London Borough of Redbridge

Annual Public Health Report 2020

# Covid-19 and inequality in Redbridge

Addressing the inequalities that have been exposed and exacerbated by Covid-19 and mitigating their short and long-term impacts

# Contents

# Foreword

## From the Director of Public Health

This year has been unprecedented for the work of Public Health teams across the UK. The Covid-19 pandemic has presented numerous challenges to us for protecting the health and wellbeing of our residents in Redbridge. The topic for this year's Director of Public Health's Annual Report was therefore unquestionably centred on the impact that Covid-19 has had on the health of our population.

This year's report focuses on the inequalities experienced by different populations, that have been exposed or exacerbated by the Covid-19 pandemic. Utilising available data it outlines the impact that the pandemic has had over the life course and in key settings.

In particular, people from Black and Minority Ethnic backgrounds have been disproportionately affected by the virus, having higher rates of infection, being more likely to be admitted to hospital, and having a higher risk of death from Covid-19 than their White counterparts.

Although children may not have been as directly affected by the virus, the longer-term effects on issues such as lost time in classroom-based education, emotional trauma as a result of lockdown and reduced opportunities to engage in physical activity are likely to have had a significant impact.

As we continue to adapt to living in a world with Covid-19, changing our behaviours to socially distance and wear face coverings, we will also need to recover from this global issue. This report provides an opportunity for us as commissioners and providers of local services to assess and anticipate the future needs of residents in the light of the Covid-19 pandemic. We want to look beyond the immediate and direct health impacts to the wider inequalities that have been exposed.

I am also pleased to report that the recommendations made in last year's report on the impact of addictions in Redbridge have been enacted, including the creation of the Ilford Town Centre Smoke Free Zone.

Finally, I would like to take the opportunity to thank my Public Health Team and colleagues across the Council, for their tireless efforts to keep our residents as safe and well as possible.

**Gladys Xavier**

Director of Public Health

## From the Chair and Vice Chair of the Health and Wellbeing Board

We recognise that 2020 has been a highly challenging year for all our residents in Redbridge. Although lockdown was a necessary action to stop the spread of the virus, it nevertheless created significant upheaval for many of us across the borough.

The Council's Wellbeing Service provided help and support to those most in need, delivering medicines and food parcels to people most urgently affected by the lockdown and it continues to provide support.

It is likely that Covid-19 is going to remain with us for a significant period of time, or at least until the proposed vaccination programme is up and running. In order to protect those most vulnerable, it will be essential for as many of us to get the vaccine as possible. It is estimated we will need at least 70% of the entire UK population to take up the vaccine to generate herd immunity for those who, for whatever reason, can't have it themselves.

In the meantime we are acutely aware of the profound impact that Covid-19 has had on our residents, both directly and indirectly. Some may have had the virus themselves and are still experiencing some health impacts, such as fatigue.

Others may have sadly experienced a bereavement directly due to Covid-19 and were not able to say goodbye to their loved one. Many of our residents will likely have had their jobs impacted by Covid-19, either by being part of the furlough scheme or as a worst case being made redundant. The impact on employment may in turn have affected ability to pay rent or mortgages.

The analysis presented in this report is more than data though. It gives us a real opportunity to look at how the pandemic may have affected our residents and what those immediate, and longer-term needs might be. It helps us plan for the services that our residents might need in the future and how we can best offer the right support.

We hope everyone stays safe and well.

**Cllr Mark Santos**

Chair of the Health & Wellbeing Board

**Dr Anil Mehta**

Vice-Chair of the Health & Wellbeing Board

# Executive summary

This report summarises what we know about the relationship between the current pandemic and inequality, both locally and nationally, in order to set out a clear plan of action.

Examining the issues across the life-course, and as viewed through the public health lenses of ethnicity, deprivation and gender, this report highlights the inequalities that have been exposed and exacerbated by the pandemic.

It is essential that we ensure not just that the immediate inequalities highlighted by Covid-19 are addressed, but also the medium and long-term impacts of the pandemic to deliver improved and equitable health and wellbeing for all.

Across all age groups, disruption to essential services caused by the lockdown are likely to have had both an immediate and longer term impact. Whilst every effort has been made to support residents, digital services put in place to provide alternative support systems, are likely to have increased inequalities amongst those without access to digital technologies. Similarly, language barriers amongst BAME (Black, Asian and Minority Ethnic) communities may have reduced their ability to access alternative services.

There are clear data which show the direct impact of the pandemic on service use, such as a 45% reduction in requests for emergency hormonal contraception and a 60% reduction in referral volume to certain secondary mental health services. This is not a reduction in need, but rather a deferral, which is likely to lead to an increased demand on service provision as we recover from the crisis. Cancer treatment is essential and those who may have missed appointments, perhaps due to shielding or even fear of being exposed, may have had their condition worsen. NHS England data shows a 69% drop in urgent GP 2 week wait cancer referral in April 2020 compared to April 2019. In addition, although there is no data at present, there is likely to have been severe disruption to other personal care appointments such as dentistry, podiatry and diabetic retinopathy. The true picture of need is likely to be fully detailed only when life returns to some kind of normality, albeit a 'new normal'.

Whilst lockdown for some offered a way of protecting themselves from infection, for others it resulted in a significant reduction in income through business closure or redundancy. The furloughing scheme offered a temporary reprieve, but sadly has not prevented all businesses from closing, and more job losses are likely as the restrictions to reduce the spread of infection continue. As a significant wider determinant of health and wellbeing, employment and the economy are key areas of focus for the Council and central Government alike.

Of those who were working, in addition to a high percentage in frontline or keyworker occupations, 51% of jobs paid at or higher than the London Living Wage (lower than the London average 80%). The proportion of 16-64-year olds in employment in Redbridge is 69% (2018/19) which is one of the lowest in London.

Similarly, whilst some people had access to private gardens, others were likely to experience significant disadvantage within their homes. Overcrowding in Redbridge averages 10.8% of all homes, with 2.2% severely overcrowded. This is increasing in the area. Overcrowded and multi-generational households generate an increased risk of Covid-19 infection. In addition, 32% of Redbridge properties are unlikely to have private green space which is higher than the regional (21%) and national average (12%) clustering in poorer parts of the borough.

The analysis presented here allows us to start to anticipate the likely future need of our residents and focus our attention on reducing the inequalities that have come to light, and makes the following recommendations:

## Recommendations

| | |
|---|---|
| 1 | Engage with high risk groups to better understand their experience of the Covid-19 pandemic and how it has exposed and exacerbated the inequalities they face |
| 2 | Build on local and national digital strategies to improve digital accessibility across health care services, for education, and for older people who are socially isolated |
| 3 | Promote resilience in routine care services, communities and the economy as a wider determinant of health and wellbeing |
| 4 | Focus on reducing long term risk factors for Covid through active travel and building a health positive environment |

# SECTION 1 | Context

## Introduction - **Structure of APHR**

| | |
|---|---|
| **Section 1**<br>Context | summarises the national and local context to the Covid-19 pandemic, including the key evidence and reports that have highlighted emerging inequalities. |
| **Section 2**<br>Impacts of Covid-19 across the life course and focusing on inequalities | sets out the key local data that show the health impacts of Covid-19 across the life-course in Redbridge, highlighting the inequalities by ethnicity, age and gender. |
| **Section 3**<br>Covid-19 and the wider determinants of health and inequalities in Redbridge | summarises the inequalities in the wider determinants of health that we know have played a key role in driving the inequalities in Covid-19 outcomes. |
| **Section 4**<br>Addressing inequalities in Redbridge | summarises the work already completed to address inequalities in Redbridge and sets out the priority recommendations to tackle not just inequalities in Covid-19 outcomes but to address the underlying wider determinants of health. |

# Introduction – aim and approach of report

Covid-19 did not **create** health inequalities in Redbridge, but rather it has exposed and exacerbated long-standing health and social inequalities in both the borough and nationally; particularly those facing BAME communities and those more deprived backgrounds.

## Aim of this report

This report aims to summarise what we know about the relationship between the current pandemic and inequality, both locally and nationally, in order to set out a clear plan of action. It is essential that we ensure not just that the immediate inequalities highlighted by Covid-19 are addressed, but also the medium and long-term impacts of the pandemic, so we can deliver improved and equitable health and wellbeing for all.

In summary, this report aims to answer the following question: **What has been the impact of Covid-19 on inequalities in Redbridge, both in the short and longer term, and how can we mitigate these impacts?**

## Chosen approach

Four principles have been chosen to inform the development of this report to ensure that a full picture of the impacts of Covid-19 on inequalities are captured. These are summarised below:

**1) A life course approach** – setting out the impacts of Covid-19 on inequalities in all key life stages from pre-birth to older adulthood.

**2) Three "lenses" of inequality: ethnicity, deprivation and gender** - highlighting the inequalities that a range of different communities and individuals in Redbridge face.

**3) Balancing the short- and long-term impacts** – focusing on not just the immediate impacts of the pandemic but how the response and longer-term effects may contribute to longer term inequalities in Redbridge now and in the future.

**4) A focus on the wider determinants of health** – ensuring that our understanding of the impact of Covid-19 on inequalities is grounded in the pre-existing inequalities of the wider determinants of health (such as housing, green space, travel and transport, education and employment).

# National evidence 1

## Disparities in risk and outcomes for Covid-19 [1]

In June 2020, Public Health England published a report (1) that used national data to explore the inequalities highlighted by Covid-19 and their impacts on transmission, symptoms and death rates. The key findings are summarised below.

**Older age, ethnicity, male sex, deprivation, comorbidities, occupation and geographical area**, are associated with a higher risk of getting the infection, experiencing more severe symptoms and higher rates of death.

**People from Black ethnic groups were most likely to be diagnosed and death rates from Covid-19 were highest among people of Black and Asian ethnic groups.**

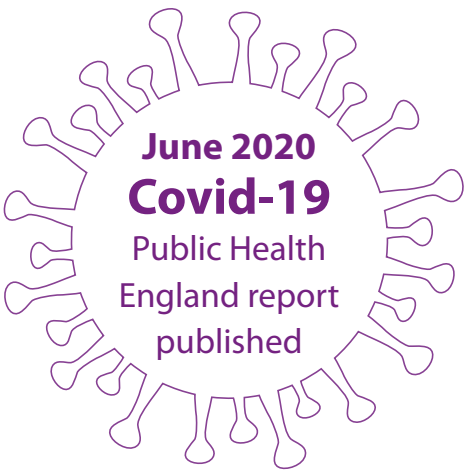
**After accounting for the effects of sex, age, deprivation and region, people of Bangladeshi ethnicity had around twice the risk of death than people of White British ethnicity**. People of Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicities had between 10%-50% higher risk of death when compared to White British groups.

**It is important to note that these analyses did not account for the effects of occupation, comorbidities or obesity**. These are all important factors associated with Covid-19 and where other studies have accounted for factors like comorbidities, the difference in risk among different ethnicities is reduced.

### BAME Ethnicity in Redbridge

| Ethnicity | % |
|---|---|
| **Asian/Asian British** | **41.7** |
| Indian | 16.4 |
| Pakistani | 11.1 |
| Other Asian | 7.4 |
| Bangladeshi | 5.7 |
| Chinese | 1.1 |
| **Black/Black British** | **8.8** |
| Black African | 4.4 |
| Black Caribbean | 3.2 |
| Other Black | 1.2 |
| **Other ethnic group** | **2.7** |
| Any other ethnic groups | 2.1 |
| Arab | 0.6 |

**Table 1** BAME ethnicity groups in Redbridge. Source [111]



# National evidence 2

## Beyond the data [68]

A national rapid review of published literature and a series of stakeholder workshops were also completed to further explore the inequalities faced by some BAME communities in Covid-19 outcomes [68]. The review sought to also understand the social and structural determinants of health that may impact on these disparities. The key findings are summarised below.

## Literature review findings

- **recent UK research suggests that both ethnicity and deprivation are independently associated with Covid-19 mortality.**
- **BAME communities are at greater risk of experiencing inequalities across the wider determinants of health that are likely to play a key part in driving inequalities in Covid-19 outcomes**; including a greater risk of living in overcrowded accommodation or multi-generational households and a greater chance of working in front-line professions that increase risks of Covid-19 transmission.
- **historic and systemic racism are likely to have contributed to an increased risk of Covid-19 among BAME communities**; for example, BAME groups are less likely to seek medical care when needed, potentially due to experiences of racial discrimination, and BAME NHS staff were found to be less likely to speak up about concerns over lack of Personal Protective Equipment (PPE) at work.

## Views of stakeholders

- **stakeholders emphasised that Covid-19 did not create health inequalities but rather exposed and exacerbated long-standing inequalities** affecting BAME groups in the UK.
- stakeholders pointed to **racism and discrimination experienced by communities and more specifically by BAME key workers** as a root cause affecting health, and exposure risk and disease progression risk.
- stakeholders acknowledged that while actions are already being undertaken, the results of the PHE review and other studies should be used to strengthen and accelerate efforts moving forward. **Clear, visible and tangible actions, provided at scale were called for now with a commitment to address the underlying factors**.

# SECTION 2 | The impact of Covid-19 in Redbridge across the life course

The following section provides key local intelligence on the impacts of Covid-19 across three life stages:

- **0-25 years (including pre-birth and pregnancy)**
- **working age adults**
- **older adults**

Each section breaks down the impacts of Covid-19 into the following categories:

- **direct impacts of the pandemic**
- **indirect impacts of the pandemic** - for example, reduced services or increased obesity rates as a result of lockdown measures.
- **longer term impacts of the pandemic** – those impacts that may not be apparent for many years, such as the life long impacts of children losing time in education.

To highlight important inequalities locally, for each age group these categories are viewed through the three "lenses" of inequality:

- **deprivation**
- **ethnicity**
- **gender**

## 0-25 Years

# Antenatal, maternity and early years (0-5 years)

Health and social inequalities appearing at pregnancy, birth and the early years can have significant impacts on the health and wellbeing of parents and the development of young children.

Addressing these early inequalities is essential as they can go on to affect children throughout their whole lives.

The pandemic has had many unique impacts on pregnant women and young children in Redbridge, despite them being at relatively low risk from Covid-19. Services that play a key role in supporting the development of children have been disrupted. Lockdown and shielding measures have meant reductions in physical activity and healthy nutrition and in some cases negative impacts on mental health and increases in domestic violence and abuse. Job-related economic and health risks disproportionately affect women who are twice as likely to be key workers [2].

It is likely that the families facing the greatest challenges and inequalities prior to the pandemic have been worse hit by these impacts, only exacerbating these existing inequalities.

## DIRECT impact of Covid-19 on 0-5 years

### 56% of pregnant women who tested positive for Covid-19 and admitted to hospital were from a BAME background [3]

Pregnant women were placed in a vulnerable group by the Chief Medical Officer on 16th March and this has not changed. Whilst all available evidence suggested that pregnant women are at no greater risk from becoming seriously unwell than other healthy adults, a recent study [3] found that those women who were admitted to hospital with acute symptoms were in their late second or third trimester. Of these admitted to hospital, 56% were from a BAME community, which suggests a disparity in outcome for women from these ethnic groups [3].

## INDIRECT impact of Covid-19 on 0-5 years

### Disruption to key maternity services

Reduced support in pregnancy and for new parents during the pandemic, e.g. parenting classes and breastfeeding support

### Increased risk factors for poor perinatal mental health outcomes

Poor perinatal mental health and safeguarding risks for young children are predicted to rise during Covid-19 due to lack of social support, disrupted services, unwanted pregnancies, domestic violence, adverse life events and food insecurity [4].

### Potential increase in unplanned pregnancy rates

Emergency hormonal contraception requests during the Covid period were 45% less than pre-Covid levels (January-June 2020, compared to the previous year for the same period) [5].

LARC (Long Acting Reversible Contraception) uptake reduced by 79% (between February and April 2020 for women aged 21-30 years) [5].

National data shows that abortion rates have increased during the Covid period from 109,836 between Jan-June 2020 compared with 105,540 over the same period in 2019 [6].

### Reduced uptake of perinatal immunisations possibly leading to future outbreaks

Lockdown restrictions led to reductions in immunisations during pregnancy (e.g. pre-natal pertussis reduced from 66% in Feb 2020 to 52.2% in April 2020 ) [7] and early years (e.g. MMR vaccination counts for children aged 12 to 18 months dropped almost 20% in the first weeks after introduction of physical distancing compared to the same period in 2019) [8].

## LONGER-TERM impact of Covid-19 on 0-5 years

### Childhood Development

Closure of Early Childhood Education and Care (ECEC) (e.g. nursery settings) may reduce opportunities for early socialisation and development and may have impacted school readiness.

### Maternal and Child Nutrition

In Redbridge, 6.5% of children eligible for Free School Meals [9] and among households with children, the prevalence of food insecurity has increased from 5.7% to 11% during lockdown [10]. School closures and economic stresses on families to purchase healthy meals could lead to poor early childhood/in utero nutrition with long-lasting impacts on children's physical and mental development [11] [12].

### Children's Services

NHS Redbridge CCG ranks ninth highest in England for the percentage of children aged 0-15 years (22.4%) [13]. Increased unplanned pregnancies may increase the proportion of early years residents, leading to greater financial demands on children and young person's services.

### Gender Inequalities in Education and Employment

Increased rates of unplanned pregnancies may lower women's educational and economic attainment widening existing gender disparities in Redbridge [14].

# School-aged children and adolescents (5-19 Years)

Though at lower risk from Covid19 directly (Figure 1), with the disruption to schools and services, school-age children have been significantly affected by the pandemic. This has been particularly so in terms of educational disruption and mental wellbeing.

Access to high quality education is one of the most effective ways to narrow health and social inequalities so this lost time at schools could mean a growing gap between the most and least deprived pupils in Redbridge.

Working parents in Redbridge are more likely to come from BAME communities and also more likely to work in frontline or keyworker roles. As such, they may have had less opportunity to provide support to home schooling

Lockdown and shielding measures have also meant that many children have experienced social isolation, poor mental health and an increased risk of violence and abuse within their own homes.

## DIRECT impact of Covid-19 on 5-19 years

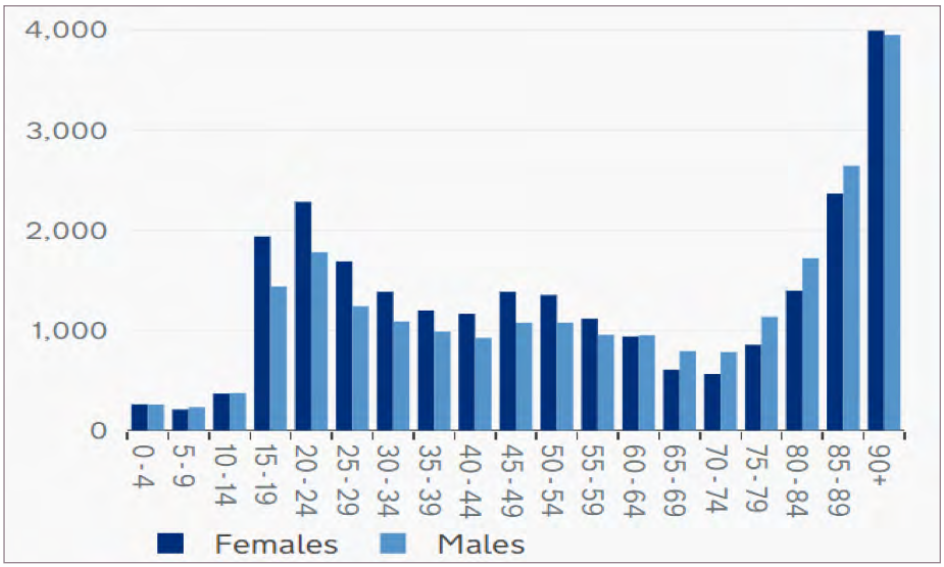



**Figure1** Coronavirus Case Rates by Age and Sex per 100,000 Source [15]

It is reassuring that children were less likely to get Covid-19, and those who were affected usually had a much milder form of the illness [16]. However, the indirect impacts on children were more far-reaching.

## INDIRECT impact of Covid-19 on 5-19 years

### Social isolation and Mental Health

- Children and Young people's Mental Health outcomes may have worsened during the pandemic [17]. A study [17] comparing mental health outcomes pre and post lockdown showed that:

- rates of probable mental disorders during the pandemic have increased since 2017. In 2020, one in six (16.0%) children aged 5 to 16 years were identified as having a probable mental disorder, increasing from one in nine (10.8%) in 2017. The increase was evident in both boys and girls
- overall, most 11 to 16 year olds felt that lockdown had made their life worse (42.8%), with 29.6% reporting no change. The views of 17 to 22 year olds were similar, with 43.1% reporting that lockdown had made their life worse and 32.3% reporting no change.
- children and young people with a probable mental disorder were more likely to say that lockdown had made their life worse (54.1% of 11 to 16 year olds, and 59.0% of 17 to 22 year olds), than those unlikely to have a mental disorder (39.2% and 37.3% respectively)

Worsening mental health during the Covid period may be due to reduced support/safeguarding from not attending school and extreme stress/trauma at home due to unsuitable housing, financial insecurity, or bereavement [17].

## Education

Covid has led to school closures and after re-opening restrictions have led to ongoing disruption to attendance and teaching. Figures from October 2020 show that school attendance In Redbridge, during October 2020, an average of 2,688 pupils were self-isolating due to cases in the school community [20]. Between 13-23 October, an average of 173 school staff were self-isolating in the borough [20].

## Gangs and exploitation

The pandemic led to reduced access to youth workers and school teachers, increasing vulnerability of children to involvement with illicit drugs, gang-associated activities and exploitation [21].

## Safeguarding

Reports from organisations such as the NSPCC [22] and UNICEF [23] indicate a rise in calls to helplines and highlight the increased risk to children of abuse during the lockdown due to increased parental stress, childhood vulnerability (e.g. increased risk of online abuse) and disruption of normal protective services.

## Immunisations

Redbridge's vaccine coverage is below the London average (e.g. MMR uptake was 71.5% in 2018/19 compared to national average of 86.4%) [24]

Lockdown measures may lead to further drops in vaccine cover. National data shows a national reduction in immunisation uptake such as MMR hexavalent vaccine (against diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b and hepatitis B) leading to potential future outbreaks [25].

## Obesity

In 2018/19, the level of excess weight among 10-11 year olds in Redbridge was worse (40%) than the average for England (34.3%) and London (37.9%) [24]

Covid-19 has lead to obesogenic changes in physical activity and diet for children, including loss of free school meals and breakfast clubs, reduction in childhood obesity services (e.g. Redbridge Active Stars programme) and reduction in physical activity [26] increasing the risk of childhood obesity.

# LONGER-TERM impact of Covid-19 on 5-19 years

## Concerns around educational attainment gap due to school closures

Prolonged or repeated school closures are likely to both limit academic progress, impact upon key development transitions and reduce opportunity to connect with peers.

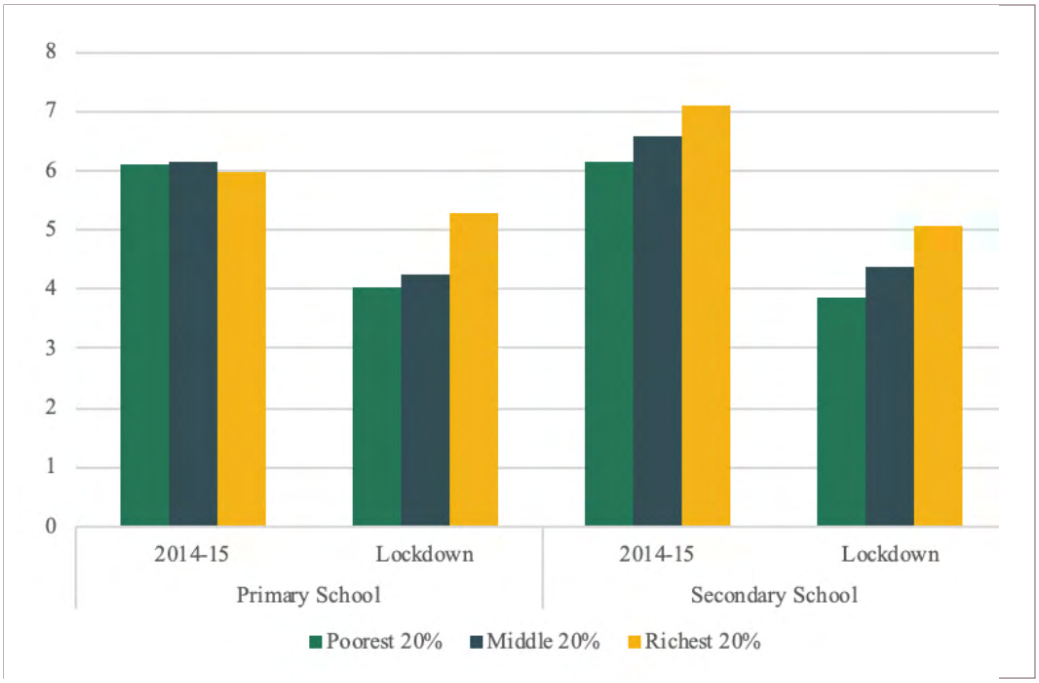
Covid may widen the attainment gap as pupils from deprived backgrounds (Figure 2) have less access to home learning due to digital exclusion/reduced parental support which may exacerbate inequalities in educational attainment [27].

**Family financial circumstances, poor housing and food insecurity** which may be exacerbated by Covid may cause negative impacts on children over the life course [28]. Child poverty is associated with poor cognitive, social and behavioural development of the children and worse educational outcomes, employment status and socioeconomic position in adulthood [28].

## Childhood obesity increased risk of Covid risk factors

Significant health consequences of childhood obesity may only present in adulthood such as diabetes, cardiovascular disease and cancer leading to increased risk of serious outcomes of Covid infection [29].

**Figure 2** Change in total learning time between 2014 and 2020 lockdown, by family earnings
Data Source [26]



# Young adults (19-25)

**The impact on young adults has been profound, particularly in terms of access to key health services. Whilst young people have tended to have milder infections, the effect of job losses, furloughing and disruption to their social interactions are likely to have had a significant impact on mental wellbeing.**

Although young adults have a lower direct risk of Covid, the pandemic has led to disruption of key health and educational services for young adults and economic impacts which have worsened pre-existing health inequalities.

Increased social isolation and rising domestic violence may have led to a deterioration in mental health outcomes for young women [30].

The economic slowdown associated with the pandemic has led to disproportionate numbers of young adults being furloughed or losing their jobs which could lead to higher rates of chronic physical and mental health condition, suicide and substance abuse [31].

Disruption to sexual health services may lead to increases in abortion rates, sexually transmitted infections and unplanned pregnancies [32].

## DIRECT impact of Covid-19 on 19-25 years

Young people's wellbeing has been the most widely reported impact of Covid-19. For example, in a survey of 2002 young people aged 13-24 years (66% Female) examining wellbeing of young people during the Covid-19 pandemic (survey date 21-29th April 2020), there were clear increases in anxiety and worries about their family (Figure 3) [33]. The largest increases were in the 19-24 year age groups.

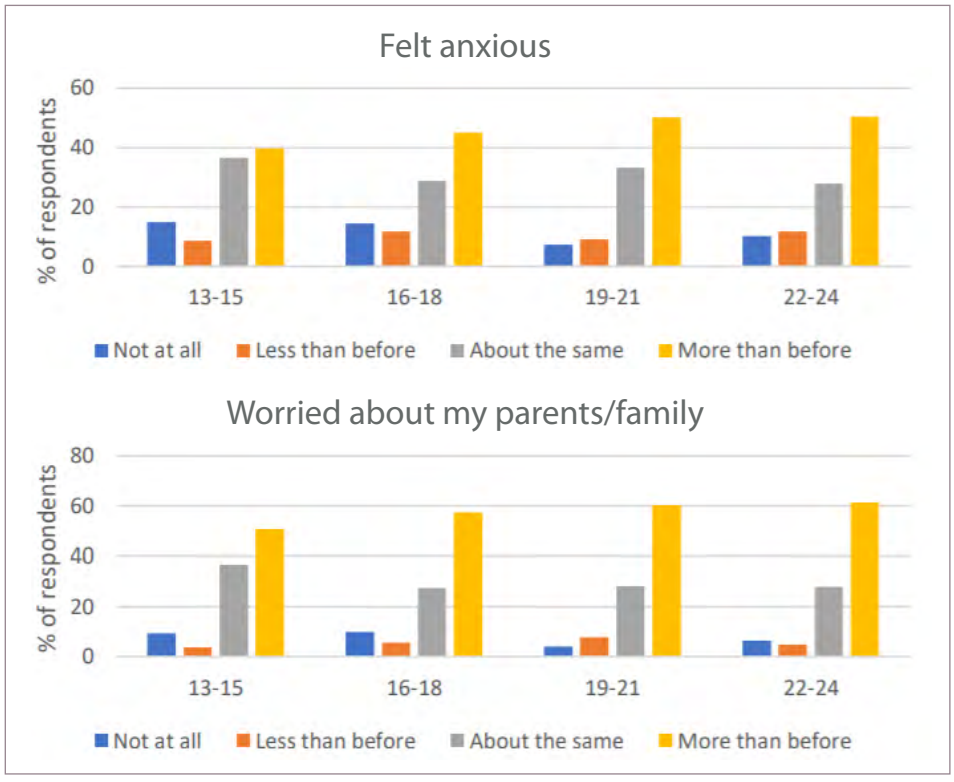



**Figure 3** Impact of the pandemic on young people's mental health. Source [33]

# Young adults (19-25)

## INDIRECT impact of Covid-19 on 19-25 years

### Disruption of Sexual Health Services

Covid led to reduced numbers of young adults using sexual health services in Redbridge:

- uptake of the C-CARD (free condoms & sexual health advice for young people) uptake (first and repeat encounters) across all sites fell by 91% (between January and April 2020)
- emergency contraception requests among 16-19 year olds fell by 45% and among 20-24 year olds by 44% (January-June 2020, compared to the previous year for the same period)
- LARC uptake reduced by 79% for women between 21-30 years old (between February and April 2020) (Figure 4) [5].

Trends may exacerbate the sexual health inequalities of the BAME population as the largest declines in C-Card service use were found in BAME communities (Figure 5) (Feb - April 2020: 92% decline for Asian/ Asian British, 87% decline for Black/Black British ethnicity residents, 93% decrease for mixed ethnicity residents) [5].

### Worsening Mental Health Outcomes for young women

National data [30] shows young women's mental health has been disproportionately impacted by the pandemic: average GHQ (General Health Questionnaire - a measure of the severity of a mental problem) doubled from 17.6% to 35.2%.

Young women may be particularly vulnerable to the psychological impacts of Covid due to increased social isolation following closure of schools, disruption of exams/education, lack of peer support and oversight by teachers, gender based violence, socioeconomic disadvantage, low income, income inequality and childcare responsibilities.

### Gambling

Despite a closure of Redbridge's 54 betting shops (18) during lockdown, there is evidence of an increase in time spent online gambling among those already engaged, especially amongst younger adults [34].

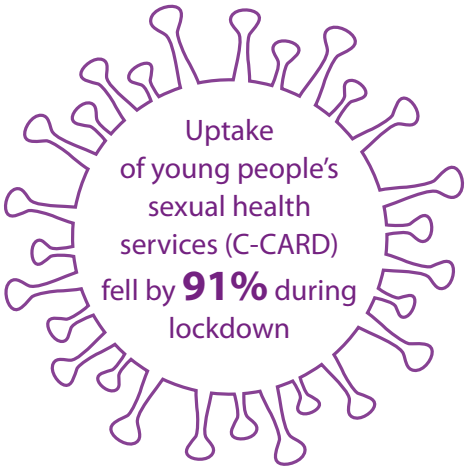


**Figure 4** LARC uptake in BHRUT for women aged between 21-30 years from Oct 2019 to June 2020. Source [5]

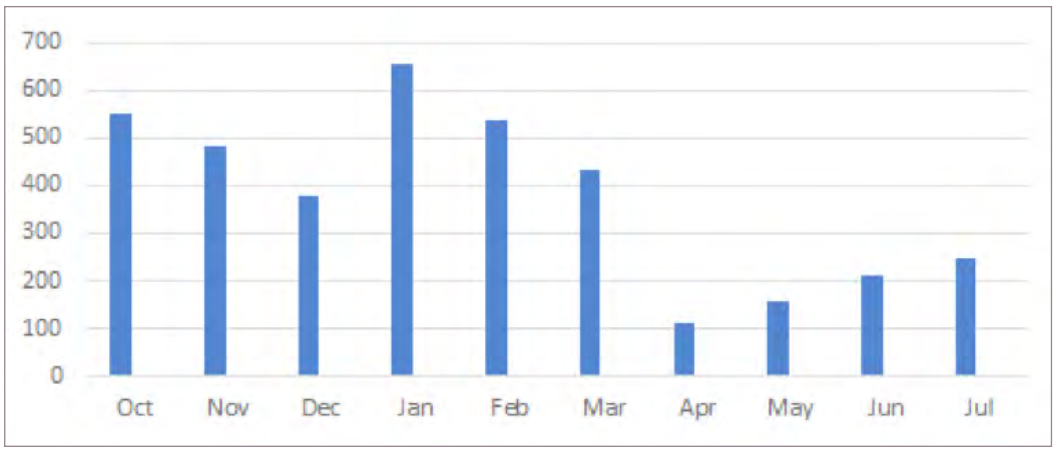
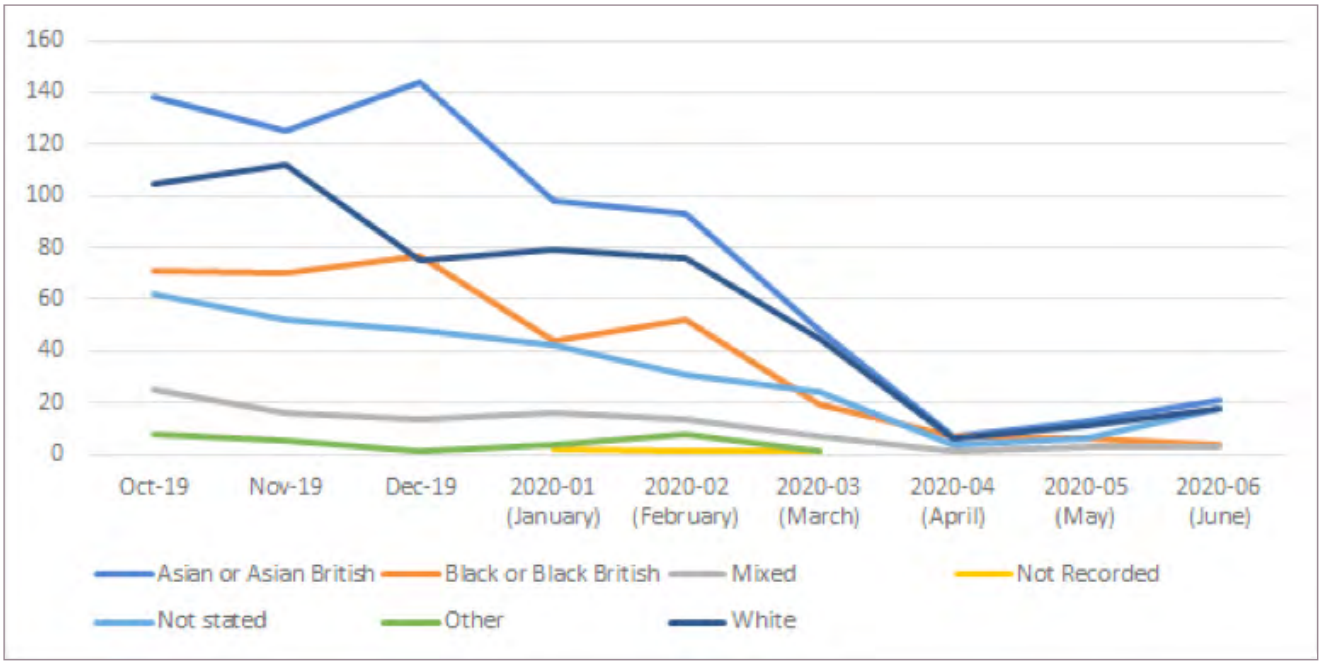



**Figure 5** C-CARD encounters by ethnicity (Oct 2019-June 2020). Source [5]



# LONGER-TERM impact of Covid-19 on 19-25 years

## Employment & Education

Young adults are disproportionately vulnerable to the economic shocks of the pandemic.

Young adults have been more likely to lose jobs, be furloughed, and work in a sector forced to close than other age groups [30] [35]. They are less likely to be able to work from home. Risk of future unemployment may also rise due to disruption to education and exams.

National data [36] project that the pandemic's economic impacts risk pushing an additional 600,000 18-24-year-olds into unemployment in the coming year.

Employment rates of graduates entering the labour market during this crisis are projected to be 13% lower than pre-pandemic levels, while employment rates for mid- and low-skilled workers risk falling even further (by 27% and 37% respectively) (36). Young people may receive lower pay than before the pandemic, graduate pay is projected to drop by around 7%, and by 9% and 19% lower for mid- and low-skilled workers [36].

Due to the economic impacts of Covid, there has been an increase in the number of 18-25 years olds who registered with Work Redbridge for support to find employment and/or apprenticeships and 10,000 additional claimants for universal credit and 10% of 18-24y claiming UC (the highest proportion of any age group) (Figure 6) [37].

Unemployment and debt are associated with negative consequences across the life course such as increased risk of limiting long-term illness, cardiovascular disease, poor mental health, suicide and health-harming behaviours [38].

## Sexual Health

Disruption in sexual health services may lead to an increase in the rates and severity of sexually transmitted infections and unplanned pregnancies in the long-term.

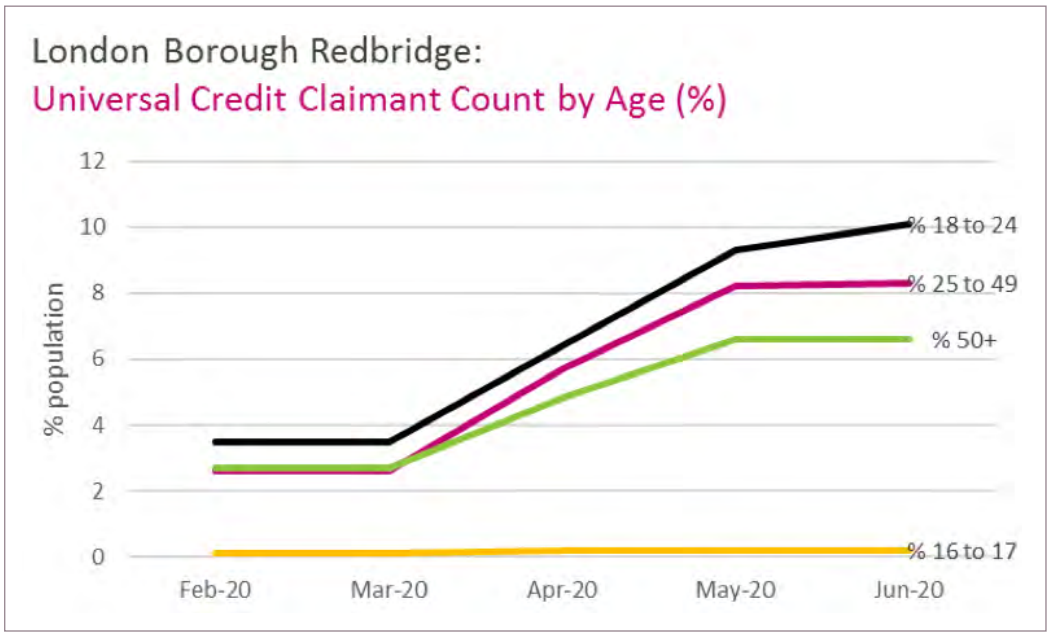



**Figure 6** Universal Credit claims in Redbridge by age from Feb 2020 to June 2020. Source [37]

# Working Age Adults

Significant inequalities have been exposed amongst working age adults, particularly amongst BAME communities.

Although fewer working age adults have been directly impacted by Covid, they have been significantly affected by the pandemic.

They are more likely to work as front line workers, which in combination with social isolation and disruption to mental health services may worsen mental health and suicide outcomes.

Changes in transport use and active travel due to the pandemic may lead to increases in adult obesity and increase risk of long term health conditions.

Disruption to cancer screening and treatment could increase morbidity and mortality rates and in the long term raise healthcare expenditure. Access to other personal care services such as dentistry, podiatry and diabetic retinopathy are also likely to have been affected.

Risky behaviours (e.g. alcohol and illicit drug use) driven by poor mental/physical health, economic stressors and service disruption may worsen during the pandemic.

## DIRECT impact of Covid-19 on working age adults

### Relative risk of death from Covid-19 by occupation

**Carer or nursing auxiliary**
**1.8 – 2.5 x**

**Security occupations**
**2.3 – 2.6 x**


**Road transport, taxi/cab drivers**
**1.8 – 2.5 x**

ONS reported that men working as security guards, taxi drivers and chauffeurs, bus and coach drivers, chefs, sales and retail assistants, lower skilled workers in construction and processing plants, and men and women working in social care had significantly high rates of death from Covid-19 (39). In areas of deprivation, such as Redbridge, there are higher percentages of frontline and keyworkers in these professions, who additionally tend to be from BAME communities.

# INDIRECT impact of Covid-19 on working age adults

## Adult mental health

Covid led to disruption in Redbridge mental health services. In Redbridge, referral volume fell for secondary mental health services [40]. Service disruption may lead to reduced diagnoses and treatment of mental health conditions [40].

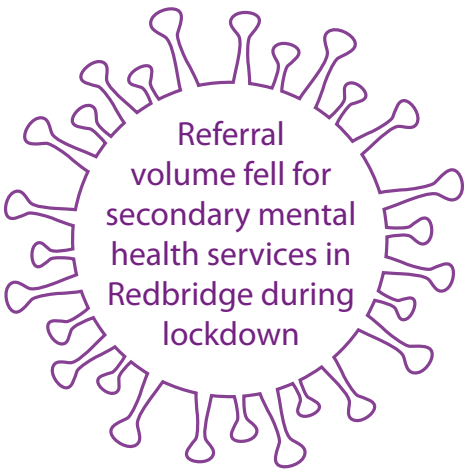
Redbridge has pockets of severe deprivation - seventeen neighbourhoods in Redbridge are amongst the 20% most income deprived in England [41]. Deprived communities are at higher risk of mental health conditions [42] which may be exacerbated by the pandemic due to increased risk of poor health [43] and economic outcomes [44].

Redbridge has a high proportion of BAME individuals [52] that may be at higher risk of poor mental health outcomes due to the disproportionate number of BAME individuals working as front-line workers [43] [45], increased risk of social deprivation, increased fear/ anxiety due to higher risk of Covid related mortality (46) and potential disruption of traditional burial customs/ limited opportunities to observe cultural rituals.

National data shows that mental health has worsened due to Covid, especially for young women [46] [44]. A potential risk factor for deterioration of women's mental health during the pandemic is the rise in domestic violence In Redbridge, domestic violence incidents have increased to 453 in June 2020 compared to 332 in February 2020 (Figure 7) [47]. Since lockdown measures were introduced in March 2020, Redbridge has higher domestic violence offending rates compared to the London average [47]. Incidents are concentrated in wards in the south-east of the borough, particularly Loxford (Figure 8) [47] which is one of the most deprived parts of Redbridge.

**Obesity and physical activity:** In Redbridge, nearly 6 in 10 adults are overweight or obese, with lower physical activity rates than the London average (24). Covid may lead to increased obesity rates due to service disruption (e.g. Redbridge Exercise on Referral services and Tier 2 Weight Management Services stopped), increases in unhealthy eating and reduced physical activity [48] [49].

**Cancer Screening:** Redbridge's cancer screening rates are below national average [24] which could be exacerbated by Covid. NHS England data (50) shows a 69% drop in urgent GP 2 week wait cancer referral in April 2020 compared to April 2019 [50].



## Alcohol consumption

During the pandemic, restrictions on opening hours of licensed premises led to a significant increase in off licence sales for consumption within the home setting [51].

With many individuals working from home levels of alcohol consumption appear to be increasing as a result of individuals having more time at home [51].

Redbridge Alcohol treatment services have seen a 30% increase in calls [51] requesting advice and information in relation to the alcohol consumption of a partner/ family member since the first wave of the pandemic [51].

Nationally, although alcohol intake across the population as a whole remained about the same during lockdown there was an increase in the proportion of 'increasing and higher risk' drinkers from April to August 2020 [49].

Potential drivers for increasing alcohol consumption include changing habits, bereavement, isolation, troubled relationships, and job insecurity.

**Sexual health:** Covid led to a disruption in sexual health services for the over 25s:

- Reduction in C-CARD encounters by over 25s by 86% (between Feb and April 2020) [5]
- LARC update dropped by 79% for 21-30 years (from Feb to April 2020) [5]
- Drop in emergency hormonal contraception uptake for 25-29 year olds by 48% (for January-June 2020 compared to the previous year for the same period) [5]

**Substance misuse:** As a result of the pandemic, illicit drug supplies in the Borough and across London have been impacted reducing availability and purity whilst increasing prices [51]. Reduced access to pharmacies for needle exchange, naloxone supply and supervised consumption have placed additional pressure on the R3 specialist community services in relation harm reduction and overdose prevention [51]. In Redbridge, there was a small drop in numbers of referrals to substance misuse services in April 2020 (but the rolling average remained stable) and a significant drop in number of number of completed assessments (as services have found it harder to contact service users) and discharges (due to lack of support provision) [51].

**Smoking:** Disruption to smoking cessation support services in Redbridge (in particular face to face services) due to lockdown measures. Nationally, compared with the 2018 average, smoking prevalence declined in the 4-week period ending 5 July [49].

# LONGER-TERM impact of Covid-19 on working age adults

## Sexual health

Reduced contraception, screening and treatment rates may lead to increases in sexually transmitted infections (with more advanced disease), abortions and unplanned pregnancies. There has been a reduction in those aged 25+ accessing chlamydia screening services before and the sharp decrease during the pandemic [5].

## Cancer Screening

Disruption in cancer services during the pandemic may have led to increases in the number of avoidable cancer deaths in Redbridge and increased healthcare expenditure due to reduced screening and increased cancellations, delays and disrupted treatment [44].

## Unemployment

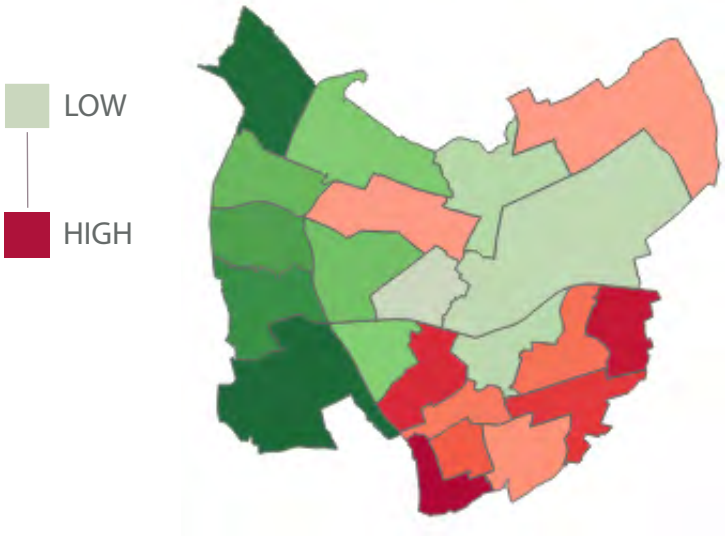
- the economic impact of the pandemic (53) may include:
- an increase in mental health problems (e.g. depression)
- lower levels of wellbeing
- increase in suicides and suicidal behaviours
- increased domestic violence and child neglect with associated impact on child mental health and wellbeing
- increase in drug and alcohol dependency

## Domestic Violence Offending

Although total number of offences (Total Notifiable Offences) have dropped significantly since lockdown, Figures 7 & 8 show the number of domestic violence incidents in Redbridge have significantly increased over the pandemic period. In particular there are disparities here with higher rates of offending amongst the most deprived wards, shown in the orange and red colours [47].

**Figure 7** Increase in Domestic Violence Incidents in Rebdridge before and during lockdown. Source [47]


**Figure 8** Heat Map of domestic violence incidents in Redbridge. Source [47]



# Older Adults

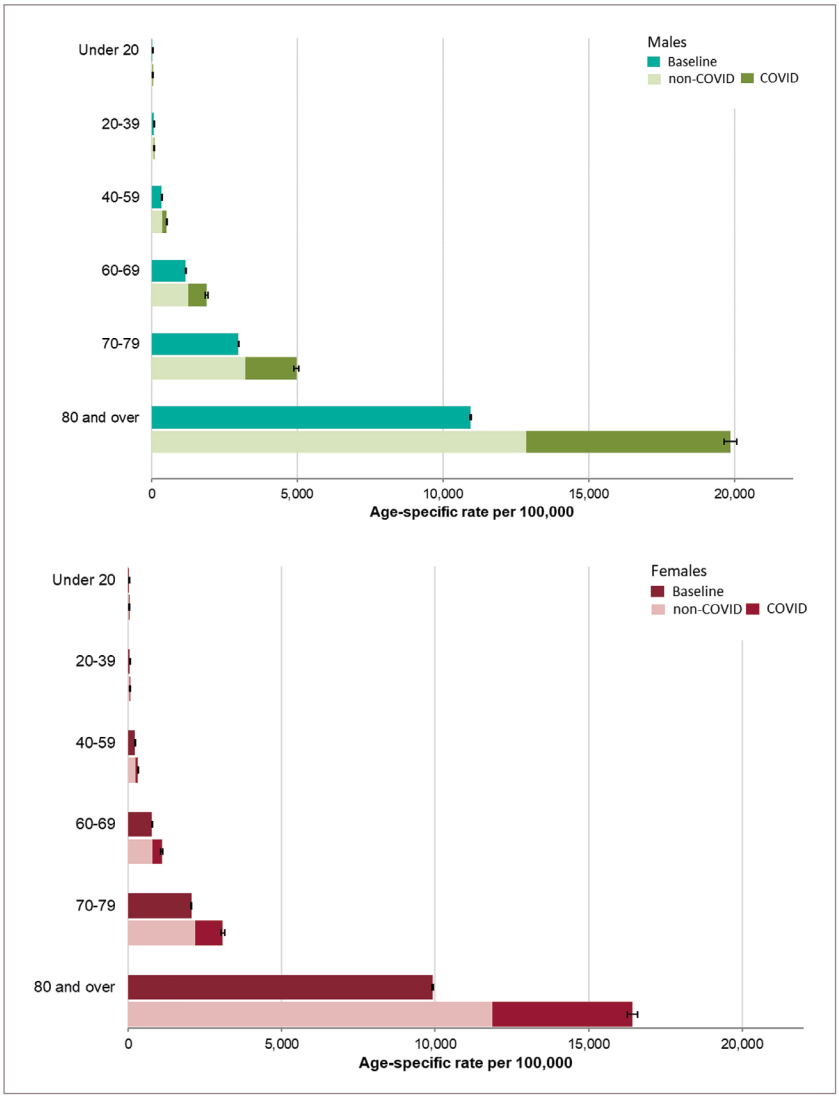
Age was a significant risk factor for mortality from Covid-19. A large number of deaths occurred in care homes early on in the outbreak, which also put those working in care homes at higher risk of infection.

Older adults are at higher risk of Covid related morbidity and mortality leading to a high proportion being classed within the 'clinically vulnerable' group and engaging in shielding measures.

Shielding measures meant that older adults experienced increased social isolation which combined with a lack of access to digital technologies and disruption to mental health services may have exacerbated pre-existing loneliness and mental health problems.

Shielding measures also reduced physical activity, active travel and access to healthy diets which may have lead to increased risk of developing/worsening chronic health conditions.

## DIRECT impact of Covid-19 on older adults




People aged 80+ were 70x more likely to die from Covid-19 than a person in their 40's (43). Covid-19 deaths were equivalent to 80% of the excess in every age group, except the oldest age group where this proportion is lower (Figures 9 and 10) [43].

**Figures 9 and 10**
Age specific death rates for all cause deaths and deaths mentioning Covid-19, compared with baseline, by sex, 21 March to 8 May 2020, England. Source [43]

# INDIRECT impact of Covid-19 on older adults

## Disruption to health, care and community services

During Covid-19, older adults reported experiencing delays in care and operations, higher levels of anxiety about attending hospital appointments and managing their health without access to their support network [35].

Older adults were more likely to experience difficulty accessing essentials e.g. medication than younger people (Figure 11) [54]. Redbridge older adult mental health services were disrupted due to Covid-19, for example referrals dropped by 60% after 1 month into lockdown [40] which may have lead to worsening in mental health for older adults. Diagnoses of dementia and referral to memory service also dropped nationally during the pandemic as patients were not accessing services where assessment and diagnosis would take place [49].

## Isolation, Mental Health and Access to Outdoor Space

Older adults were disproportionately represented within the clinically extremely vulnerable (CEV) group [55].

Shielding restrictions for this group are associated with poorer mental health (e.g. 12% of over 65s reported significant impact on their mental health due to Covid-19 – Figure 13) due to lack of exercise, reduced access to the natural environment and fear of infection [55] [56].

Shielding in combination with digital exclusion may lead to increased risk of loneliness/ reduced social interactions (Figures 12a, 12b and 13) [4] [55] [56]. The Redbridge Wellbeing service was needed to fulfill 1141 requests for support (suggestive of social isolation) and around 20% of over 65s reported significant loneliness during the pandemic (Figures 12a, 12b and 13) [56].

Older adults reported increased rates of complex grief during Covid-19 linked to restrictions on contact with those who were dying and social isolation [35].

**Figure 11** Percentage of the population aged 16 and over, worried about the effect of coronavirus (Covid-19) by selected aspects of life affected and age group, Great Britain, 3 April to 10 May 2020 Source [54]

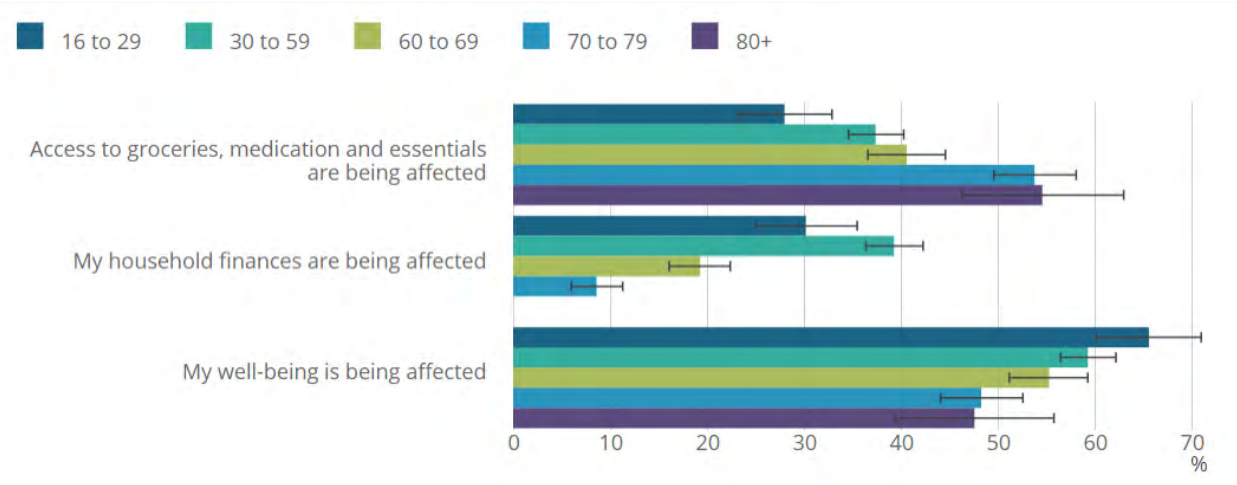


**Figure 12a** Heat map of Redbridge Wellbeing Service requests during the pandemic across wards. Source [56]

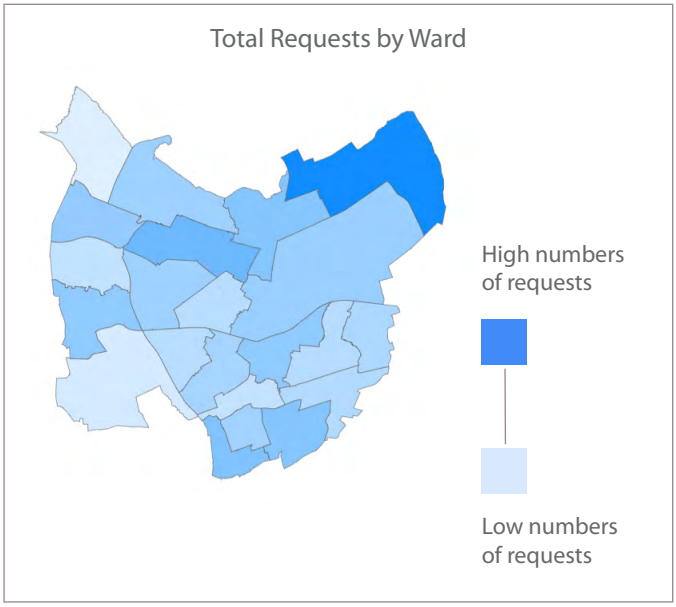



**Figure 12b** Redbridge Wellbeing Service requests during the pandemic (April – July 2020). Source [56]

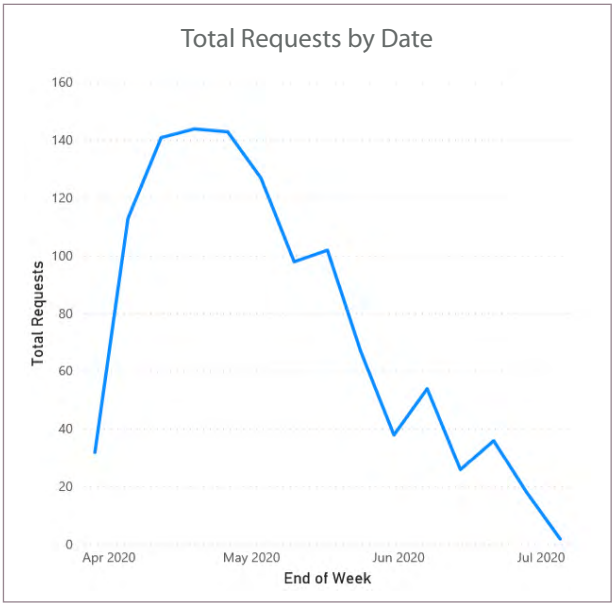
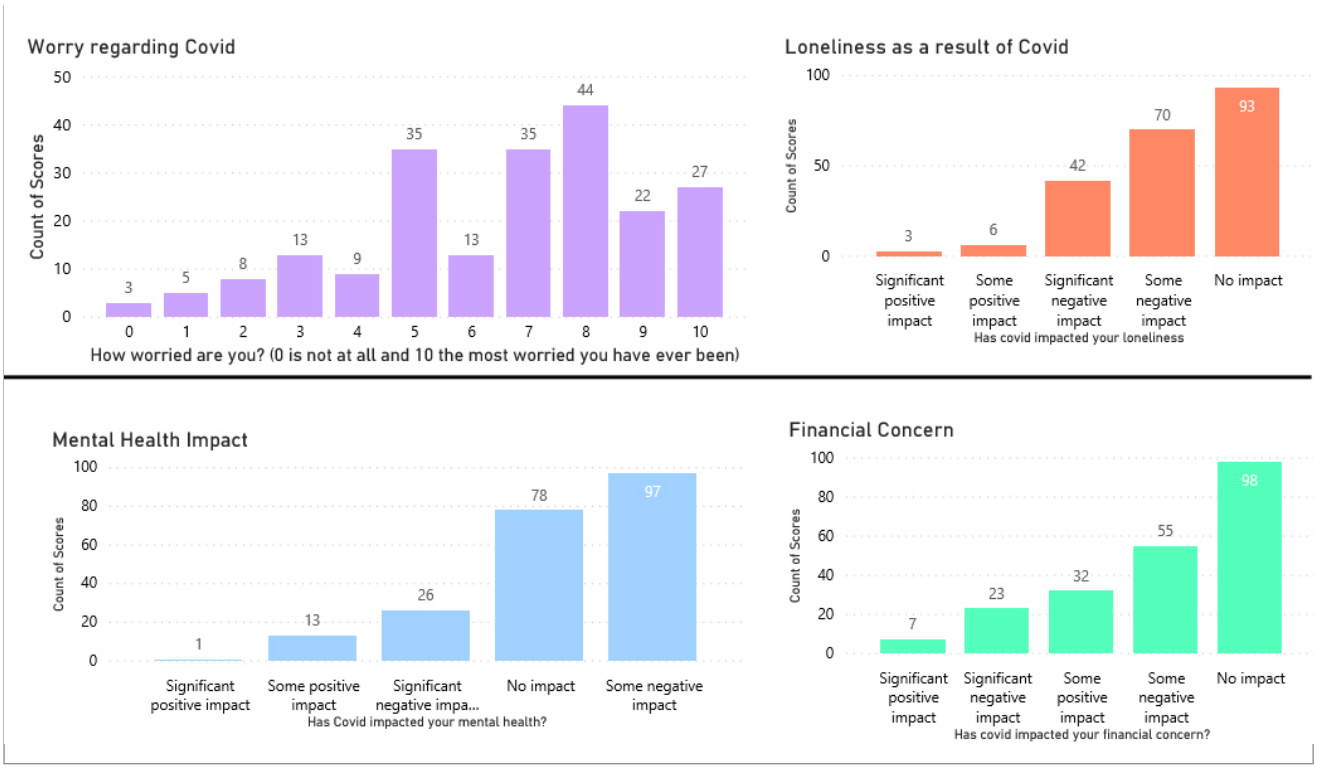



**Figure 13** Main concerns of older adults in Redbridge during the pandemic. Source [56]



## LONGER-TERM impact of Covid-19 on older adults

### Longer term impacts on morbidity and mortality of reductions in physical activity/ social contact and key health offers.

**Increased risk of non-communicable diseases:** Older adults have a higher risk of long term conditions (LTCs) [55]. Lockdown may cause reduced physical activity and poorer dietary intake [49], as well as cancelling non-urgent outpatient visits [44] leading to increased prevalence of LTCs (e.g. hypertension, coronary heart disease and diabetes) which are higher in prevalence in Redbridge compared to the London average [24]. Given the high proportion of older adults in Redbridge [24], increases in LTCs will have impacts on quality of life and healthcare expenditure.

**Mental Health:** Older adults may be more at risk of long term mental health outcomes due to complex bereavement reactions, worsening physical health, undetected and untreated mental health conditions (that may be degenerative e.g. dementia) and ongoing fear/anxiety around risk of mortality secondary to Covid infection [35].

**Employment:** Older adults are less likely to re-enter the labour market after a job loss and may still be dependent on income from employment [57]. Due to social changes older working age adults may still have dependents living with them.

# SECTION 3 | Covid-19 and the wider determinants of health and inequalities in Redbridge

**Significant inequalities in health and social outcomes existed in Redbridge prior to Covid-19, often due to underlying inequalities in what are known as the "wider determinants of health".** This is the broad range of influences that the places in which we live and work have on our health. This could be, for example, the impacts of overcrowded housing, poor transport links, lack of access to green space or poor air quality. Covid-19 has also affected people in different areas of the borough very differently, for example those in care homes or areas with high levels of deprivation.

**Only by taking a place-based approach to understanding how these wider determinants have contributed to the substantial inequalities revealed by Covid19 can effective action be taken to reduce inequality in Redbridge.**

**This section aims to highlight some of these inequalities in the wider determinants of health** and how they exacerbated the short- and long-term effects of Covid19 across the following areas:

- key settings
- green and open space
- housing
- travel & transport
- economic impacts (including deprivation)

# Key settings

## The Covid-19 pandemic has disproportionately affected care homes, schools and businesses.

Whilst the majority of Covid-19 related deaths have occurred in hospital settings, there have been more deaths in care homes than in the community across North East London (Figure 14) [59]. Strict measures have therefore been put in place to limit the risk of infection in care homes, but there has been a significant impact on ability to visit residents. Relatives who may have experienced a bereavement from a care home resident may not have been able to say goodbye to their loved one. It is likely that these experiences will have a longer-term impact on mental wellbeing.

Closure of schools during the lockdown are likely to have had a longer-term impact on educational attainment, and potentially exacerbating inequalities in those families who could not provide home schooling support. Such closures also impacted on children's ability to access good nutrition through Free School Meals provision, and children's social and emotional welfare.

Figure 15 [58] shows the impact of the pandemic on ability to meet up socially, which is also an indicator of the impact on businesses.

**Figure 14** Percentage of Covid deaths in key settings in North East London. Source [59]

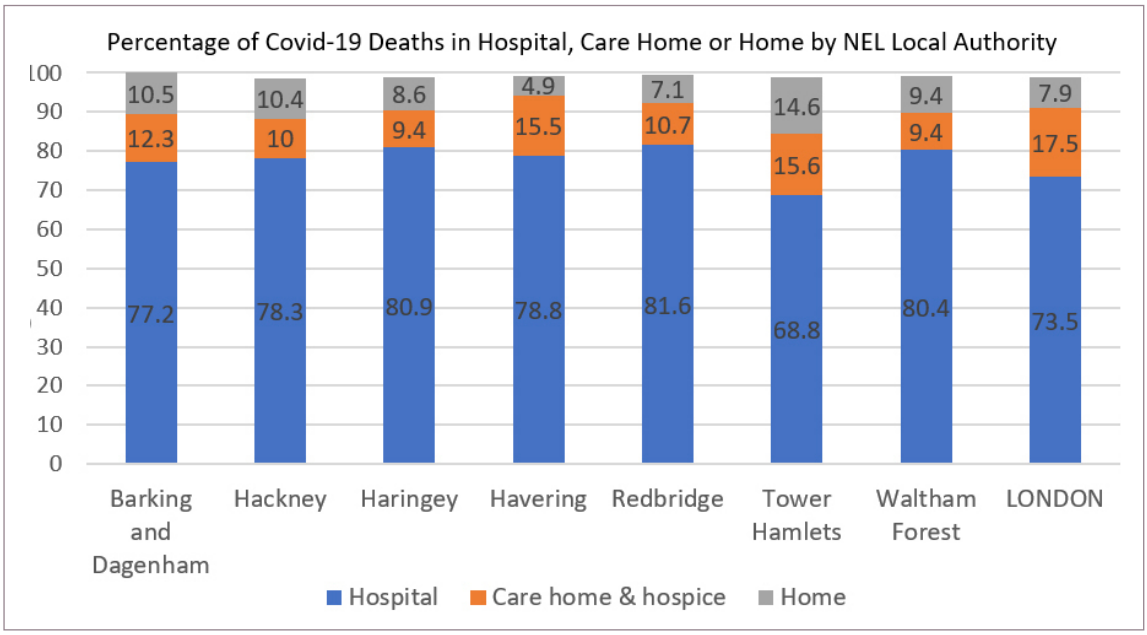



**Figure 15** Levels of socialising, visiting an outdoor beauty spot, and eating out have continued to decrease after increasing through the summer - Great Britain, May 2020 to October 2020
Source [58]

# Green and open space

**Covid-19 has highlighted the benefits of access to green space for physical and mental health and wellbeing** – for physical activity, play, to experience nature, feel a sense of social belonging, for mental wellbeing and resilience. Visits to parks and public green spaces increased during the pandemic [49].

**Inequalities to access to private and public green space** –Although Redbridge has a high proportion of green space, inequalities in access may be exacerbated by the pandemic. Data show that 32% of Redbridge properties are unlikely to have private green space which is higher than the regional (21%) and national average (12%) clustering in poorer parts of the borough [60]. Whilst access to public green space varies across the borough (Figures 16 and 17), generally areas in the south are more deficient in open space compared with areas to the north overlapping with the pattern of social deprivation in the borough [61] [62]. BAME groups, lower socio-economic groups and younger people are less likely to have access to outdoor space [60].

**Lack of access to green space** leads to air pollution, physical inactivity and social isolation and may result in increased risk of Covid-19 and non-communicable health conditions such as dementia, obesity, type 2 diabetes, cardiovascular disease and mental ill-health [63].

**Figure 16** Percentage of households unlikely to access to a private garden in Redbridge. Source [62]

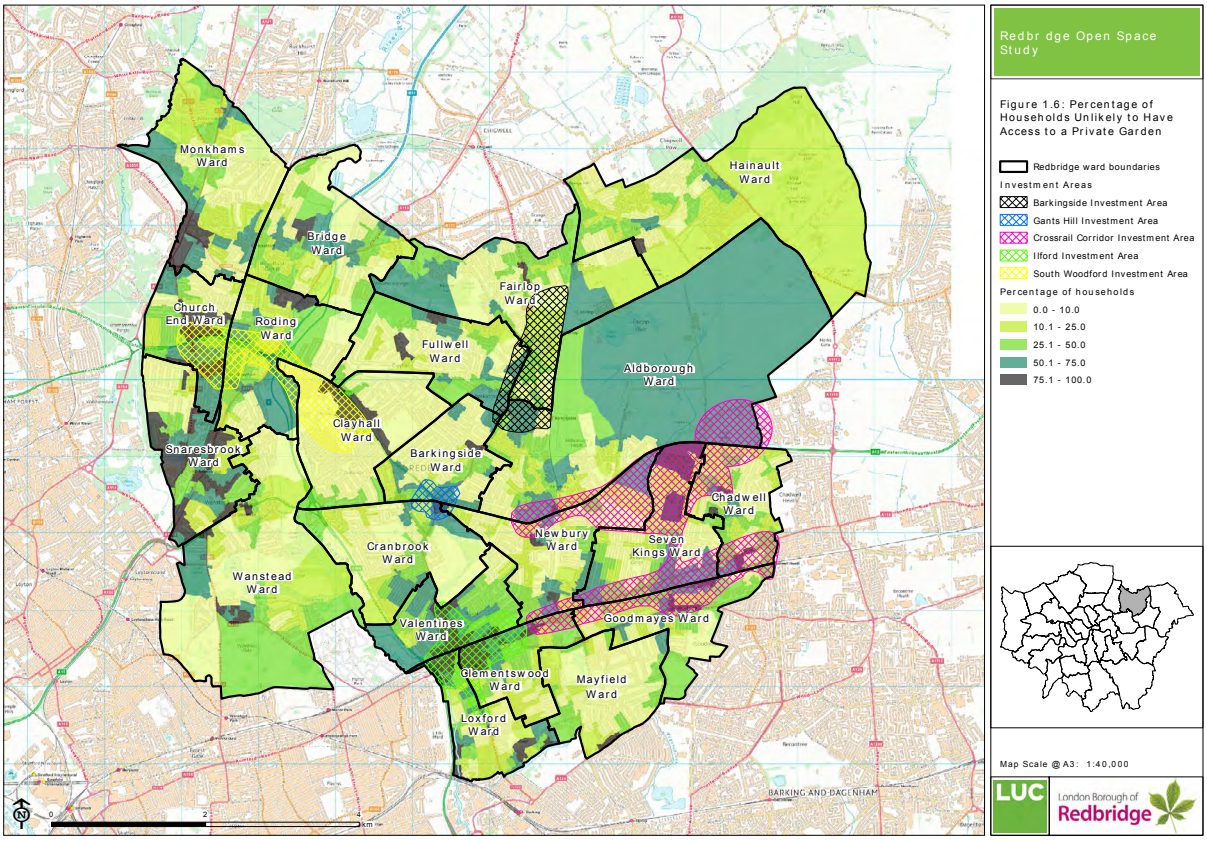
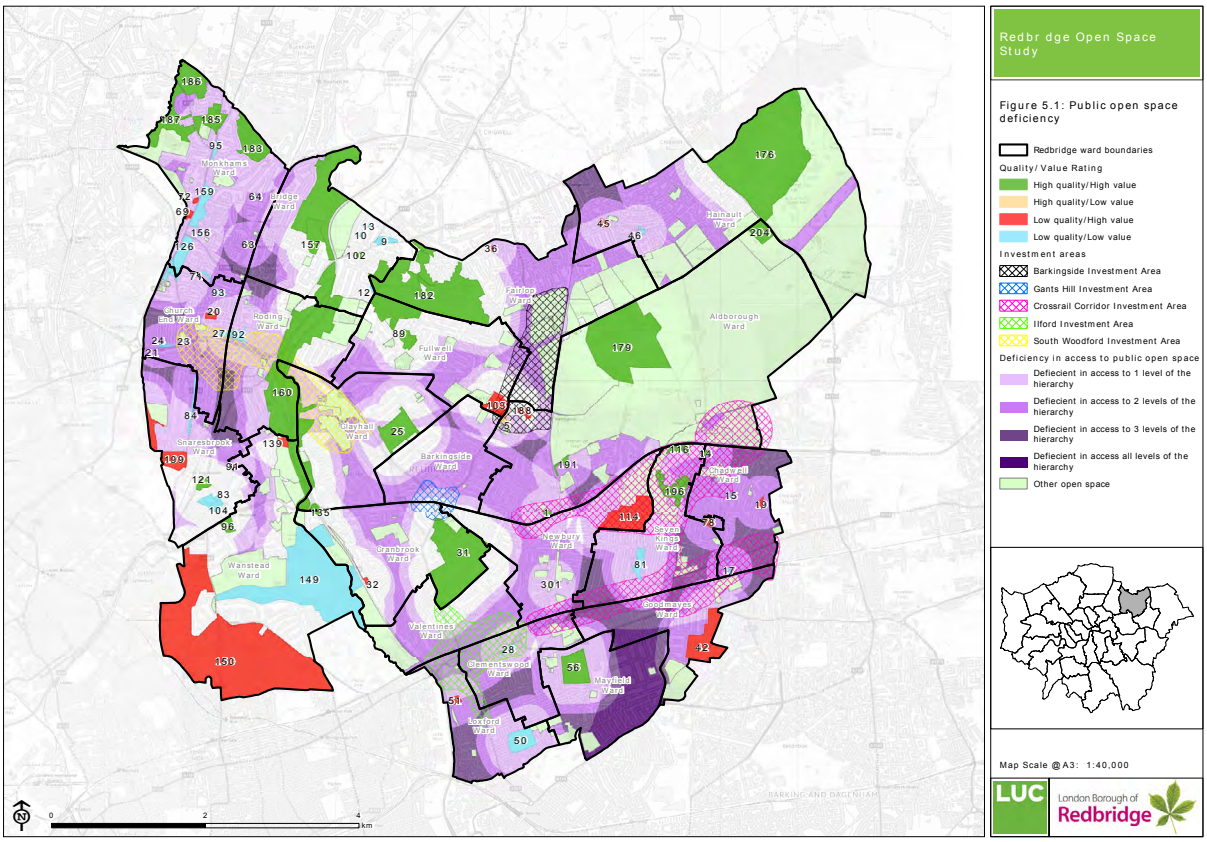



**Figure 17** Public open space deficiency in Redbridge. Source [62]



# Housing

## The Covid-19 pandemic has exposed and amplified housing-related health inequalities in Redbridge.

**Overcrowding:** Overcrowding in Redbridge averages 10.8% of all homes. Furthermore, 2.2% of homes are severely overcrowded. Overcrowded and multi-generational households generate an increased risk of Covid-19 infection [66]. Almost 1/4 over-70s in London live in households with another adult below the age of 65, about 50% above the national average [67]. Inequalities in overcrowding – households from BAME groups and with low income more likely to be overcrowded [68].

**Homelessness:** In Redbridge, recent increases in numbers of rough sleepers/statutory homeless during pre-Covid era (24) (65) have been exacerbated by the Covid lockdown (Figures 18 and 19) (69). Homelessness increases vulnerability to Covid-19 due to an increased risk of transmission in shared accommodation and the high prevalence of comorbidities (70).

**Poor quality housing:** Figures show 12% of Redbridge homes are classed as 'unsuitable' (65) with an increased risk of poor housing for those from BAME and lower socio-economic backgrounds(71). Social isolation increases the time that residents are spending in their homes. Cold, damp, mouldy homes can cause or worsen a series of cardiovascular and respiratory health conditions linked to poor coronavirus outcomes (71). Trip hazards, little space, poor internet connection, and a lack of access to green space can exacerbate mental (e.g. loneliness) and physical health (e.g. risk of falls) outcomes (71).

**Fuel Poverty:** Prior to Covid, 12.7% Redbridge households were in fuel poverty which is above the national average (10.2%) (72). Fuel poverty may increase during Covid due to unemployment, reduced incomes and additional fuel costs through time spent at home. Increased fuel poverty may lead to increased excess winter deaths through cold and respiratory conditions (e.g. asthma) (71). Data shows higher rates of fuel poverty in households from BAME groups and older adults (73).

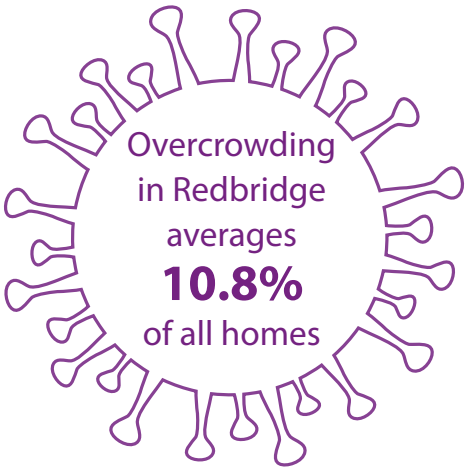


**Figure 18** Number of new rough sleepers from March 2019 to May 2020 in Redbridge. Source [69]

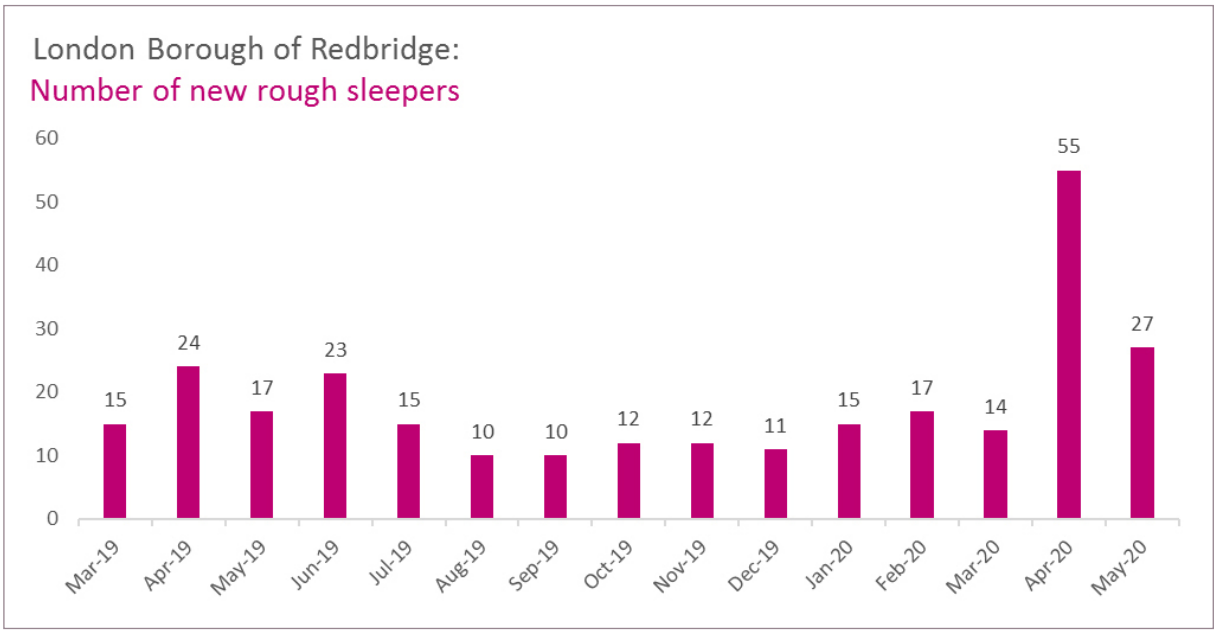
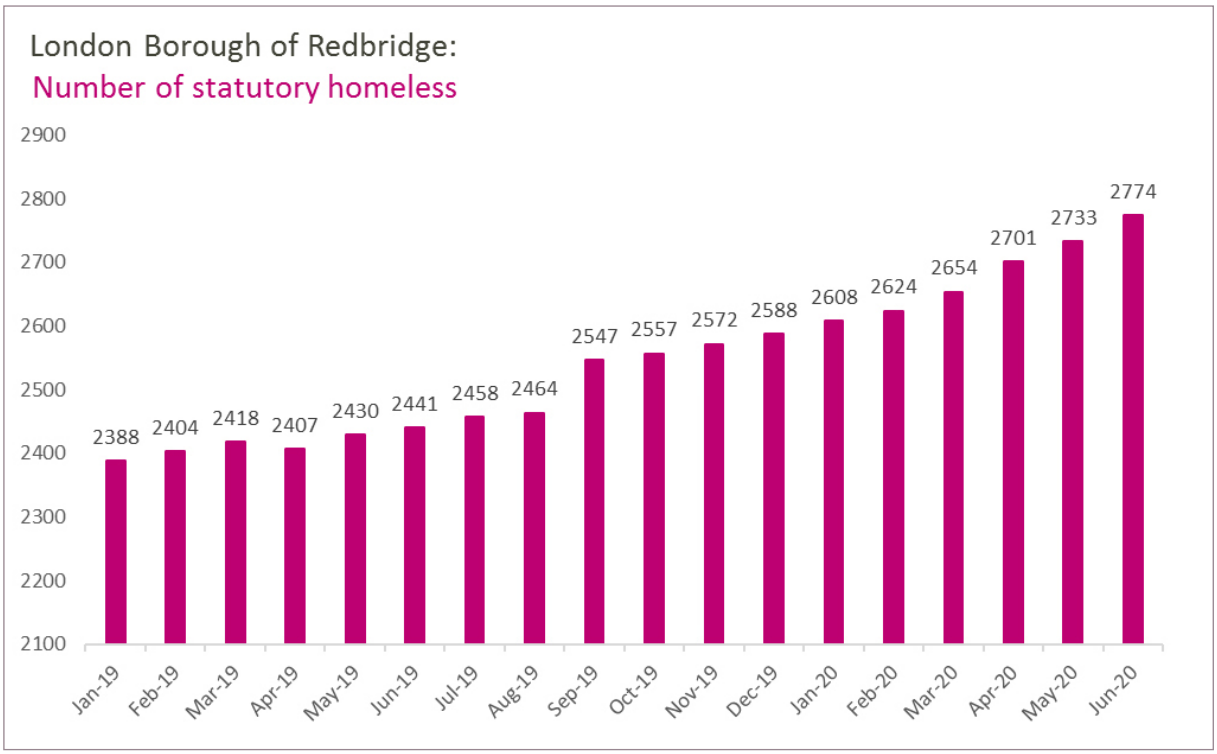



**Figure 19** Number of statutory homeless individuals in Redbridge from Jan 2019 to June 2020. Source [69]



# Travel and transport

## Changes in transport use and active travel in Redbridge during the pandemic have provided initial improvements to public health determinants but may exacerbate health inequalities over the longer term.

**Active travel and Public Transport** - Redbridge has lower levels of physical activity (58%) compared to the regional (64%) and national (63%) average [24] increasing the risk of chronic physical and mental conditions. During lockdown, changes in travel patterns may exacerbate these health inequalities. National data show that initial increases in active travel (e.g. cycling) and reduction in car journeys were linked to reduced road traffic accidents, air pollution, carbon emissions and improvement in physical and mental health [74]. However, as restrictions have eased, trips in cars are now back to normal levels whilst residents continue to avoid public transport [74] [49] leading to increased risk of:

- increased Covid risk linked to reduced physical activity
- increased air pollution and noise
- poor mental (social isolation) and physical health (road traffic accidents) outcomes
- worsening inequalities as pre-Covid nationally those from deprived/BAME backgrounds/disabled [75] [76] tend to engage less in active travel
- potential long-term damage to public transport systems e.g. lack of funding to maintain infrastructure

**Poor air quality impacts on health and mortality** - Air pollution contributes to risk factors for Covid such as cardiovascular disease, respiratory diseases, and lung cancer [77]. In Redbridge, pre-Covid levels of air pollution were higher than EU and national standards [78] which could be worsened by the pandemic.

During the lockdown, London recorded short-term reductions in levels and exposure of air pollution (e.g PM 2.5 and NO2) which were beneficial to health (and environment): - E.g. 38% reduction in daily average NO2 levels at roadsides in Central London [79], a UK survey found 1 in 6 people with respiratory conditions reported improvements in symptoms during lockdown [80].

However, as restrictions have eased, globally emissions rebounded to close to 2019 levels [81]. There is a risk of increased air pollution in Redbridge over the longer term due to reduction in public transport use and increase in car use continues due to concerns around proximity to others [49].

Worsening air pollution could disproportionately impact those from deprived/BAME communities as pre-Covid data shows that greater exposure to air pollution has been found in more deprived areas [77], and areas with a higher proportion of BAME residents in London [82].

# Economic impacts

Direct effects of the virus on businesses has lead to an economic recession and high unemployment rate which is likely to worsen poverty and household debt.

## Vulnerability to economic impact of the pandemic

Redbridge residents are particularly vulnerable to the economic shocks of the pandemic:

- 51% of jobs paid at or higher than the London Living Wage (lower than the London average 80%) [24]
- the proportion of 16-64-year olds in employment in Redbridge is 69% (2018/19) which is one of the lowest in London [24]
- high levels of multiple deprivation (Index of Multiple Deprivation for Barking, Havering and Redbridge 18.5% VS London average 16.2%) (Figure 20) [83] and employment deprivation (ten neighbourhoods in Redbridge are amongst the 20% most deprived in England in terms of employment) [41].
- high proportion of low paid workers and insecure employment [24]. Lower rates of professionals (47.3%) compared to the London average (50.3%) [83].

## High risk groups

Covid has led to mass unemployment and constrained consumption globally and nationally e.g. National income fell by 20% in April 2020 [84]. The economic impacts of the pandemic on Redbridge residents may be disproportionate [84] (Figure 21):

- **BAME** individuals are more likely to be working in shut down sectors, insecure jobs and as key workers with increased Covid risk due to proximity to others [85] [86].
- **gender:** Women are more likely to have been working in a shutdown sector and mothers are more likely to have quit/lost their job/been furloughed since lockdown [84] [87].
- **deprivation:** Individuals from low income households are more likely to have been working in a shutdown sector and to struggle to absorb extra costs (e.g. loss of free school meals). There has been a significant fall for in earnings for households in the lowest fifth of income [84].

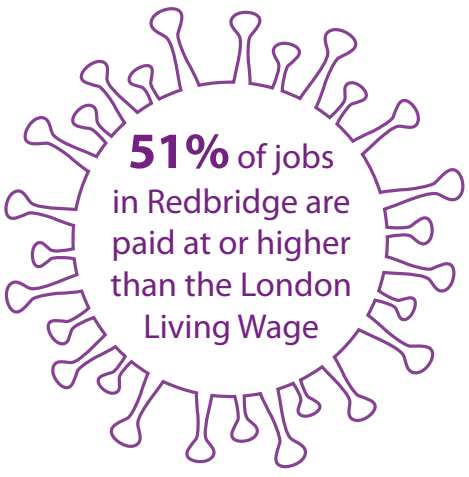


**Figure 20** Rank of Multiple Deprivation in Redbridge – Percentage Indices by Lower Super Output Area, 2015. Source: [113]

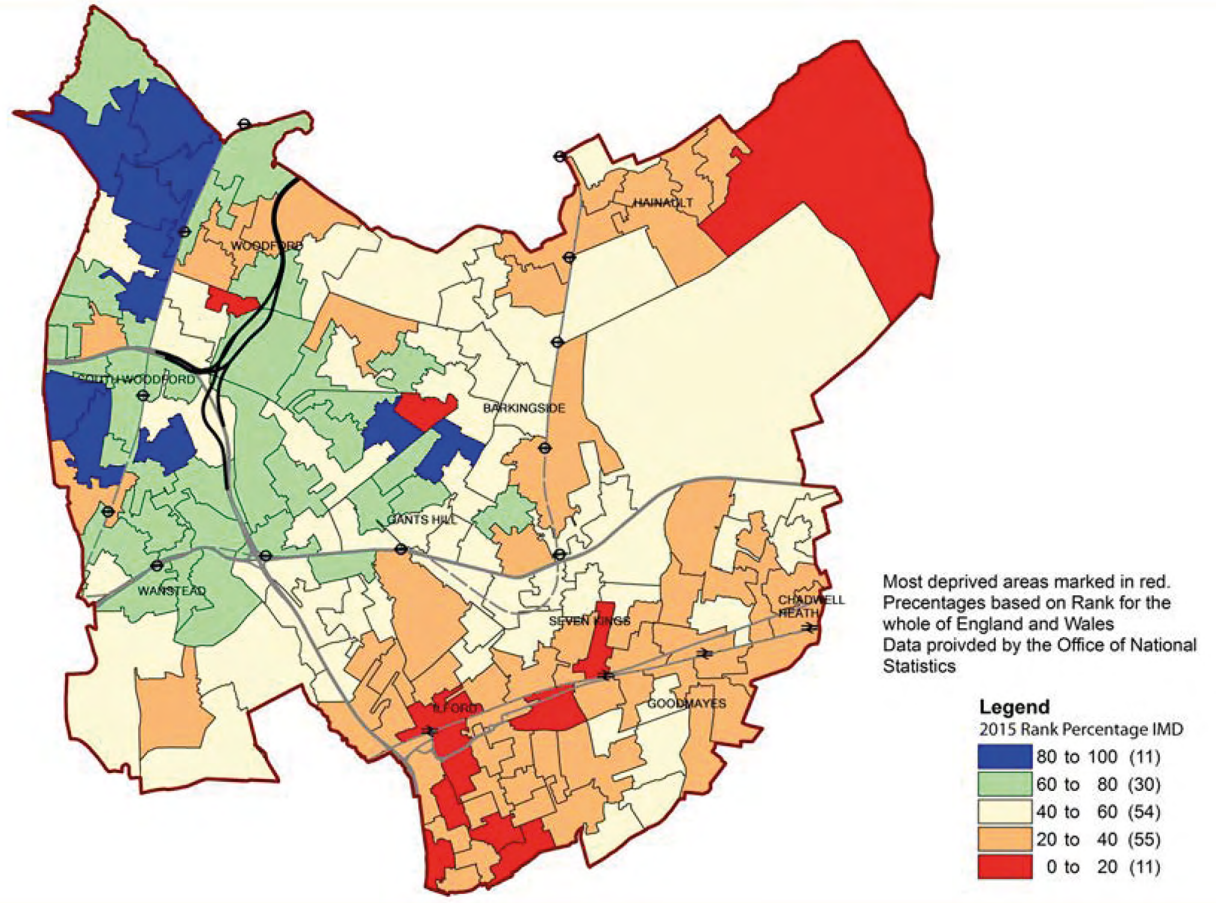



**Figure 21** Disproportionate impact of Covid-19 on different population groups. Source [84]

## Short term Impacts of Covid on Redbridge's residents

**Employment:** Work Redbridge reported an increase in referrals and sharp reduction in residents going into employment/ apprenticeships (Figure 22) [88].

**Furlough:** 43,000 (31%) employments furloughed to end June 2020 [90].

**Self-employment Income Support Scheme** (SEISS): By 30 June 23,200 of the eligible population of 29,700 (78%) had applied for the scheme, with an average claim value of £2,900 and a total claims value of £66.9 million [91].

**Universal credit:** claims nearly tripled between March and May 2020 rising from 5,285 claimants to 15,270 (37) (Figure 23).

The number of successful **claims for housing benefit** rose in March 2020 [89].

The total sum of **discretionary housing payments** to residents rose above the two previous financial years in June 2020 to nearly £150,000 from a typical level of £50,00 for this time of year [89].

The number of new claims for **Council Tax reduction** has risen sharply in April and May 2020 [89] (Figure 24).

The number of adults who are **food insecure** in Britain has been estimated to have quadrupled under the Covid-19 lockdown [92].

**Figure 22** Referrals to work Redbridge (April-June 2020). Source [88]

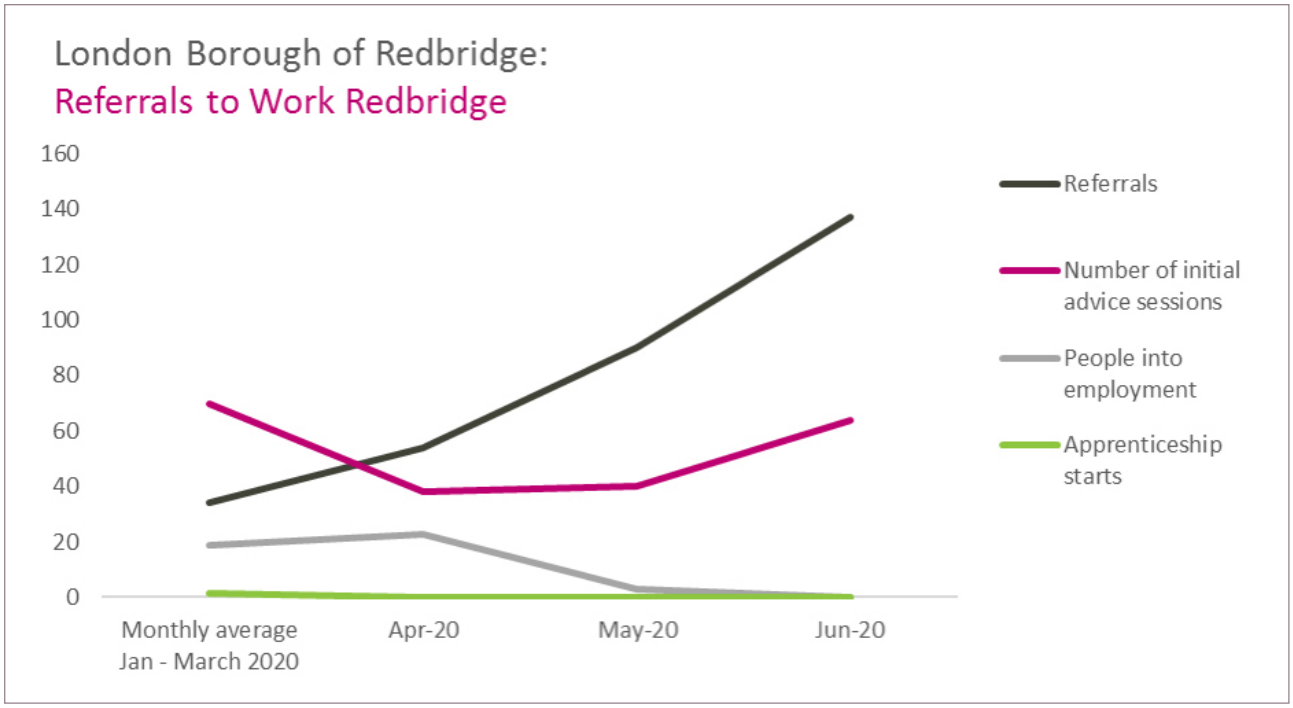


**Figure 23** Universal Credit claimant count in Redbridge. Source [37]

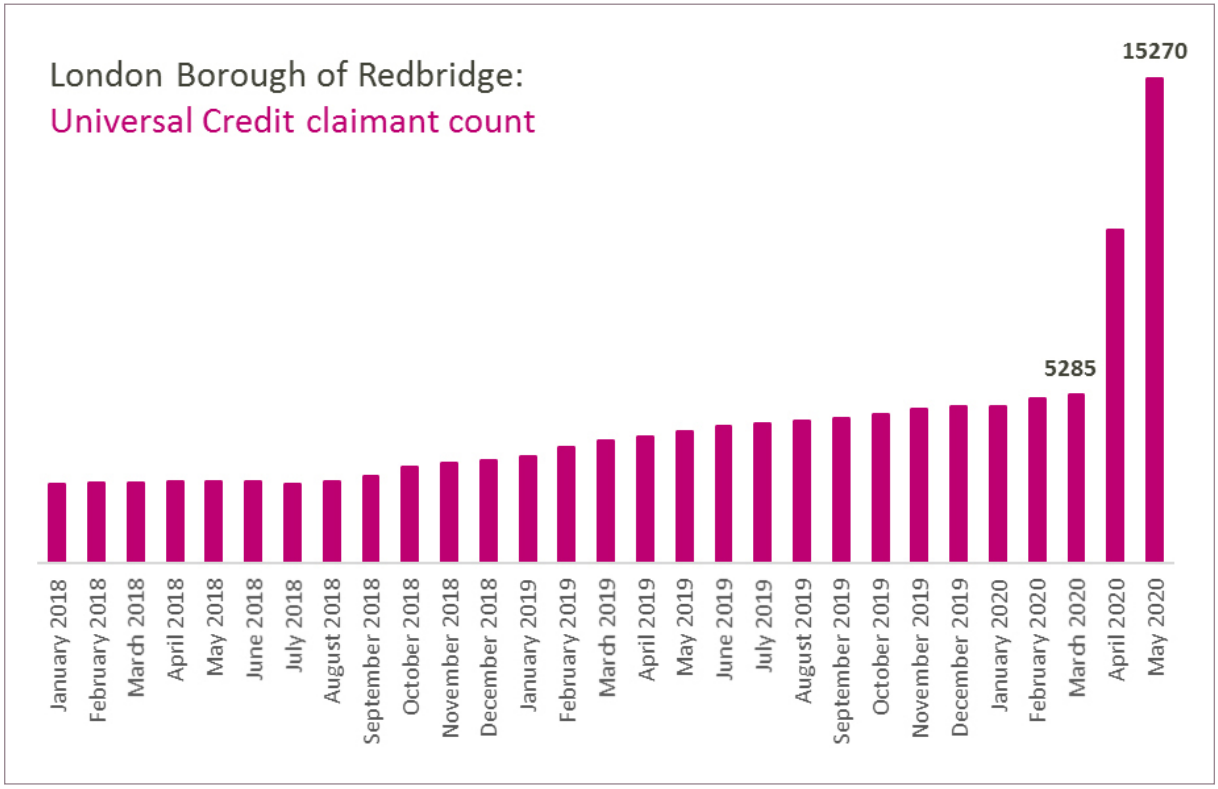
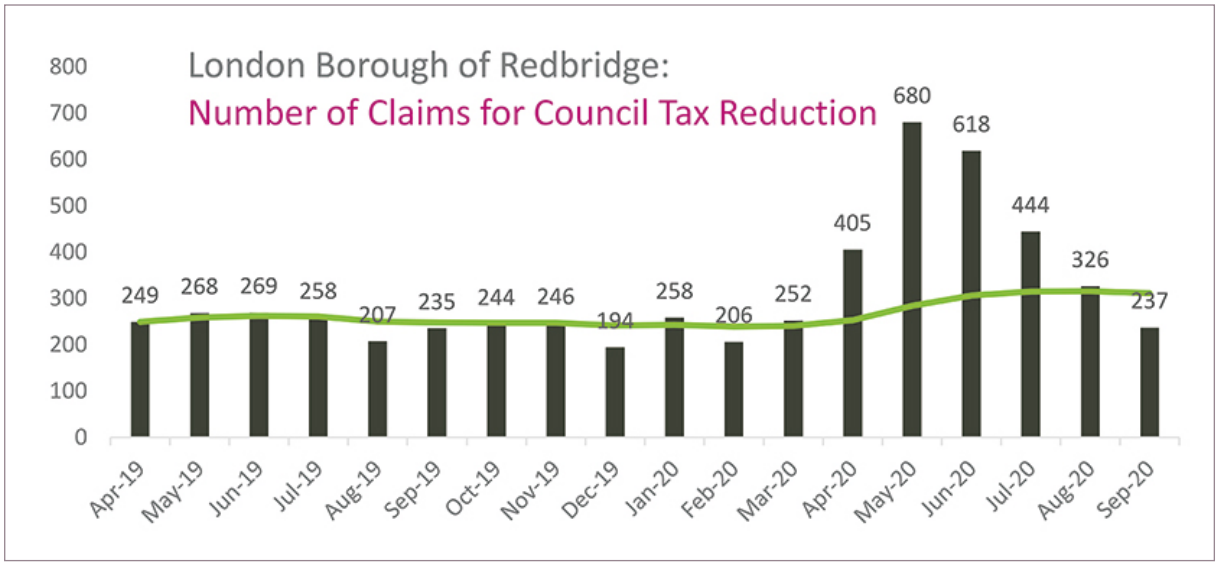



**Figure 24** New claims for Council Tax reduction in Redbridge. Source [89]



## Long term Impacts of Covid on Redbridge's residents

Economic impacts of the pandemic may lead to increased poverty rates associated with:

## Impacts on individual residents

- negative in-utero and early-childhood risk factors for poor health [12]
- increased rates of unhealthy behaviours (e.g. increased alcohol use) mental health and chronic conditions [24]
- negative implications for future employment [93] [12]

## Impacts on the NHS

- Increased national debt (around £70 billion) [94] leading to a potential reduction in public health spending, staffing shortages (due to ill health, attractiveness of working in the NHS and difficulty recruiting abroad), increased waiting times (due to service backlog) and increased healthcare inequalities (as more affluent may purchase private health care) [95].

# SECTION 4 | Addressing inequalities in Redbridge

**The data presented in sections 2 and 3 highlight how the inequalities already experienced by Redbridge residents have (likely) been exacerbated by the Covid-19 pandemic. This section therefore focuses on the actions proposed to address these inequalities.**

Addressing inequalities in Redbridge is a matter of fairness and social justice; doing nothing is not an option economically, ethically or politically. Redbridge recognises that intervening at different levels of risk, for impact over time and across the life course requires long-term comprehensive strategies and sustained investment, aligned across all sectors including education, housing, food, environment, economic etc (Figure 25). Building a robust and appropriate knowledge base- evidence, data collection and analysis- helps to shed more light on underlying social and economic determinants. It is common place that investments and decisions made outside the health and social care sector (directly and indirectly) influence the patterns and magnitude of inequities which does exacerbate existing divides by income, age, gender and ethnicity, further worsening many existing inequalities.

Much work has already been undertaken by Redbridge Council to address the needs of its residents, targeting our limited resources to those who need them most.

This section outlines what has been done already, what is currently planned for the future and lastly identifies what more needs to be done, which is presented in the form of recommendations.

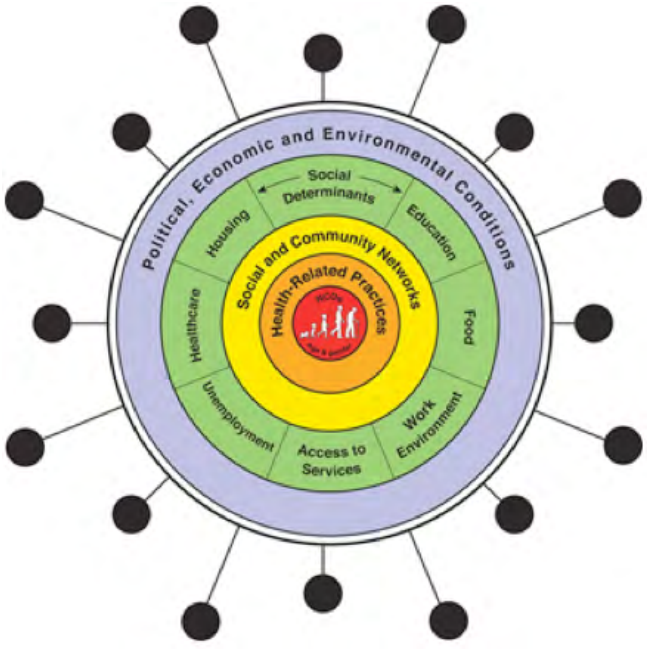



**Figure 25** Source [112]

# What has been done already?

### Redbridge Fairness Commission 2015 [96]

- Putting wellbeing at the heart of Council's activities
- Taking action on independent living, accessibility, social isolation, and Long term conditions
- Digital mentoring
- Identify early preventative and early intervention opportunities

### Health and Wellbeing Board

- Board seeks to improve wellbeing and reduce health inequalities through the range of organisations and partnerships using clear strategy [97]
- Joint Strategic Needs Assessments (JSNA) [24]

### Council's Strategic Delivery Plan [98]

- Regenerate the borough to benefit or residents and integrate new communities
- Keep the borough clean and safe
- Child Friendly borough
- Tackling the root causes of social challenges
- Build a brilliant council

## Health and wellbeing of Redbridge residents

### Physiological risk

- High blood pressure
- High cholesterol
- High blood sugar
- Chronic increase in stress hormones
- Anxiety/depression

### Behavioural risk

- Smoking
- Poor diet
- Lack of activity

### Psycho-social risk

- Isolation
- Lack of social support
- Poor social networks
- Low self-esteem
- High self-blame
- Low perceived power
- Loss of meaning/purpose of life

### Risk conditions

- Poverty
- Low social status
- Poor educational attainment
- Unemployment
- Vulnerable housing
- Dangerous environments
- Discrimination
- Steep power hierarchy
- Gaps/weaknesses in services and support

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| NHS Health Check | Good thinking [99] | Stop smoking service [101] | Exercise on referral service [103] | Wellbeing service | Substance misuse service [105] | Community Hubs | Regenerate High Streets |
| Health Equity Audits | Redbridge talking therapies [100] | Nutrition and weight management [102] | Social prescribing [104] | Community Health Groups e.g. Health Buddies | Work Redbridge e.g. 'Finding focus' | Redbridge community HIV service [106] | Sexual orientation monitoring |

# What is currently planned for the future?

**Redbridge Health & Wellbeing Board** - Action Plan to mitigate the disparities in the impact of Covid-19 on BAME communities living & working in Redbridge.

**In July 2020, Redbridge's Health & Wellbeing Board signed up to an action plan to mitigate the inequalities facing BAME communities in the borough during the Covid-19 outbreak.** This aims to identify short term actions that could be taken to address the inequalities revealed by Covid-19, focusing on developing more effective ways of communicating with BAME communities, co-producing support and resources and better targeting services to meet their needs. Key actions include the following:

- **ensure that communications are appropriate** to highlight the risks to BAME communities in preparation for subsequent waves of Covid-19 infection
- **mandate comprehensive and quality ethnicity data collection and recording** as part of routine NHS and social care to inform actions to mitigate the impact of Covid-19 on BAME communities.
- **consult regularly with BAME users of health and social care services** to establish what are the potential barriers to them accessing services and to develop services that are culturally competent.
- **strengthen health promotion programmes that improve the early diagnosis of chronic diseases** that can increase risks from Covid-19 with particular focus on working with BAME communities to increase uptake.
- **conduct a health equity audit on use of mental health services** to identify, and act on, inequalities in access.
- **strengthen and better promote support to families during pregnancy and the first 1001 critical days of life** to address inequalities around perinatal mental health and school readiness.

# What more needs to be done?

## Recommendations

It is likely that Covid-19 will be circulating for some time and at least until an effective vaccine is available and taken up by a large proportion of the population. Therefore, the recommendations made in this report focus on addressing inequalities in health and wellbeing within the context of how Covid-19 has exacerbated existing inequalities. They present an opportunity for us as both commissioners and providers of services to reflect on the effectiveness of our services, the impact that the pandemic has had on the provision of these services, and how we can reduce the risk of poor outcomes from Covid-19 by targeting our services to those most in need.

We know from the Public Health England (PHE) evidence review that people from different population groups, particularly those from BAME communities, were disproportionately affected by the Covid-19 pandemic. However, the report did not offer an explanation as to why these disparities arose. Whilst there are undoubtedly studies being conducted nationally and internationally, we need to specifically understand the experience of Redbridge residents to be able to target our resources to areas of most need.

**Recommendation 1:** Engage with high risk groups to better understand their experience of the Covid-19 pandemic and how it has exposed and exacerbated the inequalities they face

- organise community engagement events with groups representing BAME communities and those who are particularly vulnerable to Covid across Redbridge to listen to their views and concerns
- conduct appropriate research to improve understanding of the impact of Covid-19 on the health and wellbeing of high risk groups (e.g. the demographics of who was least likely to access digitally provided services during Covid-19 lockdown/experiences of Covid-19 for BAME community)

Out of necessity, lockdown led to a reliance on services being delivered digitally. However, in doing so, those without digital access were disproportionately affected. Therefore, a focus on improving digital accessibility across all sectors, and for all ages, will be required to reduce the inequality experienced. This is particularly important for children who may continue to require home schooling as they go through periods of self-isolation/quarantine, and older people who may experience greater levels of isolation. As we continue as a nation to socially distance ourselves, it is those without access to digital technologies whose mental health may be negatively impacted most.

**Recommendation 2:** Build on local and national digital strategies to improve digital accessibility across health care services, for education, and for older people who are socially isolated

- understanding where gaps in digital access exist and what these groups need to get online [107]
- train healthcare/educational staff to be digital health champions who can support residents using digital tools [108]
- connect with Redbridge Council for Voluntary Services (Redbridge CVS) providing access and digital skills support e.g. libraries, Online Centres [108]
- support local charities who engage with deprived communities to deliver digital accessibility programmes e.g. homeless charities, social housing groups, charities supporting older people etc. [108] [109]
- encourage socially prescribing digital interventions and establishing digital health hubs in the community where people can go to get help and support to use digital health tools [108]
- support schools/education to deliver learning at home for those needing to self-Isolate

Whilst a necessary measure to protect ourselves from Covid-19, continued social distancing following the prolonged period of lockdown, has undoubtedly increased people's fear of going out in public. The final two recommendations therefore focus on reducing inequalities in health outcomes by supporting the economic recovery and creating an environment that is conducive to health and wellbeing.

Reports from The Kings Fund [110] reveal how the pandemic has shone a light on the fault line between health and social care. Whilst lasting reform in health and social care will be driven by central Government, through appropriate funding, there are a number of actions we can take locally to improve health and social care support for our residents.

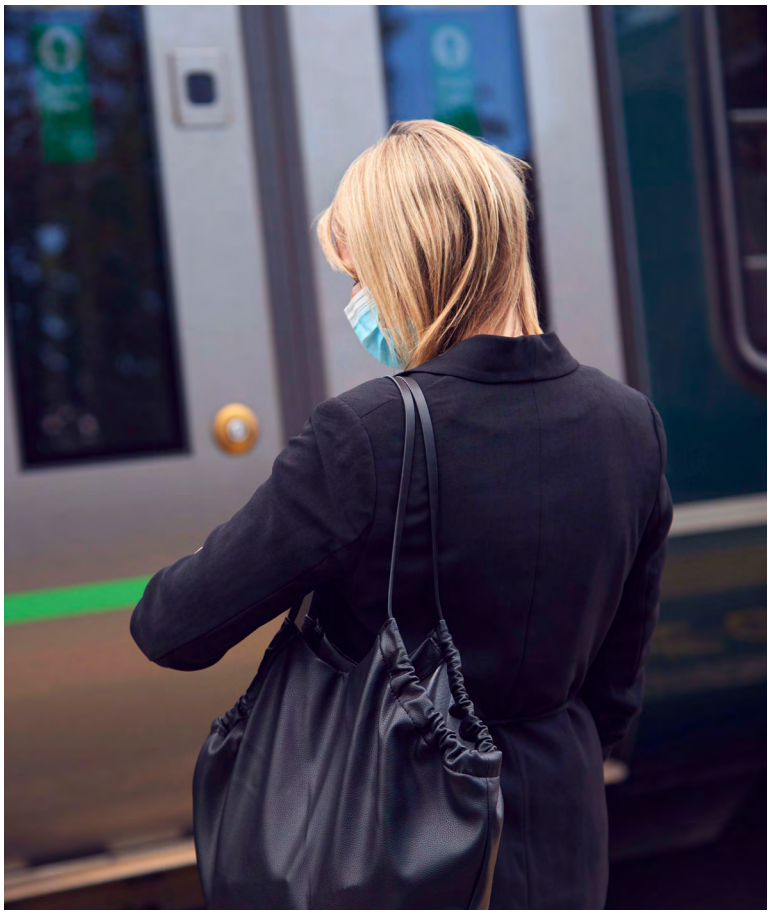
We want residents of Redbridge to be confident in accessing routine care services which will help improve their health and wellbeing. Whether this is booking early as a pregnant mum to maternity services, or supporting those who have potentially missed healthcare appointments during lockdown, such as diabetic retinopathy, cancer or dental treatment, it is essential that our residents know that our services are open and there to help them. Economic recovery will follow when people feel safe to engage with their local businesses. To do this, it is essential that our residents maintain Covid-safe practices at home as well as when out and about. Promoting a more buoyant local economy will help improve unemployment and thus income, which is a key wider determinant of health and wellbeing.

**Recommendation 3:** Promote resilience in routine care services, communities and the economy as a wider determinant of health and wellbeing

- strengthening community resilience by identifying local community networks and assessing differing needs, supporting community-led social action and working alongside CVS partners.
- providing appropriate mid- and post-Covid support to local businesses
- targeting messaging and offering support to vulnerable communities to improve accessibility to the Covid-19 vaccination to allow a return to 'normality'.

**Recommendation 4:** Focus on reducing long term risk factors for Covid through active travel and the environment

- capitalise on the positive changes observed during lockdown e.g. increased use of active transport, reduced air pollution and increased use of outdoor spaces, e.g. by implementing:
- introducing digital tools to encourage physical exercise (e.g. Street Tag app)
- increased active travel resources (e.g. additional cycle parking, setting up cycle ride groups)
- school streets (involving a temporary restriction on motorised traffic at school drop-off and pick-up times)
- quiet streets zones



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