County Durham

Health Impact Assessment on Health Inequalities in Response to the COVID-19 Pandemic

June 2020

22 July 2020

Acknowledgements

This report was produced with thanks to

Gill O'Neill – Deputy Director of Public Health
Chris Allan – Consultant in Public Health, Durham County Council
Chris Woodcock – Public Health Strategic Manager, Durham County Council
Tammy Smith – Public Health Advanced Practitioner - Staying Well, Durham County Council
Michael Fleming – Strategic Manager, Research and Intelligence, Durham County Council
Karen Cook – Research & Intelligence Officer, Durham County Council
Kirsty Roe - Public Health Intelligence Specialist, Durham County Council
Becky James - Public Health Portfolio Lead, Darlington Borough Council

Members of the County Durham and Darlington Health, Welfare and Communities Recovery Group

Colleagues who attended the 3 HIA information sessions
Colleagues who provided input and review for the specialist chapters

Gillian Sweeney – Public Health Management Support Administrator, Durham County Council
Alison Cooke - Macmillan Project Support Officer, Durham County Council

Jane Sunter
Public Health Strategic Manager – Living and Ageing Well
County Durham Council
Jane.Sunter@durham.gov.uk

Contents

Executive Summary

1. The response to the COVID-19 pandemic has been developed over time to help contain the spread of the virus through local communities. On 23rd March the government introduced measures to help protect the public by introducing Staying at Home and social distancing policies; staying at home commonly referred to as 'lockdown'.

2. There is growing evidence suggesting the consequence of lockdown restrictions are likely to increase inequalities in our most deprived communities. This is due to the prolonged socio-economic impact of COVID-19 on individuals, families, communities and businesses.

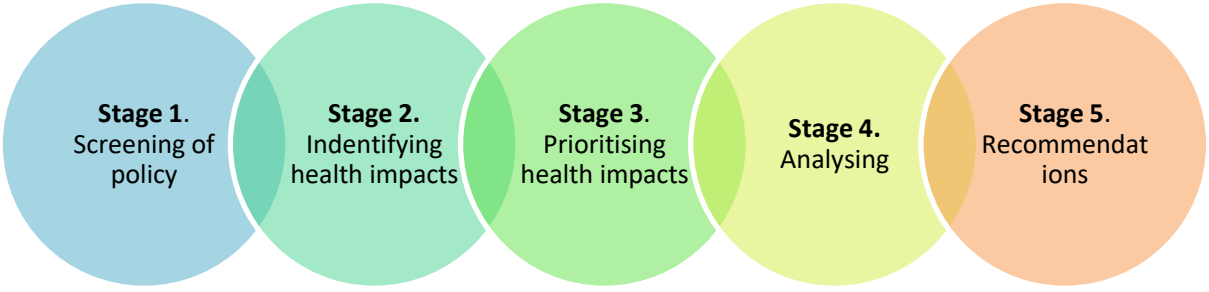
3. The recovery phase to the pandemic is an evolving process and the evidence-base continually growing. The lockdown measures implemented have led to a range of new policies being developed to mitigate the spread of the virus. Areas of impact have included health, social care, education, housing, criminal justice, communities, environment, business and the economy.

4. The County Durham and Darlington Health, Welfare and Communities Recovery Group have initiated a rapid Health Impact Assessment (HIA) on health inequalities to provide a 'snapshot' insight into the impact of COVID-19 lockdown during the recovery and restoration phase of the pandemic.

5. The findings and recommendations from this HIA will be developed into a system-wide Recovery Plan for Health Inequalities. This can then be used by all partners to ensure the recommendations are integrated into their own policies and approaches, helping to mitigate against the impact on health inequalities during COVID-19 recovery.

What is a Health Impact Assessment?

6. A HIA is a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of the population and the distribution of those effects within the population. The stages of an HIA include:



7. The HIA process provides an appraisal of the assets that can be built upon to help reduce health inequalities and work towards minimising risks within identified populations.

8. Indicators will be developed as part of the HIA process to measure the actual impact of COVID-19 across the system on a short, medium and long-term basis. This will be within 2020, 2021 and 2022.

9. This HIA focuses on the key determinants impacting on the direct and indirect consequences of physical health, mental health and emotional wellbeing, social and economic factors over the life course.

10. The engagement of the views of individuals, families, communities and businesses has also been key, helping to provide the narrative from those directly experiencing the impact of the pandemic. Due to the speed of completing this rapid HIA this has been limited but ongoing dialogue is planned.

11. Due to the fast pace nature of the pandemic, this HIA has been conducted as a rapid process to enable the Health, Welfare and Communities group to identify both positive and negatives impacts of the COVID-19 lockdown restrictions and work accordingly to mitigate against identified risks.

12. Findings from the impact assessment can be used by decision makers to:

- Identify actions to mitigate negative impacts and enhance positive impacts of the COVID-19 recovery response using a system wide approach.
- Integrate the key priorities identified by the HIA into all strategies and polices to contribute to a reduction in inequalities.
- Contribute to the recommendations made.
- Monitor data in priority areas to measure impact of future actions undertaken at a local level.
- Build on learning and support preparations for any second wave or local outbreak situations

COVID-19 and Health Inequalities

13. The Government Scientific Advisory Group for Emergencies (SAGE) advised that a combination of individual home isolation of symptomatic cases, household isolation and social distancing could have a positive effect on reducing the number of cases of COVID-19 (SAGE, 3rd March 2020).

14. On 16th March 2020, the UK Government introduced a shielding policy for the most vulnerable of our society and restrictions on non-essential contact and travel.

15. There is clear evidence that COVID-19 does not affect all population groups equally. Public Health England (PHE) indicate those with underlying medical

problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness due to COVID-19 (PHE, June 2020).

16. Many analyses have shown that older age, ethnicity, male sex and geographical area, for example, are associated with the risk of getting the infection, experiencing more severe symptoms and higher rates of death.

17. The PHE review of disparities in the risk and outcomes of COVID-19 shows that there is an association between belonging to some ethnic groups and the likelihood of testing positive and dying with COVID-19. Genetics were not included in the scope of the review (PHE, June 2020).

18. Risks associated with COVID-19 transmission, morbidity, and mortality can be exacerbated by the housing challenges faced by some members of BAME groups.

19. The most recent research from the UK suggests that both ethnicity and income inequality are independently associated with COVID-19 mortality. Individuals from BAME groups are more likely to work in occupations with a higher risk of COVID-19 exposure (PHE, 2020).

HIA Screening

20. The HIA provides a system-wide focus on specific population groups impacted by COVID-19 and encourages the development of a place-based approach to reduce inequalities.

21. Local policies and approaches developed to reduce health inequalities have been screened and prioritised for impact. The screening matrix of the HIA highlighted positives and negatives of lockdown restrictions and timelines of short, medium and longer-term impact.

22. The screening enabled the ranking of key policy areas to help inform the progression into the assessment phase of the HIA which would ultimately inform the recommendations for action.

23. This stage helped partners focus on key areas of highest concern and what would be in and out of scope for this rapid HIA. The areas of highest concern would be screened in-scope to warrant further exploration at the assessment phase.

24. Those areas identified as high priority, but not taken forward as a priority for the HIA will continue to be monitored for impact and progressed through existing partnership forums as business as usual.

Table 1. Results from the HIA Screening process to Identify Priorities.

Policy/area of approach	Impact ranking	Positive and negative impacts	Timeframe
Socio-economic factors and Poverty Employment Income	**High Impact** - due to financial implications for universal populations and vulnerable groups. Inequalities to be increased highly likely **Outcome: Screened In** Due to lasting legacy of rise in unemployment, financial resilience, housing, mental ill health, relationship breakdown and community cohesion – warrants further assessment of health inequalities.	**Negatives**: impact may increase over time as recession hits. implications for those losing their jobs as financial packages are withdrawn. **Positives:** opportunities to innovate, find new ways of working, increase efficiency and local investment to help stimulate the economy	Short, medium and long term – especially linked to mental health and emotional wellbeing.
Education and Skills	**Medium Impact** – universal populations and vulnerable groups. **Outcome: Screened out** as national government direction is for all schools, colleges, universities to return to the new normal in September 2020. The mental health impact on CYP is considered separately rather than as part standalone education health impact and so does not warrant further assessment as stand alone policy area	**Negatives**: Depends on how long social distancing in educational settings is maintained. May be some legacy for impact on certain age groups. Lack of access to IT equipment is a barrier to learning. Impact on young people in general having school disruption and reduced social contact is predicted to impact on mental wellbeing over years to come as well as potential for disruption educational attainment **Positives:** home schooling has enabled young people to reconnect with families, local CYP report increased levels of mental wellbeing by not being at school (see local voice section).	Medium and long term depending on duration of lockdown restrictions in educational setting.
Housing and homelessness	**Medium Impact** – universal and vulnerable groups **Outcome: screened out** for health inequality impacts at this current stage due to capacity meeting demand but requires monitoring into the longer term. Health impact will be explored through the poverty / welfare policy area instead of housing as stand alone	**Negatives**: Impact may increase as potential unemployment levels rise and/or recession hits. Full extent on future demand is unknown. **Positive:** Capacity has met demand. Potential homelessness has been managed during lockdown.	Medium and long term -especially linked to impacts of socio-economic status and predicted changes
Inclusion BAME GRT Refugees LGBT+	**High Impact –** due to vulnerabilities, low socio-economic status, poor housing, poor health status., specialist needs, higher risk of COVID-19	**Negatives:** inequalities in vulnerabilities to COVID-19. Lack of access to specialist support. Low socio-economic	Short and medium depending on timescales for lockdown

LD and Autism Carers	**Outcome: Screened in -** to be integrated in other of other areas around poverty, mental health and community networks and mobilisation and warrants further assessment	status for some groups, social isolation. **Positives:** opportunity for further investigation in to needs for some vulnerable groups.	
Mental Health and Emotional Wellbeing CYP LTP Suicide Prevention – including bereavement support. Crisis care Dementia Resilient Communities	**High Impact** – increasing in general population over time and within vulnerable groups. **Outcome: Screened In –** due to long term implications of impacts on mental wellbeing and requires further assessment to understand impact	**Negatives -** Will be ongoing as the predicted impact on socio-economic growth, unemployment, poverty levels may be affected. Impact CYP and ACE's. Impact on VSCE may also reduce access to wellbeing support and wider mental health services. reports on impacts on confidence returning to the new normal. . **Positives –** reports of reconnecting with families. Reduction in external stressors e.g. schools. Slower pace of life	Short, medium and long term – especially linked to impacts of socio-economic impacts.
Criminal Justice	**Medium impact** – due to current lower levels of reporting crime, but could increase over time. **Outcome – Screened out** for health impacts at this current stage due to capacity meeting demand, but requires monitoring into the longer term.	**Negatives -** Impact levels may increase as crime resumes, incidence of poverty and poor mental health increases. **Positives** – current capacity has met demand for criminal justice pathways and support	Medium to long term – linked to socio-economic factors and mental wellbeing.
Domestic Abuse	**Medium impact** – which could minimise during the lift of lockdown, or increase as socio-economic hardship increases. **Outcome: Screened Out -** for health impacts at this current stage due to capacity meeting demand, but requires monitoring into the more long term. Being considered within existing infrastructures of DASVEG	**Negatives** – reports of hidden harm on the increase with the inability to report during short term stage of lockdown. Will add to impact of CYP and ACE's **Positives -** Service provision has been increased 24/7. Uplift from government support has also been given during COVID. Requires close monitoring as recovery develops.	Short, medium and long term - linked to socio-economic factors and mental wellbeing.

Safeguarding CYP Vulnerable adults	**High Impact** – which could minimise during the lift of lockdown,or increase as socio-economic hardship increases. requires on-going monitoring Outcome - Screened Out - for health impacts at this current stage due to capacity meeting demand, but requires monitoring into the more long term. Being considered within existing infrastructures SAB and DSCP	**Negative** full extent of hidden harm not yet known with the inability to report during short term stage of lockdown. ACE's for CYP may increase. **Positives** – robust mechanisms in place to maintain monitoring of safeguarding concerns via SAB and DSCP	Short, medium and long term - linked to socio-economic factors and mental wellbeing.
Community networks and mobilisation through Community Hub and VCSE	**High Impact** – due to capacity of VCSE. Impact of funding, staffing and accessibility into services. targeted approaches to the shielded and most vulnerable and so inequalities in access may widen **Outcome: Screened In –** due to the potential demand on services required to respond to growing needs on the community to mitigate health inequalities	**Negatives -** Full impact is still unknown as lockdown lifts, COVID-19 funding for VCSE runs out at the end of July. Demand on services may increase whilst VCSE capacity contracts. **Positives** – many residents report high levels of resilience for self-management of needs. Success of community Hub, high level of activity for VCSE, especially in mutual aid.	Short, medium and long term – depending on timing of lifting of lockdown and financial resilience of the sector.
Healthcare - 5-Year System Plan Access Screening LTC	**High impact** – depending on the ability of CCG's/PCN's,CDDFT/TEWV to be able to respond to need. **Outcome: Screened out** - Requires connection into NHS system planning group to monitor service delivery to meet demand and manage inequalities during recovery.	**Negatives** – potential for services to become over burdened with demand. Reduction in those most in need accessing services including imms and vacs, treatment for acute and long-term conditions. **Positives** - Acceleration of integration agenda in response to COVID-19 between partner organisations	Medium and long term as residents begin to access healthcare
Tobacco Control	**Medium/Low Impact** – prevalence of smoking and any increase unknown at the current time **Outcome:** Screened Out – monitored via existing channels. Full COVID-19 action plan delivered within short term timeframe - completed	**Negative** – lack of perceived access to stop smoking services. Smoking prevalence may increase during increase in challenging socio-economic times **Positives** - Stopping smoking is key to improving life chances Service has been maintained during lockdown. Wider tobacco control work has been adapted to maintain functions.	Short, medium, long term - linked to socio-economic factors and mental wellbeing.

Alcohol and Drug Harm Reduction	**Medium/low** Impact – regional reports suggest alcohol intake may have increased in the most vulnerable. Drug use is maintained at current levels. This may increase due to socio-economic factors and requires monitoring. **Outcome: Screened out -** for health impacts at this current stage due to capacity meeting demand, but requires monitoring into the more long term.	**Negatives** - May increase as recovery progresses due to socio-economic factors. **Positives** - County Durham Drug and Alcohol Recovery Service has had an increase in clients accessing the service and current clients remain stable**.**	Medium to long term - linked to socio-economic factors and mental wellbeing.
Environment – Urban and rural	**Current low-medium impact** – impact reduced as lockdown has lifted **Outcome: Screened Out –** due to the easing of lockdown restrictions.	**Negatives** – social isolation may increase, especially for vulnerable and shielded populations. **Positives -** Physical activity levels have reported to have increased. Climate change has benefitted from less carbon emissions due to less traffic.	Short to Medium – depending on ability to access to the outside environment

25. From the screening and prioritisation process undertaken, the priority high impact areas identified by the HIA that require further action to mitigate against health inequalities are:

- Socio-economic factors - poverty reduction
- Mental health and emotional wellbeing
- Community assets and community mobilisation
- Inclusion of vulnerable groups integrated into the key priorities.

26. Safeguarding and risk management processes will continue to be an integrated throughout the priority workstreams by everyone in the system. Governance for activity in the areas highlighted will be recognised as normal practice in County Durham by the Local Children's Safeguarding Partnership and the Adult Safeguarding Board as part of mandatory functions.

27. It is important to note that the areas screened out during the HIA prioritisation process remain significant and will continue to be monitored for outcomes within current delivery mechanisms. This will help with the ongoing assessment of any changes in impacts occurring over the COVID-19 recovery timeframe. These areas include:

- Education and skills
- Housing and homelessness
- Criminal justice
- Domestic abuse
- Health care
- Tobacco control
- Alcohol and Drug harms

- Environment – urban and rural, obesity, food, active travel and carbon emissions

Monitoring and Data Sets - Assessment of Need

28. To understand the impact of lockdown, data relating to local residents has been assessed to determine the inequalities within County Durham communities which can then be monitored over a short, medium and long-term timeframe.

29. Local authorities have received a shielded NHS patient list, which has been used as an overarching, ongoing data set. The list is dynamic, providing information on individuals who have specific medical conditions, putting them at higher risk of severe illness should they contract COVID-19. There are currently, 25,909 people across County Durham included on this list.

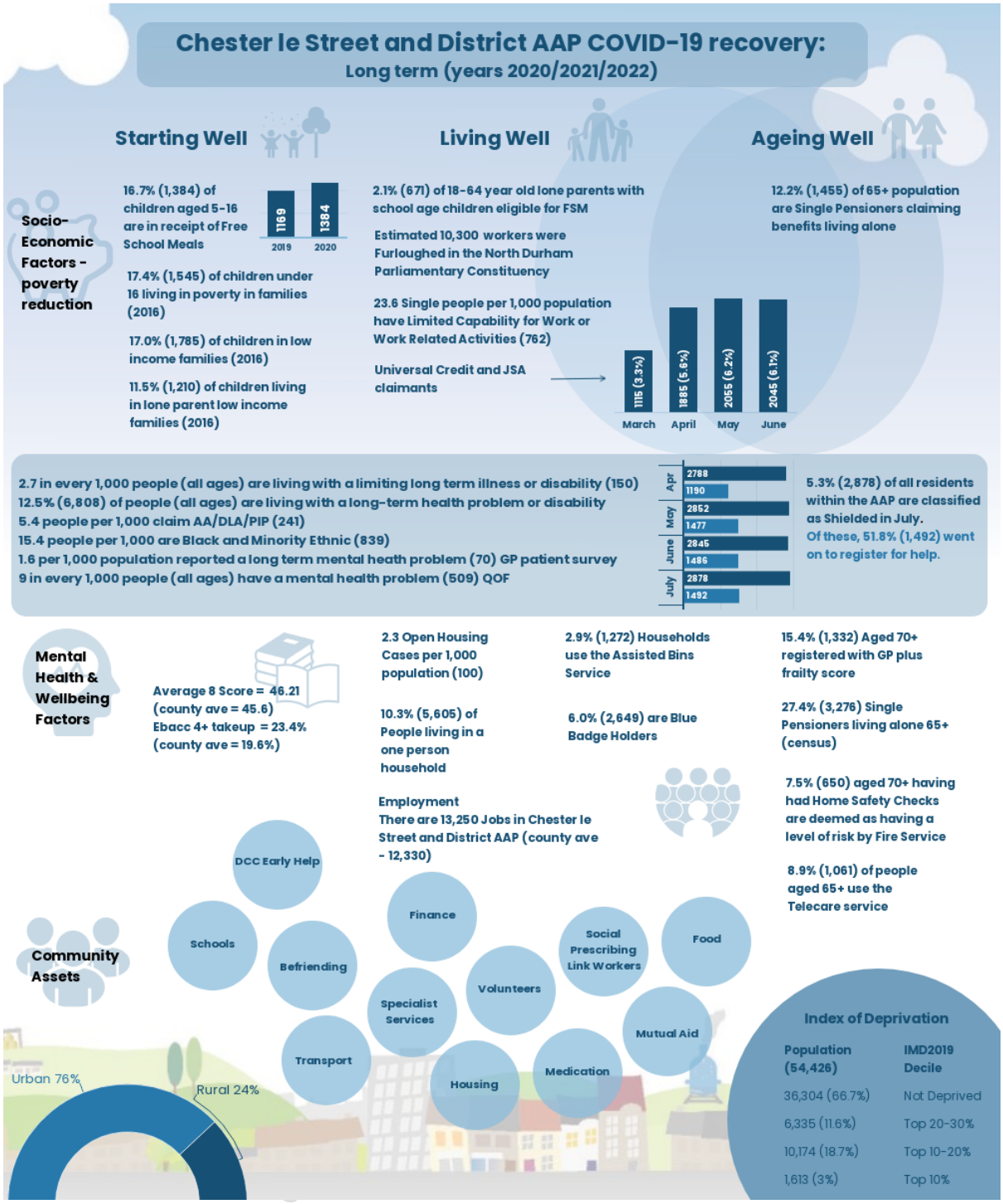
30. The information contained in the shielding data set can be used to analyse need at a county wide level through the lens of poverty reduction, mental wellbeing and community assets. This data can then be segmented into Area Action Partnership level to help understand the impact of COVID-19 during each stage of recovery.

31. Data relating to Primary Care Networks boundaries can also be provided as COVID-19 recovery progresses.

32. The monitoring process for the priorities warranting further assessment, as determined through the screening process require, where possible, 'real time' data to provide ongoing insight into any change in the needs of local communities.

33. The data sets will also provide the ongoing narrative underpinning the evidence base on the outcomes of the recovery and its impact on inequalities.

Diagram 1. Example of Area Action Partnership Infogram highlighting data sets linked to inequalities in priority areas across the life course.



Conclusion

34. The response to the COVID-19 pandemic will continue to develop over time as communities learn to live with the virus until a vaccine can be sourced. Until that time, measures to protect the public including varying policies for social distancing will be maintained.

35. The recovery phase to the pandemic including health, social care, education, housing, criminal justice, communities, environment, business and the

economy will need to adapt to the changes once the restrictions are lifted and the economy reopens, and inequalities are closely monitored.

36. There is recognition that the pandemic has brought many negative areas of impact to people's lives, but also some positives. The ability to innovate the delivery of care and share common practice has accelerated the pace of change for new ways of working to reduce health inequalities. These developments can be maximised to move system-wide approaches into the 'new' normal.

37. The areas prioritised by the HIA including socio-economic factors, mental health and emotional wellbeing, the use of community assets and inclusion can now inform the action phase of recovery for health, welfare and local communities.

Recommendations.

Using a system-wide approach	**Organisation**	**Timeline 2020, 2021 and 2022**
1. Ensure findings from this HIA are shared with regional partnerships such as the integrated care system and LA7 strategy group to work to reduce health inequalities across the NE	LA, NHS, VCSE, Businesses	Short term
2. Key findings and recommendations from HIA become embedded into existing local plans for recovery such as the refreshed joint health and wellbeing strategy	LA, NHS, VCSE, Businesses	Short term
3. Utilise the data and intelligence drawn from the HIA into all refreshed strategies to inform planning.	LA, NHS, VCSE, Businesses	Short term
4. Develop communication mechanisms to engage with the voice of children, young people and adults to ensure recovery is undertaken WITH our communities and not done to them	LA, NHS VCSE	Short, medium and long term
5. Develop and Ageing Well Strategy to inform future policy and service delivery across the system	LA, NHS VCSE	Short term
6. Focus targeted work on vulnerable and marginalised groups as part of COVID-19 recovery to reduce preventable inequalities	LA, NHS, VCSE, Businesses	Short, medium and long
7. Link to the County Durham Poverty Reduction Strategy and Poverty Reduction Action Plan to:		

i)	Prioritise the reduction of food poverty through school-based and wider community approaches.	Schools and VCSE LA, NHS	Short, medium and long
ii)	Improve all partner pathways to ensure understanding of how to access statutory and VCSE support	LA, NHS, VCSE	Short term
iii)	Train whole-system workforce to raise awareness of welfare support and impact money worries can have on health and wellbeing	LA, NHS, VCSE, Businesses	Medium and long-term
iv)	Undertake a specific review to understand the impact on older people and poverty linked to an ageing well strategy.	LA, NHS	Medium and long-term
8.	**Link to the County Durham Mental Health Strategic Partnership to:**		
i.	Increase access to low level early mental health support pathways for children and young people within educational and community settings – graded response and trauma informed. Consideration given for most vulnerable populations such as LGBTQ+.	LA, educational settings NHS, VCSE	Short, medium, long term
ii.	Using population health management approaches and forecasting across the system, consider how to support prevention and early intervention to mitigate as far as possible any increased demand to secondary care	LA, NHS, VCSE, Businesses	Short, medium, long term
iii.	Develop and implement a streamlined information resource to provide access for communities and individuals to support for mental health and emotional wellbeing	MHSP	Medium and long term
iv.	Train system-wide workforces to address mental health and emotional wellbeing in local communities. – mental health champions and MECC	LA, NHS, VCSE, Businesses	Medium, Long term
v.	Develop system response and offer to support the workforce (key workers) with a mental health and emotional wellbeing needs/moral injury that have developed as a result of COVID-19, eg through development of a resilience hub	TEWV, CDDFT, VCSE, Primary Care	Short, medium, long term
vi.	Provide targeted support for COVID survivors and their families – CDDFT, TEWV, VCSE, Primary Care	TEWV, CDDFT, VCSE, Primary Care LA, NHS, VCSE	Short, medium and long term

vii.	Undertake consultation with older people and carers as part of a developing ageing well strategy		Medium and long term
9.	**Build resilience in community assets and community networks to:**		
i.	Maintain and further develop the Community Hub to continue engagement with vulnerable and shielded populations ensuring system interface	LA, NHS	Short, medium
ii.	Map and add to Locate community assets to provide ongoing support for local residents utilising a place-based approach.	LA	Short, medium
iii.	Improve service user pathways to access statutory and VCSE support mechanisms as standard.	LA, NHS	Short, medium
iv.	Support the VCSE by providing sustained funding and measure outcomes to beneficiaries.	LA, VCSE	Short, medium and long
v.	Maintain support for volunteers and increase options to recruit more.	LA, VCSE	Medium and long
vi.	Progress Alliance contracting model to build community resilience.	LA, VCSE	Medium and long
vii.	Adopt the wellbeing approach across County Durham	LA, NHS, VCSE, Businesses	Short, medium and long
viii.	Ensure the community is prepared to respond to a second wave and local outbreaks	LA, NHS, VCSE, Businesses	Short, medium and long

Introduction

35. The first cases of COVID-19 in the UK were reported on the 31st January 2020. As the infection rate increased the government responded by publishing health protection regulations on 19th February 2020.

36. The introduction of the Coronavirus Act on the 19th March granted the government emergency powers over the NHS, local authorities, schools, funerals, police, Border Force and courts to build on strategies for containment and isolation, hoping to stop the spread of the virus.

37. On 23rd March the government announced restrictions on movement for the population in the form of Stay at Home policies and social distancing

measures, commonly referred to as ‘lockdown’. These measures included going outside only for:

- Shopping for essential supplies only and as infrequently as possible
- One form of exercise a day - for example a walk, run or cycle with members of your household only
- Fulfilling a care need for medication or to support a vulnerable person
- Travelling to and from work, but only where necessary and working could not be done from home.

38. As the pandemic has unfolded, growing evidence suggests the consequence of lockdown restrictions and social distancing are likely to increase inequalities in our most deprived communities. This will be due to the prolonged socio-economic impact of COVID-19 lockdown.

39. This Health Impact Assessment (HIA) will consider the impact of the restriction measures implemented to help slow the transmission of the virus and make recommendations contributing to reducing health inequalities in County Durham.

40. The findings of the HIA will be reviewed by the Health, Welfare and Communities Recovery Group and presented at the Recovery Group and Local Resilience Forum before progressing to the Health and Wellbeing Board.

41. Once agreed, the recommendations will be shared with wider partners to help influence the integration of a COVID-19 recovery into local strategies, policies plans.

42. This action will help mitigate against a rise in health inequalities during the recovery stages of the pandemic.

What is a Health Impact Assessment?

43. A HIA is a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of the population and the distribution of those effects within the population.

44. The proposed HIA on COVID-19 will enable County Durham to assess the impact of policies and guidance measures developed to manage the response to the pandemic.

45. The assessment will also provide an appraisal of the assets that can be built upon to help reduce health inequalities and work towards minimising risks within the identified populations.

46. This HIA will work across the life course to address need at a local level. The engagement of the views of those directly experiencing the pandemic will also be incorporated into the findings.

47. Indicators will be developed as part of the HIA process to measure the actual impact of COVID-19 across the system on a short, medium and long-term basis.

48. Outcomes relating to wider determinants, including poverty, housing, education, environment, volunteering, community assets and connections will be considered for further assessment.

49. The HIA will be undertaken using the principles taken from the Health Welfare and Communities Group which endorses an approach of:

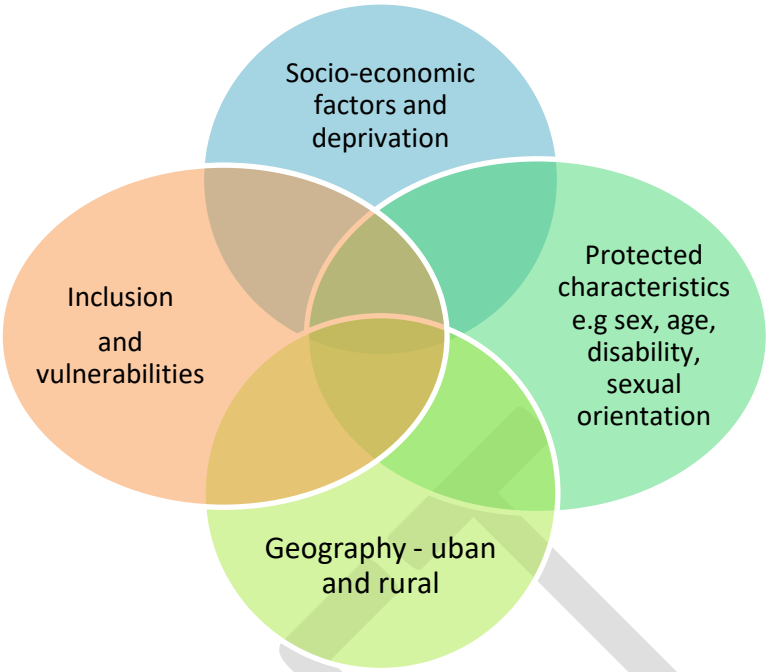
- Tackling inequalities across the life course and settings.
- Working at the level of pace that is most meaningful to communities (and people)
- Co-production with our communities to build on an asset-based approach for recovery
- Appreciating the interdependencies across organisations and departments using existing structures and governance where possible.
- Avoidance of inadvertently shunting pressures or risks to other parts of the system

50. The HIA recommendations will also be framed within the new Approach to Wellbeing being developed in County Durham and be intelligence led. This approach uses set criteria to ensure health and wellbeing is integrated into a range of recovery policies and settings as part of everyday practice.

What are health Inequalities?

51. Health inequalities are the preventable differences in health status between individuals and populations arising from inequities in economic resilience, protected characteristics, social circumstance and environmental conditions. These factors influence the ability of populations to prevent ill health, improve their quality of life and gain equitable access to healthcare (PHE, 2020).

Figure 1. Dimensions of Health Inequalities



Taken from: COVID-19 Place-based approach to reducing health inequalities (PHE and LGA, May 2020)

52. During COVID-19, it is important to understand the impact of policies and approaches implemented to manage the pandemic and their impact on health inequalities across County Durham.

53. The Office of National Statistics report: Personal and economic well-being in Great Britain: June 2020 (ONS, June 2020), estimates 12.5 million people say their households have been affected financially by the impacts of the coronavirus (COVID-19), a similar share to the beginning of lockdown.

54. The share of employees and self-employed actively working fell in the first two weeks of lockdown and remained comparable up to 7th June 2020, at 67.0% and 79.9% respectively (ONS, June 2020).

55. The data also suggests there are some signs of increasing economic inequality, with more people on lower personal incomes reporting reduced income in the household. The lockdown has resulted in people working fewer hours, with less ability to save for the future. Fewer people with higher incomes have been impacted financially (ONS, June 2020).

56. Parents and those who do not feel safe at home or people who are lonely are more likely to be impacted financially and to feel more anxious. These groups are less likely to be able to save in the year ahead and less than half able to cover a large necessary expense. Those people were more likely to have been furloughed than adults without children in the house, with over 20% finding childcare impacting their work (ONS, June 2020).

57. Since the easing of some restrictions, average life satisfaction worsened for those with a health condition before bouncing back to the level comparable

with those without a health condition in the latest period up to 7th June (ONS, June 2020).

58. Within the HIA process the identification of those at greatest risk from poor health outcomes will enable partners to develop responsive action to help build on the social and economic resilience of people and their families, community and local businesses.

59. The use of Marmots life course approach will provide a mechanism for considering impact across the life course, including the life chances for children, young people, adults of working age and older people (Marmot 2012).

60. Recommendations from the HIA will highlight impacts at the level of population health, rather than just focusing on individual needs (Marmot, 2012).

61. At a local level, there are several dimensions in which COVID-19 will impact on health inequalities, especially in those populations who display multiple vulnerabilities and are socially and economically disadvantaged.

62. It is recognised these groups of the population may also be least equipped to manage the socio-economic impacts of shielding and social distancing measures during the COVID-19 response and should, therefore, be given specific consideration to help address their needs.

Pre COVID-19 Indices of Deprivation for County Durham

63. The Indices of Deprivation are used to measure a broad concept of multiple issues relating to various socioeconomic inequalities in specific areas. They also indicate areas of unmet need.

64. These indices are used to describe the conditions in which people are born, grow up, live, work and age. These conditions influence a person's opportunity to be healthy, risk of illness and life expectancy as well as a host of other socioeconomic outcomes.

65. The Index of Multiple Deprivation (IMD) 2019 is the official measure of relative deprivation for small areas (or neighbourhoods) in England. The Index of Multiple Deprivation ranks every small area (Lower Super Output Area - LSOA) in England from 1 (most deprived area) to 32,844 (least deprived area) (Durham Insights, 2020).

66. Pre COVID-19, County Durham is ranked in the top 40% most deprived upper-tier authorities across England, (48th out of 151; ID2015 – 59th out of 152 and in the top 40% most deprived), which means that large numbers of County Durham residents live in areas that have significant issues (Durham Insights, 2020).

67. County Durham has 39 LSOAs (12% of 324 LSOAs) ranked in the top 10 percent most deprived areas in England. Within the top 30% most deprived there are 158 LSOAs (48.8% of 324 LSOAs).

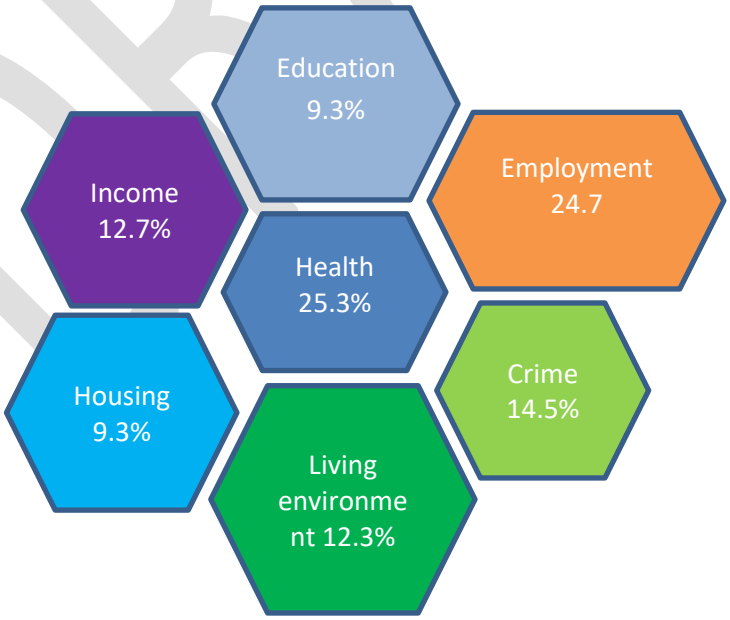
68. These 39 LSOAs cover an area representing 10.8% of the county's population with 47.3% of the county's population living in areas in the top 30% most deprived nationally.

Figure 2. Deprivation in County Durham IMD 2019

12%	Of our LSOA's (n=39) in the most deprived 10% nationally
10%	Of our populations live in these areas
49%	Of our LSOA's (n=158) in the most deprived nationally
47%	Of our population live in these areas
54%	Of children (0-15) live in the most deprived 30% LSOA's nationally (IDACI)
35%	Of older people (65+) live in the most deprived 30% of LSOA's nationally (IDAOPI)

69. Highlighting these multiple measures pre-COVID-19 create a baseline from which the impact of COVID-19 can be assessed for any negative increases in the domains for deprivation and life expectancy. The domains pertaining to health outcomes include education, employment status, income, crime, housing and living environment (Durham Insights, 2020).

Figure 3. % of County Durham LSOA's in the 10% most deprived nationally, by domain.



70. Life Expectancy before the pandemic for men and women has been improving in County Durham over time. However, life expectancy remains worse than

the England average and health inequalities remain persistent and pervasive across the multiple domains.

For Men life expectancy:

- 74.9 years - 2001/03
- 78.3 years - 2015/17 (England: 79.6)

For Women life expectancy:

- 79.2 years - 2001/03.
- 74 years - 2015/17 (England: 83.1)

71. Evidence from the Public Health England Segmentation Tool (PHE, 2018-19) shows the main contributors to the lower life expectancy in the more deprived areas of County Durham, compared to the less deprived areas (the gap between the most deprived quintile [20%]) of the selected local authority. The data collated illustrates that:

For men:

- Around one-quarter (27.3%) of the gap between the most and least deprived communities in County Durham is caused by higher rates of circulatory disease.
- Cancer mortality is the second biggest contributor to the gap between the least and most deprived in County Durham for men (19.4%) followed by respiratory disease (12.9%).

For women:

- One quarter (25%) of the gap between the most and least deprived communities in County Durham is caused by higher rates of cancer mortality.
- Respiratory disease is the second biggest contributor to the gap between the least and most deprived in County Durham (24%) followed by circulatory (18.9%).

(Taken from Durham Insights, 2020)

72. The information above creates a baseline which enables impact of COVID-19 on health inequalities to be considered. However, the outcome for these measures will not be available on an immediate basis or reflect real-time changes in health inequality during the COVID-19 recovery response.

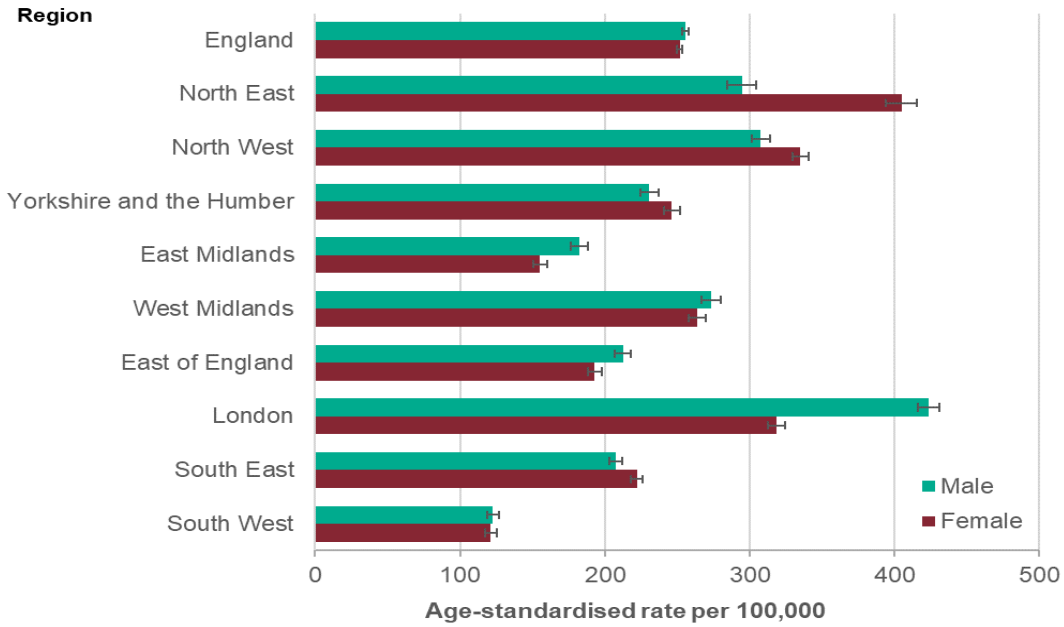
73. It is, therefore, important that other outcome data used in the HIA monitoring process will be used to assess the short and medium-term outcomes for inequalities in direct response to the COVID-19 outbreak.

Health Inequality Outcomes During COVID-19

74. The Disparities in the Risk and Outcomes of COVID-19 report (PHE, June 2020), confirms that the impact of COVID-19 has replicated existing health inequalities and, in some cases, has increased them (PHE, 2020).

75. On a national basis the largest disparity found was by age. Among people already diagnosed with COVID-19, the ratio between men and women have been found to differ across regions. (Table 1).

Table1. Age standardised diagnosis rates by region and sex, as of 13 May 2020, England. Source: Public Health England Second Generation Surveillance System.



Note: The diagnosis rate in women in the North East is higher than men and both sexes for many regional areas, however there is an indication that the variation in diagnosis rates will be partly influenced by variation in testing practices between areas (PHE, June 2020).

76. Nationally, the risk of dying among those diagnosed with COVID-19 was also higher in males than females. People who were 80 or older were seventy times more likely to die than those under 40 (PHE, June 2020).

77. Death rates higher in those living in the more deprived areas than those living in the least deprived; and higher in those in Black, Asian and Minority Ethnic (BAME) groups than in White ethnic groups (PHE, June 2020).

78. These inequalities largely replicate existing inequalities in mortality rates in previous years, except for BAME groups, as mortality was previously higher in White ethnic groups.

79. The Disparity Report analysis takes into account age, sex, deprivation, region and ethnicity, but it does not take into account the existence of comorbidities, which are strongly associated with the risk of death from COVID-19 and are likely to explain some of the differences (PHE, June 2020).

80. The trend in the number of diagnosed cases of COVID-19 by deprivation quintile shows that cases in the least deprived group peaked earlier and lower than other groups and at 13th May, the cumulative number of cases and diagnosis rate was highest in the most deprived quintile.

81. The mortality rates from COVID-19 in the most deprived areas were more than double the least deprived areas, for both males and females. This is greater than the ratio for all-cause mortality between 2014 to 2018 indicating greater inequality in death rates from COVID-19 than all causes.

82. Survival among confirmed cases, after adjusting for sex, age group, ethnicity and region was lower in the most deprived areas, particularly among those of working age where the risk of death was almost double the least deprived areas.

83. In summary, people in deprived areas are more likely to be diagnosed and to have poor outcomes following diagnosis than those in less deprived areas.

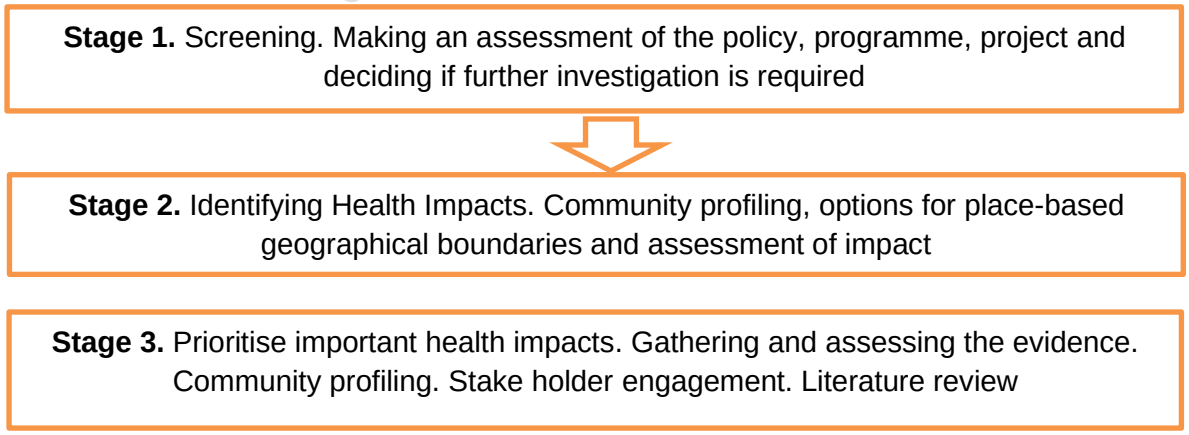
84. High diagnosis rates may be due to geographic proximity to infections or a high proportion of workers in occupations that are more likely to be exposed. Poor outcomes remain after adjusting for ethnicity, but the role of underlying health conditions requires further investigation.

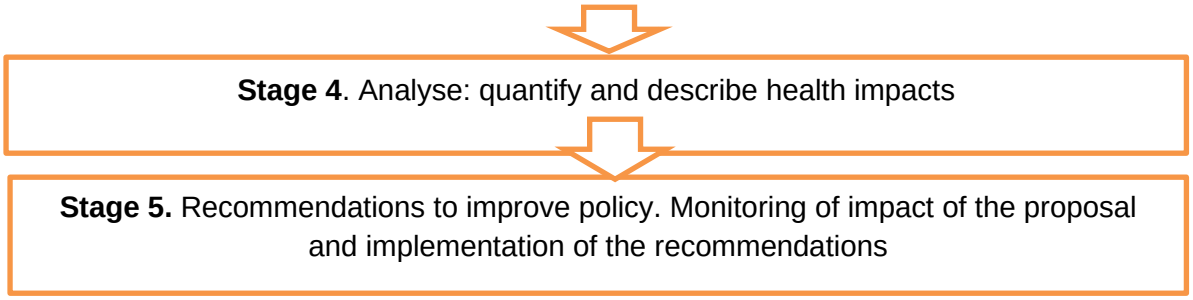
85. The findings from PHE will also provide insight into wider themes that can be considered at a local level for action in relation to the impact from the virus itself.

The Health Impact Assessment Process

86. A HIA usually requires a 6-9-month process to complete a 5-stage approach. Due to the fast pace nature of the pandemic, this HIA will be conducted as a rapid process to enable the Health, Welfare and Communities group to identify both positive and negatives impacts of the COVID-19 lockdown restrictions.

Figure 2. Stages of a Health Impact Assessment





87. The HIA process provides an evidence-based audit trail for the assessment of priority themes found to be impacting on health and well-being during the lockdown. From the findings of the assessment, the development of mitigating actions can be taken forward to help reduce the health inequalities during the staged phases of recovery.

Objectives for the HIA

88. The objectives for conducting the HIA include:

- Developing a shared, coherent understanding of the impact of COVID-19 lockdown restrictions on health and social inequalities throughout the life course. This includes the impact on populations of children and young people, adults of working age and older people.
- Ensure a system-wide response to COVID-19 recovery is implemented. This will include partners from local working groups, economic, environmental and safety partnerships, NHS, housing, local voluntary, community and business sectors, all working together on a common goal of reducing the impact of health inequalities using a place-based approach.
- Re-focusing efforts to co-produce new and improved approaches to reducing health and social inequalities during the response and recovery processes of COVID-19.
- Creating a baseline measure on which to monitor data relating to the impact of COVID-19 restrictions on those most vulnerable and at risk within a short, medium and long-term timeframe.

89. These objectives will be achieved by disseminating relevant COVID-19 guidance, encouraging community engagement, cross-sector working, joint commissioning processes and innovative service delivery.

90. These mechanisms will help to maximise people's ability to respond positively to the relaxation and lifting of lockdown restrictions using a staged approach and being able to respond flexibly to needs and requirements as they emerge.

91. Real challenges also remain in predicting the outcomes of lifting lock down restrictions that may result in a second peak of infections. This development might overwhelm service provision and impact further on the country's economy. Therefore, all opportunities to learn from the early stages of

lockdown should be taken to help safeguard future outcomes, should they be required.

Stage 1. Screening

92. Protecting and restoring people's livelihoods and improving people's physical and mental wellbeing provides a key to reducing the impact of COVID-19 in the long term.

93. The government have published significant amounts of COVID-19 guidance to support the management of the pandemic including:

- Stay at Home guidance
- Lockdown measures

94. The Government Scientific Advisory Group for Emergencies (SAGE) advised that a combination of individual home isolation of symptomatic cases, household isolation and social distancing of the over 70s could have a positive effect on: reducing the number of cases of COVID-19 during the pandemic (SAGE, 3rd March 2020).

95. On 16th March 2020, the UK Government introduced a shielding policy for the most vulnerable of our society and restrictions on non-essential contact and travel.

96. A further series of responsive announcements resulted in the closure of schools, hospitality, leisure and indoor leisure venues, all designed to help contain the outbreak. Stay at Home guidance was published in the same month.

97. There is wide-spread recognition that the effect of social distancing may increase vulnerabilities within society. Long term school closures could have an impact on long-term educational attainment of children and young people, especially early years and for those about to take exams.

98. Social distancing may also impact on people's mental health and emotional wellbeing, the ability to care for loved ones, create feelings of social and physical isolation and increase rates of domestic abuse and unhealthy behaviours.

99. Coupled with this, the longer the impact of COVID-19 and its associated lockdown restrictions affects individuals, families and communities, the greater the risks of long-term reduced economic activity.

100. The increase in rates of unemployment, reduction in financial security and instability in the housing market are all likely to impact on physical and mental health outcomes. These factors may also increase in the prevalence of chronic disease and disability (PHE, 2020).

101. The postponement of some public health preventative programmes and non-urgent medical care may result in unintended consequences such as people deciding not to seek treatment when needed. This may also prove to have significant impact on medium to long-term health outcomes.

102. The HIA will also provide a system-wide focus on specific population groups impacted by COVID-19 and enable the development of a place-based approach to reduce inequalities as the local area moves out of lockdown and into the recovery phase for health, welfare and communities.

103. The HIA screening process enables an assessment of any policy, programme or project to be made to decide if further investigation is required. The screening assessment tool asks questions to help identify if the policy has a direct impact on health or any socio-economic factors experienced by the local population.

104. For this HIA, Table 1. highlights the process undertaken to screening the Stay at Home policy and lockdown restrictions. This process helps to assess if the HIA should be taken forward, based on the answer to a number of screening questions posed to examine the impact of the government policy.

Table 1. HIA Screening Questions for COVID-19 Lockdown Policies.

Policy: Stay at Home and Lockdown Restrictions during COVID-19		
ASSOCIATED POLICY DOCUMENT		
Screening Question	**No health impact identified**	**Yes, health impact identified**
1. Will the policy have a direct impact on health, mental health and emotional wellbeing e.g. Does it cause ill-health, inclusion, independence any socioeconomic or equalities groups affected?	N/A	Yes, the new lockdown measures will have a major impact on the universal population, vulnerable and shielded groups. These may increase as lockdown is eased.
2. **Will the policy have an impact on social, economic and environmental living conditions that would directly affect health**. e.g. child development, education, employment, housing, green space. Will any particular vulnerable groups be affected?	N/A	Yes, the inability to access schools, shops, workplaces and family members from outside the home can directly affect the physical health and mental health and wellbeing of individuals and families. Long term lockdown may lead to unemployment, unstable housing, financial instability, poverty, social isolation and inability to access health care.
3. Will the policy affect individuals ability to improve their own health and wellbeing e.g. will it affect ability to be physically active, impact on health behaviours e.g. smoking. drinking, healthy diet?	N/A	Yes, lack of personal control over the pandemic and the inability to access support through family networks, support services, leisure facilities and the environment will all affect health and wellbeing outcomes

		and may increase unhealthy behaviours.
4. Will there be a change in demand for access into health and social care services? e.g. NHS, local authority, VCSE.	N/A	Yes, if the lockdown restrictions continue there may be more demand for health and social care services, however service delivery will also change due to social distancing measures. This may impact on the most vulnerable and shielded populations.

105. The outcome of using the screening tool indicates the Stay at Home measures and lockdown restrictions do warrant further investigation to fully identify the health impact of the policy directives. This is due to the level of potential negative impacts that could occur as individuals, families, communities and businesses are unable to access local infrastructure and usual support mechanisms.

106. The screening process also identifies that the measures may also increase over time, which in this case will progress as lockdown is eased during the recovery phase of the pandemic. This will warrant ongoing monitoring to assess any change in trends over time.

107. Once it is recognised the policy does impact on health, the HIA moves to stage 2 to begin to identify those impacts on wider policy areas. In this case, the HIA will consider policy areas impacting health inequalities.

Stage 2. Identifying the Health Impacts

108. As a second stage, an identification screening matrix has been utilised to review the impact of the lockdown measures on key health, welfare and community policy areas and approaches. These areas are all linked to the wider determinants of health. This helps to provide a standardised approach to consider the far-reaching risks which may result in widening the health gap.

109. The screening process also enables deliberation to take place to measure the scale of the issue, i.e. will the impact occur at population-wide level, or within targeted groups.

110. Some areas recognised as having a high level of impact from lockdown measures will be addressed by other partnership arrangements across County Durham. This reduces the need for further consideration as part of the identification process and provides an audit trail for the separate governance arrangements.

111. The policy areas considered as part of the identification process for the HIA were those which will influence on health inequalities across County Durham.

112. Policy areas considered as part of this process were:

1. Socio-economic factors and poverty reduction

- County Durham Poverty Strategy and Action Plan
- County Durham Prevention Strategy
- County Durham SEND Strategy

2. Inclusion and vulnerabilities

- Mental Health Strategic Partnership Strategy - including Children's and Young People's Mental Health and Emotional Wellbeing Strategic Plan, Suicide Prevention Alliance Action Plan, Crisis Care Concordat, Dementia Strategy and Resilient Communities Action Plan.
- County Durham Housing and Homelessness Policies
- County Durham Gypsy and Roma Traveller Delivery Plan
- Safe Durham Partnership Plan
- County Durham Domestic Abuse Plan on a Page
- County Durham Safeguarding Adults Board (Strategy/POP)
- Durham Safeguarding Children's Partnership
- County Durham Learning Disabilities Commissioning Strategy

3. Health Care and Early Intervention/Health behaviours/LTC

- 5 Year System Plan - access to health care, including screening and management of long-term conditions.
- County Durham Tobacco Control Alliance Action Plan
- County Durham Alcohol and Drugs Harm Reduction Strategy

4. Environment – Urban and Rural

- County Durham Sustainable and Healthy Food Policy

113. Appendix 1. provides the outcome of the identification screening matrix process for the HIA. Consideration has been made to the impact on the local population, the ability to resolve the impact, proposed timescales for outcomes, impacts on public perception and any positive or negative effects.

Stage 3. Prioritising Health Impacts

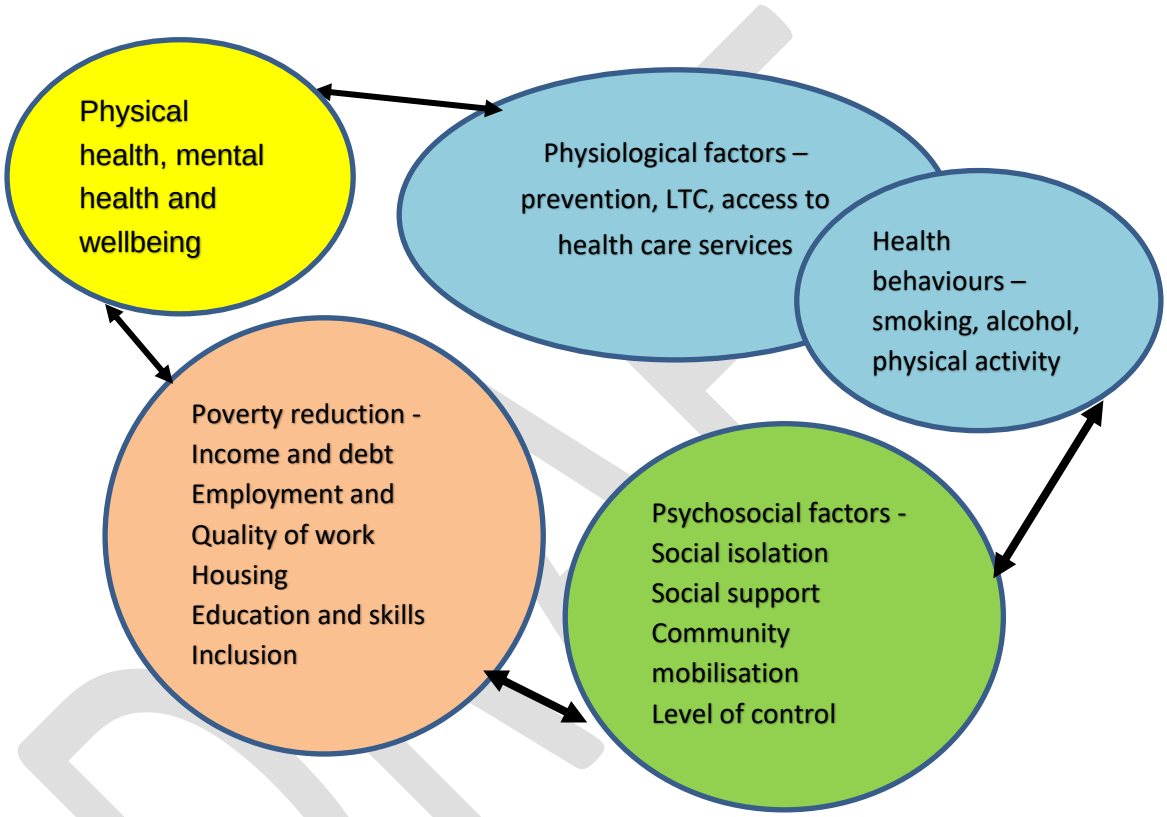
114. In order to begin to consider what action can be taken to help reduce health inequalities during lockdown restrictions, joined up processes are required to help prioritise areas of policy work that will impact on the lives of our local residents, families, communities and businesses.

115. The HIA identification process has highlighted a number of themes for consideration relating to COVID-19 lockdown. Many of these areas will result in increasing health inequalities across County Durham in the long-term. Many of the causes affiliate with increasing health inequalities may be multiple and

complex when considering the needs of our most vulnerable and shielded in our communities.

116. Areas requiring prioritisation being given further consideration in relation to their impact on the causes of health inequalities using the Labonte Model (1992), as highlighted in government evidence-based guidance for conducting HIA's published in response to the pandemic (PHE, 2020).

Figure 5. Systems Map of the Causes of Inequalities (Adapted from Labonte model (1992)



Socio-economic Impact and Poverty Reduction

117. Estimates alone suggest the impact of COVID-19 will have a profound and prolonged impact on widening social determinants between populations during lock down. Socio-economic factors relating to levels of poverty will impact on the wider determinants for health across County Durham (PHE, 2020).

118. Poverty impacts across the life course including Starting Well - children, young people; Living and Ageing Well - adults of working age and older people.

Child Poverty

119. The reduction in household income during the COVID-19 response will have a significant impact on the estimated four million children and young people already living in poverty in the UK (JRF, 2019).

120. In-work child poverty rates are closely linked to the number of adults in work in the family and their hours of work. Child poverty rates are very low for children in families where two parents are in work, with at least one in full-time work. Families with a single earner or with only part-time workers experience much higher poverty rates (JRF, 2019).

121. Child poverty in County Durham continues to rise, with 21.4% of children under the age of 16 living in low-income families. Financial instability is becoming ever more prominent due to the COVID-19 crisis. Low-income families and those living in poverty who are already unable to budget for unexpected expenses and have limited disposable income will be hit the hardest (PHE, Fingertips 2018-19).

122. Whilst the closure of school's is an important intervention to stop the spread of COVID-19, this could place additional strain on families who rely on the current support schools provide, both financially and socially. For example, families with children not receiving free school meals are likely to struggle with the additional food costs, leading to an increase in families using foodbanks and food insecurity.

123. Children and young people not being able to access educational settings could result in increased social isolation and mental health problems and an overall decrease in educational attainment. Although schools are providing alternative ways for young people to learn, such as online teaching, children whose families cannot afford access to laptops, phones or the internet are at a disadvantage and could potentially miss out on vital learning.

124. In addition, increased childcare responsibilities for parents while children are not in school are also likely to put additional financial strain on families as they can no longer rely on wider family networks to support with childcare.

125. COVID-19 has the potential to cause a double burden of deprivation. Where job security is an issue such as zero-hour contracts and self-employed, parents may lose their main source of income. Coupled with this there is an inevitable rise in the cost of living due to children and parents being at home, both in terms of increased utility bills and increased levels of food consumption.

126. These pressures could have long term impacts on families not being able to meet the basic needs of their children. It is likely that the pandemic will expose and extend existing inequalities, creating significant new forms of vulnerabilities and hardship for children and young people.

Poverty - Adults and Older People

127. Within the Indices of Deprivation, the income domain measures the number of working age people in receipt of unemployment and worklessness related benefits including Jobseekers Allowance, Employment and Support Allowance, Incapacity Benefit, Severe Disablement Allowance, Carer's Allowance and Claimants of Universal Credit in the 'Searching for work' and 'No work requirements' conditionality groups (Durham Insights, 2020).

128. County Durham is in the top 20% most employment deprived upper-tier authorities across England, (26th out of 151; ID2015 – 26th out of 152 and in the top 20% most deprived). Over half (59.4%) of the county's working age population live in areas with high levels of employment deprivation (top 30%), (a decrease from 60.9% in the ID2015 and from 64.9% in the ID2010) (PHE Fingertips, 2019).

129. During the first phase of social distancing measures, there was unprecedented national action taken to support people and businesses through the crisis to minimise deep and long-lasting impacts on the economy. As a result of this action on 3rd May 2020, 800,000 employers had applied to the Coronavirus Job Retention Scheme to help pay the wages of 6.3m jobs (HM Government, April 2020).

130. Despite this action, reports already suggest unemployment is beginning to rise nationally with 1.8m households making claims during lockdown for Universal Credit (HM Government, 16th March and 28th April 2020).

131. Ongoing modelling suggests if the current measures stay in place until June 2020 and are then eased over the next three months, unemployment could rise by more than 2 million people in the second quarter of 2020. (HM Government, April 2020). This will have significant impact for many already deprived communities with reduced income and employment levels in County Durham.

132. First indications suggest, workers in those sectors most affected, including tourism, hospitality and retail, are more likely to be low paid, younger and female. Younger households are also likely to be disproportionately hit in the longer term, as evidence suggests that, following recessions, lost future earnings potential is greater for young people. (HM Government, April 2020).

133. The Ipsos Mori 'Life Under Lockdown' survey confirmed the perception by the public that lockdown restrictions would have financial implications, with 22% of respondents stating they would be likely to experience difficulty in affording food essentials and housing costs (Ipsos Mori and Kings College London, 2020).

134. These findings may be corroborated locally by surge of cases into the County Durham Community Hub, requesting information on financial support and access to foodbanks (Durham County Council, May 2020).

135. At the outbreak of the COVID-19 pandemic, and particularly following imposition of Government measures to control onward transmission of the virus, many businesses in County Durham closed. Certain businesses within the manufacturing industry remained open – mainly those correlated around essential services, i.e. those that produced products supplying healthcare and those within the energy industry. A good proportion of organisations within the manufacturing industry operated at 30% staff capacity (with the remaining 70% furloughed).

136. Whilst Government issued financial support packages (SME cash grants, tax deferrals, rates relief, etc) were taken up by a large proportion of businesses in County Durham, they were not available to the whole business estate. This has brought inevitable financial pressures to those who did not qualify. For some businesses that did benefit from support, the packages may only have mitigated the financial pressures to a certain extent.

137. The furlough scheme has been well received and has enabled businesses to maintain jobs and skilled workers during the pandemic. It is felt, however, that furlough is likely to mask the true levels of potential redundancies that may follow, not only upon business owners, but also staff working for them.

138. Businesses operating in retail, hospitality and leisure are highly likely to continue to be affected as we move into recovery. Many retail units, particularly those with a small footprint (i.e. in town and city centres) may encounter difficulties operating under current measures to reduce virus transmission, i.e. 2 metre social distance rules.

139. Whilst many businesses, and SME owners in particular, will now be considering strategies that will enable them to build the resilience of their business, COVID-19 will inevitably impact upon their own personal resilience and mental health and wellbeing, as well as that of their employees.

140. For further consideration, the Treasury Committee published the ‘Gap’s in Support’ report (HM Government, June 2020), urging the Government to help over a million people who have lost livelihoods while being locked down and locked out of support. They argued the Government schemes resulted in “some hard edges in policy design and some critical gaps in provision”.

141. The inquiry identified the key concerns in regard to people unable to qualify for Government financial support and the impact on the individuals and families as the recovery phase unfolds. The gaps in provision include:

- Those newly in employment: people are suffering financial hardship due to unfortunate timing in starting a new job or their employer’s choice of timing in submitting paperwork to HMRC.
- Those newly self-employed: Many people starting a business in the last year do not qualify for support from the SEISS as they cannot fulfil the eligibility criteria.

- Those self-employed with annual trading profits in excess of £50,000: are suffering hardship because of the arbitrary £50,000 cut-off in the SEISS.
- Directors of limited companies who take a large part of their income in dividends.
- Freelancers or those on short term contracts: In industries such as television and theatre, where short-term PAYE contracts are the norm, many workers are not entitled to support under the CJRS or SEISS.

142. The impact of poverty increases with age (UN, May 2020). The pandemic may significantly lower an older persons' income and living standards. Many older people rely on multiple income sources including paid work, savings and reliance on families and pensions.

143. The ability of older people to access their social security maybe reduced due to their vulnerable or shielded status and a lockdown on their ability to move around and access supportive networks. Those most at risk of disadvantage are older women and those with a disability.

144. Whilst the true impact of COVID-19 lockdown is not truly quantifiable in economic terms for its effect on employment and income. The ability to reduce poverty has been identified as an underpinning factor that will improve the health and welfare of local communities across County Durham.

Summary of Considerations: Socio-economic impact and poverty:

Starting well

- Child poverty in County Durham pre- COVID continues to rise, with 21.4% of children under the age of 16 living in low-income families
- School closure place additional strain on families who rely on the current support schools provide, both financially and socially.
- Families with children not receiving free school meals are likely to struggle with the additional food costs, leading to an increase in food insecurity
- Young people and women are most at risk of unemployment.
- May increase levels of vulnerably and safeguarding concerns.

Living and Ageing Well

- County Durham is in the top 20% most employment deprived upper-tier authorities across England.
- Over half (59.4%) of the county's working age population live in areas with high levels of employment deprivation.
- Unemployment is rising on a national basis and so are claimant for benefits
- Job opportunities maybe reduced as lock down is released, but social distancing is retained.
- Individuals and families express concern at meeting household bills.
- Many individuals do not quality for government financial support packages.
- Older people are of significant risk.

Status: High Priority Impact
Population: Universal Impact on socio-economic for all – increasing with new claimants and those in low paid employment and those already accessing welfare support. Impacts across the life course for children and young people, adults and older people.
Likelihood of Impact: Confirmed by current local and national data.

Outcome: Screened In - Due to lasting legacy of any rise in unemployment, lack of financial resilience, impact on housing, mental ill health, relationship breakdown and community cohesion.

Education and Skills

145. There is extensive social policy and research in relation to the benefits of formal education across the life course. In 2014, the Economic and Social Research Council outlined the wellbeing effect of education. They outlined that education has become one of the clearest indicators of life outcomes such as employment, income and social status, and is a strong predictor of attitudes and wellbeing (ESRC, 2014).

146. The closure of schools and education settings as part of COVID-19 lockdown restrictions have many cross-cutting issues impacting on children, young people and their families. School closures will exacerbate food insecurity. For many students living in poverty, schools are not only a place for learning but also for eating healthily.

147. Research highlighted in the Lancet (2020), shows that school lunch is associated with improvements in academic performance, whereas food insecurity (including irregular or unhealthy diets) is associated with low educational attainment and substantial risks to the physical health and mental wellbeing of children (Schwartz and Rothbart, 2019).

148. The number of children facing food insecurity is substantial. According to Eurostat, 6·6% of households with children in the European Union—5·5% in the UK—cannot afford a meal with meat, fish, or a vegetarian equivalent every second day. This will be exacerbated during the COVID-19 response (Flora Southby, April 2020).

149. Research also suggests that non-school factors are a primary source of inequalities in educational outcomes. The gap in mathematical and literacy skills between children from lower and higher socioeconomic backgrounds often widens during school holiday periods (Alexander and Entwisle, 2007).

150. The summer holiday in most American schools is estimated to contribute to a loss in academic achievement equivalent to one month of education for children with low socioeconomic status; however, this effect is not observed for children with higher socioeconomic status (Alexander and Entwisle, 2007).

151. Although the current school closures due to COVID-19 differ from summer holidays in that learning is expected to continue digitally, the closures are

likely to widen the learning gap between children from lower-income and higher-income families. Children from low-income households live in conditions that make home schooling difficult. Online learning environments usually require computers and a reliable internet connection.

152. Although not directly comparable to the impact of COVID on school attendance, the long-term implications of sustained school absence remains relevant. In 2011 the Department of Education highlighted the implications of persistent absence. They identified that much of the work children miss when they are absent from school is never made up, leaving pupils at a considerable disadvantage for the remainder of their school career. There is also clear evidence of a link between poor attendance at school and low levels of achievement:

- Of pupils who miss more than 50 per cent of school, only three per cent manage to achieve five A* to Cs including English and maths.
- Of pupils who miss between 10 per cent and 20 per cent of school, only 35 per cent manage to achieve five A* to C GCSEs including English and maths.
- Of pupils who miss less than five per cent of school, 73 per cent achieve five A* to Cs including English and maths.

(DoE, 2011)

153. The Government's Green Paper on Transforming Children and Young Peoples Mental Health along with the report of the Health and Social Care Select Committee highlight the key role schools and education settings have in supporting the mental health and wellbeing of children and young people.

154. Their report found that schools and colleges have a "frontline role in promoting and protecting children and young people's mental health and wellbeing". Schools and education settings are ideally placed to act as a conduit to support and guidance in relation to mental health and emotional wellbeing recovery. (DoH, DfE, 2017).

155. This population has a higher prevalence of long-term conditions and mental health problems. There is also evidence that people with autism are at increased risk of anxiety, phobia, OCD and social anxiety disorders.

156. Those children and young people with cognitive difference in learning disabilities and autism may also suffer during COVID-19 lockdown. This may manifest itself in increased symptoms of anxiety, challenging behaviour and stress. This can change in routines and daily activities, less understanding of rules, communication challenges and reduced social interaction/loss of support networks (PHE, COVID-19 Support Packs, June 2020).

157. There is a risk of diagnostic overshadowing, which means that mental health issues associated with or exacerbated by COVID-19 may not be picked up. In other countries, individuals with autism spectrum disorder are being identified as part of a group at higher risk for complications.

158. Some schools have remained open for vulnerable groups and for the children and young people of key workers. Universities and colleges have retained their delivery functions through virtual methods.

159. The Opinion and Lifestyle Survey for June 25th-June 28th 2020, states of adults with children of school age, 4 in 10 (40%) reported that they had been asked to send their children back to school, with almost 7 in 10 (68%) of these saying that their children were now attending school some or all of the time (HM Government, July 2020).

160. Of those who have home-schooled their children during this week, over 6 in 10 adults (62%) said their children were struggling to continue their education at home - a similar level to last week (60%). Lack of motivation, lack of guidance and support, and limited parent or carer time to support were the most common reasons for children to be struggling (HM Government, July 2020).

Summary of Considerations: Education and Skills

Starting Well

- Education is recognised as a key indicator of life outcomes such as employment, income, social status and wellbeing.
- Time away from the educational settings impacts on educational attainment for students.
- Educational setting improve access to regular meals and healthy foods.
- Schools and educational settings have a key role in supporting the mental health, wellbeing and vulnerabilities of children and young people.
- Time away from school may only be temporary until lockdown restrictions are lifted and social distancing measures are put in place.
- CYP reporting increases in mental wellbeing due to not having to attend school.

Status: Moderate impact – depending on extended timeframe of lockdown restrictions.
Population: Universal, with some targeted populations of vulnerability.
Likelihood of impact – possible if the lockdown restrictions are extended past 4th July.

Outcome: Screened Out as schools, colleges, universities return to the new normal in September 2020 and the mental wellbeing issues can be picked up in the mental health section and the food poverty issues picked up in the welfare section

Housing and Homelessness

161. During the lockdown restrictions, the Government has also introduced a number of schemes intended to support people in the private rented sector,

including halting evictions for 3 months and raising the Local Housing Allowance rate.

162. National directives were also given for local authorities to house people living on the streets or registered as homeless during the lockdown.

163. This was responded to positively, however there remains national concerns about the short and long-term impact of these strategies. These include questions about the quality of accommodation offered and access to amenities. Homeless people in temporary accommodation will also require a planned exit strategy when social distancing measures are reduced.

164. County Durham Council introduced a Ready to Let scheme, where landlords approach with available properties, these are inspected and those in temporary accommodation or in some cases, rough sleepers are matched against properties. This and proactive work with social providers have ensured 62 positive moves for those in housing need under COVID-19.

165. Concerns have also been raised about people in the private rented sector who may build up rent arrears over the coming months and still face eviction when the three-month ban expires. DCC is looking to introduce a Stop b4u Serve scheme to support landlords and tenants through the eviction process. The scheme, marketing materials and dedicated webpage are being developed by the Private Rented Team #iamhomelessaware and has been updated with a COVID section and was launched to DCC staff at the end of June.

166. Guidance for landlords and the private rental sector has been issued by the Government to maintain safety standards in properties (HM Government 31st May, 2020). It is important local authorities work closely with landlords and tenants to ensure standards in rented properties are maintained.

167. Local authorities are being advised to consider contacting landlords and using communications and marketing to emphasise the importance of keeping properties free from hazardous conditions, but also reassure them that a pragmatic, risk-based and common-sense approach will be used when enforcement decisions are taken.

168. Private Rented Initiative Officers have continued to work through COVID, to ensure where possible conditions are adhered to and COVID restrictions maintained.

169. Where it has not been possible to complete works due to restrictions these have been logged and will be followed up when business returns to normal.

170. On a national basis, between 2nd March – 8th May 2020, there were 54 men and 13 women diagnosed with COVID-19 with no fixed abode, likely to be rough sleepers. This is estimated to represents 2% and 1.5% of the known population of women and men who experienced rough sleeping in 2019.

171. There have been 31 rough sleepers accommodated in County Durham since the Government announcement, placed in a variety of accommodation across the county.

172. As the pandemic progresses there are concerns for an increase in numbers requiring housing support due to job losses and the inability of households to maintain their mortgage payments. This may increase the demand on housing services to source suitable housing for a new population of families becoming homeless.

Summary of Considerations: Housing and Homelessness Strategies

- Introduction of a number of schemes intended to support people in the private rented sector, including halting evictions for 3 months and raising the Local Housing Allowance rate.
- National directives given to local authorities to house people living on the streets or registered as homeless during the lockdown.
- Concerns about the short and long-term impact of these strategies. and quality of housing available.
- 62 positive moves for those in housing need under COVID-19 undertaken in County Durham
- 31 rough sleepers accommodated in County Durham
- An increase in homeless families are predicted as levels of unemployment increase.

Status: Medium Impact due to proactive work undertaken by housing solutions, but this could change as unemployment levels increase.
Population: Universal and Vulnerable, but current demand is being addressed within current capacity.
Likelihood of Impact: moderate to high as unemployment rises and financial implications of COVID-19 are fully understood.

Outcome: Screened Out - at this current stage due to capacity meeting demand but requires monitoring into the more long-term. The underlying root cause of housing issues is poverty and income and as such will be considered within the poverty review.

Inclusion

Black, Asian and Minority Ethnic Groups

173. On a national basis, people from Black, Asian and Minority Ethnic (BAME) groups are most likely to be diagnosed with COVID-19 (PHE, June 2020). Death rates from COVID-19 are highest among people of Black and Asian ethnic groups. The disparity in COVID-19 mortality between ethnic groups is the opposite of that seen in previous years as mortality rates have started to reduce. (PHE, 2020).

174. An analysis of survival among confirmed COVID-19 cases and using more detailed ethnic groups, shows that after accounting for the effect of sex, age, deprivation and region, people of Bangladeshi ethnicity had around twice the risk of death than people of White British ethnicity.

175. People of Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity had between 10 and 50% higher risk of death when compared to White British, However, the recent analyses of the impact of COVID-19 on BAME communities did not account for the effect of occupation, comorbidities or obesity.

176. The impact of COVID-19 on BAME communities also needs to be considered as part of the impact of on health inequalities and wider determinants.

177. In the PHE report Beyond the Data: Understanding the impact of COVID-19 on BAME groups, recommendations cite COVID-19 recovery strategies actively focus on reducing inequalities caused by the wider determinants of health to create long term sustainable change. Fully funded, sustained and meaningful approaches to tackling ethnic inequalities must be prioritised (PHE, 17th June 2020).

178. In County Durham, Gypsy and Roma Traveller communities have the poorest outcomes of any ethnic group, but are not always recognised within the BAME definition. Poor outcomes for GRT communities traditionally impact on education, health, employment, criminal justice and hate crime.

179. This remains a persistent challenge for both national and local policy-makers to tackle in any sustained way, but is especially relevant during the COVID-19 lockdown restrictions.

180. County Durham has the second highest number of pitches for GRT of all English authorities and a third of all pitches for GRT in the North East.

181. Most GRT communities live in housing, but a sizable population live on 6 council sites and a number of authorised private sites across the county. This council also provide10-Temporary Stop Over Areas (TSOA), which are made available predominantly to support for seasonal migration. There are also 3 Showperson's Yards.

182. Social distancing support has reportedly been maintained by the GRT Communities on authorised sites during the COVID-19 response. TSOA's have been closed during lockdown. The full impact of lockdown restrictions on GRT community used to traveling is currently unknown and be explored further.

Asylum Seekers and Refugees

183. An asylum seeker is someone who comes to the UK; often fleeing persecution

torture or war; and applies for refugee status. Until refugee status is granted, such a person remains an asylum seeker. Asylum seekers often encounter homelessness and face difficulty in obtaining accommodation.

184. County Durham is currently supporting more than fifty refugee families (approximately 250 individuals) to resettle in the UK under the government's resettlement schemes. The focus of the Vulnerable Person's Resettlement Scheme is on those most at risk and refugees are resettled from border camps and nations neighbouring Syria, including Egypt, Jordan, Lebanon, Iraq and Turkey.

185. A small number of vulnerable children and their families forced to flee their homes from the Middle East and North Africa (MENA) are also being supported under the Vulnerable Children's Resettlement Programme.

186. Refugees have been welcomed to the county in two phases each year and resettled in several areas of County Durham. Families are at different stages of resettlement, with the first refugees arriving in spring 2016 and the county's more recent arrivals being welcomed in late 2019. Most families have had little or no access to healthcare for several years whilst living in border camps/countries and therefore tend to have greater healthcare needs.

187. All families will, to some extent, experience challenges when accessing health services, as a result of language and communication barriers. Many individuals have limited English language and therefore accessing alternative methods of healthcare, e.g. online or telephone consultations, is difficult. Some families are illiterate and therefore the provision of translated material is inadequate and would require the services of an interpreter.

188. Lockdown restrictions have had a negative impact on health consultations, as the majority of non-urgent health appointments have either been postponed or delayed.

189. Recently-arrived families have relied upon resettlement support workers to assist in rearranging health appointments and ensuring that an interpreter is requested to facilitate telephone appointments; whilst some appointments, such as vaccination sessions for children, have been conducted without an interpreter present.

190. Restrictions have had a significant impact on access to dental treatment. Families had only been in the UK for four months prior to lockdown and many individuals required follow-up dental treatment, having been without access to a dentist for several years, but have had no access to a dentist during the lockdown.

191. For those families resettled in the County for more than 12 months lockdown restrictions have had a similarly negative impact on healthcare appointments, such as delays and cancellations, although some families advised that they could call and book their own appointments and ask for telephone interpreters. Some families have chosen to cancel or rearrange their own

appointments, either because they were categorised as high risk, or were concerned about a risk to their health during this period.

192. There have been positive reports from families in response to the council providing loan laptops for families arriving in the county during the twelve months preceding lockdown to enable families and individuals to continue English language tuition and support and to allow children to continue their education, including English language development.

193. Families reported this had a positive impact on mental health, as they have been able to continue this support, as well as access social media and international news updates in Arabic.

LGBTQ+

194. Stonewall suggests some lesbian, bi, gay, trans and questioning (LGBTQ+) people are harder hit than others during the response to COVID-19 due to lockdown measures. Many individuals return home with an undisclosed identity leading to feelings of anxiety and social isolation. Equality is an essential domain for reducing the impact of health inequalities and promoting everyone's safety, health and wellbeing.

195. Almost a quarter of young people at risk of homelessness are LGBT, due to the potential for family rejection and relationship breakdown. More than one in ten LGBT people have faced domestic abuse from a partner, rising to 19 per cent for trans people (Stonewall, April 2020).

196. LGBT Traveller Pride, a community-led LGBT Traveller collective in the UK say this is a particularly difficult time for Gypsy, Roma and Traveller (GRT) communities.

197. The impact of COVID-19 Stay at Home measures and lockdown restrictions on LGBT communities at a local level is as yet unknown and requires further exploration at a local level.

Learning Disabilities and Autism

198. The Learning Disability Mortality Review Programme (LeDeR) indicates people with learning disability die up to 30 years sooner, than the general population, of preventable causes. People with a learning disability are in a clinically at-risk group with mortality from constipation, pneumonia and aspiration pneumonia, sepsis, epilepsy, dementia, ischaemic heart disease being cited as causes of death (LeDeR, 2020).

199. Reduced access to health and social care support during the lockdown may have had an impact on people with learning disabilities. Annual health checks and cancer screening are usually available to everyone with a learning disability age 14+ and help to identify illnesses or health issues.

200. During lockdown health checks stopped but GP practices are starting to invite people for their annual health checks, which are likely to be a mix of face to face and virtual consultations. However, there are likely to be challenges related to people with learning disabilities having access to digital technology, consent and capacity, communication, PPE and a fear of accessing health settings.

201. The specialist health team have been monitoring those at greater risk and have continued to support access to health checks. They are working with practices now to make sure those that didn't happened can be picked up within reasonable timescales. There's also been some national guidance released to support primary care which all practices are using – includes easy read information.

202. The Scottish Commission for Learning Disabilities conducted two surveys, one for people with learning/intellectual disabilities and one for their parents, carers and supporters to help understand the impact of COVID-19 lockdown on this specific group (SCLD, June 2020).

203. The survey results reveal some key insights about how many people were concerned about the reduction or removal of support since the beginning of lockdown; amongst people with learning disabilities increased social isolation was reported. This was compounded by digital exclusion, and the mental health impact this is having on people with learning/intellectual disabilities.

204. People also felt that there was increased pressure on family carers, because of reductions in support from care providers or fears of accepting support due to the risks of COVID-19; and pressure on paid carers, due to staff shortages, and changes to how support is given were also key issues.

205. The Care Quality Commission, which regulates services caring for people with LD in England, found that 386 people died between April 10 and May 15. This was 134 percent higher than the same period last year, when the total was 165. Almost all of the extra deaths were accounted for by COVID-19, with some 206 of those people died with confirmed or suspected COVID-19 (CQC, 2020)

206. Autism is a complex condition that can have a profound impact on many areas of an individual's life but many individuals share similar characteristics such as sensory sensitivity, social and communicative differences, and a preference for routine and certain interests.

207. These characteristics can make life during the pandemic particularly challenging. The lockdown has put a stop to normal schedules and activities. For people with autism, this may be particularly distressing as routines are relied upon to make the world predictable and comforting (Larson, 2006).

208. Additionally, there are pressing anxieties in relation to the possibility of infection. As people with autism are significantly more likely to have clinical levels of anxiety and experience OCD related symptoms, the fear of infection

and an increased emphasis on handwashing and social distancing can compound existing stressors (Van Steensel et al., 2011).

209. Social isolation may be particularly isolating for those on the spectrum. Research suggests that many adults with autism already experience higher levels of loneliness and may have less social contact than those without autism (Mazurek, 2014). They're also more likely to have clinical depression (Ghaziuddin et al., 2002).

210. School closures may also be particularly difficult for children with autism, as research shows they in particular benefit from social inclusion during instruction and extracurricular activities where they can learn socially from other children (Harper et al., 2008).

211. The government have produced guidance to address concerns the impact of the COVID-19 on the use of the Mental Health Act (MHA) and supporting systems to safeguard the legal rights of people receiving mental health, learning disability (LD) and autism services, including specialised commissioned services (HM Government, 2020).

212. The guidance has been produced to enable assessments to be made to identify potential equality impacts of the COVID-19 pandemic on people with mental health needs and learning disabilities and/or autism. It is acknowledged that people with mental health needs, LD or autism, who contract COVID-19, may require reasonable adjustments to protect their mental health and wellbeing (HM Government, 2020).

Carers

213. Carers provide unpaid support and care for family members, friends and even neighbours. They play a pivotal role in the lives of others.

213. Durham County Council's commissioned services have continued to provide support to unpaid carers throughout the Coronavirus outbreak, through Durham County Carers Support and Family Action -The Bridge Young Carers Service.

214. The services have supported carers through video calls, financially via Carers Break funding, as well as health and well-being sessions.

215. COVID-19 has had a significant impact on unpaid carers including a reduced support network, increased anxieties, impact of lockdown on mental health for both carer and cared for and particularly for those who have been shielding.

216. Carers UK have recently published findings of a survey "Caring Behind Closed Doors 2020" that captured some of the additional stress and physical challenges that Carers have experienced during the pandemic. Responses have included:

- 35% of Carers are providing at least 10 additional hours of caring each week
- 69% providing more help with emotional support, motivation and checking in on the cared for person
- 72% spending more money on food
- 38% are worried about finances
- 55% agree with the statement “I feel overwhelmed and I am worried that I am going to burnout in the coming weeks”
- 87% agree with the statement “I am worried about what will happen to the people I care for if I have to self-isolate or become ill”.

Young Carers

217. The impact of COVID-19 virus will have far-reaching implications for the estimated 700,000 young carers in the UK (1,659 young carers aged between 5 and 17 years of age living in County Durham, an increase of 7.2% since 2001 (Source: Census 2011)). While it appears that children and young people are less likely to experience significant physical effects from the virus itself, the indirect impact of attempts to counter the spread of it are likely to have a major impact on their psychological well-being.

218. Statutory and non-services are reporting they are having to put new systems in place to support and safeguard young carers and their families to meet their needs. This includes restrictions on in-person contact and travel outside the home. This presents substantial barriers to children who provide care for vulnerable family members.

219. With a potential increase in caring responsibilities during COVID-19, and a restricted access to pre-existing networks that may have provided young carers with respite and support, such as school and peer group friendships, home visits and home care, have been reduced or drawn to a sudden end.

220. The Bridge Young Carers Service has continued to take referrals throughout the COVID-19 pandemic and offers support to around 90 young carers at any one time. Whilst the service only works with young people who have been referred, they offer training to organisations and schools for those young carers who do not need one to one level support.

221. For young carers in County Durham registered with The Bridge, one-to-one support has continued through the COVID-19 pandemic in various forms, with the aim of improving resilience and reducing negative impacts of caring. Practitioners have also been carrying out doorstep visits to deliver resilience packs to young carers. A grant from Family Action has allowed the service to support some families financially, who were struggling to cover increased food and utility costs during the pandemic. Practitioners have created bespoke wellbeing packs for each family they are supporting.

Adult Carers

222. Adult carers may find themselves in similar circumstances, coupled with worry and anxiety about the toll COVID-19 may take on their vulnerable or shielded family member. Feelings of social isolation impacting on mental health and wellbeing as well as the physical ability to access to food, medication and the ability to access support will all increase the capability to cope.

223. As a consequence of COVID-19 the care and help for carers has had to change including the reduction of, e.g. Respite Care, Day Care etc. Carers will have spent more time in the immediate company of the person they care for than they usually would, and the challenges for carers presented by someone with, e.g. a learning disability or autism where normal routines are important, can and will have been difficult to manage.

224. The government has published specific guidance for carers of friends or family during the COVID-19 outbreak. The measures highlight taking extra precautionary measures by only providing essential care and promoting the NHS hygiene advice for people at higher risk. Whilst this may help, the responsibility for reducing the infection risk to their family member and for elderly carers themselves, places further burdens on an already challenging situation.

225. According to carersuk.org, it is estimated that 1 in 8 adults are carers in the UK (around 6.5m people), 1.3m carers provide more than 50 hours of care / week and 1.0m provide care for more than 1 person.

226. Census results for 2011 show that there were approximately 59,000 adult carers living in County Durham of which nearly 17,000 are providing 50 hours or more of care a week. Durham County Carers Support have over 20,000 unpaid carers registered with needs ranging from receiving a regular newsletter to assessment in their own right and regular face-to-face support. They receive between 300 and 400 new referrals each month.

227. The service has operated as normal throughout the pandemic apart from face to face visits. Carers can, however, connect to the service via phone, email, social media, Zoom and their web chat service called Tawk, which operates during office hours. Additional newsletters have been produced with additional focus on receipt by those without IT.

228. A counselling service is operating via phone and Zoom, with 30 sessions per week. A virtual support group continues to be held every fortnight for those caring for someone with a learning disability. There is also a virtual support group for carers of adults with autism.

229. Following a successful bid for COVID-19 funding DCCS have implemented a “Keeping in Touch with Carers” service for an initial six-month period which will focus on making contact by telephone with as many carers as possible based on a priority system. Intended outcomes include preventing carer breakdown and reducing isolation.

Summary of Consideration: Inclusion

- BAME communities are disproportionally affected by health outcomes directly related to the COVID-19 virus.
- GRT Communities are a minority ethnic group not recognised within BAME profiles, their views require further exploration.
- Asylum seekers and refugees have reported language barriers when accessing health care and challenges in accessing dentists. IT and Educational support has been welcomed.
- LGBTQ+ communities are reported to be at risk from impacts relating to COVID-19 Stay at Home guidance and lockdown restrictions. Further insight is required for this community.
- LD and Autism – lack of ability to maintain routine, access support and fear of health implications.
- Carers – both adult and young carers are responsibility for reducing infection transmission to their vulnerable family members creating worry and anxiety and may suffer from social isolation.
- Criminal Justice may rise due to financial implications of COVID-19 lockdown plus increase in substance misuse and mental health issues.
- Further investigation and evidence needs to be acquired to quantify the impact of COVID-19 restrictions on these communities at a local level.

Status: Impact high, with some areas requiring further inquiry
Population: vulnerable and targeted
Likelihood of Impact: Moderate/major depending on the group and impact of lockdown.

Outcome: Screened in – increasing overtime and creates an inequalities gap. Integrated within other areas of priority including poverty, mental health and community assets and networks.

Psycho-social factors

Mental Health and Emotional Wellbeing

230. Understanding the risk and protective factors for mental health, and baseline levels of existing mental ill-health across County Durham is key to enabling the identification of those most at risk of a deterioration in their mental wellbeing during the pandemic lockdown restrictions and beyond.

231. Reports from Italy speak of an, ‘Emergency within an emergency’, for the mental health impact of COVID-19 on their citizens. Even people with stable families and secure jobs anticipate significant psychological and societal changes due to lockdown restriction, such as social distancing, which may impact on their populations for months.

i) Pre-natal Mental health

232. On 5th June 2020, only 19 women nationally have been reported to have been affected by COVID-19 during pregnancy and have delivered 20 infants all within 13 days of onset of illness. All women had viral changes apparent on CT chest imaging and there were no maternal deaths (Mullins et al, 5th June, 2020).

233. Due to the underlying factors that affect perinatal mental health it is likely that COVID-19 will increase the prevalence of this condition and an increase in concerns and anxiety displayed by pregnant women and their families. This may be exacerbated by worries in accessing ante-natal appointments during lockdown restrictions.

i) Children and Young People

234. As the UK COVID-19 response progresses it is hard to predict the effects on the mental and social development of children and young people who have abruptly had a dramatic change of their normal life.

235. Children and young people are likely to be experiencing worry, anxiety and fear, and this can include the types of fears that are very similar to those experienced by adults. These can include fear of the unknown, fear of dying, a fear of relatives dying and lack of access to their usual support networks.

236. The 'Life Under Lockdown' survey found that nearly half of participants had felt more anxious or depressed than normal as a result of COVID. Younger people were more likely to find it very difficult to cope, with 42% of 16-24 year-olds stating they were finding it extremely difficult to cope. (Ipsos Mori and Kings College London, 2020).

237. The partial closure of schools for many children and young people in the UK, may mean they no longer have a sense of structure and stimulation that is provided by school environment.

238. Children and young people also now have less opportunity to be with their friends to get the social support that is essential to maintaining positive mental health and emotional well-being. Educational settings are also places for safety for any safeguarding concerns occurring in the home.

239. The impact on years about to take exams or go to college and university also creates anxiety in terms of an unknown future.

240. As schools re-open (and the pandemic is managed in advance of a long-term solution) it is likely that young people's lives will continue to be significantly disrupted. For some this will mean their wellbeing will be chronically and at times acutely impacted.

241. A number of factors characterise the particular problems associated with maintaining wellbeing in this context:

- Disruption to the normal routine
- Reduction in experiences that are known to underpin good mental health (5 ways to wellbeing)
- Direct impact of loss of friends and family members
- Indirect impact of Covid 19 in terms of family relationships and financial strain
- Intensification of risk associated with trauma and abuse, and difficulty in providing the usual range of specialist family interventions

242. Children and young people may want to be closer to their parents and make more demands on them, resulting in an increased pressure on the parents or caregivers may be already be suffering the impact of COVID-19 (WHO, March 2020).

243. There may also be an impact on children of key workers who worry about seeing parents still working within dangerous conditions and seeing emotional impact on those parents.

244. Being at home can place some children at increased risk, or exposure to child protection incidents. They may witness interpersonal violence and not consider their home as a safe place. Parents trapped indoors need to be supported in managing their own stressors, so that they can be role models for their children to help deal with their own mental health and emotional wellbeing needs (WHO, March 2020).

245. Safeguarding mechanisms remain in place for children and young people to address any concerns raised for families at risk.

ii) Adults

246. In Italy, requests for psychological support are on the rise, especially among adults in their thirties. The Italians describe the population as having been exposed to intense psychological trauma, both individually and collectively, caused not only by the direct consequences of the pandemic, including unexpected, social isolation and loss of support systems.

247. The Italians also cite indirect consequences such as job loss, burnout, post-traumatic stress and quarantine stress having an impact (Sani et al. April, 2020).

248. For those on the frontline the impact of COVID-19 can be especially challenging on mental health and emotional wellbeing. Liu et al. recently identified rates of stress-related symptoms in 73.4% of 15363 medical staff in China, with 50.7% suffering from depression, 44.7% anxiety 36.1% reporting insomnia (Lui et al. 2020). In the Italian situation, the risks of acute stress

disorder, burnout syndrome, and full psychiatric disorders are currently very high in health-care professionals.

iii) Older people

249. For older people and those with underlying health conditions, having been identified as more vulnerable to COVID-19 can be fear-inducing. The psychological impacts for older populations can include anxiety and feeling stressed or angry. Its impacts can be particularly difficult for older people who may be experiencing cognitive decline or dementia. Some older people may already be socially isolated and experiencing loneliness which can worsen mental health (WHO, April 2020).

250. Age UK have reported they have seen a range of issues raised through their welfare calls. Themes include:
    - People who have been shielding have been worried and have not even gone into their gardens
    - Increased anxiety about lockdown and about re-joining society
    - Increase in low mood
    - A range of concerns about coming out of lockdown
    - Unsure about physical health status during lockdown

251. Support for older people, their families and their caregivers is an essential part of the countries' comprehensive response to the pandemic. During times of social isolation, older people need safe access to nutritious food, basic supplies, money, medicine to support their physical health, domiciliary support and social care.

252. Addressing this need has been coordinated by the Community Hub provision within County Durham working alongside the herculean efforts of the voluntary and community sector. Dissemination of accurate information is critical to ensuring that older people have clear messages and resources on how to stay physically and mentally healthy during the pandemic and what to do if they should fall ill with COVID-19, or other medical conditions during lockdown.

253. Homes et.al have suggested the likely consequences of COVID-19 would be an increase in social isolation and loneliness (Holmes et al, 2020). These symptoms of poor mental health are themselves strongly associated with other common mental health problems including anxiety, depression, self-harm and death by suicide.

iv) Mental ill health as a direct result of COVID-19

254. Evidence from previous epidemics shows that, those who have been infected have experienced post-illness mental health problems such as PTSD (32%), anxiety (15%) and depression (15%) (PHE, COVID-19 Support Packs. June 2020).

255. There are also potential direct neuropsychiatric effects of coronavirus infection; which have been identified in previous coronavirus epidemics. Emerging evidence suggests a possible increased risk of stroke and encephalopathy in COVID-19 survivors.

256. In previous epidemics, those who have been infected have experienced stigma and discrimination that can impact on mental health; as well as other mental health problems such as depression following the illness.

257. There are also reported risks of an increase in post-traumatic stress disorder (PTSD) post ITU admission and emerging evidence of increased risk of PTSD post isolation / quarantine (PHE, COVID-19 Support Packs. June 2020).

v) Bereavement

258. The number of people bereaved has increased due to the pandemic with 10-20% of those bereaved usually experiencing complicated grief. It is likely that these rates will increase during COVID-19 with the restrictions on visits to care homes/hospitals and funerals adding to a lack of closure on the death.

259. Groups at higher risk of requiring additional bereavement support during the pandemic include:

- those with higher risk of mortality from COVID-19 e.g. BAME communities, the elderly, those living in deprived areas
- those disproportionately affected by the lockdown e.g. those living alone, those in vulnerable groups and those shielding
- those who already face risks in bereavement or barriers to accessing support e.g. those with learning disabilities and dementia.

Potential Demand on System-wide Services for Mental Health

260. Tees Esk and Wear Valley NHS Hospital Trust (TEWV) have estimated how large the surge of extra “C-19 generated” demand for primary / secondary mental health services is going to be and which segments of the population are going to be most affected. This will be added to an increase trend for demand on services currently being experienced.

261. Modelling has suggested there will be a significant volume of additional needs presenting which will challenge all systems over the next 5 years. These estimates at both a primary and secondary care level with a diagnosable mental health condition who require help will be:

- The equivalent of 52% of children and young people (some of this estimate is made up of individuals with multiple episodes so the actual percentage of individuals needing intervention is lower)
- The equivalent of 23% of working age adults (as above)
- The equivalent of 22% of older people (65+) (as above)

(TEWV would like to place a caveat in their 5-year modelling predictions highlighting they are based on areas of research gaps, unknown research quality and the application based on other 'similar' past events).

262. Safeguarding mechanisms remain in place for adults to address any concerns raised for individuals and families at risk during the pandemic response.

Considerations: Mental Health and Emotional Wellbeing

Starting Well

- Mental health and emotional wellbeing across the life course can be severely impacted by COVID-19 Stay at Home restrictions and lockdown.
- Children and young people can be affected due to lack of support from schools and social networks.
- Increases in safeguarding concerns can escalate for CYP in the home leading to Adverse Childhood Experiences (ACE's)

Living and Ageing Well

- Adults can be can impacted due to stress anxiety, fear of the unknown, lack of access to family support mechanisms and services.
- People experiencing bereavement can also suffer from metal ill health.
- Those on the front line dealing with the pandemic can suffer from PTSD and other mental health conditions.
- Individuals who have had COVID-19 can suffer neurological impairment and PTSD.
- Older people can experience fear anxiety and stress by being one of the vulnerable and shielded populations and fear of illness and death.
- TEWV modelling suggest increases in demand on services to support mental ill health across the system over 5-years.

Status: High Impact
Population: Universal and targeted within vulnerable groups.
Likelihood of Impact: Major as mental health and emotional wellbeing is a key factor in maintaining capacity and ability for self-management and community connection.

Outcome: Screened in due to long term implications of impacts on mental wellbeing across the life course

Criminal Justice

263. On a national basis, COVID-19 pandemic has impacted crime and illicit economies such as organised crime, terrorism, street crime, online crime, illegal markets and smuggling, human and wildlife trafficking, slavery, robberies and burglaries.

264. The Global Initiative Against Transnational Organized Crime has stated in a that whilst the impact of pandemic in the short term indicates a decrease in

some organized-criminal activities, the lockdown has provided new opportunities for crime in other areas, causing a change in the "organized-criminal economy" that may be more long term (GIATOC, 2020).

265. Following an increase in movement restrictions within the UK, there are fewer people on the streets, causing a decrease in street crime. With a larger population staying indoors at home, thefts and residential burglaries have decreased.

266. However, there have been increases in counterfeiting and fraud directly related to the COVID-19 pandemic and more reports of cybercrime, domestic abuse, and hate crimes. All aspects of crime increase the fear of crime within local communities, especially during times of crisis. National reports suggest increases in fraud especially targeting elderly vulnerable people (Action Fraud, 2020).

267. The lockdown can especially impact on women with existing vulnerabilities such as poverty, homelessness, poor mental health and past experiences of trauma, and who are victims of sexual abuse and sexual violence (Changing Lives, 2020).

268. This issue can be related to, but is often distinct from, domestic abuse – also a significant and pressing concern – affecting women including those who are being systematically targeted for sexual exploitation.

269. There is also a risk that without the right support, women leaving prison are particularly vulnerable to becoming involved in selling sex where they are targeted by pimps and perpetrators on release.

270. However, Durham Constabulary force data show that mental health related incidents have remained relatively stable throughout COVID-19, and the same can be said for incidents to Durham police which are related to domestic abuse (Durham Constabulary, May 2020).

271. Work is currently being undertaken to address significant court backlog and how local agencies can start to address the issues relating to social distancing to enable cases to continue through the courts.

272. Prison releases have been delayed to ensure all individuals are suitably housed on returning to their local area. This action has helped reduce the numbers who are homeless and living on the streets.

273. Digital mechanisms are currently being utilised to engage those engaged by the National Probation Service. This may cause inequalities in some clients being able to access health and social care support due to a lack of access to suitable equipment.

Considerations: Criminal Justice

Living and ageing well, Starting Well for vulnerable populations.

Status: Medium Impact – potential for high impact as lockdown lifts

- Crime profiles are changing during COVID-19.
- Vulnerable and infirm maybe targets of new types of crime, especially scams and fraud during lockdown.
- Women are especially vulnerable.
- Demands on the police are reported to be down during the initial stage of lockdown.
- Virtual methods of engagement may cause inequalities in ability to access wider health and social care support in the short term.

Population: Targeted within vulnerable groups.
Likelihood of Impact: Moderate, but may increase as unemployment rises and financial impact is known

Outcome: Screened out – at the current time but may require further investigation for health impact on the most vulnerable as recovery progresses.

Domestic Abuse

274. Domestic abuse affects over 1.8 million people in England and Wales each year. The Stay at Home order put in place to save lives and protect the NHS will cause anxiety for those who are experiencing or feel at risk of domestic abuse.

275. Incidents of domestic abuse often increase when households and/or relationships are under additional pressure (DASVEG, March 2020). This may result in long-term impacts on children and young people experiencing domestic abuse within the household leading to adverse childhood experiences (ACE's).

276. Government action has included an increase in funding to protect survivors of domestic abuse during the current pandemic and beyond recognising the potential increase for abuse during lockdown. This has included:

    - Over £16 million to 75 projects to help fund domestic abuse refuge services for victims and their children;
    - £25 million for support services for victims of domestic abuse and sexual violence in the community during the coronavirus outbreak, plus £3 million to fund Independent Sexual Violence Advisers until 2022;
    - A new campaign, under the hashtag #YouAreNotAlone, highlighting that those at risk of, or experiencing, domestic abuse can still leave and seek refuge and publicising support available.

277. Whilst it is difficult to quantify levels of domestic abuse at a local level due to its hidden nature, local evidence provided by Harbour Support Services, County Durham's specialist domestic abuse service, highlighted a concerning reduction in numbers of individuals and families accessing specialist domestic abuse support services since social distancing and further lockdown measures, introduced by the government throughout March 2020.

278. Alongside this, whilst Durham Constabulary report levels of domestic abuse incidents remain similar to previous years, safeguarding officers have highlighted a decrease in incidents that are graded as high risk by responding officers. This is thought to indicate the hidden nature of the impacts from lockdown restrictions.

279. Information provided by Harbour Support Services released on Tuesday 14th April 2020 shows an increase in referral of over 50% following the targeted, partnership approach to awareness raising communications supported by national government announcements.

Consideration: Domestic Abuse
Starting well

- Impacts on CYP and can manifest as ACE's
- Presents as a hidden harm.

Living and Ageing Well

- Presents as a hidden harm.
- Victims are unable to come forward to due close proximity with perpetrator in the home.
- Social distancing requires remote working to access support leading to inability to access services.
- Increase in Domestic abuse can be linked to financial instability

Status: High Impact, but potential for reduction as lockdown is lifted, or an increase as potential recession hits
Population: Vulnerable populations, also wider impact of children and young people when happening within the home.
Likelihood of Impact – Moderate, if lockdown is extended and/or unemployment rises and financial implications are known.

Outcome: Screened Out, but requires monitoring for any increases over medium and long term recovery due to unemployment and financial disability.

Safeguarding

280. Safeguarding adults and children and young people continues to remain a statutory function and as such partners to work together to ensure the safety of those most vulnerable in our communities.

281. The local Safeguarding Adults Board (SAB) Business Unit continue to provide updates to partners, in response to COVID-19 response and the daily challenges being faced by those key agencies and front-line activity, work from home in line with government guidance.

282. The Durham Safeguarding Children's Partnership (DSCP) also maintains its statutory function during lockdown linking with the Multi Agency Safeguarding Hub (MASH) as a central point for the screening, gathering, sharing and analysing of information about children in County Durham who may be at risk of harm or who may need support services.

283. Safeguarding has been screened as having a high impact on children, young people and vulnerable adults. This impact could increase as the lockdown restrictions lift due to financial insecurity, unemployment, instability in the housing market, relationship breakdown and mental ill-health.

284. Safeguarding has been screened out of the HIA prioritisation, due to the ability of the SAB and DSCP to manage safeguarding concerns through standardised processes. This status will be monitored on an ongoing basis throughout the recovery timeframe.

Consideration: Safeguarding

- Concern for an increase in safeguarding of children, young people and vulnerable adults.
- Local strategies have been retained for children, young people and vulnerable adults.
- Referrals remain within manageable levels but concerns for hidden harm remain as recovery response progresses.
- Monitoring of referrals into First contact and Social Care direct are being maintained for increase in occurrence as lockdown eases.

Status: High Impact, but potential for reduction as lockdown is lifted, or an increase as potential recession hits.
Population: Universal and vulnerable

Outcome: Screened Out, but monitoring will be maintained via SAB and DSCP

Community Assets and Community Mobilisation

Community Hub

285. In the week commencing March 23rd 2020, The County Durham and Darlington Community Support Cell was tasked to establish the community hub to protect those both clinically vulnerable to COVID-19 (shielded) and those who had become socially vulnerable due to the Stay at Home and lockdown measures put in place to prevent the spread of COVID-19.

286. The Community Hub was established to coordinate food provision, social contact, welfare support, volunteering and be the central coordination function for the voluntary and community sector (VCS).

287. The Hub went live on 27th March 2020 and offers support and guidance to County Durham residents who are shielded, vulnerable and have needs related to COVID-19, linking them to existing local services where possible and supporting with essential aid where necessary.

The County Durham Hub has two client pathways:

a. Proactive pathway – outgoing calls made by CDDFT NHS Wellbeing For Life from NHS lists to those residents who meet all below criteria:

i. Identified by NHS (letter to home) as clinically vulnerable to Covid 19;
ii. As instructed in this letter, self-registered on the Government 'clinically vulnerable' website;
iii. When registering stated that they do not have support with essential supplies.

b. Reactive pathway – incoming contacts received via a dedicated online form, or contact centre phoneline from residents who self-identify or are referred by third parties (e.g. family, neighbours, TEWV, Adult Health Services, Housing Organisations, Probation) as needing support around issues linked to COVID-19.

288. At the outset of the pandemic, most Hub enquiries were around food. However, when contacted, many local residents reported they had used existing family, or community networks to support their needs.

289. This indicates a level of personal and community resilience and active use of existing, local assets during the response phase of the pandemic. This should be investigated further and built upon to maximise opportunities for further community engagement and mobilisation.

290. A key component for the Hub staff was to link clients (both new to and known by) to specialist providers and services via established, co-produced referral pathways where necessary.

291. County Durham has 25,909 people on the shielded list, which increases on a daily basis. These are individuals classed as having specific medical conditions putting them at higher risk of severe illness should they contract COVID-19 and therefore guidance suggests they should remain socially distanced from others.

292. As of the 24th May 2020, after 8 weeks of delivery, the Hub has supported 6517 clients:

- 3392 clients via the proactive pathway
- 3125 clients via the reactive pathway

293. Whilst volume of demand into the Hub has decreased recently, client vulnerability has become apparent. Clients now engaging with the Hub have multiple and often complex needs linked to social isolation, emotional and mental wellbeing and wider financial hardship/resilience.

294. The Hub provision has provided a much-needed response during the immediate response phase of the pandemic and will be reviewed as the COVID-19 recovery phase progresses. The initiation of the Community Hub has helped qualify the numbers of the most vulnerable and shielded groups in County Durham, but has also highlighted the levels of potential unmet needs.

295. There are opportunities to now consider the future model of the Community Hub and its role as an engagement tool for vulnerable local residents placed within a wider concept of integration and the connectivity with the VCSE.

296. When reflecting on the delivery of the Community Hub, consideration needs to be made about how much the wider VCSE have also provided in terms of support to vulnerable and shielded individuals. This has not been quantified to provide an overarching profile for numbers supported during the early response to the pandemic.

Considerations: The Community Hub

Starting well, Living and Ageing Well

- Initiated to provide immediate support for the vulnerable and shielded populations in County Durham and Darlington.
- Many people had already engaged in their own family and community networks to provide support.
- Hub highlights levels of potential unmet need when considering prevalence with numbers of engagement.
- Levels of complexity now being reported as increasing as lockdown restrictions are slowly lifted.
- Further consideration needs to be made to quantify support given to vulnerable and shielded groups as part of a bigger profile in conjunction with VCSE.

Status: High Impact
Population: Shielded and Vulnerable – potential for high levels of unmet need. Connectivity for people know to the community Hub into VCSE enables residents to engage support at a place-based level.
Likelihood of Impact: Major to provide connectivity into VCSE to respond to need from vulnerable and shielded populations.

Outcome: Screened In – to ensure residents and local communities continue to be supported during the ongoing nature of the pandemic and linked to wider VCS infrastructure

Voluntary, Community and Social Enterprise (VSCE) Sector

297. The Voluntary, Community and Social Enterprise (VSCE) Sector is the term used to describe the range of organisations which are neither state nor the private sector. This sector includes small local community organisations, and large, established, national and international voluntary or charitable organisations (see appendix 3).

298. Some VCSE organisations rely solely on the efforts of volunteers; others employ paid professional staff and have management structures and processes similar to those of businesses, large or small; many are registered charities whilst others operate as co-operatives, "social enterprises" or companies limited by guarantee (Bourne, 2005).

299. During COVID-19, the VCSE have played a significant part in mobilising community networks and assets to provide an immediate response supporting the vulnerable in need during the lockdown.

300. The Voluntary Organisations' Network North East (VONNE), conducted an Impact Assessment on the VCSE across the North East during COVID-19 (VONNE, April 2020). Responses from 404 organisations of varying sizes suggest a third of VCSE organisations surveyed suggested they expect to lose more than 50 per cent of their income in the quarter April to June 2020.

301. An overwhelming 82 per cent of respondents to the VONNE survey stated that social distancing measures have had a significant impact on their ability to deliver services. Of those, 39 per cent have not been able to operate at all.

302. The outcome of the impacts on the VCSE due to COVID-19 suggest almost 400k beneficiaries are receiving a significantly reduced service, or no service at all which is of serious concern.

303. The groups with the highest levels of currently unmet need are reported to be children and young people, older people, and people with disabilities, including learning disabilities. These are also the groups most likely to be unable to access services either online or by telephone.

304. It is important to note that despite 31 per cent of organisations anticipating a significant (more than 50 per cent) drop in income between April and June, and 40 per cent having less than three months running costs in reserve, only 13 per cent of respondents consider it likely or very likely that their organisation will close as a result of the pandemic (VONNE, April 2002).

305. The reason for this positive projection could be attributed to the expectation of COVID-19 being short-lived, and/or that organisations will bounce back once lockdown restrictions begin to be eased. In addition, previous Third Sector Trends studies have recognised the 'optimistic' nature of sector organisations when forward planning and forecasting (Community Foundation serving Tyne & Wear and Northumberland, May 2020).

306. At a local level, small grant payments have helped to support an immediate response to the COVID-19 lockdown and bridged the shortfall in income generation losses for some. However, the future for any sustained funding for the VCSE on a more longer-term footing remains unknown.

307. In the VONNE survey, 72 of the 404 organisations who responded, currently operated within the boundaries of County Durham.

308. Durham Community Action conducted a County Durham VCSE Sector COVID-19 Impact Survey (DCA, May 2020), building on the VONNE survey and in consultation with Volunteer Coordinators Forum & Better Together, Anchor Organisations and Mutual Aid Groups. The outcome of the survey suggested four key themes in regard to organisational concerns for the impact of COVID-19 on the local VCSE. These include:

- Worries about keeping charities/groups afloat to engage local communities
- Coping with remote working to engage clients
- Supporting staff safety and wellbeing
- Supporting beneficiary safety and wellbeing

309. All of these factors need to be considered when reflecting on methods of engagement by VCSE with local communities to enable shielded and vulnerable groups to come out of lockdown when restrictions are lifted.

310. Ways of quantifying outputs and outcomes from the VCSE during this time should also be studied.

311. VCSE organisations report they are continuing on a pathway of transition from crisis, through recovery and towards rebuilding during the COVID-19 response. There is a recognition this is a changing situation. The potential of a second wave of the virus, further lockdowns, the forecasted recession and changes in public expectations, behaviours and needs may all have negative impacts.

312. The DCA survey suggests that the current position statement on the response of the VCSE services will not remain stable or consistent and requires a long term plan for rebuilding the sector post-COVID-19.

313. DCA suggests the sector can work with the engagement and levels of cooperation shared across County Durham to develop an evolving and mutually supportive model which can flex to respond to needs and new opportunities (DCA, May 2020).

Volunteering

314. The VCSE sector's capacity in the North East is reported to be severely limited at the current time, with 53 per cent of the workforce not operational and 75 per cent of volunteers unable to support their organisations. Many volunteers were themselves part of the shielded population and were unable to leave their home to help provide support.

315. The national recruitment of volunteers did provide support for food and medication which was utilised at a local level, however many of these volunteers have returned back to their own places of work.

316. In County Durham, 27 business made offers to provide volunteering support, with 20 businesses still reporting capacity to help. There have been 10 successful matches of request for support with business offers directly through the Volunteer Unit some additional matches for AAP projects.

Considerations: Response from the VCSE

Starting Well and Living and Ageing Well.

- Some VCSE rely solely on the efforts of volunteers; others employ paid professional staff and management structures to delivery their services.
- The COVID-19 lockdown restrictions have impacted on the capacity of those organisations to income generate and deliver services to their local communities.
- VONNE suggest almost 400k beneficiaries in the NE are receiving a significantly reduced service, or no service at all which is of serious concern.
- Local VCSE report their concerns for the future once COVID-19 funding runs out. Sustainable funding is essential
- Outputs and outcomes from VCSE work should also be quantified and considered.
- Volunteering options should be maximised to help enhance the capacity within the VCSE sector as the recovery progresses.

Status: High Impact
Population: Local populations using a place-based approach.
Likelihood of Impact: Major – due to need for communities to be self-sustaining and able to respond to any economic recession during recovery by maintaining community connections.

Outcome: Screened in – to ensure communities are able to access local community assets and empower themselves to maintain their own health and wellbeing at a local level.

Physiological factors and access to health care

317. WHO indicate over 95% of deaths that have occurred across the world during the COVID-19 pandemic are in those older than 60 years. More than 50% of all fatalities involved people aged 80 years or older. Reports show that 8 out of 10 deaths are occurring in individuals with at least one comorbidity, in particular those with cardiovascular disease, hypertension and diabetes, but also with a range of other chronic underlying conditions (WHO, April 2020).

318. Further investigation into the number of excess community deaths far exceeding the number of deaths currently directly attributed to COVID-19 is required. It will take months, perhaps years, to make sense of how this will affect long term population health outcomes.

319. It is still too soon to have conclusive evidence able to unpick the complex health impacts of both coronavirus itself and those of lockdown in the UK.

320. Guidance was issued through the BMA and RCGP to advise community practices to consider postponing non-urgent clinics during the pandemic; this included pausing low risk smears, NHS health checks, Over 75 health checks and medication reviews.

321. There are some early signs as referrals for suspected cancer reduced by around 75% over the first few weeks of lockdown, and screening programmes were effectively paused.

322. Hospital trusts have been given permission to pause all non-urgent elective work at the early stages of the pandemic. The attendance at A+E departments for April 2020 was 56% lower than the same month in 2019. The decision about when and what to stop has appeared more straightforward than when and how to restart this work, and how delivery methods need to adapt to meet demand.

323. The COVID-19 pandemic has brought rapid and dramatic change in how people access health services. Prior to the pandemic around 80% of primary care appointments were face-to-face contacts and this changed in a matter of weeks to the majority being telephone, video or online consultations in order to support social distancing measures.

324. The risk of further peaks of the virus means that remote consultations in both primary and secondary care are likely to continue. Where face-to-face contact is needed, for example in certain diagnostics and treatments, in order to maintain adequate social distancing and other infection control measures the allocated time and space needs to be considered.

325. If an appointment takes double the time because of such measures then only half the number of patients will be able to be seen in the same length clinic. Add to this the expected backlog of referrals, with a potential for waiting lists to soar.

326. Increasing remote access to GP services has been a policy priority for a number of years prior to the pandemic, but uptake had previously made slow progress with little in the way of evidence for how this might impact on patients. Concerns had been raised about any shift potentially increasing health inequalities by online methods increasing access and demand from those with the fewest health needs.

327. There are also concerns about the lack of human contact reducing the opportunities to pick up clues around safeguarding and domestic abuse. However, with the need to maintain social distancing within healthcare environments set to continue even when more general lockdown measures are eased, this shift in how healthcare services are accessed may be maintained in the longer term, with some quarters keen to avoid going back to the traditional model.

328. When considering remote consulting, this process relies on internet connectivity. According to the ONS 93% of households have broadband internet access, but only 84% of adults access the internet ‘on the go’ (i.e. on a mobile, laptop or tablet). Nearly a quarter of adults over the age of 65 have not used the internet at all in the last 3 months, with mobile device use lower in older age groups.

329. Complex co-morbidity generally evolves as people age. Figures add some credence to the concern that promotion of video and online consultations may be to the detriment of those with highest level of health ‘need’. There are also confidentiality concerns where devices are shared between family members or where a consultation takes place with the patient in a busy household; this can be a barrier to honest questioning about sensitive issues that may play out differently were the conversation in a private consultation room.

330. However, there are also potential benefits. Telephone triage can improve on the day access to a clinician, remote consultations can be time efficient and convenient for both patient and clinician. Going forward, the evidence available have suggests that the demography of patients using telephone consultations differs very little from those who traditionally accessed surgeries face to face.

331. Younger, more affluent patients tend to take up online consultation options but there is a general low level of use even when promoted by practices so the impact of this may not be as great as feared.

332. Ultimately there remains a scarcity of evidence to know exactly what this change will mean in terms of health inequalities. However, its potential to disadvantage those without internet access or who struggle with remote access for other reasons (perhaps due to disability, language or privacy barriers) needs careful monitoring.

333. Despite a potential for increased pressures, there may also be positive health outcomes cause by COVID-19. Immunisations have continued to be made

available with plans to reschedule any missed that are normally given in education settings.

334. There is expected to be increased take-up of flu vaccination with County Durham CCG requesting that local practices increase their adult influenza vaccination order by 10%.

335. The knowledge that diabetes, obesity and heart disease increase the risk of complications from Covid-19 may provide motivation for some patients to engage in managing these conditions more proactively.

336. A presumed reduction in casual sexual encounters alongside the use of postal STI testing kits has the potential to significantly reduce the chain of transmission for sexually transmitted diseases.

337. The role of the Social Prescribing Link Workers based in the Primary Care Networks will be pivotal to linking the patients to local support provided by the VCSE to help sustain community connections at a place-based level.

338. The required response of Clinical Commissioning Groups to the NHS 5-System Year Plan will provide opportunities to integrate the recovery response into the affiliated Outcomes, Goals and Integration Measure plans (OGIM's).

339. This process highlights key health care areas requiring action to improve health outcomes and will be pivotal to producing a cross reference towards mitigating against the impacts identified for healthcare services.

Considerations: Health Care Services

Starting Well, Living and Ageing Well.

- Stay at Home and Lockdown restrictions have reduced the numbers of patients accessing GP services for CYP and adult services.
- Some patients are unable to access healthcare services with a gap in skills, or access to virtual means.
- Patients are reluctant to access NHS services due to fear of infection meaning many are not addressing health concerns at an early stage.
- Long term conditions may remain untreated.
- Scheduled operations have been put on hold.
- COVID-19 may encourage positive engagement in screening programmes and vaccinations.
- Social Prescribing Link Workers will provide a link for local communities into the VCSE
- The CCG's and Primary Care Networks will be reviewing access measures
- OGIM's will provide opportunities to cross reference outcomes for the recovery response on a system-wide basis.

Status: Medium/high Impact due to current management by Trusts, CCG's and PCN's

Population: Universal with targeting for vulnerable and shielded groups. Likelihood of Impact – moderate, but may increase on a more long term basis.

Outcome: Screened out – The 5-Year System Plan needs to highlight areas of future activity in relation to the recovery from Covid-19.

Tobacco Control

340. The Cochrane Library have produced a Tobacco Control Special Collection's for the evidence base around tobacco control and its impact in relation to COVID-19. There is a recognition that tobacco smoking is known to be a risk factor for acute respiratory infections.

341. In addition, second-hand smoke increases the risk of acute respiratory infections. The World Health Organization urges people to stop smoking tobacco to minimize the risks associated with the current coronavirus pandemic in both people who smoke and those exposed to second-hand smoke in the home.

342. For many people quitting is not easy; however, there are a number of reviews evaluating interventions to help people to stop smoking. Evidence suggests that people who smoke should use a combination of 'stop smoking medicines' and behavioural support to give them the best chances of success.

343. Options for quitting smoking may be more limited during lockdown restrictions than usual at the current time, however there are still evidence-based ways available to help people succeed. These include medication; behavioural support; and gradual quitting.

344. Interventions that mimic the act of smoking, notably e-cigarettes, have been excluded from the Cochrane collection as the risks associated with their use in relation to the current pandemic are not clear.

345. The COVID-19 pandemic is unprecedented and stressful, and it may not seem achievable to make big behavioural changes during this time. For people who cannot attempt stopping smoking immediately, an option is to reduce the number of cigarettes smoked before quitting.

346. There is evidence to suggest that people who reduce their smoking before stopping altogether may be just as likely to successfully stop as those who quit abruptly.

347. However, in the current situation it would be beneficial to quit soon to reduce the risks associated with COVID-19 as much as possible. Quitting smoking also helps to increase financial resilience.

Consideration: Tobacco Control

Starting Well

- Smoking has an impact on health outcomes from the virus across the life course.
- Second hand smoke and smoking in the home will increase impacts of the virus.

Living and Ageing Well

- Access to Stop Smoking Service Support maybe perceived as being reduced.
- Smoking prevalence could rise as negative socio-economic impacts of COVID-19 are understood, which will impact on mental wellbeing.

Status: Low to medium Impact
Likelihood of Impact: possible
Population: Smokers and home environment due to second-hand smoke

Outcome: Screened out – but to be reviewed and monitored by the County Durham Tobacco Control Alliance

Alcohol and Drug Related Harm

Covid-19 Lockdown and Alcohol Consumption

348. Research has found that consumption of alcohol increased across the country during the COVID-19 crisis. The Global Drug Survey found UK drinkers started drinking earlier in the day, having more drinking days and found more evidence of binge drinking (Global Drugs Survey, April 2020).

349. Kings College London has carried out its second survey during the crisis showing 29% drinking more than usual, up from 19% in April.

350. YouGov find over half of Brits are spending less money than usual – but spending on alcohol for home consumption is up 34%.

351. As the UK and most other countries went into lockdown, the need to save lives from COVID-19 has been a priority over longer term health concerns. Many people stocked up on alcohol to drink at home. In the week to 21 March, alcohol sales were up 67%, compared to a 43% increase in overall supermarket sales.

352. The impact of increased alcohol consumption is an increase in disease burden causes by alcohol. PHE published Alcohol- attributable fractions for England: An update on 12th June 2020. This found that in comparison to the previously published AAFs, 64% of estimated AAFs for chronic conditions have decreased in magnitude, while 3% have remained constant and 33% have increased (PHE, June 2020).

353. The North East survey of 513 people from Balance is part of a representative survey of more than 2,000 people across the UK commissioned by charity Alcohol Change UK. The survey suggests that lockdown is changing the way that the UK drinks at both ends of the scale, with one in 20 (5%) of people who previously drank alcohol having stopped completely during the lockdown (Alcohol Change UK, 2020).

354. These figures suggest that over 450,000 adults in the North East and 8.6 million adults in the UK are drinking more frequently since lockdown, while over 650,000 NE adults and 14 million nationally are drinking less often or have stopped drinking entirely (Alcohol Change UK, 2020).

355. More than four out of ten drinkers (or people who drank before the lockdown) appear to be taking active steps to try to manage drinking suggesting that people are conscious that lockdown might lead us to drink more frequently or heavily. In the North East:

- 20% of drinkers are now taking drink free days
- 11% are being careful with the amount of alcohol they buy
- 5% are stopping drinking completely for the lockdown
- Seeking advice online (3%)
- Attending remote support groups (1%)
- Receiving remote 1-1 counselling (1%)
- Using apps to monitor their drinking (1%)

356. The context of these changes needs to be considered as the people who were already drinking the least often who have cut down in the greatest number. Almost half (46%) of people who drank weekly or less have cut down or stopped drinking completely, compared to 25% of people who drank four to six times a week, and no daily drinkers (Alcohol Change UK, 2020).

357. Worryingly, 11% of daily drinkers (who are already more likely to be drinking above the Chief Medical Officer's low risk guidelines of no more than 14 units a week) have further increased the amount they drink.

Drug and Alcohol Recovery Services

358. The illicit heroin market is reported to be reasonably stable nationally; although some areas are reporting long waiting times and reduced quality. Whilst crack and cocaine purity appears stable in the majority of regions (PHE, 2020).

359. There is continuing speculation that following easing of the lockdown, many regions will be flooded by high-purity, low-cost drugs as dealers try to shift stock which could lead to an increase in overdoses. It is anticipated that supply issues could affect the drug market more acutely later in the year.

360. There have been reports of increased county lines activity from across the country and increasing drug market competition and violence.

361. In late May, a ‘large’ number of ‘blue pills’ (believed to be benzodiazepines but this is unconfirmed) were seized in the East of England and have been linked to local violence, A&E attendances and to 1 death. However, this isn’t something seen in County Durham (PHE, 2020).

362. For Drug and Alcohol Recovery Services, during the first phase of the pandemic the aim was to reflect the pressures on services (including pharmacies) and to protect staff and service users by reducing some face-to-face interactions (e.g. supervised consumption) and increasing harm reduction (e.g. NSP, naloxone, alcohol reduction advice).

363. Following this an assessment of the impact of service adjustments on people and the risks generated, particularly in relation to isolation, mental health, safeguarding, domestic abuse and the accessibility of services including to new referrals is being developed.

364. In the initial stages, positively, County Durham has seen consistent numbers in treatment services and no increase in substance misuse related deaths (Durham County Council, 2020).

365. The next phase of the pandemic will focus needs to be on how provision can now be safely enhanced. Including bringing services back gradually where it is safe and appropriate to do so, being sure to remain compliant with COVID-19 safety guidance (distancing, PPE, isolation, etc).

Consideration: Alcohol and Drug Related Harm

Starting Well, Living and Ageing Well

- In the week to 21 March, alcohol sales were up 67%, compared to a 43% increase in overall supermarket sales.
- Over 450,000 adults in the North East are drinking more frequently since lockdown.
- Over 650,000 are drinking less often or have stopped drinking entirely.
- 11% of daily drinkers (who are already more likely to be drinking above the Chief Medical Officer’s low risk guidelines of no more than 14 units a week) have further increased the amount they drink.
- DARS report the maintenance of those in treatment

Status: Medium to low Impact
Population: People who use alcohol and substances
Likelihood of Impact: possible.

Outcome: Screened out – to be reviewed and monitored by the County Durham Alcohol and Drug Harm Reduction Strategy Group

Environment – urban and rural spaces

366. The Government has issued guidance which sets out the key principles of enjoying the benefits of being outside, whilst protecting yourself and others from the virus. The risk from COVID-19 being passed on to others outdoors is considered to be low on condition that people maintain the primary recommendation social distancing at 2-metres apart. A new 1-metre rule is being initiated on 4th July if the 2-metre is not viable.

367. The government have issued guidance on accessing green spaces safely. Within this a key message to the public is to respect other people and protect the natural environment.

368. Exercise and physical activity and spending time outdoors for recreation in line with government guidelines has been a key component of the Stay at Home measures instigated during the lockdown phase. However, for those from shielded populations extended confinement has been recommended.

369. From 1st June 2020, an opening of access to the environment this has been extended to include people within with households or in groups of up to six people from outside the household. Shielding restrictions have also been lifted (HM Government, 31st May 2020).

370. In England, people have been encouraged to spend time outdoors and take part in other outdoor sports and activities, including walking, running and cycling. As lock down restrictions have lifted the ability to drive to outdoor open spaces, including beaches and beauty spots has been loosened.

371. From 1st June, irrespective of distance, members of the public can drive to outdoor open spaces, including beaches and beauty spots, gardens, nature reserves and parkland to spend time outdoors, although access may be limited to members or those with tickets to ensure social distancing.

372. However, guidance has been retained for avoiding public transport other than for essential journeys, which could disadvantage those unable to afford private vehicles. With the current closure of leisure centres, swimming pools and sports clubs, people accessing outdoor space during the lockdown has been very important too for physical and mental health benefits.

373. The ability to maintain connectivity to the environment and encouragement to keep up physical activity is seen as a positive measure. Other European countries during the pandemic have used police enforcement in some areas to prevent the public form venturing outside during the peak of the infection.

374. Evidence from earlier economic recessions in the UK, suggested that they may have led to an improvement in physical health, possibly due to reduced work-related stress and the relative unaffordability of unhealthy behaviours such as smoking, excessive drinking and drink driving (Vanoross, 27th April 2020).

375. Evidence considering more recent crises have been measurably damaging for physical health. Recent studies found a decrease in fruit intake and an increase in obesity and the likelihood of suffering from diabetes in England following the great recession of the late 2000s.

376. In the case of the post-COVID-19 recession, the negative health impacts of the recession will be given a head start by the lockdown. The lockdown is necessary to prevent the spread of Covid-19, but it may have spill over effects. It has the potential to widen health inequalities between the most affluent communities and the most deprived communities in a number of factors such as obesity, cardiovascular disease and physical activity prevalence.

377. Being less active can lead to higher levels of obesity, which is associated with numerous diseases including coronary heart disease, diabetes and cancer (Vanoross, 27th April 2020). Early studies from France, the US and UK, figures suggest that patients who are classified as are at significantly greater risk. In New York City, a study of 4,000 Covid-19 patients found that obesity is the second strongest predictor, after their age, of whether someone over 60 will require critical hospital care.

378. Evidence from the US has found that patients under 60, they are twice as likely to need intensive care if they have a body mass index over 30, and over three times more likely to need critical care with a BMI over 35.

379. However, the quarantine may have some positive impact if the population are able to maintain new behaviours and build upon the fact that physical activity levels were on the rise and inactivity was falling prior to the COVID-19 outbreak, according to Sport England's Active Lives Adult Survey. The survey showed that there were approximately 159,500 fewer inactive people in England (Nov 2018- Nov 2019) meaning more adults were doing at least 30 minutes of moderate intensity physical activity a week.

380. We may see fewer car crashes, improved air quality due to reduced carbon emissions and increased perception of safety of commuters if there is a permanent switch to working from home and less commuting.

381. If more people choose to commute via walking, cycling or running then evidence has been attributed to both physical and mental health benefits. For example, active travel has shown a reduction in cardiovascular events such as heart attacks.

382. Related to mental health, active travelling via walking and cycling has been shown to improve mental health. particularly for active travel to and from work compared with passive commuting. Pollution is a serious health risk factor that claims about 40,000 deaths a year in the UK, while over 1,700 people lose their lives per year in car crashes.

383. Reports that smokers are more likely to experience severe symptoms of COVID-19 may, in combination with the curtailment of opportunities to socialise, are contributing to lower smoking rates.

384. The pandemic has brought added pressures for residents based in the rural areas of County Durham. This impacts specifically on the agricultural sector as many of the measures to control transmission were implemented in the midst of the spring programme, where farmers are very busy with tasks such as lambing and planting.

385. As well as worrying about the potential impact of COVID-19 on the supply chain generally (reduction in demand for farm produce, delayed deliveries and pick-up), farmers are a relatively older population compared to the average UK workforce.

386. Remote farming communities and less frequent travel may provide a natural social distancing for rural communities; however this can bring challenges unique to rural residents. Access to schools and services via digital media, can prove challenging for those who do not have access to the internet/broadband. These issues can result in residents feeling more isolated and less able to access help if needed.

387. Upper Teesdale Agricultural Support Services (UTASS) has over 400 farming businesses on its database. Its staff and volunteers have been helping those within our Dales communities by providing practical advice and support services to those who have contacted the organisation directly or via its social media platforms.

Considerations: Environment – urban and rural

Starting Well, Living and Ageing Well.

- Stay at home guidance and lockdown measures have impacted on the reduction of access to the outside environment.
- For those from shielded populations extended confinement has been recommended.
- People have been encouraged to spend time outdoors and take part in other outdoor sports and activities, including walking, running and cycling.
- The closure of leisure centres, swimming pools and sports clubs may impact on the physical and mental health benefits they supply.
- Being less active can lead to higher levels of obesity, associated with numerous diseases including coronary heart disease, diabetes and cancer.
- Sport England's Active Lives Adult Survey. The survey showed that there were approximately 159,500 fewer inactive people in England.
- Positive reduction on carbon emissions and traffic.
- The farming community should engage directly to reduce social isolation and accessibility issues.

Status: Low/Medium Impact as the lockdown measures are lifted.
Population: Universal and vulnerable

Likelihood of Impact - possible negative impacts on obesity, and social isolation, but may lift as lockdown is eased. Moderate on positive impacts on carbon emissions and traffic levels.

Outcome: Screened Out as positive outcomes may increase when lockdown lifts.

388. In considering the potential of impacts of Stay at Home measures and lockdown restrictions during the COVID-19 response, the prioritisation process for the HIA has highlighted the key areas requiring further consideration in order to reduce the pandemic's impact on health inequalities (see appendix 1).

389. The impact scoring for the policy areas of poverty reduction, mental health and emotional wellbeing and Community mobilisation through the Community Hub and the VCSE have been identified as areas for further analysis and action at a place-based level.

The Local Voice

390. To ensure all activity proposed for the recovery phase of COVID-19 designed to address inequalities remain relevant, the involvement of local voices is an essential part of the HIA process.

391. Since the advent of COVID-19, there have been many questionnaires, surveys and qualitative processes developed to help identify the impact the pandemic is having on individuals, families, communities, localities and various sectors of the VCS and business communities.

392. The use of qualitative feedback allows for an assessment of the possible health impacts as highlighted by the community themselves. This qualitative information will add depth to the HIA as it represents community experience, and perceptions of our local residents and stakeholders with 'expert' knowledge. This may be especially important when assessing social factors which may be difficult to portray in a traditional health profile.

393. The HIA creates an opportunity for the views and opinions from both a strategic and operational level to be fed-in to the process. Local insight can be added into the HIA on an ongoing basis reflecting the dynamic nature of the pandemic response.

394. Communication processes have been developed to engage the voices of:

- Children and Young people via the Time to Change Hub
- Young Offenders via Youth Justice service.
- Adults – currently in development.

Children and Young People

395. Investing in Children CIC were asked to support engagement with children and young people to consult on their experience during COVID-19. 14 young people aged 16-21 took part in 3 small discussions represented by the eXtreme Group (young people with Special Educational Needs and Disabilities) and two Young Adult Support Café groups (emotional wellbeing peer support projects.

396. The young people reported it was very difficult to understand the situation as the Government guidance has been very unclear. Their perception was there was a lot of inaccurate information and scare mongering on social media. This makes families feel anxious and uncertain about the future. The need for routine was highlighted as an important factor to staying well.

397. Families reported having very different opinions over social distancing and shielding measures causing conflict at home. However, some families reported becoming closer spending more quality time together. There were also positive reports of feeling less pressure to complete work (school and college), which was enhanced by the flexibility of working from home. the young people also reported time for reflection on what they want to do in the future.

398. When asked about the easing of lockdown restrictions, the young people questioned reported levels of frustration as they perceived some people had already been abusing social distancing regulations. They were also in favour of a slow return to normal to prevent the experience of feeling overwhelmed.

399. For some young people who currently access mental health services the lack of face to face support was not helpful. Young people and families also reported feeling socially isolated by being unable to see friends and family, which impacted on their condition.

400. The respondents felt very anxious about going to places and having to socially distance. They also reported a breakdown in relationships during this period has affected people's mental health. Some young people had been hospitalised due to a deterioration in their mental health. The young people also reported self-harming again due to pressures at home.

Youth Justice Service

401. The Youth Justice Service have asked for feedback from the young people engaged with their service. For young people who have offended the response is generally that lockdown has not impacted on them negatively. When explored further, the main reason for this is that lock-down restrictions have been largely ignored. In some cases, this was reported to be a family-wide approach and common within their local community.

402. Some young people have reported enjoying not having any pressure to attend educational settings, especially young people who had been bullied at school.

403. The Youth Justice Substance Misuse Workers have said that some young people have successfully managed to reduce/stop their substance misuse. This has been partly out of necessity – drugs are more difficult to source, and the prices have risen.

404. The young victims of crime involved with the service seem to have struggled more, verbalising increased issues with mental health and self-harm. Family conflict and boredom being issues. Difficulty in communicating over the phone or virtually seems also to have impacted on young offenders. These young people are missing the more personal face to face support.

405. Young people with SEND - aged 15-18, stated they were struggling and missing friends and family, however some young people who are due to transition from year 11 to further education expressed they felt far more relaxed about their upcoming transition, despite a lot of uncertainties. The pressure of not doing their GCSE's meant they felt far better about the current circumstances.

Adults

406. The engagement of the adult voice is currently in development as part of the Health, Welfare and Communities Recovery Group Plan and is an essential component of the HIA process.

407. The ability to build in a robust consultation process during the COVID-19 response will help the health and social care system understand the impact of the pandemic and enhance the development of future actions. This activity will also increase the confidence of communities to begin to return to the new COVID-normality.

408. Building on the principles of the Wellbeing Approach, communities need to be engaged to co-produce the on-going development of current services and future designs. Communities can also become part of the monitoring process in order to assess the effectiveness of those services in meeting their needs.

409. Methods to engage the community on their perceptions of the COVID-19 recovery currently being considered are:

- Using established engagement mechanisms (interest or geographical areas), where they exist, to gather views. Identify gaps and undertake targeted work to ensure voices are heard.
- Online and telephone surveys to establish attitudes and behaviours. Survey's can also be used to dig deeper on specific areas of interest.
- Creative dialogue - pulling together a representative Citizens Jury made up of participants who work with the council or who may have been recruited through a specific process. This method of community engagement would allow dialogue to occur over a specified timeframe during COVID-19 recovery.

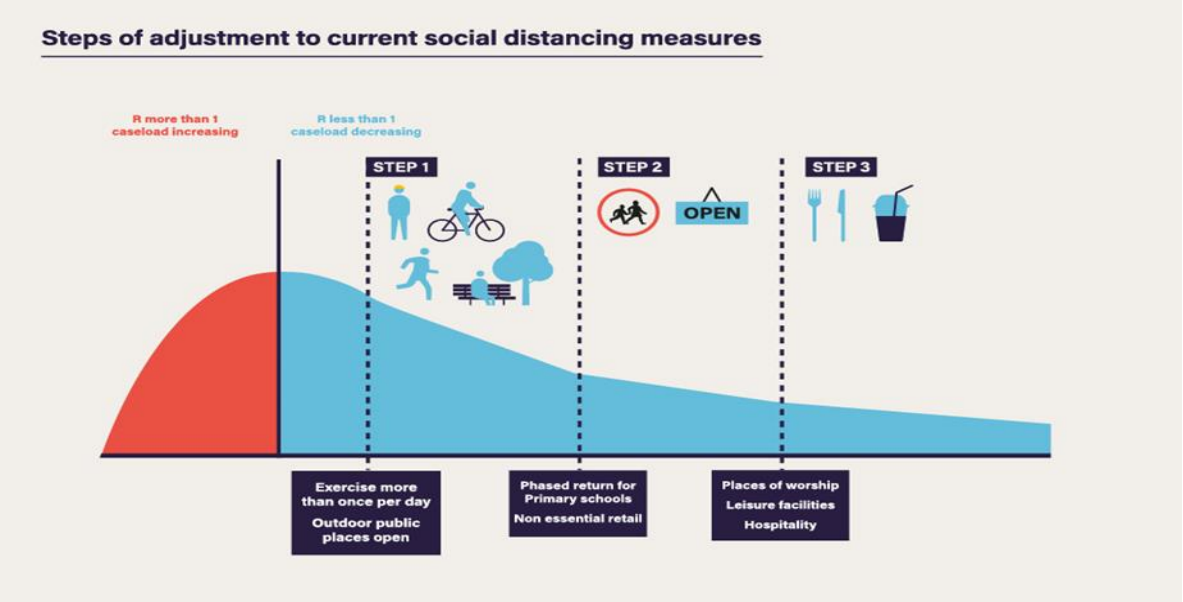
410. Decisions for the methods for community engagement will be made by the Health, Welfare and Communities Group.

Stage 4. Analysis

411. The full impact of the pandemic on local communities will not be fully understood until all COVID-19 restrictions are lifted and the new normal emerges as part of the recovery and restoration phases.

412. As the response to COVID-19 develops and the recovery phase progresses there will be a need to develop system-wide responses to react to changes within the stepped timeline. This will enable partners to adapt their approaches to respond to local needs during the stages of lockdown easing.

Figure 6. Steps of adjustment to current social distancing measures.



413. As well as being negative aspects of the lockdown restrictions the pandemic has brought many positives. This has included enhancing integration across the health and social care system. The restrictions have accelerated innovative ways of working to protect the more vulnerable in our society.

414. There has been successful action to place those who are homeless in accommodation within County Durham. The rapid initiation of the Community Hub and an active response by the VCSE has brought support to those residents who are shielded and vulnerable. The Drug and Alcohol Recovery Service report a new stability in some opiate clients and alcohol consumption has reduced in some population groups. The crime rates have also reduced.

415. There has been a rapid increase in use of digital technology and social media, which has helped people to stay connected with their loved ones as well as providing opportunity to retain contact with educational settings, NHS provision, support services and workplaces.

416. Home working has reported to have provided greater flexibility for some individuals, enabling a better work-life balance.

417. There has been an overall reduction in car use and traffic, along with improved air quality and reduced emissions. For some of the population, physical activity levels have increased as people explored their own local environment during their hours of lockdown exercise.

418. The use of the screening matrix of the HIA has enabled the negative impacts of the lockdown restrictions to be understood and prioritised.

419. The review of local strategies and approaches has highlighted key areas which need to be progressed into the action phase of the recovery process.

420. This will help raise awareness with partners of areas of concern and enable them to mitigate against risks impacting on health inequalities (Table 2).

Table 2. Results from HIA Impact Prioritising Process

Policy/area of approach	Impact ranking	Positive and negative impacts	Timeframe
Socio-economic factors and Poverty Employment Income	**High Impact** - due to financial implications for universal populations and vulnerable groups. Inequalities to be increased highly likely **Outcome: Screened In** Due to lasting legacy of rise in unemployment, financial resilience, housing, mental ill health, relationship breakdown and community cohesion – warrants further assessment of health inequalities.	**Negatives**: impact may increase over time as recession hits. implications for those losing their jobs as financial packages are withdrawn. **Positives:** opportunities to innovate, find new ways of working, increase efficiency and local investment to help stimulate the economy	Short, medium and long term – especially linked to mental health and emotional wellbeing.
Education and Skills	**Medium Impact** – universal populations and vulnerable groups. **Outcome: Screened out** as national government direction is for all schools, colleges, universities to return to the new normal in September 2020. The mental health impact on CYP is considered separately rather than as part standalone education health impact and so does not warrant further assessment as stand-alone policy area	**Negatives**: Depends on how long social distancing in educational settings is maintained. May be some legacy for impact on certain age groups. Lack of access to IT equipment is a barrier to learning. Impact on young people in general having school disruption and reduced social contact is predicted to impact on mental wellbeing over years to come as well as potential for disruption educational attainment	Medium and long term depending on duration of lockdown restrictions in educational setting.

		Positives: home schooling has enabled young people to reconnect with families, local CYP report increased levels of mental wellbeing by not being at school (see local voice section).	
Housing and homelessness	**Medium Impact** – universal and vulnerable groups **Outcome: screened out** for health inequality impacts at this current stage due to capacity meeting demand but requires monitoring into the longer term. Health impact will be explored through the poverty / welfare policy area instead of housing as stand alone	**Negatives**: Impact may increase as potential unemployment levels rise and/or recession hits. Full extent on future demand is unknown. **Positive:** Capacity has met demand. Potential homelessness has been managed during lockdown.	Medium and long term -especially linked to impacts of socio-economic status and predicted changes
Inclusion BAME GRT Refugees LGBT+ LD and Autism Carers	**High Impact –** due to vulnerabilities, low socio-economic status, poor housing, poor health status., specialist needs, higher risk of COVID-19 **Outcome: Screened in -** to be integrated in other of other areas around poverty, mental health and community networks and mobilisation and warrants further assessment	**Negatives:** inequalities in vulnerabilities to COVID-19. Lack of access to specialist support. Low socio-economic status for some groups, social isolation. **Positives:** opportunity for further investigation in to needs for some vulnerable groups.	Short and medium depending on timescales for lockdown
Mental Health and Emotional Wellbeing CYP LTP Suicide Prevention – including bereavement support. Crisis care Dementia Resilient Communities	**High Impact** – increasing in general population over time and within vulnerable groups. **Outcome: Screened In –** due to long term implications of impacts on mental wellbeing and requires further assessment to understand impact	**Negatives -** Will be ongoing as the predicted impact on socio-economic growth, unemployment, poverty levels may be affected. Impact CYP and ACE's. Impact on VSCE may also reduce access to wellbeing support and wider mental health services. reports on impacts on confidence returning to the new normal. . **Positives –** reports of reconnecting with families. Reduction in external stressors e.g. schools. Slower pace of life	Short, medium and long term – especially linked to impacts of socio-economic impacts.
Criminal Justice	**Medium impact** – due to current lower levels of reporting crime, but could increase over time. **Outcome – Screened out** for health impacts at this current stage due to	**Negatives -** Impact levels may increase as crime resumes, incidence of poverty and poor mental health increases.	Medium to long term – linked to socio-economic factors and mental wellbeing.

	capacity meeting demand, but requires monitoring into the longer term.	**Positives** – current capacity has met demand for criminal justice pathways and support	
Domestic Abuse	**Medium impact** – which could minimise during the lift of lockdown, or increase as socio-economic hardship increases. **Outcome: Screened Out -** for health impacts at this current stage due to capacity meeting demand, but requires monitoring into the more long term. Being considered within existing infrastructures of DASVEG	**Negatives** – reports of hidden harm on the increase with the inability to report during short term stage of lockdown. Will add to impact of CYP and ACE's **Positives -** Service provision has been increased 24/7. Uplift from government support has also been given during COVID. Requires close monitoring as recovery develops.	Short, medium and long term - linked to socio-economic factors and mental wellbeing.
Safeguarding CYP Vulnerable adults	**High Impact** – which could minimise during the lift of lockdown,or increase as socio-economic hardship increases. requires on-going monitoring Outcome - Screened Out - for health impacts at this current stage due to capacity meeting demand, but requires monitoring into the more long term. Being considered within existing infrastructures SAB and DSCP	**Negative** full extent of hidden harm not yet known with the inability to report during short term stage of lockdown. ACE's for CYP may increase. **Positives** – robust mechanisms in place to maintain monitoring of safeguarding concerns via SAB and DSCP	Short, medium and long term - linked to socio-economic factors and mental wellbeing.
Community networks and mobilisation through Community Hub and VCSE	**High Impact** – due to capacity of VCSE. Impact of funding, staffing and accessibility into services. targeted approaches to the shielded and most vulnerable and so inequalities in access may widen **Outcome: Screened In –** due to the potential demand on services required to respond to growing needs on the community to mitigate health inequalities	**Negatives -** Full impact is still unknown as lockdown lifts, COVID-19 funding for VCSE runs out at the end of July. Demand on services may increase whilst VCSE capacity contracts. **Positives** – many residents report high levels of resilience for self-management of needs. Success of community Hub, high level of activity for VCSE, especially in mutual aid.	Short, medium and long term – depending on timing of lifting of lockdown and financial resilience of the sector.
Healthcare - 5-Year System Plan Access Screening LTC	**High impact** – depending on the ability of CCG's/PCN's,CDDFT/TEWV to be able to respond to need. **Outcome: Screened out** - Requires connection into NHS system planning group to monitor service delivery to	**Negatives** – potential for services to become over burdened with demand. Reduction in those most in need accessing services including imms and vacs, treatment for acute and long-term conditions.	Medium and long term as residents begin to access healthcare

	meet demand and manage inequalities during recovery.	**Positives** - Acceleration of integration agenda in response to COVID-19 between partner organisations	
Tobacco Control	**Medium/Low Impact** – prevalence of smoking and any increase unknown at the current time **Outcome:** Screened Out – monitored via existing channels. Full COVID-19 action plan delivered within short term timeframe - completed	**Negative** – lack of perceived access to stop smoking services. Smoking prevalence may increase during increase in challenging socio-economic times **Positives** - Stopping smoking is key to improving life chances Service has been maintained during lockdown. Wider tobacco control work has been adapted to maintain functions.	Short, medium, long term - linked to socio-economic factors and mental wellbeing.
Alcohol and Drug Harm Reduction	**Medium/low** Impact – regional reports suggest alcohol intake may have increased in the most vulnerable. Drug use is maintained at current levels. This may increase due to socio-economic factors and requires monitoring. **Outcome: Screened out -** for health impacts at this current stage due to capacity meeting demand, but requires monitoring into the more long term.	**Negatives** - May increase as recovery progresses due to socio-economic factors. **Positives** - County Durham Drug and Alcohol Recovery Service has had an increase in clients accessing the service and current clients remain stable**.**	Medium to long term - linked to socio-economic factors and mental wellbeing.
Environment – Urban and rural	**Current low-medium impact** – impact reduced as lockdown has lifted **Outcome: Screened Out –** due to the easing of lockdown restrictions.	**Negatives** – social isolation may increase, especially for vulnerable and shielded populations. **Positives -** Physical activity levels have reported to have increased. Climate change has benefitted from less carbon emissions due to less traffic.	Short to Medium – depending on ability to access to the outside environment

421. The priority high impact areas identified by the HIA for action are:

- Socio-economic and poverty reduction
- Mental health and emotional wellbeing
- Community assets and community mobilisation
- Inclusion of vulnerable groups integrated into the key priorities.

422. It is important to note other areas screened out during the HIA prioritisation process remain significant and will continue to be monitored for outcomes within current partner delivery mechanisms. This will help with the ongoing

assessment of any changes in impacts occurring over the COVID-19 recovery timeframe.

Analysis of Key Priorities

Socio-economic Factors and Poverty Reduction

423. The HIA has confirmed COVID-19 restrictions will have a profound and prolonged impact on widening social determinants during the short, medium and long-term timeframe. Socio-economic recovery and the impact of poverty underpin all major factors impacting on the wider determinants for health across County Durham.

424. With County Durham being in the top 20% most employment deprived upper-tier authorities across England, the lockdown restriction will have a significant impact on the county's working age population, who already live in areas with high levels of employment deprivation. This will only increase with time as the virus lingers and the threat of recession becomes a reality.

425. Impacts will be greatest on low paid, younger female workers and young people, many who are employed by small businesses hospitality, leisure and the travel sector. This will all increase the impact on child poverty as families struggle to pay their rent and manage their bills.

426. The COVID-19 alert level moved from Level 4 to Level 3 on 19th June 2020, even a loosening the two-metre distancing rule may still have implications for reduced profit margins for some businesses who may not be able to be sustained.

427. The wider poverty reduction agenda will be managed through the County Durham Poverty Action Strategy. The COVID-19 Poverty Action Plan on a Page (2020-2021) highlights the strategic aims and key priorities for reducing the socio-economic impact of lockdown on residents, businesses and communities.

428. The plan includes measures to:

- improve understanding of immediate financial hardship and long-term poverty, and the impacts on County Durham's residents
- To foster employability, personal wellbeing and sense of worth for residents experiencing immediate hardship and/or poverty
- Residents receive the best advice and support available concerning all areas of their financial situation
- Children and families have access to specific resources in response to the measures in place to combat COVID-19

429. All measures highlighted in the Poverty Reduction Strategy should integrate the priority areas within the HIA including a cross reference with mental health and emotional wellbeing as part of the process.

430. Knowledge and accessibility to local community assets and pathways into community networks should also be utilised to ensure the socio-economic support given to local residents to address their needs before they reach crisis.

431. The inclusion of groups including BAME, GRT, LGBTQ+, refugees, LD and autism and those within the criminal justice system should receive specialist support and measures tailored to redress inequalities for those who are most deprived.

Analysis of Key Priorities: Mental Health and Emotional Wellbeing

432. The experience of other European countries suggests the impact of lockdown restrictions on mental health and wellbeing will escalate over time. This includes those living in stable circumstances and with secure jobs.

433. Children and young people are likely to experience similar anxieties caused by COVID-19 lockdown as in adults. The inability to access school, normal routines, friends and relatives may have negative implications for early years, those transitioning to schools, colleges and universities and those taking exams.

434. Inaccurate information, mixed messages and scare mongering on social media has made both adults and young people feel anxious and uncertain about the future.

435. Some impacts on mental wellbeing for both young people and adults should resolve over time once lockdown eases and the new normal emerges. However, TEWV modelling suggests that at system level (including primary and secondary care) over 5 years the number of people with a diagnosable MH condition who need help from any part of “the system” could equate to up to 52% of CYP, 23% of working age adults and 22% of older people.

436. The potential for ongoing negative socio-economic impacts of the pandemic requires ongoing dialogue with local communities to assess longer-term mental health consequences. This can be achieved by developing a communication and engagement tool to consult with local voices over a prolonged timeframe, which is currently progressing.

437. This will be especially relevant for older people and those as identified as being vulnerable. The psychological impacts of the pandemic can impact negatively on those who may already be socially isolated. New ways of providing preventative befriending services whilst still social distancing will need to be developed to reduce the potential surge in demand for mental health services from older people.

438. For those on the frontline working during the COVID-19 to keep the NHS, social care and essential services running has taken its toll mental health and emotional wellbeing.

439. For those people hospitalised with COVID-19, there may also be the manifestation of psychological damage, which is as yet not fully understood. These areas of specialism are currently being reviewed by TEWV to address future demand.

440. Whilst the negative impacts of COVID-19 restrictions are recognised, people have also expressed positives impacts of lockdown. These include having more time to spend with their families and a reduction in the exposure to external stressors including school and the workplace.

441. Members of the local community have also indicated a new sense of kindness and community cohesion as people pull together to support each other during the lockdown restrictions. Many people hope this will remain long after the lockdown restrictions have lifted.

442. Many new mutual aid groups in the community have developed during the crisis response to provide support to the most shielded and vulnerable helping to reduce social isolation.

443. These support mechanisms can be built on to provide ongoing connectivity within local communities and help people access local VCSE services. This will add value the prevention and early intervention initiatives developed to ensure low-level mental health issues do not escalate into crisis.

444. The numbers of potential deaths by suicide occurring in County Durham during March-June 2020 during the lockdown restrictions have remained lower during the same time period in the previous year. This may challenge initial perceptions of the negative impact of COVID-19 on mental health but should be monitored for any increasing trends on a longer-term basis.

445. A recent snap-shot review of cases entering mental health services undertaken by Tees Esk and Wear Valley NHS Trust (TEWV) in May-June 2020, indicate 40% of new clients had never accessed mental health services prior to COVID-19 lockdown. This may indicate a potential surge in mental ill health within the general population as the recovery progresses. This may be set to increase if the country enters into economic recession.

446. TEWV also report an increase in community patients known to services who are struggling as lockdown eases. There is an issue re people not accessing any service over the past few months. Primary care are starting to see an increased demand for mental health related issues. 63% of all contacts with the NEAS 111 support line through lockdown were not known to mental health services.

447. In County Durham the Mental Health Strategic Partnership continues to provide the strategic framework for the COVID-19 response for mental health

and emotional wellbeing across the county, linking in with the wider response of the Integrated Care System (ICS) and Integrated Care Partnership.

448. The sub-groups for Children and Young People (via the Children and Young People Local Transformation and Resilience Plan - LTP), Suicide Prevention, Crisis Care Concordat, Dementia and the Resilient Communities Group continue to provide governance for all work currently being delivered.

449. The framework and governance of the MHSP can help to integrate the COVID-19 recovery response for mental health and emotional wellbeing into other key areas of priority highlighted in the HIA.

450. This will help to ensure mental wellbeing is firmly embedded into all partnership work undertaken to reduce the socio-economic impact of COVID-19 and increase the efficacy of the VCSE in engaging with their communities to address identified need.

451. The inclusion of target groups including BAME, GRT, LGBTQ+, refugees, LD and autism and those within the criminal justice system should also be taken into consideration within measures to address mental wellbeing to redress inequalities for those who are most deprived.

Analysis of key priorities: Community Assets and Community Networks

452. The development of the Community Hub in County Durham ensured contact with the 25,909 people registered on the shielded list. Once contacted to assess their needs for essential supplies, medication and social isolation, it became apparent the majority of local residents reported they had used existing family, or community networks to support their needs which indicates there is a level of personal and community resilience within local communities and an active use of existing, local assets during the response phase of the pandemic. This should be investigated further and built upon to maximise opportunities for further community engagement and mobilisation.

453. Whilst volume of demand into the Hub has decreased over time, client vulnerability has become apparent. Clients now engaging with the Hub have multiple and often complex needs linked to social isolation, emotional and mental wellbeing and ability to maintain financial resilience.

454. The Community Hub has provided support to a relatively small number of residents when considering the size of the population in County Durham. This indicates the wider VCSE may have provided significant support to local residents during the early response to the pandemic.

455. This level of community mobilisation and use of VCSE community assets accelerated by the response to COVID-19 lockdown has helped to accelerate the vision of ‘County Durham Together.’

456. The new Approach to Wellbeing provides an important set of criteria helping to nurture community resilience during the recovery period. The criteria can be

adopted by organisations as a guide to integrating health and wellbeing into their everyday practice. This approach can provide a collective approach to reduce inequalities. Organisations can do this by considering ways to:

- Make person centred health and care interventions available to all, ensuring they are empowering rather than stigmatising in approach;
- Working *with* communities to supporting their development and empowerment rather than doing *to* them;
- Acknowledge the differing needs of communities as well as the potential of their assets;
- Focus activities to support the most disadvantaged and vulnerable, helping to build their resilience;
- Align all related strategies, policies and services to reduce duplication and ensure greater impact;
- Develop and deliver services and assets in a way that encourages co-design and co-production with the people who need services and for those who provide support.

457. VONNE have indicated a third of VCSE organisations surveyed suggested they expect to lose more than 50 per cent of their income in the quarter April to June 2020.

458. The result of this may mean the VCSE sector's capacity may be severely limited during lockdown. Many volunteers will be unable to support their organisations on an ongoing basis. Organisations are expecting an average drop in VCSE staffing capacity of a third because of reduced income levels.

459. The outcome on the impacts on the VCSE may result in beneficiaries receiving a significantly reduced service, or no service at all. This may continue into the recovery phase of the pandemic due to the inability to fund raise whilst social distancing measures remain.

460. To respond to this the commissioning strategies for both adult and children's services in County Durham should continue to progress towards place-based approach to test the potential for Alliance contacting model for providers, including the VCSE.

461. The initial intention to progress the model with Community Mental Health contracts should be reviewed in light of COVID-19. The Durham Together provides an ideal opportunity to revisit the model and explore further options for expanding this approach which will help support the VCSE in the long term.

462. AAPs have allocated almost £1 Million of newly identified council funding to almost 200 projects across the county that have been established during the COVID-19 response. Significant amounts of short-term funding have also been made available to VCSE organisations over the last 2 months.

463. County Durham Community Foundation (CDCF) has also awarded £1m of COVID-19 Emergency Funding to date. £443,000 of this was to 99 projects in County Durham specifically.

464. Mitigation on the impact of COVID-19 restrictions on the sector should focus on plans protect community assets in the long term once the short-term funding has been spent. This could be as soon as September 2020.

465. In the meantime, the fragile VCSE sector should be given sustained support using a system-wide approach to maintain its buoyancy during the ongoing period of recovery. This action will help maintain the engagement of those vulnerable residents who find themselves in the most disadvantaged groups.

Monitoring and data sets

466. In order to help to understand the impact of lockdown on the priority areas identified by the HIA, data relating to local residents will enable an assess of the breakdown in need which can then be monitored over a short, medium and long-term timeframe.

467. Local authorities have received a shielded patient list, which is being used as an overarching, ongoing data set for each area. The list is dynamic, providing information on individuals who have specific medical conditions, putting them at higher risk of severe illness should they contract COVID-19.

468. Currently, 25,909 people across County Durham included on this list. They have all received a letter advising them to 'shield', i.e. protect themselves by staying at home and avoiding any face-to-face contact until 30 June (date is regularly reviewed).

469. To date, 13,732 people across County Durham have registered and, of these, 4,184 have highlighted their need for additional support (3,153 related to essential supplies, 261 to basic care and 770 to both).

470. To date, almost 5,713 food packages have been delivered through this route. In addition to centrally sourced data sets, the authority has a cross-referenced households with local datasets that could also indicate vulnerability. This identified a further 72,000 households which have residents who could be clinically, socially or economically vulnerable (taken from the population health management list).

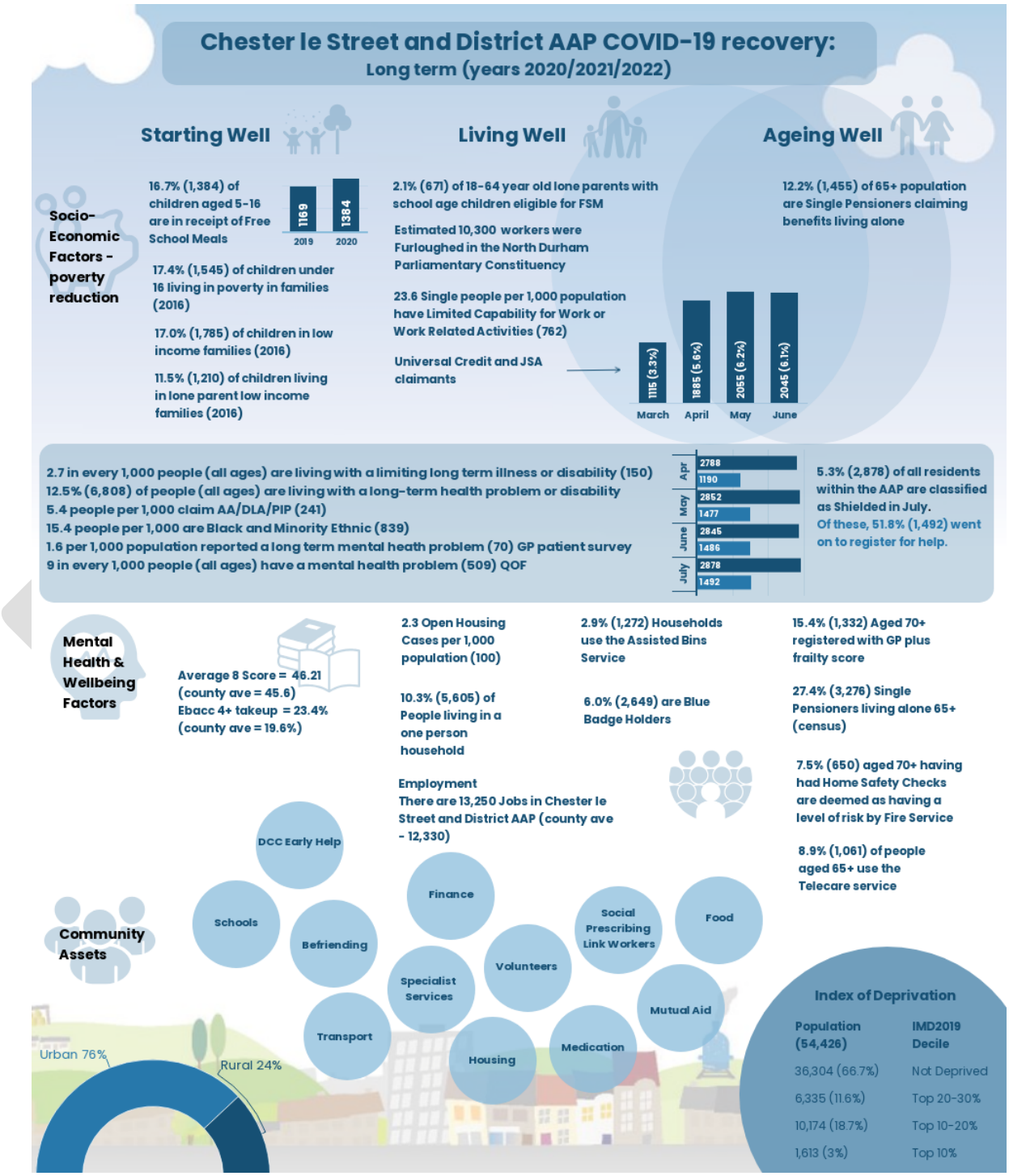
471. The information contained in the ongoing data sets can be used to analyse need at a county wide level through the lens of poverty reduction, mental wellbeing and community assets. This data can then be segmented into Area Action Partnership level to help understand the impact of COVID-19 in each area during each stage of recovery.

472. Data relating to Primary Care Networks boundaries can also be provided as COVID-19 recovery progresses.

473. The monitoring process for the priorities highlighted by the HIA will need to include ‘real time’ data reviewed over a designated timeframe (12, 24 and 36-months) to provide ongoing insight into any change in the needs of local communities

474. The data sets will also provide the ongoing narrative underpinning the evidence base on the outcomes of the recovery and its impact on inequalities.

Figure 7. Example Infographic highlighting HIA datasets for Chester-le-Street AAP.



475. Data sets will be provided for each of the 14 AAP areas to enable local communities to understand factors impacting on health at a place-based level

Conclusion

476. The response to the COVID-19 pandemic will continue to develop over time as the local communities in County Durham learn to live the virus until such a time as a vaccine can be found. Until that time, measures to help protect the public including varying policies for social distancing and lockdown will be maintained as the recovery moves to managing local outbreak situations.

477. As a consequence of the pandemic and governmental policies, health inequalities are expected to rise in our most deprived communities. This will be due to the prolonged socio-economic impact of COVID-19 lockdown on residents, their families, the communities in which they live and local businesses.

478. The recovery phase to the pandemic instigated by health, social care, education, housing, criminal justice, communities, environment, business and the economy all need to adapt to the changes once the restrictions are lifted and the economy reopens.

479. The pandemic has brought many negative areas of impact to people's lives, but also some positive. The ability to innovate and integrate approaches to the delivery of care through digital methods and shared practice has accelerate the pace of change for new ways of working. These developments can be maximised to move system-wide approaches into the new normal.

480. This rapid Health Impact Assessment (HIA) on health inequalities initiated by the County Durham and Darlington Health, Welfare and Communities Recovery Group has provided a 'snapshot' insight into the impact of COVID-19 lockdown using a place-based approach.

481. The focus on socio-economic factors impacting on levels of financial resilience, mental health and emotional wellbeing and the use of community assets and networks can now move into the action phase as part of the recovery process.

482. The requirement to ensure vulnerable, shielded and minority groups are targeted for consideration and has also been highlighted as a core function of helping to reduce inequalities.

483. This includes ensuring early help, safeguarding, risk management and inclusion processes are implemented for the most deprived communities.

484. The recommendations made by the HIA present opportunities for all partners to work together to address the pending impacts of COVID-19 on health inequalities.

485. Data produced at a place-based level will enable those partners to assess the impact of their activities on inequalities over time.

Recommendations.

Using a system-wide approach	**Organisation**	**Timeline 2020, 2021, 2022**
10. Ensure findings from this HIA are shared with regional partnerships such as the integrated care system and LA7 strategy group to work to reduce health inequalities across the NE	LA, NHS, VCSE, Businesses	Short term
11. Key findings and recommendations from HIA become embedded into existing local plans for recovery such as the refreshed joint health and wellbeing strategy	LA, NHS, VCSE, Businesses	Short term
12. Utilise the data and intelligence drawn from the HIA into all refreshed strategies to inform planning.	LA, NHS, VCSE, Businesses	Short term
13. Develop communication mechanisms to engage with the voice of children, young people and adults to ensure recovery is undertaken WITH our communities and not done to them	LA, NHS VCSE	Short, medium and long term
14. Develop and Ageing Well Strategy to inform future policy and service delivery across the system	LA, NHS VCSE	Short term
15. Focus targeted work on vulnerable and marginalised groups as part of COVID-19 recovery to reduce preventable inequalities	LA, NHS, VCSE, Businesses	Short, medium and long
16. Link to the County Durham Poverty Reduction Strategy and Poverty Reduction Action Plan to: v) Prioritise the reduction of food poverty through school-based and wider community approaches. vi) Improve all partner pathways to ensure understanding of how to access statutory and VCSE support vii) Train whole-system workforce to raise awareness of welfare support and impact money worries can have on health and wellbeing	 Schools and VCSE LA, NHS LA, NHS, VCSE LA, NHS, VCSE, Businesses	 Short, medium and long Short term Medium and long-term

viii)	Undertake a specific review to understand the impact on older people and poverty linked to an ageing well strategy.	LA, NHS	Medium and long-term
17.	Link to the County Durham Mental Health Strategic Partnership to:		
viii.	Increase access to low level early mental health support pathways for children and young people within educational and community settings – graded response and trauma informed. Consideration given for most vulnerable populations such as LGBTQ+.	LA, educational settings NHS, VCSE	Short, medium, long term
ix.	Using population health management approaches and forecasting across the system, consider how to support prevention and early intervention to mitigate as far as possible any increased demand to secondary care	LA, NHS, VCSE, Businesses	Short, medium, long term
x.	Develop and implement a streamlined information resource to provide access for communities and individuals to support for mental health and emotional wellbeing	MHSP	Medium and long term
xi.	Train system-wide workforces to address mental health and emotional wellbeing in local communities. – mental health champions and MECC	LA, NHS, VCSE, Businesses	Medium, Long term
xii.	Develop system response and offer to support the workforce (key workers) with a mental health and emotional wellbeing needs/moral injury that have developed as a result of COVID-19, eg through development of a resilience hub	TEWV, CDDFT, VCSE, Primary Care	Short, medium, long term
xiii.	Provide targeted support for COVID survivors and their families – CDDFT, TEWV, VCSE, Primary Care	TEWV, CDDFT, VCSE, Primary Care	Short, medium and long term
xiv.	Undertake consultation with older people and carers as part of a developing ageing well strategy	LA, NHS, VCSE	Medium and long term
18.	Build resilience in community assets and community networks to:		
ix.	Maintain and further develop the Community Hub to continue engagement with vulnerable and shielded populations ensuring system interface	LA, NHS	Short, medium
x.	Map and add to Locate community assets to provide ongoing support for local residents utilising a place-based approach.	LA	Short, medium

xi.	Improve service user pathways to access statutory and VCSE support mechanisms as standard.	LA, NHS	Short, medium
xii.	Support the VCSE by providing sustained funding and measure outcomes to beneficiaries.	LA, VCSE	Short, medium and long
xiii.	Maintain support for volunteers and increase options to recruit more.	LA, VCSE	Medium and long
xiv.	Progress Alliance contracting model to build community resilience.	LA, VCSE	Medium and long
xv.	Adopt the wellbeing approach across County Durham	LA, NHS, VCSE, Businesses	Short, medium and long
xvi.	Ensure the community is prepared to respond to a second wave and local outbreaks	LA, NHS, VCSE, Businesses	Short, medium and long

Describe health impact area	Will health impact affect whole population, or targeted groups	Will the health impact be difficult to resolve, or have irreversible impact	Will health impact be medium to long-term	Are the health impacts likely to generate public concern	Are health impacts likely to generate cumulative impact	Will the health impact have positive, or negative impacts	Scoping outcome for action
Poverty Reduction	Whole population and targeted group	Difficult to resolve during lockdown for deprived groups	Medium and long term	Yes	Yes as pandemic progresses	Negative	High Impact
Education and Skills	Whole population and targeted groups	Ongoing	long term	Yes	Yes until schools re open	Negative and positive reports for CYP not going to school	Low/Medium Impact
Housing	Targeted group	Can be resolved depending on capacity	Medium and long term	Yes	Yes as pandemic progresses	Negative	Medium impact
Homelessness	Targeted group	Has been resolved during lockdown	Medium and long term	Yes	Yes as pandemic progresses	Negative	Low/Medium Impact
BAME	Targeted groups	Ongoing	Medium and long term	Yes	Yes as pandemic progresses	Negative	Requires further enquiry
GRT	Targeted group	Required further investigation	Medium and long term	Yes, but potentially limited due to stigmatised nature of the group	Yes as pandemic progresses, but will reduce after lockdown	Negative	Requires further enquiry
Refugees	Target group	Can be resolved after lockdown	Medium term	In some areas	Yes as pandemic progresses, but will reduce after lockdown	Negative – with some positive stories in County Durham	Requires further enquiry
LGBTQ+	Target group	Can be resolved after lockdown	Medium term	In some areas	Yes as pandemic progresses, but will reduce after lockdown	Negative but will reduce after lockdown	Medium impact during lockdown Requires further enquiry
Learning Disabilities and Autism	Target group	Can be resolved after lockdown	Medium term	Yes	Yes as pandemic progresses	Negative	Medium Impact during lockdown
Carers	Target group	Can be resolved after lockdown	Medium to long term	Yes	Yes as pandemic progresses	Negative	Medium/High impact during lockdown
Mental Health and Wellbeing		Can be resolved after lockdown but may have long term impacts	Medium to long term	Yes	Yes as pandemic progresses	Negative, but also some positive benefits for CYP not going to school. Reduction in stress whilst in lockdown. increasing family connections.	High Impact
Criminal Justice	Target group	May increase after lockdown is lifted	Medium to long term	Yes	Yes as pandemic progresses	Negative	Medium increasing to high as lockdown lifts
Domestic Abuse	Universal and target group	Can be resolved after lockdown but may	Medium term	Yes	Yes as pandemic progresses, but will	Negative	High impact

		have long term impacts			reduce after lockdown		
Safeguarding	Universal and vulnerable groups	On going	Medium to long term	Yes	Yes as pandemic progresses	Negative	High Impact reducing after lockdown
Community Networks and mobilisation	Universal and target groups	Can be resolved after lockdown but may have long term impacts	Medium and long term	Yes	Yes as pandemic progresses	Negative, but positive for community mobilisation	High Impact reducing after lockdown
5-Year NHS Plan – access, Screening and LTC	Universal	Can be resolved after lockdown but may have long term impacts	Medium and long term	Yes	Yes as pandemic progresses, but will reduce after lockdown	Negative for access, screening, scheduled operations, LTC	High impact reducing after lockdown
Tobacco Control	Targeted group	Ongoing	Medium and long term	Yes	Yes as pandemic progresses, but will reduce after lockdown	Negative	Medium/Low Impact
Alcohol and Drug Harm Reduction	Whole population and targeted group	Substance misuse may increase due to lockdown	Medium and long term	Yes	Yes as pandemic progresses, but will reduce after lockdown	Negative	Medium/Low Impact
Environment – Urban and rural	Whole population and targeted group	Ongoing developments	Medium and long term	Yes	Yes as pandemic progresses, but will reduce after lockdown	Negative	Low/Medium Impact

Appendix 2.

Clinically extremely vulnerable groups

Taken from Government Guidance 31st May 2020

Expert doctors in England have identified specific medical conditions that, based on what we know about the virus so far, place some people at greatest risk of severe illness from coronavirus. Disease severity, history or treatment levels will also affect who is in this group.

Clinically extremely vulnerable people may include:

1. Solid organ transplant recipients.
2. People with specific cancers:

- people with cancer who are undergoing active chemotherapy
- people with lung cancer who are undergoing radical radiotherapy
- people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
- people having immunotherapy or other continuing antibody treatments for cancer
- people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
- people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs

3. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD).
4. People with rare diseases that significantly increase the risk of infections (such as severe combined immunodeficiency (SCID), homozygous sickle cell).
5. People on immunosuppression therapies sufficient to significantly increase risk of infection.
6. Women who are pregnant with significant heart disease, congenital or acquired.
7. Other people have also been classed as clinically extremely vulnerable, based on clinical judgement and an assessment of their needs. GPs and hospital clinicians have been provided with guidance to support these decisions.

Appendix 3. Definition of VCSE

National Audit Office uses the following definition to distinguish between the differing levels of TSO's, commonly referred to as Voluntary, Community Sector and Enterprise (VCSE).

Voluntary and Community Sector
Includes registered charities, as well as non-charitable non-profit organisations, associations, self-help groups and community groups. Most involve some aspect of voluntary activity, though many are also professional organisations with paid staff. 'Community organisations' tend to be focused on localities or groups within the community; many are dependent entirely or almost entirely on voluntary activity.

General charities
Charities registered with the Charity Commission except those considered part of the government apparatus, such as universities, and those financial institutions considered part of the corporate sector.

Social enterprises (and community businesses)
A business with primarily social objectives whose surpluses are principally reinvested for that purpose in the business or community, rather than being driven by the need to maximise profit for shareholders and owners.

Mutual Aid and Co-operatives
Membership-based organisations run on a democratic basis for the benefit of their members. Members may be their employees or their consumers or be drawn from the wider community. Some employee co-operatives may be essentially private businesses but many mutuals and co-operatives consider themselves part of the social enterprise sector.

References

Age UK. Risk for older people in the community from coronavirus. Published: 17th June 2020. https://www.ageuk.org.uk/discover/2020/06/risk-older-people-community-coronavirus/.

Alcohol Change UK. Drinking .during lockdown: headline findings. April 2020. https://alcoholchange.org.uk/blog/2020/covid19-drinking-during-lockdown-headline-findings.

Armstrong S, How a scramble for covid-19 evidence is leaving clinicians and the public wanting. BMJ (2020) 369:310-311 and Glasziou P, Sanders S and Hoffmann T, Waste and harm in Covid-19 research. BMJ (2020) 369:312.

Atherton H, Brant H, Ziebland S, Bikker A, Campbell J, Gibson A, et al. The potential of alternatives to face-to-face consultation in general practice, and the impact on different patient groups: a mixed-methods case study. Health Serv Deliv Res 2018;6(20)

Balance. New research reveals NE drinking habits during lockdown. April 2020. http://www.balancenortheast.co.uk/latest-news/new-research-reveals-ne-drinking-habits-during-lockdown

BMJ. Covid-19: “Staggering number” of extra deaths in community is not explained by covid-19. BMJ 2020; 369 doi: https://doi.org/10.1136/bmj.m1931 (Published 13 May 2020) https://www.bmj.com/content/369/bmj.m193.

Bourne, J. (2005) Working with the Third Sector, London, National Audit Office. https://www.nao.org.uk/report/working-with-the-third-sector/

Care Quality Commission. CQC publishes data on deaths of people with a learning disability. 2 June 2020. https://cqc.org.uk/news/stories/cqc-publishes-data-deaths-people-learning-disability.

Carers UK. “Caring Behind Closed Doors 2020.” Forgotten families in the coronavirus outbreak. April 2020 https://www.carersuk.org/images/News_and_campaigns/Behind_Closed_Doors_2020/Caring_behind_closed_doors_April20_pages_web_final.pdf?dm_i=74C,6UHUM,E52GFY,RGBHN,1.

Changing Lives. Our Open Letter to the Government: More must be done to protect women experiencing sexual violence and abuse during the Covid-19 outbreak. 16th April 2020. https://www.changing-lives.org.uk/news-stories/our-open-letter-to-the-government/

Cochrane Library. Tobacco Control Special Collection’s. Coronavirus (COVID-19): effective options for quitting smoking during the pandemic. Published 11 May 2020. https://www.cochranelibrary.com/collections/doi/SC000042/full

Community Foundation serving Tyne & Wear and Northumberland. 31st March 2020. https://beta.charitycommission.gov.uk/charity-details/?regid=700510&subid=0

County Durham CCG Covid-19 Headlines, Issue 46, 22 May 2020.

Cuthbertson BH et al. The PRaCTICaL study of nurse led, intensive care follow-up programmes for improving long term outcomes from critical illness: a pragmatic randomised controlled trial. BMJ 2009; 339 doi: https://doi.org/10.1136/bmj.b3723.

Department of Health, Department of Education. Transforming Children and Young Peoples Mental Health. (DoH, 2017).

Department of Education. 2011 https://www.gov.uk/government/news/persistent-absence-government-changes-definition-to-deal-with-reality-of-pupil-absenteeism-in-schools.

DoH, DfE 2017 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664855/Transforming_children_and_young_people_s_mental_health_provision.pdf

Durham Community Action. County Durham VCSE Sector. Covid-19 Impact Survey Summary. May 2020

Durham Insights. Insight and Intelligence to Inform. https://www.durhaminsight.info/

Economic and Social Research Council. Educational outcomes. ESRC, 2014

ESRC 2014 https://esrc.ukri.org/news-events-and-publications/evidence-briefings/the-wellbeing-effect-of-education/

Europol. Beyond the Pandemic - What will the criminal landscape look like after Covid-19? (30 April 2020).

Forbes LJ, Marchand C, Doran T, Peckham S. The role of the Quality and Outcomes Framework in the care of long-term conditions: a systematic review. Br J Gen Pract. 2017;67(664):e775-e784. doi:10.3399/bjgp17X693077.

Ghaziuddin, M , Ghaziuddin, N, Greden, J. Depression in persons with autism: implications for research and clinical care. National Library of Medicine. 2002 Aug;32(4):299-306. doi: 10.1023/a:1016330802348.

Greenhalgh T, Vijayaraghavan S, Wherton J, et alVirtual online consultations: advantages and limitations (VOCAL) studyBMJ Open 2016;6:e009388. doi: 10.1136/bmjopen-2015-009388.

Global Drugs Survey, April 2020. https://www.globaldrugsurvey.com/gds-surveys/

Global Initiative. Crime and Contagion: The impact of a pandemic on organized crime. 2020-03-26. Retrieved 2020-04-12.

Government Scientific Advisory Group for Emergencies (SAGE). Minutes and papers from the Scientific Advisory Group for Emergencies (SAGE) meetings held in March 2020. Published 3rd March 2020.

Hahn & Truman 2015 https://pubmed.ncbi.nlm.nih.gov/25995305/

Harper, S. Lynch, J. Meersman, S. Breen, N. Davis, W. Reichman ME. Respond to “Measuring Social Disparities in Health.” American Journal of Epidemiology, Volume 167, Issue 8, 15 April 2008, Pages 905–907, https://doi.org/10.1093/aje/kwn015.

HM Government. GOV.UK. COVID-19: supporting adults with learning disabilities and autistic adults. Published 24th April 2020.

HM Government, GOV.UK. COVID-19 Support Packs. June 2020. Updated 9 July 2020

HM Government. GOV.UK. Press release. £105 million to keep rough sleepers safe and off the streets during coronavirus pandemic. Published 24 June 2020

HM Government. Treasury Committee. 'Gap's in Support' Report. Published June 2020.

HM Government. GOV.UK. Opinion and Lifestyle Survey for June 25th-June 2020. Published July 2020.

HM Government. Legislation.GOV.UK. 2020. https://www.legislation.gov.uk/ukpga/2020/7/contents/enacted.

HM Government. GOV.UK update. Personal and Economic Well-being in Great Britain: April to May 2020. Published 18th June, 2020.

HM Government. GOV.UK. Guidance for landlords and the private rental sector. Published March 31st 2020.

HM Government. GOV.UK. Coronavirus (COVID-19): business support grant funding - guidance for local authorities. GOV.UK Guidance. Published 24 March 2020

HM Government. GOV.UK. Coronavirus (COVID-19): providing home care. GOV.UK Guidance. Published 22 May 2020

HM Government. GOV.UK. COVID-19: background information. GOV.UK Guidance. Published 16 January 2020

HM Government. GOV.UK. Financial support for voluntary, community and social enterprise (VCSE) organisations to respond to coronavirus (COVID-19). GOV.UK Guidance. Published 20 May 2020.

HM Government. GOV.UK. Up to £15 million to support the Citizens Advice service during COVID-19 pandemic. Published 24 March 2020.

HM Government. GOV.UK. COVID-19 funding for domestic abuse and sexual violence support services. Published 19th May, 2020.

HM Government. GOV.UK. COVID-19: guidance for supported living and home care. Published 13th March 2020.

HM Government. GOV.UK. Alcohol- attributable fractions for England: An update. PHE Publications. Published 12th June 2020.

Holmes, EA (2020) Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science Lancet Psychiatry

Ipsos Mori and Kings College London 'Life Under Lockdown' Survey (2020).

Joseph Roundtree Foundation. Child Poverty (2019). https://www.jrf.org.uk/people/child-poverty

Kings College. Maintaining Health and Wellbeing During the COVID-19 Pandemic: resources from the Institute of Psychiatry, Psychology & Neuroscience, Kings College London. 7th April 2020. Video recordings of all of the talks here https://www.kcl.ac.uk/events/maintaining-health-and-wellbeing-during-the-covid-19-pandemic

Labonte R. Heart health inequalities in Canada: Modules, theory and planning1992.

Lancet schools: Alexander KL, Entwisle DR, Olson LS. Lasting consequences of the summer learning gap. Am Sociol Rev. 2007; 72: 167-180

Larson, E. (2006) 'Caregiving and Autism: How Does Children's Propensity of Routineization Influence Participation in Family Activities ?' Occupational Therapy Journal of Research 26(2): 69-79.

Learning Disability Mortality Review Programme (LeDeR) 2020. http://www.bristol.ac.uk/sps/leder/resources/annual-reports/

Learning Disability Social Care Provider Covid19. Resource Pack. Edition 1: June 2020. england.learningdisabilitynetwork@nhs.net

Liu, Y. Ning, Z. Chen, Y. Guo, U. Liu, Y. Kumar Gali, N. Sun, Li. Duan, Cai, J. Westerdahl. Liu, X. Xu. Ho, K. Kan, H. Fu, Q & Lan, K. Aerodynamic analysis of SARS-CoV-2 in two Wuhan hospitals. Nature volume 582, pages557–560(2020). 27th April, 2020.

Marmot, M. Fair Society, Healthy Lives. The Marmot Review (2012). Strategic review of health Inequalities in England post 2010. Published by The Marmot Review February 2010. ISBN 978–0–9564870–0–1

Mazurek, M. Loneliness, friendship, and well-being in adults with autism spectrum disorders. 2014. National Library of medicine. Apr;18(3):223-32. doi: 10.1177/1362361312474121. Epub 2013 Oct 3.

Ministries of Housing, Communities and local government. Index of Multiple Deprivation (IMD) 2019 is the official measure of relative deprivation for small areas (or neighbourhoods) in England. 2019. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/835115/IoD2019_Statistical_Release.pdf

Mullins E, Evans D, Viner RM, O'Brien P, Morris E. Coronavirus in pregnancy and delivery: rapid review. Ultrasound Obstet Gynecol 2020; 55: 586– 592. Wiley Online Library

NFA: 13 May 2020, England. Source: Public Health England Second Generation Surveillance System and Ministry of Housing, Communities and Local Government.

ONS: Internet access – households and individuals, Great Britain: 2019. August 2019. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/householdcharacteristics/homeinternetandsocialmediausage/bulletins/internetaccesshouseholdsandindividuals/2019

Office for National Statistics. https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronavirusrelateddeathsbyethnicgroupenglandandwales/2march2020to10april2020#ethnic-group-differences-in-deaths-involving-covid-19-adjusted-for-main-socio-demographic-factors and https://www.ons.gov.uk/releases/covid19relateddeathsbyoccupationenglandandwalesdeathsregistereduptoandincluding20thapril2020

Petrilli Cm et al. Factors associated with hospital admission and critical illness among 5279 people with coronavirus disease 2019 in New York City: prospective cohort study BMJ (2020); 369 doi: https://doi.org/10.1136/bmj.m1966

Public Health England. Public health profiles. Child Poverty. 2020. https://fingertips.phe.org.uk/search/child%20poverty/page-options/ovw-do-0

Public Health England. Disparities in the risk and outcomes of COVID-19. PHE publications. June 2020. http://bristol.ac.uk/primaryhealthcare/news/2020/rapci.html

Public Health England. COVID-19 Support Packs, June 2020

Public Health England, LGA, ADPH. COVID-19 Place-based approach to reducing health inequalities. PHE Publications. May 2020.

Public Health England, LGA, ADPH. COVID-19 Suggestions for mitigating the impact on health inequalities at a local level. PHE Publications. May 2020.

Public Health England, LGA ADPH. COVID-19 Summary of published guidance and support for vulnerable groups. PHE Publications. May 2020.

Public Health England. Public Health England Second Generation Surveillance System. PHE Publications. May 2020.

Public Health England. Printable screening: national summary information resource. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/816639/Population_screening_summary_-_national.pdf

Public health England. Public Health England Segmentation Tool. PHE Publications (2019) https://www.gov.uk/government/statistics/segment-tool-2019-data-update.

Public Health England. PHE report Beyond the Data: Understanding the impact of COVID-19 on BAME groups. 17th June 2020. PHE publications.

Sani, G. Janiri, D, Di Nicola M, Janiri, L, Ferretti S, Chieffo, D. Mental health during and after the COVID -19 emergency in Italy. Wiley Online Library. 04 April 2020|. https://doi.org/10.1111/pcn.13004. Citations: 17

Schwartz AE, Rothbart MW. Let them eat lunch: the impact of universal free meals on student performance.J Policy Anal Manage. 2019; (published online Oct 10.) DOI:10.1002/pam.22175

Scottish Commission for Learning Disabilities. (SCLD, June 2020). https://www.scld.org.uk/

Stonewall (April, 2020). https://www.stonewall.org.uk/about-us/news/covid-19-%E2%80%93-how-lgbt-inclusive-organisations-can-help.

Tees Esk and Wear Valley NHS Trust. Modelling of Impact of COVID19 on Mental Health Services. Presentation given to Health, Welfare and Communities Group. Durham County Council. July 2020.

United Nations. Poverty and age (May 2020). https://www.un.org/en/sections/issues-depth/ageing/

Voluntary Organisations' Network North East (VONNE). North East VCSE Sector Covid-19 Impact Survey. April 2020.

WHO. Mental health & COVID-19. 18th March, 2020. https://www.who.int/teams/mental-health-and-substance-use/covid-19.

WHO. Statement from the Head of the Convention Secretariat, Dr Adriana Blanco Marquizo Tobacco control during the COVID-19 pandemic: how we can help. 4 May 2020

Sport England's Active Lives Adult Survey. (2018/19). https://www.sportengland.org/know-your-audience/data/active-lives

Websites:

https://scienceblog.cancerresearchuk.org/2020/04/21/how-coronavirus-is-impacting-cancer-services-in-the-uk/

https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/05/Statistical-commentary-April-2020-jf8hj.pdf

https://www.england.nhs.uk/wp-content/uploads/2019/02/independent-review-of-cancer-screening-programmes-interim-report.pdf

https://www.cancerresearchuk.org/health-professional/cancer-statistics/diagnosis-and-treatment#heading-Zero

Clinically Vulnerable People. https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing#clinically-vulnerable-people

https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19

https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/preparedness-letter-primary-care-19-march-2020.pdf

Letter from Sir Simon Stevens and Amanda Pritchard re: Second Phase of NHS response to Covid-19. Available from: https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/second-phase-of-nhs-response-to-covid-19-letter-to-chief-execs-29-april-2020.pdf