

The wider impacts of COVID-19 and recovery of population health in London

Initial findings from a series of seven rapid evidence reviews and
stakeholder workshops



MAYOR OF LONDON



Overview

This slide pack summarises interim findings of two projects looking at the wider impacts of the pandemic and population health recovery in London. We provide a summary of a series of seven desktop literature reviews and workshop consultations.



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The project team

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Wider impacts project: aim and scope

Project aim

To establish an evidence base about the wider impacts of the COVID-19 pandemic on health equity and the determinants of population health in London.

What do we mean by 'wider impacts' of COVID-19?

- Living with a pandemic in a broad sense, including the impacts of lockdown, school closures and health system changes
- They may have short, medium and/or long-term implications for population health
- Impacts may be positive or negative
- The evidence base for these impacts are often still at an early stage, incomplete or speculative

The impacts of COVID-19 are not felt equally by all and we are particularly interested in those impacts that have the greatest impact on health equity.

Recovery of population health project: aim and scope

The Recovery project aims to identify possible scenarios for the future (3-5 years' time) of population health outcomes and identify actions and policy considerations to ensure a healthier London and strengthened public health system.

It intends to identify challenges, opportunities and actions at different geographical footprints and to inform London-wide and local planning and activity on recovery.

Background review methods

Rapid review to inform workshop discussion included:

- Literature searches (grey and peer-reviewed)
- Media report monitoring
- Proceedings and papers of London meetings (e.g. London Health Board) and recovery plans to identify emerging themes
- Mapping Public Health Outcomes Framework indicators most likely to be affected and exploring possible direction of travel
- Hypothesis generation – why and how?

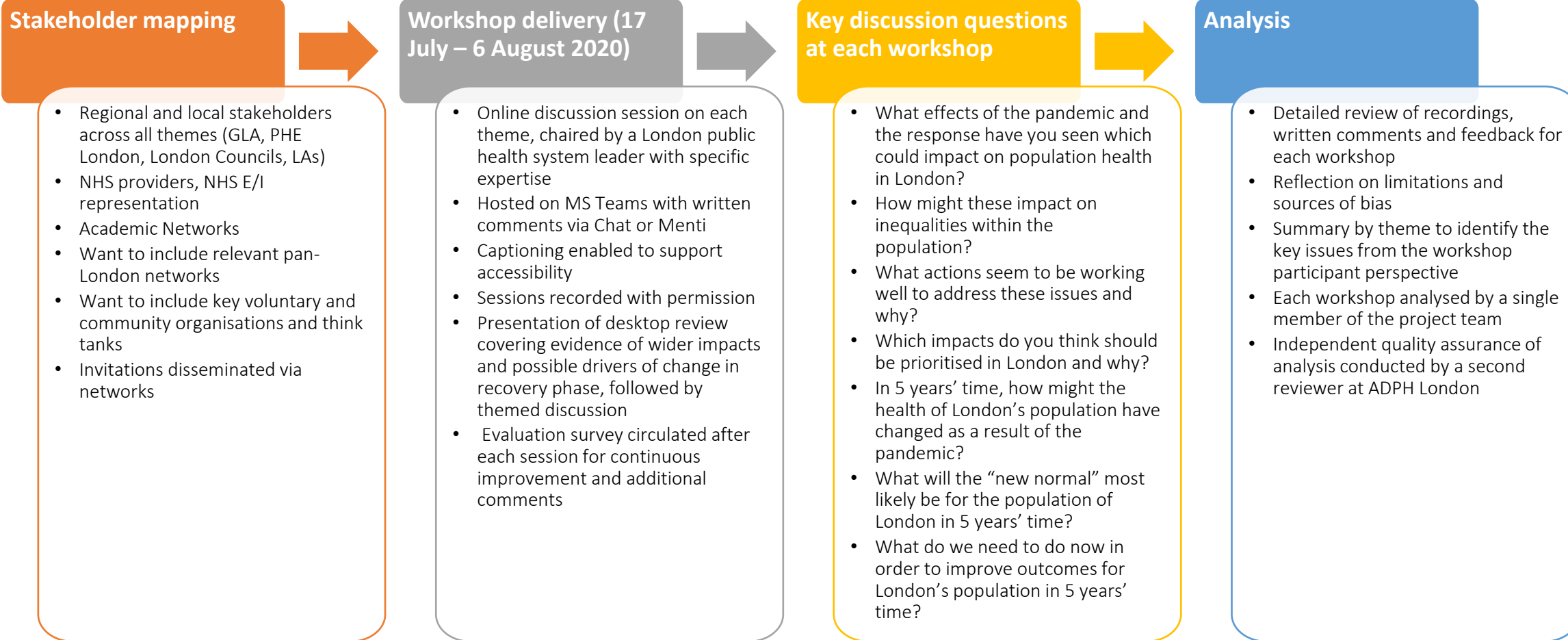
Introduction to the workshop series



Our objectives were to:

- Share initial findings from our desktop review of the wider impacts of COVID-19 and the emerging themes for recovery
- Facilitate a collective conversation about the wider impacts of COVID, from a London regional and local perspective
- Gather feedback on what stakeholders feel are important themes and considerations for the recovery phase, for Londoners' health
- Gather information to inform our mapping of local and regional assets, activities and plans that are being developed or already exist.

Workshop methods



Workshop chairs and facilitators

Date and Time	Workshop Theme	Focus	Chairs	Facilitators	Max no. dialled in
17 July 2020 10:00 - 12:00	Healthy Children	pregnancy, early years, and children and young people	Marilena Korkodilos , PHE London	Suzanne and Ellen	74
21 July 2020 10:00 – 12:00	Healthy Minds	mental health and wellbeing, mental illness, and suicide	Dan Barrett, Thrive London	Aideen and Ellen	80
23 July 2020 14:00 – 16:00	Healthy Places (Environment)	air quality, active travel, parks and green spaces, and housing	Paul Pilkington, Transport for London	Aideen, Katie and Emily	77
28 July 2020 14:00 – 16:00	Healthy Communities	community cohesion, volunteering and mutual aid, domestic violence and safeguarding, youth violence, and racism and discrimination	Jane Leaman , Violence Reduction Unit	Emily and Aideen	80
29 July 2020 14:00 – 16:00	Healthy Living	physical activity, food security and nutrition, alcohol and substance misuse, smoking and gambling	Iona Lidington, Director of Public Health, Kingston	Ellen and Suzanne	75
04 August 2020 10:00 – 12:00	Healthy Places (Economy)	poverty, income inequality, employment and healthy work	Vicky Hobart, GLA	Suzanne, Emily and Hannah	75
06 August 2020 14:00 -16:00	Health and Care	screening programmes, immunisation programmes, NHS services (primary and secondary), sexual and reproductive health, dentistry and oral health, social care and digital innovations in healthcare	Angela Bartley, ELFT	Suzanne and Emily	44

Healthy Children

Our first in the series of workshops focused on pregnancy, infancy, children and young people (we define young people as up to the age of 24 in order to cover the key period of transition from childhood into adulthood, education into work and associated transitions in care).

London context - infancy and early childhood

	Indicator	Pre-Covid	Context
Overall Health Outcomes	Healthy Life Expectancy at birth		- There are approximately 1.9m children in London, and 37% of them live in relative poverty (after housing costs) - 38% of families with children in London reported struggling to make ends meet, and 11% using a food bank, in May 2020
	Infant mortality		
	Child mortality		
	Low birth weight		
Health Behaviours	Breastfeeding		- London and Manchester showed the greatest fall in MMR vaccination during lockdown (43% reduction compared to the same period in 2019). Hexavalent new-born vaccination rates only declined by a small amount.
	Oral health		
	Overweight and obesity		
Health Protection	New Born Screening		- In some boroughs, 40% of Health Visitors were redeployed at the height of the pandemic, producing a backlog of 1 and 2 year old development reviews
	Immunisation at 1 and 2 years		
	Flu vaccination		
	BCG vaccination		
Wider Determinants	% experiencing ACEs		- At the end of May 2020, London had the smallest proportion of children undertaking 60 minutes+ exercise per day of all English Regions
	A&E admissions (unintentional and deliberate injury)		
Health inequalities	Children in Care		
	Children in Need		
	Children with Child Protection Plans		
	School Readiness		

London context - childhood and adolescence

	Indicator	Pre-Covid
Overall	Teenage conception	
Health Behaviours	Common mental health illness	
	Overweight and obesity	
	% of young people that do physical activity	
	Smoking prevalence	
	Admissions for alcohol specific conditions	
Health Protection	Incidence of new HIV and STIs	
	Total prescriptions of LARC	
	School aged vaccination coverage	
Wider Determinants	% experiencing ACEs	
	Educational attainment (average attainment 8 score)	
	16-17 year old NEET	
	A&E admissions	
	Youth violence	
	Contact with the criminal justice system	
	Hospital admissions relating to asthma 0-19 years	
Health inequalities	Children in Care immunisations	
	Children in low income families	
	% LAC with emotional wellbeing of concern	

Key themes from the wider impacts literature review

Maternal, antenatal and early years (0-5)	• Reduced support in pregnancy and for new parents, e.g. parenting classes and breastfeeding support • Change in unplanned pregnancy rates • Reduced take-up of routine immunisations leading to potential future outbreaks • Closure of early years settings removes opportunities for early socialisation and development • Lack of childcare impacts on parental employment and income
School-aged children (5-16)	• Concerns around educational attainment gap due to school closures • Differential home schooling provision, environment and equipment • Changes (reductions?) in physical activity and diet for children, including loss of free school meals and breakfast clubs – child obesity was already high in London and links with deprivation • Family financial circumstances, poor housing and food insecurity impacts on children
Transition to adulthood	• Disruption to education and exams, along with financial constraints, may limit future opportunities • Economic recessions have tended to have a disproportionate impact on young people's employment • Young adults have been more likely to lose jobs, be furloughed, and work in a sector forced to close than other age groups. They are less likely to be able to work from home. • Scarring impacts of early unemployment and debt on health over the life course
Safeguarding and mental health	• Fewer opportunities to identify and monitor safeguarding concerns, and reduced access to support for children and families • Evidence that child maltreatment and domestic abuse increase during periods of economic recession • Multiple stressors impacting mental health of children and young people, including changes to or lack of routine, increased isolation, uncertain future, stress and anxiety and bereavement

Pregnancy: key drivers and examples of actions for recovery

Key drivers:

Disruption to key services may result in lasting impacts

Lockdown measures have increased exposure to specific risk factors

Gender inequalities during COVID



Possible solutions for recovery:

A greater role for technology in delivering aspects of antenatal care

Universal mental health offer to first time parents as part of the antenatal and postnatal pathways

A flexible collective workforce to aid with recovery and “catch up”

Policies that support equal parenting and improve earning and career prospects for women

Infancy and early childhood: key drivers and examples of actions for recovery

Key drivers:

Disruption to key services in multiple settings may result in lasting impacts

Economic recession can have permanent scarring effect on infants born into this period

Toxic stresses and safeguarding risks increase the number of vulnerable children

Unequal distribution of the negative impacts of closures



Possible solutions for recovery

Delivering services in alternative settings and increasing role of digital solutions

Recognising the role of early years settings in tackling health inequalities

Improve access to additional tuition through distanced learning for primary and secondary schools (Open University approach)

Better housing policy during times of economic insecurity - eviction bans, mortgage holidays, better protection for private renters

Childhood and adolescence: key drivers and examples of actions for recovery

Key drivers:

Digital exclusion widening educational attainment gap

Social isolation and anxiety and the impact on mental health and wellbeing

Young people at risk of long term worklessness and reduced earning potential

Increased family time which may shift attitudes and behaviours



Possible solutions for recovery

Open access to internet across London and libraries that enable CYP to borrow laptops and tablets to support education and work

Co-designed digital mental health solutions for and with young people

Universal mental health offer for CYP

Protecting and investing in apprenticeships and training and employment opportunities for young people leaving education

Key findings from workshop consultation (1)

Participants highlighted:

- The importance of taking a **child-centred** approach
 - Strengths and resilience that children and young people have
 - Young people as leaders in the recovery phase
 - Making London a child friendly city, and service changes flow from this
- The impact of loss of **play** opportunities for children
- That BAME children were less likely to have returned to **school** in June in Camden and Islington
- There has been a shift in **advertising** of foods high in fat, salt and sugar away from physical billboards to online
- There is now a backlog of 1 and 2 year old **development reviews**, and potential knock-on consequences from later diagnoses
- The importance of **relational aspects of mental health support** for children – current approaches seem to focus on individual resilience (e.g. CBT, self-help) and neglect the role of teachers and other adults in helping groups of children process the experience of the pandemic together

Key findings from workshop consultation (2)

Both the literature review and the workshop identified particular groups who have been, and are likely to continue to be, disproportionately impacted by the pandemic:

- Black, Asian and Minority Ethnic children
- Children in poverty, including those in temporary accommodation and with no recourse to public funds
- Those who are vulnerable at home, including domestic violence and neglect
- Looked-after children
- Children with pre-existing health conditions, physical and learning disabilities
- Those in places of detention

Gaps in the evidence highlighted by the literature review and workshop:

- The impact on young people of digital learning, socialising, medical care, and safeguarding assessments – whether digital approaches can work, and whether there might be any long-term consequences
- How can we provide more support to parents who are now at home with their children – by choice, due to loss of childcare or due to loss of work – to build family resilience?
- What specific measures can we take to alleviate the impacts of poverty and unemployment on children?

Healthy Minds

The second in our series of workshops focused on mental health and wellbeing, mental illness and suicide.

London context - mental health outcomes in older people

Indicator	Pre-Covid
Excess <75 years mortality in adults with serious mental illness	
Estimated prevalence of common mental disorders (65 years+)	
General anxiety disorder (16- 74 years)	
Depression and anxiety amongst social care users	
Social isolation - % adults with as much social contact as they would like	
Social isolation - % adult carers with as much social contact as they would like	
Older people living alone	
Estimated dementia diagnosis 65 +	

Key themes from the wider impacts literature review (1)

There is evidence of a rise in immediate and long-term mental health impacts of the COVID-19 pandemic:

- Research from previous epidemics.
- Mental health and wellbeing have worsened across the UK during the pandemic, particularly for young adults and women (Institute for Fiscal Studies)
- In May 2020, more Londoners reported low life satisfaction, self-worth and happiness and higher anxiety compared to the same period last year (Public Health England)

Londoners were already more likely to experience poor mental health than people outside of the capital, prior to COVID-19.

The stress, anxiety and isolation will have temporary effects on some, but others will experience more severe and long-term impacts.

Key themes from the wider impacts literature review (2)

Broad drivers	Impacts
COVID-19	• Fear of self, friends or family catching COVID-19 • Stigma of having or associating with people who have the virus • Increased bereavement, exacerbated by social contact and funeral restrictions – and an associated rise in complex grief reactions • COVID-19 survivors at risk of post-traumatic stress disorder (PTSD)
Economic situation	• Past economic recessions have led to rise in mental health problems (e.g. 2008 recession) – actual impact will be heavily dependent on policy choices • UCL found 1 in 4 across UK worried about finances during the pandemic, and 1 in 6 worried about unemployment – disproportionate impacts on those with low income • Unemployment associated with increased distress, anxiety and depression, and risk of suicide
‘Lockdown’	• Social isolation has a strong association with anxiety, depression, self-harm and suicide • Loneliness and boredom can increased alcohol, drugs, gambling and domestic abuse • Pressure on relationships, positive and negative. 12% reported a relationship breakdown during lockdown (UCL). • Working from home may increase stress and impact mental health
Access to support	• Reports of reduced access to mental health services, particularly face-to-face services – disproportionate impacts on those with pre-existing mental health problems, and can exacerbate digital exclusion • Reduced access to usual self-help strategies and networks • School closures mean reduced access to support for child mental health

Key themes from the wider impacts literature review (3)

Different impacts across the life course:

- Pregnancy and infancy
- Children and adolescents
- Young adults
- Older adults

Mental health impacts may be experienced disproportionately among certain groups:

- Black, Asian and Minority Ethnic groups
- People with pre-existing mental health conditions
- People on low income, unemployed, struggling with debt and/or at risk of eviction
- Health and care workers
- People with learning disabilities and developmental disorders
- People with long-term physical health conditions
- Women
- LGBTQ+ communities
- Single parents

Pregnancy and infancy: key drivers and examples of actions for recovery

Key drivers:

Disruption to key services may result in lasting impacts

Reduced opportunities for socialising and family support

Lockdown measures have increased exposure to specific risk factors

Gender inequalities during COVID



Possible solutions for recovery:

A greater role for technology in delivering aspects of antenatal and postnatal care.

Universal mental health offer to first time parents as part of the antenatal and postnatal pathways.

Solutions being co-developed with groups disproportionately affected.

Policies that improve access to affordable childcare, and that support improved earning and career prospects for women.

Children and adolescents: key drivers and examples of actions for recovery

Key drivers:

Closure of educational, childcare and youth settings

Unequal distribution of the negative impacts of closures

Experience of extreme stress or trauma at home due to housing, financial insecurity, or bereavement

Changes to routine and social networks



Possible solutions for recovery

Recognising the importance of safe, outdoor spaces for learning, development, socialising and physical health.

Address the digital divide through co-developed solutions (with children and the key sectors)

Universal mental health offer, enhanced mental health offer and the role of key settings in delivering these interventions.

Interventions that work with, engage and educate families.

Develop complementary safeguarding mechanisms that do not rely on face to face contact.

Working age adults: key drivers and examples of actions for recovery

Key drivers:

Financial and job insecurity and potential longer terms impacts to the economy.

Inequalities in “stay at home”

Isolating nature of lockdown

Housing quality/environment and access to outdoor space.

Reduction in health, care and childcare services



Possible solutions for recovery

Better regulation and employee rights within the “gig economy”, extending the job retention scheme or universal basic income

Continued investment in apprenticeships, educational bursaries for sectors already struggling to recruit.

Housing: design (including urban realm), greater private rental sector regulation, expand social housing.

Role of digital technology in improving access to health services.

Supporting working adults with caring responsibilities better – cost and capacity of childcare, rethinking the relationship between NHS and social care and the provision of care.

Older adults: key drivers and examples of actions for recovery

Key drivers:

Digital divide

Disruption to health, care and community based services

Isolating nature of lockdown

Housing quality/environment and access to outdoor space.

Clinical and social vulnerability to COVID-19



Possible solutions for recovery

Addressing digital exclusion in an environment where an increasing number of interactions and services are or will be going online.

Avoiding blanket approach policies and respecting the human rights of older people.

Universal mental health offer and co-designing interventions with older people.

Schemes that offer additional financial security or “top ups” to older people during future crises.

Schemes that support decent housing and access to safe outdoor space.

Health and care service delivery and messaging that recognises the impact of fear and anxiety on health seeking behaviours.

Key findings from workshop consultation: Additional vulnerable groups to consider

BAME communities

- Experience greater levels of fear and anxiety due to perceptions of personal safety, severity of the virus and impact on their family
- Stigma and a sense of being “blamed”
- There is a need for equitable measures put in place for health and social care

Substance misuse service users/groups

- High overlap with mental health
- Southwark noticed a drop in people seeking support for alcohol related issues but increase in support for opiates increased
- Lockdown may have exacerbated mental health problems

Non health and social care frontline workers

- May feel more exposed to the virus
- May have less PPE protection or may not know how to use it correctly
- Experience more stress and anxiety going to work everyday and this may lead to burnout

Young People

- Difficult to prioritise outcomes as everything feels like a priority for this group at the moment
- Concerns regarding how young people that need mental health support (but less obvious) will be identified
- Emerging evidence in Richmond and Wandsworth of substance misuse and mental health issues colliding
- Concerns regarding the risk of self harm and suicide, transition to university and what support will be there during that transition phase.

Elderly people

- Fear and anxiety as lockdown eases and this may persist until a vaccine is available.

Victims/survivors of domestic abuse and violence

- Haringey have noticed that cases of domestic abuse and violence are increasingly complex with overlaps with substance misuse and mental health (both victims and perpetrators)

Key findings from workshop consultation: Mental health drivers

Temporal nature of mental health stressors



- General fear and anxiety due to the easing of lockdown and returning to “pre-pandemic routines”
- Returning to work; fear and anxiety and support for employers in terms of how they support employee mental health
- Returning to school; emotions experienced by both students and parents.

Digital inequality and variability in the local offer



- Equality of access to digital technology; affects access to education, employment, mental health services and interventions.
- Impact of moving services online to safeguarding, picking up on mental health problems early (training need for key frontline groups)
- Variability in the offer from schools during lockdown and whether they will all be in a position to welcome students back in September.

Role of the community



- Community cohesion and relationships, having diverse relationships, and impact of poor interpersonal relationships on mental health
- Lockdown has potentially strengthened relationships within communities
- Working with community groups, churches, faith leaders and potentially building capacity within these groups to deal with some public health issues such as domestic abuse disclosures

Key findings from workshop consultation: Opportunities or examples of mitigating actions

Building MH capacity within existing services

- Working with MH services to train staff in frontline services (such as health visiting) to have conversations about mental health
- More screening for mental health problems

Targeted mental health services

- Mental Health First Aid (MHFA) in schools, and MH leads working with schools to develop their strategy for that first term back after lockdown
- Examples of collaboration between MIND and antenatal services, offering enhanced mental health support to new parents.
- Targeting staff who may have experienced PTSD over the period of the pandemic.

Universal mental health services

- Importance of building resilience within the community
- Education and awareness raising of the signs of mental health problems (MHFA)
- Working with faith leaders, fitness instructors, café staff to initiate conversations about mental health
- Value in understanding a strategic approach to developing a mental health offer post lockdown
- Exploring the role of outdoor, inter-generational space to support mental health

Cross cutting collaboration and removing silo'd ways of working

- The pandemic has enabled a broader set of conversations with residents that has moved away from silos.
- Building capacity in frontline workers to have these conversations. They may need professional support too.
- Greater collaboration between services is important for addressing complex issues such as domestic violence, and whilst there is a need for specialist services, there is also the opportunity to embed specialist support within other services and co-locating services/ specialists.

Developing the role of volunteering

- Retaining the benefits and momentum gained through volunteering and mutual aid during the early response phase.
- Looking at linking volunteering with addressing experience and employment issues YP may face
- Role of social prescribing in addressing physical and mental health.

Healthy Places (Environment)

Our third in the series of workshops focused on air quality, active travel, access to green spaces, housing and climate change, acknowledging that climate change is a theme which cuts across all the topics.

London context – healthy environment (1)

	Indicator	Pre-Covid
Health outcomes	Life expectancy at birth	
	Healthy life expectancy at 65 years	
	Mortality rate from causes considered preventable	
	< 75 years Mortality rate from all cardiovascular disease	
	< 75 years Mortality rate from respiratory disease	
	< 75 years Mortality rate from cancer	
	Prevalence of CHD, stroke and diabetes	
	Excess winter deaths	
	Health related quality of life in older people	
Health behaviours	Healthy weight in adults	
	Overweight and obesity (Year 6)	
	Physical activity (adults)	
	Physical activity (young people)	
	Social isolation	
Healthcare	Hip fractures	
	Hospital admissions for asthma (0-19 years)	
	Emergency hospital admissions for asthma (19 years +)	
	A&E admissions for unintentional and deliberate injury	

London context

8% households in London are overcrowded, and almost ¼ over 70s live in a household with other adults under the age of 65, 50% higher than nationally.

Pre-COVID-19 >341,000 households were in fuel poverty, a number forecast to increase significantly, along with excess winter mortality.

Around 5,000 rough sleepers have been accommodated during the pandemic – with a real opportunity to sustain housing and health outcomes in the long term.

The size of the private-rented sector, high rent costs vs benefit allowances, pose a particular risk for London in terms of housing stability during an economic recession.

21% Londoners have no access to private outdoor space; although many live closer to public green space than nationally there are inequalities to access and quality.

During lockdown there was a 40% reduction in daily average NO₂ levels at roadsides in Central London; 30% people with lung conditions reported improved symptoms; with considerations for sustaining these improvements in the longer-term

1/3 Londoners surveyed will cycle more than before Covid; but 2/3 report using public transport less and 1/3 will use their car more.

London context – healthy environment (2)

	Indicator	Pre-Covid
Wider Determinants	Affordability of home ownerships	
	Overcrowded households	
	Noise pollution	
	Exposure to air pollution	
	Utilisation of outdoor space	
	Utilisation of outdoor space for health or exercise purposes	
	Fuel poverty	
	Killed or seriously injured in road traffic collisions	
	Statutory homelessness	
	Youth violence	

Wider impacts literature review: housing and health (1)

Exposure of underlying housing and health inequalities and impacts of poor quality housing

- **Greater exposure to determinants of health related to poor quality housing** – e.g damp, mould, physical hazards
- **Other potential impacts of time spent at home leading to poorer health** – limited space for work, study and play, pressure on relationships, increased abuse, increased exposure to second-hand smoke, impacts on sleep and mental health
- **Inequalities in good quality and affordable housing** – lower socio-economic groups, BAME groups, private renters. Housing market as a result of Covid may compound existing inequalities e.g for people with disabilities and those on benefits in finding affordable and suitable accommodation.

Overcrowding increasing spread of disease

- **Association between overcrowding and multi-generational households and spread of Covid-19** – highlighted overcrowding as a factor which influences health and wellbeing. Almost 1/4 over-70s in London live in households with another adult below the age of 65, about 50% above the national average.
- **Inequalities in overcrowding** – households from BAME groups and with low income more likely to be overcrowded.

Increase in fuel poverty

- **Fuel poverty likely to increase** – due to unemployment, reduced incomes and additional fuel costs through time spent at home Prior to Covid, > 341,000 London households affected.
- **Inequalities in fuel poverty** - higher rates in households from BAME groups and those in private rented sector.
- **Cold homes linked to excess mortality and morbidity** – e.g. escalation of asthma symptoms; 21.5% excess winter deaths can be attributed to cold housing.

Wider impacts literature review: housing and health (2)

Homeless more vulnerable to Covid

- **People experiencing homelessness greater potential vulnerability to exposure and impacts of Covid** - due to underlying physical and mental health conditions; substance misuse; poorer access to healthcare; poorer access to hygiene equipment; living in shared accommodation; barriers in access to information

Significant reduction in rough sleeping

- **However mitigation through housing and wider support provided** - pan-London support for rough sleepers to prevent immediate danger, although potential impacts on disruption to social and support networks if housed far away, and potential risks of things like unmanaged withdrawal. **Opportunities now to ensure people do not return to the streets.**

Predicted increase in numbers of homeless

- **Escalation of homelessness, including families in temporary accommodation** – due to rising unemployment and reduced incomes; people shielding and not able to work; housing rent arrears; removal of temporary eviction ban; relationship breakdown. Renters at particular risk.
- **Families moving from temporary accommodation at start of Lockdown struggling to access support** – e.g. grants to furnish homes and problems registering with a GP.

Housing: key drivers and examples of actions for recovery

Key drivers:

Housing design

Policy and regulation

Affordability

Housing insecurity



Possible actions for recovery:

Planning policy that specifies improved minimum standards and outdoor/green space

Extending social housing, raising Local Housing Allowance and refitting empty office space

Greater protection and security for private renters including rent caps and extending minimal lease periods, greater regulation of standards for HMOs, enforcement of Decent Standards Homes

Solutions being co-developed during regeneration

Extending or upscaling existing schemes: Fuel poverty, mortgage holidays, eviction bans, Coronavirus Housing Retention Scheme

Wider impacts literature review: access to parks and green spaces

Increased appreciation for importance of access to parks and green spaces

- **Covid-19 has exposed the benefits of access to green space for physical and mental health and wellbeing** – for physical activity, play, to experience nature, feel a sense of social belonging, for mental wellbeing and resilience. Visits to parks and public green spaces increased.
- **Inequalities to access to private green space** – 21% properties in London have no access to private outdoor space compared to 12% nationally. BAME groups, lower socio-economic groups and younger people are less likely to have access to private outdoor space.
- **Inequalities to access to public green space** – Londoners live closer on average to a park or public garden (average 387m) compared to nationally (987m). **But not just about access and quantity but also about safety and quality of space.** Nationally access to good quality green space is worse for people in deprived areas, and areas with higher proportions of minority ethnic groups
- Cross-over with other workshops, and with later discussion on active travel but important to highlight **other themes related to 'healthy places' including impacts of pandemic on 'healthy and vibrant' highstreets, access to arts and culture and crime**

Impacts on 'healthy places' more broadly

Green or outdoor space: key drivers and examples of actions for recovery

Key drivers:

Access to parks and green space

Urban realm – design and perceptions of safety

Pressures to address the housing crisis

Climate change



Possible solutions for recovery

Recognising the importance of safe, outdoor spaces for learning, development, socialising and physical health.

Reclaiming land for green use and integrating this with strategic plans.

Using planning development policies to deliver greater access to green/outdoor space

Efforts to increase access to green/blue space must tackle place based inequalities.

Must be integrated with tackling climate change and deliver multiple benefits

Wider impacts literature review: air quality

(Short term)
improvements in
external air
quality

- **Poor air quality impacts on health and mortality** – contributes to cardiovascular disease, respiratory diseases, and lung cancer. It exacerbates existing conditions and increases hospital admissions. Leads to thousands deaths/year in London.
- **Pollution risk factor for severity of impact from Covid** – which emphasises its importance as a determinant of health
- **Short-term reductions in levels and exposure of air pollution (e.g PM 2.5 and NO₂) beneficial to health (and environment)** – E.g. 40% reduction in daily average NO₂ levels at roadsides in Central London. 30% people in London with lung conditions reported improved symptoms. However globally emissions rebounded to close to 2019 levels. **Risk of increased pollution over longer term** if mode shift from public transport to private cars.
- **Inequalities in exposure to air pollution pre-Covid** – greater exposure has been found in more deprived areas, and areas with a higher proportion of BAME residents in London.
- **Inequalities in impact from air pollution** - groups that are more affected by air pollution include: older people; children; those with existing cardiovascular or respiratory disease; pregnant women; communities in areas of higher pollution; and low-income communities.
- **Impacts of lockdown on indoor air quality and health less clear** – considering exposure to pollution from cooking, cleaning and second-hand smoke.

Air quality: key drivers and examples of actions for recovery

Key drivers:

Existing policies that support greener transport options and disincentivise private car use

Reduction in road, rail and air travel reducing air and noise pollution

Likely to be a surge in CO emissions as businesses attempt to bounce back post lockdown

Lockdown measures implemented due to COVID-19

Existing rising agenda regarding the impact of air pollution on mortality and morbidity



Possible solutions for recovery

Workplace: Policies that tackle non-essential travel for business related purposes and support greater flexible working

Places: Switching parking space to prioritise greener modes of transport or cycling parking

Accelerating zero carbon economy – “clean last mile”, financial subsidies and support linked to climate based criteria

Need to tackle place-based inequalities to reduce exposure to poor air quality – clean air zones around schools

Using green solutions to mitigate air pollution, using green spaces to create habitats

NHS: Building on the plans set out for the NHS to reduce emissions in the LTP

Wider impacts literature review: public transport and active travel

Increases in active travel

- **Active travel is beneficial to health and key source of physical activity for Londoners** – reduces air pollution, reduces carbon emissions and improves physical and mental health
- **Increases seen in walking and cycling** – also increases in bicycle hire in London and 1/3 of people surveyed in London will cycle more than before lockdown
- **Changes to street infrastructure to promote walking and cycling** - streets in London reconfigured to accommodate more cyclists and pedestrians and allow social distancing - Streetspace for London
- **Inequalities in active travel** – pre-Covid nationally greater increases in active travel seen in those on highest incomes. Deprived population groups accumulate fewer minutes of active travel. Some groups may face barriers in participating including some people with disabilities and people living in areas without support infrastructure.

Reductions in road traffic

- **Initial decline in car journeys** - nationally road traffic reduced by 65-70% but since increased closer to pre-lockdown levels; fewer people killed or seriously injured in road traffic accidents, however incidents related to speeding on empty roads – **risk of a car based recovery on health** (reduced physical activity, increased air pollution, noise, community severance, accidents, widening inequalities); 1/3 people surveyed in London will use car more post-lockdown.

Reductions in public transport use

- **Rail, bus, tube travel significantly reduced** – 2/3 people surveyed in London will use public transport less after-lockdown. Potential long-term damage to public transport systems which may impact health and health inequalities e.g. reduced modal share with active travel, reduced access to work and services.

Active Travel: key drivers and examples of actions for recovery

Key drivers:

Social distancing measures impact on public transport

Quieter roads during initial stages of lockdown

Existing culture in London of high cyclist mode share

Gains in improvement in air pollution



Possible solutions for recovery

Need to consider the inequality impacts of reduced public transport capacity/ access/ use

Active transport is central to town centre transformation, regeneration, new development proposals

Reallocate space to active travel – making temporary measures put in place more permanent

Working across the transport network (including national rail) to align policies that support greater active travel opportunities

Maintaining pressures on LAs not to relax parking restrictions and enforcement

Policies that improve the ability to work flexibly across all sectors

Wider impacts literature review: other environmental impacts

Increased waste – longer term environmental impacts on health through impacts on ecosystems and climate change

- **Increase in organic and inorganic waste** – directly and along supply chains; also increased medical waste including disposable gloves and gowns
- **Increase in use of single-use plastics** – disposable masks, increased deliveries, banning reusable coffee cups
- **Short-term suspension of some recycling activities** – reduced waste collection services and closure of household waste and recycling centres, meant less recycling and more fly-tipping
- **Inequalities in health impacts of climate change** – in terms of age (older people at risk of temperature change), income (lower income groups living in poorer quality housing and not able to move), people who rent their homes (less able to modify homes and prepare for climate events).

Short-term noise reduction

- **Noise levels in central London decreased during lockdown** – Noise can lead to mental and physical ill health, including hearing impairment, cardiovascular disease and stress. **Risk of increase if road traffic increases** - estimated that pre-Covid, over a 1/4 of London's population were exposed to road traffic noise levels above WHO guidelines (55dB).

Environmental impact: key drivers and examples of actions for recovery

Key drivers:

Mandatory requirement for PPE and general increase in PPE use

Shift back to single use plastics

Suspension of environmental services such as closing local recycling centres and banning reusable cups

Fears regarding use of water fountains



Possible solutions for recovery

Greater availability of affordable, reusable PPE and regulation restricting single use PPE within the community

Re-establishing recycling schemes, incentivising bag free shopping

Tax on single use plastics and return to incentivising reusable cups

Housing, transport and urban planning must deliver climate justice

Invest in education and training that will support a workforce for zero-net industries

Key themes from workshop discussion: Housing

Wider impacts raised

- Likely significant **increase in numbers in fuel poverty** in London – potential increase in excess winter deaths
- Particular **risk in London for private renters of homelessness and overcrowding** with the gap between benefits and cost of rents
- Positive benefits of living in **multi-generational households** e.g. reducing social isolation; and cultural sensitivities in highlighting risks; importance of understanding from groups living in multi-generational households their experiences during covid, to learn for future.
- The home environment in which people are working from home, with risk of social isolation, work-life balance and space (especially for young people)
- Impacts for homeless families placed away from local areas and children's schools.

Considerations for recovery

- **Support for fuel poverty** - the government's voucher scheme for fuel poverty insufficient to meet needs
- Positive potential of converting disused office space into housing to meet housing needs BUT **negative impacts of continued 'permitted development rights'** for office building (and potentially retail) conversions - in terms of quality, space standards, ventilation; and impact on high streets, local amenities and loss of commercial space, with negative economic consequences.
- **Healthy street indicators embedded more widely** in changes to the public realm, either private or public
- Strengthening links between planning and public health more universally across boroughs; consider HIAs in planning applications
- Internal space standards for new homes – adequate food preparation and storage space in kitchens to encourage healthier eating
- Will need greater consideration on the noise impacts in residential spaces.
- Improve the **adaptation of housing to climate change** to prevent excess summer deaths
- Concerns regarding the **capacity and rent distribution of the private rented sector to meet housing needs**; accelerating social housing delivery and changing welfare benefits would help mitigate this issue but question feasibility within timescale needed; need flexibility in system to respond to people whose financial position suddenly changes
- Provision of homes for people inclined to downsize to help free up larger homes for the market to meet demand
- Particular **support needed for young people** - home ownership is lower; work in jobs where they are more likely to be furloughed.
- **Smoking cessation to reduce smoking in the home** - will have significant impact on indoor air quality, health and health inequalities

Key themes from workshop discussion: access to green spaces

Wider impacts raised

- **Access to public WC facilities** - locking of toilets in parks (and elsewhere) impacted on inequalities e.g. the use of public green space by people with disabilities. Also inequalities for people who were shielding.
- Extending opening times and ensuring Covid-secure cleansed facilities puts pressure on park budgets and operational capacities.
- **Children without access to a garden and in overcrowded housing** disproportionately impacted, with potential lasting impacts on development, due to restrictions in safe and independent play with closure of some parks and playgrounds; compounded by closure of childcare facilities.
- Positive impacts of repurposing private land as public space e.g. golf courses (albeit temporarily)

Considerations for recovery

- Creating **new public green spaces and improving the quality and facilities of existing green spaces**; challenge noted in the absence of funding for parks professionals and maintenance; questioned the role for community involvement?
- **Protecting existing green space from development** - conflict between providing much-needed homes needed and access to green spaces; questioned whether a fair share of money for new developments goes to accessible open space.
- **Improving green space within domestic and commercial buildings** - the benefits of balconies and roof gardens within design for flats, but these need to be functional (not 'juliette style'); use of vertical gardening to make spaces green.
- How can we mitigate the risk that improvements in private green space increases house prices, unaffordable for those on low income? By ensuring every area has a park or green space?
- **Community and domestic food growing can support better health outcomes** – a focus in some LAs and organisations like Sustain; but one of the barriers to expand gardening opportunities for residents on estates is a lack of capacity within local authorities to respond
- **Social prescribing in parks** – example shared of health in parks project shared, funding by National Trust and National Lottery
- Access to free/low cost initiatives e.g. walking groups in local parks, community food growing

Key themes from workshop discussion: active travel and public transport

Wider impacts raised

- Anecdotal evidence shows increase use of cargo bikes by small businesses for deliveries; also an option for the "last mile"
- **Reduced use of public transport is also likely to inflate fares**, which has adverse impacts for lower income households - potentially compounding (health) inequalities

Considerations for recovery

- Ensuring **public transport is an attractive and safe option** once more and reduce people's anxieties; continual investment in public transport as well as walking and cycling to mitigate against cars becoming a more dominant mode of transport
- **Inequalities impacts of removing free child transport passes.**
- Build on the change in attitude seen during lockdown and reframe the way we communicate about active travel; for children highlighting the benefits of scooters when considering/promoting active travel options
- **Reduce inequalities in active travel** - Sustrans report on gender and active travel raised; schemes for people on low incomes not able to afford to buy/rent bicycles; Haringey looking at rates of bikes being stolen; inequalities of safe cycle parking/storage
- Active travel needs to be **community-led** to be embedded; possible benefit of community champions
- **Continued investment in street space and other local cycle lane schemes; making some of the changes permanent**; options reviewed from inequalities perspective
- Risk raised that in consultations on active travel measures it is the voice of car users which is the loudest, but they don't necessarily represent the majority
- **Road safety** needs consideration, with traffic increasing again on the roads
- Funding available for **cycle training** from Department for Transport; TfL just launched online cycle skills training

Key themes from workshop discussion: air quality and climate change

Wider impacts identified

- People noticing **improvements in air quality** during lockdown, in terms of their **symptom improvement**
- **Biodiversity** within the environment more evident without traffic
- **Impact on recycling services limited and short term in London** - suspended in one borough, scaled back in others, now back to full service.
- **Reduction seen in food waste** for households - people thinking more about food, not wasting so much, perhaps cooking more

Considerations for recovery

- Positive health and environmental impacts of **maintaining improved air quality** - how do we ensure targets and ambitions capitalise on the public recognition of the benefits of improved air quality during lockdown and work towards a zero-pollution goal in the long term
- As well as starting new initiatives, **sustaining and expanding existing commitments such as the ULEZ expansion** and congestion charging which have demonstrable impacts on behaviour change and health; ensuring the ULEZ expansion in October 2021 is a success
- **School street initiative** to support active travel and clean air – there will be 400 in September in London
- Implementing **clean air hospital frameworks**
- High number of unemployed as we transfer to a zero-carbon economy – **need to train people up for new sectors**
- In Haringey - adding a couple of mature trees (to the new trees to be added) to the planning application responses for new developments to provide a natural canopy/shade and help address climate change.

Healthy Communities

The fourth in our series of workshops focused on community cohesion, volunteering and mutual aid, violence and vulnerability, and disproportionality and discrimination.

London context – healthy communities

Indicator	Pre-Covid
Social isolation	
Chronic serious mental illness in perinatal period	
PTSD in perinatal period	
Domestic abuse related incidents and crime	
Mental Health	
Adverse Childhood Experiences (ACEs)	
Children in Care	
Pupil absence rate	
16-17 Not in education, employment or training	
% Looked after children whose emotional wellbeing is of concern	
Violent crime offences per 100,000	
Re-offending levels	
Youth violence	
First time offenders	

- Compared to other English regions, London's population has the highest percentage of people from an ethnic minority and the lowest percentage of people aged over 65
- Only 41% of adult social care users in London have as much social contact as they would have like, lower than any other English region
- 740 London mutual aid groups registered on covidmutualaid.org and 95,000 Londoners registered on the NHS responders (GoodSam) app
- 89% of London community organisations surveyed reported changing their services between March and April 2020
- Violence in London is concentrated in particular areas, and is correlated with poverty
- The percentage of children estimated to be at risk of domestic abuse in London boroughs ranges between 6% and 10%
- Domestic abuse calls to the police in London were 11% higher during the first 11 weeks of lockdown than during the same period in 2019

Key themes from the wider impacts literature review

Individual relationships	• Social isolation is associated with all-cause mortality, cardiovascular disease and mental ill-health • Loneliness under lockdown is more common among younger adults, women, people with low incomes, the economically inactive and those with mental health conditions • Lockdown is more likely to improve reported relationships with neighbours, spouses and children in the household and to worsen reported relationships with colleagues and friends outside the household
Community assets, volunteering and mutual aid	• Higher levels of social capital have been associated with more effective responses to past pandemics • Anticipated shortfalls in funding for voluntary sector organisations nationally and regionally • Increases in demand for formal London community sector services was greatest for organisations working on employment, poverty, housing and digital connectivity • Older people, those with higher educational qualifications and those with more social support were more likely to have increased volunteering in the pandemic, whereas those in urban areas were less likely
Community and domestic violence	• Community cohesion has a protective effect against violence • There has been a rise in reports of domestic abuse and violence and changing patterns of abuse during the pandemic, including increasing complexity of cases • Fewer opportunities for early intervention to identify vulnerable people through face to face services • New vulnerabilities in online environment, but also new identification and safeguarding referral routes • One in ten adults report bullying or abuse during lockdown
Disproportionality and discrimination	• Higher direct COVID-19 mortality rates among males, older people, those living in deprived areas and those from Black and Asian ethnic groups • Concerns about racism in response to COVID-19 burden reported in some BAME communities • Women, particularly BAME women, experiencing greater risk of unemployment and greater burden of caring responsibilities • Older people, transgender people, women, children, people with disabilities and people with long-term conditions affected by withdrawal of community health, care and other services

Social cohesion, volunteering and mutual aid: examples of actions for recovery

Key drivers:

Existing levels of social capital

Digital infrastructure

Local leadership and the local population

Structures, regulation and agility



Possible actions for recovery:

Address geographical inequalities in social capital within London

Invest, build and maintain social capital at a community level

Building resilient communities

Adopting a facilitative role

Increase availability and accessibility to digital technology

Exploiting some of the wider benefits of volunteering and mutual aid to mitigate some of the wider impacts of the pandemic

Violence and safeguarding: examples of actions for recovery

Key drivers:

Impact of lockdown measures

Impact on health inequalities

Financial climate

Community level characteristics



Possible actions for recovery:

Additional online/telephone element to services to improve accessibility, identification and early intervention

Develop the mental health offer, identifying groups that would benefit from an enhanced offer.

Availability of data to monitor and inform action

Address the wider determinants of health; physical environment, housing, employment and education.

Strengthen and build community level protective factors

Work with communities, community leaders and organisations

Experiences of vulnerable groups: examples of actions for recovery

Key drivers:

New virus and developing evidence base

Early focus of policy and decisions on clinical risk

Disproportionate impact of the virus and measures on different population groups

Pre-existing and widening health inequalities

Significant period of austerity - with disproportionate impact on some areas and communities



Possible actions for recovery:

Recovery should be a period of significant investment in research, evaluation and future planning. Not viewing the learning as only relevant to pandemic planning but also for “business as usual”.

The “levelling up” agenda - addressing inequalities within and across geographical areas

Community engagement, participation, co-development to mitigate potential harmful impacts and deliver culturally competent policies, services and responses.

Building on and ensuring long term system resilience through sustained investment in priority areas (public services, VCS, health and care)

Key findings from workshop consultation (1): community-building and volunteering

- **Mutual aid** has been able to meet needs that formal services couldn't, but has not emerged evenly across London's neighbourhoods. Informal networks depend on pre-existing social capital.
- There is a capacity-building role for the **formal community sector**, for example in supporting volunteer management, establishing good practice repositories and delivering programmes, but resources are needed to do this.
- **Trust** between communities and services is important, and can be established by working with existing community leaders and networks.
- **Asset-based approaches** and consideration of what factors improve community health should be the paradigm for recovery
- **Digital exclusion** could make services inaccessible for some people, and will disproportionately affect some groups

Key findings from workshop consultation (2): prevention of abuse and violence

- The conditions of the pandemic and recession could **change patterns of risk** through:
 - Immediate impacts of confinement at home during lockdown
 - Effects on employment for women, BAME people and young people
 - Widening opportunities for online abuse and exploitation
- **Loss of face to face services** has made early intervention more challenging, but it is possible to establish new routes for staying in touch and for safeguarding referral. Training and education for better **recognition** of what constitutes abuse could help with this.
- There is a need for better **data collection and analysis** of outcomes for specific groups of people at risk.

Healthy Living

The fifth in our series of workshops focused on physical activity, food security and nutrition, alcohol and substance misuse, smoking and gambling.

London context - obesity, diet and physical activity

Wider determinants and population health outcome indicator	Pre-COVID-19
Obesity	
Physical activity	
Physical inactivity	
Proportion of the population meeting 5 a day recommendation	
Reception: Overweight and obese	
Year 6: Overweight and obese	
% of physically active young people	
Mortality rate from causes considered preventable	
< 75 years Mortality rate from all cardiovascular disease	
< 75 years Mortality rate from cancer	
Prevalence of CHD, stroke and diabetes	

- 38% of London children are obese or overweight at year 6
- Those living in the London region have the lowest level of access to private outdoor space but also the shortest distance to travel to access public green spaces.
- 39% of Londoners report doing less PA than usual in lockdown, 21% report doing the same as usual, and 39% report doing more than usual (survey: 3-11 May)
- 7% of Londoners report using a food bank in last month, rising to 15% of all those aged 16-24, and 11% of people with disabilities (survey: 11-25 May)

London context - tobacco, alcohol, substance misuse and gambling

Wider determinants and population health outcome indicator	Pre-COVID-19
Smoking prevalence	
Successful completion of drug treatment - opiate users	
Successful completion of drug treatment – non-opiate users	
Successful completion of alcohol treatment	
Deaths from drugs misuse	
Hospital admissions from alcohol-related conditions (narrow)	
People estimated to have gambled in past year: % adults	

Key themes from the wider impacts literature review (1)

- Healthy behaviours do not exist in isolation.
- Some suggested drivers for behaviour change at this time are consistent across more than one behaviour and include:
 - Anxiety and mental health impacts resulting in unhealthy behaviour – including reports of harmful behaviours used as coping mechanisms
 - Lockdown preventing activities such as using public transport, playing group sports, real event betting and going to the pub
 - Communications and policy encouraging healthy behaviours because they are linked to lower risks of COVID-19
- The UCL social study found that health behaviours have stayed constant across lockdown for most respondents. However, certain groups are more likely to have been impacted – exacerbating health inequalities.

Key themes from the wider impacts literature review (2)

Physical activity	• Activity limited by lockdown, working from home and school closures • Change in levels and type of physical activity • Possible increase in sedentary behaviour • Opportunity presented by policy encouraging and facilitating active travel, e.g. TfL Streetspace
Healthy eating	• Evidence of change in dietary behaviours • Psychological impacts of lockdown impact food choices • Rising food insecurity and use of food banks • Half of children entitled to free school meals did not receive them in April 2020 • Challenges around measuring changes to physical activity and diet, and obesity levels • Opportunity presented by policy drive to reduce obesity due to its links with COVID-19
Disproportionate impacts	• Children • Different impacts on adults at different ages • Shielded populations • Those less active prior to lockdown • Low income, poor housing • Black, Asian and Minority Ethnic groups • Those with eating disorders



Created by Eucalypt
from Noun Project

Obesity, diet and physical activity: key drivers and examples of actions for recovery

Key drivers:

Restrictions have limited people's ability to stay active and secure healthy food

Building on existing culture in London of walking and cycling

Food insecurity exacerbated by COVID-19

Gender, age and ethnic disparities in physical inactivity and nutrition during COVID-19



Possible solutions for recovery:

Improving access to weight management approaches including digital and virtual options

Positive changes to the environment and infrastructure to support active travel

Tailored solutions being co-developed with groups disproportionately affected

Supporting policies to increase the social security safety net for the most vulnerable

Key themes from the wider impacts literature review (3)

Smoking	• Mixed evidence of trend in smoking behaviour during lockdown • Insecure economic circumstances associated with increased smoking and smoking inequalities – as is affordability of cigarettes • Disruption to smoking cessation support services, in particular face to face services • Motivation for smokers to quit due to campaigning around links to COVID-19
Alcohol	• Changes in patterns of alcohol use • Concern around potential increases in problematic drinking – one survey found nearly a fifth of daily drinkers in the UK had further increased the amount they drank during lockdown • Potential drivers for increasing alcohol consumption include changing habits, bereavement, isolation, troubled relationships, job insecurity
Substance misuse	• Disruption to support services during lockdown, though unclear on the extent and impact • Reduced access to youth workers, school teachers etc. of concern regarding children vulnerable to being caught up in drug use or gangs • Changes in London drug supply and availability • Reports of increased online gang recruitment and activity
Gambling	• Evidence of an increase in time spent online gambling among those already engaged • Closure of betting shops and real event gambling • Young adults most impacted

Tobacco, alcohol, substance misuse and gambling: key drivers and examples of actions for recovery

Key drivers:

Lockdown measures have increased exposure to harmful behaviours incl. smoking, problematic drinking and online gambling

Disruption to key services may result in lasting impacts

There may be an increased demand and need for support, treatment and detoxification



Possible solutions for recovery

Supporting smokefree environments including smokefree pavements

Opportunity to transform the smoking cessation landscape and develop an integrated smoking cessation offer in London

Opportunity to build on pan-London drugs and alcohol support, including dual diagnosis

Digital and virtual approaches co-developed with service users and the key sectors

High quality evidence on changing patterns and context of gambling behaviour to develop prevention strategies

Key findings from workshop consultation (1)

General/ cross-cutting

- Importance of addressing the wider environmental factors and influence the structural drivers
- COVID-19 presents an opportunity to do things differently, rather than returning to the policies and approach we had before
- Build on communities coming together and looking out for each other to increase resilience
- Opportunity presented by the better understanding we now have about the shielded cohort – we have uncovered need and put people in touch with services, and may wish to prioritise this group for intervention and support going forwards, whilst being careful not to create dependencies.
- Opportunity to build on health and wellbeing as protective against COVID-19
- Online health and wellbeing offers present an opportunity to do things differently (e.g. Street Tag, online substance misuse services, online licensing panels) – though digital exclusion means alternative interventions are needed
- Important to focus on young children – lack of health visiting services and increased exposure to harmful behaviours
- Opportunity presented by the Healthy Workplace Award to address behaviours
- Caution with self-report data, and difficult to know how behaviour changes will play out longer term

Key findings from workshop consultation (2)

Physical activity, diet and obesity

- Significant increase in the use of parks, open spaces and engagement with nature – how do we support the many local initiatives building and relying on this going forwards?
- Priority to encourage physical activity among shielded groups and older people – some are nervous to go outside again, and others have lost physical abilities or support programmes. E.g. buddying schemes.
- Want to encourage continued use of local shops and markets – culturally competent food, supports local economic recovery
- Essential role of the voluntary sector in food response and more widely in supporting communities
- Disproportionate impacts of COVID-19 on BAME communities and the associated racism and stigma they have experienced had led to fear and isolation. Need a better understanding of impacts on health behaviour by ethnicity.

Key findings from workshop consultation (3)

Smoking, alcohol, substance misuse and gambling

- Changes in patterns and types of drug use across different communities, e.g. in Brent, an increase in alcohol and opiates and shortage of crack cocaine and other street drugs; substance misuse related to gang activity reduced in Wandsworth, while that related to house party culture increased in Richmond.
- Reported rise in demand for alcohol and substance misuse services, including opiate users and alcohol referrals from professionals and older adults (Brent) and homeless housed in hotels (Tower Hamlets)
- Reported increase in referrals to a London charity of women with complex inter-related needs around domestic abuse, mental health and substance misuse – and women who had experienced domestic violence using alcohol more than before as a way of coping
- Opportunity to bid for funding for wraparound substance misuse services for homeless populations
- Concern that lockdown has accelerated move to online gambling
- COVID-19 as a respiratory infection presents an opportunity to de-normalise smoking and promote smoke-free agenda, for example smoke-free pavement and forecourt licenses, London integrated smoking offer
- With alcohol and online gambling rising during lockdown, is there an opportunity to challenge current 'failed' policy choices and promote minimum unit pricing, limits to online gambling spend?

Healthy Places (Economy)

The sixth in our series of workshops focused on poverty, income inequality, employment, and healthy work.

London context - Healthy Economy

Wider determinants and population health outcome indicator	Pre-COVID-19
Children in low income families (all dependent children under 20)	●
Children in low income families (under 16s)	●
Fuel poverty	○
16-17 year olds not in education, employment or training (NEET)	●
Gap in the employment rate between those with a long-term health condition and the overall employment rate	●
Gap in the employment rate between those with a learning disability and the overall employment rate	●
Percentage of people aged 16-64 in employment	●
Sickness absence - the percentage of working days lost due to sickness absence	●
Healthy life expectancy at birth (Male)	●
Healthy life expectancy at birth (Female)	●

At the beginning of 2020 in London:

- 28% of people were living in poverty
- 37% children were living in households in poverty
- 38% of people from Black, Asian, and Minority Ethnic groups were living in poverty compared to 21% of people from white groups
- The employment rate was 75.6%

Current and projected consequences of the pandemic:

- As of the end of June 2020, 1.3 million jobs had been furloughed in London
- London is projected to see an unprecedented fall in workforce jobs in 2020, with slow recovery through 2021 and 2022
- In line with this, household incomes and expenditure in London are expected to drop in 2020 and grow gradually in 2021 and 2022

Key themes from the wider impacts literature review (1)

- Poverty, low incomes, and unemployment are harmful to health
 - People who live in the most deprived areas and neighbourhoods in England have a significantly lower life expectancy than people in the least deprived areas
 - Unemployment is associated with overall mortality and this association appears to last a significant period of time after the event
 - Unemployment is associated with negative mental health effects and suicide
 - Significant re-structuring of the economy and events like mass loss of employment appear to bring additional risks to populations
- Living standards and incomes during the 2010s have been significantly impacted by the consequences of the 2008 financial crisis and the inflation spike following the 2016 referendum on leaving the EU
- There were high levels of existing poverty and income inequality in London before the pandemic
- Direct effects of COVID-19 are associated with living in a deprived area and occupation
 - Mortality rates from COVID-19 were much higher in the most deprived areas compared to the least deprived areas in England
 - There were higher rates of death involving COVID-19 among people working in certain occupations

Key themes from the wider impacts literature review (2)

Economic impact of COVID-19	• Mass unemployment and constrained consumption globally • Some sectors e.g. transport and tourism have been particularly badly affected • London is vulnerable due to the high numbers of people employed in the hospitality and accommodation sectors
Incomes	• Incomes have fallen across the household income distribution • There has been a significant fall for in earnings for households in the lowest fifth of income, buffered by increases in welfare support • Income inequality overall appears to have fallen during lockdown
Employment	• Claims for Universal Credit have nearly doubled in London between March and June • The rise in benefit claims relating to unemployment in London appears to be higher than the UK average
Mitigations	• Government schemes such as the Self-Employed Income Support Scheme and the Coronavirus Job Retention Scheme have been important in preventing large falls in household income • People have been reducing expenditure (less feasible for low-income households), using savings, and using transfers from family or friends • Non-payment of household bills has risen since March
Changes to working	• Move to working from home brings benefits and risks • Potential change in status and meaning attached to different occupations

Key themes from the wider impacts literature review (3)

Disproportionate impacts

Low-income households

- More likely to have been working in a sector shut down as part of lockdown measures

People from Black, Asian and Minority Ethnic backgrounds

- More likely to be in insecure work
- Some groups worked disproportionately in sectors that were shut down
- More likely to be a key worker and more likely to work in occupations with close proximity to other people

Families with children and single parents on low incomes

- Increase in expenditure (e.g. loss of free school meals) as well as reductions in income

Women

- More likely to have been working in a shut down sector
- Surveys indicate women have taken on more childcare hours within families

Young working age adults

- More likely to have been working in a shut down sector

People who have a disability

- Significant pre-existing disability employment gap

Poverty and income inequality: key drivers and examples of actions for recovery

Key drivers:

Economic recession and high unemployment rate will worsen poverty and household debt

Risk of exacerbating gender pay gap

Level of social security and public service spending



Possible actions for recovery:

Need for continuation of fiscal policies during recovery and beyond to sustain income – consider alternative income support models

Providing a financial safety net for those in precarious work and gig economy

Increase childcare capacity through a sustainable business model and financial support for those with caring responsibilities

Prevention-led strategies across local services, better information sharing and collaborative working

Employment and healthy work: key drivers and examples of actions for recovery

Key drivers:

Insecure and more competitive job market with impacts on pay

High rates of unemployment - young people and older people at particularly high risk

Changing patterns of work – time and place

Greater emphasis on local businesses, local needs and local leadership



Possible actions for recovery:

Changes to employment policies to promote healthier work

'Social Service' for young people as a post-COVID-19 employment starter

Increasing skills – considerations for training and education

Collaborative working to create a joined-up employment and skills service across London with local leadership

Green recovery essential to create a more resilient and sustainable economy

Key findings from workshop consultation (1)

Housing

- Low or insecure incomes relate strongly to housing and the anticipated rise in evictions after the pause on rental payments ends. People who are renting privately are particularly at risk and due to rising unemployment and changes to entitlements many more people will be affected by the cap on benefits
- A person's home and factors such as space, overcrowding, and access to Wi-Fi also determine how able they are to work from home. This may lead to exclusion from current or future jobs if working from home becomes embedded

Place-based impacts

- Impacts on wards and boroughs will be affected by the major employer in that area, whether that is out of area (for instance, central London), and the availability of local jobs going forwards

Education and training

- The impact on younger adults in terms of loss of employment or working hours means there will need to be investment in higher education and training
- While younger adults have clearly been differentially affected there is a need to consider workers of all ages in training, and considering how to make use of the budget for adult education and skills
- There is need to identify which sectors are or will be recruiting and train people rapidly into these sectors
- Anchor institutions, for instance NHS hospitals, can play a key role in local training and employment opportunities

Re-entry to jobs and the labour market

- There will be a variation in the period of unemployment for different people and there is a need to consider how this will affect people who are medium- to long-term unemployed – those who are highly skilled are likely to find work more quickly than people who are less experienced
- People who are digitally excluded currently could be a significant resource in the labour market, if they were included

Key findings from workshop consultation (2)

Changes to work

- Working from home represents significant challenges including to mental health and will have other unintended effects, for instance the effects of entirely home-based working on people experiencing domestic abuse is not known but is highly likely to be negative

Employment and mental health

- Returning to work is going to be a significant stressor for many, particularly for people who are vulnerable to COVID-19 such as older adults
- In London this stress is also likely to be linked to the use of public transport for commuting

A number of vulnerable or differentially affected groups were identified in addition to those from the literature review

- People for whom English is not their first language
 - Employment
 - Accessing financial resources such as free school meal vouchers
- EU citizens
 - May be more likely to have been working in shut down sectors
- People who are digitally excluded
- Older adults
 - A report from the Centre for Ageing Better notes that this group may struggle to re-enter the labour market and are dependent on income from employment
 - Noted during the discussion that due to social changes older working age adults may still have dependents living with them
- People who were already excluded from employment including people who have a learning disability, people with substance misuse issues, and people recently released from prison

Key findings from workshop consultation (3)

Existing initiatives and local approaches

Different approaches and initiatives that could be used or built on were discussed including:

- The Health and Work programme
- The emerging role of anchor institutions (using the example of Barts Health NHS Trust and work at LB Tower Hamlets)
- Using regeneration to drive local jobs in deprived areas (using the example of the Meridian Water development in Enfield)
- Individual Placement Support pilots
- Existing work in London boroughs such as Haringey on helping people into employment including people who have a learning disability

Community assets and recovery to benefit communities

- Discussions about recovery included a need for work focused on local wealth building and the circular economy
- Assets for London include the creative industries
- Social values in employment should be prioritised. One solution could be to link benefits to community work rather than incentivising the uptake of jobs that do not benefit communities
- There was a clear feeling that there is a need to continue to support and make use of the huge response from mutual aid and community initiatives and to harness this going forwards and for recovery. It was also noted how beneficial this response has been for mental health, for instance for people who have been made redundant or who have been furloughed but been able to volunteer and contribute. It was noted that there is wide variation in support across London for VCS due to constraints
- Other proposed solutions included for Councils and CCGs to direct commissioning to incentivise local wealth development by providers, building on social prescribing particularly in helping people re-enter the labour market, starting joined up conversations around the issues raised in the workshop and adult education/skills training and the role of employers, and valuing care responsibilities

Health and Care

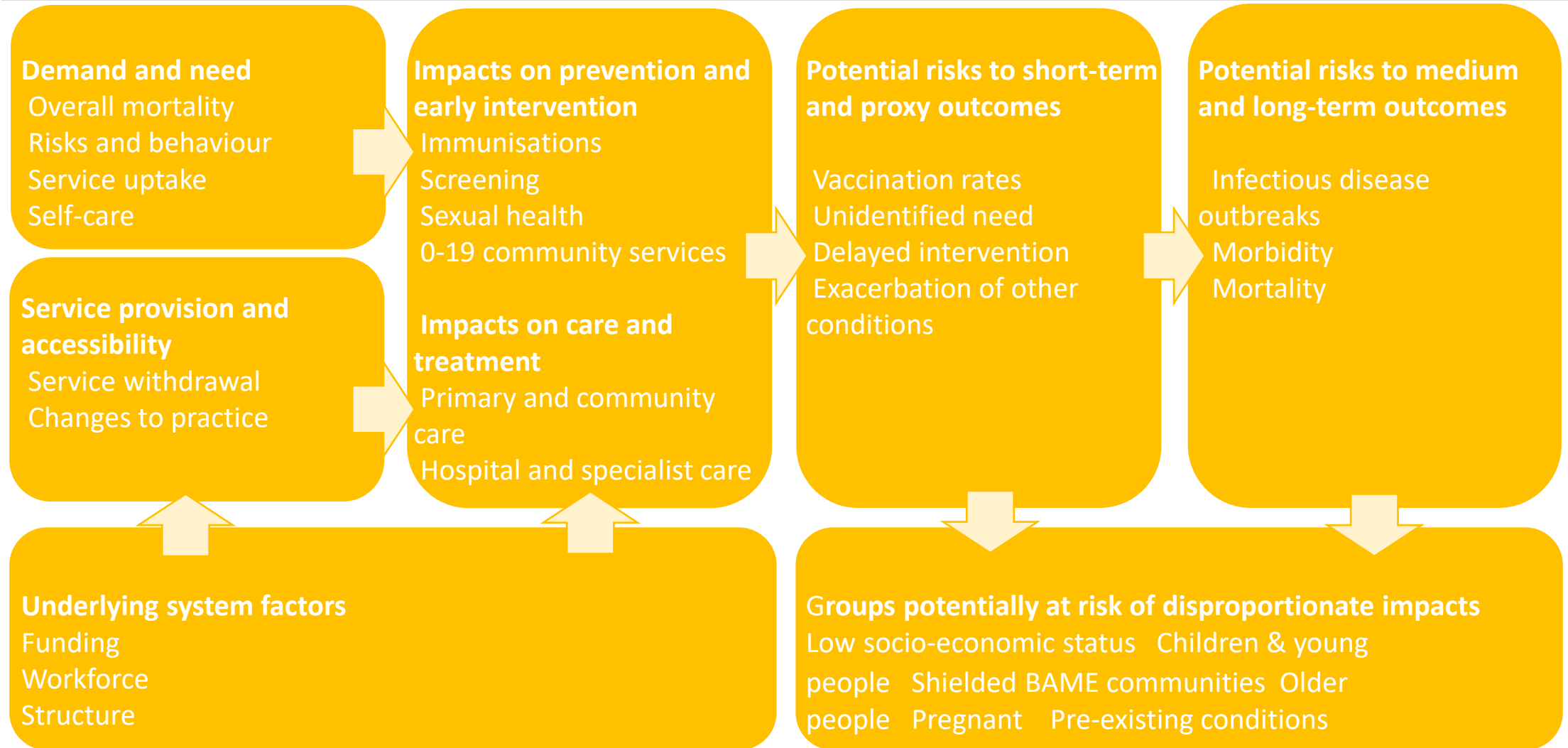
The seventh in our series of workshops focused on health care (prevention, early intervention and treatment) and social care (residential and community).

London context - healthcare

Wider determinants and population health outcome indicator	Pre-COVID-19
Newborn screening	●
Immunisation coverage – 1 year	●
MMR vaccination coverage (2 doses)	●
Flu vaccination (at risk population)	●
HPV vaccination coverage (2 doses)	●
Cancer screening coverage - breast cancer	●
Percentage of 5 yo with experience of visually obvious dental decay	○
Under 75 mortality rate from all cardiovascular diseases	○
Under 75 mortality rate from cancer considered preventable	○
New STI diagnosis (excl chlamydia <25 years)	○
Total prescription of LARC	●
Infant mortality rate	○
Estimated dementia diagnosis rate (aged 65 and over)	○
Emergency readmissions within 30 days of discharge from hospital	○

- For 2016-18, London's mortality rate from causes considered preventable was lower than the national average
- For 2016-18, life expectancy at birth in London was 80.7 years for males and 84.5 years for females, better than the national average
- London's NHS had the highest vacancy rate in England in 2019
- 45% of London's NHS and CCG staff come from a BAME group
- Compared to the same period in 2019, there has been a 43% reduction in MMR uptake in London in 2020, the largest in any region.
- The number of GP appointments in London in April 2020 was 67% of the number in the same period in 2019
- In February 2020, 15% of GP appointments in London took place by telephone. In June, the figure was 53%.

Wider impacts on healthcare



Key themes from the wider impacts literature review (healthcare)

Direct and indirect mortality	• Excess mortality to 24 July reported to be 53,641 deaths, with 91% including a mention of COVID in the death certificate • Modelling studies have estimated excess mortality from delays to cancer diagnosis or surgery
Changing need and demand for healthcare	• Changing patterns of self-reported alcohol consumption, physical activity and nutrition • Reduced need for trauma services during lockdown • Reported reductions in GP appointments, A&E visits, and admissions for heart disease during the pandemic • In a July survey, 52% of people with a worsening health condition in the last 7 days had not sought help (to avoid putting pressure on the NHS; to avoid COVID; or because of anxiety about leaving the house). • Some evidence of improved self-management
Changing healthcare service provision	• Suspensions of surgery and discharge of medically fit patients to the community on 17 March; formal suspension of many community services on 2 April, including NCMP, Health Checks, some aspects of community rehab and long-term condition nursing and management, obesity management, non-urgent contraception • Rapid reorganisation of services including regional consolidation, layout changes of individual facilities, shifts to telehealth, more conservative case management, changes to prescribing practice, self-care support, staff redeployment and reduced efficiency due to need for enhanced infection control procedures • Changes expected to have a disproportionate impact on frequent service users including those with long-term conditions, low socioeconomic status, older people, children and pregnant women
Underlying system issues	• Proportionately lower system investment than most other OECD countries • Reports of pay growth constraint, staff shortages, rising waiting times and provider deficits

Healthcare: key drivers and examples of actions for recovery

Key drivers:

Increasing levels of unmet need and worsening health inequalities

COVID-19 driven transformation in patient care

Workforce crisis: wellbeing, growth, inequalities

Greater focus on prevention in the NHS, including inequalities

Increased community engagement in health and care



Possible actions for recovery:

Anchor institutions – supporting place-based systems of care

Inclusive digital solutions and innovation in patient care

Building system resilience and sustainability: building back better

Prevention-led strategies across local services, better information sharing, cultural competence and collaborative working

Fostering a culture of citizen-led public services and local leadership

London context - social care

Wider determinants and population health outcome indicator	Pre-COVID-19
Depression and anxiety among social care users: % of social care users	
Satisfaction with social care support: % service users extremely satisfied or very satisfied with their care and support	
Satisfaction with social care protection: % of service users	
Healthy life expectancy at 65 (Male)	
Healthy life expectancy at 65 (Female)	
Care home beds per 100 people 75+	
Population vaccination coverage - Flu (aged 65+)	
Population vaccination coverage - Shingles vaccination coverage (70years old)	

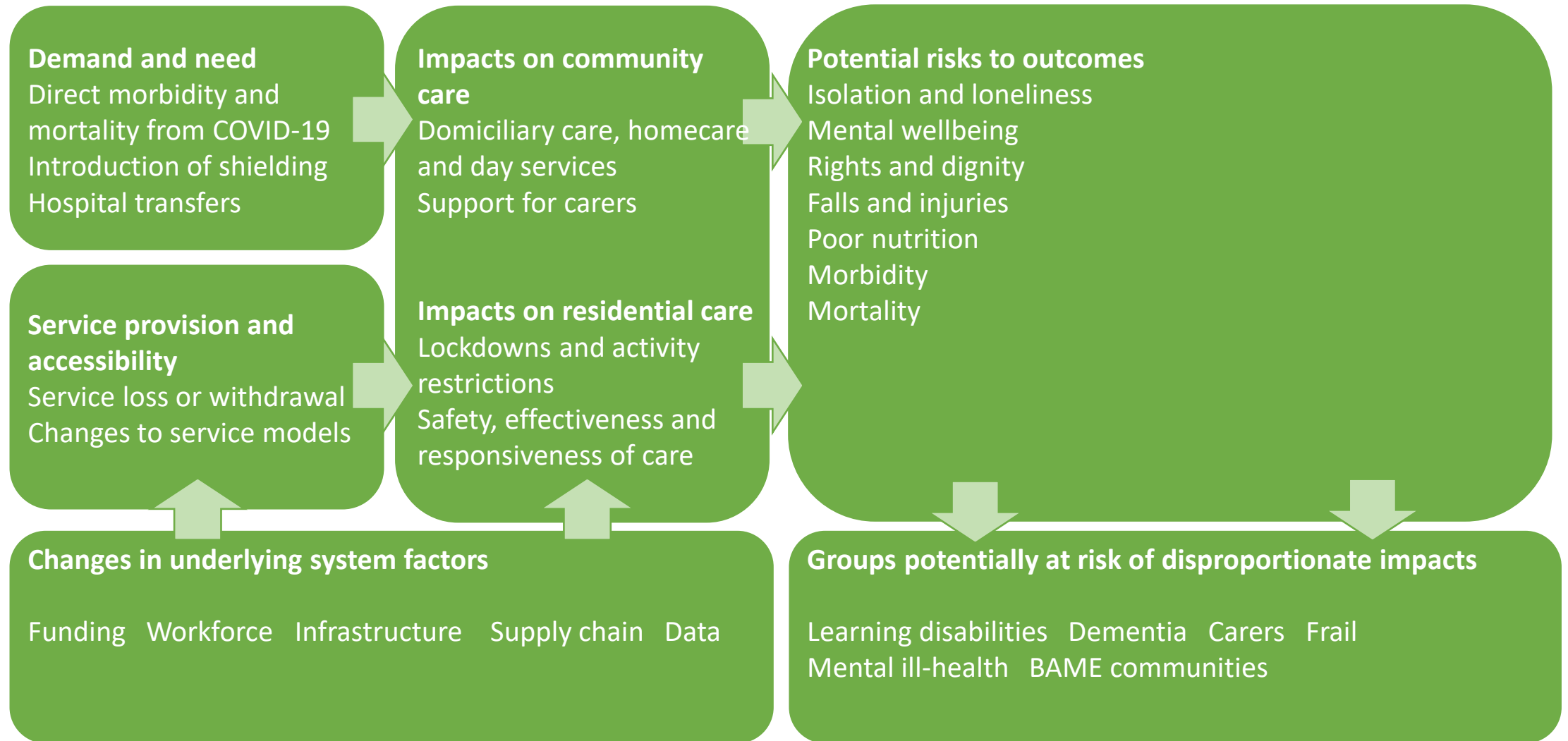
Pre-pandemic needs

- An estimated 71% of Londoners with dementia aged over 65 have a diagnosis
- 75% of adults with a learning disability in London live in stable and appropriate accommodation
- London has a higher rate of emergency hospital admissions for falls in over-65s than the national average

Pandemic impacts

- As at 22 July, there had been 694 suspected or confirmed COVID-19 outbreaks in London care homes, a cumulative percentage of 50% of care homes since March
- In 2020, 7,602 deaths in care homes had been recorded in London by 20 June, with 27% of these involving COVID-19. This is the highest proportion in the country.
- There are more than 323,000 people on the shielding list in London

Wider impacts on social care



Key themes from the wider impacts literature review (social care)

Direct and indirect mortality	• To 19 June, there were an estimated 30,500 excess deaths in care homes nationally • Health Foundation analysis suggests an even higher rate of excess mortality in domiciliary care than in care homes (though a lower absolute number)
Changing need and demand for social care	• Unclear pattern of demand changes. In May 26% of providers reported increases; 46% reported decreases. • Shielding creates a new kind of care need, and may also have identified people with pre-existing unmet needs • Increases in social care needs may arise from deterioration arising from inaccessibility of prevention and care services during the pandemic; the 'long tail' of COVID infection; increases in mental ill-health arising from social isolation • Carers also report deterioration of wellbeing
Changing social care service provision	• Changes to provision in residential care homes included closures to visitors, withdrawal of non-essential services, implementation of infection prevention and control measures, changes to staffing arrangements, closures of communal areas and isolation of residents. • Impacts of these measures may be reduced physical activity, which in turn can lead to deconditioning, falls and injuries; lack of stimulation resulting in exacerbation of psychological symptoms of dementia; depression
Underlying system issues	• Spending per person on social care fell by 12% in real terms between 2010-11 and 2018-19 • Fragmented infrastructure with a very wide range of settings, service models, capacity, support, and quality of relationships with local government and the NHS • Staffing problems including shortages, low pay, zero-hours contracts and use of agency staff. • Limited data makes analysis of social care system issues challenging

Social care: key drivers and examples of actions for recovery

Key drivers:

Continued infection prevention and control needs

Workforce wellbeing, growth, inequalities

Significant unmet need for social care across the population

Urgent need for better, more accurate, social care data for community and residential settings



Possible actions for recovery:

Fundamental reform of social care system with significant investment

Better understanding and support of the workforce in line with NHS – pay, conditions, training

Social care data strategy that enables the provision of better care

Whole system recovery – healthcare, social care and public health

Key findings from workshop consultation (1)

Healthcare

Existing and new inequalities

- Those with long term complications from COVID-19 infection, both physical and mental health aspects
- Those with pre-existing long term conditions (LTCs), such as diabetes and obesity
- Vulnerable groups, e.g. the homeless – difficulty reaching and engaging them, those with learning disabilities
- Older people – as they tend to have LTCs, but also because of digital exclusion, and social isolation
- LGBT communities – difficulty engaging them and gaining trust
- Children and young people (CYP) – particularly vulnerable children
- Black, Asian and Minority Ethnic (BAME) communities

Trust and stigma

- Reduced trust in health care system
- Myths and stigma around COVID-19 in particular communities, which may impact on health-related behaviours
- Importance of using community voluntary organisations, and their local expertise, to **reach into communities** and help educate and disseminate accurate health messages

Digital innovation

- A positive development for service providers and users
- Impact of digital exclusion needs to be addressed
- Particularly for vulnerable groups – CYP living in difficult situations, asylum seekers and refugees, the elderly

Voluntary and community sector

- Crucial in responding flexibly to local needs
- System working needs to include not just the NHS, but greater involvement of local communities

Key findings from workshop consultation (2)

Social care

Parity of esteem

- Recognising that healthcare and social care are equally important in addressing population health
- Needs to be reflected in funding, resources, workforce development
- Need to rethink the social care system, with greater political commitment and sustained funding

Data strategy

- Need for better data and data sharing between health care, social care, and public health to gain a complete understanding of needs
- Barrier includes difficulty integrating different data systems

Community assets

- VCS has filled gaps left by social care, and able to rapidly adapt to changing needs.
- Opportunity to utilise community assets to improve population health outcomes
- Examples included MECC and community-led social prescribing.
- Requires sustained investment to maintain community response

Key findings from workshop consultation (3)

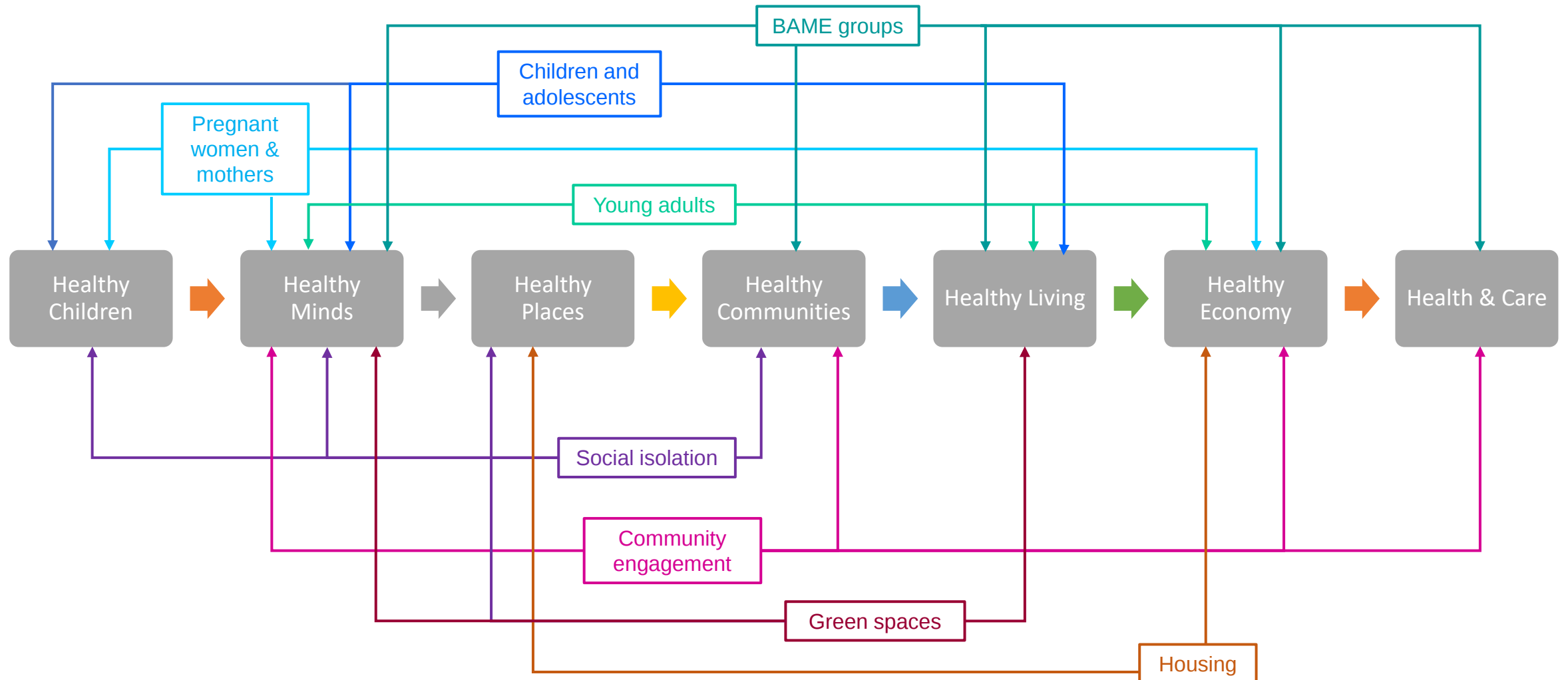
Key emerging cross-cutting themes:

- Importance of community action, the value of the VCS to reach into the community, and the need for more responsive, locally-led decision-making.
- Need for services to be more flexible and better integrated across sectors so that capacity can be matched with need
- Medical approach is not enough to improve population health – community-led interventions can be better utilised to address the wider determinants of health

Cross cutting themes and groups

- Each theme and life course cohort faces its own set of challenges however there are some strong drivers repeated across themes and age groups. They include financial and employment insecurity, housing insecurity and mental health impact (short, medium and long term).
- The wider impacts will be felt differently by different groups over the short to long term. This disproportionality and intersectionality between groups are important factors to consider during transition and recovery planning.
- There are vulnerable groups that are recurring across a number of themes (including BAME communities, children and young people (particularly vulnerable children) and vulnerable adults). This highlights the need for a systems level approach, working with these groups, to reduce inequalities and ensure better health outcomes.
- In addition, significant disruption to services (prevention, health care, education) is an important driver of poor health outcomes and increasing health inequalities in the short to medium term.
- Therefore, recovery should look to improving the resilience of services and mitigating against further disruption. This may include digital and online solutions, new models of delivery and working with new partners to deliver services.
- Finally, the role of the community and maximising the use of community assets was highlighted as a positive factor during the pandemic and this should continue during the transition and recovery phase.
- The challenge for the system, as part of transition and recovery planning, is to identify the most effective mitigating actions at each of the geographical footprints recognising the cross-cutting themes and groups.

Examples of cross-cutting themes and groups



Summary

- The health, social care and public health system faces significant challenges over the coming weeks and months.
- Very early in the response phase of the pandemic the need for high level evidence reviews exploring the wider impacts of the pandemic on population health was identified. It was also recognised that there was an opportunity to undertake some exploratory work looking at the implications for recovery, ensuring this information was ready for the system at the right time.
- The initial findings of the evidence reviews for the wider impacts and the recovery phase were shared and tested with a broad range of regional and local stakeholders. This consultation further added to the evidence base, identifying gaps and further issues for consideration.
- The findings from this work make a strong case for moving away from silo working to a more collaborative and cross cutting focus on improving population health. Integral to this is the need to recognise the disproportionate impacts on different groups and the intersectionality between groups.
- This briefing slideset is intended to be shared as system resource to inform planning for the transition and recovery phase
- There are limitations to this resource that should be noted:
 - The pace of new and emerging evidence may result in this resource quickly becoming out of date and replaced by more robust and recent evidence;
 - The information provided was identified through a series of rapid reviews that were not systematic reviews and further exploration into specific topics would benefit from a more comprehensive systematic review.

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