The impact of COVID-19 in North Yorkshire and York

Rapid Health Needs Assessment: Phase One Report

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EXECUTIVE SUMMARY

This rapid Health Needs Assessment (HNA) has been written to assess the population health in the North Yorkshire and York region emerging as a result of the COVID-19 pandemic. It has been written as the early peak in acute care for coronavirus infection has passed, but a considerable amount of community and institutional transmission still remains and a very uncertain future lies ahead for healthcare services, the public, 3rd and business sectors, and for society.

The assessment concludes that COVID-19 has already caused:

- Significant impact on all-cause **mortality**, enough even to change the demographic shape of the region
- Significant impact on **morbidity** which will create a new category of clinical need (post-COVID care) for a large number of people
- Significant unintended consequences of the **system response** to COVID-19, including deferred and delayed care, missed prevention opportunities and healthcare-avoiding patient response
- Significant unintended consequences of the **policy response** to COVID-19, including economic threat, mental health worries due to lockdown, educational disadvantage, all of which threaten the poorest and most marginalised communities the most.

In considering on-going response, adjustment and recovery from the pandemic, this HNA highlights:

- The key role for understanding and accounting for **population health need**, as the heart of planning
- Four **priority areas**: infection minimisation, mental health, healthcare access, and prevention
- The resilience of our local communities, and many grounds for **optimism** that we can 'build back better'

CONTENTS

Introduction

The impact of COVID-19 on population health in our region will be widespread. The initial wave of infection, hospitalisation and mortality we are currently experiencing may be following by further peaks and troughs in disease; the huge shifts in healthcare implemented as a response to COVID-19 will have unintended consequences; and widespread impacts will be felt through the social, employment, mental health and economic upheaval of lockdown. As such, the population of North Yorkshire and York will be in a cycle of **'recovery + adjustment'** from COVID-19 for many years.

Why a rapid Health Needs Assessment

A Health Needs Assessment is 'a systematic method of identifying the unmet health and healthcare needs of a population, and making changes to meet those unmet needs' (Currie 2016). The 'rapid' element of this assessment indicates both speed the need for breadth rather than depth: 'rapid assessment methods are needed to collect reliable, objective information that is immediately required for decision making in the recovery phase of an event [so that] interventions can be prioritized' (Korteweg 2010). This HNA thus presents **information** to facilitate **prioritisation** which leads to **action**.

This document is **Phase One** of the HNA, a broad and rapid overview which focusses on many of the directly measurable healthcare and public health impacts of COVID-19 . More detailed 'deepdives' on other sectors and areas of focus will be undertaken in **Phase Two** over the next months.

Our approach

As partners start to engage in 'recovery planning', these plans will be the most effective if they are built not on expediency, but on good evidence-based knowledge of population health need. **Need does not equal demand**; those who need help the most are not necessarily those who come through the door. In our context 'need' is a function of what vulnerabilities and strengths were apparent before the pandemic, the unequal impacts COVID-19 has on different groups in our community, and the effectiveness of what we do to respond:

Population health need = Pre-existing strengths and needs in the community + Susceptibility to COVID-19 - mitigation and support we put in place

EXPLAINING THE FOUR ‘WAVES’ MODEL

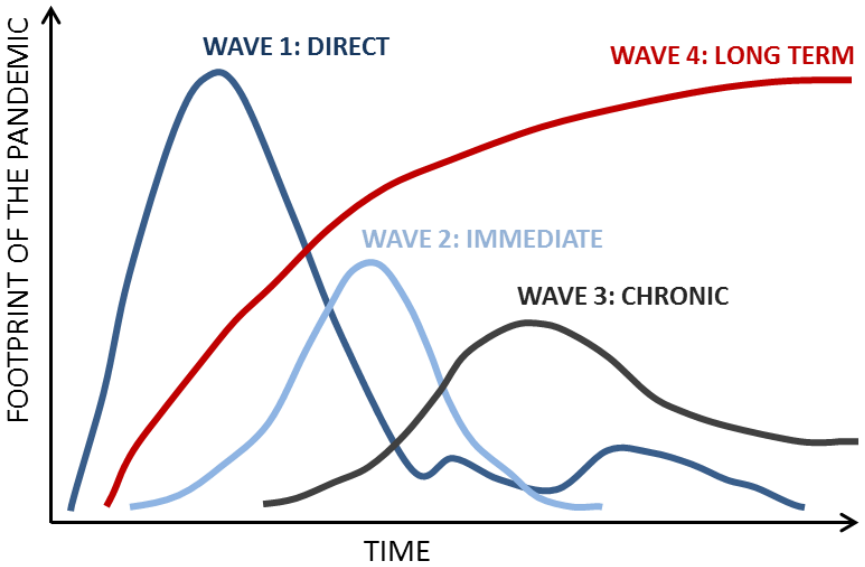
The model of health impact which will be used to structure this HNA consists of four ‘waves’:

WAVE 1 – DIRECT IMPACTS
What are the immediate mortality and morbidity effects of COVID-19 on our population? What known and unknown factors could be driving these trends, and what can be done to mitigate them?

WAVE 2 – IMMEDIATE IMPACTS
What impacts are we seeing on the immediate health needs of our population, including those due to resource restrictions and changes in primary, secondary, community and social care services?

WAVE 3 – CHRONIC IMPACTS
What has been the impact of the pandemic on the prevention, incidence, detection and treatment of chronic conditions in our population? What new chronic social and public health challenges are emerging?

WAVE 4 – LONG TERM IMPACTS
What are the wider social impacts on health which are emerging from this pandemic, including the effects of lockdown but extending to the economic and structural strains this period is placing on society? Are they short, medium or long term? How can we mitigate against them?



WHO IS MOST VULNERABLE?

Evidence from studies so far show that several population groups are most directly vulnerable to COVID-19. In North Yorkshire and York we can quantify the size of some of these groups:

	North Yorkshire	City of York	Eng+Wales
C-19 Shielded groups	c. 30,000	c. 8,000	1.2m
Over 70s	112,089 (18%)	28,869 (14%)	7.5m (13%)
Underlying conditions esp. cardio, diabetes, asthma	68,225 (11%	23,125 (10%)	6.8m(12%)
Deprivation - residents living in the bottom 20% IMD	36,000 (5.8%)	9,588 (4.6%)	20%
BAME (% non-white population)	4%	6%	14%
High risk settings	Prisons, barracks, care homes, sheltered housing, hostels		

WHAT PARTNERS SAY

" There will be a large on-going rehab need in the system to support "

" In flu season there will be increased pressure on primary and community care; cough and temperature will cease to be a helpful distinguishing feature for Covid "

" Rapid discharge into community/care homes, lack of early PPE support/advice, has resulted in widespread infection "

WHAT THE PUBLIC SAYS

" I am confused over the Government's shielding letter "

" It is surprisingly exhausting, mentally and physically. I am in the most vulnerable category and live alone "

" I had symptoms and have now been off work for nearly 3 weeks … unable to get tested … have struggled for breath and had chest pains, reality quite scared for my life. Didn't want to call for an ambulance…"

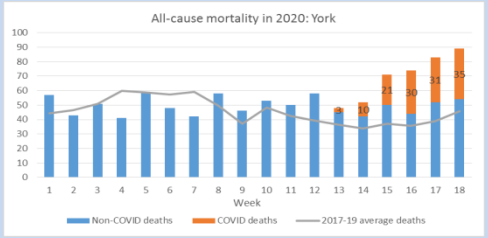
" I am deaf, and am worried about the introduction of face masks - then I cannot lip-read people "

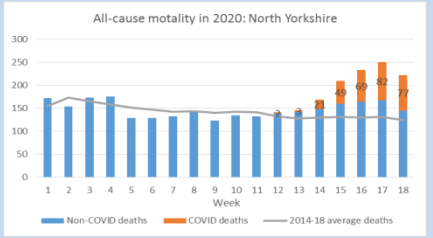
POSSIBLE MITIGATIONS / KEY GAPS

- Increasing access to bereavement support and counselling
- Better understanding / support for PTSD and mental health issues in healthcare staff
- Investment in the 3 key COVID community rehab areas – neurological, cardiovascular and respiratory
- Increased understanding of discharge support needs for COVID patients
- Provide proactive Infection Prevention Control (IPC) support to high risk settings
- Effective local input work to test-trace-isolate, to protect as many as possible from infection
- Communicate effective messages on seeking appropriate urgent care for time sensitive conditions

SUMMARY OF WAVE IMPACTS

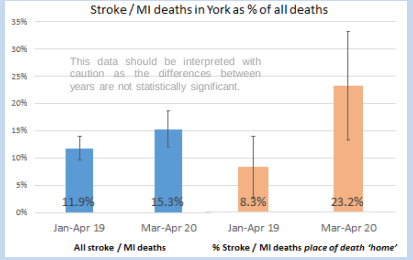
The graphs below show the number of deaths this year in York and NY registered as of 1st May, with COVID deaths in red. Against yearly averages (grey line) there is significant 'excess' mortality. In week 18, 81% of excess deaths in York and 79% in North Yorkshire were due to COVID-19.





So far, 21 out of 103 deaths in York and 103 out of 303 deaths in North Yorkshire have occurred in care homes; these numbers are rising rapidly, and do not include deaths of people normally resident in care homes. A review of mortality in York as part of this rHNA showed that slightly more males (54%) than females have died; 92% of deaths are in those over 65 and 41% were over 85. Although the ONS has shown strong correlation between deaths and deprivation, so far York has seen more deaths in the least deprived IMD quintile (17) than in the most deprived (7).

Trends in deaths from causes other than COVID in this period must also be taken into account. Soft intelligence from coroners in the region indicates a small number of suicide inquests recently opened linked to the adverse impacts of lockdown on mental health.



In York, the proportion of deaths so far this year from two conditions sensitive to timely urgent care, MI and Stroke, have risen compared to 2019, and the proportion of these deaths which occurred *at home* has also increased (see right). YAS have reported significantly more callouts to patients 'dead at scene', suggesting some people may be avoiding seeking timely urgent care.

In terms of morbidity, as of 12th May hospitals in North Yorkshire and York (YTH, HDFT, South Tees) have treated 2,007 confirmed cases of COVID-19. At peak (12th April), 302 people were hospitalised, and currently 137 are inpatients in a general bed and 35 are in ITU. 1,100 people have now been discharged, with 722 (66%) to their usual place of residence. The discharge and aftercare needs of COVID-19 patients vary and local work is underway to audit these; early intelligence suggests a high level of rehabilitation is often needed in broadly three areas: cardio, respiratory and neurological, as well as supporting already unwell patients with deconditioning, and support for post intensive care syndrome.

WHO IS MOST VULNERABLE?

A number of population groups may see an immediate impact on health from the COVID-19 crisis, e.g.:

Population group	Potential impact	Relevant information
People with LTCs	Poor urgent care for e.g. acute asthma, HF.	In York 25% have 1 LTC, 10% have 2+LTCs
Frailty	Signs of deterioration missed, social isolation.	3,505 falls admissions across 2018/19 in NY+Y
Severely Mentally Ill	Less access to healthcare and poorer health	Life expectancy gap: 12 years on average
Marginalised groups	May struggle to access healthcare e.g. refugees, migrants, Gypsy and Roma community	2019 caravan count: 89 (York), 409 (NY) Resettled refugees since 2014: 84 (Y), 244 (NY)
Digital exclusion	Shift of health + care services to internet.	Non-internet users: 12,000 (York), 48,000 (NY)
Food poverty	Unemployment and loss of earnings	FSM uptake is 8.1% in NY, 7.4% in York
Children / YP	Missed school imms. Acute mental health issues	Two-dose MMR uptake: 88.1% (York) 89% (NY)

WHAT PARTNERS SAY

" Some patients who have attempted to manage at home are likely to be at a more enhanced state of crisis "

" Delayed cancer diagnosis, delayed cardio/stroke and other medical care due to fear of COVID risk – these are tremendous issues and will need a very different public health message "

" Currently the public fear accessing healthcare due to COVID anxiety "

WHAT THE PUBLIC SAYS

" I've not wanted to bother people, as my queries are trivial .. but I was relieved when my CPN got in touch "

" I needed an urgent blood test as my autoimmune condition had flared up, I was not allowed to bring my children to the surgery but they are too young to wait outside or to leave at home. I have no one to leave them with "

" I care for my Mum with dementia who is starting to feel very low. It is really difficult to deal with her wellbeing & my own"

" No dental appointments available for my child, despite contacting our surgery. My son is in lots of pain "

" I have a child with autism and learning disability. Out of routine, feel fairly abandoned by school, don't have any regular input from health, … all our usual support is gone, my anxiety is very high. "

POSSIBLE MITIGATIONS/ KEY GAPS

- Access timely primary care trend data (including dental data) to better anticipate trends in demand
- Target communication on healthcare 'reopening' to excluded groups e.g. migrants, visually impaired
- Build health and digital literacy through community groups
- Prepare for stored up urgent demand wider that ED e.g. safeguarding, mental health crisis

SUMMARY OF WAVE IMPACTS

PRIMARY CARE

Since early March, general practice in line with RCGP guidance has operated a very different model, using a telephone first triage system. Data showing the effect of COVID-19 on volume and reason for primary care consultations at a system level is currently unobtainable, a significant data gap.

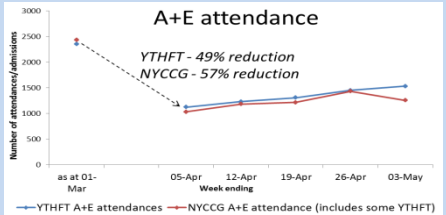
Overall, child and maternal vaccination uptake in VOY area in April 2020 is in line with previous months (see right). However in the latest quarter, shingles vaccination (routine 70 year old cohort) has declined markedly.

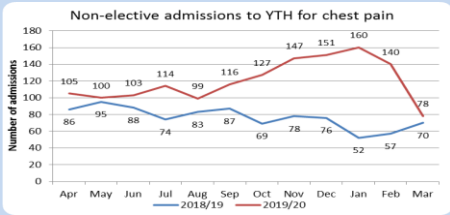
2020	Prenatal Pertussis	6-in-1 (3 dose)	MenB (2 dose)	MMR (1 dose)	19/20	Shingles
Jan	98%	92%	94%	93%	Q1	45%
Feb	86%	90%	94%	93%	Q2	40%
Mar	84%	91%	95%	91%	Q3	34%
Apr	86%	90%	96%	92%	Q4	14%

Much dental treatment has been suspended locally as per NHSE guidance. The number of urgent dental admissions, which may indicate lack of access to dental treatment in the community, have stayed broadly the same thus far this year (159 in 2020 vs.128 in the same period 2019).

SECONDARY CARE

In line with national trends A+E attendances at local Trusts reduced from mid-March, with attendance at 49% below start of March level at YTHFT and 57% below for NYCCG residents. Around 14,000 fewer attendances have been seen compared to the same period in 2019. Numbers are now slowly rising. Some patients will have self-managed; however some may represent a significant unmet urgent care need. Examples of this risk highlighted nationally are CVD and cancer. Emergency admissions at YTHFT for chest pain fell sharply from 160 in January to 78 in March 2020. Day case chemotherapy attendance was down in March (478) vs. Feb (641) and Jan (513), but up on 2019.





MENTAL HEALTH

TEWV data shows that adult impatient admissions were 54% lower in April compared to January across all four NY+Y CCGs. However, combined the four crisis teams for adults have seen a 15% rise in demand for support in April in comparison to the average for earlier in 2020, with a possible small increase in the numbers of young people receiving crisis support. Data on mental health is presented later in this HNA.

SAFEGUARDING

At the outset of the lockdown, local adult and children's safeguarding team experienced a sharp drop in the number of enquiries. In early May referrals have started to rise again, and services are expecting a surge in referrals with issues hidden by the lockdown coming to light after it is eased, and with schools returning.

WHO IS MOST VULNERABLE?

A number of population groups may see the COVID-19 crisis impacting chronic health conditions e.g.:

Population group	Potential impact	Relevant information
People with LTCs	Poor condition control e.g. BP diabetes	In York 25% have 1 LTC, 10% have 2+LTCs
People with learning disabilities	Access to healthcare, poorer health	Life expectancy gap: 14 years on average
People with addictions	Increased usage, access to treatment,	28% betting increase by regular UK gamblers
Carers	Difficulty co-ordinating care; own health	Carer population: 2.2% (NY), 1.8% York
Socially isolated people	Greater than usual lack of contact, difficulty accessing food or key services	Social care users having as much contact as they would like: 48% (NY) 37% (York)
People with MH problems	Increased anxiety levels due to COVID	ONS high anxiety: 20.9% (NY), 18.3% (York)

WHAT PARTNERS SAY

" I have concerns that patients and families are not talking to GPs about emerging mental health issues. "

" Delays in investigation and treatment in secondary care will likely affect mortality and morbidity for a long time. "

" There is a risk that NHS/care staff will experience the deep effects of managing traumatic experiences and stress. "

" We have seen much better working between practices, and between practices and community teams "

WHAT THE PUBLIC SAYS

" My daughter has severe anxiety but all appointments have been cancelled and the people we we're getting help from have postponed treatment. "

" I have had a baby during lockdown. Midwives, hospital care and health visitor care has all been affected. Also not been able to access support group for breastfeeding which I have found very difficult. "

"I have suffered with bad mental health in the past, but am now unable to use my coping mechanisms such as seeing friends"

POSSIBLE MITIGATIONS/ KEY GAPS

- Better identification and support for carers
- Using the sense of 'reset' in healthcare to promote self management of the worried well and better chronic condition management for the unworried unwell
- Increase capacity to deal with a healthcare 'surge' in preventative parts of the system eg IAPT, falls prevention
- Build on social prescribing, CSOs and health champions programmes to focus on multi-morbidity/complexity

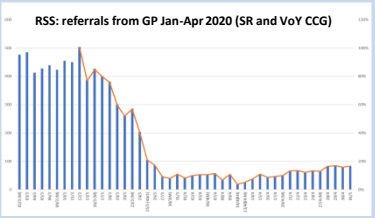
SUMMARY OF WAVE IMPACTS

CHRONIC CONDITION MANAGEMENT

Current RCGP guidance recommends a pause in a number of long term condition processes, including NHS health checks (40-74, SMI, LD), medication reviews, frailty and annual reviews, low risk/routine smears, routine/ annual ECGs, spirometery, and a number of care processes associated with QOF. In 2018/19, GP practices in the NY CCG and VoY CCG area conducted over 36,000 asthma reviews, 39,00 measures of HbA1C in diabetes, and 40,000 measures of BP in CHD, pointing to a large amount of lost chronic condition management with potential for negative impacts on population health, including widening health inequalities (onset of multimorbidity is 10-15 years earlier in deprived communities).

ROUTINE HEALTHCARE

Routine referrals to secondary care in the region were paused on the 25th March. RSS data (chart below, SR and VOY CCG areas) shows a reduction from an average of c. 450 to 100 referrals per day equivalent to 12,250 expected referrals over a 7 week period. Urgent referrals have fallen in almost all specialties, with some of the larger reductions including Rheumatology (44%), GI and liver (34%) and ENT (26%). However urgent referrals to cardiology have increased over this period by 33%. Advice and guidance requests initially reduced, but have recovered and remain broadly stable at between 400-500 requests a week.



Elective admissions fell by nearly 75% at their lowest week for York, Harrogate and South Tess Trusts, increasing slightly since. An audit of data from YTHFT shows there were initial signs of increased patient-initiated OP cancellations; however this trend has reversed. OP DNAs are lower in April 2020 (3.5%) than the same point in 2019 (5.9%).

Prescribing trends for VoY CCG show a significant increase of around 25% total number of items in March and April before reducing recently, driven by a number of trends including higher ordering of inhalers, switching from injections to oral versions, and increase in prescribing of OTC medicines.

MENTAL HEALTH

Data from TEWV shows a drop of 56% (North Yorks locality) and 40% (York and Selby) in IAPT referrals in Apr 20 compared to April 19. Further commentary on mental health comes later in this HNA.

COMMUNITY SUPPORT

Social prescriber link workers in York have now supported over 1000 people since the crisis, and have identified a number of needs emerging, including bereavement support, mental health specifically in relation to isolation, anxiety, alcohol harm, and support for people with learning disabilities and their carers.

Community services activity from YTHFT shows a shift to supporting COVID rehab: nursing contacts for respiratory, tissue viability and continence have fallen; however paediatric and HF contacts have risen.

The CYC falls prevention and home adaptation service have seen a significant decline in the number of referrals from professionals, and from individuals themselves, indicating lost prevention opportunities.

WHO IS MOST VULNERABLE?

A number of population groups may see the COVID-19 crisis adversely impacting long term health, e.g.:

Population group	Potential impact	Relevant information
Self-employed people	Income loss and lack of benefits	9.1% (York), 13.0% (NY),10.9% (GB)
People with precarious work	Income insecurity	Estimated 7m people nationally
People who are unemployed	Financial and emotional strain	2.8% (York), 1.7% (NY) 3.9% (GB)
Those living in poor quality housing	More time in unsafe environments	Fuel poverty: 8.9% (York), 9.1% (NY)
Homeless people	Poorer health, financial precarity, exposure to infection	Households in temporary accommodation 2017/18: 49 (York), 130 (NY)
Children and Young People	Educational impact -school closure	School age children: 94488 (NY) 29363 (York)

WHAT PARTNERS SAY

" We will see increased safeguarding issues, financial hardship for people with lost jobs, increased alcohol use and delayed access to community detox "

" I am concerned about children and young people's disconnection with schools, peers, extended families and loss of … ability to re-engage with education and formal structures, leading to impacts on family functioning and overall resilience "

" Wider determinants of health … double whammy of initial covid disruption to income followed by 2nd wave of austerity "

" Potential change to the rate of suicides across the working age adult workforce "

WHAT THE PUBLIC SAYS

" I am benefiting a lot from the cleaner air. Daily walks without pollution have improved my chronic sinus problems "

" I fear the families like me who don't fall into any brackets for financial support due to currently having too much savings …by the end of the year I am going to be, but by then people will have forgotten about me "

" I need to work and earn and provide, and this lockdown is killing me "

POSSIBLE MITIGATIONS/ KEY GAPS

- Prepare health and social care partners now for health need generated by economic recession
- Reduce unnecessary hospitalisation and mortality by maintaining and surpassing COVID air quality levels through encouraging cycling and walking and helping people find alternatives to driving
- Use the Children's Commissioner's Local vulnerability profiles to identify risks to long term CYP health
- Take steps to support businesses in strong infection control policies to minimise economic impacts

SUMMARY OF WAVE IMPACTS

A large, diverse and unpredictable number of long term impacts on population health will emerge from COVID-19. Early data on some examples are given here.

ALCOHOL RELATED HARM

Nationally and in North Yorkshire and York there has been a rise in household alcohol use since lockdown. Both areas already experience high levels of alcohol related harm, with a rate of admission episodes for alcohol-specific conditions in 2018/19 of 825 (York) and 573 (NY) per 100,000.

AIR POLLUTION

Analysis from the University of York shows improvements in air quality (NO2) of 30% on average across the city since mid-March. 4.5% of all mortality is attributable to air pollution in the region.

COMMUNITY SAFETY

North Yorkshire Police have seen reduced demand for many of their services during lockdown, but have reported a higher number of antisocial behaviour and domestic violence incidents as a proportion of dispatches, as well as increased contacts with domestic abuse helplines. There has been a reduction in referrals to youth justice due to courts being closed. Very few S136 orders have been made, with crisis work shifting to mental health services as indicated elsewhere in this HNA. Police and substance misuse services have both identified a risk of a spike in county lines activities, and locally, police and partners are preparing for an increase in safeguarding disclosures as schools go back, alcohol consumption when pubs and clubs re-open, and acquisitive crime linked to job losses.

INCOME AND WORK

A recent ONS survey of a sample of businesses reported an average of 27% of employees have been furloughed. For our area, this would translate to around 80,000 people in NY and 27,000 in York. Those who are self-employed are not eligible for furlough, but may also be not able to trade at this time. In York since the beginning of lockdown, 453 households have applied for council tax support, and 132 households have applied for food aid. There has been a dramatic increase in the number of people in our region claiming Universal credit, rising from 1,865 (1.3% of the population) to 4,385 (3.2%) in York, and from 6,325 (1.7%) to 14,180 (3.9%) in North Yorkshire.

EMPLOYMENT IMPACTS

Some business sectors are particularly affected by COVID-19: the wholesale/retail sector, the real estate sector, the accommodation and food services sector, the arts, entertainment, and recreation sector, and the construction sector. Combined, there are 95,00 (NY) and 36,000 (York) jobs in these sectors, and these sectors account for a combined £6 billion GVA to the local economy. In York 2,240 businesses have received the small business grant, and 1,255 have received the retail, hospitality, and leisure grant.

HOMELESSNESS

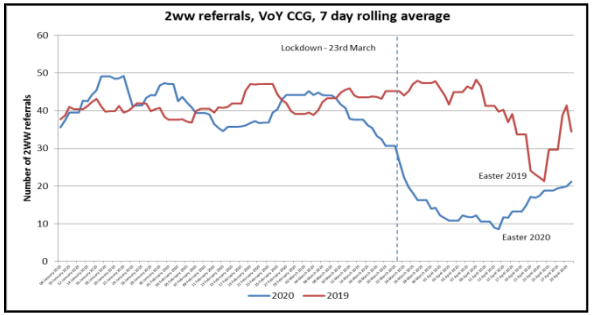
More people in North Yorkshire were identified for support at the start of the lockdown, meaning numbers who have been temporarily accommodated have risen and immediate risk has reduced. Begging activity has largely disappeared due to low public footfall. However usual informal accommodation such as B+Bs or friend's houses may be seen as no longer safe. Additionally, the last economic downturn led to a rise in homelessness in the UK.

SUBSTANCE MISUSE

Local substance misuse services have reported a change in the types of substances being used, in particular a significant reduction in "on top" illicit usage as evidenced through urine samples. The service has identified a risk that when lockdown measures are lifted there may be a spike in accidental overdose as individuals tolerance levels will have dropped.

DEEPDIVE

CANCER REFERRALS

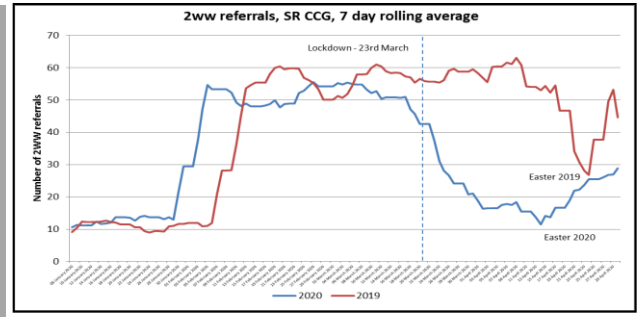


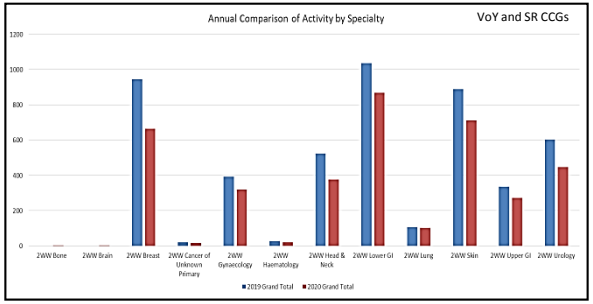
TRENDS SINCE LOCKDOWN

Graphs presented here show trends in two week wait referrals for suspected cancer from primary care to hospital across North Yorkshire and York since January. After March the 23rd, a large reduction was seen to a point where 2ww referrals were around 25% of normal volume in all areas, although now steadily rising.

As an example of the impact this may have, so far in 2020, there have been 1024 fewer 2ww referrals in VoY area and 229 in SR compared to the previous year. Applying 'conversion' rates – the % of 2ww referrals which result in eventual diagnosis of cancer – of 9.2% and 11.6% respectively, it can be estimated that if normal referral rates had been seen, 99 new diagnoses of cancer would have been made in VoY area and 27 in SR area.

Looking at RSS data, the largest reductions in VoY referrals have been for Breast Cancer (30%), followed by Head and Neck (28%) and Urology (26%); in SR area the largest reductions in referrals have been for Breast Cancer (40%). Trends in practice referral suggest a larger and statistically significant reduction in referrals in rural practices and more deprived practices.

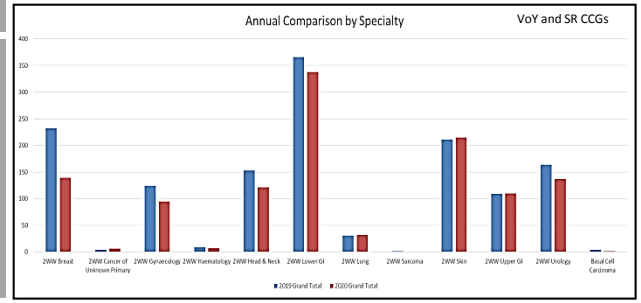


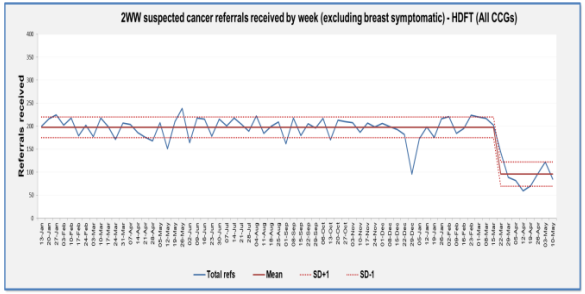


KEY FUTURE METRICS

The reduction in 2ww referrals seen above is likely to have significant population health impact, and the following metrics will be useful in measuring the extent of this:

- Changes in staging of tumour at time of diagnosis
- Hospital 2ww performance
- Backlog of the three NHS cancer screening programmes (currently suspended).
- Emergency presentation of cancer (A+E or non-elective) suggesting lack of early detection: in 18/19 there were 4,533 non-elective admissions for cancer in NY+Y and 753 A+E attendances.
- Mortality: 1, 3 and 5 year survival rates

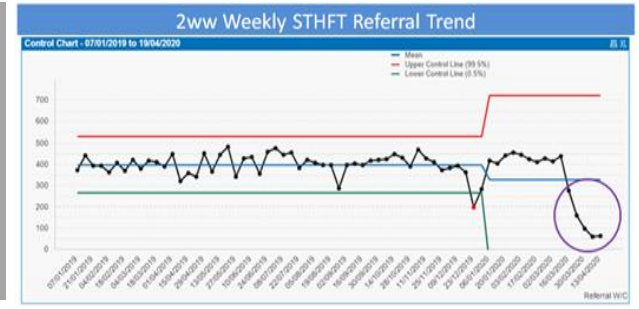




POSSIBLE MITIGATIONS

- Proactive communication plan to encourage patients to come forward appropriately
- Planning for impact of screening suspensions, and late stage presentation
- Prioritise the examination of suspicious cancer symptoms in primary care , telephone first but F2F where appropriate
- Support practices which have seen the largest reductions in 2ww referrals
- Effective clinically-led rtiage of referral backlog and PTL case list
- Adapted diagnostic and treatment pathways to minimise waiting times and avoid cancer progression

The Humber Coast and Vale Cancer Alliance has already started work to lead on a system response regionally, and the metrics above have been shared. In addition, the Early Cancer Diagnosis DES contract for PCNs will be introduced in the next year.



MENTAL HEALTH AND WELLBEING

MENTAL HEALTH SERVICES SINCE COVID

CRISIS AND INPATIENT CARE

TEWV data shows that adult impatient admissions in NY+Y were 54% lower in April compared to January. However, combined the four crisis teams for adults have seen a 15% rise in demand for support in April in comparison to earlier in 2020, with a possible small increase in the numbers of young people receiving crisis support.

COMMUNITY

Early intervention service in the region have, overall, maintained a stable number of referrals in April 2020 compared with earlier months, with 75% of contacts switching to telephone/video. In line with earlier months in 2020, the majority of the patients were receiving support for a suspected first episode of psychosis. There was also a small by notable uplift in the numbers of patients receiving support for recurrent psychosis. Memory services in the region have seen a significant drop off in the number of patients; on average in April 2020 they were working at 13% capacity compared to previous months.

CAMHS

A large switch to telephone support has enable CAMHS contact with service users to be maintained at pre-lockdown levels. Referral levels fluctuate by month; the number of referrals in April '20 were almost identical to March '19, but had reduced by 28% from March 20'. Local intelligence suggests a rise in the number of first episode of psychosis.

IAPT

Data from TEWV shows a drop of 56% (NY locality) and 40% (York and Selby) in IAPT referrals in Apr 20 compared to April 19. This is a reduction of 1334 referrals in January to 499 referrals in April. As yet, the numbers of people leaving IAPT has not been impacted. This it most likely because of the average length of a course (six weeks). It is foreseeable that the recovery figures for future months will be affected.

UNCERTAIN IMPACTS REMAINING

- What conditions are more likely to be prevalent in a pandemic: anxiety, bereavement, OCD, PTSD, depression, family breakdown-related worry?
- What are the mental health issues faced by families after a COVID death?
- What therapies / interventions / self- help will be useful in pandemics?
- How will we support healthcare workers with PTSD?

POPULATION MENTAL HEALTH SINCE COVID

MENTAL HEALTH IN ADULTS

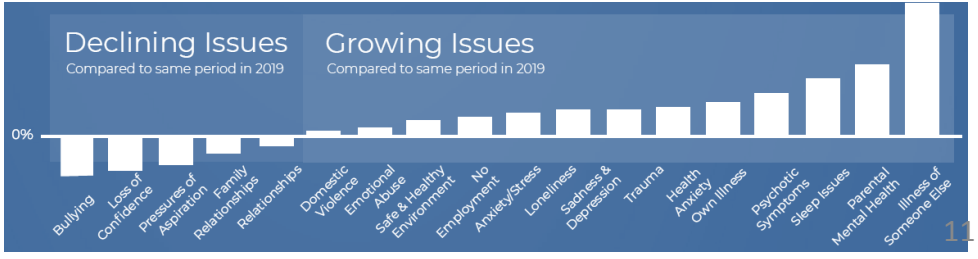
Nationally, 75,000 respondents were asked about their anxiety (GAD-7) and their anxiety (PHQ-9), most respondents have answered these questions for the five consecutive weeks of lockdown. Reports of depression symptoms remain similar to the start of lockdown and reports of anxiety symptoms have shown a small reduction since the start of lockdown. This pattern is true both for people with and without an existing diagnosed mental health condition, however self-reported symptoms are much higher in those with existing mental ill health. Stress related to becoming ill with covid remains the most common stressor people are experiencing (c.19%), followed by financial concerns (15%), stressors relating to unemployment or access to food sits at around (7-8%). People with a mental health diagnosis are more likely to report all these stressors, and this trend has remained stable over time.

MENTAL HEALTH IN YOUNG PEOPLE

A national survey of 2,000 young people looked at the experience of school closures on those with existing mental ill health. Nearly half were receiving support from CAMHS, and nearly half from a school based counselling service. 74% said they were still able to access some form of mental health support (26% not).

83% of young people said their public health measures had made their mental health worse. Most young people understood why the measures were necessary, but many reported increased anxiety, problems sleeping, panic attacks, or urges to harm themselves.

In North Yorkshire and York, local mental health services commission an online platform (KOOTH) to support people with mental health problems who may not be accessing services. An analysis of issues discussed on this platform since the start of the COVID-19 crisis is shown below.



PREVENTION OF LONG TERM CONDITIONS

CHRONIC CONDITION MANAGEMENT

Current RCGP guidance recommends a pause in a number of long term condition processes, including NHS health checks (40-74, SMI, LD), medication reviews, frailty and annual reviews, low risk/routine smears, routine/ annual ECGs, spirometery, and a number of care processes associated with QOF. In 2018/19, GP practices in the NY CCG and VoY CCG area conducted over 36,000 asthma reviews, 39,00 measures of HbA1C in diabetes, and 40,000 measures of BP in CHD, pointing to a large amount of lost chronic condition management with potential for negative impacts on population health, including widening health inequalities (onset of multimorbidity is 10-15 years earlier in deprived communities).

SEXUAL HEALTH

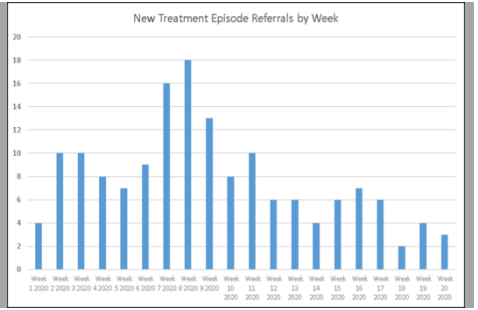
A core preventative measure delivered by YorSexual Health is the distribution of condoms and lube, through clinic, schools and youth services and other venues. Number s of items distributed rose thorough 2019 but since a peak of 1,824 packets of condoms in Jan 2020, numbers fell to 865 in April. Core sexual health indicators are provided opposite. They show a marked reduction post-lockdown of clinic Chlamydia screens, which is mitigated somewhat by online ordering of test kits. New STI diagnoses are reduced, as are the number LARCs fitted. LARC fitting has been suspended in primary care These figures point to a risk of heightened levels of STIs in the population, as well as potentially a rise in the number of unplanned pregnancies.

		Jan-Mar 2019	Jan-Mar 2020	April 19	Apr 20
Chlamydia Screens	clinic	2,248	1,805	704	33
	online	1,323	1,413	194	149
New STI diagnosis		471	521	70	7
Number of LARCs fitted		671	-	144	4

SMOKING

Data for smoking cessation referrals by week in York are show in the graph (right). Since the week before lockdown weekly referrals have approximately halved to an average of 6 per week. Referrals are mainly from GPs, self referral and midwives. North Yorkshire Smokefree service has reported an average of around 160 referrals a month, down to 92 in March. In primary care 39 people registered for cessation support with their GP in March compared to14 in April, and 16 people registered for cessation support with their pharmacist in March compared to4 in April.

One concern is a rise in the exposure of children to second hand smoker during lockdown. ASH data from YouGov shows that people who live in households that include children are 40% more likely to report being exposed to second-hand smoke since lockdown compared to those without children (10% compared with 6%). A further 12% of smokers who live with children report they are smoking indoors more than they did before lockdown. 12% of households in Yorkshire and the Humber have smoking in the home



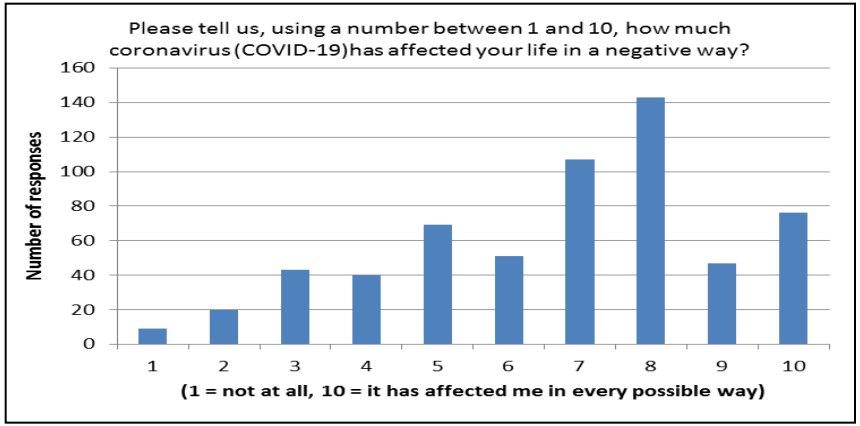
SUBSTANCE MISUSE

The York substance misuse service provider, Changing Lives, reports a fall in the number of new treatment episode referrals in the weeks since lockdown, from an average of 10 per week to an average of 5 per week Across North Yorkshire Spectrum CIC reports a rise in alcohol abuse during the COVID crisis.

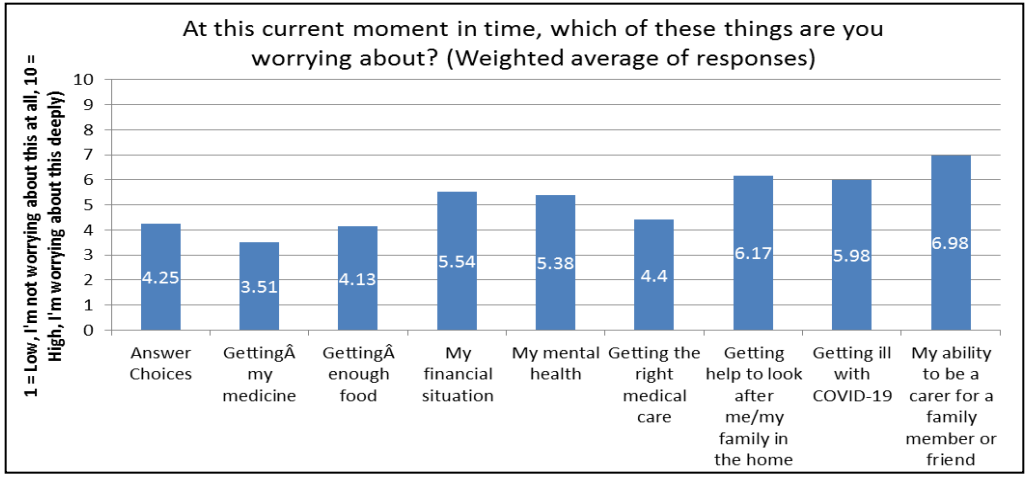
PUBLIC ACCESS TO CARE AND SUPPORT

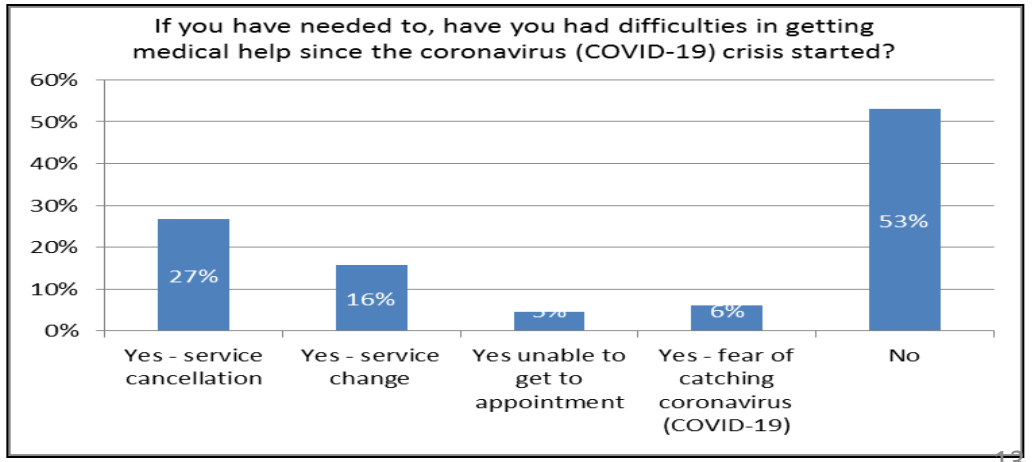
BACKGROUND

At the start of May a public survey of VoY residents was carried out, to which 611 responses were received. A summary of responses has been provided here. Free text comments have been interspersed through this document and will be written up to be formally published by the CCG.



much COVID-19 etc government hard working home risk currently days baby struggle normal know still husband wife medical visit think trying able life appointments mum family one difficult come see stress hospital GP made walk week cancelled support situation will m people service work Covid





SUMMARY OF HNA FINDINGS

SCALE OF THE POPULATION HEALTH IMPACTS OF COVID-19

This rapid HNA has only scratched the surface of the population health need brought about by COVID-19, and work done in the future at place, ICS, regional and national level will uncover layers of need to consider in responding, adjusting and recovering from the pandemic.

The stark conclusions of this assessment are that COVID-19 has already caused:

- Significant impact on all-cause mortality which will change the demographic shape of the region
- Significant impact on morbidity which will create a new category of clinical need (post-COVID care) for a large number of people
- Significant unintended consequences of the system response to COVID-19, including deferred and delayed care, missed prevention opportunities and healthcare-avoiding patient response
- Significant unintended consequences of the policy response to COVID-19, including economic threat, mental health worries due to lockdown, educational disadvantage, all of which threaten the poorest and most marginalised communities the most

At this stage it is possible to collect data on a small number (by no means all) of meaningful indicators to quantify these impacts, which have been summarised in the table on the right.

POPULATION HEALTH IMPACTS OF COVID-19 IN NORTH YORKSHIRE AND YORK

DIRECT	COVID-19 deaths so far	406	NY+Y cumulative up to 01/5
	All cause deaths in week 18	311	NY+Y vs. 170 week 18 average2014-18
	Hospitalisations	2,007	NY+Y cumulative as of 12/5
IMMEDIATE	% of all deaths due to MI or stroke	↑ 15.3%	(York, vs 11.9% same period 2019)
	A+E attendances	↓ 52%	YTH w/c 5/4/20
	Non elective admissions	↓ 48%	YTH w/c 5/4/20
	Non elective admissions for chest pain	↓ 44%	YTH
	Adult impatient mental health admissions	↓ 54%	NY+Y
	Referrals to adult mental health crisis teams	↑ 15%	NY+Y
CHRONIC	2ww referrals	↓ 75%	VoY and SR CCGS
	IAPT referrals	↓ 56%	NY+Y
	% of people who say they have had difficulty accessing care due to C19	47%	VoY
	Falls prevention referrals	↓	York
LONG TERM	Social prescribing links made	over 1000	York
	Air quality	↑ 30%	York (NO2 reduction)
	Domestic violence incidents	↑	NY+Y
	People furloughed	c. 100,000	NY+Y
	Referrals to stop smoking services	↓ 40%	NY+Y
	Referrals to substance misuse services	↓	York

RECOMENDATIONS

The following recommendations are made:

1. Four priority areas emerge from the HNA for local health systems as we adjust and recover from COVID-19:
    - **Infection minimisation** will seek to reduce to the absolute minimum the death and disease caused by the pandemic by bringing the best IPC and public health policies into health, care, public services, communities and businesses.
    - **Mental Health** services will need support to adjust to new disease prevalence patterns (for instance increase in anxiety and first episode of psychosis), but more broadly our population may need gently supporting back to mental health rooted in asset-based approaches and compassionate public services.
    - **Healthcare access** has changed rapidly and dramatically; as it is restored, a very nuanced public health message will need to be found to encourage people who need healthcare to come forward in the midst of infection precautions.
    - **Prevention** of long term conditions may not be a first-order priority at present, but they remain the leading causes of death for our area. Already there are signs that for CVD, COVID-19 has had an impact, with a decrease in A+E attendance for chest pain coupled with an increase in death from stroke and MI and urgent referrals to cardiology specialties. And the biggest preventable causes of ill health in the UK are still smoking, alcohol, high blood pressure, poor diet and lack of physical activity, and it is key that disruption to long term public health action on these because of COVID-19 is kept to a minimum.

Additionally:

2. We should increase our focus and capacity to support **health literacy** and **digital literacy**. There are two wider determinants of health which have grown in importance in this period, and communities will need to be supported to develop both over the coming years, from handwashing to taking care of your mental health to digital inclusion work which ensures that with services increasingly delivered online no-one suffers poor care by being left behind.
3. We should take a **population-le**d rather than **demand led** approach to recovery; as services restart we should avoid past pitfalls of designing for the 'worried well' and ignoring the 'unworried unwell' . Around **8% of our population** live with 2 or more long term conditions but have very little ongoing health care (preventative or treatment), and this system reset gives the opportunity to build care which prevents crisis rather than simply responding to what comes through the door. Population health management tools offer a way to understand, segment and risk stratify local populations so that interventions can be designed to produce the optimal health of the public.
4. We should take a **wide approach to 'vulnerability'**: the COVID-19 'shielded list' misses a lot of groups who are not specifically vulnerable to infection but are vulnerable to it's impact: people with learning disabilities, carers, the visually or hearing impaired, and younger people who have the most to lose from the long term effects of educational disruption, lockdown mental illness and bereavement.
5. Recovery programmes may benefit from **taking the approach of this HNA**: looking at the pre-covid vulnerabilities, strengths and inequalities in the population the service is aimed at, understanding the 'four wave' impact the population has felt (direct, immediate, chronic, long term), and aiming to 'build back better' based on population nee
6. This HNA should be extended in **Phase Two** to cover areas which have not received detailed discussion, through a series of follow-up deepdives. These areas might include: social care and community services, specific key diseases such as CVD or diabetes, and the economic and financial impacts of lockdown.

A message of hope:

‘There is a sense that anything CAN be possible if we let patient need drive the changes’

And a message to galvanize:

‘There is probably only a small window of opportunity to do this whilst systems are “unfrozen” before they re-freeze back into previous rigid patterns of delivery’

(quotes from the HNA partner survey)

NOTES

SOURCES

This rapid Health Needs Assessment has be led through a collaboration between NYCC / CYC public health and NYCCG / VOYCCG teams. It uses as many existing data sources as possible – for example from the ONS, SUS, PHOF, NOMIS, NHS Digital, Immform, SUS, as well as bespoke data requests from partners. For the four wave model: H/T @vectorsting.

STRATEGIC LINKS

This work is only one part of the local picture of recovery planning, and links into the following:

- Individual organisational and multi agency (e.g. LRF) business continuity / recovery plans
- Regional recovery programmes at HCV subsystem, ICS and NHS EI regional levels
- Yorkshire and the Humber / PHE COVID-19 inequalities impact assessment

AUTHORSHIP

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ADDITIONAL RESOURCES ON COVID IMPACT

External:	PHE/ADPH/LGA work on COVID-19 and Health inequalities Health Foundation work on COVID-19 policy and impact
HNA:	Partner Survey – summary of results Public Survey – summary of results Third sector survey – summary of results Datapack – RSS referrals in VOY and SR area Datapack – mortality in York