

Understanding and tackling inequalities COVID-19 Integrated Impact Assessment Latest update

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Health and Well-being Board
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EALING COUNCIL

The IIA process – an update

Quantitative analysis of COVID data

Direct impact

- Infection
- Severe Illness
- Death

By age, sex, ethnicity, long term health conditions, deprivation, urban living, occupation. For the full year from March 2020 to 2021.

For CYP the current JSNA refresh will also inform.

Indirect impact - homelessness, employment, digital exclusion etc.. (limited data)

Community Engagement and consultation

Conversations with various community groups, community leaders, voluntary sector organisations and forums

4 area task group meetings in March 2021

Acton, Southall, Northolt and Greenford and Perivale

Joint reflection on lived experience of inequalities and collective ideas for next steps to tackle these.

Points for influence

- HWB strategy 2022-27
- Council Plan
- Development of the Integrated Care Partnership priorities
- Future Ealing Strategy
- Climate and Ecological Emergency Strategy
- Community Engagement strategy
- Annual Public Health Report
- Greenprint for economic recovery and renewal

Evidence review – national, regional, local (including Race Equality Commission)

Cross council steering group

In progress:

- Review of latest literature - **ongoing**
- Synthesise reflections from area task group meetings and other community conversations – **almost complete**
- Revision and development of recommendations - **ongoing**
- Steering group meeting for July
- Plan for final report July/August

Summary of findings

	From the literature	From Ealing data
Age and sex	The largest disparity was age. >80 year olds were 70-times more likely to die than < 40 year olds. Young people may suffer the most from the economic impact of the pandemic.	Working age adults most affected by infection, vast majority of those admitted and who died were in the older age groups; 78.6% of Ealing residents who died in hospital were over 65 years; Much greater proportion of deaths in hospital from COVID were in men than in women.
Long term health conditions	People living with health conditions were more likely to die from COVID.	91.4% of Ealing residents admitted to hospital with COVID also had one or more long term conditions
Deprivation	People who live in deprived areas have higher diagnosis rates and death rates.	Highest infection concentrated in the West of the borough, and both hospital admissions and deaths distributed in a gradient across MSOAs likely attributable to a broad societal factor such as deprivation
Ethnicity	Exacerbated longstanding inequalities affecting Black Asian and minority ethnic groups – structural racism	Wards with higher proportion of residents identifying as Black Asian or minority ethnicity had higher total infection rates. Asian and Asian British groups disproportionately affected by COVID hospital admissions.
Urban Living	Highest diagnoses and death rates in urban area - overcrowding, substandard housing, income and expenditure poverty.	In Ealing, 14% households overcrowded - 8 th highest in London. Also a lot of families living in multi-generational households.
Front line occupations	ONS reported men in specific occupations had significantly higher COVID death rates.	Ealing has a high (relative to London and England) proportion of people employed in low skilled, elementary occupations – frontline exposure.

Highlights of findings from community engagement and consultation processes:

Local perspectives on inequalities, their causes, and ideas for tackling them

Acton

- Insufficient consultation and involvement
- Need to evidence inequalities so they can't be denied
- System doesn't treat residents holistically
- Intangible systems lose their humanity. Individual connections are much more powerful.
- Mistrust in systems which have dis-served you
- Community power to be realised and credit given

Greenford & Perivale

- Older people very socially isolated - community centres are closing
- Charity sector been depleted of funding
- Food poverty and unfair dismissal as drivers for inequalities
- Digital exclusion isn't just training and hardware
- Unconscious bias contributes hugely to racial inequity
- Social housing register is not accessible or user-friendly
- Lack of understanding of local needs
- Greenford also needs a physical space, a centre for people to connect and get information

Highlights of findings from community engagement and consultation processes:

Local perspectives on inequalities, their causes, and ideas for tackling them

Northolt

- Thresholds of disadvantage are often unhelpful and insufficient
- Leaders need to be more aware of the impact of everyday racial inequity
- Inequality and neglect of Northolt as a place
- Don't feel part of Ealing
- Physical infrastructure causes divides
- No physical place to meet, congregate, get support, advice, learn of local services and initiatives
- Lack of 'true' leadership in community engagement

Southall

- Political nervousness not to single areas out which have been disproportionately affected and neglected more than others
- Consider a Southall Together model
- Very concerned re: suspension of evictions and debt enforcement ending etc...
- Need to localise planning so homes reflect what is needed in the population e.g. family homes.
- Local needs assessment and policy overall.
- Internal fractionalities mean that bits of the system do not communicate with each other
- Need trust and transparency with intent and action.

Key recommendations – progress and governance

Short-term recommendations – made throughout Autumn and Winter 2020/2021

Medium and long-term recommendations in themes:

Theme	Progress	Governance and ownership
Principles of working	Final draft	Council; and ICP – being discussed
Housing	Final draft	Place directorate, LBE – TBC
Economy business and planning	In progress	Good Growth Forum, LBE TBC
Employment and Skills	In progress	E&S recovery workstream, LBE
Children and Young People	Final draft	Children and Young People’s board, LBE
Mental Health	Final draft	MH and suicide prevention partnership board
Active living, active aging and adult social care	Final draft	Older Adults, Disabilities and LTC partnership board/Adult social care, LBE
Digital Inclusion	Final draft	Digital steering group, LBE
Recovery of public health services	In progress	Public Health team, LBE
Climate Justice	In progress	Climate and Ecological Emergency Strategy group, LBE

IIA: Principles of working recommendations for Council and ICP - long term

The following principles of working will be recommended for all council and ICP working, in order to proactively tackle and prevent further inequalities:

- Community Participation and ownership
- Whole systems approach
- Asset based approach
- Deliver universal support which is scaled in proportion to need (*proportionate universalism*)
- Tackle structural racism
- Embed equity and fairness
- Prioritise hyperlocal
- One-stop-shop front door for residents
- Work across the life course
- Tackle the causes of the causes
- Incorporate action to address the climate and ecological emergency
- Use and create the evidence base
- Lobby to tackle poverty nationally

Key recommendations – highlights where finalised

Theme	Highlights of recommendations
Housing	Renew the Council’s additional HMO licensing scheme and selective licensing scheme (expanding to all wards meeting relevant criteria); Create a planning direction requiring all HMOs to apply for planning permission.
Children and Young People (CYP)	Review access, quality and stability of Early Years provision to ensure intensified support to parents of the most disadvantaged children; Support Ealing schools to address learning setback, especially among most disadvantaged students; Monitor attainment gap and plan to reduce short & long-term effects on most disadvantaged children; Develop and implement an Ealing Plan to Reduce Child Poverty with partners and local communities; Re-establish Ealing Children’s Partnership with clear focus on addressing inequalities for CYP
Mental Health	Develop a strategic approach to ‘Living with COVID’, focussing on mental health and wellbeing & resilience (to include MECC, community participation and ownership, hyperlocal focus, work with ICP, digital inclusion, focus on prevention and early intervention, link closely with social prescribing landscape,
Active living, active aging and adult social care	Reinstate the ‘Access Group’ for community participation across the ICP; Work as ICP to provide whole system support to those with Post-COVID syndrome; Behave as an ‘ <i>anchor institution</i> ’ – build community wealth by prioritising the commissioning of local care and support providers with a strong focus on social value; Ensure all commissioned care and support services are working on the London Healthy Workplace Award, and are adhering to the ethical care charter for London, including the London Living Wage to all staff; Influence the development of the Older Adults Housing Strategy, and the Local Plan to ensure age-friendly, disability-inclusive urban realm;
Digital Inclusion	Develop a model for customer contact which prioritises prevention and early intervention, holistic support involving multi-disciplinary teams, appropriate and effective triage to provide appropriate level of support to need, hyperlocal face to face support making best use of existing real estate, and use of opportunities to digitally upskill residents; Offering lending of IT hardware to residents for a range of needs i.e. online upskilling and job applications; Expand offer of digital training and ongoing digital support through digital champions with Citizens Online.

Next steps

- Develop and agree recommendations outstanding and produce final report July/August
- Ongoing relational work with key forums/boards to continue collaborative working in particularly at Integrated Care Partnership Board.
- Executive summary to become Annual Public Health Report 2021

Health and Well-being Strategy 2022-2027

Proposal that COVID Inequalities Integrated Impact Assessment forms the basis on which to build the Health and Well-being Strategy 2022-2027

Theme of : *Addressing health inequalities and building community wealth with whole system thinking.*

HWBS to focus on:

- Community wealth building (the ICP as an anchor institution) with a focus on social value
- Tackling structural racism ensuring equity and fairness, and digital inclusion
- Structures to support healthy work for all
- Whole system level work on climate justice
- Asset and strength-based community development building trust and resilience for other crises
- Place shaping for the wider interconnected determinants of health and capacity to thrive
- Life course approach to prevention of ill-health
- Integration of health and social care: prevention and early intervention focus; Post COVID syndrome; social prescribing
- Coproduced health promotion agenda particularly around physical activity and mental health resilience

Proposed timeline – July to Dec 2021; with intention to publish Jan 2022

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