

COVID-19 Impact in the Humber Area

A Rapid Health Needs Assessment

July 2020 (updated September 2020)

**James Crick, Des Cooper & Alex Macnamara
Hull City Council Public Health Team**

Executive Summary

This rapid Health Needs Assessment aims to summarise some of the key information available on the impact on COVID-19 on population health and related factors for Hull and the wider Humber region where possible. Although further data and further observation is required in many areas to fully understand the impacts of COVID-19 on population health and subsequent health needs, the current data suggests that:

- COVID-19 has already had a significant direct impact on the morbidity and mortality of the Humber population.
- Due to the increased pressures on healthcare resources, different models of working, a reduction in healthcare services and a change in health-seeking behaviours, it is likely that there will be further impacts of COVID-19 on population health, including delayed presentations, missed presentations and changes in lifestyle behaviours impacting on disease prevention.
- The response to the pandemic has had wider implications and unforeseen consequences on aspects such as income, employment and mental wellbeing.
- It is likely that many of the effects of COVID-19 will disproportionately affect those in more deprived, vulnerable or marginalised communities, who already face health inequalities

In order to support recovery from the pandemic, the following is considered:

- The need for ongoing support for individuals and organisations for infection minimisation
- Consideration of the importance of mental health and wellbeing across population groups
- The need for community engagement, an assets-based approach and ways of learning from innovation, for some positive impacts as a result of the pandemic, allowing us to “build back better”

Introduction and Method

Introduction

The Covid-19 pandemic has already had a devastating impact on morbidity and mortality on a regional, national and international scale. There remain many uncertainties around future peaks of infection, outbreak patterns and many wider impacts. Other than the direct impacts of mortality and demand on healthcare services locally, it is likely that Covid-19, the response to the pandemic and the subsequent transformation of services and healthcare provision will have long-lasting effects on our population's physical health, mental wellbeing and economic stability. The "recovery" from Covid-19 will undoubtedly be complex, with many different aspects to consider.

A rapid health needs assessment (rHNA)

The purpose of a health needs assessment is to understand the local patterns of disease, learn about patient priorities, highlighting the areas of unmet need and considering how these needs can be met (Wright, Williams and Wilkinson, 1998). This systematic process should ultimately aim to consider how the health of the population can be improved. In circumstances where there is a need for a prompt evaluation of health needs, such as after a significant event, a rapid approach to a health needs assessment can be adopted. In a rapid health needs assessment, information is collected with the aim of informing decision making in the recovery phase (Korteweg et al., 2010).

The purpose of this rHNA

This rHNA aims to consider the potential impact of Covid-19 and begin to anticipate the population needs as we move into the recovery phase. The intention is not to provide a comprehensive description of the different health impacts in every population group, rather the aim is to provide some evidence of the expected impact of Covid-19 with regards to some specific populations and aspects of healthcare, in order to begin to think about the further work and information required to aid decision-making throughout the recovery phase. Due to this rHNA being produced over a specific time-scale, it is likely that some data will quickly become out of date, or newly emerging information will not have been captured.

Key Terms

The following key terms will be used throughout the document and will be based on the definitions below:

Humber: The area encompassing Hull, East Riding of Yorkshire (ERY), North East Lincolnshire (NEL) and North Lincolnshire (NL)

Case: An individual with a diagnosis of COVID-19, as confirmed by laboratory testing

Shielding: Those defined as clinically extremely vulnerable who are at a greater risk of severe illness due to COVID-19

Elective: A hospital admission or procedure that has been arranged in advance, as opposed to emergency admissions or procedures, maternity admissions or transfers from other care providers.

Personal Protective Equipment: Equipment a person wears to protect themselves from risks to their health or safety, including exposure to infection agents. The level of PPE may be dependent on different factors, including the procedure being undertaken and the transmission route of the infectious agent. In this document the definition is based on the national infection prevention and control guidance relating to COVID-19.

Severe Mental Illness (SMI): Refers to those with a diagnosis of schizophrenia, bipolar affective disorder or any other non-organic psychotic illness.

The Four Waves Model

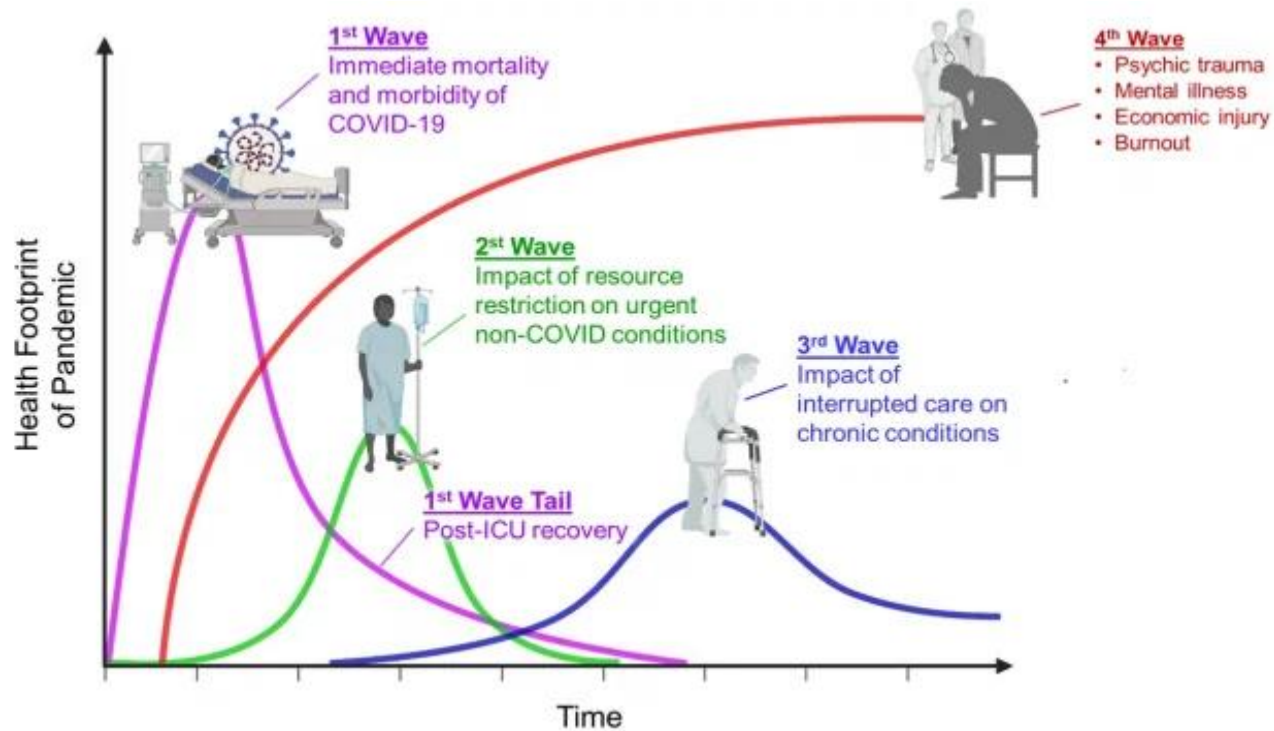


Figure 1: The Four Waves Model (Tseng, 2020)

The health impact of COVID-19 can be considered using the four waves model:

Wave 1: Includes the **direct impacts** of COVID-19 on the population, such as the immediate effects on morbidity and mortality.

Wave 2: Considers the **immediate impacts** on the health of the population, such as those arising from resource restriction and changes to service provision

Wave 3: Describes the **impact on chronic conditions**, including the prevention, incidence and treatment of these conditions

Wave 4: Consideration of the wider **long term impacts** on the population, including the effects of lockdown and the economical impact of the pandemic

Wave 1: Direct Impacts

Vulnerable Groups

Evidence suggests that some population groups have been found to be at a greater risk of the direct impacts of Covid-19:

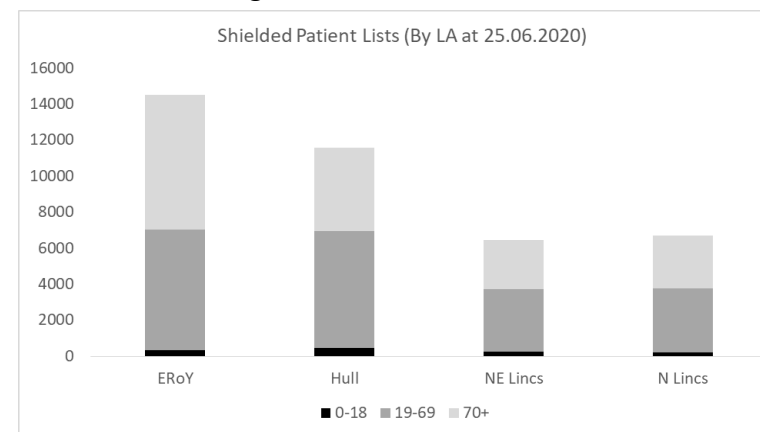
Risk Factor	Data	Hull	ERY	NEL	NL
Older adults	Population aged 65+	15%	25.8%	20.2%	21%
Obesity	Population classified as overweight or obese	71.4%	63.9%	70.3%	68.5%
Chronic conditions	Population with a long standing health condition	55.5%	57.4%	59%	54.4%
Ethnicity	Numbers of BME population	15,085	6,390	4,195	6,698
Other Risks	Vulnerable settings: care homes, hospitals, prisons Vulnerable populations: those living in more deprived areas, people experiencing homelessness, homeless, traveller communities, sex workers, refugees and those seeking asylum				

Cases of Covid-19

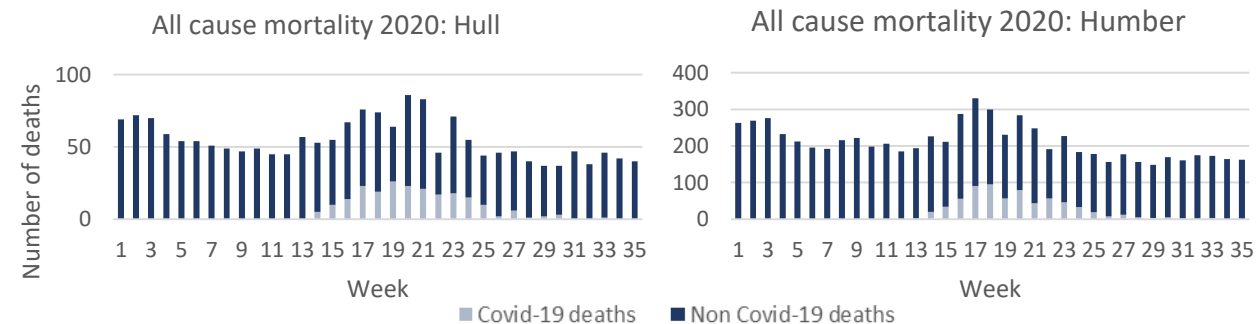
As of 9th September, there have been a total of 4,413 lab confirmed cases of Covid-19 in the Humber region. Of these cases, 1,635 were in Hull, 1,743 in ERY, 253 in NEL and 782 in NL. There is significant variation between Humber areas in terms of the cumulative rate of cases. The highest rate is in Hull with 629.4 cases per 100,000 population and ERY has the second highest rate in the area with a rate of 510.9. NL has a rate of 453.9 cases per 100,000 population, however the rate in NEL was found to be significantly lower at 158.6.

Shielded Persons

As of 27th August there were 39,275 residents on the Shielded Persons list (NHS Digital) across the 4 Humber Local Authorities. In Hull, of 11,515 shielded residents, 3.9% were aged 0-17, 55.9% aged 18-69 and 40.2% aged 70 or over.



Mortality

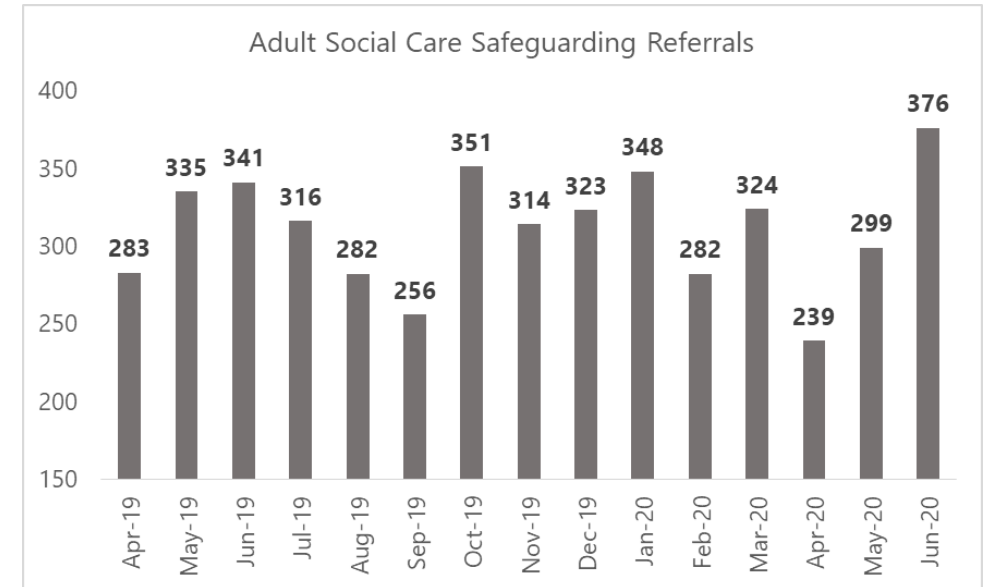
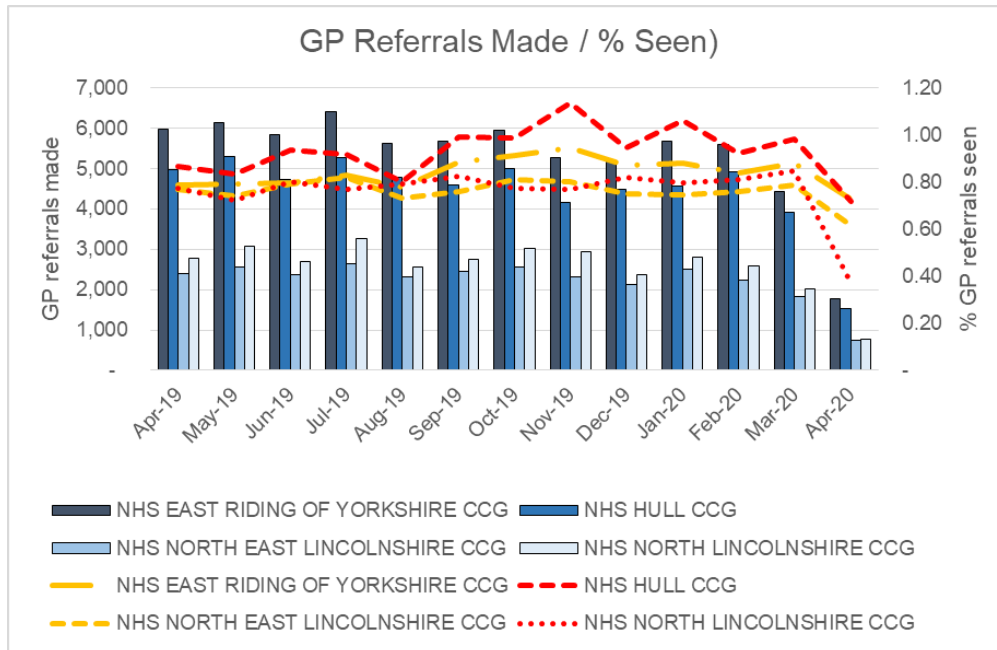


As of the 31st August, there were a total of 7,398 deaths in the Humber region in 2020, of which 1,915 were in Hull. Of the 7,398 deaths, 673 were due to Covid-19, with a total of 216 deaths from Covid-19 in Hull during this time.

Wave 2: Immediate Impacts

Primary Care

In response to the pandemic, primary care initially followed a telephone triage model, based on guidance from the Royal College of General Practitioners and NHS England. However, General Practice continued to function, and transformed the manner in which care was delivered from a traditional face-to-face model to a "telephone first" approach which incorporated triage and video consultations. Although there is currently no data available for the effects of COVID-19 on the numbers of patients seen and the nature of GP consultations, the number of GP referrals shows a reduction in the number of referrals from the end of March. When considering GP referrals in the Humber, the number of referrals made in April 2019 was 16,113, with the number in April 2020 being 5,784 (only 35.9% the number of referrals made in April 2019). This may suggest a change in the volume or nature of primary care consultations.



Social Care

The number of adult safeguarding referrals showed a slight reduction in April 2020. However, since April there has been an upward trend in the number of safeguarding referrals, with the number of referrals in June 2020 (376) being the highest number seen in the period from April 2019 to June 2020.

As a result of this increase, it could be interpreted that the local system is continuing to identify and support our most vulnerable adults, despite the coronavirus pandemic.

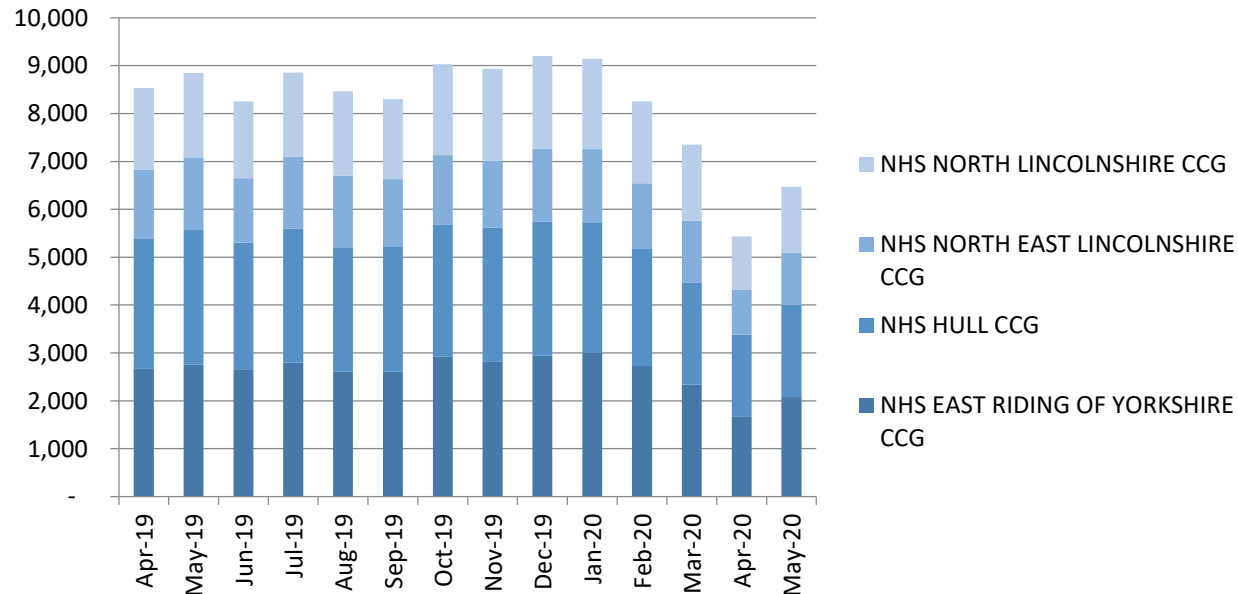
Wave 2: Immediate Impacts

Secondary Care

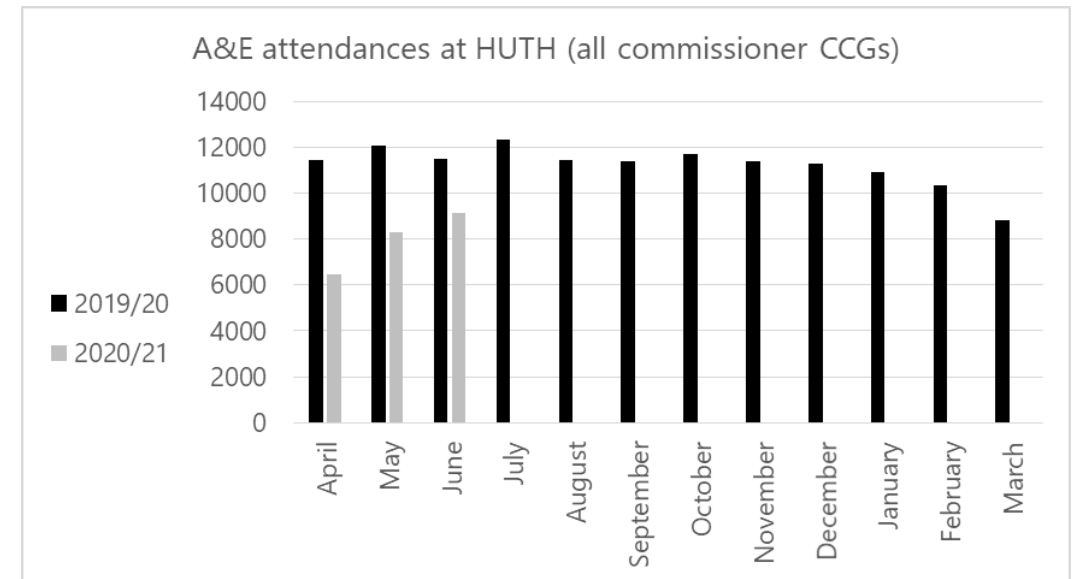
In line with national trends, non-elective and outpatient activity has seen a substantial reduction from the end of March 2020. Across all 4 Humber CCGs, when comparing April 2019 to April 2020, non-elective activity has fallen from 8,537 to 5,983 and 1st outpatient attendances from 22,681 to 7,794.

For NHS Hull CCG, non-elective activity fell from 2,713 in April 2019 to 1,703 in April 2020 (62.8% of the number in 2019) and 1st outpatient attendances from 7,303 to 2,456 (33.6% the number in 2019).

Total Non-elective G&A Admissions (FFCEs)



The number of A&E attendances appears to have decreased from 80,473 in Q1 2019/20 to 54,000 in Q1 2020/21 across East Riding Community Hospital, Hull University Teaching Hospital NHS Trust and Northern Lincolnshire and Goole NHS Foundation Trust. Across Hull and North Lincolnshire and Goole hospitals there was also a decrease in the number of emergency admissions, from 24,269 in Q1 2019/20 to 17,610 in Q1 2020/21. The reasons for the reduction in A&E attendances are likely to be multifactorial, including reduced road traffic, fewer behaviours from the public that may result in A&E attendances and concerns of attending hospital due to COVID-19. Although there was a slight increase in the proportion of attendances that required admission in these two trusts, from 33.22% (Q1 2019/20) to 34.63% (Q1 2020/21), the reduction in the number of attendances suggests that there may be individuals who have avoided seeking emergency care when there is an urgent need for healthcare due to concerns around COVID-19.



Deep Dive: Cancer

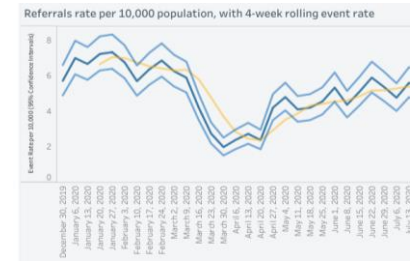
Why focus on cancer?

Lung cancer was the third most common cause of death in Hull (2015-17) and the most common cause of death in people under the age of 75. In Hull, the rate of lung cancer in men is 72 per cent higher than the England rate, but for women the Hull rate is 82 per cent higher than England. Lung cancer and colorectal combined accounted for 11.1% of deaths in Hull and 15.5% deaths of those aged under 75 in Hull (2015-17). The NHS Targeted Lung Health Checks were implemented in January 2020; this programme aims to identify possible lung cancers early to improve outcomes. Although these were paused due to COVID-19, these are soon to be re-started.

Two Week Wait Referrals

The 2 week wait (2WW) system is a process of referring patients with a suspected malignancy to the relevant specialty. Referral data for the Humber region has shown that from around 9th March there was a fairly rapid decline in 2WW referrals, with the biggest reduction from baseline occurring around 30th March in which there was a -65.4% change from baseline.

The area with the biggest reduction in 2WW referrals from baseline during the initial lockdown period was NEL, which had a change of -72.1% referrals around 30th March. The reduction in 2WW referrals in the ERY area occurred slightly later than the other Humber areas, with a change of -69.3% around 6th April. Although the number of referrals are now increasing, they are doing so at a much slower rate than the initial decrease and the change in referrals for the Humber region is still 11.6% lower than the baseline (as of 20th July 2020).



Hull 2WW referrals



ERY 2WW referrals

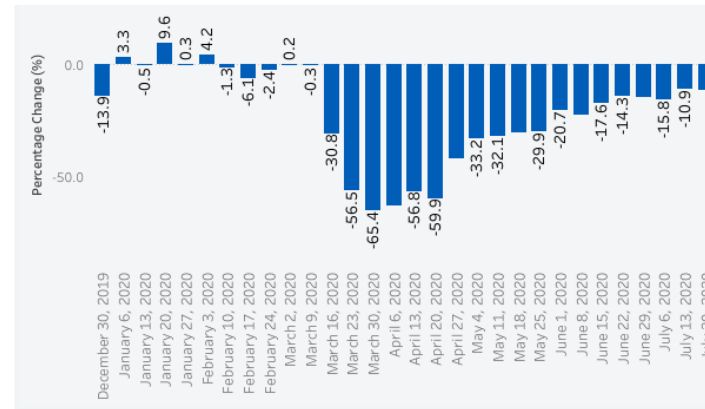
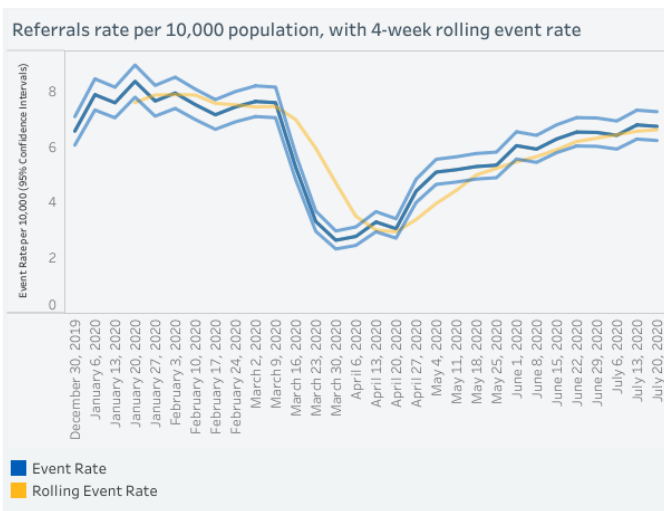


NEL 2WW referrals



NL 2WW referrals

It is important to remember that the reduction in 2WW referrals suggests that those with symptoms that indicate a possible malignancy have not sought clinical help during the initial lockdown period; it does not necessarily represent a change in referral behaviours of clinicians. It is possible that this may lead to cases being diagnosed at a later stage, or may even lead to an increase in more emergency presentations of cancers, potentially at a time where the system is dealing with a backlog of activity due to paused clinic and theatre waiting lists.



Wave 3: Impact on Chronic Conditions

Healthcare and Chronic Conditions

In Hull, 55.5% of the population identified themselves as having a longstanding health condition, compared to 51.5% nationally. Chronic health conditions require routine healthcare for vital monitoring and review of these patients' health. QOF data suggests that in Hull, 2.3% of the population have a diagnosis of chronic obstructive pulmonary disease (COPD) and 3.7% have a diagnosis of coronary heart disease (CHD). Both of these conditions are responsible for a significant numbers of deaths in Hull each year, and crucially, cardiovascular disease is a significant driver of inequalities in mortality. Previous data shows that 21.7% of patients with CHD had levels of cholesterol of more than 5mmol/L.

Prescribing Data

- For prescriptions related to COPD (bronchodilators and inhaled corticosteroids), **33,494** items were prescribed in April 2020, compared to **31,261** items prescribed in April 2019
- When looking at prescriptions for lipid-lowering drugs in Hull, **41,659** items were prescribed in April 2020, which shows an increase when compared to **40,203** items prescribed in April 2019.
- A similar trend is seen in relation to drugs relevant to CHD (antihypertensive drugs, antiplatelets and antianginal drugs), with **87,172** items being prescribed in April 2020, compared to **84,890** items being prescribed in April 2019.
- This suggests that the repeat prescribing systems are likely to be functioning reasonably well. However, this does not necessarily reflect individuals taking the medication or being well controlled.

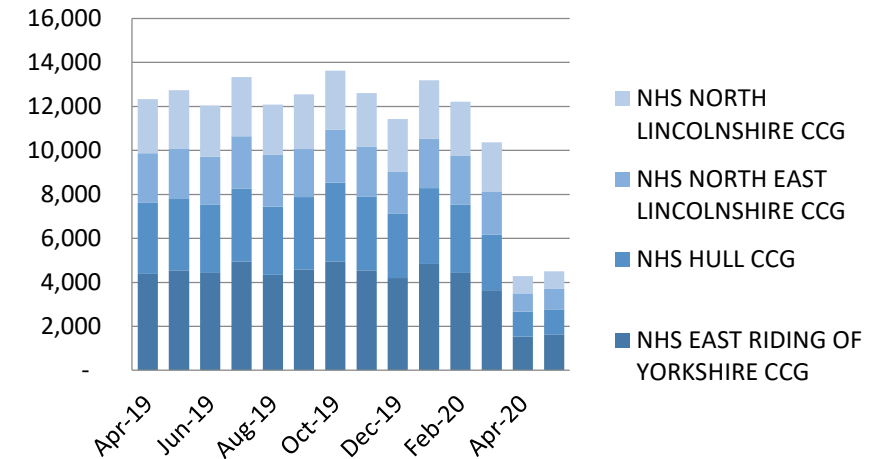
Elective Activity

In line with national trends, there has been a reduction in elective NHS activity from the end of March 2020. When comparing April 2019 to April 2020, there was a reduction in elective activity across all four Humber CCGs, from 12,333 admissions to 4,502 (36.5% of the number admissions in April 2019). There was a reduction in elective activity in Hull from 3,231 to 1,135. This reduction in elective activity was due to the need to ensure there was significant space and resources for patients suffering from COVID-19, including changes to the workforce and implementation of "red and green" areas within hospital sites.

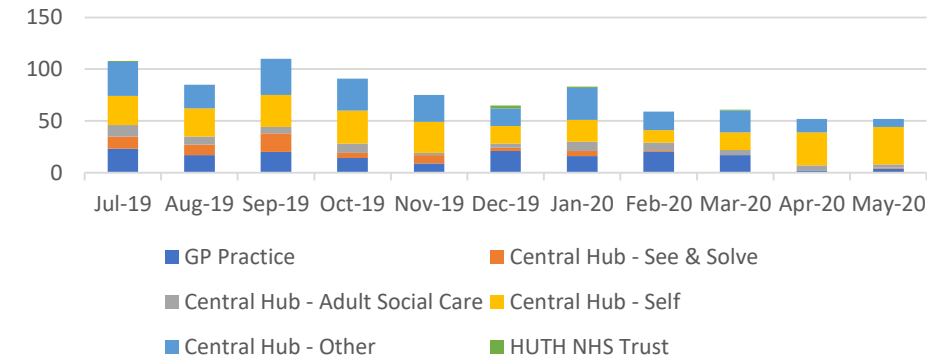
Community Support - Social Prescribing

Elements of community support are also of great importance to consider, such as social prescribing. Overall, the trend in social prescribing referrals in Hull seems to have been reducing following the start of the COVID-19 pandemic, with referrals in April and May 2020 showing the lowest number of monthly referrals in the period from July 2019 to May 2020.

Elective G&A Total Admissions (FFCEs)



Social Prescribing Referrals in Hull
July 2019 - May 2020



Wave 4: Long Term Impacts

Income & Work:

- Between April and May 2020, the total number of unemployment benefit claimants in Hull rose by 1,820 claimants from 14,605 to 16,425. As a result, the unemployment benefit claimant rate in Hull increased from 8.6% to 9.7%.
- Over the same period the national rate increased from 5.0% to 6.5%.
- Compared to May 2019 there are now 8145 more unemployment benefit claimants in Hull (+98%) and the claimant rate has risen from 4.9% to 9.7%.
- The Citizens Advice service has noted that the number of clients with employment problems has almost doubled to over 500 people within the last three months
- However, the number of Citizens Advice clients with debt enquiries has reduced significantly, which may be due to the temporary suspension of chasing from creditors. It is likely that once these restrictions are lifted, there will be a considerable upsurge in the number of people facing potentially unmanageable debt
- Hull City Council have paid out small business grants to 4,100 local businesses
- Local and national use of foodbanks has increased during the lockdown period – the Trussel Trust reported an 122% increase nationally in March in the number of children receiving emergency food parcels

Homelessness in COVID-19

Specific guidance was published by Public Health England at the start of the pandemic which recommended that homeless individuals and those living in hostel accommodation should have access to en-suite facilities, if they had health needs that place them at increased clinical risk of Covid-19. It was recommended that the local authority should provide “COVID-Protect” facilities that enabled people to self isolate, in addition to setting up a “COVID-Care” site, for symptomatic individuals to be housed in order to prevent further spread of the disease.

The local authority worked closely in partnership with the CCG to conduct health screening of 300 people residing in hostel accommodation, and 100 people accommodated as part of the “Everyone In” Directive. These individuals were accommodated in a variety of temporary settings; this including Bed and Breakfasts, small hotels, a number of houses in multiple occupation and a purpose commissioned facility.

NHS Hull CCG expanded the Homeless Discharge Service (hospital in-reach) team to form a specialist homeless health team which supported the multi-agency response to COVID19. Hull does not have a specialist homeless provision in the community, so the team acted in a liaison and advocacy capacity to build bridges and access to mainstream Primary Care.

This work highlighted the lack of healthcare access by the homeless population. Most of the homeless population had not accessed a GP for a significant period of time, even though registered. Some had chronic diseases such as diabetes and high blood pressure which were not being treated. The team identified and supported multiple vulnerable individuals and escalated safeguarding issues that related to individuals with complex care needs where these were not being met.

Wave 4: Long Term Impacts & Wider Public Health Implications

Alcohol-related Harm:

Nationally there has been a rise in household alcohol use since lockdown. This may be a concern within the local area, as Hull already experiences significantly higher than national levels of alcohol-related hospital admission episodes for alcohol-related conditions (907 per 100,000 residents in 2018/19, compared to 664 per 100,000 for England overall)

Air Pollution

NO₂ levels were around 28% lower than the 5 year average, and particulate matter around 20% lower than the 5 year average during the COVID19 lockdown period, although other meteorological impacts influenced these levels to some extent. This is important as NO₂ and particulate matter are considered to be pollutants with potential adverse effects on health. The World Health Organisation estimating that 4.2 million premature deaths globally are linked to outdoor air pollution .

Physical Activity

A recent, small, Active Humber survey reports that 48% of respondents (aged 16+) had done more exercise since the COVID19 pandemic began. National Active Lifestyles research suggests that, according to parents/carers, activity levels (60+ mins a day) have dropped from 47% in the previous ALCYP report to just 19% during lockdown; The research highlighted the importance of space and place on activity levels amongst C&YP. Those with access to outdoor space were nearly twice as likely to do 60+ mins a day. Being active with the family was a key way C&YP were exercising during lockdown (71% of CYP were active with a parent/carer).

Smoking Cessation:

The Hull smoking cessation service has seen a reduced number of referrals and 1st session attendances during April and May 2020 , although this began to increase again during June 2020. There was a noticeable drop off in reported “quits” during May 2020, compared to average of 68 per month between January and April. The patterns in smoking cessation will require further observation to fully understand the impact of COVID-10 on smoking cessation and smoking behaviours.

Domestic Abuse:

Nationally, Women’s Aid found that 84.4% of service providers who responded stated that they had to cancel one or more services. 67.4% of women experiencing abuse who responded stated that their abuse had become worse since COVID-19, with 76.1% stating that they had to spend more time with their abuser. 78.3% also stated that COVID-19 has made it harder for them to leave an abuser. One stated *“It’s hell on earth living 24/7 now with my abuser & can’t get out to escape, [to] put distance between us when I feel tension rising”*. The National Domestic Abuse helpline reported 25% increase in calls and 150% increase in visits to their website in April.

In Hull, there are also concerns about the impact of COVID-19 on domestic abuse. There are an estimated 24,690 women and 18,468 children experiencing domestic violence in Hull each year.

Deep Dive: Mental Health and Wellbeing

Mental Health

Data on referrals to adult mental health services for Hull and ERY show that during the early stages of the pandemic, there appeared to be an increase in the number of referrals for mental health when compared with the baseline number. The numbers of referrals for mental health began to decrease towards the middle of March 2020, with a % change of -41.5% in referrals from baseline in early and mid-April.

Wellbeing

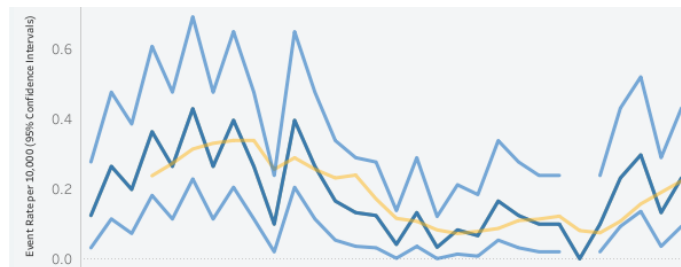
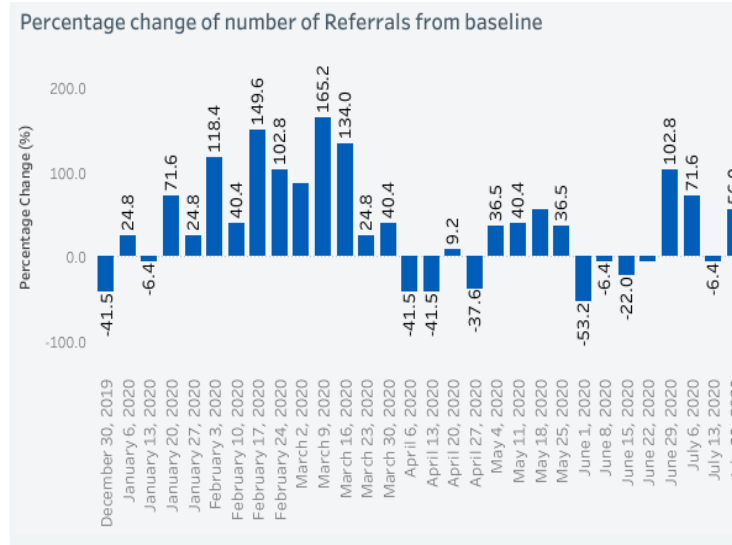
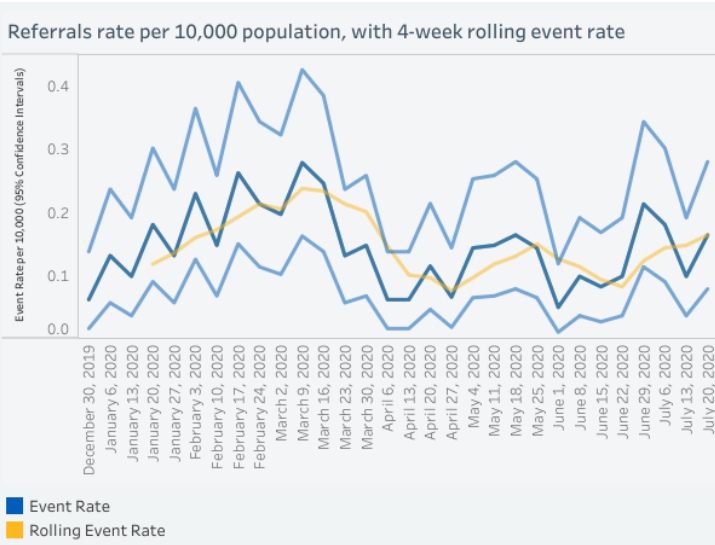
Local data from the Citizens Advice suggests that social isolation and loneliness is currently very low, with suggestions that this may be due to increased support from local communities, families, friends, Local Authorities and volunteers, particularly during the immediate lockdown response.

National surveys have been conducted during the pandemic which include indicators of mental wellbeing. Although this is national, rather than local data, it gives a general indication of how Covid-19 has affected wellbeing. When comparing results from the survey in March (20th to 20th) to that completed in June (18th to 21st), there are differences in the responses received.

In March, when asked how anxious they felt on the previous day on a scale of 1-10, the mean score in March was 5.2 for all adults, compared to 3.7 in June. There has also been an apparent improvement in happiness, from an average of 6.4 in March to 7.0 in June.

The survey from June also asked respondents who felt that their wellbeing had been affected how they had felt in the previous week. Results showed that due to Covid-19, 42.6% of these adults had felt lonely, 33.8% had felt it was making their mental health worse, 66% felt stressed or anxious and 61% were concerned about the future.

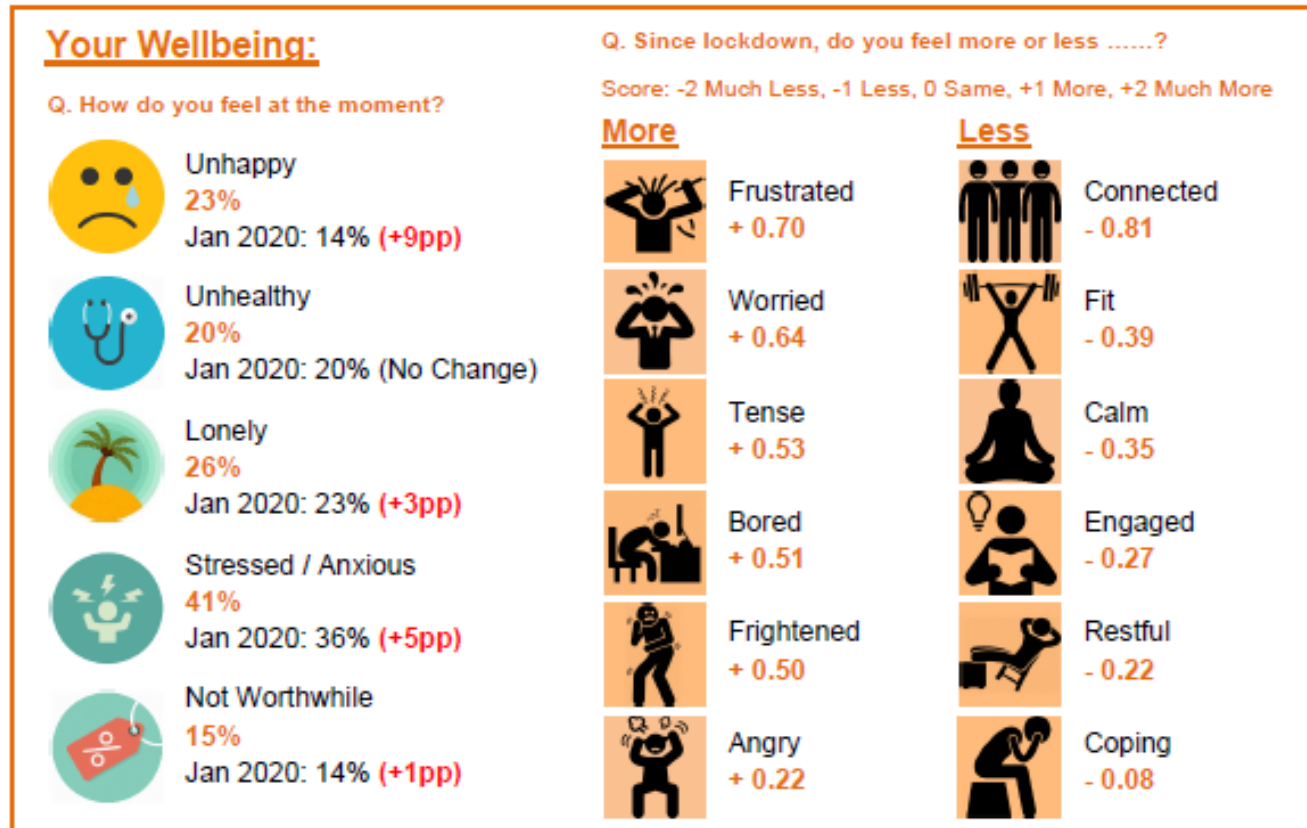
The number of mental health referrals for the Hull area only during the same time frame show a similar pattern.



Deep Dive: Mental Health and Wellbeing

Wellbeing – Local Data

A survey of the general public in Hull was conducted through the People’s Panel in May and June 2020. It is worth noting that although this set of responses may not be representative of the general population in Hull, it can still provide useful information about wellbeing in the local area in relation to COVID-19. The results of the survey showed that during this May and June, the majority of participants 53.9% felt quite or very happy. However, over ¼ of respondents (26.4%) reported feeling quite or very lonely and 37.2% said they felt anxious or stressed. Further questions around this found that since lockdown, 56.6% felt more worried (either a bit or a lot more).



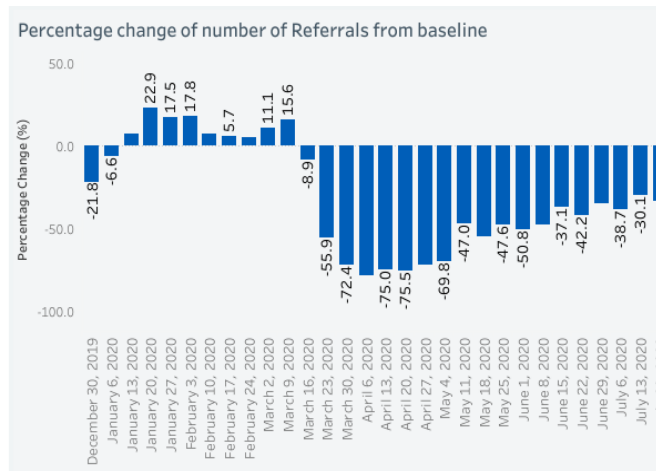
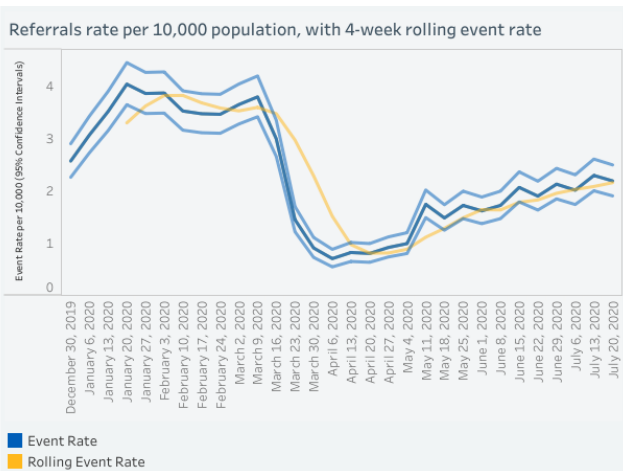
Deep Dive: Children and Young People

Background

There are potentially wide-ranging effects on children as a result of COVID-19 and the subsequent response, ranging from effects on health, education, mental wellbeing and wider impacts of loss of family income.

Healthcare: Referrals to Children and Adolescent Services

As with other referrals and aspects of healthcare, the number of primary care referrals to children's services appears to have reduced from the beginning of March, with the biggest decrease of referrals around the week commencing 6th April, where there was 78.6% reduction from baseline. Although the number of referrals are slowly beginning to increase, there are still fewer referrals than the baseline number, with data from the week commencing 20th July suggesting that the number of referrals was 33.3% lower than the baseline.



Healthcare: Vaccinations

When comparing June 2019 to June 2020, there appears to be a reduction in the proportion of those children aged 18 months who have received one dose of MMR in Hull, whereas there is no change or an increase in the proportion of those receiving one dose of MMR in the other Humber areas. However, the percentage receiving all three doses of 5in1 or 6in1, appears to have decreased in all four Humber areas.

CCG	% received MMR (one dose)		% received 5in1 or 6in1* (three doses)	
	June 2019	June 2020	June 2019	June 2020
Hull	93.3%	89.6%	87.2%	79.8%
ERY	95.6%	95.5%	95.1%	90.7%
NEL	94.4%	95.7%	92.6%	82.1%
NL	91.5%	92.2%	91.4%	85.5%

* 5in1 (Diphtheria, Haemophilus influenza B, polio, tetanus, pertussis) and 6in1 (also includes Hepatitis B)

Deep Dive: Children and Young People

Education

- In England, schools were closed from 20th March, except for children of those classified as “key workers”
- Initial surveys and reports nationally found that children in low income families are likely to be disproportionately affected by school closures due to:
 - Having less access to electronic resources
 - Being less likely to receive active help from schools
 - Less time on average dedicated to learning at home
- There is a risk this may lead to widening inequalities in educational achievement, which may affect future opportunities

Hidden Safeguarding Issues

Concerns have been raised that child abuse may be going unreported during the pandemic. The impact of lockdown and school closures may have contributed to difficulties in accessing support and supervision from sources such as school and health and social care.

The Local Government Association (LGA) raised concerns that vulnerable children are missing out on vital support, stating that some councils are seeing up to a 50% decline in referrals of children to social care.

Looked after Children

There are approximately 720 looked after children and young people in Hull. Impacts from the COVID-19 crisis on referrals, capacity, changes in staff and specific impacts such as contact with birth families all need to be considered. A statement on principles for recovery of Looked After Children services has been issued by the Royal College of Paediatrics and Child Health and the Royal College of Nursing.

Wider Impacts on Child Health

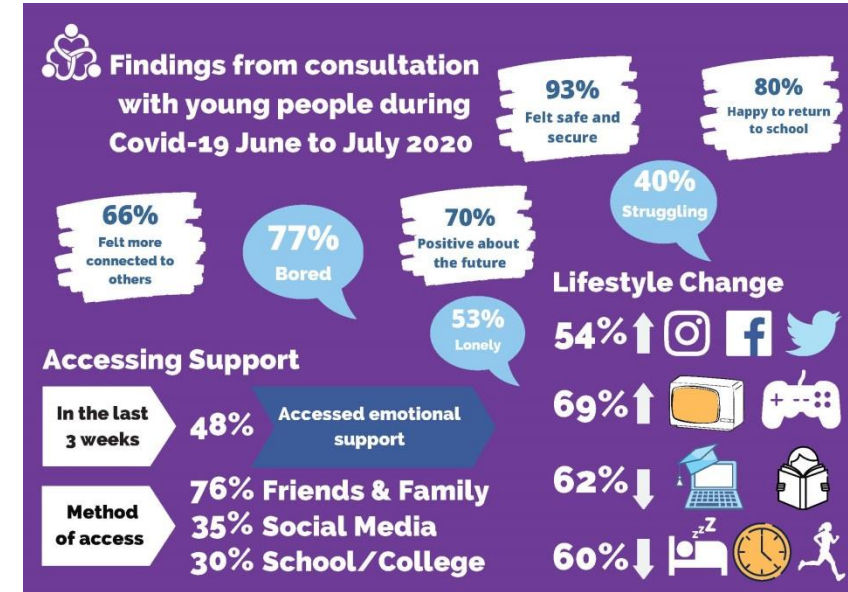
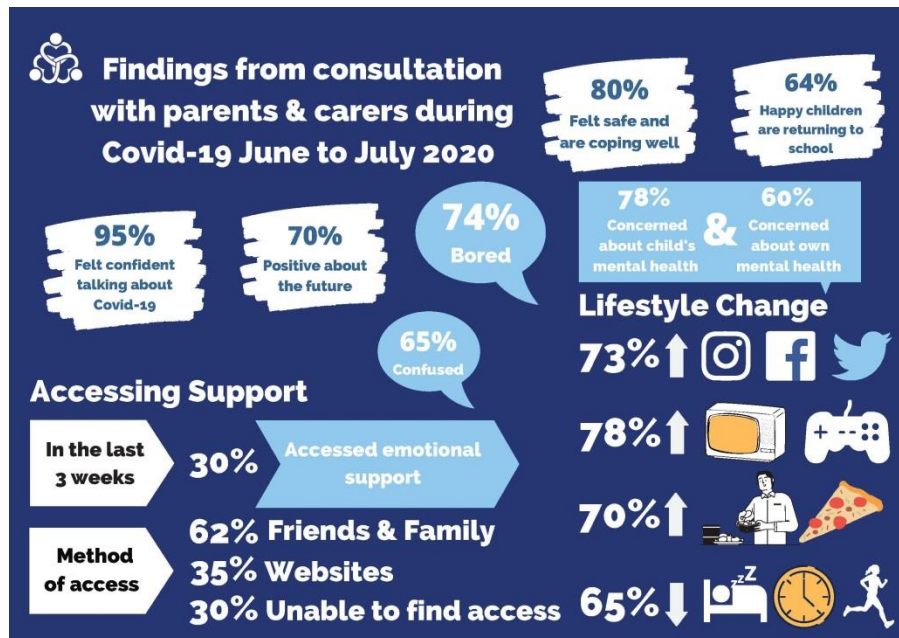
As previously noted, there have been noticeable impacts on incomes, which will affect families and have subsequent effects on children. The increase in emergency food parcels required by children may affect nutrition and quality of food intake. Changes in behaviour, such as reduced physical activity, may also have an impact in children’s physical wellbeing.

Deep Dive: Children and Young People

Mental Health

Survey of children, young people and their parents/carers have also been conducted between May and July. In May/June, 78.6% of parents and carers were concerned about the impact of Covid-19 on their child's mental health with this decreasing slightly to 75.5% in June/July. However, the proportion of parents who said they were very worried about their child's mental health increased from 22.9% to 25.9%. In May/June, 60.4% said they were worried about the impact on their own mental health, with this remaining the same (60.2%) into July.

The most common emotions expressed by young people (aged 10-25 in this survey) were feeling safe/secure, bored/frustrated and happy/content/positive.



Public view on emotions

May/June:

- 'Apprehensive. Scared for family and friends who're at risk. Upset I couldn't visit my grandma who doesn't live in hull and worrying about her wellbeing...very overwhelmed with fear with social media...the mass graves, hospitals, panic buying etc.' (female, 22)
- 'Happy get to stay at home with family...' (male, 14)
- 'It's [lockdown] ruined my plans for the future and I feel more low.' (female, 16)

June/July:

- 'Yes, at first I wasn't that scared but now i feel a little worried because some of my family members have got the virus.' (Female, 10-16yrs)
- 'Nervous about people not social distancing.' (Female, 10-16yrs)
- 'I have been happy because I have been with my family even more.' (Male, 10-16yrs)

Taking a Population Health Management Approach

Age	Healthy People / People at higher risk of developing health and social care needs	People living with physical and mental LTCs and disabilities	People living with frailty	People who are living at the end of their life
0-4	<p><i>Number in Hull 16,883</i></p> <p>Risks of disruption to routine healthcare services (including antenatal/postnatal services), risk of missed vaccinations. Risks of effects of wider impacts such as family income.</p>	<p><i>Proportion self-reporting LTC: 55.5%, prevalence of common mental disorders 20.5%, SMI 0.97%, LD 0.6%</i></p> <p>Risks from disruption to routine healthcare: missed diagnoses, delays in follow-up care and procedure. Potential risks to health from healthcare avoidance in emergencies.</p>	<p><i>Number in Hull: 3,200</i></p>	
5-25	<p><i>Number in Hull 67,418</i></p> <p>Risk of increase in unhealthy lifestyle choices due to reduced income, lockdown or other factors, which could lead to increase in physical health problems such as obesity. Impact of disruption to education affecting health education and socialising, which may have a negative impact on mental health. Risks of effects of wider impacts such as family income. These risks may disproportionately affect children in deprived areas.</p>	<p>Increased risk of suffering from more severe form of COVID-19 if infected.</p> <p>Risks from disruption to routine healthcare: missed diagnoses, delays in follow-up care and procedure. Potential risks to health from healthcare avoidance in emergencies.</p>		
25-69	<p><i>Number in Hull 147, 781</i></p> <p>Risk of increase in unhealthy lifestyle choices, which could lead to an increased risk of chronic conditions such as diabetes (particularly in those previously at risk). Potential risks of changes in employment on income, lifestyle choices and mental health.</p>	<p>Increased risk of suffering from more severe form of COVID-19 if infected.</p> <p>Risks from disruption to routine healthcare: missed diagnoses, delays in follow-up care and procedure. Potential risks to health from healthcare avoidance in emergencies.</p>	<p>Risk of service disruption and health and care needs not being met.</p> <p>More likely to be in a vulnerable setting (e.g. care home).</p> <p>Increased risk of suffering from more severe form of COVID-19 if infected.</p>	<p>Risk of disruption to specialist services and risk of care needs not being met.</p> <p>Increased risk of suffering from more severe form of COVID-19 if infected.</p>
70+	<p><i>Number in Hull 27,696</i></p> <p>Disruption to routine health and wellbeing services. May be at risk of social isolation or negative impacts on mental health.</p> <p>Increased risk of suffering from more severe form of COVID-19 if infected.</p>	<p>Increased risk of suffering from more severe form of COVID-19 if infected.</p> <p>Risks from disruption to routine healthcare: missed diagnoses, delays in follow-up care and procedure. Potential risks to health from healthcare avoidance in emergencies.</p> <p>More likely to be in a vulnerable setting (e.g. care home).</p> <p>Likely to have care needs which may not have been met due to service disruption.</p>	<p>Risk of service disruption and health and care needs not being met.</p> <p>More likely to be in a vulnerable setting (e.g. care home).</p> <p>Increased risk of suffering from more severe form of COVID-19 if infected.</p> <p>Likely to have care needs which may not have been met due to service disruption.</p>	<p>Risk of disruption to specialist services and risk of care needs not being met.</p> <p>Increased risk of suffering from more severe form of COVID-19 if infected.</p>

Recommendations

1) Minimise the infection risk

In order to minimise the risks associated with transmission of COVID-19, individuals, organisations and health providers should be supported to **access timely and accurate guidance**, with consideration of the most appropriate forms of information for specific population groups, such as those with poor access to digital resources and those who do not speak English. Further support for **provision of personal protective equipment (PPE)** will also play an important role in reducing the transmission of COVID-19. Minimisation of the infection risk in relation to COVID-19 may reduce the direct impact of the virus, but efforts to support the public and employers to understand appropriate guidance and information may reduce any negative impacts on wellbeing from uncertainty and subsequent anxiety.

2) Support access to healthcare

Patterns of increased demand for healthcare services are already beginning to be seen. Ensuring that healthcare services are able to safely increase services to meet the increased demand will be an important aspect of the recovery phase. However, it should also be noted that demand may not equate to health need: there may be many individuals or population groups that are in need of healthcare services and may **require support to access appropriate healthcare**. Further work may be required to fully identify groups at risk of their health needs not being met. These groups may include a wider range of groups than those identified as vulnerable in relation to COVID-19. It is important that there is adequate recognition, support and appropriate service provision for these groups as this may help to **reduce widening of health inequalities** as a result of the pandemic.

3) Prevention of chronic health conditions

The combination of local and national data suggests that while anecdotally, some individuals may have improved their health or fitness during the lockdown period, in relation to population health there is a significant risk of poorer health as a result of **lifestyle changes during lockdown**. Increase in alcohol consumption, reduction in smoking cessation rates and the wider impact of personal circumstances such as lack of opportunity to exercise and reduced income may all potentially have a negative impact on population health. Continued work to further understand the impact of COVID-19 on modifiable risk factors for physical health problems may help to shape future efforts on **prevention of chronic health problems**.

4) Mental health awareness, support and engagement

There has been an apparent impact on mental health and wellbeing as a result of COVID-19, from exacerbation of existing anxieties or stress to the impact of loss of employment, reduced income and social isolation. Further engagement with the local community may be required to fully understand the ways in which mental wellbeing has been affected and to begin to consider how existing strengths can be used as part of **an assets-based approach** to support mental health in the recovery phase.

5) Learning lessons

Many have noted positive aspects of the response to the pandemic, including increased community support and adapting to new and **innovative ways of working**, both in healthcare and in a wider context. It is important to take lessons from this and consider what positive changes can be incorporated into future planning into and beyond the recovery phase. Working closely with those involved in the implementation of new ways of working, those adapting to new ways of working and those who are involved in community support roles may help to identify what can be identified as **good practice** and may help to start conversations on how healthcare services and community services, amongst others, can begin to incorporate these lessons and “build back better”.

6) Understanding the longer term impact on inequalities

Further pieces of work, such as health needs assessments for specific population groups, will be required in order to begin to understand the longer term impact on inequalities and the wider social and economic impacts of COVID-19, as well to consider ways in which these inequalities and issues can be addressed. Further understanding of **local views with fully representative samples of the local population** will provide vital information to put these assessments into further contexts. With **increasing understanding about the impacts of COVID-19 on inequalities**, and a growing evidence base, further work should also aim to inform future Joint Strategic Needs Assessments for the local area.

Data Sources

- **PHE Fingertips:** Overweight and obese individuals, population aged over 65, alcohol admissions, prevalence of chronic conditions
- **Local Government Association:** COVID-19 Cases Tracker
- **NHS England Statistics:** A&E attendances and NHS activity
- **NHS Digital:** Referral data
- **Open Prescribing:** Prescribing Data
- **Office for National Statistics:** COVID-19 death registrations, national survey data, ethnicity
- **Royal College of General Practitioners:** Guidance on service delivery during COVID-19
- **Hull Data Observatory:** Population demographics
- **K Athorn, A Folwell, D Harman, S Kar, L Windass, 21 The Jean Bishop Team, Hull:** A New Model of Care for Comprehensive Geriatric Assessment of the Frail Population, Age and Ageing, Volume 49, Issue Supplement_1, February 2020, Pages i1–i8, <https://doi.org/10.1093/ageing/afz183.21>: Number in Hull living with frailty
- **Women’s Aid** [available at <https://www.womensaid.org.uk/covid-19-resource-hub/#1588945757842-2f212937-0ccd>]: The impact of COVID-19 on domestic abuse
- **Korteweg, H. A., Van Bokhoven, I., Yzermans, C. and Grievink, L. (2010) ‘Rapid health and needs assessments after disasters: A systematic review’, BMC Public Health.** BioMed Central, 10(1), p. 295. <https://doi.org/10.1186/1471-2458-10-295>: Definition of rapid health needs assessment
- **Tseng, V. (2020) Twitter.** Available at: <https://twitter.com/VectorSting/status/1244671755781898241> [Accessed: 12 June 2020]: Health Footprint of Pandemic
- **World Health Organization (2018) Ambient air pollution: Health impacts** [available at: <http://www.who.int/airpollution/ambient/health-impacts/en/>]: Impact of outdoor pollution on health
- **The Trussel Trust:** Food banks report record spike in need [available at <https://www.trusselltrust.org/2020/05/01/coalition-call/>]

- **Local Data provided by:**
 - Hull CCG
 - Citizens Advice
 - People’s Panel
 - Adult social care
 - Smoking Cessation Services
 - HeadStart Hull and Children and Young People’s Services

Notes