



Wider impacts of COVID-19: Health needs assessment intelligence pack for local health partners

Background

COVID-19 continues to have a significant impact. Many people have been directly affected by the disease itself. The effects of the responses taken to manage the epidemic and the wider socioeconomic consequences impact everyone. Responses include those taken by the health and social care systems, central and local government, businesses and employers, and the way people react to the responses. These wider, indirect COVID-19 impacts are more numerous, affect more people, will last longer than the clinical impact of the virus itself and will disproportionately affect the most vulnerable in society.

Purpose

This intelligence pack supports place based health needs assessments and health inequality impact assessments for the wider, indirect COVID-19 effects on population health. This pack will help places understand potential negative and positive impacts on their populations and inform where interventions could be considered.

Aims

- articulate important known or anticipated impacts of COVID-19
- demonstrate the breadth of potential impacts
- provide baseline data at place level relating to those impacts sourced from the [Wider Impacts of Covid on Health](#) on PHE's [Fingertips](#) platform
- support areas to take action to assess the impact of COVID-19 on local populations and consider potential mitigating actions

How to use this pack

The PHE Fingertips data presented here and the new [Wider Impacts of COVID-19 on Health \(WICH\)](#) tool data can be used to baseline and monitor COVID-19 impacts. We recommend utilising local quantitative and qualitative data, intelligence, community input and the emerging evidence base to understand the local impacts of COVID-19 and to develop mitigating actions.

Feedback and future development

This is the first iteration of this pack. For any suggestions for improvement please contact: LKISNorthEastandYorkshire@phe.gov.uk.

Contents

Children and Young People

Working age adults

Older adults

Whole population

Organised by life course stage, the following areas of impact are considered:

- disrupted immediate care
- disrupted preventative services
- long term conditions - exacerbation or disrupted care
- mental health and wellbeing
- behaviours that affect health
- living, working and educational factors
- social and community networks
- socioeconomic, cultural and environmental conditions

For each impact area important issues, potential risks, potential impacts, relevant Fingertips indicators, available WICH data and potential mitigating actions are highlighted. Additional resources, references and data considerations are at the end of the pack.



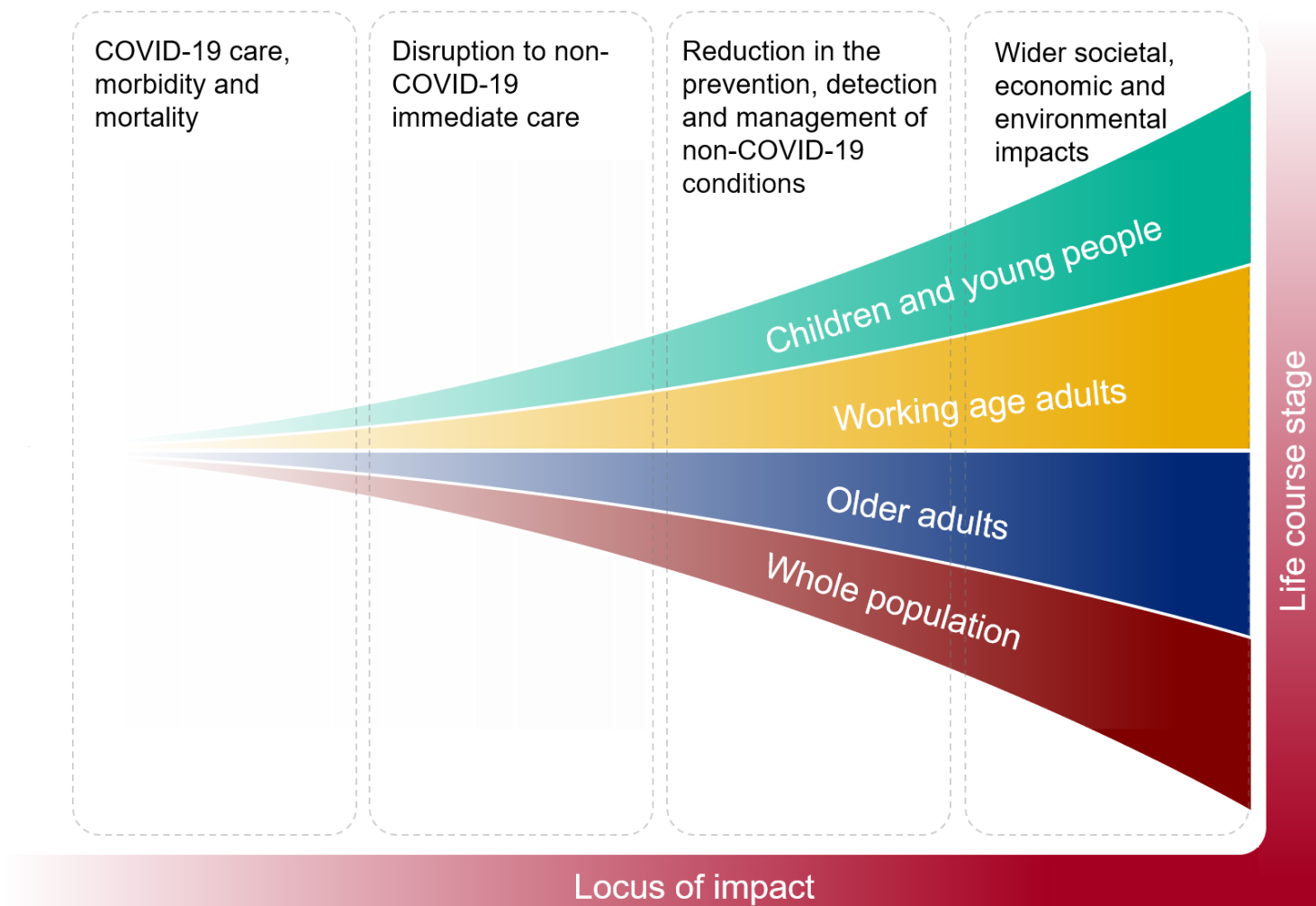


Wider impacts of COVID-19: Locus of impact by life course stage

Impact by life course stage

COVID-19 infections, the responses taken to manage the epidemic and the wider socioeconomic consequences impact everyone and will continue to do so. COVID-19 is associated with morbidity and mortality, with over 40,000 deaths in the UK so far (1). The epidemic and the responses taken to manage it have affected immediate care as well as the prevention, detection and management of non-COVID-19 conditions across the health and social care sector. For example, NHS staff and resources were redirected resulting in postponed operations and treatments for non-COVID-19 conditions (2) whilst people's health seeking behaviours have changed (3, 4).

There have been significant impacts on society, the economy and the environment (4). These wider factors, or determinants, are known to influence people's mental health and physical health (5). It is likely that the impact of COVID-19 on the wider determinants will affect more people than the direct morbidity and mortality of the COVID-19 infection. For example, the proportion of people claiming benefits for unemployment has doubled to 6.4% from March to June 2020 (4). Whilst this diagram suggests that each life course stage will be similarly impacted, certain impacts will affect different life course stages in different ways.





Health inequalities are the preventable differences in health status between groups, populations or individuals that arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health and wellbeing (6).

COVID-19 and health inequalities

The impact of COVID-19 has replicated existing health inequalities and, in some cases, has exacerbated them (7). There is potential for new health inequalities to be created.

COVID-19 infection does not affect everyone equally. Age is the most important risk factor for COVID-19 mortality. People aged 80 or older are seventy times more likely to die than those under 40. The main characteristics associated with a higher risk of dying from COVID-19 (7) are:

- being older
- being male
- living in a deprived area
- being a member of Black, Asian and Minority Ethnic (BAME) groups.

Wider impacts of COVID-19: Health inequalities

It is likely that the responses to the epidemic and the wider socioeconomic effects will impact people and groups of people differently (8).

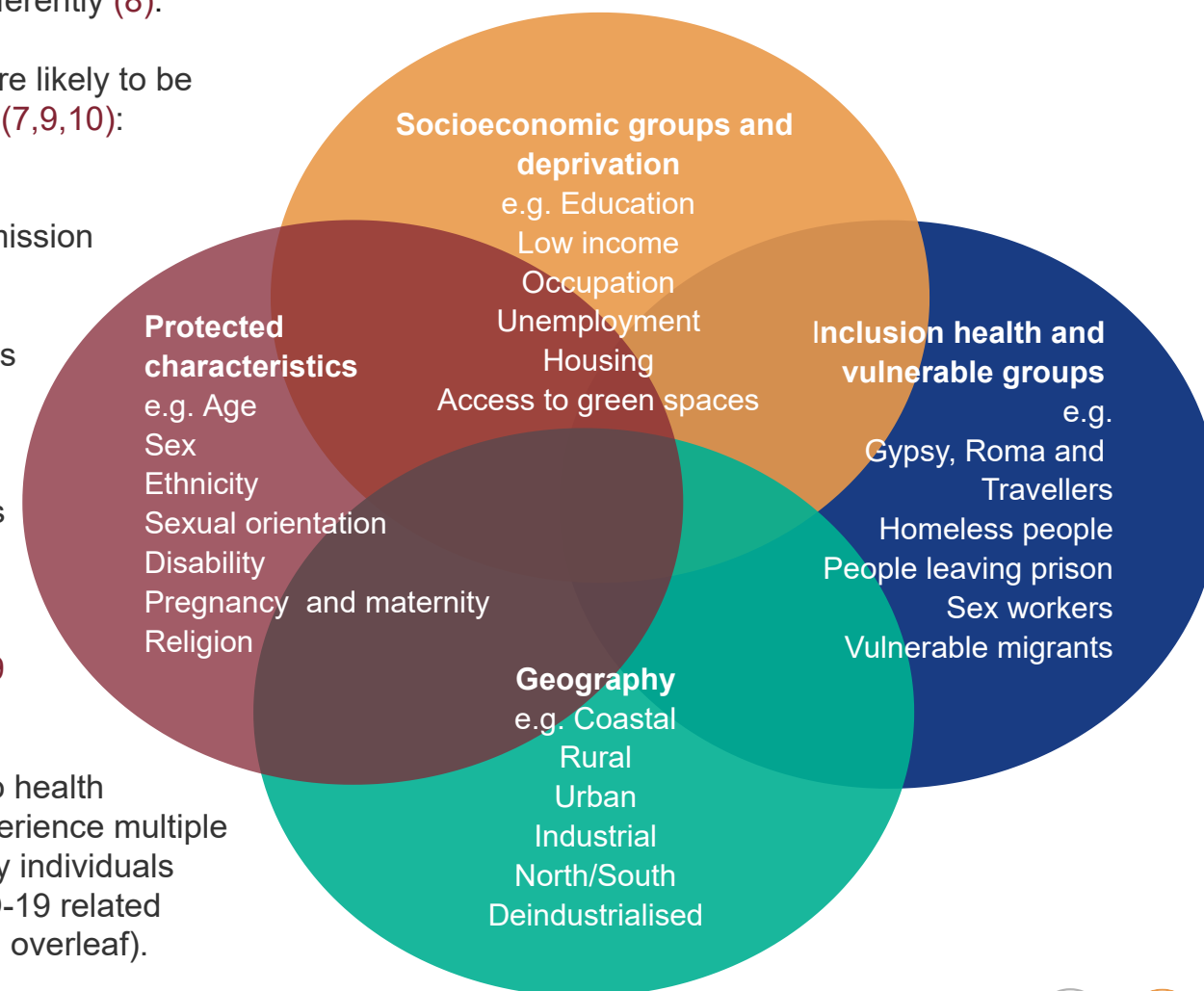
COVID-19 related inequalities are likely to be related to differential aspects of (7,9,10):

- pre-existing disease
- risk of exposure to and transmission of infection
- experience of lockdown
- changes in provision or access to health, social care and essential services
- socioeconomic status (SEC)
- socioeconomic consequences
- ethnicity.

Who may experience COVID-19 related health inequalities?

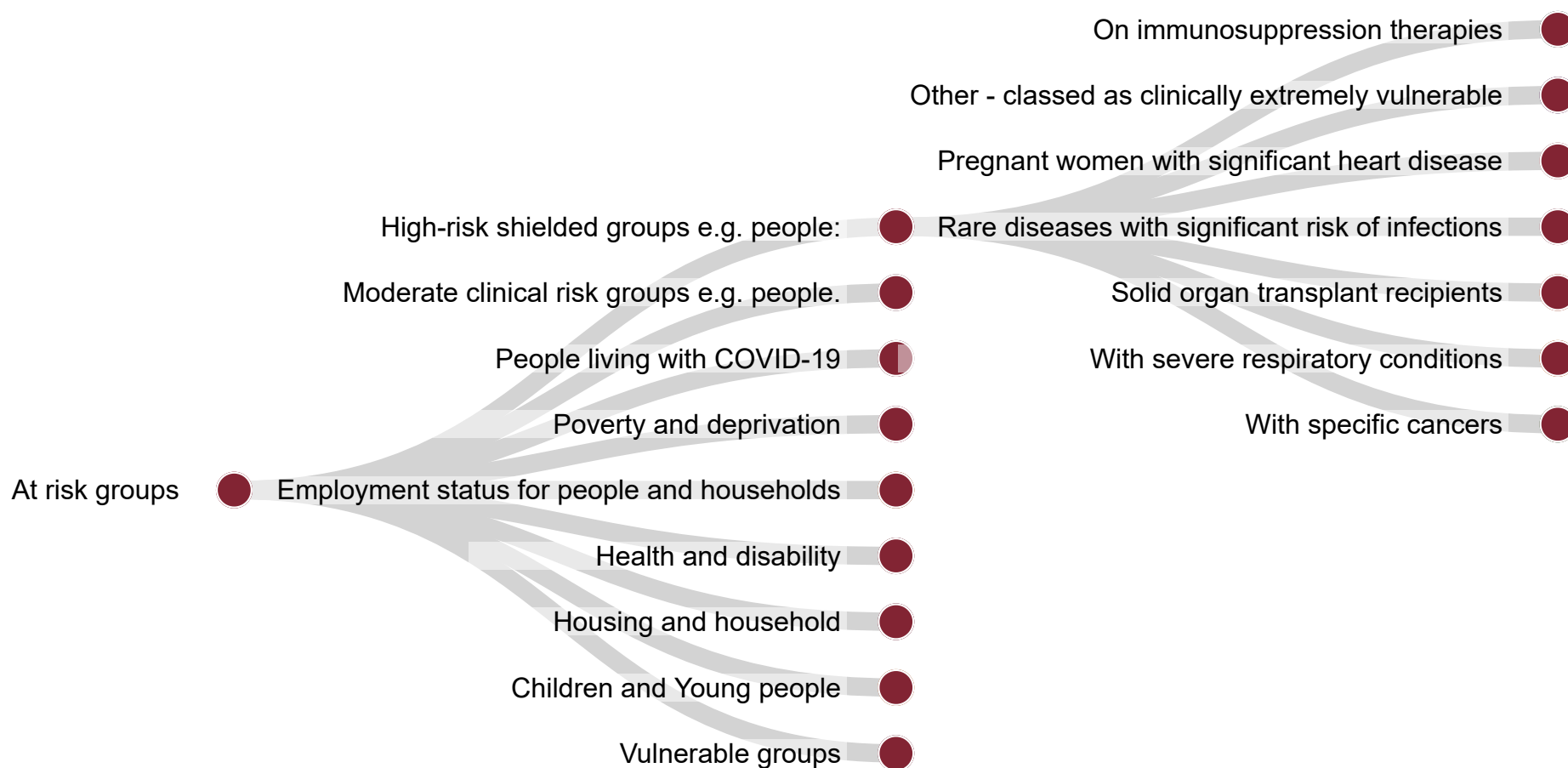
There are several dimensions to health inequalities and people can experience multiple aspects (see Figure 1) (6). Many individuals and groups are at risk of COVID-19 related health inequalities (see Figure 2 overleaf).

Figure 1. Overlapping dimensions of health inequalities



Wider impacts of COVID-19: Health inequalities and risks

Figure 2. People and groups at risk of health inequalities due to COVID-19 epidemic
(Click on the group to expand and show examples of risks)



Mitigating COVID-19 related impacts and health inequalities

When considering COVID-19 impacts on people it is important to examine whether these will affect the population equally and whether they may increase existing or create new health inequalities. It is also essential to ensure that any mitigating actions do not increase existing or create new health inequalities.

Further resources for COVID-19 health inequalities:

[COVID-19 Place-based approach to reducing health inequalities](#)

[COVID-19 Data tools to support local areas](#)

[WICH monitoring tool](#) with data broken down by various factors including protected characteristics

[COVID-19: review of disparities in risks and outcomes](#) (PHE, 2020)



1. Children and young people

Introduction

Children and Young People (CYP) are at low risk of illness and death from COVID-19 but likely to be at high risk of adverse health and social impacts relating to the epidemic response and the wider socioeconomic effects (11,12,13). These could include:

- loss of parental income
- disruption to childcare, schooling, training or employment
- parental or CYP fear of returning to education
- disruption of health, social care and other essential services or support for acute and chronic health or non-health issues
- difficulty in, fear of or delay in accessing health, social care and other essential services or support
- increased negative health behaviours or exposure to negative health behaviours such as poor diet, physical inactivity, alcohol, smoking, second hand-smoke, substance misuse, problem gambling and unsafe sexual health practices

- increased vulnerability, risk of adverse childhood experiences and safeguarding issues
- increased abuse and family relationship issues
- boredom, loneliness and isolation
- grief and bereavement (including from school disruption)
- poorer mental health and wellbeing
- loss of or reduced social development
- increased screen time
- sleep disturbance.

Potential positive impacts:

- reduced exposure to road traffic and road traffic collisions
- reduced stress or anxiety associated with school including exams and bullying
- greater awareness of infection prevention, control and vaccination
- improved family relationships
- increased opportunity to spend time with family.

"Most children in England have missed the best part of six months of formal education"

(Office for the Children's Commissioner, 2020)

"Compared with a typical weekend day before COVID-19..., 36.0% of parents reported that their children were doing less physical activity, 31.8% reported they were doing more and 30.2% reported that they were doing no more nor less."

(Wider impacts of COVID-19 on health, PHE 2020)

Go to baseline data

Select region

Yorkshire and the Humber region



Select your local authority or total for the region

East Riding of Yorkshire





Immediate disruption to healthcare

Select region or local authority

East Riding of Yorkshire



Baseline data

Why is it important?

Timely, urgent health care services are essential to manage ill health.

What are the potential risks?

Health services being re-focused on COVID-19 could result in disrupted care of non-COVID-19 urgent conditions in primary, community, secondary and tertiary care. This may be complicated by difficulties accessing or wanting to access healthcare.

What are the potential impacts?

Urgent pre-existing or new diseases could be missed, untreated, treated sub-optimally, treated later than appropriate or treated by a less appropriate healthcare service (e.g. A&E instead of primary care). Worsening physical and mental CYP health.

2018/19

A&E attendances (0-4 years)

614 per 1,000

9,565 A&E attendances for all children...

England
655
per 1,000

2018/19

Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)

103 per 10,000

540 The number of finished emergency...

England
96
per 10,000

2018/19

Hospital admissions for asthma (under 19 years)

90 per 100,000

60 Emergency hospital admissions of ...

England
178
per 100,000





Disruption to preventative services around birth

Select region or local authority

East Riding of Yorkshire



Why is it important?

Good, timely antenatal and postnatal care is essential for maternal and child health.

What are the potential risks?

COVID-19 has disrupted preventative screening and care such as that provided by midwives, health visitors and GPs. This may be complicated by difficulties accessing or wanting to access healthcare and the suspension of allied services e.g. smoking cessation services.

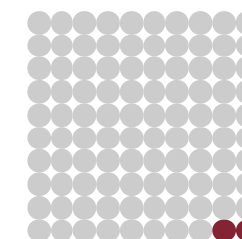
What are the potential impacts?

Poorer child physical health. Poorer maternal physical and mental health. Bonding issues. Issues with managing breast feeding. Developmental issues not detected.

2018

Low birth weight of term babies

Baseline data



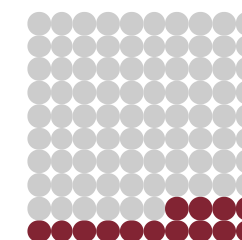
2%

England
3%

40 Number of live births at term (≥ 37 gestation...)

2018/19

Smoking status at time of delivery



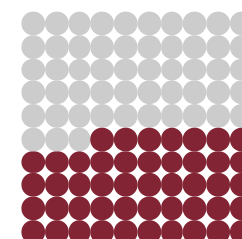
14%

England
11%

363 Number of women known to smoke at time ...

2018/19

Breastfeeding prevalence at 6-8 weeks after birth - current method



47%

England
46%

1,270 Number of infants at the 6-8 week chec...





Disruption to preventative services after birth

Select region or local authority

East Riding of Yorkshire



Baseline data

Why is it important?

Good, timely preventative health care is essential for healthy CYP. This includes screening, immunisations, development reviews and health promotion campaigns.

What are the potential risks?

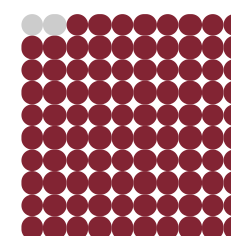
COVID-19 has disrupted preventative care such as that provided by health visitors, school nurses, GPs, dentists, sexual health and health improvement specialists. This may be complicated by difficulties accessing or wanting to access healthcare and suspension of allied services or campaigns e.g. dental survey, tooth-brushing campaigns.

What are the potential impacts?

Poorer CYP physical and mental health. Hearing, visual or developmental issues not detected. Unplanned pregnancies and poorer sexual health. Increase in vaccine-preventable infectious disease outbreaks, morbidity and mortality.

2018/19

Proportion of infants receiving
a 6 to 8 week review



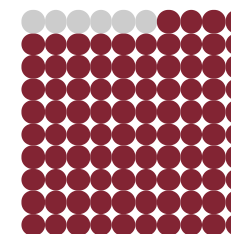
98%

England
85%

2,623 Number of infants who received a 6-8 week ...

2018/19

Population vaccination
coverage - MMR for one dose
(2 years old)



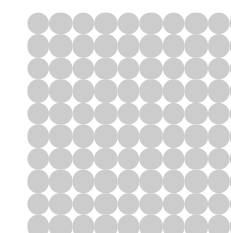
94%

England
90%

2,731 All children for whom the local authority ...

2019/20

Percentage of 5 year olds with
experience of visually obvious
dental decay



0%

England
23%

Value missing in source
data

No counts available for this indicator

Access the latest data on access to care via the [WICH](#) tool

New Healthy pregnancy indicators were released September 2020 (see [Resources section](#) for details)





Mental health and wellbeing

Select region or local authority

East Riding of Yorkshire



Baseline data

Why is it important?

Good mental health is a vital part of being healthy.

What are the potential risks?

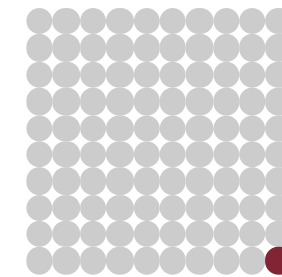
CYP may experience stress, anxiety, vulnerability, social isolation, loss of school support networks and loss of social contacts. Difficulty adapting e.g. home schooling. Strained family relationships. Mental, physical and environmental issues due to lockdown. Disrupted mental health and wellbeing care provided by schools, school nurses, primary and community care and specialist mental health services. Access to services may be harder. Bereavement. Increased substance use, e.g. alcohol or drugs to attenuate mood. Risk of exposure to adverse childhood experiences or negative health behaviours.

What are the potential impacts?

Poorer mental health and wellbeing. Exacerbation of existing mental health conditions. Lack of detection or management of new mental health conditions.

2018

School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs



1%

England
2%

614 Number of primary, secondary and special school p...

2018/19

Hospital admissions as a result of self-harm (10-24 years)

304 per 100,000

England
444
per 100,000

150 Number of finished admission episodes in children ...





Behaviours that affect health

Why is it important?

Healthy behaviours are essential for good physical and mental health for CYP.

What are the potential risks?

Lockdown may result in fewer opportunities for healthy behaviours (e.g. physical activity, healthy diet, lack of access to outdoor space) and greater screen time and sedentary lifestyle. Potential increased smoking, alcohol consumption and substance misuse. May increase exposure to others negative health behaviours and their consequences. Disrupted services that support healthy lifestyles e.g. school nurses, PE, sports clubs, weight management etc. Disrupted behaviour monitoring e.g. child measurement programme. Issues with food poverty, supply chain and school meals may affect healthy eating.

What are the potential impacts?

Increased physical inactivity, obesity, smoking, alcohol, substance misuse; poorer diet and increased exposure to negative health behaviours. Worsening physical and mental CYP health.

Select region or local authority

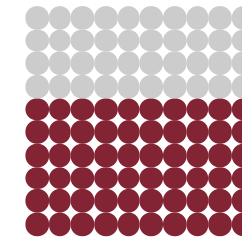
East Riding of Yorkshire



2018/19

Percentage of physically
active children and young
people

Baseline data



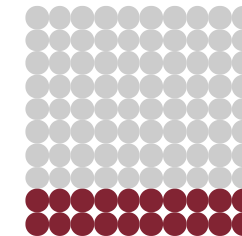
60%

England
47%

No counts available for this indicator

2018/19

Reception: Prevalence of
overweight (including obesity)



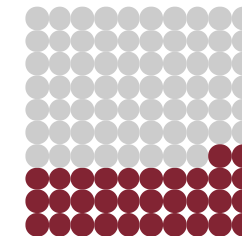
20%

England
23%

619 Number of children in Reception (aged 4-5 y...

2018/19

Year 6: Prevalence of
overweight (including obesity)



32%

England
34%

1,072 Number of children in Year 6 classified a...

Access the latest regional or national data of the impact of COVID-19 on CYP via the [WICH](#) tool





Living, working and educational conditions – Education and development

Select region or local authority

East Riding of Yorkshire



Why is it important?

Good child development is essential for physical and mental health. Education is central to the best start in life and long-term health outcomes.

What are the potential risks?

Closure of pre-schools, schools and other educational facilities limits education and opportunities (e.g. extracurricular activities, work placements). Suspension of enhanced support to parents and children. Stress and anxiety due to closures and social isolation. Unequal developmental or education provision and access to teaching or training. Digital exclusion. Service disruptions may mean child development may not be monitored or supported. Economic effects could cause low household income or unemployment. Loss of routine, loneliness and developmental regression.

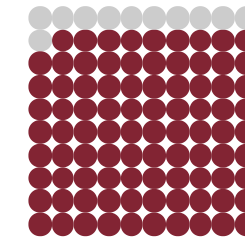
What are the potential impacts?

Poorer educational outcomes, poorer physical and mental health, developmental issues not detected, worse long-term socioeconomic outcomes.

2018/19

Child development: percentage of children achieving a good level of development at 2-2½ years

Baseline data



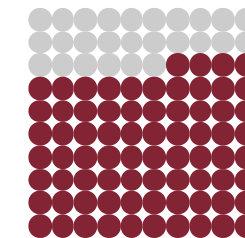
89%

England
84%

No counts available for this indicator

2018/19

School readiness: percentage of children achieving a good level of development at the end of Reception



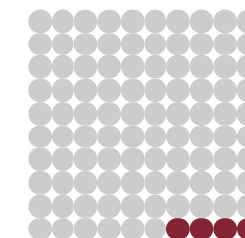
74%

England
72%

2,470 All children defined as having reached a...

2018

16-17 year olds not in education, employment or training (NEET) or whose activity is not known



4%

England
6%

280 The estimated number of 16-17 year old...

Living, working and educational conditions – vulnerable children and socioeconomic deprivation

Select region or local authority

East Riding of Yorkshire

Baseline data

Why is it important?

CYP are more vulnerable than adults and are reliant on others to provide safe living environments and education.

What are the potential risks?

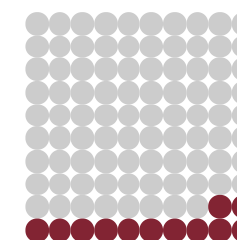
Food chain disruption and school closures may mean that there may be difficulty in accessing adequate nutrition. Economic risks may mean that more CYP may live in households of low income (either existing or newly low income). Service disruption may make it harder for vulnerable CYP to be safeguarded, supported and monitored by schools, social care, school nurses and others. CYP living in lone parent families may have less support and education.

What are the potential impacts?

Increased numbers of vulnerable CYP and more missing CYP. Worsening physical and mental CYP health.

2018

Free school meals: % uptake
among all pupils



12%

England
14%

5,347 Number of pupils known to be eligible for an...

2019

Children in care

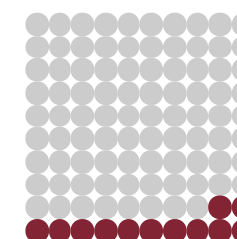
53
per 10,000

England
65
per 10,000

335 Number of children looked after at 31 ...

2016

Children in low income
families (all dependent
children under 20)



12%

England
17%

7,400 Number of all dependent children under ...



1.8 Children and young people

Road usage

Select region or local authority

East Riding of Yorkshire



Baseline data

2016 - 18

Children killed and seriously
injured (KSI) on England's
roads

23 per 100,000

England

18

per 100,000

39 The number of children aged 0-15 years th...

Why is it important?

CYP are more vulnerable if they are involved in road traffic collisions. These are a common cause of morbidity and mortality in children.

What are the potential risks?

Lockdown reduced vehicle traffic on roads but vehicle speeds appeared to increase. Potential greater exposure to roads as at home and not in school. Potentially more opportunity and safer spaces for active travel to school and physical activity but such activity may not be sustained long-term.

What are the potential impacts?

Fewer CYP involved in road traffic collisions but potentially more severe injuries due to vehicle speeds. Increased physical activity due to increased road space available for walking and cycling. Physical and mental health benefits of increased physical activity but these may not be sustained long-term.

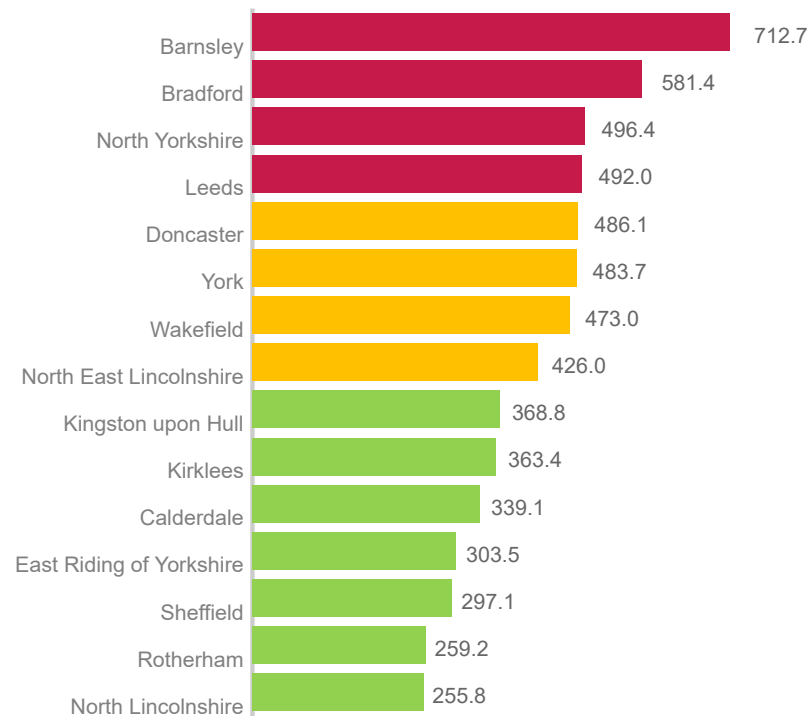




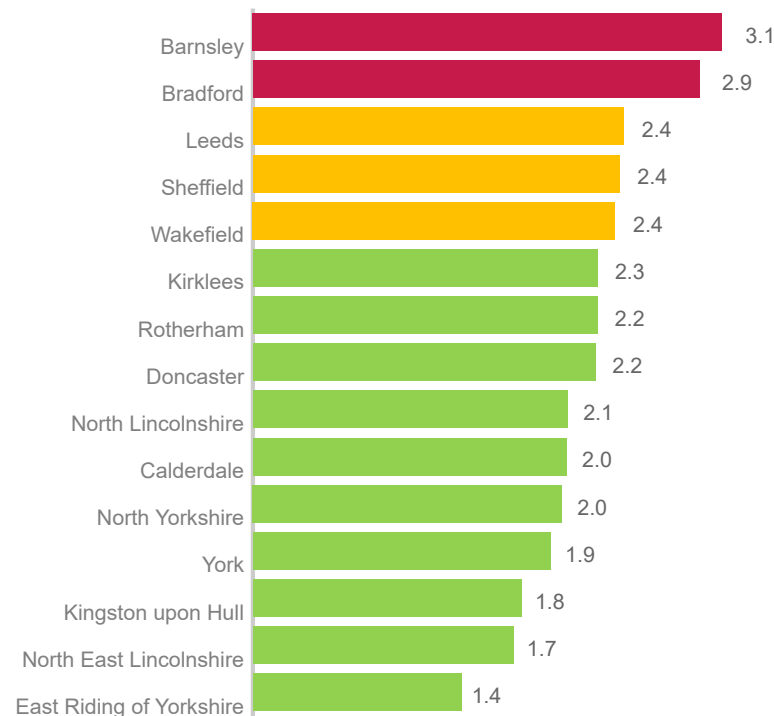
Variation by local authority and inequalities

Baseline data by local authority (Hover over the bar chart to see more detail)

Hospital admissions as a result of self-harm (10-24 years)



School pupils with social, emotional and mental health needs: % of school p...



Key - Comparison to England

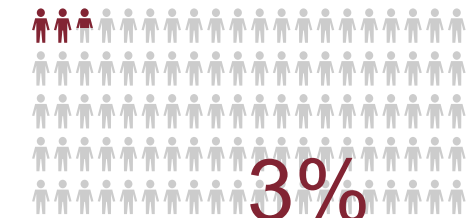
- Significantly better
- Worse
- No significant difference
- Not compared

Health inequalities in England by deprivation

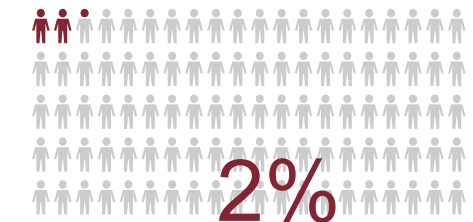
2018

School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and m...

Most deprived decile (IMD2019)



Least deprived decile (IMD2019)





Potential mitigating actions to reduce impact on CYP

Collect and utilise local data, intelligence, community information and community expertise in developing actions and monitoring CYP impact including inequalities.

Consider and mitigate the impact on CYP and family health inequalities, work cross-sector to manage these.

Encourage school attendance for vulnerable.

Prioritise school re-opening while balancing increased COVID-19 risk.

Facilitate accessible education and training.

Facilitate accessible services for CYP - use innovative approaches e.g. digital, virtual or telehealth to deliver services but beware of digital exclusion.

Prioritise CYP public health by:

- bringing health visitors back to their roles
- restarting the [Healthy Child Programme](#)
- resuming targeted services urgently
- supporting CYP mental health and wellbeing
- restarting dental health programmes ASAP

Prioritise immunisations for infants and pregnant women as these are harder to catch up and disease burden could be greater.

Encourage all other immunisations - especially target vulnerable groups.

Develop screening catch-up programmes and restart surveillance programmes where possible.

Ensure good, accessible information provision and services - healthy eating, physical activity, smoking cessation, dental health, good antenatal and postnatal health, domestic violence provision.

Positive, inclusive communications and campaigns - for vaccinations, catch-up campaigns, healthy behaviours to reduce COVID-19 risks, NHS being 'open for business', safe physical activity during epidemic, safe to breastfeed, vitamin D supplements, smoke free homes, sleep management, screen time management. Targeted approaches to reach those most vulnerable to impacts and inequalities.

Review safeguarding approaches and services in context of epidemic.

Sustain support - for parents, families and CYP after lockdown, ensure disadvantaged CYP get greater support to catch up.

Promote safer streets - provide safe environments around schools and homes to enable physical activity and reduce traffic-related pollution and collisions, road safety campaigns, road reallocation schemes to increase and maintain safety and usage.

Evaluation, data and research - understand how COVID-19, the responses and socioeconomic consequences has impacted CYP, impacted health inequalities and how to provide support to the affected cohort.

Prioritise work on wider determinants of health. Multi-level and cross-sector action will be required to minimise the impact on inequalities and CYP from more deprived families.

Future planning - include CYP vulnerability and impact assessment in emergency preparedness planning.





Introduction

Working age adults may juggle complex lives. The epidemic has added challenges such as childcare, home schooling, care for vulnerable relatives and ensuring adequate food and housing (4). Some adults are furloughed or at risk of unemployment. The self-employed or those in precarious employment may have lost income. Employers may be managing economic challenges, complex business decisions and their workforce (14). Therefore, working age adults and their dependents may be at high risk of adverse health and social impacts relating to the response to COVID-19 and the wider socioeconomic effects. These could include:

- loss of income
- disruption to employment, education or training causing financial insecurity and disrupted financial planning
- fear of returning to work
- adapting to home working or combining work with other responsibilities
- disruption or delay of health, social care and other essential services or support
- difficulty or fear of accessing services/ support

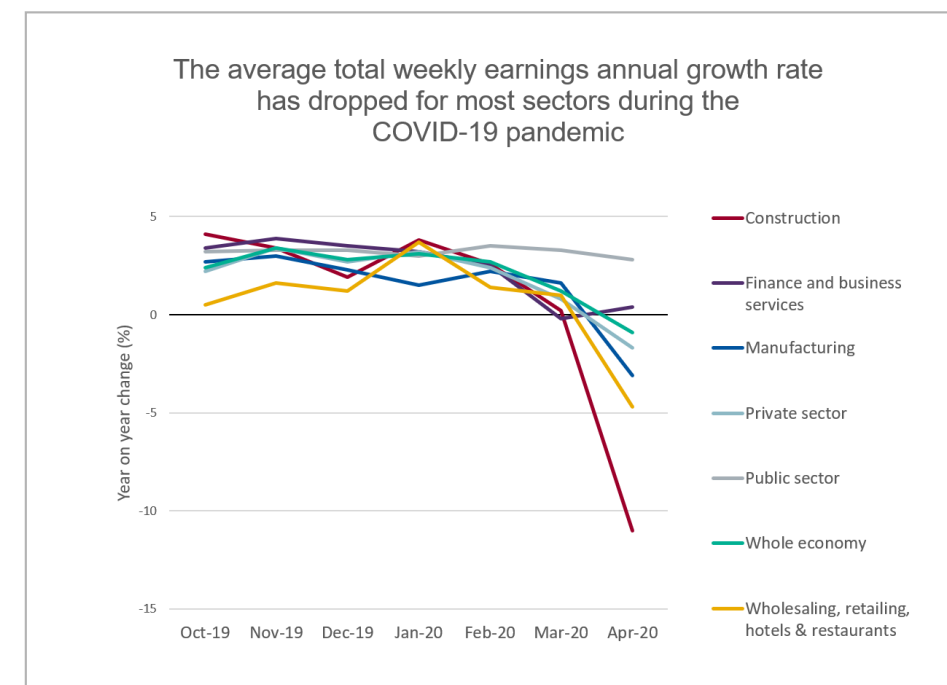
- poorer mental health and wellbeing
- increase in poor diet, physical inactivity, alcohol use, smoking, substance misuse, problem gambling and unsafe sexual health practices
- increased abuse and family relationship issues
- boredom, loneliness and isolation
- lack of family, friends or community support
- grief and bereavement
- working in higher risk employment sectors e.g. health and social care, transport, food supply.

Potential positive impacts:

- home-working may improve quality of life
- reduced commuting time
- increased opportunity for family time
- reduced workplace accidents or incidents
- greater awareness of infection prevention and control

The section will primarily consider the risks and impacts from a 'working' perspective. Other factors that affect Working age adults will be covered under the 'Whole population' section.

2. Working age adults



Source: ONS via the [WICH \(Wider impacts of COVID-19 on health\) tool](#)

Go to baseline data

Select region

Yorkshire and the Humber region

Select your local authority or total for the region

East Riding of Yorkshire





Disruption to preventative services

Why is it important?

Good, timely preventative health care is essential for healthy adults. This includes dental and visual care, cancer and diabetic retinopathy screening, immunisations, NHS Health Checks and health promotion campaigns.

What are the potential risks?

COVID-19 has disrupted preventative care such as that provided by primary care, GPs, midwives, sexual health, health improvement specialists, dentists and opticians. Screening programmes and health promotion campaigns have been suspended.

What are the potential impacts?

Pre-cancer and cancer not detected. Increased vaccine-preventable infectious disease outbreaks, morbidity and mortality. Worsening physical and mental health and wellbeing, higher morbidity and mortality. Health status impacting on ability to work.

Select region or local authority

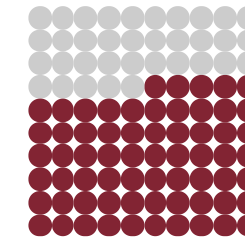
East Riding of Yorkshire



Baseline data

2019

Cancer screening coverage -
bowel cancer



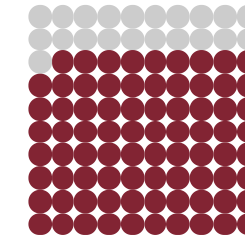
65%

England
60%

43,134 Adequately screened (numerator) is the ...

2019

Cancer screening coverage -
breast cancer



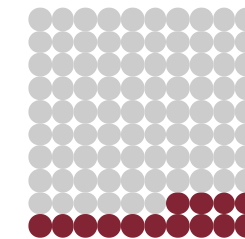
79%

England
74%

36,206 Tested women (numerator) is the numbe...

2014/15 - 18/19

Cumulative percentage of the
eligible population aged 40-
74 who received an NHS
Health check



14%

England
43%

15,309 Number of people aged 40-74 eligible ...



Long term conditions (LTCs) - exacerbation or disrupted care

Select region or local authority

East Riding of Yorkshire



Why is it important?

People with LTCs such as diabetes mellitus and musculoskeletal (MSK) conditions need regular care to manage and treat their condition and prevent further complications or other conditions. Many people live with multiple LTCs.

What are the potential risks?

Disrupted primary, community, secondary and tertiary care for LTCs. Complicated by difficulties accessing or wanting to access healthcare. Other LTCs support services may be disrupted. MSK conditions may be aggravated by inadequate home working environments.

What are the potential impacts?

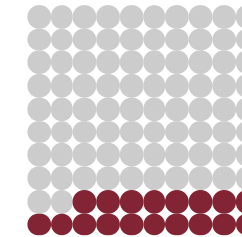
LTCs could be: untreated, treated sub-optimally, treated later or by a less appropriate service (e.g. A&E instead of primary care). New LTCs or complications could be missed. Higher morbidity and mortality. LTCs can impact on ability to work and mental health and wellbeing.

2018/19

Hypertension: QOF prevalence (all ages)

GP Practice QOF (Quality and Outcomes Framework) Prevalence data

Baseline data



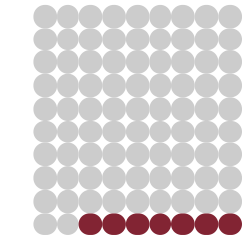
18%

England
14%

57,642 The number of patients with established ...

2018/19

Diabetes: QOF prevalence (17+)



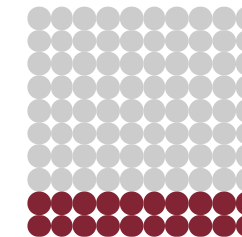
8%

England
7%

20,970 Patients aged 17 years and over with diabetes...

2018/19

Percentage reporting a long term Musculoskeletal (MSK) problem



20%

England
17%

No counts available for this indicator



Living, working and educational conditions - employment

Select region or local authority

East Riding of Yorkshire



Why is it important?

Our working conditions have a huge impact on our physical and mental health. Employment is one of the most important determinants of health.

What are the potential risks?

COVID-19 impacts are affecting employment, education, training and income. Some people may be made unemployed, may not qualify for furlough/other payments or may experience disruption to education/training. There may be difficulties adapting to new circumstances e.g. home working; lack of employer support; lack of COVID-19 protections at work; businesses closing or downsizing.

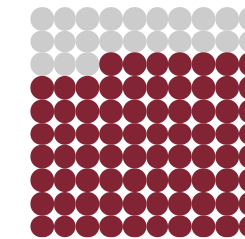
What are the potential impacts?

Low income, financial uncertainty, reduced financial planning for the future, debt, reduced employment opportunities, food and fuel poverty, poorer mental health and wellbeing, poorer physical health, family stress, relationship issues, poorer CYP health.

2018/19

Percentage of people aged
16-64 in employment

Baseline data



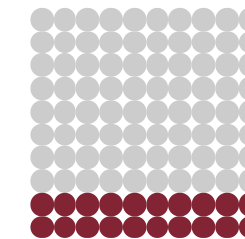
77%

England
76%

148,600 Number of people who are in employe...

2018/19

Economic inactivity rate



20%

England
21%

38,900 Number of people aged 16-64 years wh...



Living, working and educational conditions - employment and health

Select region or local authority

East Riding of Yorkshire



Why is it important?

The conditions in which we live and work impact on physical and mental health. Our physical and mental health affect how we live and work.

What are the potential risks?

More people will experience ill health during and after the pandemic. Those who experience ill health are less likely to be in employment. Potential reduced capacity and resource to support return to work schemes and employers. There are also particular mental and physical health risks for key workers.

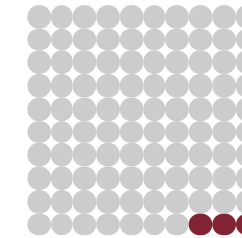
What are the potential impacts?

Unemployment, precarious employment, low income, financial uncertainty, debt, food and fuel poverty, poorer mental health and wellbeing, poorer physical health, family stress, relationship issues, poorer CYP health.

2016 - 18

Sickness absence - the percentage of employees who had at least one day off in the previous week

Baseline data



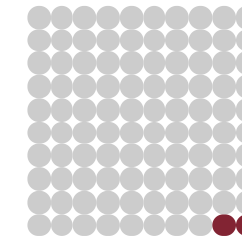
3.0%

England
2%

No counts available for this indicator

2016 - 18

Sickness absence - the percentage of working days lost due to sickness absence



1.7%

England
1%

No counts available for this indicator

2018/19

Gap in the employment rate between those with a long-term health condition and the overall employment rate

11 Percentage points

England
11
Percentage...

No counts available for this indicator



Living, working and educational conditions - financial support

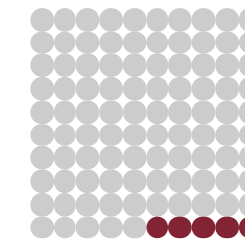
Select region or local authority

East Riding of Yorkshire



Baseline data

2018
Employment and Support
Allowance claimants



5%

England
5%

9,720 The total claimant count for Employment a...

2018
Long term claimants of
Jobseeker's Allowance

3 per 1000

England
4
per 1000

626 Count of Jobseekers Allowance claimants a...

2018
Average weekly earnings

£414

England
451
£

Median gross (before tax, National Insurance and...

Why is it important?

People who are ill or have health conditions or disabilities (including learning disabilities) that limit their ability to work are able to apply for financial support to minimise the impact on them and their families from low income.

What are the potential risks?

Cumulative impact of responses to COVID-19 and the wider socioeconomic effects may reduce the ability of people to work. More people may need to claim benefits. Potential disruption of resource to process and support new claimants or those seeking welfare advice services. Fear of accessing services.

What are the potential impacts?

Difficulty obtaining financial support resulting in low or no income, financial uncertainty, debt, food and fuel poverty, poorer mental health and wellbeing, poorer physical health, family stress, relationship issues, poorer CYP health.

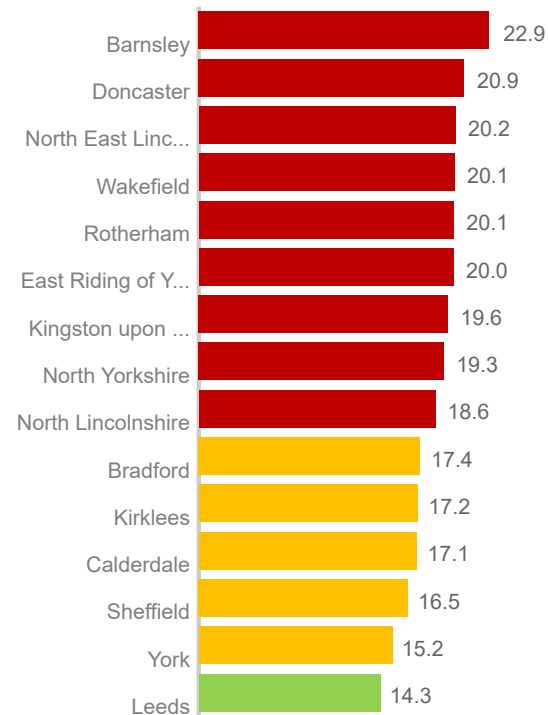




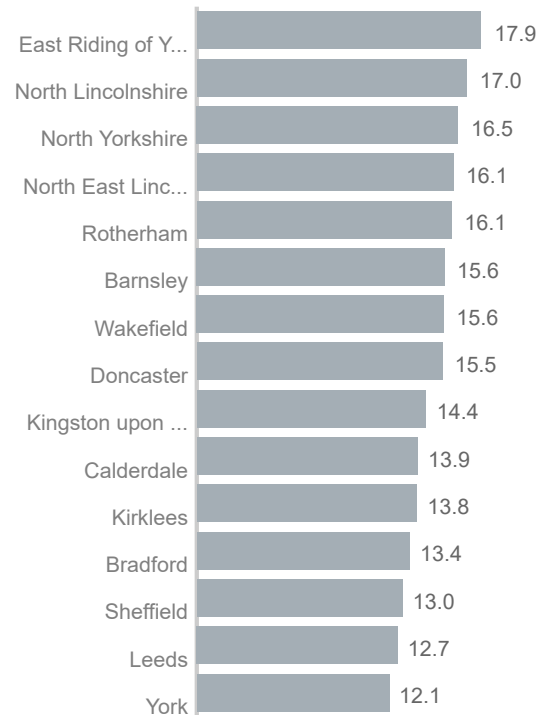
Variation by local authority and inequalities

Baseline data by local authority (Hover over the bar chart to see more detail)

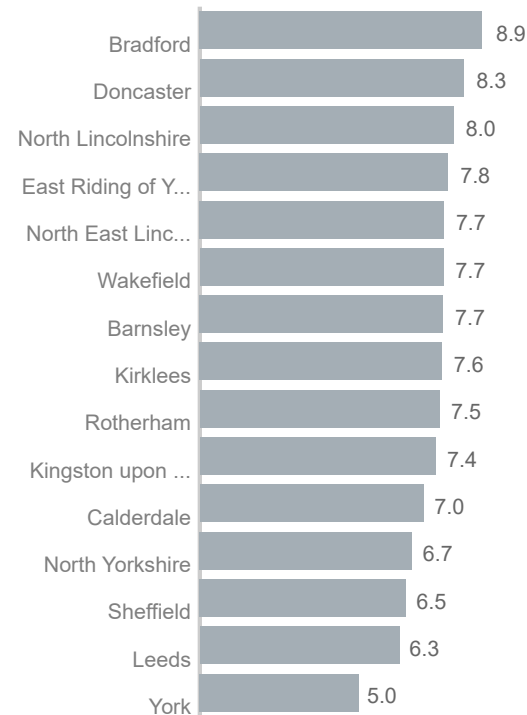
Percentage reporting a long term Musculoskeletal...



Hypertension: QOF prevalence (all ages)



Diabetes: QOF prevalence (17+)



Key - Comparison to England

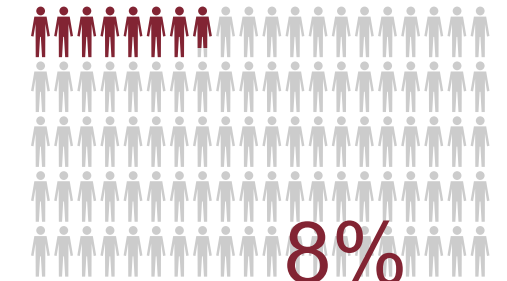
- Significantly better
- Worse
- No significant difference
- Not compared

Health inequalities in England by deprivation

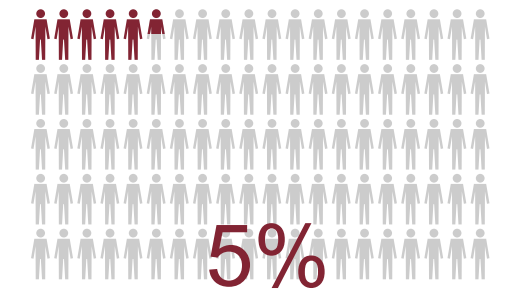
2018/19

Diabetes: QOF prevalence (17+)

Most deprived decile (IMD2019)



Least deprived decile (IMD2019)





Potential mitigating actions to reduce impact on working age adults

Collect and utilise local data, intelligence, community information and community expertise in developing actions and monitoring impact on working age adults including inequalities.

Consider and mitigate the impact on health inequalities, work cross-sector to manage these.

Support employers, education and training centres re-opening whilst balancing COVID-19 risks.

Encourage employers to continue to offer support to those most vulnerable to COVID-19 (and its impacts) and those with caring responsibilities. Support staff health and wellbeing to reduce COVID-19 risk factors and promote mental health and wellbeing.

Increase capacity of return to work schemes, training and education to increase employability.

Work with Job Centres and other partners to link people quickly with priority employment opportunities that may arise e.g. care sector, food retail and the NHS.

Facilitate accessible services for working age adults - such as health and LTCs care, employment support and welfare support. Use innovative approaches e.g. digital, virtual or telehealth to deliver services but beware of digital exclusion. Consider role of community pharmacy.

Target COVID-19 risk factors - maintain focus on prevention, resilience, wellbeing, tackling negative health behaviours and managing LTCs to maximise population health resilience to this and future outbreaks.

Develop screening catch-up programmes and restart surveillance programmes where possible.

Ensure good, accessible information provision and services - healthy eating, physical activity, smoking cessation, dental health, mental health and wellbeing, domestic violence, financial uncertainty, debt management, welfare, housing.

Positive, inclusive communications and campaigns - for vaccinations, catch-up campaigns, healthy behaviours to reduce COVID-19 risks, NHS being 'open for business', safe physical activities during epidemic, mental health and wellbeing, vitamin D supplements, smoke free homes.

Targeted approaches to reach those most vulnerable to impacts and health inequality.

Sustain support - for vulnerable families and adults after lockdown.

Promote safer streets - provide safe environments around schools and homes to enable physical activity and reduce traffic-related pollution and collisions, road safety campaigns, road reallocation schemes to increase and maintain safety and usage.

Evaluation, data and research - understand how COVID-19, the responses and socioeconomic consequences has impacted working age adults, impacted health inequalities and how to provide support to the affected cohort.

Prioritise work on wider determinants of health - employment, housing, environment, economy; working cross-sector.

Future planning - include working age adults and employment vulnerability in emergency preparedness planning.





3. Older adults

Introduction

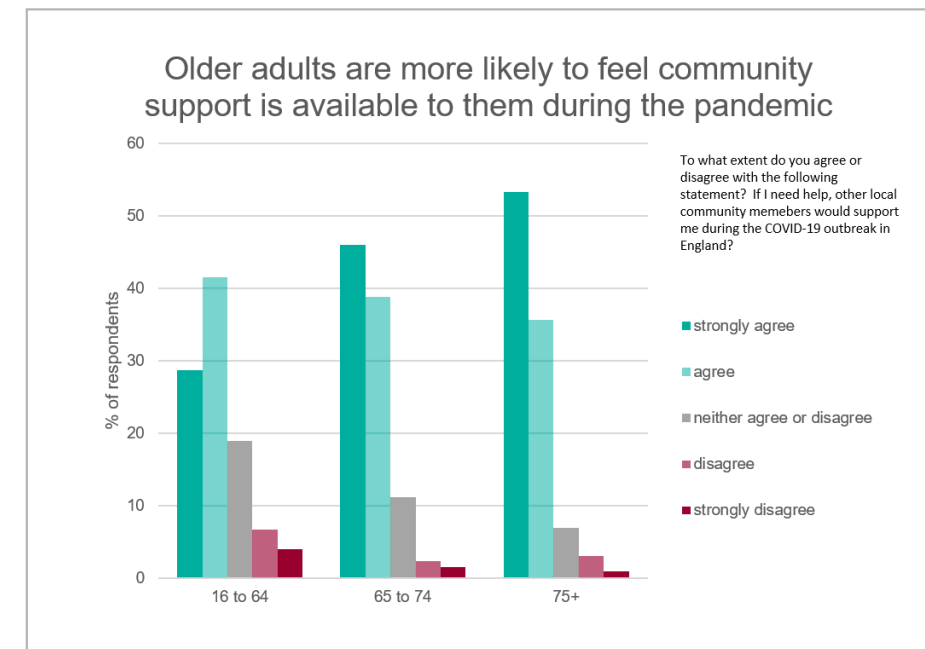
Older people are more likely to be in the shielded or moderate risk category for COVID-19 (15,16). Risk of death from COVID-19 increases with age, people over 80 years being at highest risk (7). Two thirds of older people are living with multiple LTCs. Older people have greater health and social care needs, especially during the last year of life (17). Around 2 million people aged 65 and over have caring roles (18). Older people are at high risk of adverse health and social impacts relating to the response to COVID-19 and the wider socioeconomic effects. These could include:

- greater need to social distance
- disruption of health, social care and other essential services or support for acute and chronic health and non-health issues e.g. home or day care and falls prevention
- difficulty in, fear of or delay in accessing health, social care and other essential services or support e.g. carer support
- disruption to respite services increasing the burden on older carers
- digital exclusion
- difficulty accessing food or food poverty
- increased vulnerability
- boredom, loneliness and social isolation

- loss of meaning, purpose or roles
- lack of family or community support
- loss of contact with family, friends and the community
- increased abuse and family relationship issues
- grief and bereavement
- poorer mental health and wellbeing
- negative health behaviours such as poor diet, physical inactivity, alcohol, smoking, substance misuse, problem gambling and unsafe sexual health practices
- experience of living in high risk settings such as care homes
- physical deconditioning due to physical inactivity can increase risk of falls and loss of independent living abilities

Potential positive impacts:

- improved digital literacy
- greater community interaction and support
- greater family, friend and community contacts
- greater visibility of older people and the systems that support them
- innovative approaches to services may be more accessible to some older people
- greater awareness of infection prevention, control and vaccination



Source: ONS, available from the [WICH \(Wider impacts of COVID-19 on health\)](#) tool

Go to baseline data

Select region ▼

Yorkshire and the Humber region ▼

Select your local authority or total for the region ▼

East Riding of Yorkshire ▼





Immediate disruption to healthcare

Why is it important?

Timely, urgent health care services are essential to manage ill health. Older people can be more vulnerable to health issues and require more care and support.

What are the potential risks?

Disrupted care of urgent conditions in primary, community, secondary and tertiary care. Social care (e.g. home help, meals on wheels), community care (e.g. physiotherapy), informal support and family contact disrupted. Difficulties accessing or wanting to access care. Service delivery changes (e.g. telehealth) may reduce access to services.

What are the potential impacts?

Urgent health issues could be missed, untreated, treated sub-optimally, treated later or treated by a less appropriate service. Worsening physical and mental health and wellbeing. Physical deconditioning, falls, fractures, independence loss, and psychological impacts (e.g. confidence).

Select region or local authority

East Riding of Yorkshire



Baseline data

2018/19

Emergency hospital admissions due to falls in people aged 65 and over

1708 per 100,000

England
2198
per 100,000

1,440 Emergency admissions for falls injuries cl...

2018/19

Hip fractures in people aged 65 and over

487 per 100,000

England
558
per 100,000

410 The number of first finished emergency admi...

2018/19

Permanent admissions to residential and nursing care homes per 100,000 aged 65+

448 per 100,000

England
580
per 100,000

392 This is part 2 of a two part-measure reflecting the nu...



Disruption to preventative services

Why is it important?

Good, timely preventative health care is essential for health. This includes screening, immunisations, health checks and health promotion campaigns.

What are the potential risks?

COVID-19 has disrupted preventative care such as that provided by community nurses, GPs, dentists, opticians, audiologists, sexual health and health improvement specialists. This may be complicated by difficulties accessing or wanting to access healthcare, greater need to practice social distancing and suspension of allied services e.g. rehabilitation services, physiotherapy, strength and balance exercise provision or voluntary and community sector provision.

What are the potential impacts?

Poorer physical and mental health. Increased vaccine-preventable infectious disease outbreaks, morbidity and mortality.

Select region or local authority

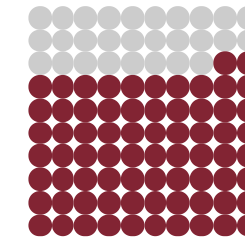
East Riding of Yorkshire



2019/20

Population vaccination
coverage - Flu (aged 65+)

Baseline data



72%

England
72%

60,744 Numerator is the number of vaccinations ...

2018/19

Preventable sight loss - age
related macular degeneration
(AMD)

127
per 100,000

England
112
per 100,000

111 Completion of a CVI (certificate of visual imp...

2018/19

Rate of newly diagnosed
dementia registrations
(Experimental)

11
per 1,000

England
11
per 1,000

884 A count of the number of patients enterin...



Long term conditions - exacerbation or disrupted care

Select region or local authority

East Riding of Yorkshire



Baseline data

Why is it important?

Two thirds of older people live with multiple LTCs such as diabetes mellitus, arthritis and dementia. They need regular care to manage and treat their conditions and prevent complications or the development of additional conditions.

What are the potential risks?

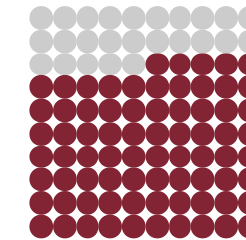
Disrupted care of LTCs in primary, community, secondary and tertiary care, complicated by difficulties accessing or wanting to access healthcare and the need to practice social distancing. Other services that support older people with LTCs may be disrupted.

What are the potential impacts?

LTCs could be untreated, treated sub-optimally, treated later or treated by a less appropriate healthcare service. New LTCs/complications could be missed, leading to higher morbidity and mortality. Effects of living with LTCs on mental health and wellbeing.

2018/19

DEM004: Dementia care plan
has been reviewed last
12mths (den.incl.exc.)



75%

England
78%

2,554 Patients with dementia registered who have ...

2016 - 18

Rate of deaths from
Cardiovascular Disease among
people aged 65 years and over

1158 per 100,000 65+

England
1079
per 100,000...

2,835 Number of deaths from all cardiovascular di...

2016 - 18

Rate of deaths from Respiratory
Disease among people aged 65
years and over

610 per 100,000 65+

England
628
per 100,000...

1,485 Number of deaths from all respiratory disease (...)



Mental health and wellbeing

Why is it important?

Good mental health is a vital part of being healthy.

What are the potential risks?

Older people are more likely to be shielding, social distancing or living in high risk settings such as care homes. Reduced community or family visits. Supportive services disrupted including carer support. Difficulty adapting to COVID-19 circumstances. Access to services may be harder. Disrupted mental health primary, community and specialist mental health services. Bereavement due to COVID-19. Physical health deterioration causing discomfort and pain that worsen mental health. Increased use of tobacco, alcohol or drugs to attenuate mood.

What are the potential impacts?

Increased loneliness, social isolation and loss of meaning. Poorer mental health and wellbeing. Exacerbation of existing mental health conditions. Lack of detection or management of new mental health conditions.

Select region or local authority

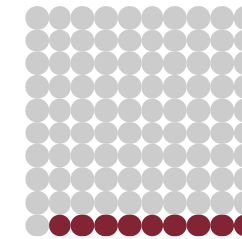
East Riding of Yorkshire



2017

Estimated prevalence of
common mental disorders: %
of population aged 65 & over

Baseline data



9%

England
10%

8,038 The estimated proportion of the population...





Behaviours that affect health

Why is it important?

Healthy behaviours are essential for good physical and mental health for older people.

What are the potential risks?

Less healthy behaviours - reduced physical activity, poorer diet, smoking, increased alcohol and substance use. May increase exposure to others negative health behaviours and consequences. Fear of leaving home to be physically active. Food poverty and disruption, lack of access to outdoor space and equipment. Disrupted or difficulty accessing services that support healthy behaviours including leisure centres, weight management services, smoking cessation or alcohol services etc. Difficulty adapting to COVID-19 circumstances e.g. digital exclusion.

What are the potential impacts?

Increased physical inactivity, obesity, poor nutrition or malnutrition, smoking, excess alcohol and substance misuse resulting in worse physical and mental health. Physical deconditioning and increased frailty.

Select region or local authority

East Riding of Yorkshire



Baseline data

2018/19

Admission episodes for
alcohol-related conditions
(Narrow) - Over 65s

1086 per 100,000

England

1049

per 100,000

951 Admissions to hospital for over 65 year ol...

Access the latest data of the impact of COVID-19 on behaviours that affect health including smoking status, physical activity, alcohol consumption and purchasing, access to outdoor space, physical activity and muscle strengthening via the [WICH](#) tool





Living, working and educational conditions - vulnerability

Select region or local authority

East Riding of Yorkshire



Why is it important?

The conditions in which we live and work have a huge impact on our physical and mental health.

What are the potential risks?

The wider economic impacts of COVID-19 may affect older people. Over 50s are more likely to be made redundant and struggle to get work. Impact on financial markets may reduce income or necessitate working longer. There may be additional costs for carers or support and difficulty accessing support or essentials e.g. food due to social distancing. Social isolation, loneliness and loss of routine, especially for those living on their own. Social distancing and increased dependence on external support may reduce independence. Living in a residential facility can increase physical and mental health risks.

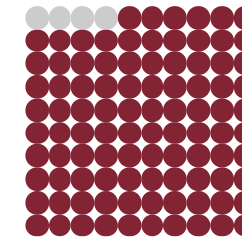
What are the potential impacts?

Low income, financial uncertainty, debt, reduced employment, food and fuel poverty, poorer mental health and wellbeing, poorer physical health.

2018/19

Percentage of people aged 65+
receiving winter fuel payments

Baseline data



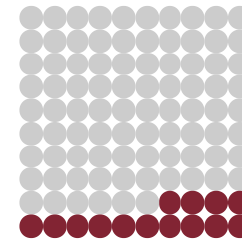
96%

England
97%

84,390 Number of people aged 65 years and ov...

2011

Older people living alone: % of
households occupied by a
single person aged 65 or over



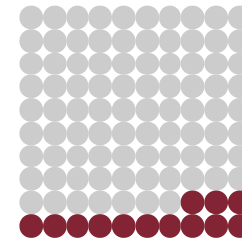
14%

England
12%

19,540 Households which have only one memb...

2015

Older People in Deprivation,
English Indices of Deprivation
2015, IDAOPI



13%

England
16%

12,681 Adults aged 60 or over living in incom...





Living, working and educational conditions - social and community networks

Select region or local authority

East Riding of Yorkshire



Why is it important?

Our social and community networks have a large impact on our physical and mental health.

What are the potential risks?

Lockdown and social distancing has affected the support for older people from friends, family and the wider community. It has reduced opportunities for older people to continue volunteering roles with impact on feelings of self-worth. Social isolation is real risk, especially for those living on their own and carers. Living in a residential facility such as a care home increases physical and mental health risks. People living with dementia may not recognise family or friends due to long term separation. Lower ability to manage grief and bereavement. Loss of independence.

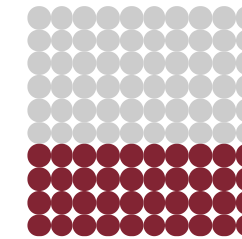
What are the potential impacts?

Poorer mental health and wellbeing. Poorer physical health.

2018/19

Social Isolation: percentage of adult social care users who have as much social contact as they would like

Baseline data



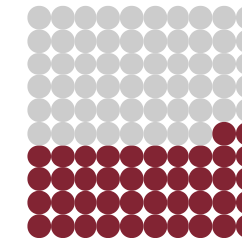
40%

England
44%

1,335 The number of respondents to the Adult S...

2018/19

Social Isolation: percentage of adult carers who have as much social contact as they would like



42%

England
35%

125 The number of respondents to the Personal...

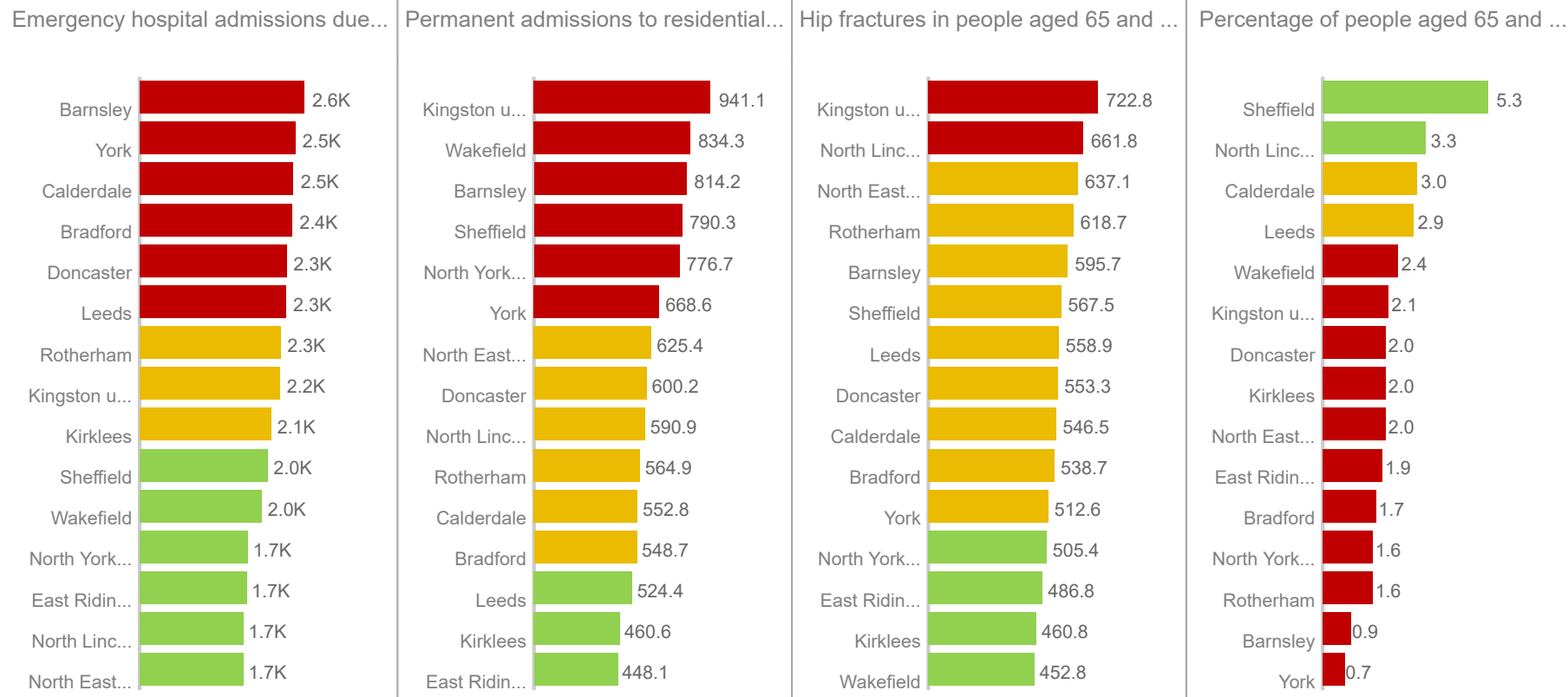


Variation by local authority and inequalities

Select impact for baseline data

Disrupted immediate care

Baseline data by local authority (Hover over the bar chart to see more detail)



Key - Comparison to England



Visit the [Fingertips WICH profile](#) for more information

Health inequalities in England by deprivation

2018/19
per 100,000

Emergency hospital admissions due to falls in people aged 65 and over

Most deprived decile (IMD2019)

2.6K

Least deprived decile (IMD2019)

2.3K





Potential mitigating actions to reduce the impact on the older people

Collect and utilise local data, intelligence, community information and expertise in mitigating and monitoring impacts, incl. inequalities in older people (e.g. BAME) working cross-sector.

Prioritise work on wider determinants of health.

Sustain support for the most vulnerable.

Facilitate accessible services for older people - use innovative approaches e.g. digital, virtual or telehealth to deliver services, ensure accessibility to those with impairments or dementia. Consider role of community pharmacies in service delivery.

Promote and support digital literacy to access all services, communicate with family and friends etc but beware of digital exclusion and impairments that may make digital devices difficult to use.

Target COVID-19 risk factors - maintain focus on prevention, resilience, wellbeing, tackling negative health behaviours and managing LTCs to maximise population health resilience to outbreaks. Ensure inclusivity of older adults.

Healthy ageing - drive forward life course approach to ageing well; work on housing, loneliness,

community connectedness and services.

Encourage immunisations, develop screening catch-up programmes and restart surveillance - consider low risk delivery.

Ensure good, accessible information provision and services - healthy eating, physical activity, physical reconditioning, smoking cessation, dental health, mental health, domestic violence, elder abuse, debt, employment, housing, community support, social distancing, poverty, bereavement.

Positive, inclusive communications and campaigns - for vaccinations, catch-up campaigns, healthy behaviours, NHS 'open for business', safe physical activities, vitamin D supplements, smoke free homes, domestic violence, financial uncertainty, welfare, housing. Targeted approaches to reach those most vulnerable to impacts and health inequality.

Provide support for mental health and wellbeing, loneliness and social isolation - e.g. by signposting to self-care or sources of support.

Support transitioning between the responses to the epidemic and normal life e.g. through messaging, VCS and community networks.

Encourage employers to continue to offer support for staff health and wellbeing, including to older employees and those with caring responsibilities.

Ensure support for unpaid carers - restore services that provide essential support. Work with community networks to focus on their needs.

Falls prevention and independence promotion - support reconditioning, support people who increased their activity levels to sustain them and encourage full independent living.

Support care homes and residents to access services, maintain links to local communities and facilitate safe social interaction.

Review safeguarding approaches and services in context of epidemic - e.g. may be harder to identify neglect or elder abuse virtually.

Future planning - include older peoples' vulnerability and vulnerable settings such as care homes in epidemic lessons and utilise for emergency preparedness planning.





Introduction

The impacts of COVID-19, the responses and the wider socioeconomic consequences are wide-ranging and affect everyone. This section covers issues that impact everyone. The whole population could be impacted by:

- potential loss of income and its consequences
- difficulty accessing food or food poverty
- increased vulnerability
- disruption to employment, education or training
- disruption of health, social care and other essential services or support for acute and chronic health and non-health issues
- difficulty in, fear of or delay in accessing health, social care and other essential services or support e.g. carer support, welfare support
- disruption in and difficulty with all other life services e.g. banking, supermarkets
- negative health behaviours such as substance misuse, alcohol, smoking and problem gambling
- poorer mental health and wellbeing
- family relationship issues and potential for abuse
- lack of family or community support

- boredom, loneliness and social isolation
- digital exclusion grief and bereavement from losing loved ones but also from other losses such as education or work
- experience of living or working in higher risk settings such as care homes, houses of multiple occupation or as key workers
- experience of being at high risk from COVID-19 e.g. those shielding

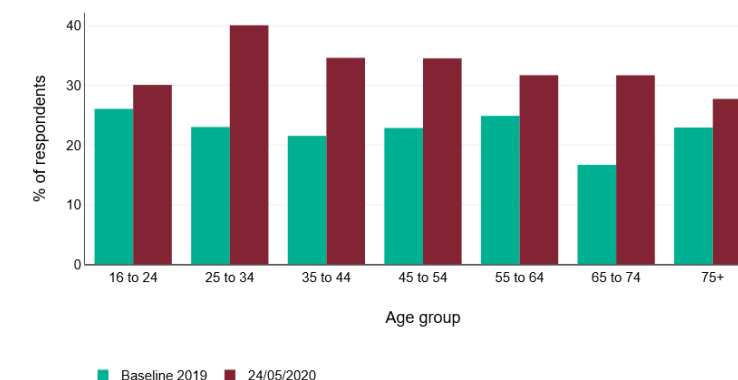
Potential positive impacts:

- greater community support and resilience
- reduced exposure to air and noise pollution
- increased levels of physical activity
- increased active travel
- greater awareness of infection prevention, control and vaccination
- improved family relationships
- increased opportunity to spend time with family
- reduced time spent commuting
- reduced serious or violent crime
- increased use or engagement with some services due to greater accessibility and diversity of access options including digital

4. Whole population

Every age group is reporting higher levels of anxiety during the pandemic compared to the previous year

Percentage of respondents with high anxiety (score 6-10) in England, by age group – 2019 compared with most recent time period



Source: ONS, via the [WICH](#) tool (accessed: 26/07/2020)

Go to baseline data

Select region

Yorkshire and the Humber region

Select your local authority or total for the region

East Riding of Yorkshire





Immediate disruption to healthcare

Select region or local authority

East Riding of Yorkshire



Baseline data

Why is it important?

Timely, urgent health care services are essential to manage ill-health.

What are the potential risks?

Health services being re-focused on COVID-19 may result in disrupted care of non-COVID-19 urgent conditions in primary, community, secondary and tertiary care. This may be complicated by difficulties accessing or wanting to access healthcare.

What are the potential impacts?

Urgent pre-existing or new diseases could be missed, untreated, treated sub-optimally, treated later than appropriate or treated by a less appropriate healthcare service (e.g. A&E instead of primary care). Worsening physical and mental wellbeing.

2019

All new STI diagnosis rate /
100,000

360 per 100,000

England
816
per 100,000

1,229 All new STI diagnoses among people accessing sp...

2018/19

Emergency hospital admissions for
COPD

324 per 100,000

England
414
per 100,000

845 Emergency hospital admissions for ...

2018/19

Proportion waiting more than 3
weeks for alcohol treatment

0%

England
2%



Disruption to preventative services

Select region or local authority

East Riding of Yorkshire



Why is it important?

Good, timely preventative health care is essential for healthy people. This includes screening, immunisations, health checks, sexual health services and health promotion campaigns.

What are the potential risks?

COVID-19 has disrupted preventative care such as that provided by community nurses, GPs, dentists, opticians, audiologists, sexual health, health improvement specialists and the voluntary and community sector. This may be complicated by difficulties accessing or wanting to access care; suspension of allied services e.g. rehabilitation services, physiotherapy; and reduction in health promotion campaigns.

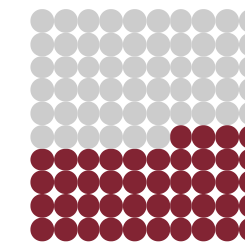
What are the potential impacts?

Poorer physical and mental health. More vaccine-preventable infectious disease outbreaks, morbidity and mortality.

2019/20

Population vaccination
coverage - Flu (at risk
individuals)

Baseline data



44%

England
45%

16,756 Numerator is the number of vaccinations ...

2018

Measles incidence
rate/100,000

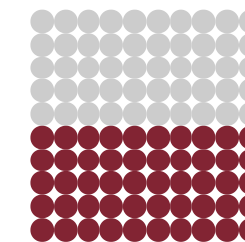
0.0 per 100,000

England
2
per 100,000

0 A newly diagnosed case who is measles IgM p...

2017

Cancer diagnosed at early
stage (experimental statistics)



50%

England
52%

813 Cases of cancer diagnosed at stage 1 or ...



Long term conditions - exacerbation or disrupted care

Select region or local authority

East Riding of Yorkshire



Baseline data

Why is it important?

People with LTCs such as diabetes mellitus, arthritis, epilepsy and asthma need regular care to manage and treat their condition and prevent complications or development of additional conditions. Many people live with multiple LTCs.

What are the potential risks?

Disruption of LTCs care in primary, community, secondary and tertiary services, further complicated by difficulties accessing or wanting to access care. Greater need to practice social distancing. Other services that support people with LTCs may be disrupted.

What are the potential impacts?

LTCs could be untreated, treated sub-optimally, treated later or treated by a less appropriate healthcare service while new LTCs or complications could be missed, leading to higher morbidity and mortality. LTCs can impact on ability to work and mental health and wellbeing.

2016 - 18

Under 75 mortality rate from
all cardiovascular diseases

65 per 100,000

746 Number of deaths from all cardiovascu...

England

72

per 100,000

2016 - 18

Under 75 mortality rate from
cancer

122 per 100,000

1,398 Number of deaths from all cancer...

England

132

per 100,000

2016 - 18

Under 75 mortality rate from
respiratory disease

31 per 100,000

354 Number of deaths from respiratory ...

England

35

per 100,000



Mental health and wellbeing

Why is it important?

Good mental health is a vital part of being healthy.

What are the potential risks?

Greater stress, anxiety and vulnerability due to COVID-19, the responses and wider socioeconomic effects. Loss of support networks and social contacts. Boredom, loneliness and social isolation. Difficulty adapting to COVID-19 circumstances. Family relationships may become more strained and there may be greater mental, physical and environmental issues. Disrupted mental health and wellbeing care such as that provided by family, friends, schools, employers, communities and health services. Access to services may be harder. Grief or bereavement from loss of loved ones, education or employment. Increased use of substances to attenuate mood.

What are the potential impacts?

Poorer mental health and wellbeing. Exacerbation of existing mental health conditions. Lack of detection or management of new conditions.

Select region or local authority

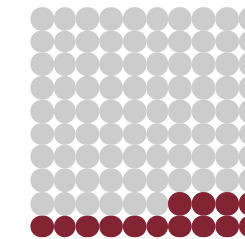
East Riding of Yorkshire



2017

Estimated prevalence of
common mental disorders: %
of population aged 16 & over

Baseline data



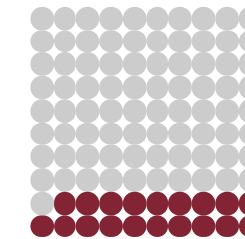
14%

England
17%

40,209 For each LTLA, UTLA, CCG & STP, the n...

2018/19

Self-reported wellbeing - people
with a high anxiety score



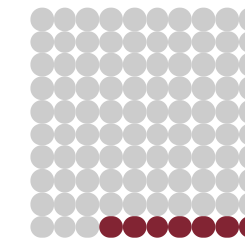
19%

England
20%

No counts available for this indicator

2018/19

Self-reported wellbeing -
people with a low happiness
score



7%

England
8%

No counts available for this indicator





Behaviours that affect health

Select region or local authority

East Riding of Yorkshire



Why is it important?

Healthy behaviours are essential for good physical and mental health for everyone.

What are the potential risks?

Less healthy behaviours such as reduced physical activity, poorer diet, smoking, increased alcohol consumption and substance misuse. Increased exposure to others negative health behaviours and consequences. Food poverty and disruption, lack of access to outdoor space and sporting equipment. Disrupted services that support healthy behaviours e.g. leisure centres, sports clubs, weight management, smoking cessation/alcohol services etc. Difficulty adapting to COVID-19 circumstances. Access to services may be harder.

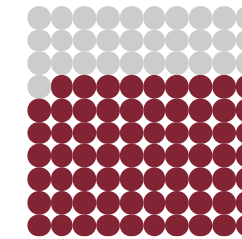
What are the potential impacts?

Increased physical inactivity, obesity, poorer nutrition, smoking, second-hand smoke exposure, excess alcohol and substance misuse resulting in poorer physical and mental health.

2018/19

Percentage of physically
active adults

Baseline data



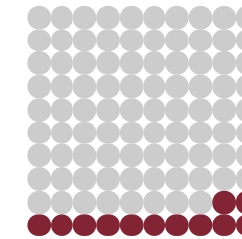
69%

England
67%

No counts available for this indicator

2019

Smoking Prevalence in adults
(18+) - current smokers (APS)



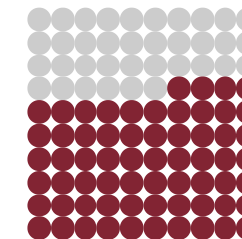
12%

England
14%

33,505 The number of persons aged 18 + who a...

2018/19

Percentage of adults (aged
18+) classified as overweight
or obese



64%

England
62%

No counts available for this indicator





Living, working and educational conditions – vulnerability

Select region or local authority

East Riding of Yorkshire



Baseline data

Why is it important?

The conditions in which we live and work have a huge impact on our physical and mental health. Safe living and working conditions with our basic needs met are important for everyone's health.

What are the potential risks?

COVID-19 has introduced vulnerability for many at home and work. Food, housing, fuel, income, employment and education have been disrupted. Economic consequences may worsen these issues and make more of us vulnerable. Service disruption across many sectors may make it harder for vulnerable people to be supported, safeguarded and monitored. Lockdown may aggravate difficult relationships and result in abuse.

What are the potential impacts?

Low income, financial uncertainty, debt, reduced employment opportunities, food and fuel poverty, homelessness, poorer mental health and wellbeing, poorer physical health, family stress, relationship issues, poorer CYP health.

2017/18

Statutory homelessness -
Eligible homeless people not
in priority need

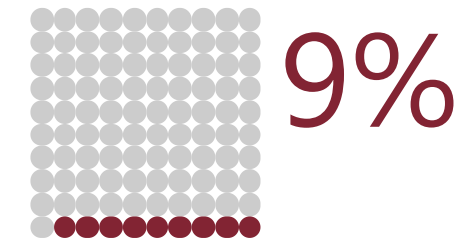
0.3 per 1000

England
1
per 1000

44 Count of households who are eligible homele...

2018

Fuel poverty



England
10%

14,027 The number of households in the corresp...

2018/19

Domestic abuse-related
incidents and crimes

37 per 1000

England
27
per 1000

No counts available for this indicator



Living, working and educational conditions – outdoors

Select region or local authority

East Riding of Yorkshire



Why is it important?

Physical activity improves health. Active travel can increase physical activity.

What are the potential risks?

Lockdown reduced road vehicle traffic and encouraged outdoor physical activity. Active travel to school or work can reduce the need for social distancing on public transport and the use of private motor vehicles. More private motor vehicles may be on roads as people avoid public transport. More people are walking and cycling than before lockdown. Policy changes on roads can encourage greater walking and cycling.

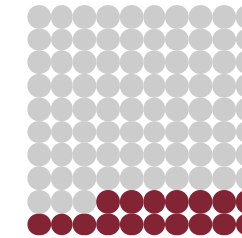
What are the potential impacts?

Greater utilisation of outdoor space for exercise or health, greater use of active travel for school, work or day-to-day activities. Changes to road traffic collisions. Improved physical and mental health.

Mar 2015 - Feb 2016

Utilisation of outdoor space for exercise/health reasons

Baseline data



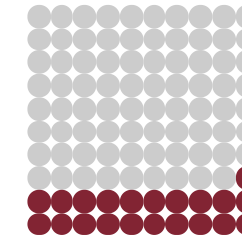
17%

England
18%

No counts available for this indicator

2017/18

Percentage of adults walking for travel at least three days per week



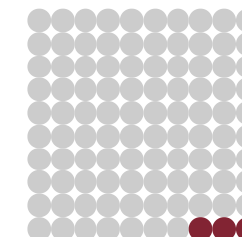
21%

England
23%

No counts available for this indicator

2017/18

Percentage of adults cycling for travel at least three days per week



3%

England
3%

No counts available for this indicator



Social and community networks

Select region or local authority

East Riding of Yorkshire



Baseline data

Why is it important?

Our social and community networks have a large impact on our physical and mental health.

What are the potential risks?

Lockdown and social distancing has affected the support from friends, family and the wider community. Boredom, loneliness and social isolation can affect everyone. Some social and community networks are stronger.

What are the potential impacts?

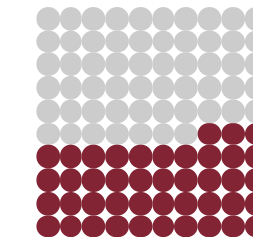
Poorer mental health and wellbeing. Poorer physical health. Potentially some improvement in mental health and wellbeing where social and community networks are better.

2018/19

Social Isolation: percentage of adult social care users who have as much social contact as they would like

2018/19

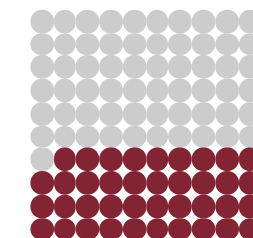
Social Isolation: percentage of adult social care users who have as much social contact as they would like



43%

England
46%

2,060 The number of respondents to the Adult S...



39%

England
33%

185 The number of respondents to the Personal ...





Socioeconomic, cultural and environmental conditions

Select region or local authority

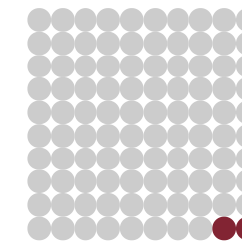
East Riding of Yorkshire



2016

The percentage of the
population exposed to road, rail
and air transport noise of
65dB(A) or more, during the
daytime

Baseline data



2%

England
5%

6,580 Noise exposure determined by strategic n...

2017

Air pollution: fine particulate
matter

7.4 $\mu\text{g}/\text{m}^3$

England
9
 $\mu\text{g}/\text{m}^3$

Annual concentration of human-made fine partic...

2018/19

Violent crime - violence
offences per 1,000 population

22.3 per 1,000

England
28
per 1,000

7,541 Count of 'Violence against the person' ...

Why is it important?

The wider socioeconomic, cultural and environment conditions that surround us affect our health and wellbeing.

What are the potential risks?

Reduced vehicle traffic and transport due to COVID-19 has lowered air and noise pollution. COVID-19 recovery and consequences may keep air and noise pollution at a lower level. Crime during lockdown has reduced but changed (e.g. scams). Impact of the COVID-19 responses and wider socioeconomic consequences or changes may increase crime going forward.

What are the potential impacts?

Reduced air pollution and noise pollution resulting in improved health, but pollution may increase again. Increased crime, change in nature of crimes or reduced capacity to manage crime may worsen physical and mental health.



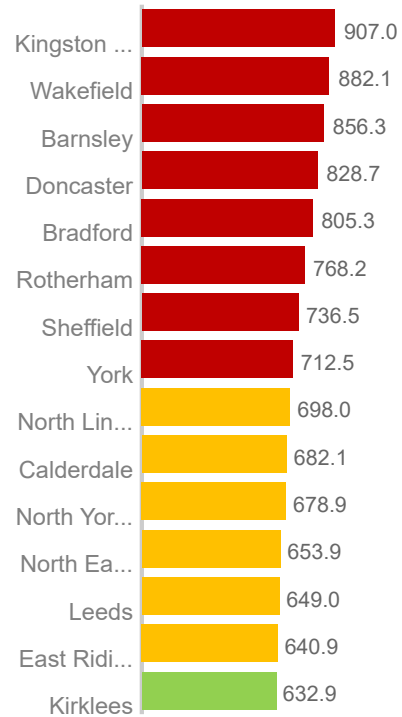
Select impact for baseline data

Behaviours that affect health

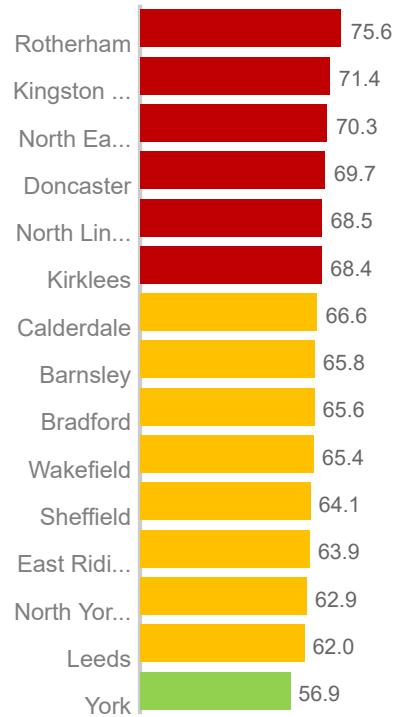
Variation by local authority and inequalities

Baseline data by local authority (Hover over the bar chart to see more detail)

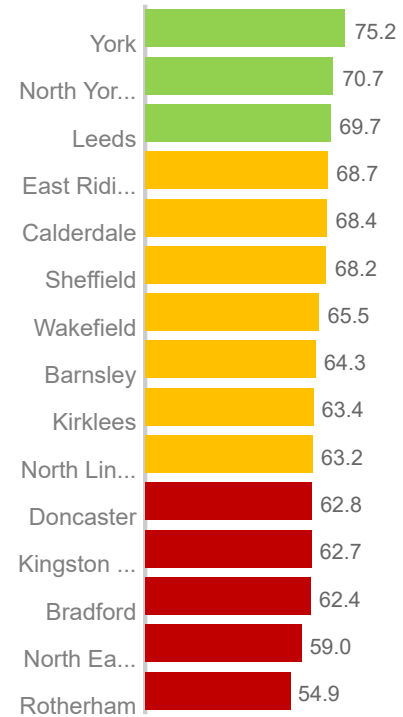
Admission episodes for alcohol-related ...



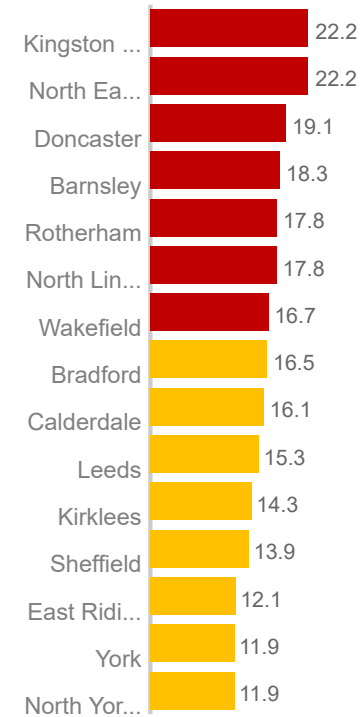
Percentage of adults (aged 18+) classifi...



Percentage of physically active adults



Smoking Prevalence in adults (18+) - c...



Key - Comparison to England



Visit the [Fingertips WICH profile](#) for more information

Health inequalities in England by deprivation

2018/19

%

Percentage of physically active
adults

Least deprived decile (IMD2019)

72.1

Most deprived decile (IMD2019)

62.5





Potential mitigating actions to reduce the impact on the population

Collect and utilise local data, intelligence, community information and community expertise in developing actions and monitoring impact including inequalities.

Consider and mitigate the impact on vulnerable groups and health inequalities working cross-sector.

Sustain support for the most vulnerable.

Facilitate accessible services for all - use innovative approaches e.g. digital, virtual or telehealth to deliver services, but beware of digital exclusion. Consider role of community pharmacies in delivering such services.

Target COVID-19 risk factors - maintain focus on prevention, resilience, wellbeing, tackling negative health behaviours and managing long-term conditions to maximise population health resilience to this and future outbreaks.

Healthy ageing - drive forward life-course approach to ageing well, and work on housing, loneliness, community connectedness, and promote services e.g. mental health.

Encourage all immunisations, develop

screening catch-up programmes and restart surveillance programmes - especially target vulnerable groups.

Ensure good, accessible information provision and services - healthy eating, physical activity, physical reconditioning, smoking cessation, dental health, mental health, domestic violence, debt, employment, education, housing, community support, indoor air pollution, social distancing, fuel poverty, food poverty, bereavement.

Positive, inclusive communications and campaigns - for vaccinations, catch-up campaigns, healthy behaviours, NHS 'open for business', safe physical activities, safe to breastfeed, vitamin D supplements, smoke free homes, domestic violence, financial uncertainty, debt management, welfare, housing. Targeted approaches to reach those most vulnerable to impacts and health inequality.

Provide support for mental health and wellbeing, loneliness and social isolation - e.g. by signposting to self-care or sources of support.

Support transitioning between the responses to the pandemic e.g. social distancing to 'normal' life - through messaging, VCS, community networks.

Rapid and early engagement with the NHS Long-Term Plan.

Ensure support for unpaid carers - restore services that provide essential support. Work with community networks to focus on their needs.

Maintain and adapt community development, resilience and cohesion infrastructures (including buildings where relevant) and strengthen links with community facing groups.

Adapt community engagement/ participation methods to maintain communications between services and communities e.g. online methods.

Promote safer streets - provide safe environments around schools/homes for physical activity and reduce traffic pollution and collisions, road safety campaigns, road reallocation schemes to increase and maintain safety and usage.

Prioritise work on wider determinants of health - employment, housing, environment, economy and work cross-sector.

Future planning - learn lessons from epidemic and utilise for emergency preparedness planning.





5.1 Additional information and resources

Comments on the PHE Fingertips indicators used in this pack

The data presented in this intelligence pack are indicators sourced from the PHE [WICH Fingertips profile](#) using the most recent data available. More up to date data may be available via the PHE WICH Fingertip profile.

Each indicator in PHE Fingertips has a detailed description that explains why and how the indicator was constructed, and where the data originally comes from. This information facilitates assessment of the quality and validity of the indicators used in this pack.

Only indicators that are relevant to COVID-19 impacts are included in this pack. However, not all COVID-19 relevant indicators are included. The chosen indicators illustrate the breadth rather than entirety of potential impacts.

Indicators available at local authority level are utilised in this pack as this geography offers a wider diversity of data for impacts from COVID-19.

The indicators were selected for this pack to baseline and show the most recently reported position in each local authority. However, some may not be appropriate for ongoing surveillance of impact. This could be because the indicators will not be reported going forward, new indicators supersede them, or other indicators or data are more useful for monitoring a particular impact.

Feedback and future development

This is the first iteration of this pack. For any suggestions for improvement please contact: LKISnortheastandyorkshire@phe.gov.uk.

PHE Fingertips resources

[PHE Fingertips profiles](#) contain data, information, reports, tools and resources that will help places consider their populations and COVID-19 impacts.

Profiles that are particularly relevant include:

[Child and Maternal Health](#)

[Productive Healthy Ageing](#)

[Wider Determinants of Health](#)

[Health Inequalities](#)

[Public Health Outcomes Framework](#)

[National General Practice Profiles](#)



5.2 Additional resources for wider impacts of COVID-19

Health Inequalities resources

PHE Health inequalities packs are available at ward, local authority and STP/ICS level for January 2020 and available through your [PHE Local Knowledge and Intelligence Service](#).

[Health inequalities: place-based approaches to reduce inequalities](#) guidance provides a practical framework and tools for places to reduce health inequalities as well as reinforcing a common understanding of the complex causes and costs of health inequalities.

[Community centred approaches to health and wellbeing and improving public health](#) resource is designed to help local systems implement and embed community-centred approaches to health and wellbeing at scale, alongside [evidence-based community centred approaches for health and wellbeing](#).

[COVID-19 Suggestions for mitigating the impact on health inequalities at a local level](#) guide supports local areas to take a systematic and comprehensive approach to identifying and mitigating the impact of COVID-19 on health inequalities in their areas.

[COVID-19: review of disparities in risks and outcomes](#) is a descriptive review of surveillance data on disparities in the risk and outcomes from COVID-19, looking at a variety of factors.

Other data resources referenced in this pack

[Wider Impacts of COVID \(WICH\) Monitoring Tool](#)
This tool monitors the indirect effects of the COVID-19 pandemic on the population's health and wellbeing with data currently available at England and regional level.

Public Health England (PHE) health intelligence teams are scoping further metrics that will enable the monitoring of the indirect health impacts of COVID-19. The WICH resource is a central repository for the metrics offering stakeholders with a single point of access. The WICH tool is designed to help:

- monitor changes over time or against an agreed point in time

- make timely informed decisions
- intervene to reduce/mitigate against poor outcomes
- understand the wider context of population health

[Healthy pregnancy indicators](#)

New indicators for smoking, maternal weight, alcohol and substance use, early access to maternity services and folic acid supplement use in early pregnancy based on 2018 to 2019 data will be available September 2020 (provisional date).

[Children in low income families: local area statistics](#)

New statistics have been produced by DWP and HMRC. New Fingertips Indicators based on these will be available autumn 2020.



5.3 Other COVID-19 resources

Surveillance data and key reports

[COVID-19 tracker](#)

[PHE weekly COVID-19 surveillance report and infographic](#)

[PHE weekly flu reports](#)

[Local Government information and guidance](#)
related to public health services, including mental health and isolation

COVID-19 Deaths

[COVID-19 Daily deaths by Trust](#)

[ONS deaths registered weekly](#)

[ONS death registrations and occurrences by local authority and health board](#)

[ONS number of deaths in care homes notified to the Care Quality Commission, England](#)

NHS activity

[NHS Futures - Data and Analytics platform for COVID-19](#)

[NHS 111 dashboard](#)

Supporting data/tools

[Populations spreadsheet](#) with local authority, CCG and hospital population estimates with quinary age bands

[PHE's SHAPE tool](#), useful to help map access to public sector assets such as schools, hospitals, GP practices, demographic indicators for planning and mapping assets

[PHE's hospital catchment populations](#)

[CQC list of Care Home locations with number of beds](#)

[Kaggle COVID-19 Open Research Dataset Challenge \(CORD-19\)](#)

[LG inform COVID-19 case tracker](#)

Google's [COVID-19 Community Mobility Reports](#) - social distancing behaviour change by local area

[Finding the evidence: Coronavirus](#). PHE's Knowledge and Library service (KLS) has produced a page to help those working on the current Coronavirus outbreak to identify and access emerging data as it is published

PHE Contacts

For any queries about health intelligence resources you can contact your regional team via:

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LKISSouthEast@phe.gov.uk





6. References

- 1) GOV.UK (2020). [Coronavirus \(COVID-19\) in the UK: UK Summary](#). Data downloaded 25 August 2020.
- 2) Stevens, S and Pritchard, A. (2020). [Letter – Next steps on NHS response to COVID-19](#).
- 3) Stevens, S and Pritchard, A. (2020). [Letter – Second Phase of NHS Response to COVID-19](#).
- 4) PHE (2020). [Wider impacts of COVID-19 on health: summary \(updated 20 August 2020\)](#).
- 5) PHE (2018). [Chapter 6: Wider determinants of Health, Health Profile for England: 2018](#). Gateway number 2018340.
- 6) PHE (2019). [Place-based approaches for reducing health inequalities: main report](#). Gateway number GW-538.
- 7) PHE (2020) [Disparities in the risk and outcomes of COVID-19](#). Gateway number GW-1447.
- 8) PHE, LGA and ADPH (2020). [COVID-19 Place-based approach to reducing health inequalities](#).
- 9) PHE (2020). [Beyond the data: Understanding the impact of COVID-19 on BAME groups](#). Gateway number GW-1307.
- 10) NHS England (2020). [Implementing phase 3 of the NHS response to the COVID-19 pandemic](#).
- 11) Whitty, C et al (2020). [Statement from the UK Chief Medical Officers on schools and childcare reopening](#).
- 12) UNICEF (2020). [Impact of COVID-19 on children](#).
- 13) United Nations (2020). [Policy Brief: The Impact of COVID-19 on children](#).
- 14) ONS (2020). [Labour market overview, UK: August 2020](#).
- 15) NHS Digital (2020). [Coronavirus shielded patient list open data set, England](#).
- 16) NHS Digital (2020). [Coronavirus shielded patient list: Risk criteria](#).
- 17) Department of Health (2012). [Long Term Conditions: Compendium of Information \(3rd edition\)](#).
- 18) Age UK (2017). [Briefing: Health and Care of Older People in England 2017](#).



Public Health
England

Protecting and improving the nation's health

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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