

Ealing Annual Public Health Report 2020-2021

COVID Inequalities, Integrated Impact Assessment

Executive Summary

March 2022

This Annual Public Health Report includes findings from a COVID Inequalities Integrated Impact Assessment conducted over a 14 month period. It describes the direct and indirect impacts of the COVID-19 pandemic upon the population of Ealing. This work refers to the period during March 2020 – March 2021.

This report helps to illustrate the ways that some groups within our local population have been disproportionately affected by the pandemic, and where existing structural inequalities have been exacerbated.

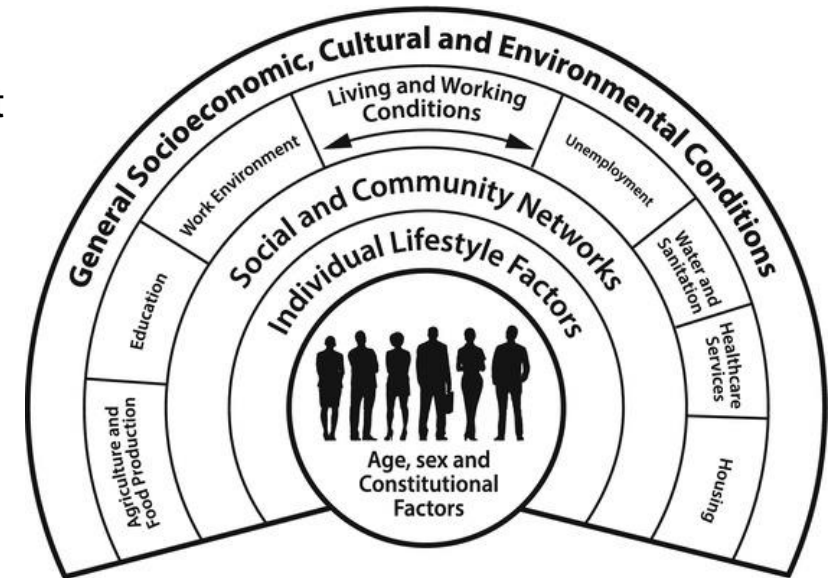
Context and Aims of Integrated Impact Assessment (IIA)

Context

- COVID-19 pandemic has impacted everyone
- But it has also exposed and exacerbated existing health, social and economic inequalities, the roots of which are complex and interdependent
- Recovery from the pandemic provides an opportunity to consider systemic changes to help address the root causes of inequalities

Aims

- To assess a wide range of direct and indirect impacts of the pandemic upon Ealing's population across the life-course, to understand how people have been impacted, including for those most affected
- To raise profile of these impacts and how they connect to the wider determinants of health
- To identify assets and opportunities for whole system solutions
- Make recommendations for short-, medium- and long-term actions, strategy and policy
- Engage with the population of Ealing and to help build trust for collaborative recovery



Source: Dahlgren and Whitehead 1991 and 2007



Ealing Resident and Community Feedback – COVID pandemic

Health services need to move from 'transactional to relational' ways of working together in the future

'Pre-pandemic health gains for the borough (e.g. on diabetes) have been lost, or are at risk of needing to be 'repeated' to get back to where they were.'

'Institutional racism has been felt as an acute problem during the pandemic... pressures of the pandemic made it harder for people to face this with their usual help and coping mechanisms constrained.'

'Ealing Together' helped form new collaborations and partnerships

'Poverty is the underlying cause of inequalities'

The COVID pandemic affected life for everyone. But for some Ealing residents, their lives were affected on many levels from a combination of multiple direct and indirect impacts

Ealing: Impact of COVID and Inequalities (2020-21)



31,482

COVID-19 cases
March 20 - March 21

Frontline Occupations



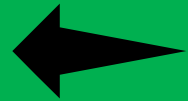
11%

Ealing residents work in
elementary roles, compared to
8% in London



25%

people over 70 years
live with working age adults.
Ealing in top 5 for London



WEST

Higher Infection rates
in West of borough
(particularly Southall
and Greenford)

91.4%



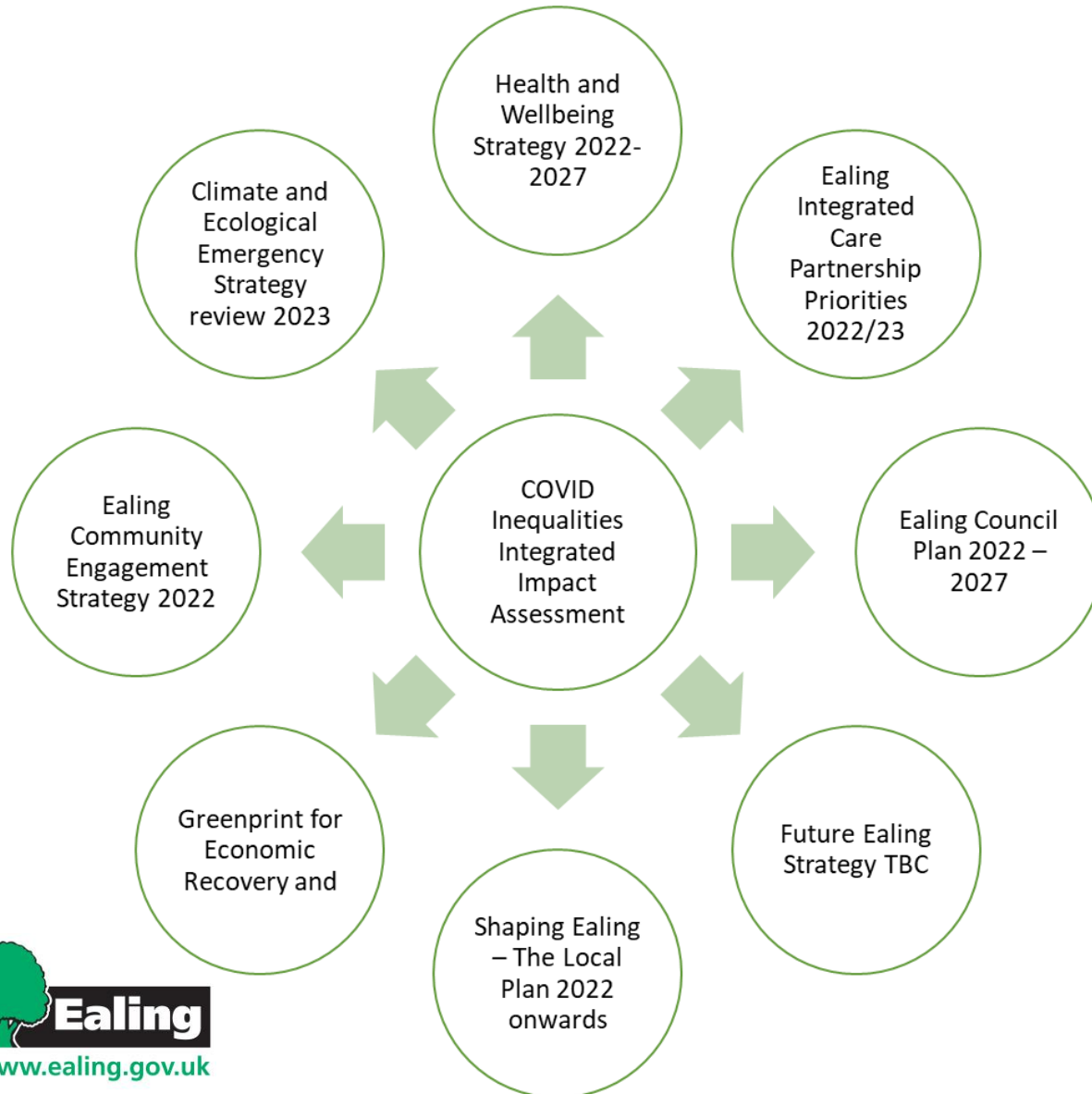
residents hospitalised with
COVID had 1 or more
long term conditions

35%



of Ealing residents with a COVID
diagnosis who died in hospital
had diabetes

Strategic Links



IIA Development process

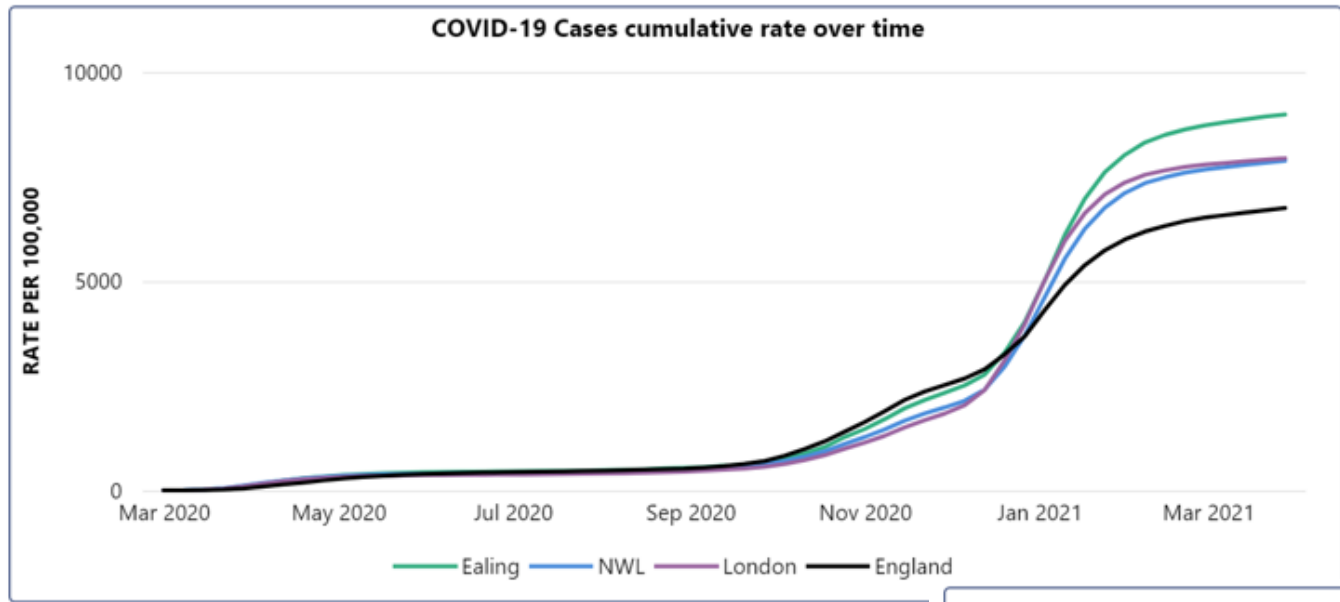
IIA Area	Input and Activity
Community Engagement and consultation	<p>Conversations with community groups, community leaders, voluntary sector organisations and forums</p> <p>4 area task group meetings in March 2021 Acton, Southall, Northolt and Greenford and Perivale</p> <p>Joint reflection on lived experience of inequalities and collective ideas for next steps to tackle these.</p>
Quantitative analysis of COVID data Direct impact	<ul style="list-style-type: none"> • Infection • Severe Illness • Death <p>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</p>
Indirect impact	Involved gathering information on homelessness, employment and job insecurity, digital exclusion and other key areas
Evidence review – national, regional, local (including Race Equality Commission)	
Cross council steering group	

Ealing summary of direct impact of COVID and inequalities: March 2020 - March 2021

Age and sex	Overall 20-59 year olds have been over-represented in those testing positive in Ealing. However, nearly 50% Ealing residents admitted to hospital were 65 years or over (32.6% over 75) Men accounted for 63.9% of all deaths in hospitals compared to 36.1% Women (1 st wave data only) 78.6% of Ealing residents who died in hospital were over 65 years (1 st wave data only)
Long term health conditions	91.4% of Ealing residents admitted to hospital with COVID also had one or more long term conditions. 35% of Ealing residents who died in hospital had diabetes and 62% had more than one long term condition.
Deprivation	In Ealing, higher infection rates appear concentrated in West of the borough (particularly Southall and Greenford). Wards with the highest COVID related hospital admission rates are statistically significantly higher when compared to a group of wards with the lowest COVID related hospital admission rates. A clear gradient exists between the Middle Super Output Areas (MSOAs) with the highest and lowest COVID death rates (x 5 approx.). MSOAs with the highest COVID related death rates are statistically significantly higher when compared to a group of wards with the lowest COVID related death rates.
Ethnicity	Wards with higher proportion of residents identifying as Black Asian or minority ethnicity had higher cumulate infection rates. Asian and Asian British groups appear to be disproportionately affected by hospital admissions for COVID, with a large proportion of those admitted for COVID identifying as 'other ethnic groups'. We would need to review hospital admission rates by ethnicity to draw solid conclusions from this.
Urban Living	In Ealing, 14% households overcrowded - 8 th highest in London (11%), England (4.5%). In Ealing, 8,100 (25%) people over 70 live in a household with working age adults. Ealing in top 5 Boroughs in London
Front line occupations	Ealing has a higher proportion of people employed in low skilled, elementary occupations 11.7% compared to London (8%) and England (10%)

Ealing data: borough level COVID infection

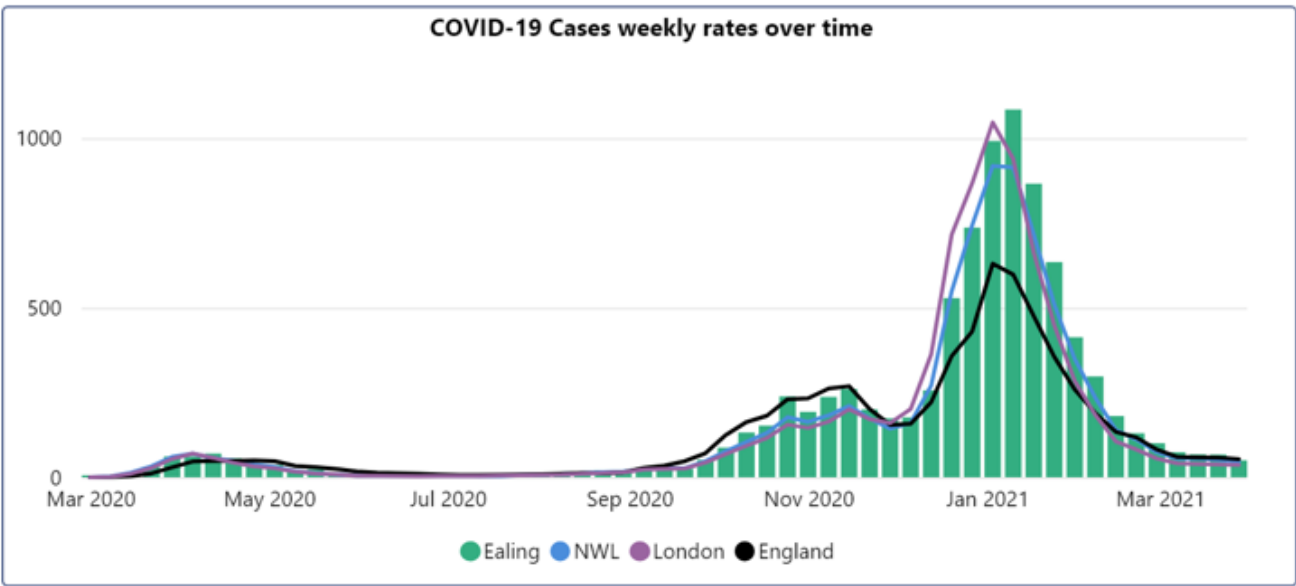
Graph 1. COVID-19 cases cumulative rate per 100,000 over time for Ealing, NWL, London and England



Ealing’s population has been significantly impacted by the COVID-19 pandemic. Between March 2020 and March 2021, Ealing had a total of 31,482 cases of COVID-19 that were confirmed through testing. Since these figures capture only those who were tested (testing was available only in healthcare settings at the start of the pandemic), this will be an underestimation of the overall number of infections experienced by the borough population.

This total number of cases equates to a cumulative infection rate in March 2021 (for the period March 2020 – March 2021) of 9,251.3 per 100,000, which is statistically lower than England, but higher than North West London and London. (graph 1). Both graphs 1 and 2 demonstrate that London’s peak occurred earlier than the rest of the country.

Graph 2: COVID-19 cases weekly rate per 100,000 population over time for Ealing, NWL, London and England

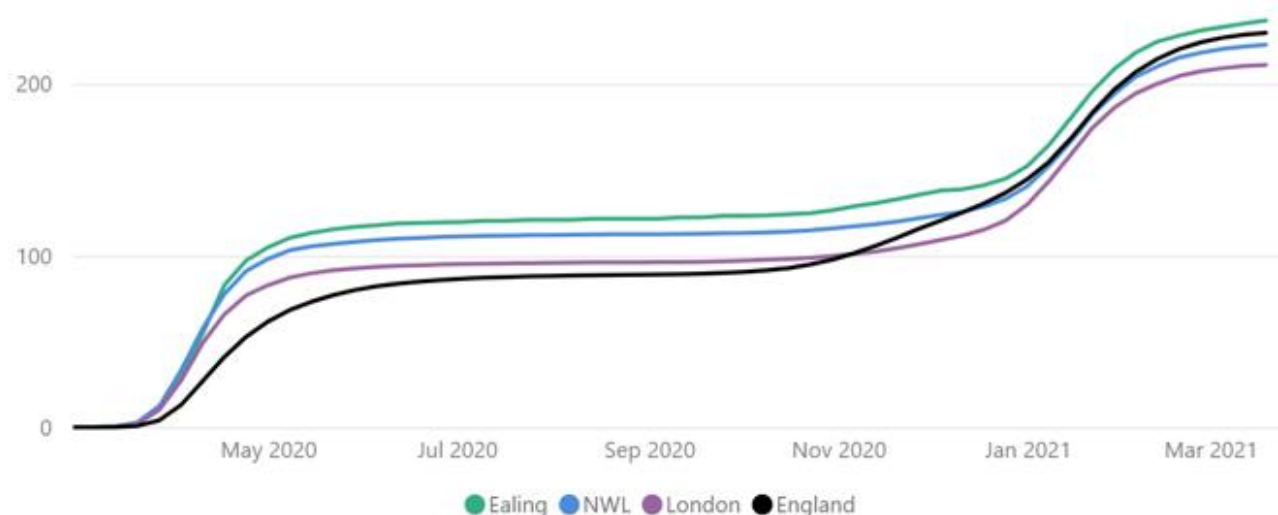


Ealing’s weekly infection rates were as high and comparable to those of North West London region, London as a whole and as England. During January and March 2021, Ealing’s rates were often higher, and for several weeks were one of the highest in London (graph 2.)

There are many reasons for Ealing’s significant impact from the pandemic and comparably worse situation for London overall. These include differences in demography, the burden of long-term health conditions in Ealing, socioeconomics and living conditions, different provisions of care services, testing uptake, and regional differences in transmission.

Ealing data: borough level COVID death

Graph 3: COVID-19 cumulative death rates per 100,000 population over time for Ealing, NWL, London, and England

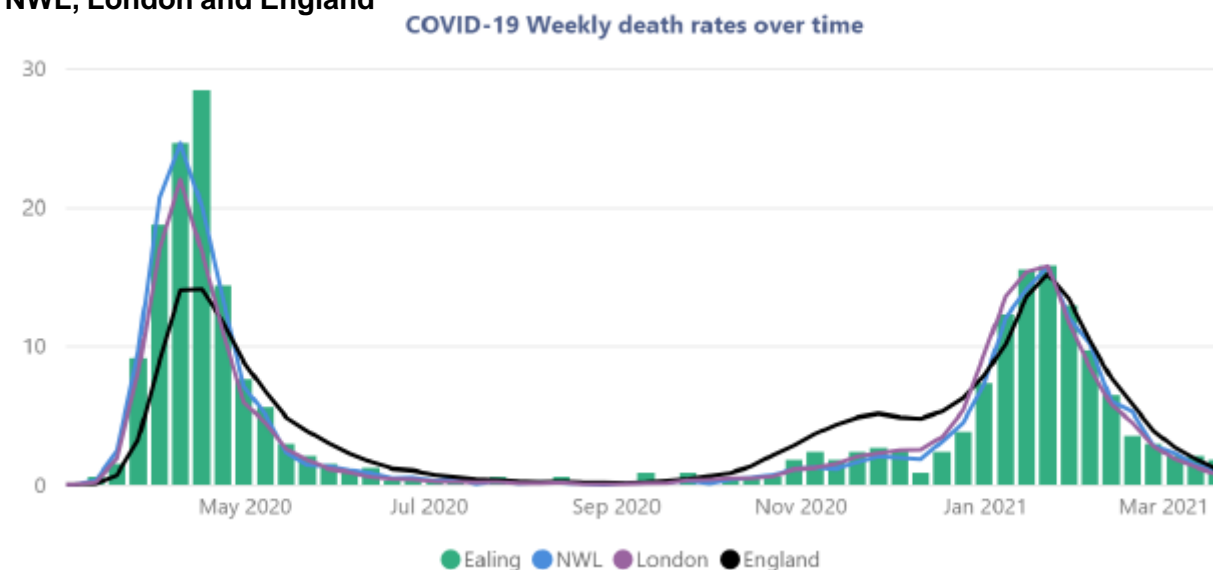


Ealing's population also experienced a high number of COVID-related deaths between March 2020 and March 2021, following the pattern of the two 'waves' of infection.

In the first COVID-19 wave, the peak for mortality in Ealing was statistically higher than NWL, than London and for England. In the second wave, COVID mortality rates for Ealing was statistically similar to that in NWL, London and England.

There will be many reasons for these differences in death rate from COVID-19. Just as for infection risk, it is important to investigate and understand the association between inequalities in Ealing and COVID-19 deaths.

Graph 4: COVID-19 weekly death rates per 100,000 over time for Ealing, NWL, London and England



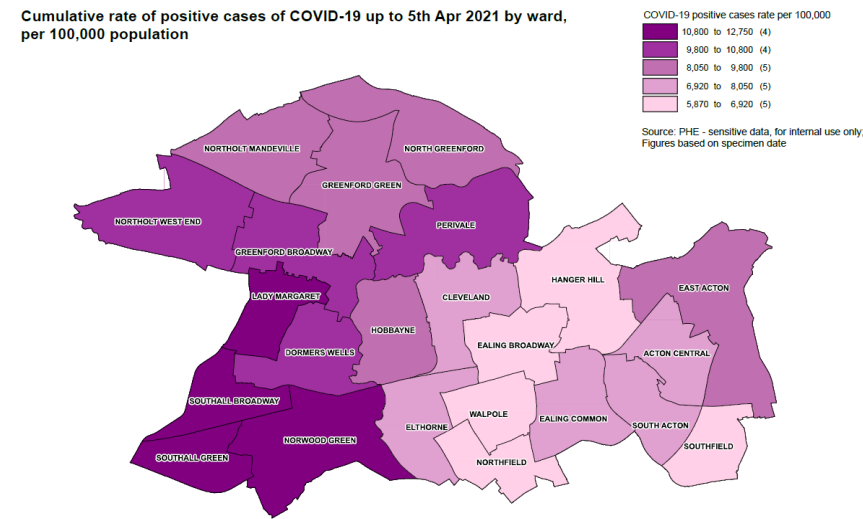
Deprivation impact on COVID infection and death in Ealing

On map 1. the wards with higher cumulative infection rates appear concentrated in the West of the borough (Southall and Greenford) and to a lesser degree Northolt and East Acton.

A similar concentrated pattern is seen with COVID death rates by ward in map 2.

Map 3. offers a visual reference for the areas (LSOAs) with the higher levels of deprivation as per IMD data for 2019. These areas of greatest deprivation appear to correlate with the wards with the highest COVID infection and death rates in maps 1 and 2, indicating that there was great inequality in direct COVID impact in the areas of greatest deprivation in the borough.

Map 1: Cumulative rate of COVID cases per ward per 100,000, up to 5th April 2021

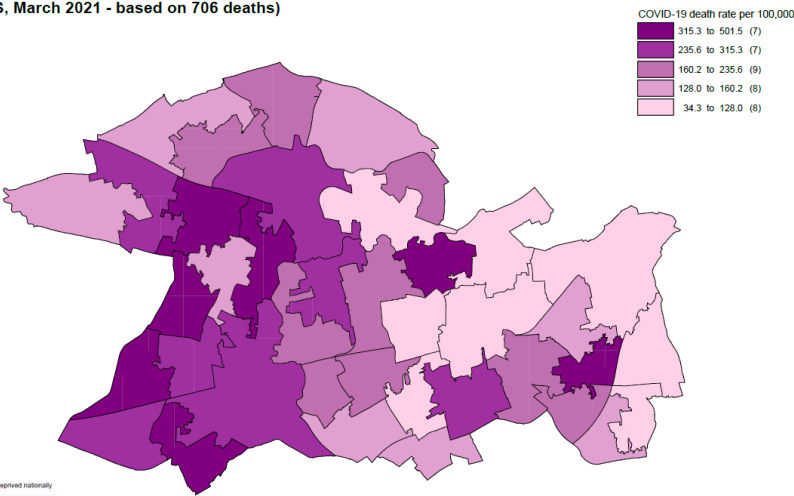


Ealing Strategic Intelligence & Performance Team

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Map 2: COVID-19 cumulative death rate by MSOAs

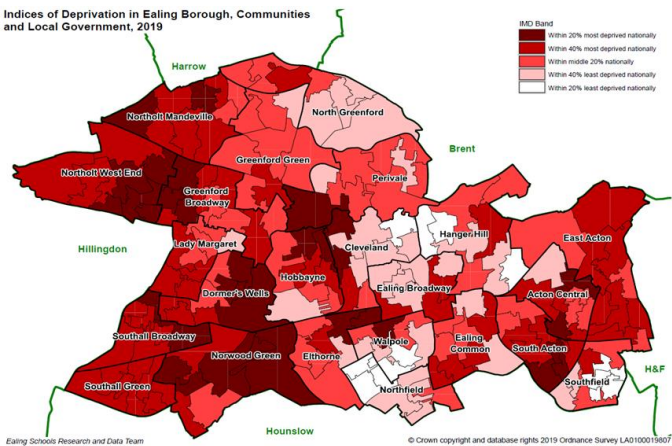
COVID-19 death rate per 100,000 population by MSOAs - deaths registered between 1st March 2020 and 28th February 2021
(Source: ONS, March 2021 - based on 706 deaths)



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Map 3: Indices of Multiple Deprivat
Lower Super Output Areas 2019



Ealing Schools Research and Data Team

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These maps help to illustrate the associations between deprivation, COVID infection rates and risk of COVID-related death. This highlights the need to **focus on inequality and the wider determinants of health**, in factors such as economy, income and deprivation during **recovery from the pandemic**

The same pandemic, unequal impacts: How people are experiencing the pandemic differently

It's been clear from the early stages of the COVID-19 pandemic that some groups are more affected than others.



People living in the poorest areas are at higher risk from COVID-19

People in the most affluent areas are **50% less likely** to die of COVID-19 than those in the poorest areas.



Black and minority ethnic communities are more affected by COVID-19

People of black ethnicity are **4 times as likely** to die from COVID-19 compared to people of white ethnicity.



Disabled people have been hit particularly hard

Disabled people have experienced death rates **2 to 3 times higher** than non-disabled people.



Young people are most likely to lose employment

One in three of 18–24-year-olds have been furloughed or lost their job – **twice the rate** of working-age adults.



Health and social care workers have an increased risk of adverse mental health outcomes

4 in 5 social care workers in Scotland reported their work during COVID-19 negatively impacted their mental health.

The COVID-19 impact inquiry is exploring the different ways the pandemic, and the national response to it, are affecting health and health inequalities in the UK.

Find out more at health.org.uk/covid-19-impact-inquiry

COVID and beyond – achieving equality together . . . March 2021



Actions adopted during the COVID pandemic response

Examples: immediate actions implemented during COVID response

Engage with Ealing’s Black, Asian and Minority Ethnic and disadvantaged populations to ensure their experiences inform the ongoing pandemic response and recovery – through area task group meetings and EACH consortium

Care homes - Maintain effective multi-agency response at varying degrees of intensity (IPC, outbreak management, market & staffing, testing, PPE, vaccinations, enhanced GP support)

Tackle issue of digital exclusion ensuring people are able to access key advice, services and support.

Maintain strong operational response with health partners particularly for the COVID vaccination delivery

Continue to communicate clear and consistent messaging from national guidance especially to older people and people with health conditions in Ealing.

Target asymptomatic testing in groups to achieve most impact (e.g. occupation/geography)

Vaccination delivery - work with partners to ensure access and engagement is targeted to the most vulnerable.

Informing future ways of working

Principles for future cross-system working have been developed with partners

Informed by learning and experiences from the COVID-19 pandemic

Ealing System wide Principles of Working on Health Inequalities - Summary

Community Participation and ownership - Prioritise a truly participatory model of community engagement that is open, transparent and inclusive

Whole systems approach for health, wellbeing and community support – with common goals to reduce inequalities and to improve outcomes

Tackle structural racism - Identify structural racism and unconscious bias and deliver 2022 Race Equality Commission report recommendations

Use learning from the COVID pandemic - to improve addressing health inequalities, improve community engagement and targeted provision

Tackle and prevent digital exclusion - Promote and help build local digital skills and accessibility. Ensure non-digital options are there for those who need them

Tackle the causes of the causes - Identify and address root causes of inequalities to strengthen local capacity to thrive.

Prioritise prevention – Work to tackle the immediate issues, and also focus on independent living, prevention and early intervention of ill-health.

Embed equity and fairness and Improve local data collection – to support monitoring and evaluation of services for addressing health inequalities

Prioritise hyperlocal - Prioritise hyperlocal place-based needs assessment, community engagement, and strategy development

Work across the life course – from birth through to older age, to help ensure a commitment to longer-term prevention and early intervention.

Prioritise accessibility for all - to ensure age-friendly, disability-inclusive urban spaces, services, and opportunities in the borough

Incorporate action to address the unequal impact from climate change

Set an intention to tackle poverty locally, and also lobby to tackle poverty and inequality nationally

Take full responsibility as anchor institutions – Prioritise the building of community wealth; support and influence employers and workplaces

Promote and support volunteering – harness and build upon the local community networks and ties that grew during the pandemic response

Acknowledgements

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- Ealing Council Elected Members, including Councillor Aysha Raza and Councillor Josh Blacker

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