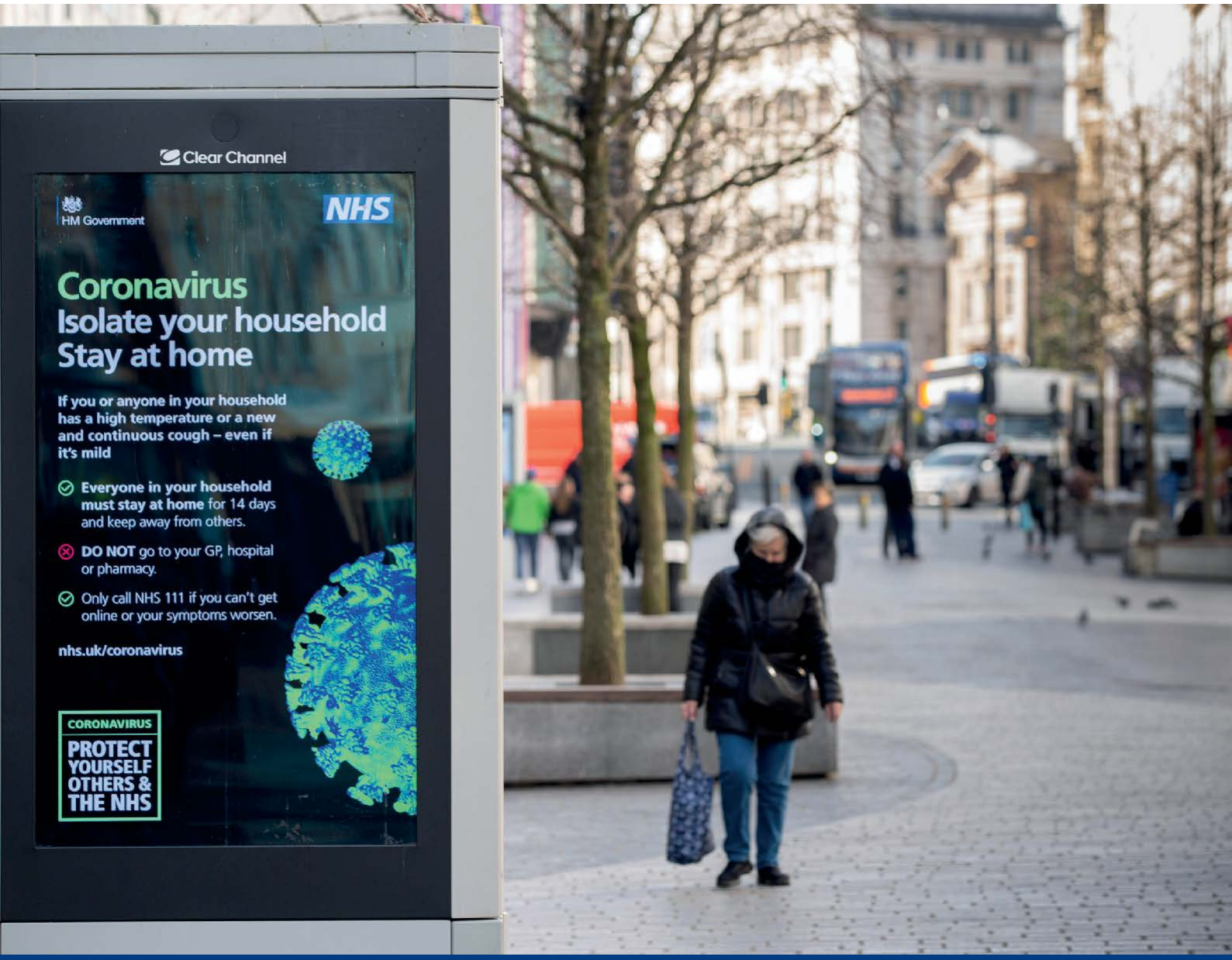
UNIVERSITY OF LIVERPOOL | Heseltine Institute for Public Policy, Practice and Place

LIVERPOOL CITY REGION COMBINED AUTHORITY



Responding to COVID-19 in the Liverpool City Region

Prioritising Health and Equity in Recovery from the COVID-19 Pandemic

Lisa Jones and Dr Andrew Turner

Policy Briefing 023 **August** 2020

Map of Liverpool City Region Combined Authority (LCRCA) boundary (in red) and constituent local authorities

Data sources: Westminster parliamentary constituencies (December 2018 - ONS), local authority districts (December 2018 - ONS), and combined authorities (December 2018 - ONS)

Prioritising Health and Equity in Recovery from the COVID-19 Pandemic

Key takeaways

1. The health and wellbeing impacts of COVID-19 are not being borne equally across the Liverpool City Region (LCR) and the factors that make certain individuals, households and communities more vulnerable to these impacts will also influence their capacity to recover.
2. Without targeted action the City Region is likely to see health and wellbeing inequalities become further entrenched. The principles of health and equity can, and should, be prioritised in a public health approach to recovery from the COVID-19 pandemic.
3. Recovery planning provides an opportunity to do things differently, but this requires all sectors to be engaged in health and wellbeing considerations. It is predominantly the decisions and actions taken outside of the health sector that shape the social, economic and physical environments of our communities.
4. International examples demonstrate that a well-designed and structured "Health in All Policies" (HiAP) approach, which supports public health professionals to expand their involvement across sectors, can leverage opportunities to maximise health and wellbeing. In the LCR, while progress has been made in the positioning of health and equity within policy making, ongoing cross-sectoral engagement is needed to address the "real-world" challenges of implementing a HiAP approach.
5. Opportunities to promote health and wellbeing should not be missed. If health and equity are successfully prioritised in policy responses to COVID-19, then we will have a much greater chance of "building back better" to a fairer, more inclusive society that maximises the health and wellbeing of all our communities.

1. Introduction

Even before the pandemic, the people of the Liverpool City Region (LCR) had some of the poorest health outcomes in the UK. High numbers of socially and economically vulnerable residents and extensive, persistent health inequalities will have profound impacts on the ability of our communities to respond and recover from COVID-19. However, it is not inevitable that existing inequalities should worsen during the recovery period, and we do not have to return to the same systems and structures that caused inequalities in the first place. To support an evidence-based, equitable and sustainable approach to recovery, identifying and addressing current and future health and wellbeing needs is integral to recovery planning.

The Health and Equity in Recovery Plans Working Group has been convened by Matthew Ashton, Director of Public Health for Liverpool City Council, and Professor Sally Sheard, Head of Department for Public Health, Policy and Systems at the University of Liverpool, to drive forward a public health approach to recovery. The first phase of work has focused on systematically thinking through and considering the health and wellbeing impacts of COVID-19 to inform and support recovery planning in the LCR and across the wider footprint of Cheshire and Merseyside.

This briefing provides a summary of the health and wellbeing impacts of COVID-19 identified during this first phase of work. It then looks ahead to the implications of the findings and how a public health approach to recovery presents opportunities to do

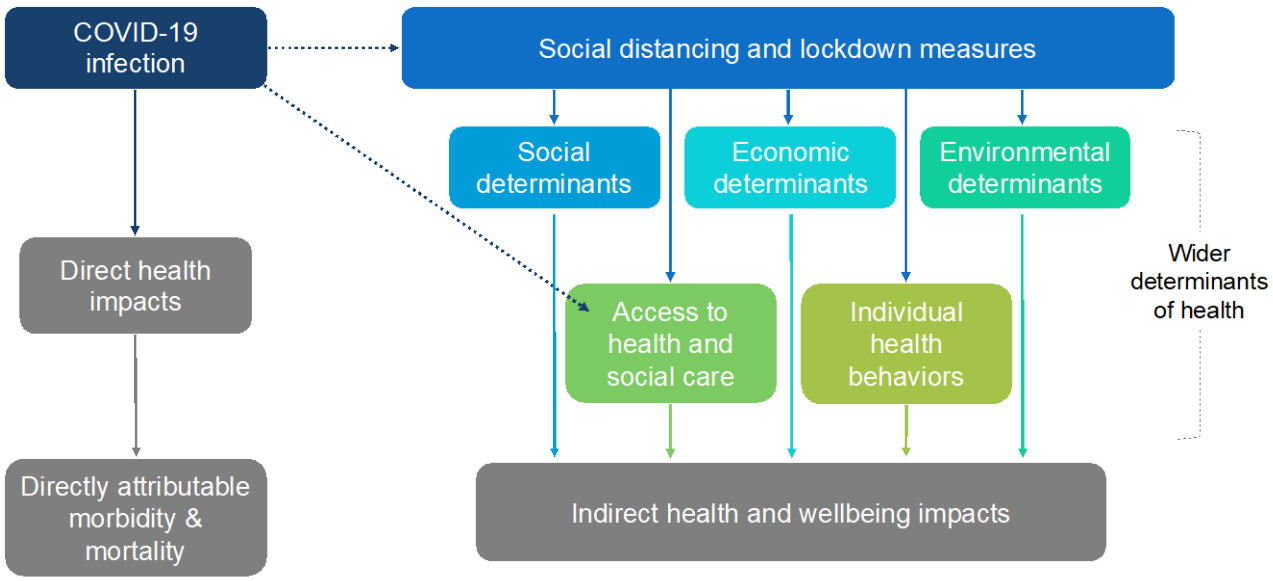
things differently and improve the health, resilience, and sustainability of all our communities.

2. Health and wellbeing impacts of COVID-19 and implications for recovery

It is now clear that the health and wellbeing impacts of COVID-19 are not being borne equally. The pandemic has both exposed and exacerbated longstanding inequalities in society. Men, older people, those with existing health conditions, ethnic minority communities, low-paid workers and those from poorer areas are all at a greater risk of infection, of serious illness and of dying from COVID-19.

The consequences of social distancing and other measures designed to control the spread of infection (isolation at home, economic shutdown, school closures and reduced access to services) have had their own, unequal impacts on health and wellbeing. By examining the effects of the control measures on the "wider determinants of health" – the factors that determine our opportunities to keep well and be healthy – the full extent of the health and wellbeing consequences of the pandemic can begin to be understood (see Figure 1).

Figure 1. The impacts of COVID-19 on the wider determinants of health and wellbeing



Credit: Adapted from Douglas et al. 2020

The key impacts (both positive and negative) of COVID-19 on the wider determinants of health and wellbeing outlined in our recent rapid evidence review (Jones et al. 2020) are summarised below.

Social factors: impacts on friends, families and communities:

- **Civic participation** – Thousands of new volunteer groups established. Voluntary sector infrastructure report receiving many offers of help.
- **Social cohesion** – Most adults believe that the country will be more united and kinder once we have recovered from the pandemic.
- **Social isolation and loneliness** – Young adults, women, people with lower education or income, the economically inactive, people living alone, and urban residents most at risk of being lonely. Adults with disabilities are also identified as a group at particular risk of loneliness.
- **Family violence and abuse** – Domestic and family violence increases following disasters. Calls to domestic abuse helplines have increased during lockdown.
- **Social disorder** – Robbery and serious assaults lower than in the same period in 2019. However, risk of criminal gangs recruiting young people out of school possibly increased.
- **Hidden safeguarding issues** – Access to support and supervision of professionals is reduced. Vulnerable children and families are likely to be missing out on vital support.

Economic factors: impacts on money, resources and education:

- **Educational attainment** – Inequalities in home learning activities and time spent on learning have implications for educational attainment. Inequalities in access to electronic devices for home learning.
- **Job security and opportunity** – Increase in people signing up for Universal Credit and Jobseeker's Allowance benefits. Young workers and low earners have been most affected. Unemployment is predicted to reach almost 10% in the final quarter of 2020.
- **Household incomes** – 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.
- **Work environment** – Inequalities in the ability to and accessibility of working from home.
- **Predicted economic impact** – Predicted economic downturn will have significant health impacts in the short and longer term.

Environmental factors: impacts on our surroundings, transport and the food we eat:

- **Housing security and quality** – Economic impact may escalate homelessness through an increase in housing payment arrears. Increased time at home during lockdown may exacerbate the health impacts of poor-quality housing.
- **Access to green space** – Inequalities in access to private green space. Access to public green space is more evenly distributed but inequalities exist in access to good quality and safe green space.
- **Digital access** – Digital inequalities may exacerbate impacts related to health literacy and social isolation.
- **Transport** – Significantly reduced number of car journeys and public transport journeys through lockdown. Reductions may be short-lived and lasting damage done to public transport systems. Significant increase in cycling at the weekends and increases seen on weekdays.
- **Air pollution** – Big drops in fine particulate matter and NO_2 resulting in healthier, cleaner air in the early phase of lockdown. Emissions have since rebounded to close to pre-pandemic levels.

- **Recycling and waste disposal** – Increased fly-tipping across the UK following closure of recycling centres.
- **Food security** – The lockdown has exacerbated food insecurity and food need, particularly among children. The number of adults who are food insecure is estimated to have quadrupled. Food banks have experienced a rapid increase in demand and reduced volunteer numbers.

From response to recovery

As we move from the response phase of the pandemic and into recovery, the factors that make certain individuals, households and communities more vulnerable to the impacts of COVID-19 will also influence their capacity to recover from them. It is likely that, alongside the exacerbation of inequalities observed in the early stages of the pandemic, without targeted action we will see inequalities in health and wellbeing further entrenched as different groups and communities recover at different rates.

3. Prioritising health and wellbeing in recovery

The COVID-19 pandemic will continue to be hugely disruptive. Learning from other large-scale crises and disasters, it is clear that a public health approach to recovery provides opportunities to do things differently and improve the health, resilience, and sustainability of communities. There will be opportunities to address LCR's longstanding and persistent health and wellbeing inequalities as the recovery from the COVID-19 pandemic is planned.

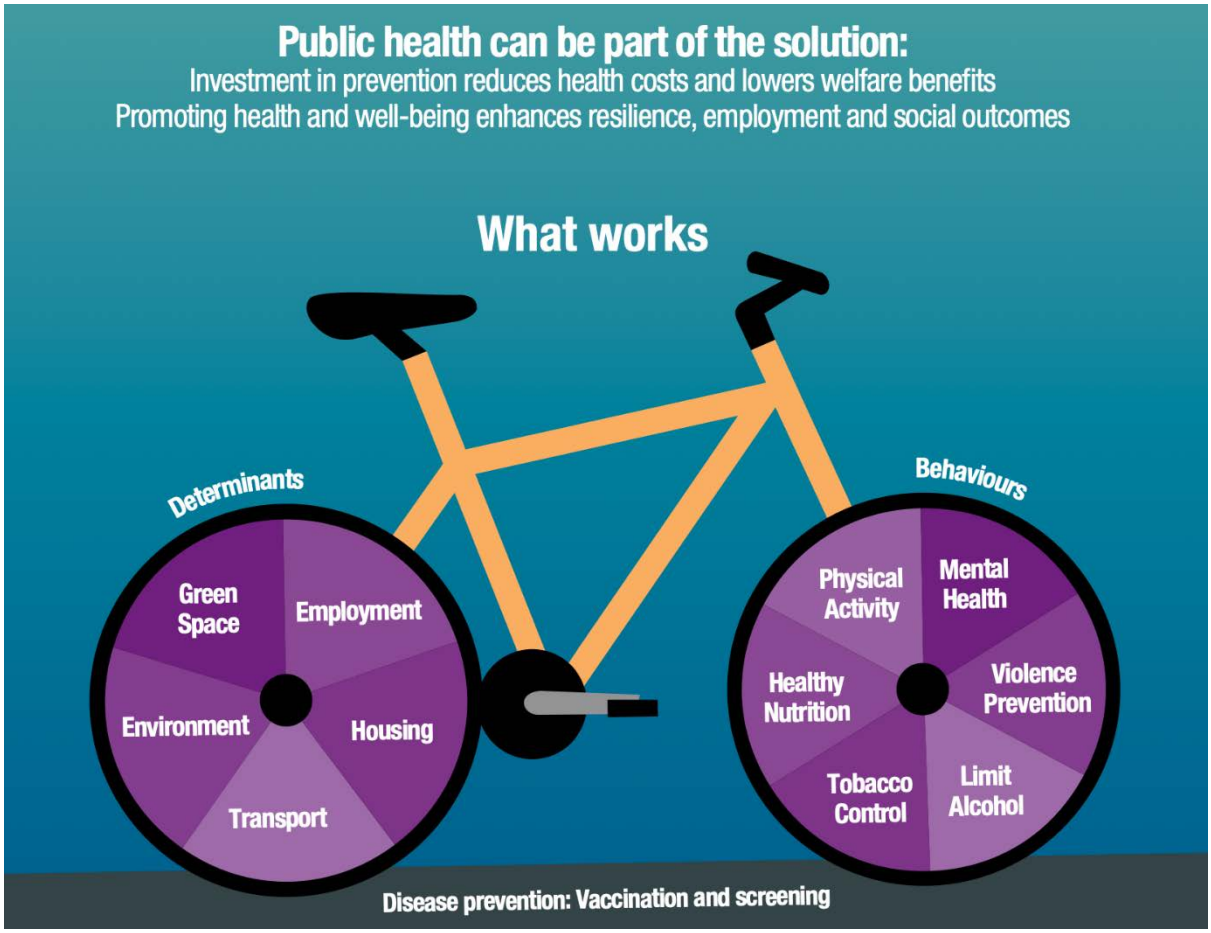
This requires an approach that incorporates health and wellbeing considerations at every step of the recovery process. A 2015 report from the US Institute for Medicine illustrates how both short- and long-term recovery activities present a range of opportunities to advance health equity. Health and wellbeing are integral to recovery, but it is predominantly the decisions made and actions taken outside of the health sector that shape the social, economic and physical environments of our communities.

The Institute for Medicine (2015) report recognised that disaster recovery can build on prior strategic planning initiatives and cross-sector collaborations and outlined four steps that provide opportunities for the integration of health and wellbeing considerations:

- **Visioning** — Recovery is viewed as an opportunity to advance a shared vision of a healthier and more resilient and sustainable community.
- **Assessment** — Community health assessments and hazard vulnerability assessments provide data that show the gaps between the community's current status and desired state and inform the development of goals, priorities, and strategies.
- **Planning** — Health considerations are incorporated into recovery decision making across all sectors. This integration is facilitated by involving the public health sector in integrated planning activities and by ensuring that decision makers are aware of the potential health impacts of all recovery decisions.
- **Implementation** — Recovery resources are used in creative and synergistic ways so that the actions of health and other sectors each yield co-benefits for health. A learning process is instituted so that the impacts of recovery activities on health and wellbeing are continuously evaluated and used to inform iterative decision making.

For successful recovery, all sectors need to be actively engaged in efforts to protect and promote health and wellbeing, particularly through a "Health in All Policies" (HiAP) approach – see Figure 2. This is based on the principle that all sectors have a role to play in shaping population health through public policy

Figure 2. HiAP can benefit multiple partners and bring win-win outcomes.



Credit: World Health Organisation, as reproduced by Local Government Association (2016)

and HiAP is recognised as an important process in helping to advance public polices for healthier and more equitable cities (Corburn et al. 2014).

A high-profile example of a structured HiAP approach to recovery was demonstrated in New Zealand, following the earthquakes that hit the Canterbury region in 2010 (Stevenson, Humphrey and Brinsdon 2014). A dedicated HiAP team with a focus on recovery issues was established from an existing, interagency HiAP partnership with the support of a one-off grant. The approach supported public health staff to expand their involvement across sectors and their input to local and regional policy, on issues including air and water quality and building standards. This opportunity was harnessed to understand the importance and influence of urban planning and design on health and wellbeing as part of recovery processes.

The New Zealand example highlights the value of the HiAP approach for leveraging community assessments and strengthening public policy responses to disasters and shocks. It also illustrates an approach which ensures that health and wellbeing are constant considerations in recovery activities in an evidence-based, equitable and sustainable fashion.

4. Building back better in LCR to maximise health and wellbeing

Appropriate policy interventions will vary depending on the makeup of local communities, available resources and direction from central government. However, the principles of health and

equity can and should be pivotal to every recovery strategy and policy, otherwise we risk many communities in the LCR continuing to suffer disproportionately from poor health and wellbeing, during and beyond the pandemic.

The achievements in Canterbury and elsewhere show that well-designed HiAP mechanisms can help to leverage opportunities to maximise health and wellbeing; opportunities that may otherwise have been missed (Morcelle 2017). As Health Policy Lead for the LCRCA for the past 12 months, one of the authors has observed first-hand the huge amount of progress in the organisation's approach to policy making. Working collaboratively to improve health, wellbeing and equity are now explicit goals in all policies and strategies, including in sectors that may not traditionally have considered them, such as employment and economic development.

Adoption of this "health in all policies" approach has been accelerated further by the pandemic. It is incredibly encouraging to see health and wellbeing feature so prominently in the underlying principles of the LCR Economic Recovery Plan, *Building Back Better* (LCRCA 2020). This includes commitments to measure economic success not just in terms of GDP, but by people's health and happiness, and to embed the improvement of health, wellbeing and equity in all policies, programmes and investments through the systematic use of health and equality impact assessments.

The challenges of "real-world" implementation and true collaborative working across systems may test how robustly these principles are engaged with and adhered to. An inter-organisational approach, such as that taken by the Health and Equity in Recovery Plans Working Group, is therefore key in bringing together expertise from across the City Region to help address these challenges. If health and equity are successfully prioritised in policy responses to COVID-19, then we will have a much greater chance of building back better to a fairer, more inclusive society that maximises the health and wellbeing of all our communities, and not merely "building back quickly" to the systems and structures that caused so many challenges in the first place.

5. References

Corburn, Jason, Shasa Curl, Gabino Arredondo, & Jonathan Malagon. 2014. "Health in All Urban Policy: City Services through the Prism of Health." *Journal of Urban Health* 91 (4)4): 623-36.

Douglas, Margaret, Srinivasa Vittal Katikireddi, Martin Taulbut, Martin McKee, & Gerry McCartney. 2020. "Mitigating the wider health effects of covid-19 pandemic response." *BMJ*. www.bmj.com/content/369/bmj.m1557.

Institute of Medicine. 2015. *Healthy, Resilient, and Sustainable Communities after Disasters: Strategies, Opportunities, and Planning for Recovery*. Washington DC, US: The National Academies Press.

Jones, Lisa, Cath Lewis, Janet Ubido, et al. 2020. *Direct and Indirect Impacts of Covid-19 on Health and Wellbeing. Rapid Evidence Review.* Champs Public Health Collaborative and Public Health Institute, Liverpool John Moores University on behalf of the Health and Equity in Recovery Plans Working Group.

Liverpool City Region Combined Authority [LCRCA]. 2020. *Building Back Better. Our economic recovery plan*. Liverpool, UK: LCRCA.

Morcelle, Madeline. 2018. "Reimagining Community Resilience with Health in All Policies." *Harvard Public Health Review* 12: 1-7.

Stevenson, Anna, Alistair Humphrey, & Sandy Brinsdon. 2014. "A Health in All Policies Response to Disaster Recovery." *Perspectives in Public Health* 134 (3): 125-126.

UNIVERSITY OF LIVERPOOL | Heseltine Institute for Public Policy, Practice and Place

LIVERPOOL CITY REGION COMBINED AUTHORITY

The Heseltine Institute is an interdisciplinary public policy research institute which brings together academic expertise from across the University of Liverpool with policy-makers and practitioners to support the development of sustainable and inclusive cities and city regions.

Heseltine Institute for Public Policy, Practice and Place
University of Liverpool, 1-7 Abercromby Square, Liverpool, L69 7ZH

Follow us @livuniheseltine

About the authors

Lisa Jones
Lisa is Reader in Public Health in the Public Health Institute at Liverpool John Moores University (LJMU) and co-chair of the Health and Equity in Recovery Plans Working Group.

Dr Andrew Turner
Andy is a Public Health Specialty Registrar. He is currently acting Health Policy Lead at the Liverpool City Region Combined Authority (LCRCA) and co-chair of the Health and Equity in Recovery Plans Working Group.

COVID-19 Policy Briefs can be accessed at: www.liverpool.ac.uk/heseltine-institute