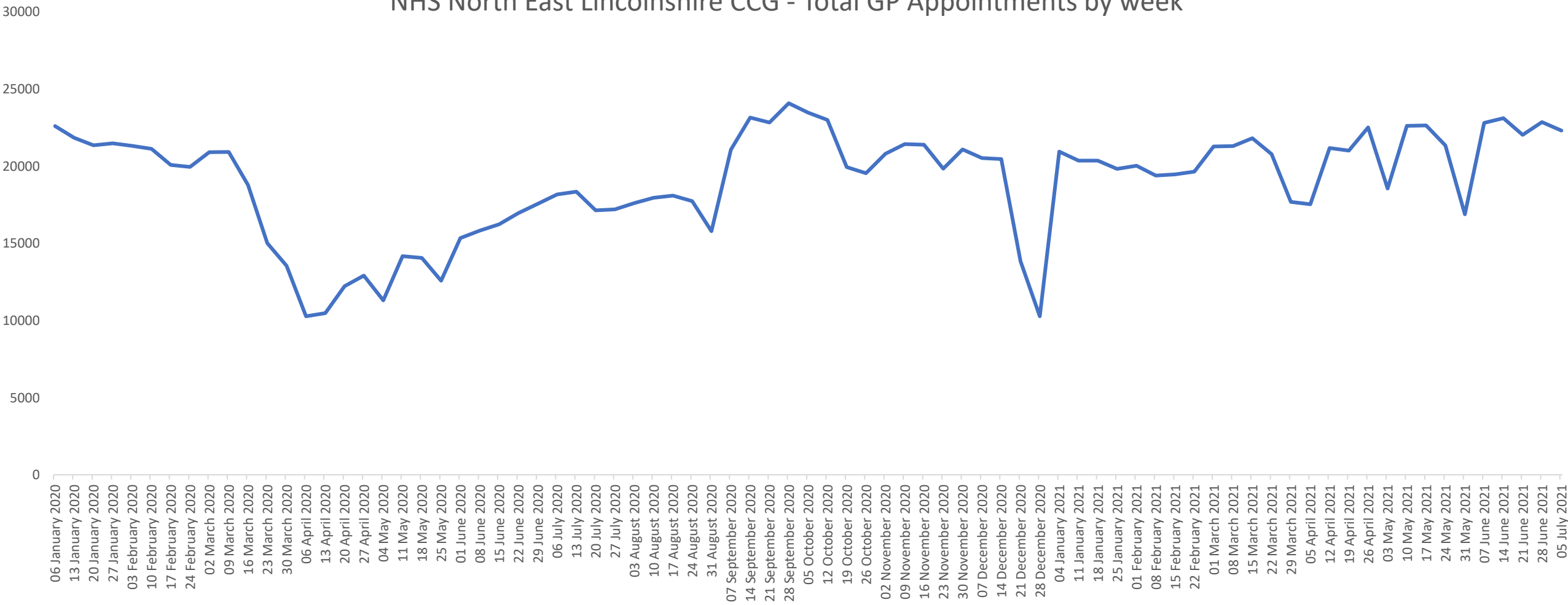
Effect of lockdown on activity 1

COVID19 has led to different models of working particularly around the mode of appointments. There was an initial reduction in the number of appointments and changes in the pattern regarding reasons for attendance.

Prior to COVID19, the CCG averaged just over 20,000 appointments a week in General Practice, however activity dropped to half this number in early April and then steadily increased through to July to an average around 85% of the pre-COVID rates.

The level of appointments by week peaked in the middle of September (around the time of the first wave to hit North East Lincolnshire) and stayed almost in-line with rates seen before COVID-19 restrictions throughout September to December. Rates then dipped dramatically around Christmas time and have begun to rise again in the new year.

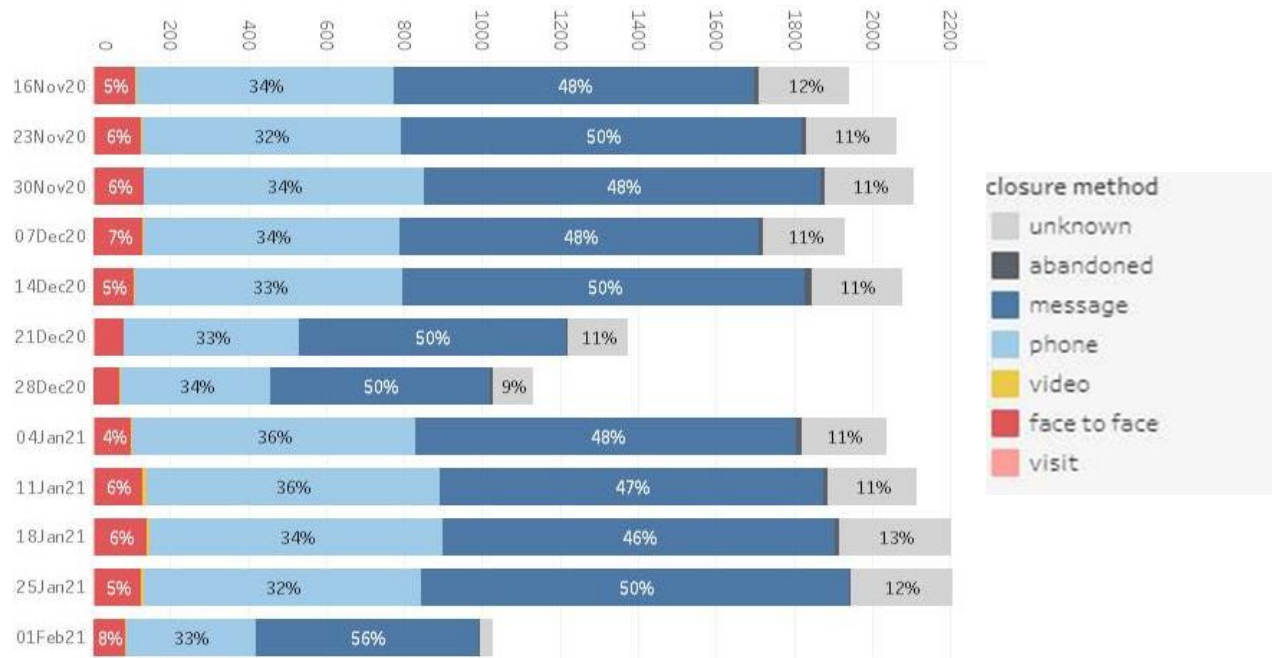
NHS North East Lincolnshire CCG - Total GP Appointments by week



Effect of lockdown on activity 2

COVID19 has led to different models of working particularly around the mode of appointments. There was an initial reduction in the number of appointments and changes in the pattern regarding reasons for attendance.

Prior to COVID19, just under 40% of Roxton Practice appointments were face to face but this had reduced to around 5% by the end of May 2020.



Nationally, the proportion of telephone appointments is now similar to the proportion of those face to face. The RCGP predict that whilst face to face appointments will rise again, they are unlikely to ever reach pre-lockdown levels.

COVID19 health impacts – primary dental care

- At the time of writing, all dental practices in North East Lincolnshire are providing a range of treatments with providers following the procedures outlined by the office of the chief dental officer and Public Health England.
- Keeping staff and patients safe by following the guidance does mean that dental practices are currently seeing far fewer patients in a day than they did prior to the pandemic.
- Progression to resume the full range of routine dental care will take considerable time with dental practices prioritising patients who have an urgent dental treatment need and are in pain. If there is capacity, then practices are completing any open courses of treatment, with a return to a full routine dentistry following.
- At the time of writing, we are awaiting further national guidance that will provide commissioners and providers alike with a steer on timelines for the resumption of regular dentistry.
- Delivery of the oral health improvement plan has been on hold because staff were redeployed to COVID19 swabbing duties. There was a particular focus on children in the plan, and things like supervised toothbrushing schemes in early years were paused, and fluoride varnish treatments have not happened as part of routine primary dental care.
- The dental epidemiology survey has been paused.
- **UPDATE 05.01.21** - Dental practices will be allowed to remain open in England, Wales, Scotland and Northern Ireland during the third national lockdown beginning on Tuesday 5th January. For a dental practice to treat you, they will need fully compliant PPE, to exercise social distancing measures and apply appropriate cross-infection control.

Health impacts of COVID-19 on secondary care

COVID19 health impacts - secondary and emergency care 1

Impacts	Pregnancy and early years	Children and young people	Adults	Older people
Short term	Midwifery appointments usually take place face to face in children’s centres; however, these centres have been closed therefore most appointments have been done over the phone and essential information, such as changes to the service, have been advertised online or sent to patients through text and E-mail.	A&E attendances for both minors (non-critical/ life threatening) and majors (acute care) dropped by half at the beginning of lockdown, attendances for majors have remained low whilst the number of people attending minors has risen to more than twice the numbers attending in January and February. This rise in Minor A&E attendance was consistent throughout the latter stages of the year, with the peak in minor attendances occurring on the 7 th of September (758) and ,despite dipping slightly, rates were considerably higher at the end of the year than they were at the start. Major attendance rates, on the other hand, remained lower in the second half of the year than they were in the first, Despite the second wave of COVID-19 in September.		
	Although it is under discussion that these mobile appointments will become a long-term feature, many pregnant women felt the service was not a substantial substitute for face-to-face consultations. Expressed concerns included: Source: Maternity Voices Partnership.	Referrals to all specialities within the Trust have dropped and have not risen to previous numbers yet. Women & Children’s referrals are the closest to pre-covid rates. Medicine and Surgery and critical care speciality referrals are still lower than pre-covid levels, however they have seen a significant rise at the start of 2021.		
	<ul style="list-style-type: none">Feeling unable to express worries and anxieties over the phoneFeeling unable to stay informed with vital changes to the serviceFeeling rushed during mobile consultations.The care provided feeling impersonalWorries over the lack of checks/pregnancy observations normally completed during face-to-face appointments	Speech and Language services have used mainly video appointments which can be hard for some children to engage, face to face appointments require masks to be worn, making communication more difficult.		Older people are significantly more likely to become more seriously ill and require treatment in hospital if they acquire COVID19.
	Online service “Ask the midwife” has received high praise. This service is available on all three Trust maternity Facebook pages and allows people to private message a midwife weekday to ask for information and non-urgent advice.			Alongside this, older age adults (especially those who smoked, drank vaped or were using nicotine replacement therapy) were found to be worse at recognising their own risk behaviours, increasing their chances of being significantly affected by COVID-19 (Herbec, 2020).
	Due to staff absences continuity teams have not been able to provide continuity of care to pregnant women.			
	Lack of tongue tie support has impacted on mums breastfeeding babies with tongue tie.			
Long term	Previously, Fathers had been unable to attend scan appointments or stay for longer than 6 hours after the birth of their babies. Additionally, Mothers had felt anxious about attending scans and appointments alone and worried about managing without their partners in hospital. Since the previous impact report-	With schools being closed, referrals to speech and language services have significantly dropped, this could lead to a surge in referrals when schools reopen, also some children’s needs may be missed.	The NHS Cancer Service Recovery plan (2020) reports on current efforts to ensure continuation of essential cancer treatment and screening for high risk individuals This paper reports that:	
	<ul style="list-style-type: none">Partners can now attend the 20-week anomaly scan at NLaG and York and emergency early pregnancy assessment scans at NLaGWork is being completed in Hull to enable access for partners at a scan soon.Visiting onto antenatal and postnatal wards for a fixed length of time at an allocated time is available in Hull and York; antenatal and postnatal access for the nominated birth partner from 10am-10pm is available in NLaG.A second birth partner can attend active labour and birth in Hull, subject to the space available and individual care plan.The nominated birth partner can attend the whole induction of labour in York, subject to the space available and individual labour.16-week appointments are now face to face in NLaG.		<ul style="list-style-type: none">The number of patients seen following an urgent referral for cancer fell in April 2020, these rates returned by September to 199,801(102% of normal).NHS breast and bowel screening services were locally paused in March 2020, but all services are now running across the country and screening invitations are at rates over 100% of pre COVID-19 rates.Number of people waiting more than 62 days for diagnostics and/or treatment following urgent referral has fallen by more than half but remains above the pre-pandemic level of about 11,800.Most cancer treatment was maintained throughout the initial peak of the pandemic. However, COVID-19 restrictions and the pressure from investigations, acute and critical care did disrupt healthcare pathways.Over 291,000 people received their first or subsequent treatment for cancer during this time (March to September 2020), 86% of the number treated in the same period in 2019.Over 150,000 people started their first treatment. This is around 30,000 fewer than in the same period last year, largely because of fewer referrals.	
	Source: Maternity Voices Partnership		However, Delayed cancer diagnoses could lead to a surge in demand in the later stages of the pandemic. The number of cancer related deaths could also increase (Liverpool John Moores University, 2020). Also, Indirect morbidity and mortality are increased because non-urgent treatment or prevention is put off or people do not get seen for treatment (Gresham College, 2020).	
	More work is being done to improve access for Partners, as there are still worries that the restrictions in place may affect the relationship between Father and child.			
	Lack of flexibility and discretion for midwives/healthcare professionals is having a negative impact on the care they can provide – feedback suggests in most cases it is the pathway not the care providers that are letting pregnant people and new parents down.		The Centre for Aging Better found that 20% of people surveyed said they had a hospital appointment cancelled leading to a decline in their physical health, additionally 5% said they had an operation cancelled and worried about the impact of this on their long-term health (The Centre for Ageing Better, 2020).	

COVID19 health impacts - secondary and emergency care 2

Impacts	Pregnancy and early years
	Children and young people
	Adults
	Older people
Health inequalities	Excess mortality and morbidity if interventions lead to increased deprivation. Deprivation and ill health are strongly linked (Gresham College, 2020). Additionally, people living in the most deprived areas died of COVID-19 at twice the rate of those living in the wealthiest areas. (Office for National statistics, 2020)
	PHE research has found that, nationally, death rates from COVID- 19 are higher than expected among Black and Asian ethnic groups compared to White ethnic groups. 30% of Bangladeshi households, 18% of Pakistani and 16% of Black African household’s experience overcrowding. This compares to 2% of White British households. Overcrowded homes pose a significant health risk by increasing likelihood of spreading COVID-19 (Office for National Statistics, 2020; Centre for Aging Better, 2020)
	Although there is not a large amount of research into how health inequalities have been exacerbated after COVID-19, research from Hong Kong finds that deprived individuals were more likely to have job loss/instability, less reserves, less utilisation, and more concerns and struggles around accessing PPE. Being deprived had worse physical and mental health and had an indirect effect on mental health via worry and job loss/instability (Chung et al, 2020).
Shielding patients	For people with LTCs there are concerns that their needs may not have been met over lockdown and consequently their physical health could have worsened (Liverpool John Moores University, 2020).
	There are 6725 Shielding Patients within North East Lincolnshire (0.21% of population). The majority of conditions afflicting those shielding within North East Lincolnshire (and the wider Yorkshire area) are: different Respiratory Conditions (Severe COPD and Asthma in particular), different forms of Cancers, Rare Genetic Metabolic and Immunosuppressive Diseases, and Learning Disabilities. Extensive research, both Nationally and Internationally, has indicated that these conditions are significant risk factors for severe (and potentially fatal) COVID-19 trajectories, compared to patients who contract COVID-19 with no underlying health conditions (CCG, 2020; Docherty et al, 2020; Lee et al, 2020; van Bunnik et al, 2020)
Long Term COVID-19	Research in Italy found that only 18 patients (12.6%) were completely free of any COVID-19–related symptoms after 60 days had past since their COVID symptoms started (Carfi et al, 2020). The long term consequences of COVID-19 have also been observed in patients who did not have severe illness ,or the need to be hospitalized, because of the disease. Research from the Centre for Disease Control and Prevention in the US (Tenforde et al, 2020) Also found that long term health consequences following covid-19 also occurred in patients whose symptoms were more mild and did not require the patient to be hospitalised The most reported symptoms after contraction of COVID-19 are: fatigue, dyspnea, joint pain, chest pain, and specific organ dysfunction involving primarily the heart, lungs, and brain (Del Rio. Collins & Malani, 2020).

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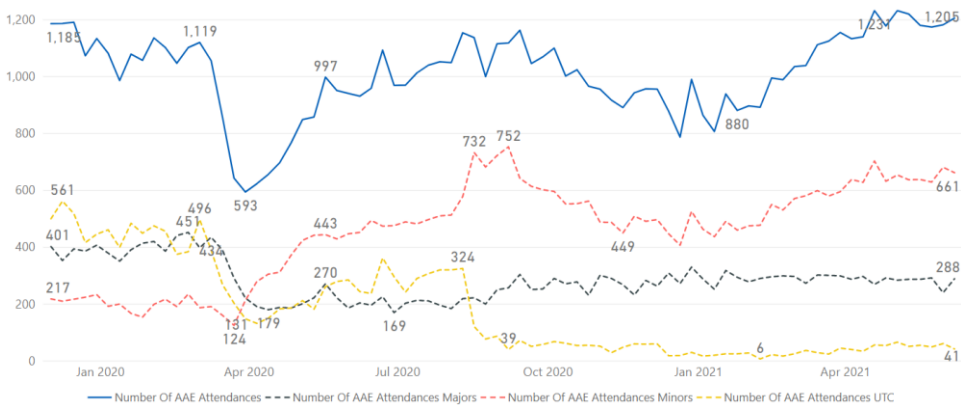
NLaG hospital activity data

A&E attendances by week, January – September 7th 2020

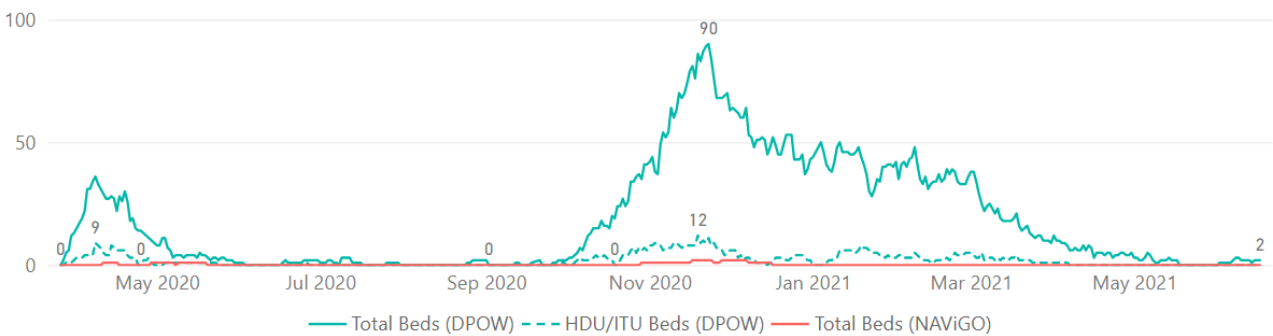
The total number of A&E attendances started to drop from W/C 16th March and by 30th March dropped to almost half the usual number. The numbers remained low in April and steadily began to rise throughout May. The most recent week shows that the number of A&E attendances at DPOW are now higher than they were before the start of the pandemic.

The main difference is the large increase in minors which have more than doubled since the start of the year, the number of majors has remained low even after the lockdown restrictions were lifted. Rates of referrals, A&E attendance and COVID-19 cases in hospital beds spiked around November 2021, when North East Lincolnshire experienced a second wave of COVID-19.

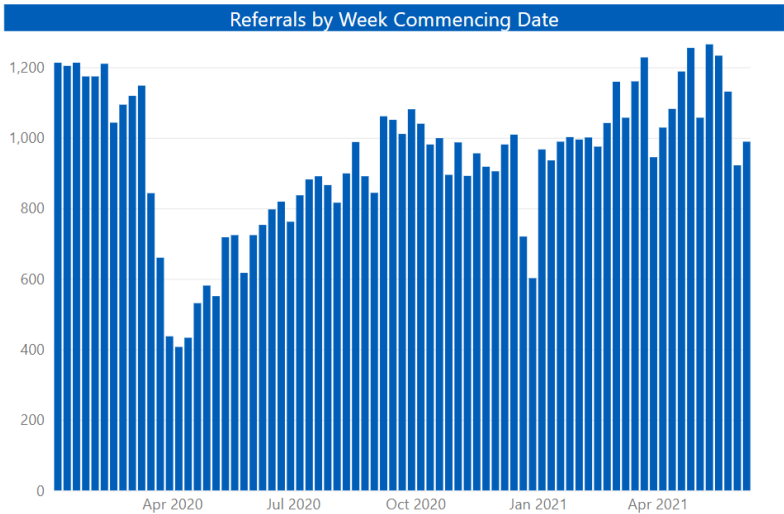
A&E attendance by week January 2020 to 2021



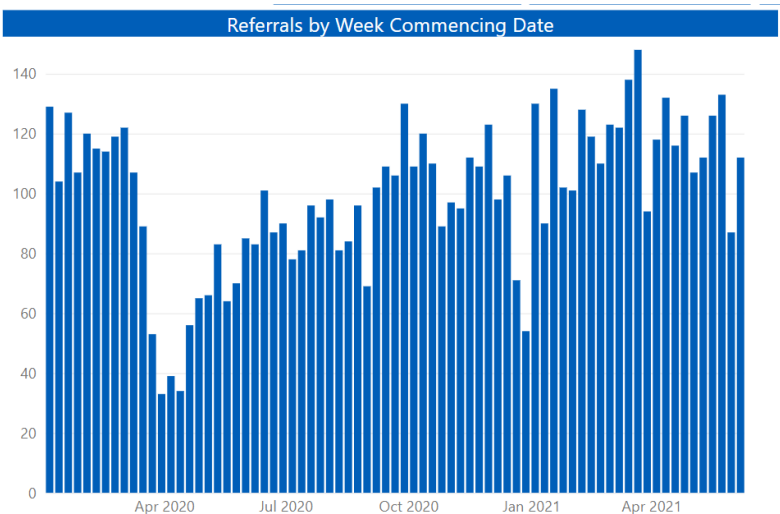
COVID-19 cases in hospital beds January 2020 to 2021



Referrals by week, January 2020 to 2021



2 Week Wait Referrals by week, January 2020 to 2021



Data caveat: Please note that this data is not validated and should only be used as an indication of changes in activity trends. The activity only reflect North East Lincolnshire registered patients at NLaG and therefore excludes patients attending or referred to other providers.

Health impacts of COVID-19 on Mental Health

Short term impacts on mental health

Pregnancy and early years	Children and young people	Adults	Older people
<p>NEL Maternity Services staffing levels were affected by the COVID pandemic with staff shielding and self- isolating if family members had been affected so this at times had an impact on staffing levels in some areas but on the whole the service managed well and continued to offer as much support and care to the women as possible.</p> <p>Most of the community clinics were reduced and women’s appointments were conducted over the phone including the Primary visit after delivery the only exception were ladies with complex needs or safeguarding issues so there were less face to face visits. Therefore homes were not visited to obtain a bigger picture of any issues there may be e.g. poor housing / preparation for the baby (NEL Maternity services).</p> <p>Since maternity and health visiting services are seeing mothers virtually, mental health issues of new mums may not be picked up.</p> <p>There are concerns that developmental/ behavioural issues are not being picked up locally as health visitors are not doing their 2 – 2.5-year check. This is likely to impact more on children from deprived communities.</p> <p>Normal face to face contact is not available in services, so babies could be living in harmful situations with physical/ mental health needs left unaddressed (2).</p>	<p>Kooth also saw increased demand for therapeutic support among their NEL users aged 11-25 via chat sessions and therapeutic messaging locally during lockdown. Demand for therapeutic support decreased between June 29th and September 27th. However new registrations increased by 50% between September 28th and December 27th. Compared to 2019, the prevalence of anxiety & stress and self harm & suicidal thoughts in 2020 increased by 34% and 42% (time period of March 29th to December 27th) (Kooth).</p> <p>Suicidal thoughts have become the most common presenting reason for the first time since Kooths contract began. The highest number of logins to the Kooth app, were seen during the first two quarters of 2020 (Kooth).</p> <p>Children’s services have experienced an average 23% increase in monthly referrals around domestic abuse (DA) in comparison to referrals prior to the first national lockdown. Additionally referrals where DA is a secondary reason are not recorded as a DA referral, whilst concerning overall it is suspected DA referrals to children services are likely to be underreported. Also there has been reported anecdotal evidence of increased seriousness of some DA incidents, which inevitably will have an emotional impact on the children (Helen Cordell’s trend analysis).</p>	<p>Care home staff experienced much anxiety, stress, and fear over the pandemic. The balance between encouraging staff to be vigilant without creating fear has been difficult. Those working in care homes experiencing outbreaks found the experience especially difficult. Staff have not understood some of the national guidance (such as around PPE). Continuing changing guidance was particularly challenging as sometimes staff had only just received training and guidance before it was changed again When the infection, prevention and control team went to physically support staff with guidance, this helped to remove fear. Some care homes have dealt with large outbreaks and high mortality rates and found this understandably difficult (Bruce Bradshaw).</p> <p>An estimated 1,741 – 6,415 (17-63%) of NEL healthcare workers could develop mild to severe mental health conditions during the pandemic (Navigo).</p> <p>Navigo predicts that 7567 NEL parents could develop PTSD symptoms because of the lockdown. Nationally many single parents have experienced anxiety, loneliness, hopelessness and ‘not coping well’ (4).</p>	<p>Loneliness and social isolation are the biggest mental health issues that have affected older people during lockdown, with distress caused from not seeing family and friends (9).</p> <p>Many older people fear going out and are confused by the messaging around what they can/ cannot do (9).</p> <p>Those who were previously active and independent were most emotionally affected by lockdown (9).</p> <p>There are concerns over care home residents deteriorating due to lack of family and activity coordinator visits. A possible resurgence in the use of antipsychotic medicine has been anecdotally reflected, which may in part be due to lack of face to face assessments (Bruce Bradshaw).</p>

Pregnancy and early years	Children and young people	Adults	Older people
<p>NEL Maternity services report distress among local pregnant women that their partners cannot attend appointments and scans. This may impact on bonding between father and baby before birth.</p> <p>Isolation is reported among some pregnant ladies. Those who experienced prior mental health issues or a previous loss or traumatic experience, have found lockdown particularly difficult (NEL Maternity services).</p> <p>Partners / visitors were not allowed in for any part of maternity care and those women who were booking had a 2 part booking process so the first part was undertaken over the telephone and the second part face to face that remains in place currently. No partners were allowed in for antenatal care and scans and at delivery the partners were allowed in when the women were in established labour and could stay for a limited time after the delivery except with the exception of a vulnerable women and this was arranged with the Head of Midwifery to agree this. There were a few complaints from the women when partners were not allowed in however the majority of women were very grateful to the staff for the care they had received in the absence of visitors etc (NEL Maternity services).</p> <p>Women were very keen to go home sooner once they had delivered than they possibly would have if their partner could have been present (NEL Maternity services).</p>	<p>Increased referrals to the Bereavement partnership through Young Minds Matter and children's services. Referrals have also come in from students returning from University who are worried and unclear what the future holds. (Bereavement partnership).</p> <p>NEL Young Minds Matter referrals dropped at the beginning of the first national lockdown but then returned to normal levels. They report more complex, and less low-level cases, a worsening of Obsessive-compulsive disorder (OCD) symptoms, increased social and health anxiety, and increased eating disorder referrals. From April to December 2020 NEL Young Minds Matter received 646 referrals (42 urgent & 26 emergency), which was a 6% increase in the total number of referrals and 45% increase in urgent referrals (whilst emergency referrals decreased by 27%) during the same time period of 2019.</p> <p>Nationally, Kooth has reported a steep increase during March-May in the number of BAME young people under 18 seeking help for anxiety, stress, suicidal thoughts, self-harm, and depression (4). Locally, due to such low numbers of new registrations within the BAME community, it is difficult to draw any conclusions into how they have been affected during the lockdown period (Kooth).</p> <p>In a national Young Minds survey, many young people aged 4-10 years have had increased emotional, behavioural and attention difficulties (4). Children from disadvantaged communities are likely to have experienced a increased impact of school closures as they are more likely to live in circumstances which make home schooling and enjoyable free time challenging (8).</p>	<p>Citizens Advice NEL reports increased mental health issues locally (stress, anxiety, and depression) linked to uncertainty from issues such as being furloughed, facing threat of redundancy, and concern over tenure security when the restrictions covering eviction by landlords lifts.</p> <p>Between November 1st 2020 to January 26th 2021, 113 people were advised concerning specific Covid-19 problems. During the first 2 months of lockdown there was a 65% increase in referrals which decreased towards during the rest of the year to be around 10% above the comparable period of last year. 54% of people referred had a long-term health condition, whilst 7% had a disability (Citizens Advice NEL).</p> <p>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. Services such as voluntary sector care and support, drop-in centres and ESOL classes have all been 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.</p> <p>The Carers centre report 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 are not available.</p> <p>Older adults and those with multimorbidity's may be particularly affected by issues (i.e. isolation, loneliness, end of life care, and bereavement) perhaps exacerbated by the 'digital divide' (1).</p>	<p>A third of older people in the UK agree that their anxiety is now worse or much worse than before the start of the pandemic (10).</p> <p>45% of people aged over 70 have shared that they feel uncomfortable or very uncomfortable leaving their homes because of the pandemic (10).</p> <p>The proportion of over 70s that are experiencing depression has doubled since the beginning of the pandemic. More than a third of over 60s have stated that they are less motivated to do things they used to enjoy (10).</p>

Pregnancy and early years	Children and young people	Adults and Older people
<p>Antenatal classes including Infant Feeding sessions were changed to a virtual offer with fewer up-take than previous but the evaluation remained positive. However women did not receive the same level of one to one support that they would have received face to face and relationship building for these ladies and their families was obviously different too (NEL Maternity services).</p> <p>The Perinatal Mental Health Midwife saw an increase in the number of referrals as more women had an increase in their anxiety/ depression levels due to isolation and lack of the same face to face support that they would have normally received (NEL Maternity services).</p> <p>It is also reported locally that numbers of children returning to early years settings are particularly low in disadvantaged communities (Early years providers meeting, NELC Public health).</p> <p>Also, speech and language services report that referrals to them have dropped as schools have closed and health visitors are not doing 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. Local speech and language services are carrying out their session with families through video, which works for some children but not others.</p>	<p>Child abuse and neglect within the home are anticipated consequences of quarantine and risk factors for mental health issues (1). Reported child abuse has risen nationally during school closures (5).</p> <p>Children of parents experiencing mental health issues during the pandemic are also likely to be affected mentally (4).</p> <p>Children report struggling as their routines and face to face contacts are disrupted. 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 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) (Bereavement Partnership).</p> <p>In a national survey of over 250 young carers, 70% reported that lockdown has made their mental health worse (Channel 4 News, 2020).</p> <p>Having began in October 2020 as a mental health support service for young people, Compass Go had 84 active cases by December. November saw 47 referrals received, the most common reason for referral overall has been anxiety. Many children's anxieties are related to the pandemic (i.e. health anxiety, new routines, transition back to school after long periods at home, attachment) (Compass Go).</p>	<p>Local acute admissions inpatients to Navigo are presenting as increasingly unwell and length of stay is increasing. Referrals were suppressed during lockdown but are expected to surge as restrictions ease. In a survey of 555 Navigo service users, 55% feel like Covid-19 has impacted their mental health (mainly anxiety, depression, loneliness, and stress).</p> <p>Between January 2020 and February 2021 there have been 22 suspected suicides in North East Lincolnshire, 14 were male and 8 were female, this a significant increase in female suicides and the highest proportion since data collection began in 2017. Of the 22 deaths, 14 occurred during a lockdown. Domestic abuse, having a child in care, deprivation, unemployment, drug and alcohol abuse and having a pre-existing mental health condition were significant factors identified in the lives of those who died by suspected suicide. (Real-time surveillance of suspected suicides in North East Lincolnshire).</p> <p>Between April 2nd - May 27th over half of all calls to the wellbeing centre were directly due to Covid-19 and restrictions. Anxiety, low mood, depression, and loneliness/isolation were common reasons for calls. From March 23rd to October 31st 2020 118 referrals were received by the wellbeing service directly from the COVID-19 Hotline. Total referrals over the same period from 2019 to 2020 decreased by 22%, whilst referrals for emotional wellbeing decreased by 17%. Additionally self referrals increased by 37 whilst GP referrals decreased by 68%, however anecdotal information has suggested GPs are reporting greater instances of anxiety (Well Being Service; Leigh Holton CCG).</p> <p>Most services by 'Mind' have been working virtually. Service users report isolation and a desire for a choice of both face to face and virtual support. Some do not have internet access.</p> <p>A number of recipients of Support at Home have experienced fear of contracting COVID19 from a member of staff, leading them to cancel calls. In some situations this has escalated to crisis and hospital admission (Anecdotal Information from Bruce Bradshaw, CCG).</p> <p>Police data has shown a general increase in domestic abuse investigations, with an increased percentage of high-risk cases. Increased referrals to Women's Aid also occurred since the first national lockdown began (from Helen Cordell's trend analysis) which will inevitably impact on mental health.</p> <p>BAME communities are overrepresented in critical care/ mortality statistics, so will likely be over-represented in PTSD statistics in case of a second peak (4). Those from BAME backgrounds have a greater risk of loneliness which may be exacerbated with current restrictions (7). Ethnic minority groups may face stigma and/or find it harder to access support (5)</p>

Pregnancy and early years	Children and young people	Adults	Older people
	Grimsby Institute for Further Education report 16-18-year-old learners withdrawing with emotional issues, mostly young males.	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, 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. (Bereavement Partnership).	
	<ul style="list-style-type: none">• The 24/7 all age mental health helpline is acting as a preventative measure to ensure early support. It is advised that funding for this needs to continue to prevent pressure build up in all mental health Services, ensuring sufficient capacity. Work continues to develop the 24/7 service in order to broaden the reach and accessibility (Navigo).• Neurological symptoms of Covid-19 are reported to be common and often severe (1). 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 Covid-19).• 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.• Those who have previously suffered distressing experiences, such as abuse, neglect, discrimination, and oppression, are at higher risk of psychological harm and trauma from the adversity the pandemic brings (3).• Some local people with learning disabilities struggled to deal with restrictions (i.e. reduced opportunities for normal routine). As restrictions eased, 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 (Leigh Holton, The Autism Forum).• Socially isolated people for whatever reason (for example living alone or shielding) are likely to suffer more from mental health issues (1)• Public health / crisis/ management staff particularly those dealing with suicide and mental health issues may require support.• 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.• Members of support groups/ places of worship are likely to have experienced more social isolation and loneliness, during lockdown restrictions.• In addition, during the latest lockdown there was a new emergence of individuals uncertainty in what is happening across the population. Whilst the roll out of the vaccine was a boost, people reached an all-time low due to the possibility for the lockdown to continue for some months. The pre bereavement service has experienced increased calls with individuals who were previously coping but are now struggling (Bereavement Partnership).• A new trend has emerged as the pandemic has progressed (increasing numbers of professionals making early bereavement referrals for individuals recently bereaved. Professionals perceive individual as needing support but they are not ready or in a position to process their grief, haven’t yet had the funeral or do not need support due to having own support networks.) (Bereavement Partnership).		
	Impact on widening of mental health inequalities , since the burden of risk factors for poor mental health during the pandemic falls most heavily on disadvantaged groups, such as those from racial and ethnic minorities, people living in poverty, and those with physical disabilities and mental illness (3)(8).		

Long term impacts on mental health

Pregnancy and early years	Children and young people	Adults	Older people
<p>Maternity services/ health visitors/ perinatal mental health teams are doing much of their work over the phone, and report that this may be masking issues which are predicted to become evident further down the line.</p> <p>A baby's attachment to mother and long-term psychological development may be affected by maternal mental health issues such as post-natal depression, which are more likely during lockdown and less likely to be picked up by professionals.</p> <p>If fathers cannot attend scans and maternity appointments this may also impact on baby-father attachment and the baby's psychological development.</p> <p>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.</p>	<p>Some children will have emerged from lockdown having endured traumatic experiences at home (4). It is anticipated locally that there will be an increase in the number of domestic abuse disclosures now children have returned to school. Adverse Childhood Experiences (ACEs) such as these have long term physical and mental health consequences.</p> <p>Adjusting back to school and uncertain futures pose challenges (5).</p>	<p>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.</p> <p>An increase in domestic violence and associated mental health issues are being reported in NEL by DWP work coaches, who predict a suppressed demand for domestic violence services as lockdown eases.</p>	<p>A loss of confidence has been reported among the elderly, which will affect independence in the long term (NEL voluntary services). This is likely to result in increased long-term social isolation and loneliness.</p> <p>25% of people over the age of 70, are unclear on when their lives will return to normal. Whilst 9% don't believe their lives will ever return to normal (10).</p>
<p>In the long term it is possible that Covid-19 will have persistent neurotoxic effects on the brain however as yet this is unclear (1).</p> <p>Those who are delaying self-referral for physical health conditions during lockdown, are likely to be impacted mentally later.</p> <p>The impact of lockdown may result in an increase in relationship or family breakdown, which is likely to have long term mental and emotional health effects.</p> <p>As people come out of furlough there is likely to be an increase in unemployment locally which will have impacts on mental health.</p> <p>The pandemic has caused an increased demand for emotional / mental health support and more complex mental health cases are being picked up by both children's and adult's mental health services. This is likely to require long term treatment and support. In addition, as Covid-19 cases rise locally we can expect an increase in the number of people at risk of PTSD, as there is a risk of developing PTSD after experiencing intensive care treatment for Covid 19 (4). The demand for crisis support increased in the 2nd wave of Covid-19 and has begun to rise further since Jan 21, with the majority of referrals to crisis being very distressed or experiencing a high acuity of symptoms (Navigo).</p>			

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Health impacts of COVID-19 on Screening and Immunisations

Screening and Immunisations

	Birth/ Early years	Children/ young people	Adults	Elderly
Short term effects	<p>New-born hearing screening originally saw backlogs for hearing tests and so many new-borns went home without a hearing test. However new-born screening appointments are now continuing as normal. Screening is deferred if new-born tests positive for Covid-19. There are differing situations in audiology across the country and Y & H compares favourably. Technical guidance has enabled the trusts to manage lists and prioritise babies against a national standard. Trusts are still managing parents’ fears of bringing babies back to audiology. <i>Source: NHS Newborn Screening and NY&H Screening and Immunisation Oversight Group</i></p> <p>The number of MMR (measles, mumps, and rubella) vaccines delivered in England dropped by 20% during the first three weeks of the lockdown, and by 19% in the Yorkshire and Humber region (1)(3). This was followed by a rise which has stabilised and is comparable to vaccination counts prior to the COVID-19 pandemic. For toddlers scheduled to receive MMR1 vaccine from March 2020 onwards, as of November 2020, preliminary national vaccine coverage measured at 18 months remained approximately 86% – this was 2% lower compared to 2019. It will not be possible to assess the full impact of COVID-19 on primary immunisations until later in 2021, when the official COVER statistics reflecting vaccines scheduled from March 2020 onwards are assessed. <i>Source: PHE Health Protection Report</i></p>	<p>School based vaccination programmes resumed Summer 2020. However due to subsequent national lockdowns in Autumn-Winter 2020/21, class/year bubbles collapsing, parent and or child self-isolation, this has impacted on ability to catch up on routine school vaccinations. In North East Lincolnshire (NEL), the percentage of Year 8 children given their first HPV vaccine September to August 2019-2020 was 67%, this is a 28% decrease on the previous academic year. Across all year groups in NEL (Reception to Year 7), there was 62.7% uptake in the flu vaccination between September and December 2020. This uptake is around 7% lower than previous years in NEL, however this is not necessarily all down to COVID as an electronic consent format was introduced. Community clinics resumed mid-January 2021, concentrating on the influenza programme. All other school based vaccinations will recommence after February half-term. <i>Source: NELC</i></p>	<p>Particularly with more transmissible variants emerging, pregnant women may be tempted to skip vaccinations for fear of contracting Covid-19 in clinic. Cumulative flu vaccine uptake for pregnant women Sept- Nov 2020 was 43.1%, comparable to commissioning region uptake of 44.1% <i>Source: NEL CCG</i></p>	<p>The MHRA in the U.K has currently approved three coronavirus vaccines. There are currently four local COVID-19 vaccination centres in NEL; Immingham, Cleethorpes, Scartho and Grimsby. Vaccines are being distributed across our Primary Care Networks, concentrating on the over 80’s, care home residents and health workers. This aligns with the JCVI advice on firstly targeting priority groups. <i>Source: NEL CCG</i></p>
		<p>As of January 2021, all Yorkshire and Humber screening programmes have restarted and continue to be restored in line with the national hierarchy.</p> <ul style="list-style-type: none">• Abdominal Aortic Aneurysm (AAA) screening has resumed. Men at greatest risk or related death were invited first.• Bowel screening programme has been progressing with invitation backlogs ranging from -22 to -14 weeks behind. The standard is to be at a maximum of -6 weeks behind.• Breast screening programme in Yorkshire and Humber is operating and continuing to work through the backlog of delayed routine screening. As of November 2020, self- referrals resumed. Though there has been a reduced uptake due to the national lockdowns.• Cervical screening extended intervals work is re-starting. There are no concerns currently regarding the levels of activity across the Y&H region, though this will be closely monitored as the COVID vaccine roll out creates additional pressures. <i>Source: NY&H Screening and Immunisation Oversight Group</i>		
		<p>Diabetic eye screening has reduced number of appointment slots so many individuals will have had this postponed.</p>		
	<p>Delivery of routine immunisations will be impacted by factors such as household isolation, Covid-19 illness in families with new-born children, vaccine supply disruption, healthcare staffing shortages, and enhanced infection prevention procedures. This will present a challenge for general practitioners (GPs) and community healthcare (2).</p>			

	Birth/Early years	Children/ young people	Adults	Elderly
Long term effects	There could be subsequent MMR outbreaks if the vaccinations are not caught up.	As long as schools stay open, no children should miss their vaccines long term. An extensive catch up programme running until the end of 2021. The main risk preventing child vaccinations will be if schools close again. There could be subsequent Meningitis outbreaks in schools if MEN ACWY vaccinations are not prioritised.	Care home managers have reported that they have picked up on antivaccine posts on social media which may not be helping staff to make informed decisions about the COVID-19 vaccination <i>Source: NEL CCG</i> As bowel, breast, and cervical cancer screening were put on hold during the first wave, this will have a long term impact on individuals. As screening programmes were paused, this in turn would mean that more individuals would have been living with undiagnosed bowel, breast and cervical cancer and not getting the treatment they needed at the time. A national population-based modelling study published in the Lancet predicts that nationally, we can expect substantial increases in the number of avoidable cancer deaths compared with pre-pandemic figures - between 281 - 344 additional breast cancer deaths (up to year 5 after diagnosis), 1445- 1563 additional colorectal cancer deaths, 1235 – 1372 additional lung cancer deaths, and 330 – 342 additional oesophageal cancer deaths. The total additional years of life lost across these cancers is estimated to be 59 204–63 229 years (4). During the second wave , men who have had AAA screening have had appointment times extended, which will impact on overall recovery time.	
	<p>Anecdotally, as recovery continues providers will have less time and space to proactively address inequalities in relation to screening and immunisations, and there will be challenges (such as providing the full range of venues and appointments) which are likely to result in widening inequalities. Pre-existing inequalities in uptake may also widen if parents from minority ethnic groups feel more vulnerable and avoid healthcare settings (1).</p> <p>As the pandemic continues, there will be challenges in terms of screening and immunisation programme staffing, as staff shield, self-isolate or become sick with COVID themselves. This could heavily impact upon further patient waiting times and back-logs may increase in the coming months/longer-term.</p> <p>Nationally, as the U.K. embarks on the largest vaccination programme in British history, as we deliver the coronavirus vaccine and staff are deployed to the COVID-19 programme, other NHS work programmes may have to cease. (5) <i>Source: BMJ 2020</i></p>			

- (1) Routine vaccination during covid-19 pandemic response, BMJ 2020
- (2) Coronavirus disease (COVID-19) -impact on vaccine preventable diseases
- (3) Early impact of the coronavirus disease (COVID-19) pandemic and physical distancing measures on routine childhood vaccinations in England, January to April 2020.
- (4) The impact of the COVID-19 pandemic on cancer deaths due to delays in diagnosis in England, UK: a national, population-based, modelling study.
- (5) Partha Kar: Delivering covid vaccine—a team effort, BMJ 2020

Health impacts of COVID-19 on Substance Misuse

Alcohol use

Impacts	Pregnancy and early Years	Children and young people	Adults	Older people
Short term	It has been speculated that a spike in foetal alcohol harm (e.g. foetal alcohol spectrum disorders) could be a consequence of COVID-19 due to increased alcohol consumption and reduced access to contraception during lockdown (Sher, 2020).	<p>In a national survey conducted on behalf of Alcohol Change, younger people were more likely to agree than older people that they had drunk more alcohol than usual during lockdown (Alcohol Change, 2020b).</p> <p>Some children have been away from school with parents in risky households. Parents are more likely than non-parents to be drinking more heavily since the pandemic began, sometimes resulting in more arguments and tension in the home. The impact this is having on children in these families is reflected in calls to national helplines. The number of children living locally with an alcohol dependent parent (or a non-alcohol dependent parent who is a high risk drinker) is likely to be substantially higher than those known to services, given that the majority of those with alcohol dependence are not in treatment (Alcohol Change, 2020a).</p> <p>The NSPCC helpline receives around 200 reports a week related to problem parental alcohol and other drug use (with calls increasing by 64% during the first national lockdown in response to the COVID-19 pandemic in 2020). Reference: (NSPCC, 2020).</p> <p>The NSPCC has also reported on the notable increase in parental alcohol use calls in relation to domestic abuse. Reference: (NSPCC, 2020).</p>	<p>The increase in drinking since the start of the COVID-19 pandemic is well documented, particularly concerning is the increase amongst those who are already drinking heavily.</p> <p>There is a strong correlation between disasters and increased alcohol use (Galea et al, 2020)), and evidence to suggest an increase in lockdown drinking during the COVID-19 pandemic (Knopf, 2020).</p> <p>A national survey conducted on behalf of Alcohol Change found that:</p> <ul style="list-style-type: none"> • More than a quarter (28%) of people agreed that they had drunk more alcohol than usual during lockdown. • Heavier drinkers were more likely to report that they had increased the amount of alcohol they drank during lockdown. 38% of those who typically drank heavily on pre-lockdown drinking days (seven plus units) said they drank more during lockdown, compared to just 23% of those who drank two units or less on a typical drinking day. <p>Reference: (Alcohol Change, 2020b).</p>	
Long term	Effects of foetal alcohol syndromes for affected children, including learning difficulties, behavioural problems, problems at school and mental health issues (Sher, 2020).	There is evidence that parental alcohol dependence/parental high risk drinking can impact negatively on a child's psychological health (Public Health England, 2018). Likewise, children of higher risk alcohol and drug users are more likely to drink alcohol at a younger age, drink more alcohol, use drugs, and develop problematic patterns of use (Public Health England, 2018).	National evidence suggests that 4 in 5 of those with alcohol dependence were not receiving treatment pre-COVID-19 (Alcohol Change , 2020a). It is possible that the impacts of the pandemic may increase this unmet need.	
Health inequalities	<p>A national survey conducted on behalf of Alcohol Change found that:</p> <ul style="list-style-type: none"> • parents of under 18s were more likely to say that they had drunk alcohol during lockdown as a way to handle stress or anxiety (30%) than non-parents (17%) and parents of adult children (11%). • current and former drinkers from Black, Asian and minority ethnic (BAME) backgrounds were more likely than white people to agree that during lockdown they had drunk alcohol as a way to handle stress or anxiety (29% compared to 18%). <p>Reference: (Alcohol Change, 2020b).</p>			
Shielding patients	Anecdotal evidence of some increase in drinking in this cohort in part as a coping mechanism to being confined to the home.			

Substance misuse: availability of substances

Impacts	Pregnancy and early years	Children and young people	Adults	Older people
Short term		<p>Anecdotal evidence (WAWY) suggests that some young people have stopped using drugs and alcohol throughout COVID-19 due to restrictions on spending time with peers, and more time spent in the home, etc.</p> <p>However, there is a risk of lapse/relapse for this cohort with some young people planning a 'blow out', risks of related harm, overdose and possible increased experimental/risk taking behaviours (Insight from WAWY).</p>	<p>Service users in Opioid Substitution Therapy (OST) have had significant changes to prescribing regimes; anecdotal information suggests although some have found the easing of regimes positive, others have found the change in structure/routine difficult to manage (WAWY).</p> <p>WAWY and GPIP have had reports of illicit benzodiazepine use in the area and reports of strong batches, however, it is difficult to determine whether this is different to, or as a result of COVID-19. GPIP have also had reports of stronger heroin use during COVID-19.</p> <p>Due to changes in OST and prescribing regimes, there is likely to be a higher amount of illicit, street bought methadone available (insight from WAWY).</p> <p>The cost of most drugs increased during lockdown and there were some changes in patterns of supply/purchasing for example offers of '2 for 1' or buying larger amounts at once as this is more cost effective (insight from WAWY).</p> <p>GPIP noted that there had been a 'verbal' decline in the use of 'Spice' by patients but the service also found a rise in use of some drugs (such as pregabalin) in toxicology reports when testing patients commencing or dropping out of treatment.</p> <p>Anecdotal evidence suggests that people are choosing alternative drugs or going to different dealers as their regular ones are not always available. It has been reported that there is one substance on the market which is keeping people awake for 9 days.</p>	

Engagement with substance misuse services

Impacts	Pregnancy and early years	Children and young people Adults Older people
Short term		<p>WAWY have not experienced major difficulty engaging with service users during the pandemic because some face to face contact has been maintained throughout for those with complex or additional needs that may make engagement difficult, (for example, continued to home visit and outreach where necessary, with risk assessment, full PPE etc), and have maintained a presence at Harbour Place for the majority of the time. WAWY also purchased mobile phones for those without to allow contact to be maintained and enable telephone appointments and regular check-ins for welfare checks. Some service users engagement by phone has led to more contact (perhaps due to the ease and accessibility of telephone appointments), and has increased some engagement with family members too which has been a positive outcome (usually WAWY might not have contact with family, but as appointments were by phone whilst service users were at home, this has naturally led to more family involvement in treatment). WAWY did notice an impact on engagement with the service by some young people who found it more difficult to engage with interventions by telephone appointments.</p> <p>Whilst anecdotally WAWY have been hearing of an increase in alcohol use (including an increase in alcohol use amongst parent carers) during COVID-19, referral numbers have fluctuated considerably during the pandemic and are likely to have been significantly influenced by the restrictions.</p> <p>For some WAWY cases, the impact of change in OST pick up regimes (e.g. from daily to weekly) has reduced the amount of service user contact with the pharmacy, however, where engagement became difficult or service users missed appointments, WAWY have acted to change pick up regimes back to daily to ensure they can appropriately risk manage OST and increase contact (directly and via the pharmacy).</p> <p>A reported backlog in the court system has impacted the number of referrals into service for those whose offending is linked to substance misuse. For example, during Q1 of 2020/21 WAWY had no new Drug Rehabilitation Requirement (DRR) or Alcohol Treatment Requirement (ATR) orders commence.</p> <p>The WAWY group programme moved online in April 2020, and after a few months of both the service and clients familiarising themselves, attendance at online groups has increased (particularly the alcohol groups), and has proved another way to increase engagement in treatment. Some clients have fed back that they find it easier to engage in online groups (anonymity, easier introduction to groups, can join from home).</p> <p>For a very small number of cases, disclosures of symptoms of COVID-19 and therefore the need to isolate has resulted in some appointments having to be rearranged or moved to a virtual format until face to face can be resumed.</p> <p>During the pandemic, there have been a lot of new referrals to the Carers Support Service for those caring for people with alcohol or substance misuse issues. Many of those cared for have been more chaotic in terms of their alcohol and drug use, whilst others have gone the other way and stopped use immediately, causing dangerous adverse effects such as hallucinations (Carers Support Service).</p>

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Health impacts of COVID-19 on Lifestyles

Lifestyles Contents

- Smoking:
 - Smoking Service referrals
- Physical activity
- Diet
 - Grocery purchasing during lockdown
- Weight
- Sleep
- Gambling
 - Online Gambling

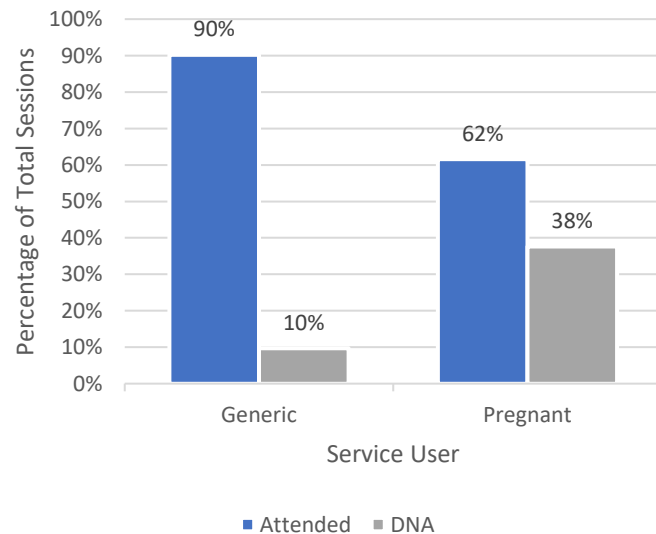
Smoking

	Pregnancy and Early Years	Children and Young People	Adults	Older People
Short Term Impacts	<p>Evidence from the YouGov Covid tracker suggests lockdown left more children exposed to second-hand smoke (Action on Smoking and Health, 2020b).</p> <p>During the lockdown, smoking cessation support for pregnant women was delivered virtually rather than face-to-face,. Referral data for the Wellbeing Service in general shows a decrease in DNAs (Did Not Attend) during lockdown compared to the same period in previous years. However, national evidence suggests that families have responded differently to remote support, and that whilst for some new and expectant parents it has been easier to attend virtual appointments, those experiencing poverty and/or those with chaotic home lives have been disadvantaged, often lacking devices, data, Wi-Fi and/or a safe, calm space to engage (Best Beginnings, Home-Start UK, and the Parent-Infant Foundation, 2020).</p>	<p>Evidence from the YouGov Covid tracker suggests lockdown left more children exposed to second-hand smoke. (Action on Smoking and Health, 2020b).</p>	<p>Whilst national evidence suggests more people are quitting smoking in response to COVID-19 (Action on Smoking and Health, 2020a), there is no evidence that this has been the case locally. The Wellbeing Service did not see an increase in people seeking smoking cessation support during lockdown.</p> <p>A research survey following the first UK COVID-19 Lockdown, found smokers were more likely to attempt to quit smoking and succeed in quitting (Jackson et al, 2020).</p> <p>Qualitative research exploring the impact of COVID-19 on the smoking behaviour of current smokers, found prominent themes including; (1)) increased smoking as a coping mechanism to deal with anxiety, boredom, stress, and anger in COVID-19 lockdown;(2) lockdown enabled quitting through lifting social barriers and enabling a focus on health benefits (Grogan et al, 2020).</p>	
Long Term Impacts	<p>Increased risk of respiratory problems for children exposed to second-hand smoke in the home during lockdown (RCPCH and Royal College of Physicians, 2020).</p> <p>SATOD (Smoking at the time of delivery) rate remains high.</p>	<p>Increased risk of respiratory problems for children exposed to second-hand smoke in the home during lockdown (RCPCH and Royal College of Physicians, 2020).</p>		
Health Inequalities				
Shielding People				

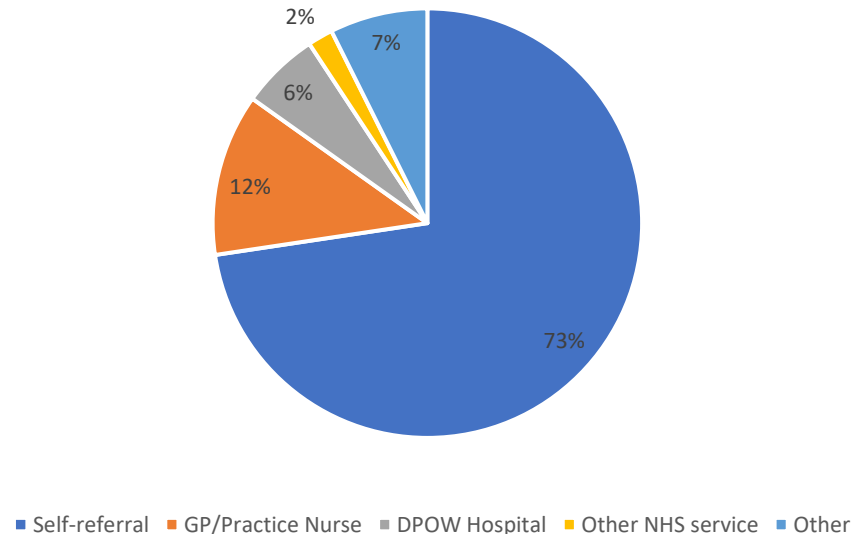
Smoking Service

- Referrals received and accepted services users into the Smoking Service were down during the period 23rd March to 31st October 2020 compared to the same period in the previous two years, for pregnant smokers. Generic service users also decreased in 2020 in comparison to the previous two years. National evidence suggests that during lockdown some individuals were not accessing health and wellbeing services for fear of exposure to the virus (Green et al, 2020).
- GP/Nurse referrals into the service were significantly lower than self-referrals in 2020 (which may be expected since Primary Care was not operating as normal)
- In response to Covid, the service moved from face to face to telephone/virtual support appointments and the proportion of DNAs (Did Not Attend) decreased compared to the same period in previous years.
- Success in quit attempts increased significantly in 2020, although the success of quite attempts was determined through self reporting, rather than CO2 tests which was the method prior to the COVID-19 pandemic.

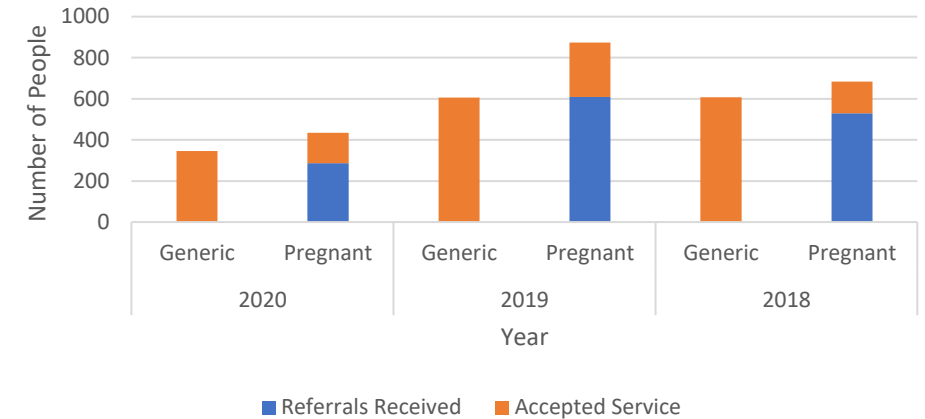
Source of Referrals to Smoking Service during the period of 23rd March - 31st October, 2020



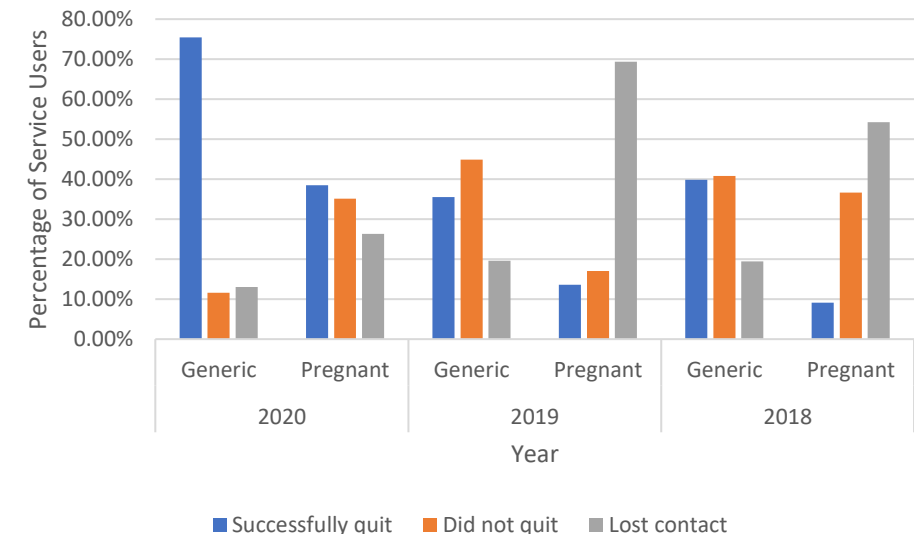
Source of Referrals to Smoking Service during the period of 23rd March - 31st October, 2020



Referrals to NEL Smoking Service during the period 23rd March - 31st October, 2018-2020



Quit Attempt Outcomes of Smoking Service Users, During Period of 23rd March - 31st October, 2018-2020

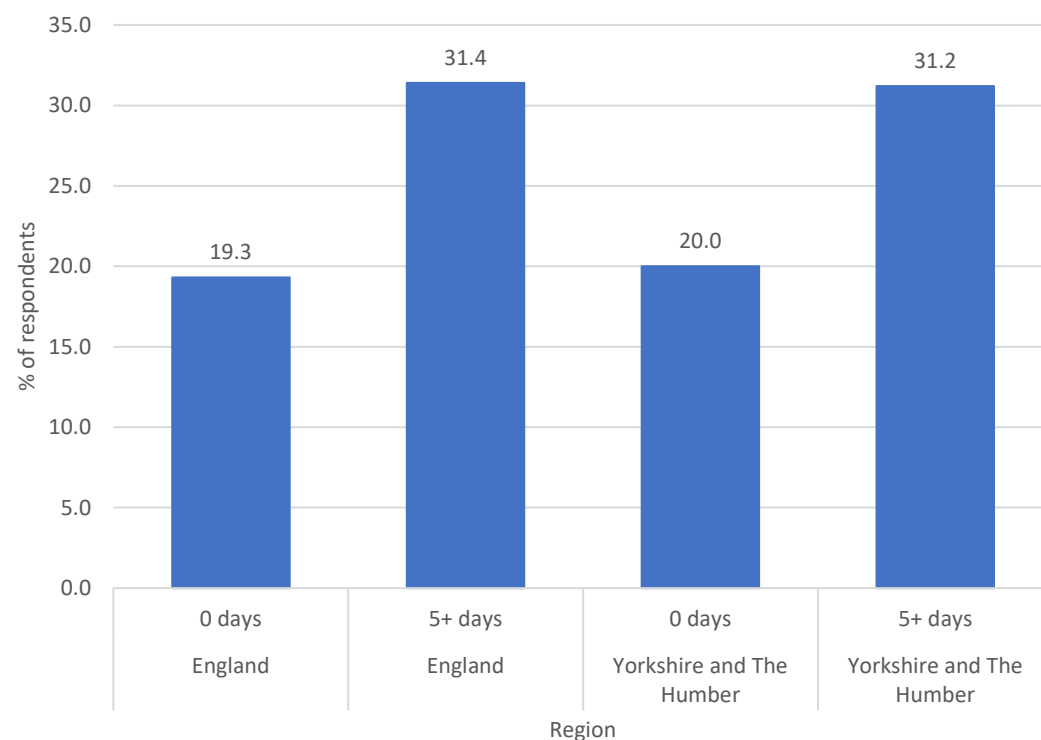


Physical activity

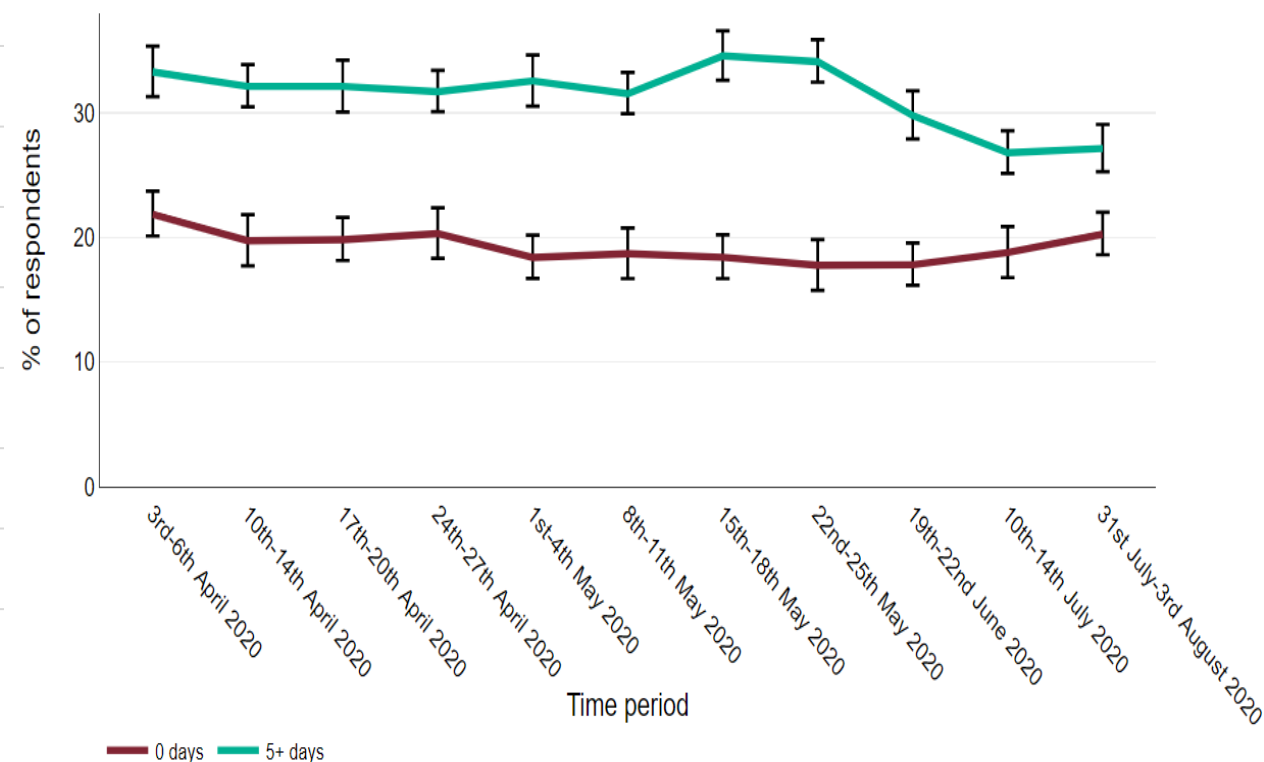
	Pregnancy and Early Years	Children and Young People	Adults	Older People
Short Term Impacts		<p>Sport England surveyed physical activity attitudes and behaviours of adults during lockdown. Throughout the course of the survey, a greater percentage of adults with children reported that their child(ren) were exercising less than before the coronavirus outbreak, than reported their child(ren) were exercising more or that their child(ren)'s exercise habits remained unchanged (Sport England, 2020).</p> <p>9,913 DoFE participants aged 14-25 were surveyed in April 2020 and 53% were worried about the effect of the lockdown on their physical health and fitness (The Duke of Edinburgh's Award, 2020).</p> <p>The Active Lives Children and Young People Survey covering the 2019/20 academic year, reported a large decrease in sporting activities, although a large increases in walking, cycling and fitness (Sport England, 2021).</p>	<p>Sport England surveyed physical activity attitudes and behaviours of adults during lockdown. For the majority of the time period covered by the survey, a greater proportion of adults reported that they were exercising less than before the coronavirus outbreak, than reported that they were exercising more or that their exercise habits remained unchanged (Sport England, 2020).</p> <p>However, this survey also showed that there was continued growth in walking and cycling during lockdown (Sport England, 2020).</p> <p>Research tracking 5395 participants physical activity between January and June 2020, concluded there was significant decrease in activity during the first UK lockdown (McCarthy, Potts & Fisher, 2020)</p>	<p>Decreased physical activity in older adults could lead to a significant increase in the risk of falls amongst older people and increased demand for falls prevention services in the autumn and winter (De Biase et al, 2020).</p> <p>A survey by Age UK, exploring how older people have been impacted by COVID-19, found one in four older people were unable to walk as far as they could before the pandemic, whilst one in three have less energy. (Age UK, 2020)</p>
Long Term Impacts			<p>A nation wide survey, of over 5,000 adults reported 70% stated they were motivated to make healthier changes due to COVID-19. Approximately 6 million adults aged between 40 and 60, intend to exercise more in 2021 (Public Health England, 2020).</p> <p>Lincs Inspire are hosting a variety of virtual online health and wellbeing sessions, which will be a helpful resource to make up for the inability to attend in person classes due to COVID-19 restriction.</p>	<p>Concerns that low levels of physical activity in older adults will lead to reduced fitness resulting in loss of independence and need for care in the future (Centre for Ageing Better, 2020).</p>
Health Inequalities	<ul style="list-style-type: none"> Some demographic groups were finding it much harder to be active during lockdown: older people, people who live alone, people from lower socio-economic groups, people with no access to private outdoor space, people with longstanding conditions or illnesses, and people who are self-isolating because they are at increased risk from Covid due to their health conditions or age (Sport England, 2020) Inequalities exist in access to good quality and safe green space. Likewise, an estimated 12% of households in England had no access to a private or shared garden during lockdown (Health & Equity in Recovery Plans Working Group, 2020). Young people living in low-income areas of England and Wales who before lockdown had been participating in Doorstep Sport (sport in community spaces provided by Locally Trusted Organisations at little or no cost) were surveyed or interviewed in April and May. This research found that 68% of these young people were doing less physical activity in lockdown (StreetGames, 2020). 			
Shielding People	<p>Sport England's weekly survey of physical activity attitudes and behaviours during the COVID-19 pandemic found that people who were self-isolating because of increased risk from Covid-19 were finding it much harder to be active during lockdown (Sport England, 2020)</p>			

Physical Activity

Percentage of adults doing at least 30 mins physical activity on 0 or 5 or more days in the last week, survey results from 03/04/2020 to 03/08/2020



Trend in percentage of adults doing at least 30 mins physical activity on 0 or 5 or more days in the last week



Source: Public Health England, Wider Impacts of COVID-19 on Health (WICH) monitoring tool

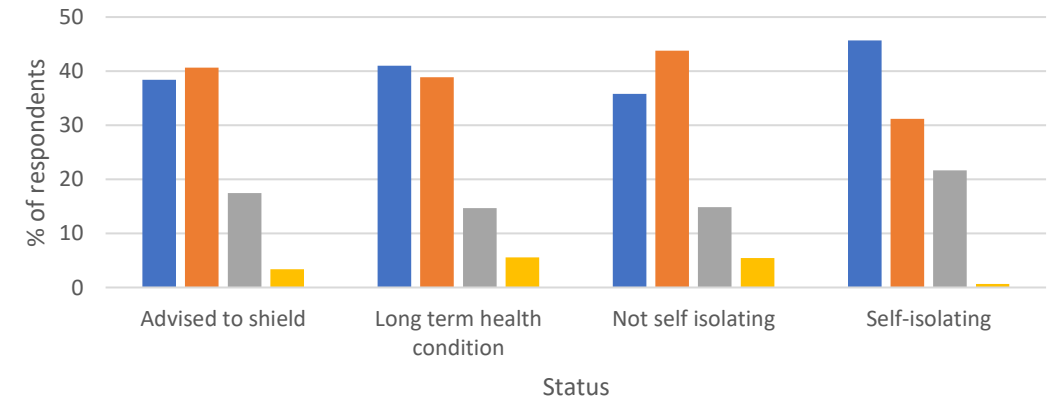
Diet 1

	Pregnancy and Early Years	Children and Young People	Adults	Older People
Short Term Impacts	A survey of new and expectant parents on their lockdown experiences highlighted concerns around eating a healthy diet – particular for younger respondents, and for respondents in the income bracket £16000 to £30000 pa (Best Beginnings, Home-Start UK, and the Parent-Infant Foundation, 2020).	Bite Back and Livity’s Hungry for Change research into children’s eating habits during lockdown highlighted that young people were snacking more during lockdown and that this was especially the case for children living on lower incomes (Bite Back, Guys & St Thomas Charity, and Livity, 2020).	<p>The results of the UK COVID-19 Social Study run by University College London (2020) show that 17% of adults reported eating more than usual during lockdown, and 23% of adults reported eating less healthily than normal during lockdown.</p> <p>Levels of food insecurity rose sharply at the beginning of the pandemic – the Trussell Trust reported an 81% increase in emergency food bank use during the last two weeks of March 2020 compared to the same period in 2019. (Select Committee on Food, Poverty, Health and the Environment, 2020). Likewise, the Hubbub poll (2020) found that 43% of respondents were worried about the extra cost of providing food for their household during lockdown, and that 31% of respondents were not eating as much fresh fruit and vegetables as usual (Defeyter & Mann, 2020).</p>	<p>A survey of 1,000 50-70 year olds living in England during lockdown found that almost three in ten (29%) stated that they had been eating more unhealthy food during lockdown, with women more likely to do so than men (34% versus 25%). However, almost a quarter (24%) of 50-70-year olds surveyed reported eating more healthily over the course of lockdown (Centre for Ageing Better and Ipsos Mori, 2020).</p> <p>Prior to lockdown, it was estimated that there were 1.3 million elderly people (1 in 10 people over the age of 65) who were either malnourished or at risk of malnourishment and there is concern that lockdown increased the risk of malnutrition for elderly people (Age UK).</p>
Long Term Impacts			Research exploring the impact of COVID-19 on those living with or recovering from an eating disorder, found the majority of participants' eating disorders to have deteriorate or returned. The conclusions suggest a large increase in re-referrals to treatment for those with an eating disorder can be expected. (McCombie et al, 2020)	Becoming malnourished can have serious health implications for older people. Increasing their risk of infection, worsening any pre-existing health conditions, and increasing their risk of falls (Age UK, 2020).
Health Inequalities	<p>A greater proportion of children from lower income backgrounds reported snacking more during lockdown, and children from lower income backgrounds were less likely to be eating fresh fruit and vegetables and more likely to feel they are eating unhealthily (Bite Back, Guys & St Thomas Charity, and Livity, 2020).</p> <p>In the month following the first UK COVID-19 lockdown, 49% of children eligible for a free school meal, did not receive any form of free school meal (Parnham, 2020).</p> <p>A study conducted by Northumbria University’s Healthy Living Lab revealed lower fruit and vegetable consumption, and an increase in the consumption of sugar sweetened beverages in children eligible for free school meals during the Covid-19 lockdown (Defeyter & Mann, 2020). In this study, around half of the children who received free school meal vouchers reported a significant drop in their intake of fruit and vegetables during lockdown (Defeyter & Mann, 2020). However, a four-fold increase was reported in the amount of sugar-sweetened drinks consumed, together with a substantial rise in the amount of crisps, chocolates and sweets being eaten. Children’s consumption of unhealthy snacks increased from an average of one over the three days when they were at school to six portions across three days at home during lockdown (Defeyter & Mann, 2020).</p> <p>Food insecurity is a direct result of, and indeed a symptom of, poverty (Select Committee on Food, Poverty, Health and the Environment, 2020). 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 (Health & Equity in Recovery Plans Working Group, 2020).</p>			
Shielding People				

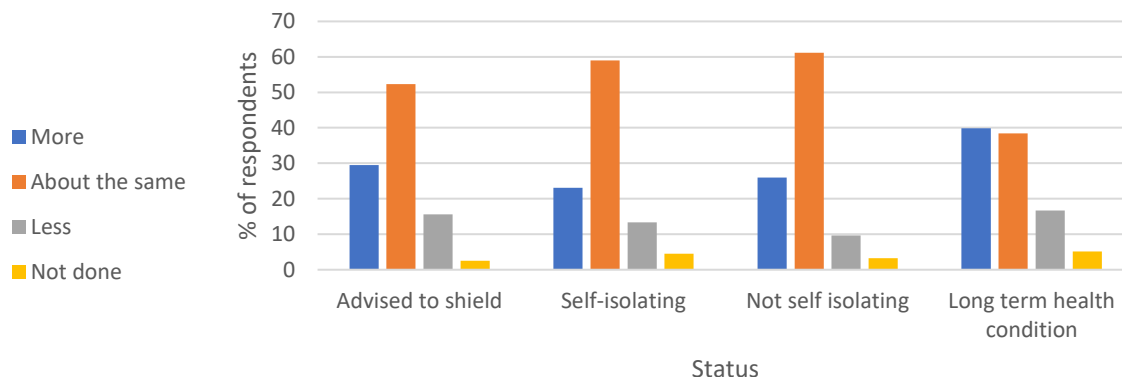
Diet 2

- A survey of individuals eating habits in categorised by their current living status showed, almost 50% of individuals who were self isolating snacked more, although 20% ate healthy meals more often.
- Almost 40% of individuals with long term health conditions ate healthy meals more, whilst 30% of the those in the same status purchased more processed food.

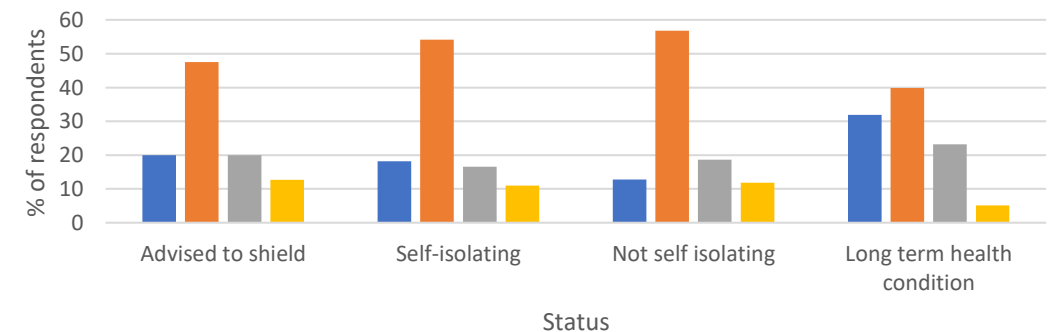
Proportion of respondents snacking more or less often in the past month by self-isolation and shielding in England, Wales and NI: survey data up to 14/07/2020



Proportion of respondents eating healthy meals more or less often in the past month by self-isolation and shielding in England, Wales and NI: survey data up to 14/07/2020



Proportion of respondents buying processed food more or less often in the past month by self-isolation and shielding in England, Wales and NI: survey data up to 14/07/2020

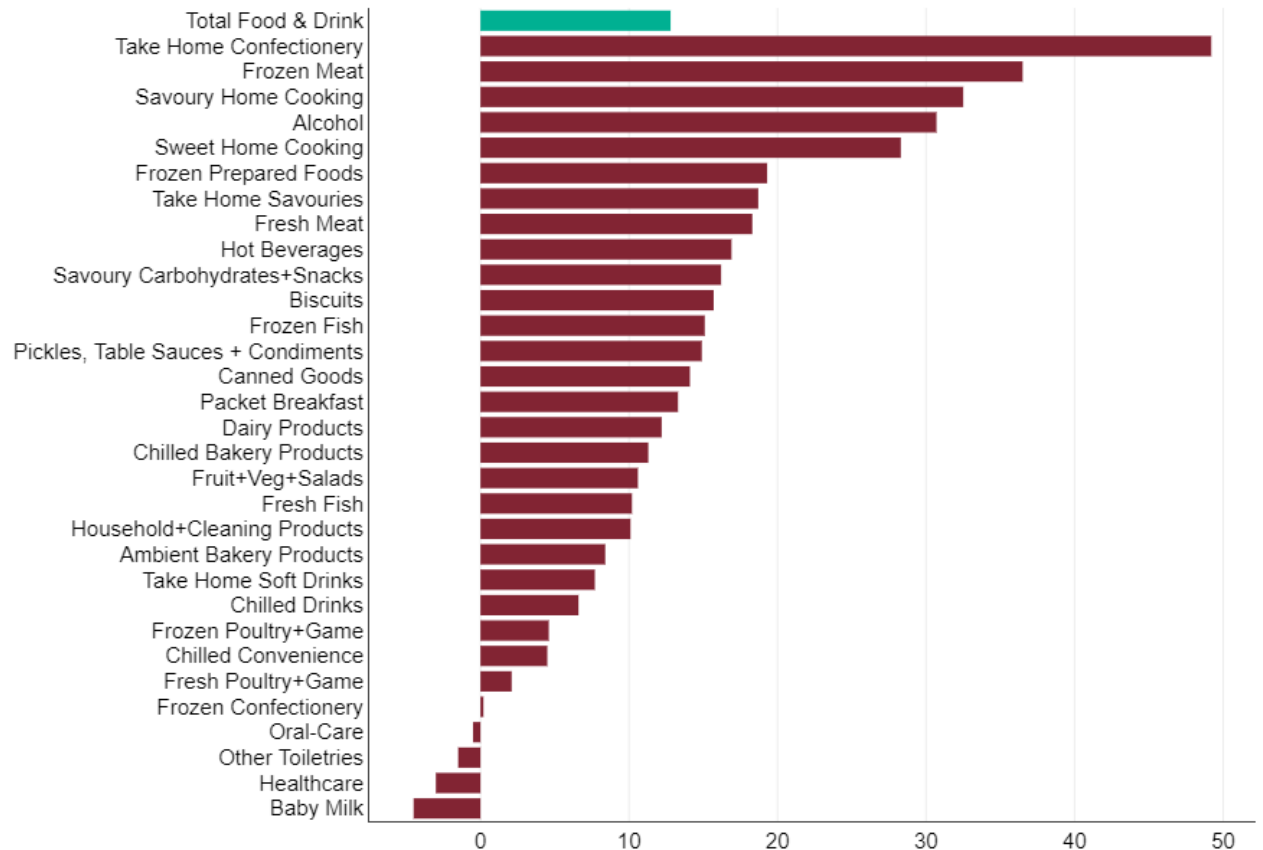


Source: Public Health England, Wider Impacts of COVID-19 on Health (WICH) monitoring tool

Grocery Purchasing During Lockdown

- Some or all of the increases in grocery purchasing will reflect a reduction in food and drink purchased when eating outside of the home (for example in restaurants).
- However, the data shows an average reduction of 0.5% in the volume of purchases of oral care products nationally, when comparing 2019 and 2020 data.
- This may not be indicative of any differences in oral health habits/behaviours. However, oral health programmes such as supervised toothbrushing were suspended in response to Covid-19, meaning there were missed opportunities for oral health interventions with young children.

4 week average percentage change (19/07/2020 vs 21/07/2019) in volume of national grocery purchasing



Source: Public Health England, Wider Impacts of COVID-19 on Health (WICH) monitoring tool

Weight

	Pregnancy and Early Years	Children and Young People	Adults	Older People
Short Term Impacts		A longitudinal observational study conducted in Italy suggests that the Covid lockdown exacerbated risk factors for weight gain in obese children and adolescents. Specifically, the study found that eating, physical activity, and sleep behaviours of participants changed in an unfavourable direction 3 weeks into the national lockdown (Pietrobelli et al, 2020).	<p>The results of the UK COVID-19 Social Study run by University College London (2020) show that 40% of adults reported gaining weight (4% reported gaining a large amount of weight) during lockdown.</p> <p>It has been speculated that the COVID-19 pandemic may increase eating disorder risk (Rodgers et al, 2020).</p>	
Long Term Impacts		Multiple studies show that obesity experienced in childhood is associated with higher weight in adulthood (Rundle et al, 2020), so it can be speculated that excess weight gained during the lockdown may not be easily reversible and might contribute to excess weight during adulthood (Pietrobelli et al, 2020).	Small changes in weight in relatively short periods can become permanent and lead to substantial weight gain over time (Bhutani & Cooper, 2020).	
Health Inequalities	<p>Women and adults who at the beginning of lockdown were already overweight or obese may be at the greatest risk of permanent weight gain (Bhutani & Cooper, 2020).</p> <p>An online survey of UK adults behaviours related with weight management, during the first UK COVID-19 lockdown reported 79% of respondents declined in at least one weight gain protective behaviour (e.g. Content of diet and frequency of eating). Respondents with a diagnosed psychiatric condition or obesity were most likely to report a decreases in weight gain protective behaviours, suggesting people living with mental health problems or obesity may at increased risk of poor weight management due to the impact of COVID-19 (Robinson E., Gillespie S. & Jones A, (2020).</p>			
Shielding People				

Sleep

	Pregnancy and Early Years	Children and Young People	Adults	Older People
Short Term Impacts	Changes in their babies' sleep patterns were noted by almost a fifth (19%) of parents surveyed about their lockdown experiences (Best Beginnings, Home-Start UK, and the Parent-Infant Foundation, 2020).	<p>Young people (mostly aged 16-19) living in low-income areas of England and Wales, and staff from Locally Trusted Organisations working with these young people, were surveyed/interviewed in April and May 2020. Both young people and the staff working with them reported that the young people's sleep patterns were disrupted, and sleep was a concern for young people (StreetGames, 2020).</p> <p>A survey of 1,000 14-19 year olds living in England was carried out during May and June 2020, alongside more intensive digital immersion (e.g. video diaries) into a smaller number of children's lives. Many children involved in this research noted a negative shift in their sleep routines, including going to bed later, and sleeping through the morning (Bite Back, Guys & St Thomas Charity, and Livity, 2020).</p>	<p>The National Sleep Survey revealed that, five weeks into lockdown, 46% of respondents found that it was becomingly increasingly more difficult to stay asleep. 43% of respondents were finding it harder to fall asleep, and 77% of respondents said lack of sleep was interfering with their ability to function in the day (The Sleep Council, 2020).</p> <p>A survey conducted by King's College London in partnership with Ipsos Mori in May 2020 found that 6 in 10 people had been experiencing worse sleep since the lockdown was announced. (King's College London and Ipsos Mori, 2020).</p> <p>Research investigating the association between adversities during COVID-19 and sleep quality, found each adversity (except for experiences relating to finance and employment) was significantly associated to poor sleep quality (Wright, Steptoe & Fancourt, 2020).</p>	
Long Term Impacts			<p>It is believed that a proportion of those experiencing disrupted sleep during lockdown will go on to develop chronic sleep problems (University of Bristol, 2020).</p> <p>Surveys conducted in China and Italy, reported findings that indicate that the COVID-19 pandemic appears to be a risk factor for sleep disorders (Casgrande et al., 2020).</p>	<p>It is believed that a proportion of those experiencing disrupted sleep during lockdown will go on to develop chronic sleep problems (University of Bristol, 2020).</p> <p>In the longer-term, poor sleep may hasten dementia onset or progression – this risk is likely to be highest in the over 50s (University of Bristol, 2020).</p>
Health Inequalities	A study from King's College London suggests there that the Covid-19 pandemic may be having a disproportionate impact on the sleep of women, younger people, and those facing financial hardship (King's College London and Ipsos Mori, 2020).			
Shielding People				

Gambling 1

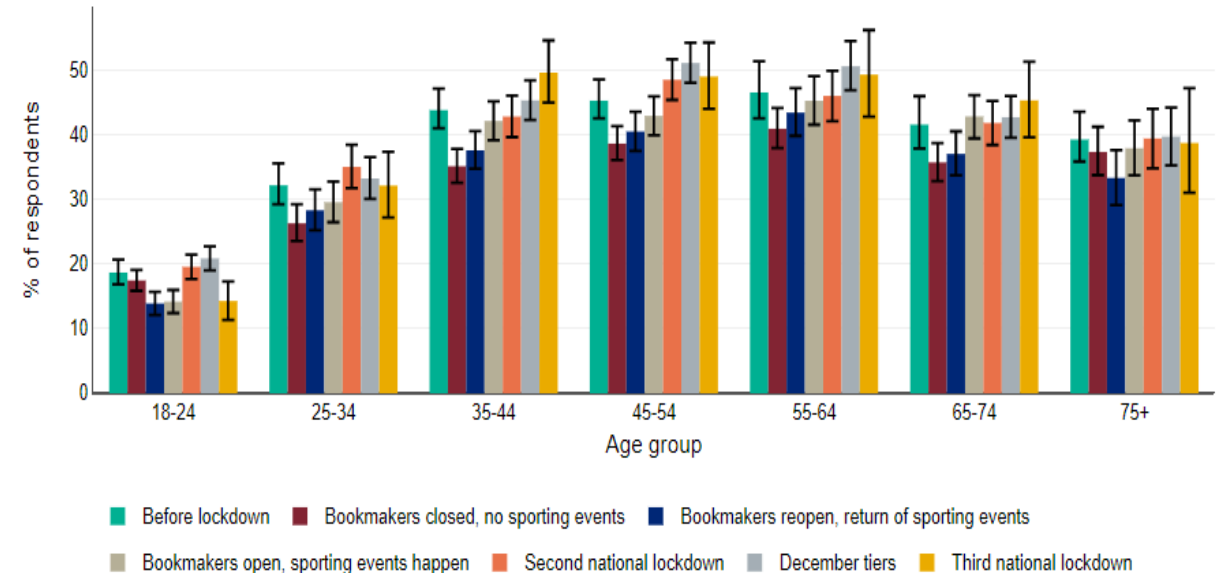
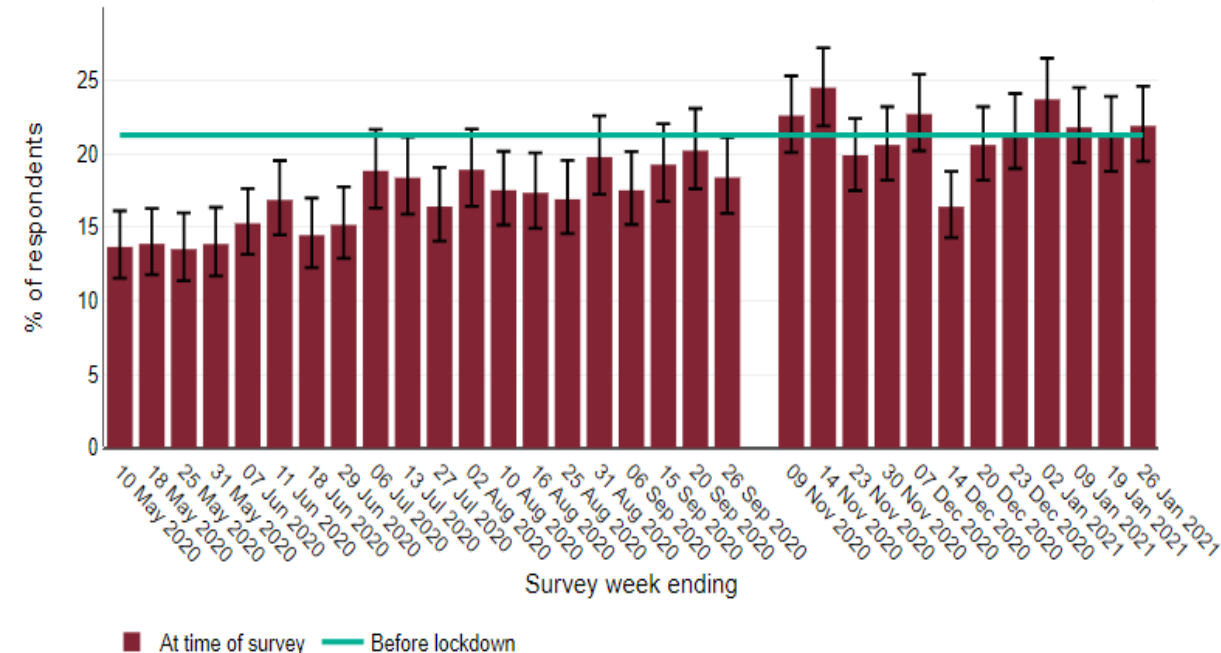
	Pregnancy and Early Years	Children and Young People	Adults	Older People
Short Term Impacts		<p>Some experts are concerned that gaming behaviours may socialise children to gambling. The similarities between video games with loot boxes and gambling received attention from the House of Lords during lockdown (Select Committee on the Social and Economic Impact of the Gambling Industry, 2020).</p> <p>A survey of the gambling behaviours of 1645 11-16 year olds found 32% of 11-16 year olds to be non-problem gamblers, and 3% to be at risk gamblers. Gambling status proportions of children aged between 11-16 remained unchanged from 2019 to 2020 (Gambling Commission, 2020).</p>	A YouGov survey (conducted from 16 April to 18 June) suggests that the lockdown period did not appear to have attracted many new consumers to gambling but that the lockdown did prompt some people, who were already gambling to try new products. This was especially the case for engaged gamblers (those who had participated in three or more gambling activities in the last four weeks, but not for the first time). Whilst overall survey respondents claimed to be playing products at the same rate or less, the majority of engaged gamblers 68%) claimed to be spending more time or money on at least one gambling activity (Gambling Commission, 2020).	
Long Term Impacts	Health and wellbeing impacts on children who will have been exposed to household addictions including problem gambling (Gambling Commission, 2018).		Participation in a larger number of gambling activities can correlate to higher levels of moderate-risk and problem gambling (Gambling Commission, 2020).	
Health Inequalities	Younger people aged 18-34 were significantly more likely than average to report increases in time or money spent on at least one gambling activity, or to have taken up new activities (Gambling Commission, 2020). Increases in money or time spent on one or more products was particularly associated with young men, although young women also over-indexed compared to the average (Gambling Commission, 2020).			
Shielding People				

Gambling 2

- Gambling activity in the UK, didn't reach the levels of pre-lockdown until November 2020
- The second lockdown seemed saw gambling activities reach near or surpass levels pre lockdown
- Gambling activity within the 35-44 age group has reached its highest level within the third lockdown
- Gambling activity within the 18-24 age group had dropped to second lowest level among all age groups throughout the time period

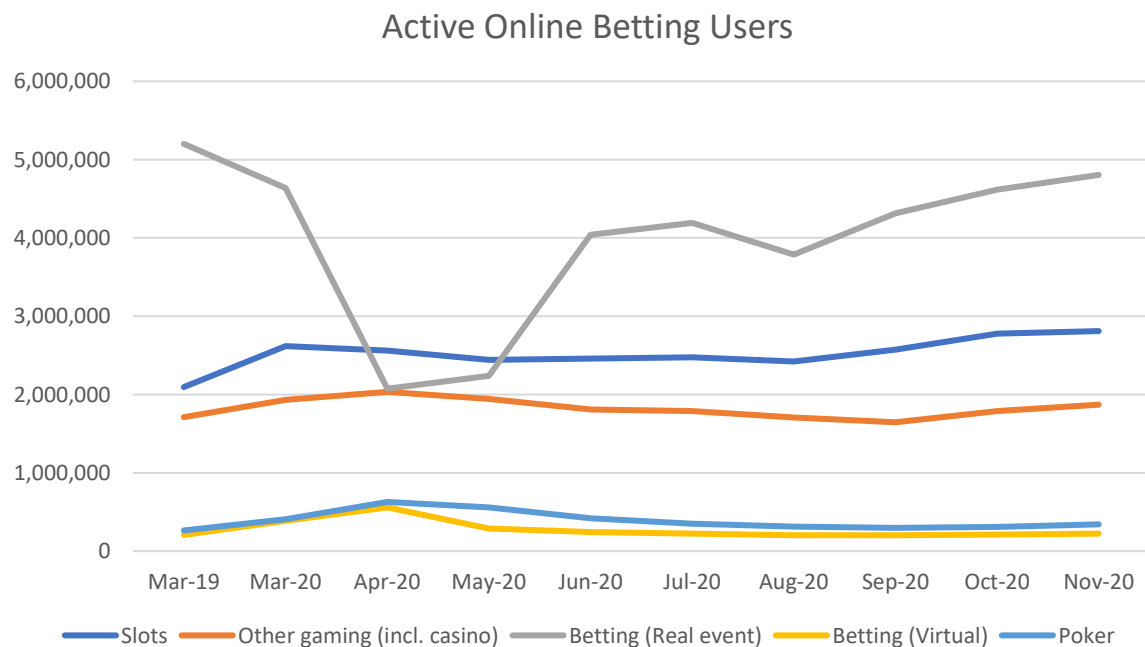
Trend in all gambling activity, excluding 'National Lottery', before and during 'lockdown' in England

Gambling activity and the impact of the COVID 19 'lockdown' in England, any gambling by age group - survey data up to 26/01/2021



Gambling (Online)

- Active online betting users between March 2019 and November 2019 increased in all categories other than real event betting which is possibly impacted by the interruption to sporting events
- Active online betting users between March 2020 and November 2020, increased in two types (Slots & Real Event Betting)



Online Betting Type	% Change from March 2019 to Nov 2020	% Change from March 2020 to Nov 2020
Slots	34%	7%
Other gaming (incl. casino)	9%	-3%
Betting (Real event)	-8%	4%
Betting (Virtual)	9%	-42%
Poker	28%	-16%

Source: Gambling business data on gambling during Covid-19 [Updated January 2021]

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Health impacts of COVID-19 on Sexual Health

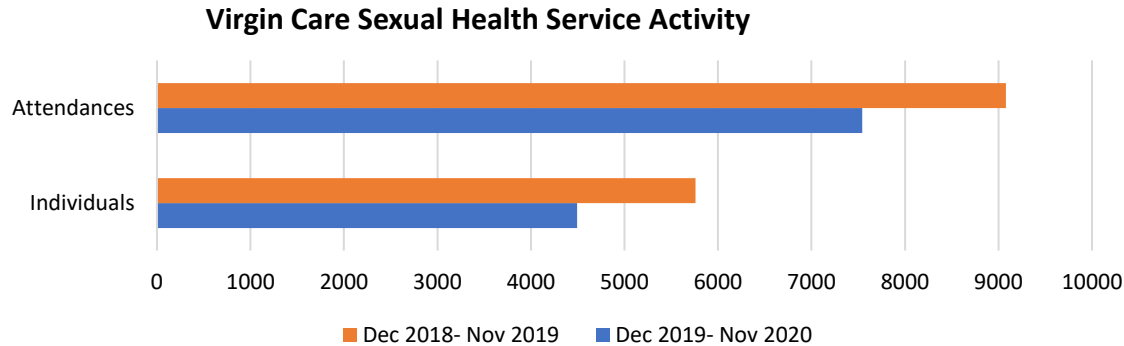
COVID19 Recovery – Sexual Health

- There is no evidence to indicate that COVID19 is sexually transmissible however intimacy, **particularly with more transmissible variants emerging**, puts you at risk of catching and spreading COVID19.
- With many sexual health and GP services moving online during the COVID19 pandemic, access to contraception has been more difficult for some women (particularly the most vulnerable).
- Service disruption and the diversion of resources away from sexual and reproductive health care due to prioritising the response to COVID19, could increase the risks of maternal morbidity, unplanned pregnancies, and undiagnosed STIs.
- Some STI surveillance data has been paused.
- Local services should consider how best to ensure that those individuals at highest risk of unplanned pregnancy have access to the most effective contraception method.
- Local services should ensure people including young people understand how to access sexual and reproductive health care as lockdown eases.

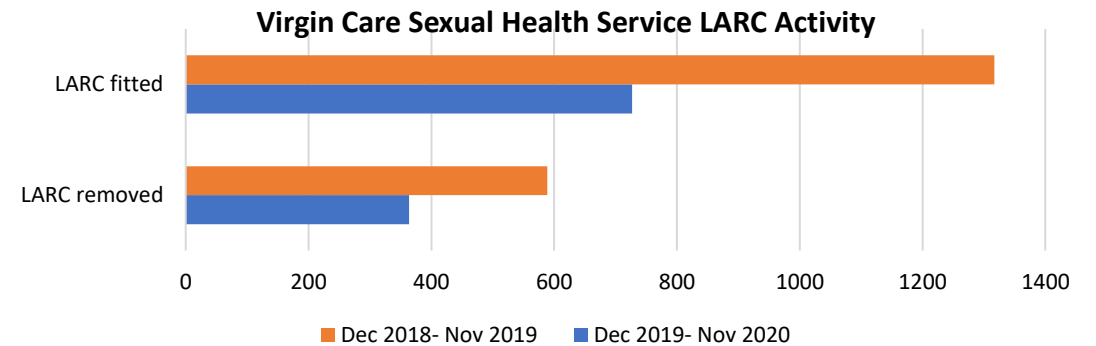
Impacts	Pregnancy and Early Years	Children and Young People	Adults including Older People
Short term	<p>There is no evidence to suggest that pregnant women have a higher risk of contracting COVID19 or of becoming seriously ill. <i>Source: IPPF</i></p> <p>Nationally some areas have seen an increase in conceptions and unplanned pregnancies. Locally fewer women booked pregnancies and terminations compared to previous years. Postnatal contraception is continuing to be offered in maternity to capture mothers before they leave maternity services. <i>Source: NLaG</i></p> <p>Potential pregnancy related complications during national lockdowns <i>Source: The Lancet 2020</i></p>	<p>Schools closed or only open to children of key workers, therefore reduced access to school nurses. Only some school nurses are supporting the response to COVID on a rota basis . Therefore, they are still dealing with requests for sexual health support. <i>Source: NELC</i></p> <p>32% reduction in the number of Chlamydia tests (15-24) <i>Source: Virgin Care</i></p> <p>ACT pharmacy 74% condom supply reduction (<20) ACT pharmacy 12% EHC consultation reduction (<20) <i>Source: PharmOutcomes</i></p> <p>Due to the timing of lockdown a cohort may have missed key sexual education. <i>Source: BERA</i></p>	<p>Limited sexual health service with a focus on the most vulnerable clients and high priority cases. 17% decrease in attendances when compared to previous year. 45% decrease in LARC fits when compared to previous year. 38% decrease in LARC removals when compared to previous year. Temporary measure to provide extra clinic times to assist with LARC backlog so as to free up primary care capacity to concentrate on vaccination roll-out <i>Source: Virgin Care</i></p> <p>ACT pharmacy 64% condom supply reduction (20+) ACT pharmacy 38% EHC consultation reduction (20+) <i>Source: PharmOutcomes</i></p> <p>Various effects of lockdown on sexual behaviour, for example reduced opportunities for certain types of sexual activity and likely fewer partners. <i>Source: Perspectives on S&RH, June 2020.</i></p> <p>Locally, condoms have been available to order online since December 2020 Due to social distancing, postal testing has slightly dropped since September 2020, but has almost doubled in comparison to previous years. <i>Source: NELC</i></p>
Long term	<p>Potential for unplanned pregnancies and terminations to still emerge due to difficulty accessing contraception. <i>Source: NELC</i></p>	<p>Missed screening, e.g. STIs such as Chlamydia can be asymptomatic and untreated infections can have serious negative sequelae. <i>Source: Perspectives on S&RH, June 2020</i></p>	<p>The online EHC (Emergency Hormone Contraception) offer has yet to be established. Virgin Care are offering telephone consultations and seeing service users physically, based on priority and emergency basis only. <i>Source: Virgin Care</i></p>
Inequalities	<p>Outreach work involving local sex workers has continued but in lower numbers in comparison to previous years. Therefore more challenging to reach local sex workers during lock down with potential pregnancy and STI consequences. <i>Source: Virgin Care</i></p> <p>Sex workers particularly vulnerable to COVID19 transmission and are unable to access wider traditional support. <i>Source: The Lancet, May 2020</i></p> <p>Reduced number of visits to local public sex site during lockdown which tend to serve an older age cohort. <i>Source: Positive Health</i></p> <p>Local pathways for referral for vulnerable groups, including via social services, sexual assault referral centres, and young peoples’ outreach, should be maintained/restored. <i>Source: FSRH</i></p> <p>Increased risk of domestic violence if trapped with partner during lockdown. <i>Source: Perspectives on S&RH, June 2020</i></p> <p>Local service provisions for domestic violence has continued throughout lockdown, with most operating ‘business as usual’ where possible, though with some changes to delivery. Contacts made virtually rather than in person but face-to-face contact still available for the most vulnerable or at-risk individuals. <i>Source: NELC</i></p>		
Shielding Patients	<p>People living with HIV in general are not at highest clinical risk of COVID19, however may be added to the list if there are factors such as low CD4 count or multi-morbidity. <i>Source: British HIV Association</i></p> <p>Consider how shielding patients or clients with family members who are shielding, have access to the most effective contraception method. <i>Source: FSRH</i></p>		

Effect of lockdown on activity

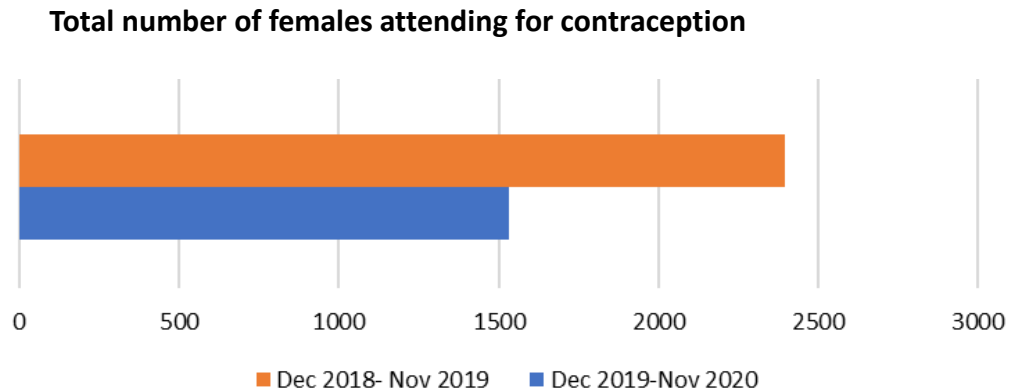
Virgin Care **17% decrease** in attendances



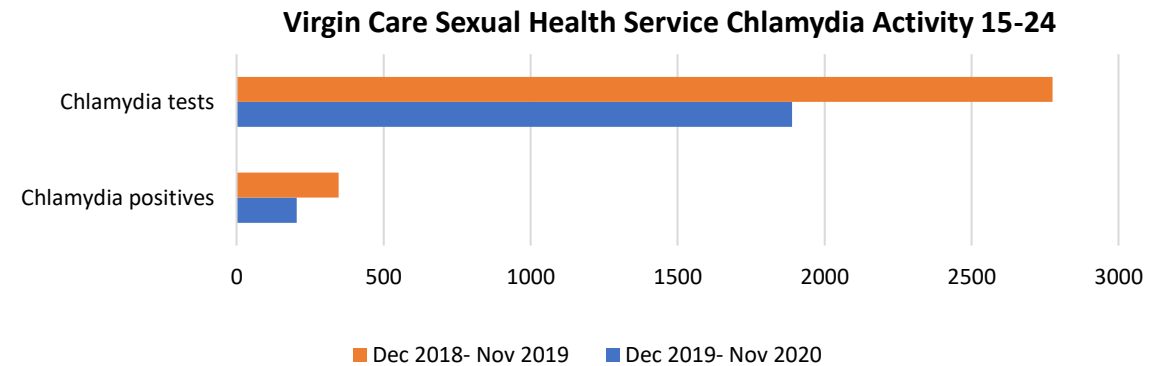
Virgin Care **45% decrease** in LARC fits and **38% decrease** in LARC removals



Virgin Care **36% decrease** in female attendance

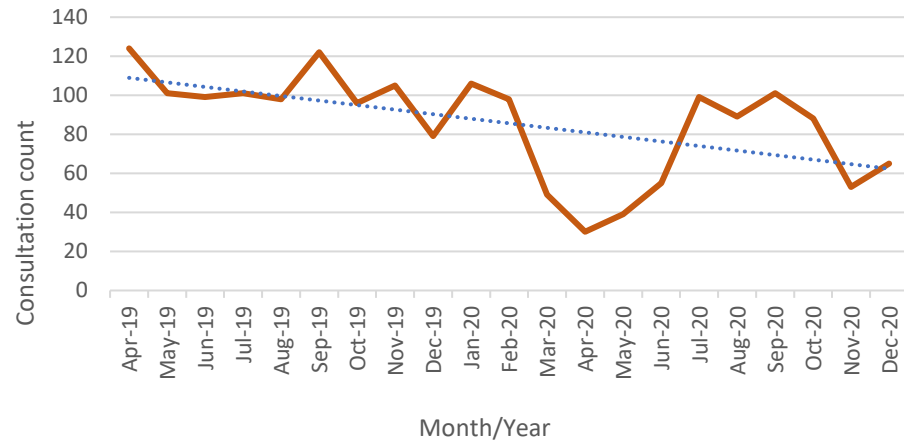


Virgin Care **32% decrease** of Chlamydia tests (15-24 years)

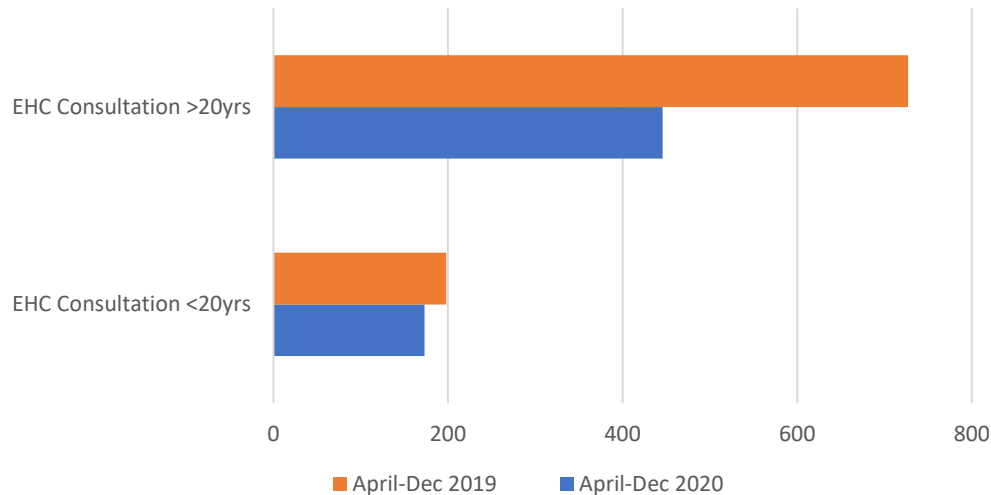


Effect of lockdown on ACT pharmacy activity

EHC Consultation



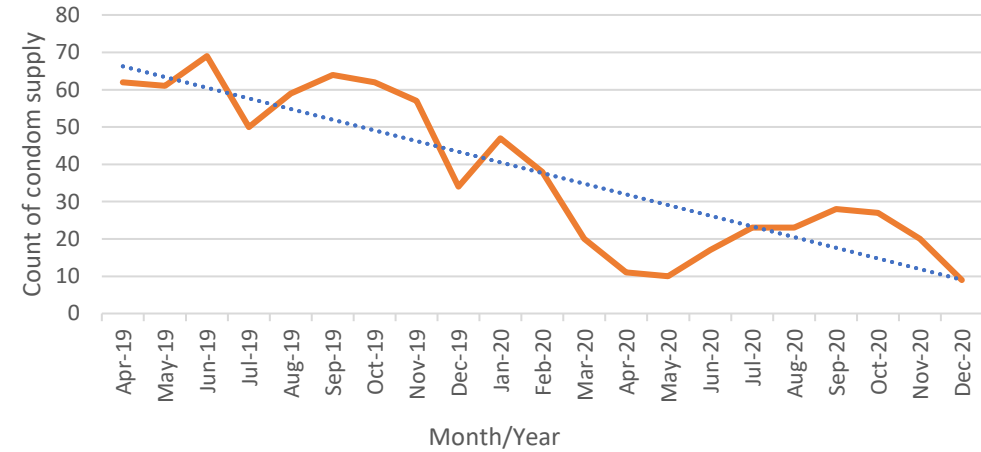
The effect of the March and November lockdowns are evident, following the **decrease in the number of consultations** following these periods. A brief recovery was seen though the Summer months as COVID-19 cases fell.



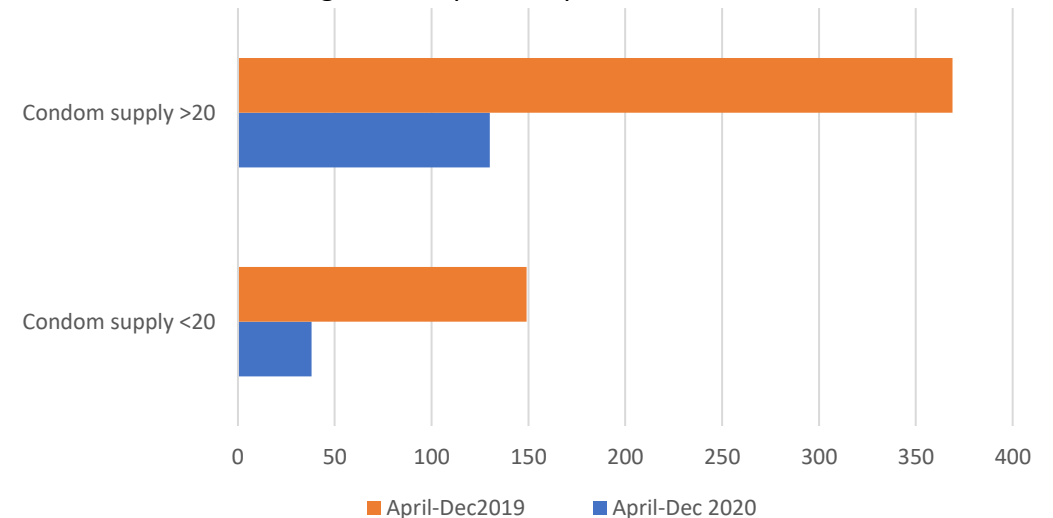
EHC Consultations for <20 age group decreased by **12%** in 2020 when compared to the same period in 2019. EHC Consultations for >20 age group decreased by **38%** in 2020 when compared to the same period in 2019.

Across all age groups there was a 33% decrease in consultations.

Condom Supply



The effect of the March lockdown saw condom supply **demand decreasing** before a small recovery throughout the Summer months. A second dip is observed in November when the second lockdown was announced and condom supply decreased further. There has been a **steady decline** in demand for condoms throughout the period April 2019- December 2020.



Condom supply for <20 age group decreased by **74%** and for the >20 age group decreased by **64%** in 2020 when compared to the same period in 2019.

Across all age groups there was a 67% decrease in the supply of condoms.

Long Covid

Long Covid Overview

- The COVID-19 pandemic has had a major impact on health and health inequalities in the UK. Some aspects of the underlying disease remain poorly understood and the persistent nature of the symptoms that some people experience is of concern. (The Health Foundation, 2021)
- Long COVID (previously known as post-COVID-19 syndrome) is an umbrella term for the experience of symptoms that last weeks or months after the initial viral infection. (The Health Foundation, 2021)
- The National Institute for Health and Care Excellence (NICE) has described 'Long COVID' as the term commonly used to describe signs and symptoms that continue or develop after acute COVID-19, including both
 - **ongoing symptomatic COVID-19 (from 4 to 12 weeks) and**
 - **post-COVID-19 syndrome (12 weeks or more).**
- Long COVID is not yet fully understood, but a considerable number of people are reporting ongoing symptoms at 12 weeks. (WHO, 2021)

Symptoms

- An evidence review carried out by the National Institute for Health Research (NIHR) in 2020 noted that people may experience different clusters of symptoms or syndromes. This review suggests clusters of symptoms of four types:
 - post-viral fatigue
 - fluctuating multi-system symptoms
 - lasting organ damage
 - post-intensive care symptoms (cognitive impairment, declines in mental health, chronic pain, fatigue and shortness of breath).
- Several studies have also shown that common symptoms include breathlessness and (in more severe cases) organ failure, such as that of the heart and lungs, loss of smell and shortness of breath.
- The most common symptoms reported by people who had tested positive for COVID-19 were fatigue and headaches.
- Some studies have found that cough, muscle aches and mild organ impairments are also prevalent in people experiencing Long COVID. (Dennis et al , 2020)
- Further evidence suggests that Long COVID can also impact children, with the most commonly reported symptoms among them being fatigue, headache, tiredness and weakness, muscle aches and pains, tummy pain or cramps, and mental health issues like lack of concentration and short memory problems. (Buonsenso et al, 2021)

Local impact - ONS

- Estimates of the prevalence of self reported “Long COVID” were published by the ONS on 1 July 2021 using data from the UK Coronavirus (COVID-19) Infection Survey.
- An estimated 105,000 people living in the Yorkshire and the Humber (1.97% of the population) were experiencing self-reported “Long COVID” (symptoms persisting for more than four weeks after the first suspected COVID-19 infection that were not explained by something else), as of 6 June 2021. Applying this percentage to the North East Lincolnshire population gives an estimate of **3,143 people with Long Covid over 4 weeks.**
- An estimated 93,000 people living in the Yorkshire and the Humber (1.76% of the population) were experiencing self-reported “Long COVID” (symptoms persisting for more than twelve weeks after the first suspected COVID-19 infection), as of 6 June 2021. Applying this percentage to the North East Lincolnshire population gives an estimate of **2,808 people with Long Covid over 12 weeks.**
- An estimated 37,000 people living in the Yorkshire and the Humber (0.70% of the population) were experiencing self-reported “Long COVID” (symptoms persisting for more than twelve months after the first suspected COVID-19 infection, as of 6 June 2021. Applying this percentage to the North East Lincolnshire population gives an estimate of **1,117 people with Long Covid over 12 months.**

Local impact – Health Foundation

- Despite rapid global efforts to genetically code the virus and the monumental achievement to develop and deploy effective vaccines, there are aspects of the underlying disease that remain poorly understood. One such concern is the persistent nature of the symptoms that some people experience. In the UK, an estimated 1.1 million (1.69% of the total population) people reported symptoms persisting more than four weeks after the first suspected infection – that's 1 in 5 people who tested positive for COVID-19.
- As at 12 July 2021, 12,625 people had tested positive in North East Lincolnshire. Applying the 1 in 5 findings equates to **2,525** of these people estimated to have **had symptoms persisting for more than four weeks**.

Long Covid References

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Long-term conditions

Impacts

- COVID-19 has had a considerable impact on patients who need regular health care because of their long-term conditions.
- Before the pandemic, around 85% of the burden of disease in the UK was from long-term conditions.
- Many NHS services were under pressure before the pandemic.
- Following the COVID-19 outbreak, the NHS diverted resources to manage the high numbers of COVID-19 patients.
- Accommodating the surge in COVID-19 admissions has led to the redeployment of staff and facilities and the suspension of much of the planned care for patients with pre-existing health needs.
- In addition, some patients may have chosen not to access care due to fears that they might catch COVID-19.

Source: The Health Foundation