

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

13 JANUARY 2023

HEALTH INEQUALITIES AND IMPACTS RESULTING FROM THE COVID-19 PANDEMIC

Summary

1. The Health Overview and Scrutiny Committee (HOSC) will receive an overview of health inequalities and impacts resulting from the COVID-19 pandemic.
2. As well as being part of the HOSC's work programme, health impacts of the pandemic was also highlighted at a meeting of Council in January 2022 through a Notice of Motion and Council agreed that the HOSC should be asked to consider the issues raised (details of the Council meeting can be found in the background papers of this report).
3. The Cabinet Member with Responsibility for Health and Wellbeing and the Director of Public Health have been invited to the meeting.

Background

4. The impacts of COVID-19 have not been felt equally across the population and has exacerbated existing health inequalities, with elevated risk including:
 - Pre-existing disease
 - Risk of exposure
 - Experience of lockdown
 - Changes in provision or access to health, social care, and essential services
 - Socio-economic status
 - Socio-economic consequences
 - Ethnicity.
5. Locally, several ethnic groups have had high numbers of cases and data suggests a strong relationship between death from COVID-19, older age, and male gender. During the first 18 months of the pandemic to September 2021, there was a clear elevated risk of infections amongst non-white British groups (full details in supporting information):
 - i. Any other Black/African/Caribbean group
 - ii. Other ethnic groups
 - iii. African
 - iv. Any other Asian background
 - v. Indian
 - vi. Any other Mixed Background
 - vii. Pakistani

6. There is also some evidence of a relationship between deprivation and death from COVID-19 in the older age group (65-plus) and that the death rate may have been higher in urban areas. Unfortunately, local data on the ethnicity of those who have died is incomplete meaning this analysis is not possible. In Worcestershire, a person's COVID-19 vaccination status has been highly associated with their level of deprivation, as measured by where they live, and several ethnic groups have a lower uptake.

Long COVID

7. An estimated 2.2 million people living in private households in the UK (3.4% of the population) were experiencing self-reported long COVID (symptoms continuing for more than four weeks after the first confirmed or suspected coronavirus (COVID-19) infection that were not explained by something else) as of 6 November 2022.
8. Long COVID symptoms adversely affect the day-to-day activities of 1.6 million people (75% of those with self-reported long COVID), with 370,000 (17%) reporting that their ability to undertake their day-to-day activities had been "limited a lot".
9. As a proportion of the UK population, the prevalence of self-reported long COVID was greatest in people aged 35 to 69 years, females, people living in more deprived areas, those working in social care, those aged 16 years or over who were not working and not looking for work, and those with another activity-limiting health condition or disability.
10. Estimates for Worcestershire are not available but if prevalence reflected national levels the county would have 20,000 people with long Covid, of whom 15,000 having symptoms which adversely affected their day-to-day activities.

Indirect impacts of COVID-19

11. Other impacts associated with COVID-19 are those indirectly caused by the pandemic which include:

Education

- a. The impact of missed education has disproportionately fallen on those children living in areas of enduring transmission and from poorer backgrounds. Pupils that are disadvantaged tend to have lower educational attainment than their peers – this is termed the disadvantage gap. The gap occurs because disadvantaged pupils tend to have less access to technology, spend less time learning and have reduced support from parents and carers.

- b. Experiences of teaching and learning during the pandemic were diverse, but disadvantage and deprivation appear to be most associated with less effective learning and overall learning losses.

Alcohol consumption

c. In July 2021 Public Health England (PHE) published a report on the trends in alcohol consumption and harm. The findings show an increase in total alcohol-specific deaths, driven by an unprecedented annual increase in alcoholic liver disease deaths above levels seen pre-pandemic.

d. Despite pubs, clubs and restaurants closing for approximately 31 weeks during the national lockdowns, the total amount of alcohol released for sale during the pandemic was still similar to the pre-pandemic years which suggests people were drinking more at home.

Physical Activity

e. Nationally, a reduction in physical activity levels has been seen, particularly for people in Black and Asian groups and lower socioeconomic groups.

f. The 2021/22 National Child Measurement Programme data indicates that the proportion of Year 6 children in Worcestershire who are overweight or obese has increased from the 2018/19 level from 36.1% to 38.7% for boys and 29.3% to 33.0% for girls. This could be a consequence of reduced physical activity and poorer diet (rates for reception children have remained largely unchanged).

Mental health

g. There is evidence from both national and local level data of a decline in mental wellbeing during the pandemic. These changes have not been equally experienced across the population with those in deprived areas and certain ethnic groups being particularly affected.

h. Direct effects to mental health include those due to bereavement and long Covid, indirect effects from the measures implemented to control the virus such as lockdowns and school closures.

12. Further information about health inequalities resulting from the COVID-19 pandemic in Worcestershire and nationally, is included at Appendix 1

Conclusion

13. The analysis shows significant inequalities in Covid-19 infection, death and vaccination, at both national and local level. In terms of wider impacts to health and wellbeing such as in mental health, education and alcohol consumption, national research and local evidence indicates that people in deprived groups have been most affected.

Equality and Diversity Implications

14. This Report has summarised some of the known impacts of the COVID-19 pandemic as reported previously in the Joint Strategic Needs Assessment for Worcestershire, including impact on health inequalities and differential risk.

Purpose of the Meeting

15. The HOSC is asked to:

- consider and comment on the information provided on health inequalities and impacts from the COVID-19 pandemic, specifically, consideration should be given to the multiple risks facing our Worcestershire's most deprived populations including higher risk of disease, higher risk of mortality, and lower vaccination uptake.
- agree any comments to highlight to the Cabinet Member for Health and Wellbeing
- determine whether any further information or scrutiny on a particular topic is required.

Supporting Information

Appendix 1: Inequalities due to the Covid-19 pandemic

Specific Contact Points for this report

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Background Papers

In the opinion of the proper officer (in this case the Democratic Governance and Scrutiny Manager) the following are the background papers relating to the subject matter of this report:

- Agenda and Minutes of the Health Overview and Scrutiny Committee on 9 March 2022 and the 3 November 2021
- Agenda and Minutes of Council on 13 January 2022

[All agendas and minutes are available on the Council's website here.](#)