

# COVID-19 Health and Wellbeing Impact Assessment (March – September 2020)

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## Contents

Executive summary .....	2
Health and Wellbeing Impacts of the COVID-19 pandemic.....	5
Health and Wellbeing Impacts of the COVID-19 pandemic in Buckinghamshire .....	18
1. Overview of COVID-19 hospital admissions to Buckinghamshire Healthcare NHS Trust (up to 13 <sup>th</sup> May 2020) .....	19
2. Results from the Buckinghamshire Coronavirus Health and Wellbeing Survey.....	21
3. Results from the Buckinghamshire Schools Mental Health and Wellbeing Online Pupil Survey.....	25
4. Findings from Behavioural Insights interviews.....	29
5. Findings from the Buckinghamshire Disability Service (BuDS) Surveys.....	37
6. Findings from Members survey .....	39
7. Insights from Member interviews .....	41
8. Local Health and Inequality Impact Assessment .....	43

## Executive summary

### *Introduction*

The COVID-19 pandemic has had a major impact on the health and wellbeing of our society. As well as the direct impacts of COVID-19 disease, the social distancing and lockdown measures have had a huge impact on individuals, households and communities through the restrictions imposed on our everyday social and economic activities. However, the impacts of COVID-19 have not been felt equally – a recent review by Public Health England on the health impacts associated with the pandemic concluded that “the impact of COVID-19 has replicated existing health inequalities, and in some cases, has increased them”.

This paper aims to provide a summary of both the direct and indirect health and wellbeing impacts of the COVID-19 pandemic in Buckinghamshire, in the context of what the evidence tells us the impacts have been nationally. The views and experiences of a wide range of Buckinghamshire residents, stakeholders and elected Members have been sought to understand what the impacts have been in our local communities. The time period covered by this paper is until the end of September 2020.

### *Key findings*

#### *Direct impacts*

COVID-19 presents with a range of symptoms of varying severity, although it is also recognised that some people with the infection do not develop any symptoms but are still able to infect others. Of people who develop symptoms, approximately 80% have mild to moderate symptoms, 15% have significant disease including severe pneumonia, and 5% experience critical disease with life threatening complications. The risk of developing severe disease if infected is much higher for individuals from certain groups. These include older individuals, those from Black, Asian and Minority Ethnic (BAME) groups, those living in more deprived areas, those working in certain occupations (e.g. social care and taxi drivers) and those with certain pre-existing conditions (e.g. obesity, diabetes and heart disease).

Up until the end of September there had been 419 COVID-19 deaths in Buckinghamshire residents. Local data from Buckinghamshire Hospitals NHS Trust show that older individuals were more likely to be admitted to hospital and have a poorer outcome following infection. Individuals admitted to hospital from BAME groups were more likely to be younger than White individuals and were also more likely to require intensive care. Buckinghamshire residents living in the most deprived areas who were admitted to hospital were also more likely to be younger than those from the least deprived areas. **A targeted local approach for these groups in Buckinghamshire may be required to prevent further disproportionate impacts in the event of recurrent waves of infection.**

There is also growing evidence of individuals suffering with long-term health effects following COVID-19 infection. Around 10% of individuals with a mild illness (not requiring hospital treatment) have reported symptoms, such as shortness of breath, fatigue and muscle pain, lasting more than 4 weeks. For individuals with more severe illness (requiring hospital treatment), symptoms may persist for 8 or more weeks following discharge. These individuals may require longer-term support and rehabilitation following a COVID-19 infection. **Local services may be required to provide rehabilitation and co-ordinate the physical and psychological recovery for Buckinghamshire residents suffering with long-term health effects of COVID-19 infection.**

### Indirect impacts

A range of different methods were used to capture the information needed to assess the indirect health and wellbeing impacts of the COVID-19 pandemic in Buckinghamshire. These included an engagement exercise with local stakeholders and service providers, residents' surveys, a series of behavioural insights interviews conducted with individuals from particularly vulnerable groups and a survey and interviews with members to understand the concerns raised to them by their constituents.

Taken together, the indirect health and wellbeing impacts of the pandemic in Buckinghamshire were broadly consistent with what had been seen nationally.

The impact of the pandemic on **mental health** was consistently highlighted as being an area of concern. Many of those with pre-existing mental health conditions have reported a worsening of their conditions. Feelings of anxiety and low mood have been common during the pandemic, with young adults, women and those who are more deprived being particularly affected.

Evidence suggests that the lockdown measures caused an increase in **social isolation** and **loneliness**, both of which are risk factors for poor physical and mental health. Certain profiles of people were found to be particularly affected including older individuals, those living alone and those with long term conditions or shielding. In addition, individuals without access to the internet were increasingly isolated as communication became increasingly digital during the lockdown.

Lockdown impacted on **health behaviours** in different ways. Many people, particularly those in younger age groups, have tried to stop smoking. Those who drink the least alcohol have tended to drink less but those who drink more alcohol have tended to drink more. Weight gain has been reported in a significant proportion of the population, which may be partly attributable to increased snacking. Any changes in physical activity seem to have varied according to age groups. Children seem to have done less physical activity overall, likely due to school closures. A higher proportion of younger adults have reported doing more physical activity during the lockdown period compared to older adults.

The COVID-19 pandemic will have impacted all **children and young people** in different ways. The prolonged closure of schools is likely to have widened the educational attainment gap between children in the most and least deprived areas. Differences in amounts of support and engagement with remote schoolwork may help to explain these findings. The closure of childcare settings and schools has also meant that some children may have lost access to a place of safety. Prospects for school leavers have also been severely impacted by the pandemic, with fewer jobs available for those who have recently left full time education.

The impact of the COVID-19 pandemic has **disproportionately affected different groups within the population**. As well as the groups identified above who are at greater risk of the direct health impacts of the virus, the pandemic is also likely to have a greater detrimental impact on the health and wellbeing of those who were already more vulnerable prior to the pandemic. Such groups include those with dementia, those with physical or learning disabilities, those with autism, those with existing mental health illnesses, those with a history of substance misuse and those who act as informal carers.

The pandemic has also had a major impact on the wider range of **social, economic and environmental factors** that affect our health and wellbeing. There have been some positive impacts on community spirit and local volunteering, and on the environment due to lower emissions early on in the pandemic. However, the pandemic has caused a profound negative impact on the economy which will adversely affect the job security, incomes and debt levels of many Buckinghamshire residents – all of these factors have the potential to worsen mental and physical health.

**Access to health and social care** during the pandemic has been disrupted significantly. There are concerns that both prevention services (e.g. screening and immunisations) and emergency care (e.g. attendances at Emergency Departments) have been affected. Residents who avoided seeking healthcare during the pandemic when required may suffer with complications in the longer-term, and local health service provision may need to take this potential future demand into account.

### *Conclusions*

As we move from the response phase into recovery, understanding the direct and indirect health and wellbeing impacts of the pandemic on individuals, households and communities in Buckinghamshire will be crucial in helping us to develop and implement an effective local health and wellbeing recovery plan.

By providing a summary of what the national evidence tells us in conjunction with the local impacts felt by Buckinghamshire residents and communities to date, this paper aims to assist with the development of priorities and mitigating actions to support recovery.

## Health and Wellbeing Impacts of the COVID-19 pandemic

### ***Introduction***

The COVID-19 pandemic has impacted the health and wellbeing of communities both nationally and locally. As well as the direct health impacts of COVID-19 infection on affected individuals, the indirect health impacts of the social distancing and lockdown measures that have been implemented are equally important to consider. Whilst these measures have been successful at reducing COVID-19 transmission and infection rates, they have also had a huge impact of their own on individuals, households and communities through the restrictions imposed on our everyday activities. The aim of this section is to present an overview of the health and wellbeing impacts of the COVID-19 pandemic, considering both the direct and indirect impacts.

### ***Direct health and wellbeing impacts***

COVID-19 presents with a range of symptoms of varying severity, although it is also recognised that some people with the infection do not develop any symptoms but are still able to infect others. Of people who develop symptoms, approximately 40% have mild symptoms without hypoxia (problems with the level of oxygen in the blood) or pneumonia, 40% have moderate symptoms and non-severe pneumonia, 15% have significant disease including severe pneumonia, and 5% experience critical disease with life threatening complications<sup>1</sup>. As the pandemic has evolved it is now clear that COVID-19 doesn't just attack the respiratory system as was initially thought. The virus can cause widespread inflammation which can affect different organs in the body resulting in kidney disease, heart disease and strokes. Since March 2020, there have been nearly 54,000 extra deaths in England over the five-year average, with COVID-19 accounting for over 90% of these extra deaths<sup>2</sup>. The majority (~75%) of these excess deaths have occurred in people aged 75 years and over, and of these deaths, approximately 4 in every 10 have been in care home residents.

There is also growing evidence of a number of individuals with mild to moderate COVID-19 infection who are reporting lasting effects of the infection, or who have had the usual symptoms for far longer than would be expected. Around 10% of mild COVID-19 cases who were not admitted to hospital have reported symptoms lasting more than 4 weeks<sup>3</sup>. For people admitted to hospital, these prolonged effects may be even more common; one study in Italy found that nearly 9 in 10 patients (87%) who were discharged from hospital after recovering from COVID-19 were still experiencing at least one symptom 60 days after their illness began. Fatigue and joint pain were among the most common ongoing symptoms, and 2 in 5 of patients reported a worse quality of life after their illness. These prolonged effects

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<sup>1</sup><https://www.gov.uk/government/publications/wuhan-novel-coronavirus-background-information/wuhan-novel-coronavirus-epidemiology-virology-and-clinical-features#clinical-features>

<sup>2</sup><https://fingertips.phe.org.uk/static-reports/mortality-surveillance/excess-mortality-in-england-latest.html>

<sup>3</sup>[COVID-19: long-term health effects - GOV.UK](https://www.gov.uk/government/news/covid-19-long-term-health-effects)

have been termed “long covid” and ongoing research is being performed to better understand what proportion of those with COVID-19 infection are affected and what ongoing support these individuals may require. Evidence so far suggests that survivors of COVID-19 who have on-going health problems may require long-term rehabilitation and support to recover from the effects of the virus<sup>4</sup>. The NHS has launched an online COVID recovery plan to help individuals who require longer term support and rehabilitation following a COVID-19 infection<sup>5</sup>.

Some individuals are at greater risk of poorer outcomes following COVID-19 infection and a number of risk factors have been identified so far. A recent review by Public Health England (PHE)<sup>6</sup> showed that people who were 80 years or older were seventy times more likely to die than those under 40. Those in Black, Asian and Minority Ethnic (BAME) groups were more likely to die compared to White ethnic groups. People of Bangladeshi ethnicity had around double the risk of death, and people of Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity had between 10 and 50% higher risk of death. Death rates in the most deprived areas were more than double the least deprived areas for both men and women. Other risk factors for poorer outcomes following COVID-19 infection included working in certain occupations (e.g. social care and taxi and minicab drivers) and being homeless. The PHE review concluded that “the impact of COVID-19 has replicated existing health inequalities, and in some cases, has increased them”. More recently, obesity has also been identified as an important risk factor for COVID-19, both for testing positive for the infection and also having a higher risk of serious complications and death following infection<sup>7</sup>. One large study reported that of patients hospitalised in UK hospitals, there was a 33% increased risk of death for those who were obese, compared with those who were not.

### ***Indirect health and wellbeing impacts***

The social distancing and lockdown measures implemented during the COVID-19 pandemic are likely to affect the health and wellbeing of populations in numerous ways. These impacts may be because of the lockdown measures themselves, or because of the way individuals have changed their behaviour in response to the pandemic. Crucially, many indirect health and wellbeing impacts are likely to be longer lasting than the direct impacts and are also likely to be wider reaching. These indirect impacts may also disproportionately affect more vulnerable groups within the population. In this section the impacts of the pandemic on (i) mental health and personal wellbeing; (ii) social isolation and loneliness; (iii) health

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<sup>4</sup><https://www.england.nhs.uk/2020/07/nhs-to-launch-ground-breaking-online-covid-19-rehab-service/>

<sup>5</sup>[What Next? | Your COVID Recovery](#)

<sup>6</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/908434/Disparities\\_in\\_the\\_risk\\_and\\_outcomes\\_of\\_COVID\\_August\\_2020\\_update.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908434/Disparities_in_the_risk_and_outcomes_of_COVID_August_2020_update.pdf)

<sup>7</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/907966/PHE\\_insight\\_Excess\\_weight\\_and\\_COVID-19\\_FINAL.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/907966/PHE_insight_Excess_weight_and_COVID-19_FINAL.pdf)

behaviours; (iv) children and young people; (v) vulnerable population groups; (vi) wider determinants of health; and (vii) access to health and social care are considered.

### *Impact on mental health and personal wellbeing*

It is expected that that mental ill health will increase widely as a result of both the direct impact of COVID-19 infection and through the impact of lockdown. Mental ill-health may occur as a result of multiple aspects related to the pandemic, including worry and anxiety about COVID-19, the effects of quarantine and home isolation, financial insecurity and bereavement due to the deaths of friends and family.

Children and young people across the UK have had their lives turned upside down by the COVID-19 pandemic. A survey of 13 – 25 year olds with a history of mental health needs by Young Minds found that 80% of respondents stated that the coronavirus pandemic had made their mental health worse, and 31% said they were no longer able to access support but still needed it<sup>8</sup>. Conversely, 1 in 10 respondents said that their mental health had improved during the pandemic, often because they felt it was beneficial to be away from the pressures of their normal life (e.g. bullying or academic pressures at school). Loneliness has been a challenge for some children and young people. Children and young people have felt less able to cope with not being able to see their friends, compared with some other aspects of life during the pandemic. While many children have retained some access to support for their mental health during this period, a lack of access or disruption to support during the pandemic has been reported by families to be associated with worse mental health and wellbeing for some children and young people with existing needs<sup>9</sup>. Certain characteristics of children and young people may also be associated with different impacts on mental health and wellbeing during the pandemic. For example, some evidence suggests that children and young people from BAME backgrounds have experienced a higher rate of mental health and wellbeing concerns. Young people with existing mental health conditions may also be more affected. Parents have reported that children and young people with Special Educational Needs and Disabilities (SEN(D)) have been negatively affected by the pandemic. Children and young people in low income families also may have had less access to technology to communicate with friends and have been more likely to have lost their routine and sleep, all of which are protective factors in children and young people's wellbeing<sup>9</sup>.

For adults, there is evidence that self-reported mental health and wellbeing has worsened during the COVID-19 pandemic. Psychological distress appeared to peak in April 2020. There is some evidence of recovery since April, but not yet to pre-pandemic levels<sup>10</sup>. A survey by

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<sup>8</sup><https://youngminds.org.uk/about-us/reports/coronavirus-impact-on-young-people-with-mental-health-needs/>

<sup>9</sup><https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report/7-children-and-young-people>

<sup>10</sup><https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report/2-important-findings-so-far>

the Office of National Statistics (ONS) found that the proportion of adults in the UK likely to be experiencing depressive symptoms doubled from around 1 in 10 before the pandemic to 1 in 5 during the pandemic<sup>11</sup>. Another survey by the ONS earlier in the pandemic found that more than two thirds of adults in the UK (69%) reported feeling somewhat or very worried about the effect COVID-19 is having on their life<sup>12</sup>. The most common issues affecting wellbeing were worry about the future, feeling stressed or anxious and feeling bored.

Groups have not been equally impacted as there is evidence that the COVID-19 pandemic has had a larger adverse impact on the mental health and wellbeing of particular groups<sup>10</sup>. Young adults (aged between 18 and 34) and women have been more likely to report worse mental health and wellbeing during the pandemic compared to older adults and men. This is similar to pre-pandemic levels, but the differences may have increased. Evidence so far suggests that women are more likely to have made larger adjustments to manage housework and childcare during the lockdown than men, and these adjustments are associated with increased distress. Women also report having more close friends than men, and a larger increase in loneliness during the pandemic as a result. There is also evidence that adults living with children have been more likely to report worse mental health than adults living without children, with lone mothers particularly vulnerable. Adults with pre-existing mental health conditions have reported higher levels of anxiety, depression and loneliness than adults without pre-existing mental health conditions. A greater proportion of adults with low household income or living in more deprived areas reported symptoms of anxiety and depression compared to adults with higher incomes or in less deprived areas. Adults who were not in employment were also more affected, with having some paid work or continued connection to a job being associated with better mental health than not having any work<sup>10</sup>.

There are also concerns that there may be a surge of exacerbated and untreated mental illness following the pandemic. The Royal College of Psychiatrists reports that almost half of psychiatrists have seen increases in urgent and emergency cases during lockdown, but also that a similar proportion have seen falls in routine appointments. Therefore, there are fears that people are staying away until they reach crisis point, and mental health providers are already reporting significant increases in demand and severity of new referrals<sup>13</sup>. Based on experiences from previous epidemics and the aftermath of the 2008 financial crisis, around half a million more people in the UK may experience a mental health difficulty over the next year as a result of the pandemic<sup>14</sup>. Importantly, evidence suggests that periods of economic

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<sup>11</sup><https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/coronaviruscovid19roundup/2020-03-26#depression>

<sup>12</sup><https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/coronaviruscovid19socialimpactsongreatbritain/5june2020>

<sup>13</sup><https://www.health.org.uk/news-and-comment/blogs/emerging-evidence-on-covid-19s-impact-on-mental-health-and-health>

<sup>14</sup>[https://www.centreformentalhealth.org.uk/sites/default/files/2020-05/CentreforMentalHealth\\_COVID\\_MH\\_Forecasting\\_May20.pdf](https://www.centreformentalhealth.org.uk/sites/default/files/2020-05/CentreforMentalHealth_COVID_MH_Forecasting_May20.pdf)



recession appear to increase overall suicide rates<sup>15</sup>. Following the 2008 financial crash there was an increase in suicide rates in England, with an extra 846 suicides in men and 155 suicides in women when taking into account previous trends in suicide rates. The study authors reported that the fact that there was such a sharp rise in male suicide may suggest that men are more vulnerable to the adverse effect to mental health that unemployment and job insecurity can bring<sup>16</sup>.

### *Social isolation and loneliness*

A major adverse consequence of the COVID-19 pandemic is likely to be increased social isolation and loneliness, both of which are risk factors for poor mental and physical health. Loneliness and social isolation can be the catalyst for many mental health problems, including acute stress disorders, irritability, insomnia and mood disorders e.g. depression. Lockdown has brought social isolation to many, particularly people living alone or those who have been shielding. Social isolation and loneliness can affect all members of society, but certain profiles of people may be at particular risk including older individuals, those living alone and those with long term conditions<sup>17</sup>. Those without access to the internet may also be at higher risk of social isolation and loneliness as during the lockdown, many people turned to the internet for shopping, socialising and accessing services like medical treatment. Recent figures from the ONS show that at that start of this year a fifth (20%) of individuals aged over 65 and living alone did not have internet access<sup>18</sup>. However, children and young people have also been affected during the pandemic with one survey of 13 – 25 year olds finding that nearly 9 in 10 respondents had felt lonely or isolated during the lockdown period, even though 71% had been able to stay in touch with friends<sup>19</sup>.

An ONS survey conducted in April found that the proportion of people reporting they feel lonely often or always during lockdown was similar to pre-pandemic, at around 5% (2.6 million people)<sup>20</sup>. But groups that have been disproportionately affected by loneliness include working age adults living alone, those in poor health, and people in rented accommodation. It is also important to note that social isolation has the potential for detrimental effects other than loneliness. There have, for example, been serious concerns about victims of domestic abuse being locked down with perpetrators.

### *Impact on health behaviours*

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<sup>15</sup><https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4473496/pdf/WJP-5-243.pdf>

<sup>16</sup>[Recession linked to rise in suicides - NHS](#)

<sup>17</sup><https://www.iriss.org.uk/resources/esss-outlines/covid-19-social-isolation-and-loneliness>

<sup>18</sup><https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/coronavirusandlonelinessgreatbritain/3aprilto3may2020>

<sup>19</sup><https://youngminds.org.uk/about-us/reports/coronavirus-impact-on-young-people-with-mental-health-needs/>

<sup>20</sup><https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/coronavirusandlonelinessgreatbritain/3aprilto3may2020>

The impact of the COVID-19 pandemic on health behaviours is linked to the impact of the pandemic on the wider determinants of health, as adverse impacts on these wider determinants can be associated with the adoption of unhealthy behaviours. Additionally, increased amounts of boredom or stress, for example linked to social isolation or loneliness, can lead to unhealthy behaviours developing such as overeating, smoking or using alcohol and drugs more often<sup>21</sup>.

Lockdown has impacted on health behaviours in different ways. People who were drinking more alcohol the most often before lockdowns are also the ones who are drinking alcohol more often and in greater quantities on a typical drinking day. People already drinking alcohol the least often have cut down in the greatest number. The impacts on smoking appear to be more positive with smoking prevalence among adults in England at a record low of 13.9%<sup>22</sup>. Data from the UCL Smoking Toolkit Study show that in England in 2020 there has been an increase of nearly a quarter (22%) in quit attempts compared to 2019, and an increase of almost two-thirds in the quitting success rate from 14% to 23%. Action on Smoking and Health (ASH) has calculated that over a million people stopped smoking during the lockdown, and almost half a million more were trying to quit<sup>23</sup>. However, there is much variation by age, with younger smokers quitting at a much greater rate than older smokers. It is important to note that younger smokers are also more likely to relapse and start smoking again and so should be offered continued support. Older smokers are more likely to have health conditions which place them at higher risk from COVID-19, such as diabetes and heart disease.

With regards to diet, research from the UK COVID Symptom Study app suggests that almost a third (29%) of those surveyed gained weight since March 2020<sup>24</sup>. People whose snacking had increased during the lockdown period reported an average weight gain of 3kg. Physical activity behaviours among children and adults have also been disrupted by lockdown. For children, physical activity levels have been lower in lockdown. According to a survey of parents and carers, less than 2 in 10 children under 16 were doing an hour or more of physical activity on a typical day. Around 4 in 10 children were reported to have been doing less than half an hour of physical activity a day, and 1 in 14 (7%) doing nothing to stay active during lockdown<sup>25</sup>. For adults, a survey conducted in April found that changes in physical activity levels during lockdown varied by groups. While 40% of respondents aged 18 – 24 were doing more physical activity than usual, this figure was 26% for those aged 35 – 44, 21% for those aged 55-64 and 17% for those aged over 65<sup>26</sup>.

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<sup>21</sup><http://files.kff.org/attachment/Report-Loneliness-and-Social-Isolation-in-the-United-States-the-United-Kingdom-and-Japan-An-International-Survey>

<sup>22</sup>[Surge in smokers trying to quit see increased success rates in 2020 - GOV.UK](https://www.gov.uk/government/news/surge-in-smokers-trying-to-quit-see-increased-success-rates-in-2020)

<sup>23</sup><https://ash.org.uk/media-and-news/press-releases-media-and-news/pandemicmillion/>

<sup>24</sup><https://covid.joinzoe.com/post/lockdown-weight-gain#:~:text=People%20whose%20snacking%20had%20increased,weight%20gain%20of%20%20kg.>

<sup>25</sup>[https://www.activecumbria.org/files/6715/9489/1306/Childrens\\_experience\\_of\\_physical\\_activity.pdf](https://www.activecumbria.org/files/6715/9489/1306/Childrens_experience_of_physical_activity.pdf)

<sup>26</sup><https://www.statista.com/statistics/1119612/physical-activity-done-during-lockdown-in-the-uk/>

### *Impact on children and young people*

The COVID-19 pandemic will have impacted all children and young people in different ways. Similar to the impact on mental health described above, the impact on other aspects of their lives will also depend on various factors including age, family support network and level of deprivation.

### *Educational attainment and future job prospects*

The prolonged closures of schools during the pandemic will have impacted all school age children. A recent survey from the National Foundation for Education Research<sup>27</sup> found that nearly all teachers estimated that their pupils are behind in their curriculum learning, with the average estimate being three months behind. Pupils in more deprived areas were worst hit, as teachers in the most deprived schools were over three times more likely to report that their pupils were four months or more behind in their curriculum learning than teachers in the least deprived schools. The survey results also suggest that the gap in England between some pupils and their wealthier peers could have widened by 46% in the latest school year.

Differences in amounts of support and engagement with remote schoolwork may help to explain these findings. For example, a survey by the Institute of Fiscal Studies<sup>28</sup> found that 64% of secondary pupils in state schools from the most affluent households are being offered active help from school, such as online learning, compared to 47% from the poorest households. Furthermore, pupil engagement is lower in schools with the highest levels of deprivation. A report from the Sutton Trust also found that children from better-off families are spending more hours a day on home learning than those from poorer families<sup>29</sup>. The same report also showed that access to appropriate electronic devices to learn at home is also problematic. In the most deprived schools, 15% of teachers reported that more than a third of their students would not have adequate access to an electronic device for learning from home, compared to only 2% in the most affluent state schools. Therefore, these data taken together suggest that the pandemic may further widen the educational attainment gap that already exists between children in the least and most deprived socioeconomic groups.

Prospects for school leavers have also been severely impacted by the pandemic. Experience from previous crises suggests that when unemployment rises across the population (e.g. during a recession), the effects are more severe for those who have only recently left full-

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<sup>27</sup><https://www.nfer.ac.uk/news-events/press-releases/report-highlights-challenges-facing-schools-and-pupils-in-september-2020/>

<sup>28</sup><https://www.ifs.org.uk/publications/14848>

<sup>29</sup><https://www.suttontrust.com/our-research/covid-19-and-social-mobility-impact-brief/>

time education. A study by the Resolution Foundation<sup>30</sup> reported that although the overall unemployment rate rose from 5.2% to 8.5% as a result of the 2008 financial crisis, the effects for recent education leavers were much larger. Over the same time period, unemployment among those who had left education with GCSE-equivalent qualifications over the previous two years rose from 22% to 32%. The report also notes that while the realities of being unable to find work are damaging for these young people in real time, the experience can also scar a young person's employment and pay for years to come.

### *Adverse childhood experiences*

Accumulation of adverse experiences during childhood, including exposure to violence in the home, can lead to negative effects later in life. The closure of childcare settings and schools has meant that some children may have lost access to a place of safety. Research by the Early Intervention Foundation (EIF)<sup>31</sup> noted that the ability of services to support children and families have been seriously affected at the very time that these families are facing even greater challenges. As lockdown conditions are eased, schools and early year provision reopen and universal services start to operate more normally, the EIF expect the full extent of the impact of vulnerable children and families to come to light. They anticipate that there is likely to be a rapid increase in referrals to children's social care and other acute services and that there may also be a significant spike in referrals to early help<sup>32</sup>.

### *Impact on vulnerable population groups*

The impact of the COVID-19 pandemic has disproportionately affected different groups within the population. A recent review<sup>33</sup> by Public Health England concluded that the impact of COVID-19 "has replicated existing health inequalities and, in some cases, has increased them".

In terms of the direct impact of COVID-19 infection, this review found that the largest disparity was by age, with older age being a major risk factor for more severe disease and death from COVID-19 infection. However, there were also important disparities by gender (increased risk with male sex), level of deprivation (increased risk in more deprived groups) and ethnicity (increased risk among BAME groups). Additional groups identified in which the direct impact of the pandemic may be greater included people born outside the UK and Ireland, those working in certain occupations (e.g. caring occupations, taxi and minicab drivers and security guards) and other groups, including rough sleepers, migrants and the traveller community. Individuals with certain long-term conditions have also been identified as having poorer outcomes following COVID-19 infection. These conditions include obesity, high blood pressure and heart disease, diabetes and certain respiratory diseases.

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<sup>30</sup><https://www.resolutionfoundation.org/app/uploads/2020/05/Class-of-2020.pdf>

<sup>31</sup><https://www.eif.org.uk/blog/the-impact-of-covid-19-on-education-and-childrens-services>

<sup>32</sup><https://www.eif.org.uk/report/covid-19-and-early-intervention-understanding-the-impact-preparing-for-recovery>

<sup>33</sup><https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes>

In addition to these groups, the pandemic is also likely to have a greater detrimental impact on the health and wellbeing of those who were already more vulnerable prior to the pandemic. Such groups may include those with dementia, those with learning disabilities, those with autism, those with existing mental health illnesses, those with a history of substance misuse and those with act as informal carers. Detrimental impacts may occur as a result of changes to daily routines, reduced levels of contact with family and friends leading to more social isolation, restrictions on movement and in some cases, difficulties accessing treatment and support services. All of these factors mean that those with pre-existing conditions or vulnerabilities are likely to be most impacted by the pandemic. However, vulnerable groups will all be affected in different ways and it will be important to work directly with them and their advocates to understand how the pandemic has impacted them.

### *Impact on wider determinants of health*

Our health and wellbeing is influenced by a wide range of factors including our social circumstances, our incomes and our surroundings. The COVID-19 pandemic has had an impact on all of these factors. Learning from previous disasters and crises suggests that there can be adverse impacts on both the social and economic determinants of health, and that adverse impacts can disproportionately affect vulnerable and disadvantaged population groups.

### *Social factors*

The COVID-19 pandemic has had both positive and negative impacts on social and community networks. There is evidence of increased community spirit in response to the pandemic, and a positive impact on social cohesion. Thousands of new volunteer groups have been established in communities across the country and survey data from the Office of National Statistics shows that the majority of adults believe the country will be more united and kinder following the pandemic<sup>34</sup>. However, learning from previous disasters and crises suggests that although a strong collective spirit may be apparent in the immediate aftermath of disasters (the so called “honeymoon phase”), feelings may shift in later phases of the disaster cycle. In these later phases, optimism often turns to discouragement and stress continues to take a toll and subsequent negative reactions may surface. Indeed, survey data from the ONS has found that public perception of unity has altered as the pandemic has progressed; the percentage of adults who thought that the UK would be more united after the pandemic declined by 29 percentage points (57% to 28%) between April 2020 and July 2020. This shift may occur due to many long-term effects of the pandemic on peoples’ lives, including effects on the economy (e.g. a deep recession). This “disillusionment phase” can last months and even years<sup>35</sup>.

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<sup>34</sup><https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/coronavirusesandthesocialimpactsongreatbritain/22may2020#indicators-of-well-being-and-loneliness>

<sup>35</sup><https://www.samhsa.gov/dtac/recovering-disasters/phases-disaster>

There are also serious concerns about how the combination of greater stress and reduced access to services for vulnerable children and their families may increase the risk of family violence and abuse. Compounding this, safeguarding issues have largely been hidden from view. The Guardian reported that calls to helplines for domestic violence have increased by 25% in the UK since lockdown began. A similar pattern has been observed in some other countries with the United Nations reporting a 30% increase in calls to domestic violence helplines in Singapore and Cyprus, and a 30% increase in domestic violence cases in France since 17<sup>th</sup> March<sup>36</sup>.

### Economic factors

The COVID-19 pandemic has had a major impact on the economy. The UK was officially confirmed to have entered into a recession after the economy shrank 20.4% between April and June compared with the first three months of the year<sup>37</sup>. This will impact job security and opportunity, household incomes and the work environment for millions of individuals in the UK. There have been increases in the number of people signing up for Universal Credit and Jobseeker's Allowance benefits (69% increase between March and April 2020), with young workers and low earners being impacted the most<sup>38</sup>. According to the Resolution Foundation, every single local authority has experienced an increase in the proportion of working-age residents claiming unemployment benefits<sup>39</sup>. Household incomes have fallen particularly among the lowest earners, with severe losses for single parents. The pay of the youngest and oldest workers has been affected the most. Research from the Institute for Public Policy Research (IPPR) has also found that people from BAME communities may also be particularly vulnerable to increasing debt and financial hardship as a result of the pandemic<sup>40</sup>. This in turn may reflect long-term inequalities such as the ethnicity pay gap and unequal access to employment; these may make it harder to build up a financial 'safety net' of savings and wealth through higher earnings.

Existing evidence on the health impacts of recessions shows that they have significant negative impacts on people's health and wellbeing. A study performed in the aftermath of the 2008 financial crisis suggested that employment changes during and after the crisis had a strong adverse effect on four broad types of chronic health illnesses – musculoskeletal conditions, cardiovascular diseases, respiratory diseases and mental health conditions. Importantly, each of these conditions affects between 5% and 10% of the working-age population and many people suffer from more than one condition. This study reported that while there is likely to be a growth of all these conditions following a downturn in the economy, the increase in mental health conditions will be largest and perhaps twice the size

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<sup>36</sup><https://www.theguardian.com/society/2020/mar/28/lockdowns-world-rise-domestic-violence>

<sup>37</sup><https://www.ons.gov.uk/economy/grossdomesticproductgdp/bulletins/gdpfirstquarterlyestimateuk/apriltojune2020>

<sup>38</sup><https://www.ljmu.ac.uk/~media/phi-reports/2020-07-direct-and-indirect-impacts-of-covid19-on-health-and-wellbeing.pdf>

<sup>39</sup><https://www.resolutionfoundation.org/publications/local-differences/>

<sup>40</sup>[Black, Asian and minority ethnic groups at greater risk of problem debt since Covid-19 | IPPR](#)

of the increased in some of the other conditions<sup>41</sup>. Individuals with pre-existing poor mental health will likely also be more vulnerable to effects of an economic downturn. This study also estimated that a 1% fall in employment leads to a 2% increase in the prevalence of chronic illness. Without mitigation, any recession accompanying the pandemic will lead to spikes in unemployment and lost income. It has been estimated that 1.1 million more people could face poverty at the end of 2020 as a result of the pandemic, and unemployment is predicted to reach just under 10% in the final quarter of this year<sup>42</sup>. It is vital that any strategies to boost economic growth are inclusive for all sectors of the community that have been damaged by the pandemic.

### Environmental factors

The COVID-19 pandemic has had a major impact on our surroundings, transport and the food we eat. People have spent more time at home during lockdown which may play a role in exacerbating the health impacts of poor quality housing. Additionally, an estimated 1 in 8 households in England have had no access to a private or shared garden during lockdown<sup>43</sup>. Although access to public parks is more evenly distributed, inequalities exist in access to good quality and safe public green space. Air was cleaner and healthier in early lockdown, but global emissions have since rebounded close to 2019 levels<sup>44</sup>.

The impact on transport has been mixed. Falls in road journeys during the early period of the lockdown have generally been short lived, and there are concerns about the lasting damage that may be done to public transport systems. A positive impact has been seen with more people using active transport, e.g. cycling, and it will be important to encourage individuals to continue this as there will be long lasting benefits to their health and the wider environment.

The COVID-19 pandemic has had a major impact on food insecurity in the UK. A Food Foundation survey found that more than three million people reported going hungry in the first three weeks of the lockdown. The number of adults who are food insecure in the UK is estimated to have roughly quadrupled during the lockdown, from 3.6% to 16.2%<sup>45</sup>. A lack of food in shops alone explained about 40% of food insecurity experiences, but not all households were equally affected. Groups particularly at risk of food insecurity included those who are unemployed, adults with disabilities, adults with children and BAME groups. Vulnerability to food insecurity therefore worsened for those who were already economically vulnerable, but the lockdown also created new economic vulnerability for people experiencing sudden income losses because of the pandemic. As a result, food banks

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<sup>41</sup><https://voxeu.org/article/impact-covid-19-chronic-health-uk>

<sup>42</sup><https://www.ippr.org/news-and-media/press-releases/1-1-million-more-people-face-poverty-at-end-of-2020-as-a-result-of-coronavirus-pandemic-finds-ippr>

<sup>43</sup><https://www.ons.gov.uk/economy/environmentalaccounts/datasets/accesstogardensandpublicgreenspaceingreatbritain>

<sup>44</sup><https://www.nature.com/articles/s41558-020-0797-x>

<sup>45</sup><https://foodfoundation.org.uk/publication/vulnerability-to-food-insecurity-since-the-covid-19-lockdown/>

have experienced a rapid increase in demand, including from individuals who had never previously required help to access food.

### *Impact on access to health and social care*

#### Preventative services

Although the routine childhood vaccination programme was not suspended during lockdown, analysis to assess the early impact of the pandemic on routine childhood vaccination in England found that MMR vaccination counts fell from February 2020 and, in the 3 weeks after lockdown, were 20% lower than the same period in 2019, before improving in mid-April<sup>46</sup>. A gradual decline in the hexavalent vaccination (against diphtheria, tetanus, polio, Haemophilus influenzae type b and hepatitis B) counts throughout 2020 was not worsened by the lockdown measures. Maintaining a high level of vaccine coverage is crucial to avoid future outbreaks of potentially deadly vaccine preventable diseases.

Other preventative services including cancer screening have also been greatly impacted by the pandemic. Although screening was not officially stopped in England, the move to having the majority of GP appointments delivered online plus lack of local laboratory capacity meant that many appointments were cancelled, and invitations were not sent out from screening hubs<sup>47</sup>. Cancer Research UK estimated that around 200,000 people per week were not screened for bowel, breast and cervical cancer across the UK during the lockdown. A recent study concluded that substantial increases in the number of avoidable cancer deaths in England are to be expected as a result of diagnostic delays<sup>48</sup>.

#### Hospital admissions and outpatient care

The COVID-19 pandemic has both disrupted and changed the delivery of NHS and social care services. Concerns have been raised about significant drops in A&E use and that the health care needs of people with long term conditions have been significantly impacted. An estimated 30% reduction in the number of cases entering emergency departments with suspected heart attack and stroke has been observed, with one study suggesting that by the end of May, there had been about 5000 fewer admissions with heart attacks in 2020 than would be expected<sup>49</sup>. It is thought that these reductions in hospital admissions were largely due to fear of acquiring COVID-19 infection during a hospital attendance. However, it is possible that as a result many individuals may not have received timely and appropriate in-

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<sup>46</sup><https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2020.25.19.2000848>

<sup>47</sup><https://scienceblog.cancerresearchuk.org/2020/04/21/how-coronavirus-is-impacting-cancer-services-in-the-uk/>

<sup>48</sup>[https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045\(20\)30388-0/fulltext](https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(20)30388-0/fulltext)

<sup>49</sup>[https://www.thelancet.com/article/S0140-6736\(20\)31356-8/fulltext](https://www.thelancet.com/article/S0140-6736(20)31356-8/fulltext)



hospital treatment when it was required, and this may lead to more disability and potentially preventable deaths in the future.

Changes to routine and planned care were highlighted by Healthwatch as being a key concern at the beginning of lockdown<sup>50</sup>. For example, many people were concerned and unable to find the information they needed to understand what they should do or expect from services at the time. There have been significant disruptions to NHS care, particularly hospital treatment and outpatient care, for people with long-term health conditions including cancer, cardiovascular disease and diabetes. A YouGov survey of 6,005 people with long-term conditions across the UK showed that access to health services for people in this group was 20% lower during the COVID-19 peak period, with some of the largest falls seen in mental health and cancer care<sup>51</sup>. A significant shift towards more care being delivered via digital and telephone appointments occurred during lockdown. Healthwatch reported receiving positive feedback about this, with individuals particularly from rural areas finding it a convenient and efficient way to speak with their healthcare professionals. However, they also reported numerous concerns about the accessibility of remote care for people with additional communication needs, as well as people who do not use the internet. For example, some older people with learning disabilities found video calls in their homes scary and intrusive<sup>52</sup>.

### Mental health

During lockdown, the Royal College of Psychiatrists reported that 43% of psychiatrists have seen increases in urgent and emergency cases, but also that a similar proportion (45%) have seen falls in routine appointments<sup>53</sup>. There are concerns that this will result in a surge of exacerbated and untreated mental illness after the pandemic. A survey by the charity Mind found that almost a quarter of people who tried to access mental health services within a two week period in April 2020 had been unable to access help<sup>54</sup>. Healthwatch reported that they received predominantly negative feedback about mental health services during the COVID-19 pandemic<sup>52</sup>. For some people, the changes to the services they would usually access have left them feeling abandoned – with infrequent telephone appointments not meeting their needs. Additionally, some people reported that they found talking to a stranger on the phone very difficult and wanted more regular, consistent support by phone, or face-to-face contact – particularly if they were close to crisis point.

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<sup>50</sup>[COVID-19: What people are telling us about their care | Healthwatch](#)

<sup>51</sup><https://www.health.org.uk/news-and-comment/blogs/early-insight-into-the-impacts-of-covid-19-on-care-for-people-with-long-term>

<sup>52</sup>[COVID-19: What people are telling us about their care | Healthwatch](#)

<sup>53</sup><https://www.rcpsych.ac.uk/news-and-features/latest-news/detail/2020/05/15/psychiatrists-see-alarming-rise-in-patients-needing-urgent-and-emergency-care>

<sup>54</sup><https://www.mind.org.uk/news-campaigns/news/mental-health-charity-mind-finds-that-nearly-a-quarter-of-people-have-not-been-able-to-access-mental-health-services-in-the-last-two-weeks/>

## **Health and Wellbeing Impacts of the COVID-19 pandemic in Buckinghamshire**

Residents and local services in Buckinghamshire are likely to have experienced similar direct and indirect health and wellbeing impacts of the COVID-19 pandemic as seen nationally. However, as evidenced from the national surveys there have also been differences in the experiences and health and wellbeing outcomes among different populations and geographic areas. Therefore, we undertook an exercise to understand the experiences and impacts of COVID-19 pandemic on residents and communities in Buckinghamshire and local services. A single method would be unlikely to capture information from across all communities in Buckinghamshire. We used a number of different methods to capture the information to assess the health and wellbeing impacts. The methods utilised were:

1. Reviewing COVID-19 hospital admissions data from Buckinghamshire Healthcare NHS Trust to better understand the direct health impacts of severe COVID-19 disease on Buckinghamshire residents
2. Buckinghamshire Coronavirus Health and Wellbeing Survey to obtain the experiences of the residents (completed by those aged >16 years)
3. Buckinghamshire Schools Mental Health and Wellbeing Online Pupil Survey to understand the impact of the COVID-19 pandemic on the wellbeing of young people
4. Behavioural insights semi-structured interviews to get more detailed qualitative information on the experiences of groups that are less likely to engage through surveys
5. Buckinghamshire Disability Service (BuDS) Surveys to understand the impact of the pandemic on disabled people, carers and care settings
6. Members survey sent out to all elected members to obtain their views on the experiences of their constituents
7. Members interviews to obtain greater understanding of key issues
8. Health Impact and Inequality Assessment (HIIA) tool to collect views from commissioners and service providers on experiences of their client groups and services

## **1. Overview of COVID-19 hospital admissions to Buckinghamshire Healthcare NHS Trust (up to 13<sup>th</sup> May 2020)**

Information on individuals admitted to a Buckinghamshire Healthcare NHS Trust (BHT) hospital with COVID-19 was reviewed to better understand the direct impact of severe COVID-19 disease locally.

Up until 13<sup>th</sup> May 2020, there had been 284 Buckinghamshire residents admitted to BHT with COVID-19. Of these 284 hospitalised individuals, 54 were still in hospital at the time of data extraction while 230 had either been discharged (129) or died (137).

Of the 284 individuals admitted to hospital:

- The average (mean) age was 71 years
- 57% were male
- 80% had their ethnicity status recorded, while 20% did not and their ethnicity status was therefore unknown
- Of those who did have their ethnicity status recorded: 82% were White, 13% were Asian, 4 % were Black, and the remainder were either from a 'Mixed' or 'Other' ethnic group
- Over 1 in 4 (26.4%) were from the most deprived fifth of the County

### *Risk factors for admission to hospital and poorer outcomes following COVID-19 infection*

#### Age

For individuals who were admitted to BHT with COVID-19, older age was associated with an increased likelihood of hospital admission and an increased likelihood of death:

- Around 9 in 10 of those admitted to hospital were aged 50 or over. More than half were aged 70 or over
- Around three quarters of individuals that died were aged 70 or over, and more than half of those who died were aged 80 or over

#### Ethnicity

Compared to the Buckinghamshire population estimates in the 2011 census, BAME individuals appeared to be over-represented in the cohort of residents who were admitted to BHT with COVID-19.

BAME individuals admitted to hospital tended to be younger:

- The average (mean) age of BAME individuals admitted to hospital was 57.7 years, compared to 74.5 years for White individuals

- 21.7% of BAME individuals were aged 70 years or over, compared to 65.6% of White individuals

BAME individuals were also more likely to require an admission to the Intensive Care Unit (ICU):

- Of individuals with a known outcome (discharge or death), 32.4% of BAME individuals required ICU admission compared with 11.4% of White individuals

### Deprivation

Individuals living in more deprived areas are at higher risk of being admitted to hospital with COVID-19 and also for having a poorer outcome following infection.

For individuals admitted to BHT, although more than 1 in 4 (26.4%) were from the most deprived fifth of the County, the spread of admissions to hospital did not follow a clear socioeconomic deprivation gradient.

However, overall, those in hospital from the most deprived areas were on average more than ten years younger than those from the least deprived areas (64.6 years of age versus 75.1 years of age). Similarly, among those who died, individuals from the most deprived areas were also on average more than ten years younger than those from the least deprived areas (69.8 years of age versus 81.7 years of age).

## **2. Results from the Buckinghamshire Coronavirus Health and Wellbeing Survey**

The Buckinghamshire Coronavirus Health and Wellbeing Survey was an online survey completed by residents aged 16 years and older which ran from 8<sup>th</sup> July 2020 to 5<sup>th</sup> August 2020. The survey was hosted on Your Voice Bucks and was publicised to a wide range of stakeholders through a range of communication channels such as Martin Tetts' weekly newsletter, social media, and targeted emails.

The aims of this survey were:

- To understand the impact, behaviours and opinions on health and wellbeing in relation to COVID-19 and the lockdown measures
- To validate soft intelligence from services
- To validate the local Health and Inequalities Impact Assessment findings

A total of 5,349 Buckinghamshire residents aged > 16 years completed the survey. Of those that responded to the survey:

- 72% were female
- 93% reported they were of White Ethnicity (British, Irish, Gypsy or Irish Traveller or Other) and 5.5% reported they were from an ethnicity within the Black, Asian or Minority Ethnic (BAME) group
- 72% were over 50 years of age
- 19% lived alone
- 24% had children under 18 in the household
- 26% were from the least deprived fifth of the population, and 13% were from the most deprived fifth of the population
- There was good coverage across the Community Boards, with the highest proportion of respondents being from Aylesbury Community Board (12%)

The survey asked residents about the impacts of COVID-19 covering topics such as their mental health and personal wellbeing, relationships, health behaviours (such as alcohol, diet and exercise), physical health and employment and incomes. The key findings are summarised below by theme.

### *Mental health and personal wellbeing*

Two fifths of respondents (37%) were concerned about their mental wellbeing, and a similar proportion (39%) stated that their wellbeing had deteriorated over lockdown. Certain groups were more likely to report that their wellbeing had deteriorated including females, those under the age of 50 years, those who were White British and those living in more deprived areas.

During the pandemic almost half the respondents (47%) have worried a great deal or quite a bit about the wellbeing of other family members. A quarter (25%) of respondents said that they have worried a great deal or quite a bit about their children's education.

Self-reported low wellbeing scores were higher than in other surveys before lockdown with a quarter of respondents (26%) reporting high anxiety. The main concerns were with how long lockdown measures would last, others not following the guidance and lack of sleep, with a quarter wanting help to improve their sleep. Nearly 1 in 10 (9%) said they would like support in getting help from mental health services.

### *Relationships*

A quarter (23%) of respondents were concerned about feeling lonely and being isolated and two fifths (40%) were concerned about how friends and family were coping.

Nearly 1 in 5 reported arguing with family members more, and 1 in 5 wanted to talk to someone about they are feeling.

A quarter of respondents stated they were currently volunteering to help and a fifth (21%) of respondents wanted to help others more.

### *Health behaviours*

#### Alcohol

More than a fifth of respondents (22%) said they were drinking more during lockdown than before. Baseline alcohol consumption was not recorded as part of the survey, so the size of the change is not possible to ascertain. Those drinking more were more likely to be female, under the age of 50 years, White British and living in the least deprived areas.

#### Healthy Eating

A fifth of respondents (20%) said they ate less healthy and nutritious food during lockdown. Those eating less healthily were more likely to be females, under 50 years of age, from a Black or Ethnic Minority group and those living in more deprived areas.

Two fifths of respondents (38%) snacked more on less healthy foods such as cake, crisps, biscuits and chocolate during lockdown. Those snacking more were more likely to be females, those under 50 years of age and those living in more deprived areas.

Nearly half of those respondents reporting less healthy diets during lockdown had children living in the household under the age of 18 years.

### Physical activity and hobbies

More than two fifths of respondents (44%) said exercise had helped them cope during lockdown. More than a quarter of respondents (29%) said they were exercising more and nearly two fifths (38%) said they were exercising less.

16% of respondents said they would like support joining local groups and 28% said they would like support to be more active to help them feel better.

Those exercising less during lockdown were more likely to be under 50 years and resident in more deprived areas. The amounts of exercise being done before the pandemic are unknown and therefore the size of change is unknown for different groups.

Two fifths of respondents (39%) spent more time outdoors during lockdown. Similar proportions reported that they had spent more time doing hobbies such as crafts or gardening (39%) or had been watching more TV (38%). A fifth (17%) played more online games and 43% said they used more social media with a quarter (24%) reporting that online social networks helped them cope during lockdown.

### *Physical Health*

There were more than two thirds (70%) of respondents who rated their health as good or very good. This compares to 86% in Census 2011. This could indicate a change in the population since the census or those in worse health condition more likely to complete this survey or a combination of both. Those from the least deprived and White British groups were significantly more likely to respond with good or very good health.

Those under 30 years of age were more likely to report bad or very bad health than the other age groups; 10% of those aged under 30 reported bad or very bad health compared with 5% in other age groups. This may be due to those in younger age groups being more likely to complete the survey if they had pre-existing ill health.

High blood pressure (17%) and asthma (13%) were the two most commonly reported health conditions from respondents.

A quarter (25%) of respondents said their physical health had deteriorated during lockdown. This was highest in younger respondents under 30 years (31.3%) and those living in more deprived areas (31.6%).

### *Employment and incomes*

Just over half of all respondents were in employment prior to lockdown; 29% were employed full-time; 16% were employed part time; 4% were self-employed full time; 5%

were self-employed part time; and 1% were unemployed. Over a third (36%) of respondents were retired.

Of those in employment, 1 in 6 (16%) stated their employment status had changed since lockdown due to COVID-19 at the end of March:

- A fifth (22%) lost their job
- 34% were furloughed
- 20% had their hours decreased
- 5% had their hours increased
- 19% reported other changes to their employment status including those that retired, resigned or were unable to work due to government guidelines

Those who lost their job were more likely to be aged under 50 years compared to those aged 50 to 69 years. Those aged 30 to 69 years were more likely to have their hours decreased compared to those aged under 30 years. The increase in hours was seen more in those from Black and Minority Ethnic groups compared to White British, potentially reflecting the ethnic mix in those roles more in demand during the pandemic, such as caring roles.

A fifth of respondents (21.6%) were concerned about their finances and being in debt. This was significantly more likely in those under the age of 50 years (30.2%), Black and Ethnic Minority groups (27.2%) and those living in more deprived areas (29.9%). Nearly half (48.7%) of those responding with these concerns had children under 18 years in the household.

Nearly 1 in 10 (8%) of respondents were concerned about being able to afford the food they need with 7% struggled to afford food and 7% requiring help with managing debt and their finances.

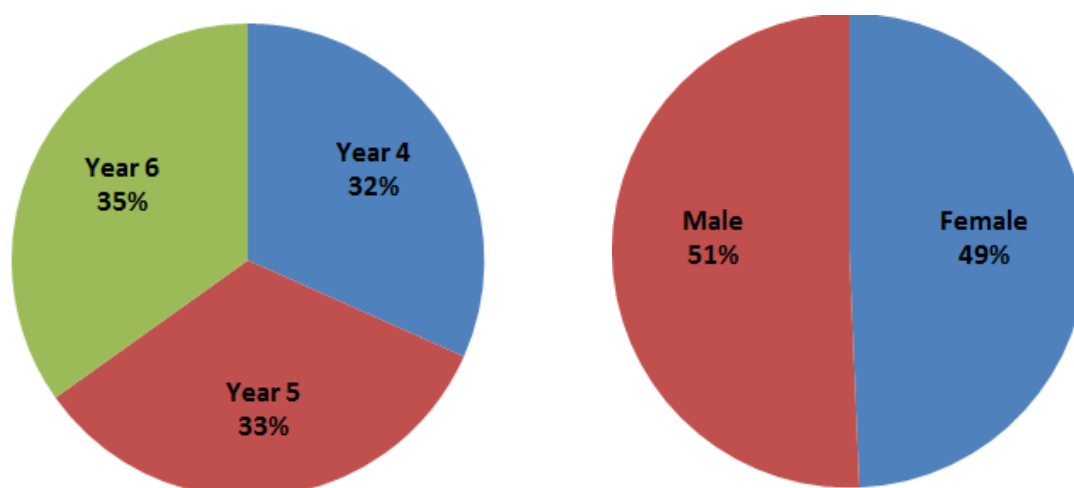


### 3. Results from the Buckinghamshire Schools Mental Health and Wellbeing Online Pupil Survey

The Buckinghamshire Schools Mental Health and Wellbeing Online Pupil Survey was conducted by researchers at the University of Oxford between June and July 2020, as part of a larger survey (the Oxwell School Survey) which involved over 200 schools in the South of England. Children aged between 8 and 18 years were invited to take part. The main aim of the survey was to understand the impact of the COVID-19 pandemic on the wellbeing of young people during the school closure period between May and July 2020. The main results of the survey are presented below, split by primary and secondary schools in Buckinghamshire.

#### *Primary schools*

A total of 815 primary school pupils in Buckinghamshire completed the survey. Pupils were evenly split between Years 4, 5 and 6 and by gender (figure 1 below).



**Figure 1: Buckinghamshire primary schools survey completion response by year group (left) and gender (right)**

#### *Effect of lockdown on general happiness*

Approximately 3 in 10 pupils reported lockdown worsened their general happiness, and this was consistent between the three year groups.

A higher proportion of pupils in Year 4 reported lockdown improved their general happiness compared to Years 5 and 6 – 42% in Year 4 compared with 31% in Year 5, 35% in Year 6.

#### *Effect of lockdown on feeling lonely*

Overall 3 in 10 pupils reported lockdown made them feel more lonely, 3 in 10 pupils reported lockdown made them less lonely and 4 in 10 pupils reported no change. This was consistent between all three year groups.

Effect of lockdown on exercise

Around a half, or just under, of pupils reported doing less exercise during lockdown – 45% in Year 4, 50% in Year 5 and 47% in Y6.

Around 4 in 10 pupils across all the year groups reported doing more exercise during lockdown.

The remainder reported that they did the same amount of exercise during lockdown.

Effect of lockdown on managing school work

For pupils in Years 4 and 5 there were approximately even proportions of those who felt lockdown had made managing their school work worse, same or better (a third of respondents each).

For Year 6 pupils, 3 in 10 either felt lockdown had made managing their school work better or worse, and 4 in 10 felt it was the same.

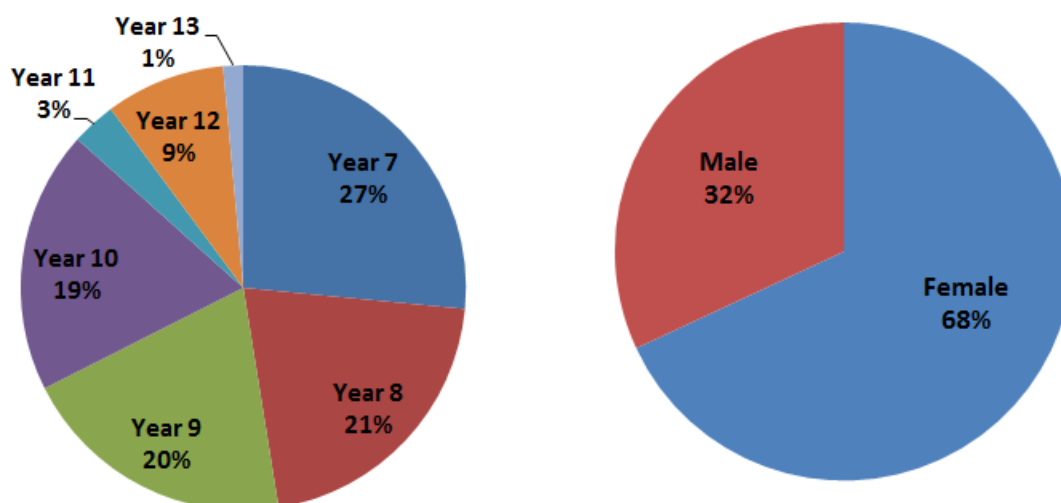
Thinking about going back to school

The top 3 things pupils were looking forward to were seeing friends again (87%), seeing other classmates/peers (76%) and sports and exercise activities (72%).

The things pupils were least looking forward to were school/college work (24%) and being away from home (23%).

*Secondary schools*

A total of 2678 secondary school pupils in Buckinghamshire completed the survey. Fewer pupils in Years 11 and 13 completed the survey compared with the other year groups, and more girls than boys completed the survey (figure 2 below).



**Figure 2: Buckinghamshire secondary schools survey completion response by year group (left) and gender (right)**

*Effect of lockdown on general happiness*

For Years 7 and 8 there were roughly even splits (one third each) of lockdown improving, worsening or having no effect on general happiness.

For Years 9, 10, 11 and 13, 40 – 50% of pupils reported worsening of general happiness and 30 – 40% reported improvement of general happiness.

Year 12 pupils had the highest proportion of respondents who reported worsening of their general happiness – over half (56%) reported worsening, 20% reported improvement and 24% reported no change.

*Effect of lockdown on feeling lonely*

The proportion of pupils reporting that lockdown made them feel more lonely increased steadily through the year groups – from 3 in 10 in Year 7 to 6 in 10 in Year 13.

*Effect of lockdown on exercise*

For Years 7 to 9 and 11 to 12, around half of pupils reported doing less exercise during lockdown while approximately 3 – 4 in 10 reported doing more exercise in these year groups.

For Year 10, 6 in 10 pupils reported doing less exercise and 3 in 10 pupils reported doing more.

For Year 13, just under half of pupils both reported doing less or more exercise during lockdown, with the remainder reporting that they did the same amount.

*Effect of lockdown on managing school work*

For Years 7 to 12, between 4 in 10 and 5 in 10 pupils reported they were worse in managing their school work, while between 2 in 10 and 3 in 10 reported they were better able to manage their school work.

For Year 13, 4 in 10 reported they were worse in managing their school work and 1 in 10 reported they were better able to manage their school work. For this year group, around half of all pupils reported no effect of the lockdown on managing their school work.

*Thinking about going back to school*

The top thing pupils were looking forward to overwhelmingly was seeing friends again (80%). Other responses with >50% included sports and exercise activities (61%), other clubs (60%) and seeing other classmates and peers (59%).

The thing pupils were least looking forward to was school/college work (38%).

*Buckinghamshire schools survey findings in context*

Overall, the OxWell School Survey included 237 schools in 6 counties across the South of England. Including pupils in Buckinghamshire schools, a total of 3,755 primary school pupils and 15,284 secondary school pupils participated in the survey (60% female, 40% male).

The main findings reported above for both primary and secondary school pupils in Buckinghamshire were entirely consistent with the overall findings reported for all pupils who participated in the survey.

#### **4. Findings from Behavioural Insights interviews**

In order to better understand how the COVID-19 pandemic directly affected the lives of some Buckinghamshire residents, a series of semi-structured interviews were conducted with some residents. Stakeholders and residents among groups who have been identified as being more vulnerable to the effects of COVID-19 were approached and interviewed. These groups included:

- Black, Asian and Minority Ethnic (BAME) populations
- People experiencing food poverty (food bank users)
- Socially isolated individuals, particularly older groups
- People with existing mental illness
- Travellers

A total of 11 stakeholders and 24 residents from the above groups were interviewed, with some interviewees being part of more than one of the groups. While it is incredibly important to listen to these individuals' lived experiences during the pandemic, it is also important to note that individual views are not necessarily representative of any of the above groups that they belong to.

##### *Impact on mental health*

**“It has been like a wave. Some days I’ve felt really sad and it’s taken me a few days to push myself to get back up again and then something will happen or a new pressure or something” (Woman with anxiety and obsessive compulsive disorder)**

Concerns around the impact of the pandemic on mental health were one of the most commonly described across all interviews undertaken. Anxiety was the key issue, repeated in almost every interview. Whilst almost all those interviewed reported some degree of anxiety, those with pre-existing anxiety reported a worsening of their mental health during the lockdown. One woman said it was the deaths from COVID-19 that “really hit me”. She could not eat and kept crying. Common reasons for heightened anxiety included concerns about an uncertain future, worries about when the pandemic would end and also anxiety over future employment and income. Some of these anxieties were manifesting as increased tension in households, causing a higher level of stress in the family. One community group stakeholder reported that her volunteers were more anxious than the clients.

**“We don’t know how long we’re going to be like this” (Pakistani woman)**

**“People fearful of what the future holds” (Pastor)**

As well as anxiety, depression was the next most common mental illness people raised in their interviews. A common view shared among many was feeling “lower than normal” as a result of having less to occupy themselves with and being less able to interact with others. This was particularly seen among older people, with some describing themselves as being “fed up now”. One woman spoke about feeling depressed during the pandemic, with real fear about losing a loved one. She was particularly concerned as her husband was a taxi driver and at higher risk, she said. One traveller with long standing depression and anxiety reported that her mental health had worsening over the pandemic. She described not being able to sleep or function, so much so that her husband had had to help her look after her children. This was particularly unusual in her traditional gendered community.

Tragically, two instances of suicide were also described as having occurred during the lockdown. One was a member of the travelling community, which was described as being “very, very hard” for the community. A mental health worker also spoke about a man who took his own life, who had suffered with long standing depression but had also lost his business during the pandemic.

**“Treading water rather than moving forward” (Resident with mental health problems)**

A common factor highlighted by several residents as contributing to their poor mental health was a difficulty accessing “simple, trustworthy information”. Having too many sources of information was described as overwhelming.

**“I was finding there were no credible sources...I found myself getting into a right pickle so I just gave up.” (Woman with mental health problems)**

**“Then I would hear different things, even on the news it would be different information at different points and then I just ended up confused and I thought well actually this isn’t helping.” (Woman with anxiety and obsessive compulsive disorder)**

**“I’ve tried to stay clear of websites just for the reason that you can get lost” (Woman with anxiety and obsessive compulsive disorder)**

*Impact on social isolation and loneliness*

**“You go to bed at night and it’s complete silence and you don’t know when you’re next to going to have any social interaction...How long is it going to be before you speak to someone else?” (Woman with mental health problems)**

A key finding across the interviews conducted was that social isolation and loneliness during the COVID-19 pandemic affected all age groups, and not just older residents. One woman described the monotony of lockdown, stuck at home with children but also a lack of contact with her extended family. Another woman said she was simply a “full-time mother” during

the lockdown. Others also mentioned feeling isolated as they could not see family because of the lockdown restrictions. Among the older generation, there were mixed responses with some of those who were used to living alone being able to cope better with the lockdown measures. One resident described how seeking support can be seen as a “sign of weakness” among this generation. Stakeholders who were interviewed reported that the phone calls they were making to clients during lockdown seemed on average to take longer than usual, with individuals wanting to prolong conversations due to loneliness.

Those with caring responsibilities seemed to be disproportionately impacted by social isolation and loneliness. One man in his 80s who was the main carer for his wife who has dementia described his caring responsibilities during lockdown as being “relentless”. This individual, and others in similar positions, explained how carers were left isolated and without any respite support as some homecare services had stopped during lockdown. With no usual activities either, they did not have the opportunity to get out, such as for a coffee.

The link between social isolation and mental health was made by several of those interviewed. One woman with pre-existing mental health illness described how while isolated “issues mount up”, as she had no one to talk to.

Keeping in touch with others during the lockdown helped to alleviate feelings of loneliness and subsequently improved the mental health of some residents. A vicar who was interviewed said that he observed residents connecting with each other in different ways, such as older individuals by phone and younger individuals online. One carer in his 80s was glad to be able to keep in contact with his daughters and grandchildren remotely. Even taking part in the interview had helped a few residents. One Muslim woman said she felt “on top of the world” at the end of the interview as she hadn’t been able to open up about her concerns to others beforehand.

**“It was my biggest fear really that I couldn’t get out and about and I was suddenly stuck”  
(Woman with mental health problems)**

**“It’s much more difficult going about life when you don’t have much of a social life”  
(Woman with mental health problems)**

#### *Impact on health behaviours*

**“Fresh fruit and veg kind of goes out the window because you’re eating tinned, canned goods and you’re taking whatever you can” (Woman on Universal Credit)**

**Starting to shop online with Tesco has “improved my diet...I’m losing weight. My spending money’s a little bit clearer. My takeaways went from like five times a week to once a fortnight” (Man with mental health problems)**

The impact of the pandemic on health behaviours was fairly mixed. For example, with regards to physical activity some residents described having a more sedentary lifestyle

during the lockdown, whereas others reported that they had made a conscious effort to continue to exercise. One mother described how she used behavioural cues such as leaving her exercise clothes and water bottle out and visible to ensure she attended her online exercise classes. One older woman described how she stayed active by gardening. Another mother reported that her family had been on more walks and bike rides together as a family which was a positive for them. One man with mental health illness described how he exercised indoors during lockdown on a static bike, “getting better exercise than I was without having to go outside”. However, some residents also reported concerns about returning to their usual exercise locations after lockdown, with one woman reporting how she was “not 100% confident” returning to swimming pools at the moment.

With regards to diet, some residents may have put on weight because of increased snacking during lockdown. However, others may have had less money to spend on food overall, and healthy food in particular, which may have caused weight loss during lockdown.

With regards to smoking, a resident from the travelling community reported that smoking rates in the traveller community may have increased during lockdown, for example due to the extra “stresses” associated with being moved on from sites.

#### *Impact on children and young people*

##### **“Lockdown affected everyone in the family” (Pakistani woman)**

##### **“Without access to computers or internet most would have done no home learning throughout this time.” (Traveller)**

The most common difficulty reported to do with children were problems associated with home-schooling. Specific problems reported included not having a good internet connection (by a Traveller) and not having enough electronic devices for all children in the household to use (by a member of a large Asian family). One mother from the Travelling community reported that her 14 year old daughter did not have a laptop at the start of lockdown and only received one after she had “pushed for it” and spoken with the Traveller education officer. She said she worried for other mothers in the community who may be less literate or less vocal and who would have therefore missed out. Home schooling was described as being “really, really hard” by one mother, who said that her children had missed out on education during the lockdown and had relied on online resources and just a few interactions with their teachers (3 or 4 online sessions) throughout the lockdown. Other mothers described difficulties around their children not being in a routine, and also missing their school friends. One mother stated that her children had got so used to being at home that they would find it very difficult to return to school. Some interviews with members of the Traveller community revealed how they felt that lots of children from this community in particular would not be sent back to school by their parents. These interviewees raised concerns that this would mean that these children from Traveller families would fall even



further behind their peers academically and socially, with many unlikely to have done any or much education during the lockdown.

**“No way going back [to school] if not safe” (Traveller mum)**

**“Next few weeks [during August] is the calm before the storm” for Traveller children” (Traveller officer)**

Some children themselves also reported worries about the pandemic. One seven year old son of an interviewee was “really scared” about COVID-19, while a nine year old from a different family described how he no longer liked going outside. For adolescent children, some residents reported that it was hard for them to get them to take the pandemic and lockdown measures seriously, as they thought it did not really affect them.

#### *Impact on BAME and traveller groups*

**“Some people [are] not understanding [the] seriousness of it in the beginning” (Afro-Caribbean woman)**

**“Who wants to be at the side of a road during a pandemic?” (Traveller)**

Residents and stakeholders from BAME and traveller groups were interviewed, each of whom have been identified as being particularly vulnerable to the impacts of the COVID-19 pandemic. Residents of both Asian Pakistani and Black Afro-Caribbean ethnicity described how they had experienced death of loved ones during the pandemic. They explained difficulties associated with having funerals on Zoom, which was described as being “no way to grieve”.

Two Black Afro-Caribbean residents explained that they were aware of the increased risk of poorer outcomes following COVID-19 infection for BAME groups overall and felt this was likely in part due to higher numbers of BAME staff working in frontline higher risk occupations. In contrast, there was much less acceptance of a higher risk among the Asian Pakistani residents interviewed. A common view was that there was no difference in risk between ethnic groups and if “Muslims do catch it, then it is God’s will”.

One Asian Pakistani woman interviewed also explained how some Muslims, particularly youths, are made to feel separate from mainstream society. She described a mistrust of official government figures, such as COVID-19 cases and deaths, and lack of adherence to national guidelines as a result.

Language barriers were also highlighted as an issue for some BAME communities. One manager of a community centre explained how it would be common for one household to visit another household and have information translated from one language to another, e.g. English to Urdu. However, during lockdown visiting between households was not permitted,

and therefore critical information is likely to have missed or misunderstood by some residents.

The interviews conducted with stakeholders and residents of the Traveller community in Buckinghamshire highlighted a number of impacts. One traveller described how members of their community were still being “moved on” during lockdown, even when other evictions had been temporarily paused. The closure of facilities such as public toilets and showers was highlighted as disproportionately affecting this community, with reports that some had to “travel miles” to have a shower. One of the interviewees described the lack of dignity that was associated with not having access to adequate sanitation facilities and reported that children in the community were affected by this “big time”. The closure of public launderettes also meant some were not able to clean their clothes properly.

**“Just running us away like dogs” (Traveller about being moved on)**

A lack of reliable culturally competent information regarding COVID-19 for the traveller community was also highlighted, which may have contributed to the belief among some members of the community that cleaning themselves in bleach would help protect against catching COVID-19. The lack of information was exacerbated by the fact that many travellers did not have access to reliable internet or phone connections. This lack of connectivity had multiple impacts during the pandemic, including affecting the ability of travellers to access testing for the virus and also affecting the ability to carry out home schooling.

**“Access to health care is always an issue when you are travelling so this would be a real worry if anyone had symptoms or became unwell” (Traveller)**

Some travellers interviewed also described how there was a “shame” and “stigma” associated with having COVID-19 among their community. They described how you could be “thrown off the site” thereby losing any security and facilities you may have access to. One woman described how it meant that members of the community would not self-isolate or try to access testing if they were unwell and would continue mixing in groups even if they had symptoms of COVID-19 infection.

*Impact on access to healthcare*

**“I've lost muscle mass, I've put on weight and I just feel generally weaker in myself and I'm worried because I don't want that to continue for however long it might continue for” (Resident with mental health problems)**

Many of the residents interviewed described how the pandemic had affected their ability to access healthcare. Residents from certain groups were particularly concerned about the long-term conditions that were particularly prevalent in their communities. Conditions highlighted by members of the Asian community included diabetes, high cholesterol and

high blood pressure. Conditions highlighted by members of the Black Afro-Caribbean community included obesity, high blood pressure and bronchitis.

Residents interviewed were concerned about the impact of some of these conditions on catching the virus, and also increasing the risk of dying from it. Residents described difficulties in accessing their usual medications on time, especially early on during lockdown. Many described how hospital appointments were cancelled, and others how they were advising their spouses or loved ones with heart problems to avoid going to a hospital for any reason, in case they caught the virus. Some residents interviewed did recognise that support was still available throughout the lockdown, including for pregnant women. Indeed, one interviewee spoke about receiving health checks online for her pregnancy during lockdown, with telephone and online services provided.

#### *Impact on employment and incomes*

**“When you’re stressed because of something like money, it makes all the other emotions go haywire – you get more anxious, you get more depressed” (Woman on benefits with mental health problems)**

**“I’m not putting into my savings or my pension, the things I would normally have as monthly expenses, I can’t. I’m really, really scrimping” (Woman on Universal Credit)**

The impact of the lockdown and pandemic on employment and incomes was identified as a key one by multiple interviewees. Particular impacts were felt by those who were self-employed. Several of the Pakistani women interviewed had husbands who work as taxi drivers, and whose income was all severely impacted as a result of the lockdown. In these situations, the husband was described as being the sole earner in the family which created significant financial pressure with this loss of income. Other residents described situations where both earners in a family lost their incomes simultaneously, creating a “double whammy” for households. One Pakistani man described how he had been furloughed from his job working in a restaurant and “didn’t know how he’d pay the bills”, a situation made even more stressful because his wife was pregnant. Several of the stakeholders interviewed expressed concerns about future “cliff edges”, such as the end of the furlough scheme, that could lead to many more local residents losing their jobs and incomes.

Several interviewees described how their sudden and unexpected loss of income meant that they had to rely on financial state support (e.g. Universal Credit), which was completely unfamiliar to them. Accessing support was described as being particularly difficult for those who didn’t speak English as their first language. Some residents also described how their financial situation meant they were now unable to access basic necessities including sufficient food for themselves and their families. Stakeholders from foodbanks spoke of a four-fold increase in demand during April to June. A stakeholder from one food bank described how the pandemic had resulted in new “types” of residents requiring support,

particularly those who were self-employed who had lost their jobs. Another reported how they had witnessed others who had arrived at their food bank in their family cars and had “tears at the door”. Stakeholders from both food banks interviewed stated that they were anticipating another peak of users when the furlough scheme ends in October, with the expectation that more people will be made redundant. Some food banks were delivering food, working with schools to raise awareness and allowing more regular use (monthly or even weekly). Stakeholders from food banks reported how their supplies have varied throughout the pandemic with lots of fresh produce available initially from restaurants, which were turned into frozen meals. Initially it was hard to source essentials and there was concern the normal stocking up periods would be impacted this year (harvest time and Christmas). Residents interviewed reported that whilst people were grateful for the food banks, it was felt the food provided was not always culturally appropriate (e.g. limited Halal or vegetarian) or healthy with limited fresh foods.

## 5. Findings from the Buckinghamshire Disability Service (BuDS) Surveys

To better understand the impacts of the COVID-19 pandemic on disabled people, carers and care settings in Buckinghamshire, the Buckinghamshire Disability Service (BuDS) ran a series of weekly surveys from May 2020.

The first weekly survey was a People's Poll where approximately 50 disabled people from Buckinghamshire were surveyed weekly from 17<sup>th</sup> May. Key findings from these surveys were as follows:

- More than half of disabled people and their households reported a negative impact of COVID-19, with about 10% reporting a crisis impact
- Around 1 in 3 disabled households reported food difficulties, with around 10% in food crisis
- Around 1 in 5 disabled households reported money difficulties, with around 15% in money crisis
- Around 9 in 10 disabled people and households reported a negative mental health impact, with around half reporting a mental health crisis
- Around 4 in 10 disabled households needed external help, of which 5% did not get it
- **Overall: most disabled households were practically coping with help, but a significant minority are in food or money crisis. A significant proportion of disabled households were suffering with negative mental health impacts during the first wave of the pandemic.**

A survey conducted by BuDS on disability hate crime during the pandemic found that:

- There was a marked drop in public attitudes towards disabled people over the pandemic
- Around 1 in 4 disabled people had been victims of hate crime during the pandemic
- Less than half of disabled people felt safe out and about
- Nearly half of disabled people avoided going out because of public attitudes towards people not wearing masks
- Non-mask wearing disabled people reported a higher level of hate crimes than mask wearing disabled people

The second weekly survey was a Care Homes and Settings Poll where approximately 200 care homes, agencies and settings in Buckinghamshire were surveyed weekly from 1<sup>st</sup> July 2020. Key findings from these surveys were as follows:

- More than 6 in 10 settings consistently reported negative impacts of COVID-19 on their establishment, staff and residents
- Around 2 in 10 settings consistently reported problems with personal protective equipment (PPE) availability
- Around 3 in 10 settings consistently reported not having enough staff

- Around half of settings consistently reported needing external help, but all were able to access the help they needed
- **Overall: most settings were coping with help, but a significant (and rising) minority reported problems with availability of staff and PPE.**

## 6. Findings from Members survey

A total of 35 Members responded to a survey designed to capture the impact of the COVID-19 pandemic on local communities in Buckinghamshire. Of the respondents, 15 were representative from the Wycombe district area, 12 were from Aylesbury Value, 4 were from Chiltern and 4 were from South Buckinghamshire.

### *Findings*

#### Impacts

Members reported that their residents were **very concerned about feeling nervous going out as lockdown measures ease**.

*“Some are finding it very difficult emotionally to go out again after such a long time and knowing that they are in a very vulnerable group should they catch the virus”.*

A negative impact on some residents’ **mental health** was identified by some Members.

*“I know that there have been quite a few issues with mental health, particularly again with the younger generation who felt increasingly isolated despite their use of social media etc., but no obvious way to improve that”.*

Members also reported that residents reported **social isolation, access to essential medicines and loneliness** as being particularly concerning. Linked to this were concerns from residents around **not being able to see friends or family, feeling trapped and feeling guilt or worry at not being able to care for others effectively**.

*“Some elderly residents have also expressed a view that they don’t wish to venture out even for walks if there is any chance of them catching the virus”.*

*“Based upon a number of conversations I am concerned that some elderly people may have put off seeing their GP or attending hospital appointments on non-COVID related health matters”.*

Members reported that residents had a number of financial concerns as a result of the pandemic, including around their **overall finances, job security and being in debt**. Fears were expressed around the impact on young people and *“little hope of finding lucrative employment in the immediate future”*.

#### Support needs

A number of support needs were identified by Members for their residents. These included **access to trusted COVID-19 information, access to social activities and digital technology, support for low mood and mental wellbeing, and support to stay physically active and well**. Additional support gaps identified were **access to affordable food** (e.g. food parcels

and food banks) and **debt and financial support and advice**. One Member noted that ***“food banks and volunteer groups were used heavily for shielded groups”***.

Members reported that during the pandemic, good resident support schemes had been most evident for local community response e.g. supporting neighbours, collecting medicines and food deliveries. Less resident support schemes were available for debt and financial support and advice.

***“The upside has been eating meals together for many families, but the downside is that each day is fairly monotonous and while family support can be useful, it isn’t really the same thing as having peer groups available to meet up with”***.

Members reported several areas where future support was required, including **support to stay physically active and well, provision of social activities in line with lockdown measures, access to digital technology, support for low mood and mental wellbeing and employment and debt support**.



## 7. Insights from Member interviews

Six Members were interviewed in July 2020 to gain a deeper understanding of the impact of the COVID-19 pandemic on the health and wellbeing of local communities. The Members represented a cross section of Buckinghamshire, including rural and urban communities with a mix of social demographics. All Members were asked the same seven questions and a summary of the interview findings are given below.

### *Interview questions*

1. Can you tell me what area of Buckinghamshire you represent?
2. Can you tell me how COVID-19 and lockdown has impacted people's health and wellbeing in your local area?
3. Do you have any examples of good practice that have happened in your local area?
4. How has your community responded to COVID-19?
5. Are you aware of any challenges to supporting people's health and wellbeing in your local area?
6. Is there any support needed that is not currently available?
7. Is there anything else that you would like to share?

### *Findings*

Several key themes were reported about the impact of COVID-19 and lockdown measures; they included,

**Older people** – the impact of COVID-19 and particularly the lockdown measures resulted in people being **worried and scared to come out**, a detrimental impact on **isolation, depression and general mental health**. There were also reports of poor health behaviours such as increased **alcohol intake, weight loss and frailty**.

**Food access** – at the start of lockdown the widespread panic buying impacted on everyone's **ability to get food**, but especially those people who could not readily get to shops. There were some reports that this initial experience had **impacted long term buying habits**, including stockpiling and fear shopping. Access to food was **not linked to people's financial situations**, many people had the resources to purchase food, but due to lockdown and shielding measures were physically unable to access regardless of where they lived.

**The unseen, unknown group** – an 'unknown' group of people who needed support were identified in local communities. These people were not part of the official shielded lists, and therefore not identified through the official support channels. This group of people needed a variety of support including collecting medication and food provision. The reason these people were not know about ranged from people **being too proud to ask for help, not knowing where to ask for help** as they don't ordinarily access services or to **already being socially isolated**.

**Younger people and families** – the challenges faced by families included the impact of lockdown measures on young people resulting in **frustration and poor mental wellbeing**. A **lack of physical activity and poor dietary habits** was a concern for some, with potential problems being identified once children went back to school. The **stress of home schooling**, by parents (who are not trained as teachers) was recognised and the impact on **parents' self confidence** in admitting they don't have the skills, knowledge or understanding to be able to teach their children was also highlighted.

**Financial impact** – there was concern about the financial impacts, and how this was affecting peoples **housing arrangements** and **health and wellbeing**. It was felt these issues would **continue in the longer term**, as furlough schemes stop and mortgage holidays result in increased payments later on.

## **8. Local Health and Inequality Impact Assessment**

To better understand the local direct and indirect impacts of the COVID-19 pandemic in Buckinghamshire, a rapid Health and Inequality Impact Assessment (HIIA) was undertaken. A local HIIA tool was designed to collate information from stakeholders on the potential impacts across four broad categories – people, services, environment and the economy.

In the first phase the tool was used to collate input from public health, community engagement, community safety and integrated commissioning teams. Stakeholders were asked to use their professional knowledge and local “soft” intelligence to describe potential impacts across the categories and various population groups and assess whether they were likely to negatively or positively affect health and wellbeing. Community Impact Bucks was commissioned to gather information from the voluntary sector by using the same tool followed by virtual focus groups to get further insights on key issues.

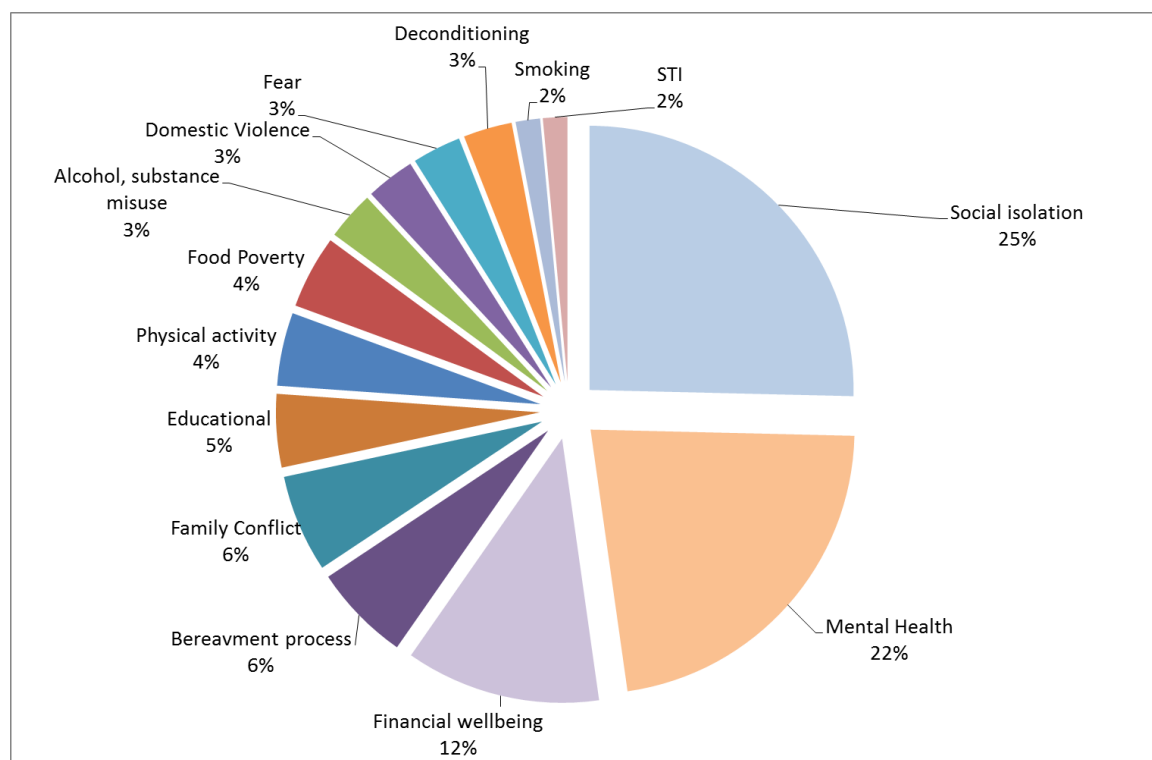
A total of 248 statements (114 from statutory services and 138 from the voluntary sector) on impacts were collated through the HIIA tool.

Approximately 4 in 5 (202/248) of the statements described negative impacts on the health and wellbeing of local residents and services and 1 in 5 (46/248) described positive impacts. Just under half of the statements described impacts on people (44%) and described impacts on services (48%).

Of the 46 positive impacts, 57% were expected to impact on current services, 33% on people and 11% on the environment.

### Impacts on people

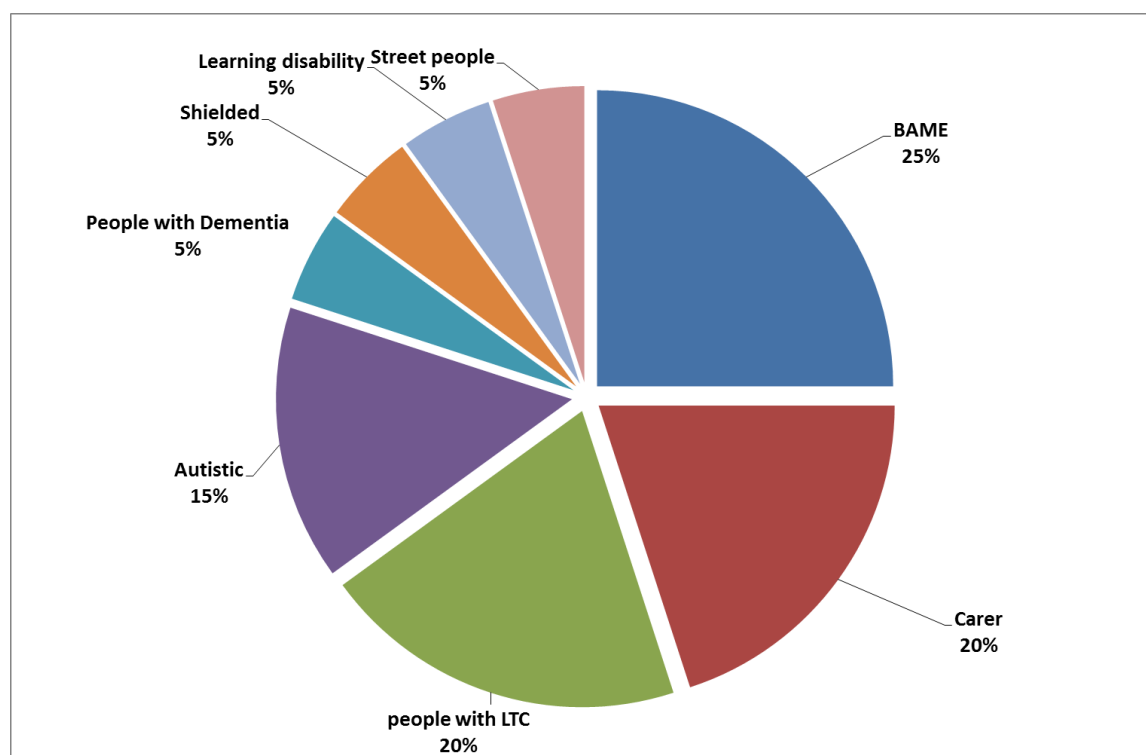
Figure 3 shows the thematic analysis of the statements describing the negative impacts on people. 1 in 4 (25%) statements described social isolation and approximately 1 in 5 (22%) described impacts on mental health.



**Figure 3: Thematic analyses of negative impacts on people**

Concerns around financial wellbeing may also be closely linked to changes in employment status during the pandemic. In Buckinghamshire, the proportion of people claiming unemployment benefit rose sharply from 1.7% in March to 4.7% in May. It then stayed roughly the same for June to September (4.8%). Although these figures were lower than both the South East and England averages, the pattern was the same in terms of a sharp rise in unemployment early on in the pandemic.

Statements where specific population groups were mentioned showed that there were concerns regarding impacts on BAME groups (25% of all statements that mentioned a specific group) followed by impacts on carers, people with long term conditions (LTC) and people with autism (figure 4). It should be noted that the categories are not mutually exclusive as carers may be from a BAME group or have a long-term condition.



**Figure 4: Proportion of impact statements where a specific group was mentioned**

Statements that describe these impacts on particular groups are provided below as examples:

- Family carers are often already financially disadvantaged, socially isolated and their own health compromised because they tend to prioritise the cared-for over their own needs - this is exacerbated when they have no care package and no respite.
- BAME key workers are more likely to live in multi-generational households so if infected with COVID-19 through their work are at greater risk of passing on infection in their household to their loved ones who may be elderly or have underlying health conditions such as diabetes.

### *Impacts on services*

The statements on impacts on services mainly described higher demands or changes in type of demand, changes in how services are offered or restricted access to services. The highest proportion of statements were on the impact on NHS services (39%) followed by voluntary and community organisations (18%), public health services (13%) and social care services (13%). Other services included transport, food banks, and schools.

For the NHS services the descriptions in the main were on restricted services and delayed presentations. For social care the concerns were mainly in restricted or no provision.

Data received as part of the local HIIA provides examples on the impact on services.

#### Case study –mental health services

Oxford Health NHS Foundation Trust reported the following difference in referrals to their Child and Adolescent Mental Health Service (CAMHS), comparing before (March 2019 to February 2020) and during (April to May 2020) the pandemic:

- 15% increase in the average number of referrals for self-harm behaviours
- 7% increase in the average number of referrals for conduct disorders.
- 54% decrease in the average number of referrals for diagnosed autism spectrum disorder
- 29% decrease in referrals for developmental conditions excluding autism spectrum

Changes in mental health services before and during the pandemic were due to a combination of factor such as changes in referrals as other services were restricted, a reduction in patients accessing services and some services moving online. These changes resulted in:

- a reduction in inpatient admissions
- a reduction in referrals across all services, most significantly in all services other than adult mental health community and urgent care.
- 19 % increase in older mental health (community) appointments
- during lockdown only 26% of appointments were face to face compared with 84% before the pandemic (note this was excluding IAPT)

#### Case study – domestic violence and related services

Data received as part of local HIIA from the community safety team showed a higher number of domestic violence related crimes reported across the whole of Thames Valley during the pandemic compared with the corresponding period in the previous year, and increased demand for support from Women's Aid.

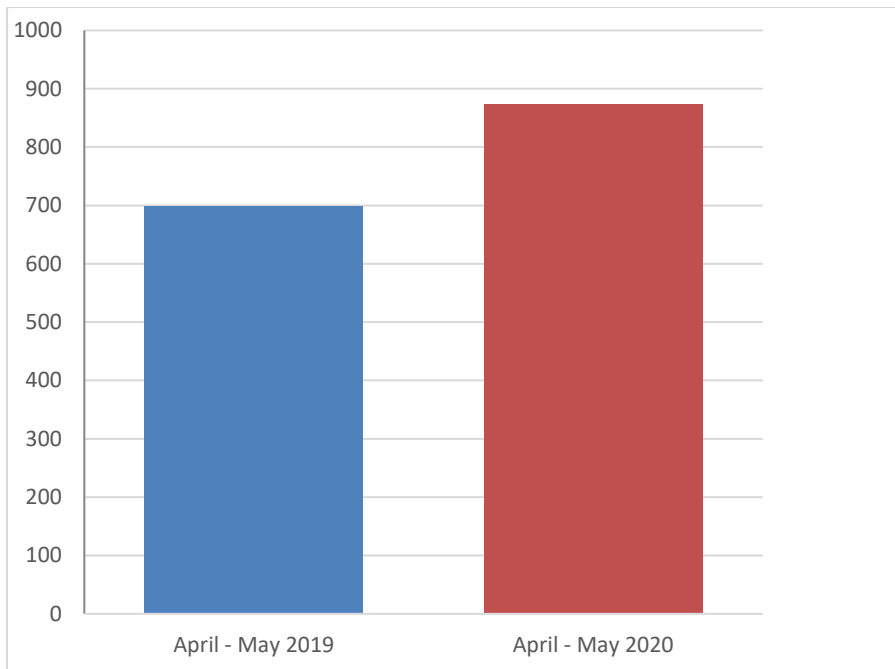


Figure 5: Number of domestic violence related crimes reported by Thames Valley Police

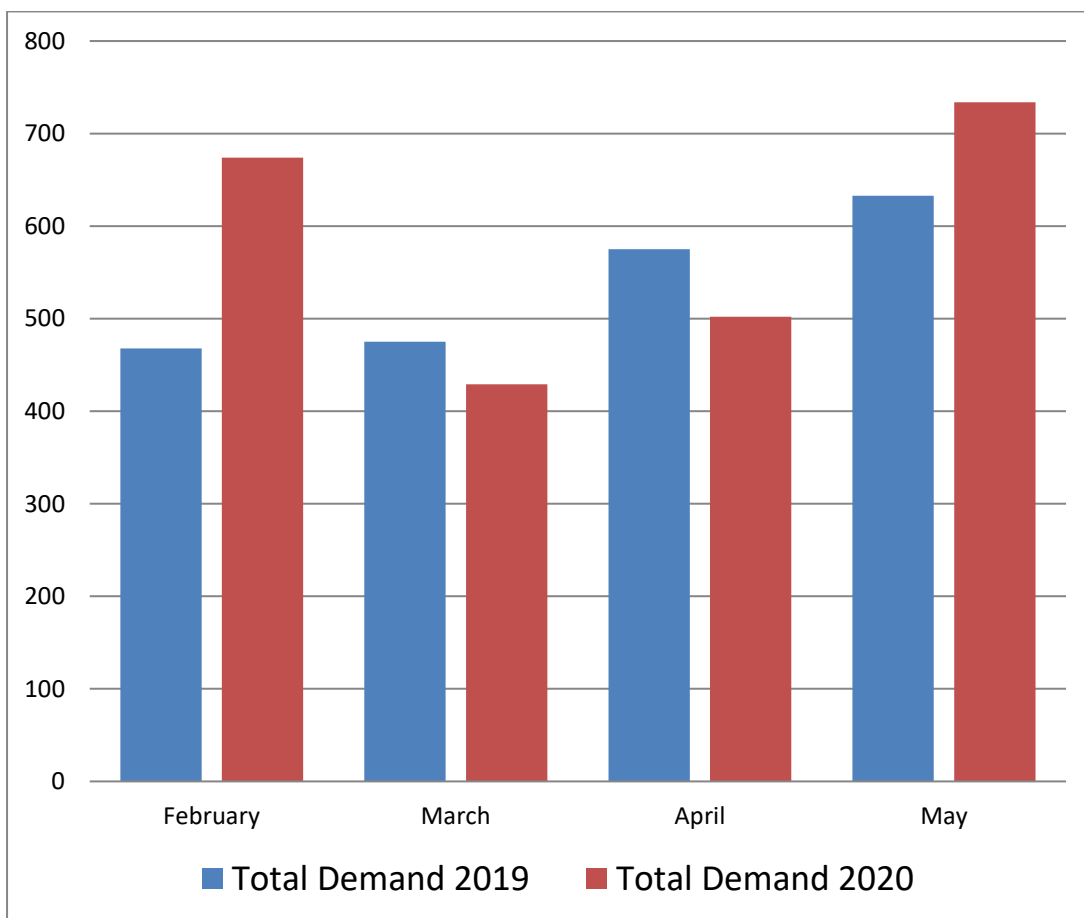
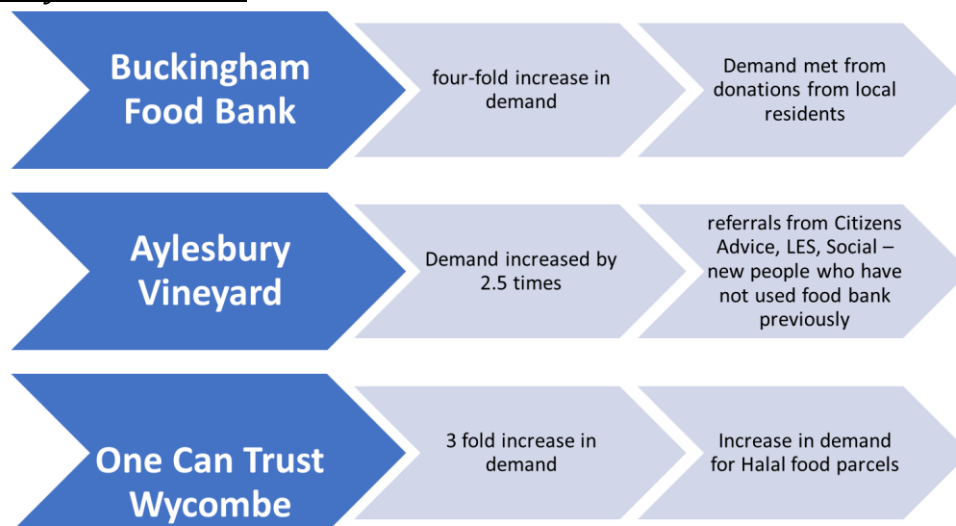


Figure 6: Women's Aid monthly service demand (year on year comparison)

For voluntary and community services, a number of challenges were described. The two key concerns were that the majority of regular volunteers were shielding or unable to volunteer and that clients were presenting with more complex needs as other services were restricted, or the clients were not aware of these services operating.

Case study – Food Banks



*Health inequalities*

Many of the impacts were considered to drive health existing inequalities with 1 in 3 of the statements expected to have a greater impact on families on low incomes or living in more deprived areas. These impacts were mainly described as worsening in the educational attainment gap, access to services, food poverty and parental stress.

An example of a statement on the impact on children in low income families suggested that they are likely to have fewer resources to occupy them during lockdown, less access to gardens or nearby green spaces and have less access to learning resources and parental support. This was validated by statements from schools that some children did not access any school learning despite the schools reaching out to them.

Front line workers on low incomes, people on zero-hour contracts and young people were specifically mentioned as likely to suffer negative mental health and poorer physical health outcomes.

The health of people with existing mental health conditions was expected to worsen compared with those without existing mental health conditions. The existing gap in life expectancy and employment between with people with serious mental illness and the general population was expected to widen.



People from BAME communities were mentioned in 1 in 10 of the statements on health inequalities with worse outcomes from COVID-19 infection, worse mental health outcomes due to stigma and widening of existing health inequalities.

Examples of statements describing the challenges faced by some BAME communities are as follows:

- "Trust is a big issue. They worry if they reach out for help their kids will be taken away"
- Communication of COVID-19 information to the public: a number of organisations have commented on the inability of some of their service users to understand instructions and communications being sent out, due to language difficulties
- High proportion of people from BAME backgrounds are working in essential services (supermarkets, delivery, hospital cleaning, public transport etc.), therefore not in lockdown but working throughout the pandemic, which puts them at higher risk of infection and severe illness from the infection. They also tend to live in the more deprived areas of the County

### *Positive impacts*

The positive impacts statements related to environment all described positive impacts on improved air-quality, reduced road traffic and noise, opportunities for cycling and walking.

The positive statements on services were increasing the awareness of the services to people who were making contact for the first time, awareness of unmet need and accelerated programmes of digital (online) services that were able to offer more appointments than normal on site appointments.

The statements describing positive impacts on people were in the main an opportunity for people to pause and reflect on quality of life and what matters to them most, an opportunity to spend more time together in family units and also an opportunity to contribute positively to their community.

### *Examples of such positive impacts*

- Live Well Stay Well was able to deliver their children's weight management programme (SPARK) remotely, enabling those residents who do not live close face to face delivery locations to access the service more easily. The online service had the capacity to book larger numbers of children compared to onsite programmes.
- Increase in telephone support services have presented an opportunity to reach vulnerable people who were already socially isolated and link them with support services – particularly befriending services.

- A real opportunity for people to look at their own lives (e.g. what they do, how they spend their time, do they enjoy their job) and to make adjustments and changes to enhance their life as they come out of lockdown
- A family who were furloughed decided to bring their daughter out of residential care and look after her at home. This was in order to protect her from possible COVID-19 infection in the residential care home. They all stayed safe from the virus. Their relationships and bonding as a family is enhanced - they're enjoying their time together, knowing that it was time-limited made it feel OK to embark on.
- Phone buddy system set up by All Saints' Parish church to provide a personal contact for potentially vulnerable/lonely parishioners. They have had positive feedback from participants with friendships developing and it has also been a good conduit for pastoral concerns to be fed back to that ministry team.
- New volunteers who are often people with needs themselves – through volunteering they are helping others which also helps them. For example, a recently bereaved widower started delivering food to a particular individual each week. Another volunteer with Parkinson's Disease provided supportive phone calls to another individual with the same condition. The volunteers gained a sense of meaning, purpose, connection and usefulness through these experiences.