

Appendix 1

Executive Summary to the Interim report of the Public Health and Prevention Sub Group of the LRF Recovery Group.

1.0 Introduction

This interim report has been produced for the C&P LRF Recovery Group by the Public Health and Prevention Sub Group. Our Sub Group is made up of representatives of C&P Upper Tier Local Authorities, City and District Councils, the NHS and Patient and Community Groups (see Annex 1 for Membership). The Sub Group has been Chaired by Dr Tony Jewell (CPH) on behalf of Dr Liz Robin (DPH). We are a sub Group of the LRF Recovery Group and the Chair participates in these meetings. We have uploaded our Health Impact Assessment, Action Plans and Minutes on the LRF Huddle.

The COVID-19 pandemic is global and is a UK wide public health emergency. We are aware therefore of the responsibility of our group to provide a strategic overview of the public health implications for C&P across all sectors and the need to provide focus on prevention, assessing the population health impact of the pandemic and key public health priorities going forward. The public health impact of the pandemic reaches across all sectors so we have participated in most other sub group's work for example the Vulnerable People and Environment sub groups of the LRF. There is also a Health (NHS) link between the LRF Recovery work and the NHSE Recovery and Restoration Planning which is important. Our Sub Group has taken the lead for the NHS (STP/CCG) on reporting on Screening and Vaccination and Immunisation (V&I) as well as health inequalities arising from the social determinants of health. We have collaborated with the local NHS (CCG) who have produced some detailed work on pre-Coronavirus health service inequalities, the impact of the pandemic where data is available and a strategy going forwards. It is important that links are made between socio-economic and cultural drivers of inequity with the specific needs of vulnerable populations and how the NHS and other services can inadvertently make these inequalities worse or mitigate them.

We have used five work streams to cover the breadth of public health impacts – Health Inequalities, Screening and V&I, Health Behaviours, Mental Health and Housing and Health. We published our Health Impact Assessment (HIA) in these five domains and the emerging Action Plans. This interim report provides more background information on each of these policy areas for LRF partners to comment on and draw them into the overall LRF Recovery Plan. For ease of access we present each work-stream report as a separate document attachment.

In drafting these plans we have chosen to frame the topics with reference to the pre-COVID period (2019), assess the impact of the first wave of the pandemic (March-June 2020) and to look forward while aware of the serious implication of a substantial second and other waves of the pandemic infection.

In drafting our response we have referred to the corporate LRF needs assessment which has been produced and have kept within the mandated strategic goals of the Four Grand Challenges and the draft Health and Wellbeing Strategy for C&P.

2.1 Health Inequalities

The report draws on routinely produced JSNAs and the draft Health and Wellbeing Strategy. It identifies pre-existing health inequalities between different population groups and local authorities many of which are long standing and relate to socio-economic factors centred in the urban areas of Cambridge and Peterborough and in rural Fenland.

The COVID pandemic has shone a harsh light on these inequalities and shown that deprivation is a major risk factor for getting severe illness and dying from the complications of the viral infection. The BAME populations also are at greater risk and while this is complicated by the co-existence of relative poverty, poor housing and occupational/environmental exposure there remain concerns about the impact of structural determinants. Age is also a key determinant and we note how older men in particular are at greatest risk and settings such as domiciliary care, residential and care homes need support to reduce these risks going forwards.

The sub group take a life-course approach to recommendations which look at the importance of pregnancy and early years, schooling, younger people, the workplace and ageing well. This fits well within the strategic aims of the 4 Grand Challenges and a reminder that greater equity is a benefit to everyone and the economy as well.

2.2 Screening and V&I

The local NHS (STP/CCG) asked C&P CCs to contribute to their Recovery Planning by reviewing prevention, the social determinants of health inequalities and in particular the impact of the pandemic on V&I and Screening programmes.

This report builds on an analysis undertaken within the CCG looking at uptake of V&I programmes for infants, children and adults. The report has shown that in some groups, such as neonates and infants the NHS has achieved impressive equity in maintaining uptake despite the pandemic. However in other age groups there are examples of serious reductions in uptake in all population age groups but disturbingly also by deprivation and ethnicity. There are recommendations about how to mitigate these outcomes as we move forward.

Screening programmes have also been impacted by COVID as some programmes ceased during the lockdown period. As with V&I there were pre-existing inequalities but the impact of the drop in screening is likely to emerge with delayed diagnoses in cancers such as bowel, breast and cervical cancer. Some new intelligence is flagged which highlights some cultural/ethnic disparities that need to be addressed to improve uptake by BAME communities. This report will be shared with the local and regional NHS partners.

2.3 Health Behaviours

The health behaviours that we examined include physical activity, diet and obesity, smoking and drugs/alcohol. As with other determinants there are pre-existing inequalities across C&P which need to be addressed.

The pandemic has had an adverse impact on many of these risk factors with early trends in increasing physical activity in lockdown reducing over time and potentially linked to the reduction in organised sport and recreational activity. There is some evidence too that is linked to more sedentary behaviours at home and snacking/drinking more alcohol than before. Surveys report an increase in obesity that will be linked to this change in lifestyle. Some unexpected benefits might be seen by a possible reduction in smoking rates and some drug taking behaviours.

The LRF Recovery group has flagged the need to try and hold onto positive changes while trying to mitigate the risks inherent in restrictions applied in pandemic control measures such as variants of lockdown. This report points at ways we can approach this in regard to health behaviours and by working with partners such as supporting the BMI Can do it healthy weight campaign.

2.4 Mental Health

The pandemic has had a serious impact on mental health with the call to stay at home and social distance affecting mental wellbeing such as increased loneliness and anxiety/depression. This has also been challenging to families and care workers who have had to revert to internet meetings rather than face to face meetings.

Despite the limitations innovative programmes have developed to support people's mental wellbeing such as Every Mind Matters and the support offered by many voluntary groups. This includes maintaining neighbourly contact for particularly at risk people seen during the period of shielding with support of food parcels and prescription collections.

Environmental considerations have also emerged as the risk in dense urban areas without easy access to green spaces, playgrounds has made home life stressful for parents with young children who spent time out of school. This is particularly difficult for families living in crowded and low quality housing with poor internet accessibility, no garden and difficult access to play space/green spaces.

As the pandemic continues the impact on mental wellbeing will continue to grow with adverse impacts already seen such as domestic violence, child abuse and deterioration in children's educational and life-skill milestones. Employers also need to review their employees' welfare as there are potential negative impacts from both working from home as well as travelling to a changed workplace environment.

2.5 Housing and Health

As with other sub groups the Housing group noted the pre-existing pressures on housing across C&P with the quality of existing stock and the affordability for young local people. In addition the pandemic has demonstrated the value of having sufficient space in-doors for families to live comfortably during lockdown. The guidance on self-isolating at home has been very challenging for many shielded and symptomatic people living in family groups. Multigenerational households and houses of multiple occupation has been a public health challenge.

Homelessness is the extreme point in housing deprivation and there has been positive national government and local initiatives to provide accommodation for rough sleepers and homeless people. The feared impact of COVID on these high risk group has not materialised and in many respects they have benefited from improved contact with health and social services. The voluntary sector has played a key role here as well as those primary care groups who provide enhanced services. The uptake for Hepatitis C vaccine is an example of opportunistic access to this group.

Looking forward there is some comfort in MCHLG funding continuing over the winter for the homeless but entitlement remains a challenge, the cold is a risk for this group as well as those living in poorly insulated and heated accommodation.

3.0 Conclusion

This interim report represents work in progress and has been produced in uncertain times with the National Public Health Emergency Response Phase still very active with many parts of the UK in Lockdown or variants of that. People and the economy are living and working under the constraints of infection prevention and control. However this Recovery Planning process adds value by assessing the impacts that the first wave has had on the health and wellbeing of the population and points towards taking paths to Recovery which harness the positive changes that we have identified during the pandemic and deliberately tackling the adverse impacts that have occurred many of which have been built on pre-existing patterns of deprivation.

We look forward to obtaining feedback from LRF partners on this interim report which has summarised a complex web of determinants of health and wellbeing, using what data is available on impacts and proposing positive actions that can be taken by us all.

Dr Tony Jewell

Consultant in Public Health

Chair of the Sub Group.

Oct 2020

Membership – Public Health and Prevention LRF Recovery Sub Group

Antoinette Jackson	Cambridge City Council
Barbara Paterson	PHE
Adrian Chapman	CCC & PCC
Liz Knox	East Cambs District Council
Phil Hughes	Fenland District Council
Fiona Head	CCG
Sandie Smith	Health Watch
Tony Jewell	CCC
John Ford	Public Health Registrar
Julie Farrow	Hunts Forum
Vasiliki Kyriakidou	CCC
Shylaja Thomas	NHSE Screening and Imms
Neil Modha	North Alliance
Liz Robin	CCC & PCC
Jude Simpson	South Alliance
Emmeline Watkins	PCC
Clare Gibbons	Senior Health Lead South Cambs District Council
Suzanne Hemingway	Cambridge City Council
Val Thomas	CCC
Adam Gallop	Cambridgeshire Police

This page is intentionally left blank