

Embracing optimism

Living with COVID-19

Annual Report of the Director of Public Health for Wirral
2020-2021



Contents

Foreword	3
Executive summary	4
Introduction	6
From Wuhan to Wirral	8
Health in Wirral	10
Inequalities and COVID-19	20
Tackling health inequalities	29
Recommendations	31
Acknowledgments	37

Foreword

This is my first Public Health Annual Report since all our lives have been changed by the COVID-19 pandemic. The impact has been devastating but our community has been extraordinary.

In January 2020 Wirral became one of the first places in the world responding to COVID-19 when we hosted British residents from Wuhan. Since then, we have all worked hard together to Keep Wirral Well.

I have seen the commitment of people working relentlessly in the NHS and care sector, the endurance of people to stay at home doing things we have never done before, the kindness and compassion of our communities and the hard work and creativity of schools, businesses, community and voluntary sector groups and all our public sector partners to protect us.

I extend my sincere gratitude to everyone for the part they have played and my condolences to the families of those who have succumbed to the virus. Although COVID-19 has been the biggest health challenge to affect us all for generations, many of the enduring health problems we faced before the pandemic have worsened as a result. And, whilst the pandemic has touched us all some people have

felt the impact of the virus and the measures to control it worse than others.

As COVID-19 becomes something we have to live with we must remain dedicated to improving the health and wellbeing of Wirral residents. To do this we will need to build on the shared commitment and effort demonstrated by residents and partners during the pandemic. This report looks at the health of the Wirral population, how the pandemic has impacted our community's health and wellbeing and sets out the things that we all must do, addressing some of the old challenges and tackling new ones, to Keep Wirral Well.



Julie Webster

Julie Webster
Director of Public Health



Executive Summary

When everyone is healthy, everyone benefits. We have made great progress to support people to live healthier lives in Wirral. However, some communities continue to experience better health than others.

The pandemic has made these differences worse, and the heaviest impacts have fallen on the lives of people already experiencing health, economic and social inequalities.

These differences are the most significant health challenge in Wirral. They impact on the quality of people's lives; the way residents use services and how individuals and the economy prosper.

Differences in health occur because of the social, economic, and environmental conditions in which people live. Protective factors include having good quality employment, a safe and warm home, and the best start in life. Urgent action to tackle

longstanding health inequalities in Wirral is now required. The pandemic has however shown us what we can achieve when we all work together and the speed at which we can make change happen.

Crucially we are presented with the opportunity to reduce the gap in health between our communities and the rest of England or face the possibility that failure to act together and at pace increases poor health in Wirral. Tackling health inequalities is good for everyone and is everyone's business. This is a once in a generation opportunity to do things differently.



We all want Wirral to be a place where every community is healthy and doing well and this report sets out the following five recommendations to achieve this.

1

Prioritise economic regeneration and a strong local economy

2

Safeguard a healthy standard of living for all

3

Increase support for children, young people and families

4

Strengthen action to address differences in health outcomes and prevention

5

Residents and partners continue to work together

Introduction

COVID-19 has created unprecedented challenges and new experiences for everyone. However, whilst the pandemic has affected us all, the burden has not been shared equally.

High levels of deprivation, driven in part by major and longstanding challenges with local economies and employment, are important reasons for poor health outcomes.

COVID-19, has had its greatest effects on those with chronic health conditions and has reinforced variations in health. It is important we do not lose sight of these enduring health challenges as we continue to respond to the pandemic which is still evolving.

Whilst we have made great progress to support people to live healthier lives in Wirral, health inequalities are stubbornly persistent. For many years some Wirral residents have had some of the poorest health outcomes in the country. Within the borough we see differences in life expectancy of 10.7 years for men and 11.2 years for women. Action to tackle health inequalities and reduce its impact on our community, will be a key task long

into the future and one which will benefit every resident. Although some things that influence our health cannot be changed, such as our age and genes, there are many important factors that, collectively, we can improve. Issues such as poverty, unemployment, poor housing, and unhealthy environments are major contributors to this health gap. The pandemic has shown us what we can achieve when we all work together and how quickly we can make change happen.

This report looks at health inequalities in Wirral, the initial impact of COVID-19 locally and what we need to do collectively to improve health for everyone in our borough.



Health inequalities are ultimately about differences in the status of people's health. They occur due to factors often outside of people's direct control and as a result people can experience systematic, unfair, and avoidable differences in their health, the care they receive and the opportunities they have to lead healthy lives. Everyone is affected by health inequalities at some point in life, however, there are some individuals and communities who are impacted more so than others by these differences including but are not limited to:

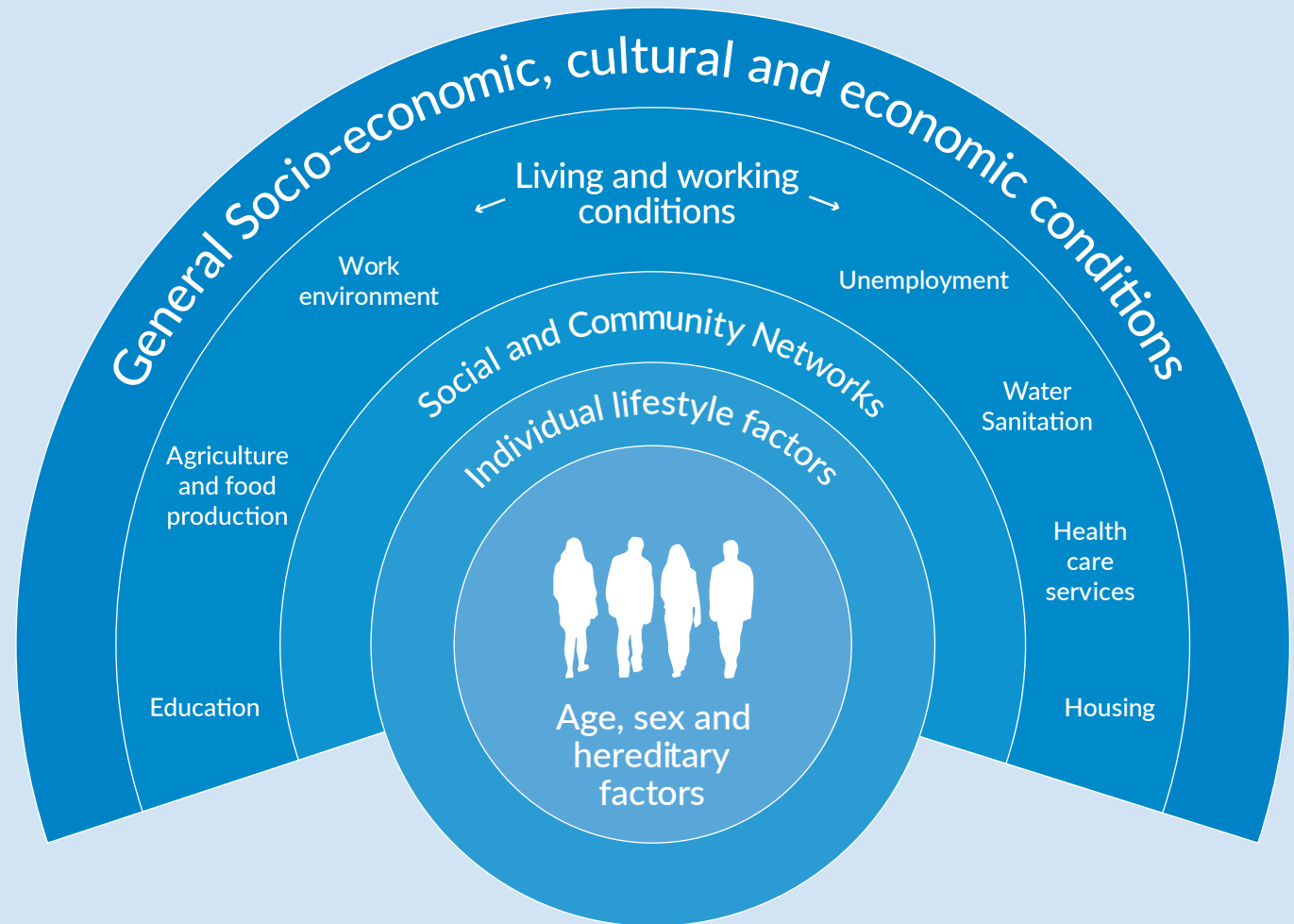
- Those who are more financially disadvantaged
- Gender (depending on the issue)
- Ethnic communities
- Sexual orientation and identity (including transgender, non-binary, and intersex people)
- Older people
- Those with disabilities (including invisible and learning disabilities)

Ultimately however everyone is impacted by health inequalities and when everyone is healthier, everyone benefits.

Research has shown that health inequalities occur because of the different conditions into which we are born, grow, live, work and age. Our health and wellbeing is influenced by not only genetics and behaviours, but importantly, the wider determinants of health such as housing, employment, and the environment.

In fact, the wider determinants have a greater influence on health than health care, behaviours, or genetics. This diagram shows how these factors interact and can often be experienced together. Particular groups can be affected across a number of factors, and these can be mutually reinforcing.

The Dahlgren and Whitehead Health Determinants Model (1991)



From Wuhan to Wirral

The World Health Organisation was informed of an outbreak of an unknown disease in Wuhan City, Hubei Province of China on 31st December 2019 which was later identified as COVID-19 on 7th January 2020.

In the earliest phase of the pandemic Wirral successfully hosted groups of British nationals from Wuhan to quarantine for 14 days at Arrowe Park Hospital.

This response demonstrated the agility of Wirral Partners to respond to a quickly emerging situation and provided learning which supported our response in subsequent months. The first case of COVID-19 in Wirral was detected on 6th March 2020, with the first recorded COVID-19 death on 20th March 2020.

During this time pressure also started to increase on the North West Ambulance Service as did calls to 111 reflecting growing community

transmission. As COVID-19 cases began to spread across the globe, it became clear that significant action was required to manage the virus. On 23rd March, following a further rise in cases, the UK Government announced the first national lockdown which ended in July.

The second national lockdown took place between 5th November and 2nd December 2020, following a period of regional, tiered restrictions in September across the Liverpool City Region. The third national lockdown started on 4th January 2021; ongoing easing of restrictions commenced in March 2021, Step 4 of the national roadmap was introduced on the 19th July 2021.

First UK Response

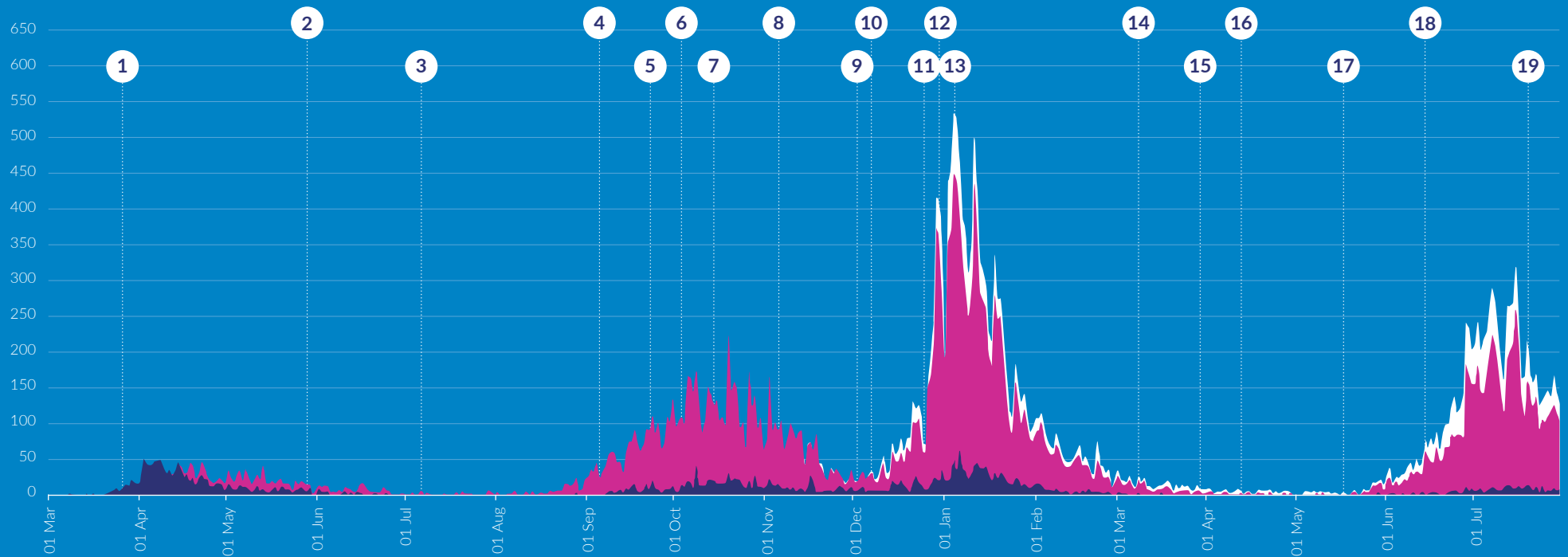
Wirral led the first national response to the pandemic, successfully hosting repatriated UK nationals from Wuhan in January 2020. This required rapid, local collaboration to ensure a safe and effective response at a time when the UK had not been managing COVID-19 as an emergency.

The guests were monitored and supported around the clock for 14 days. This involved the speedy development and implementation of new procedures and systems as well as a humanitarian response to support them, their families and friends. Ensuring that local residents felt safe and protected was a further part of our approach.

Being the flagship UK responder prepared Wirral for what followed; providing important lessons about working with the NHS and creating dedicated teams across the Council to deal with, and quickly adapt to, different ways of working. As a result, Wirral has been tackling COVID-19 longer than any other local authority in the country.

In September 2020 the Local Government Association (LGA) reviewed the work of Wirral's response to the pandemic and concluded that it had been 'incredible' - highlighting key themes such as the importance of effective communication, pace of response to an ever-evolving crisis, the value of partnership working and the need to be proactive and forward thinking in terms of delivering services digitally.

Number of COVID-19 positive cases in Wirral and local, national and international response.



1 Lockdown measures imposed

2 'Conditional' reopening

3 Wider reopening

4 Schools reopened (1)

5 Local restrictions (first stage)

6 Local restrictions (second stage)

7 Tier 3 restrictions imposed

8 Lockdown measures imposed (2)

9 Tier 2 restrictions imposed

10 Asymptomatic Testing Launched (Wirral)

11 Lockdown measures relaxed (Xmas)

12 Tier 3 restrictions imposed

13 National lockdown (3)

14 Roadmap 1a (inc schools reopening)

15 Roadmap 1b

16 Roadmap 2

17 Roadmap 3

18 Full lockdown removal delayed to 19th July

19 Restrictions lifted

● Swab testing in labs and NHS hospitals for those with clinical need

● Whole population PCR testing

● Lateral Flow Testing

Health in Wirral

The information presented in this report describes the health of Wirral residents drawn from validated data sources.

The impact of the COVID-19 pandemic will not currently be reflected in local indicators as it continues to emerge and will be reported upon as the data becomes available.

Due to the volume and depth of information available a technical intelligence commentary, with source data and references, is provided as a detailed supplement to this report.

Health inequalities can be measured in many different ways. As a key measure of a population's health status, life expectancy is one of the foremost measures of health inequality. Life expectancy at birth in England has shown dramatic increases throughout the twentieth century as health and living conditions improved. However, in England prior to the pandemic, life expectancy was stalling and health inequalities widening. In 2017-19, life

expectancy at birth in Wirral was 78.5 years for males and 82.3 years for females (both increases on 2016-18) compared to 79.8 and 83.4 respectively in England. Nationally, studies have estimated that, as a result of the COVID-19 pandemic, life expectancy at birth in 2020 had fallen by 0.9 and 1.2 years for females and males respectively relative to 2019 levels in England and Wales.

Increases in life expectancy have not been uniform across all people; marked rises have occurred amongst more affluent communities, while progress has been significantly slower for people living in less affluent areas. In 2019 35% of the population of Wirral were living in deprivation, a similar proportion to previous years. The proportion of children (aged 0-15) living in income deprived families in Wirral was 22%, however in a Lower Super Output Area (LSOA) in the east of the



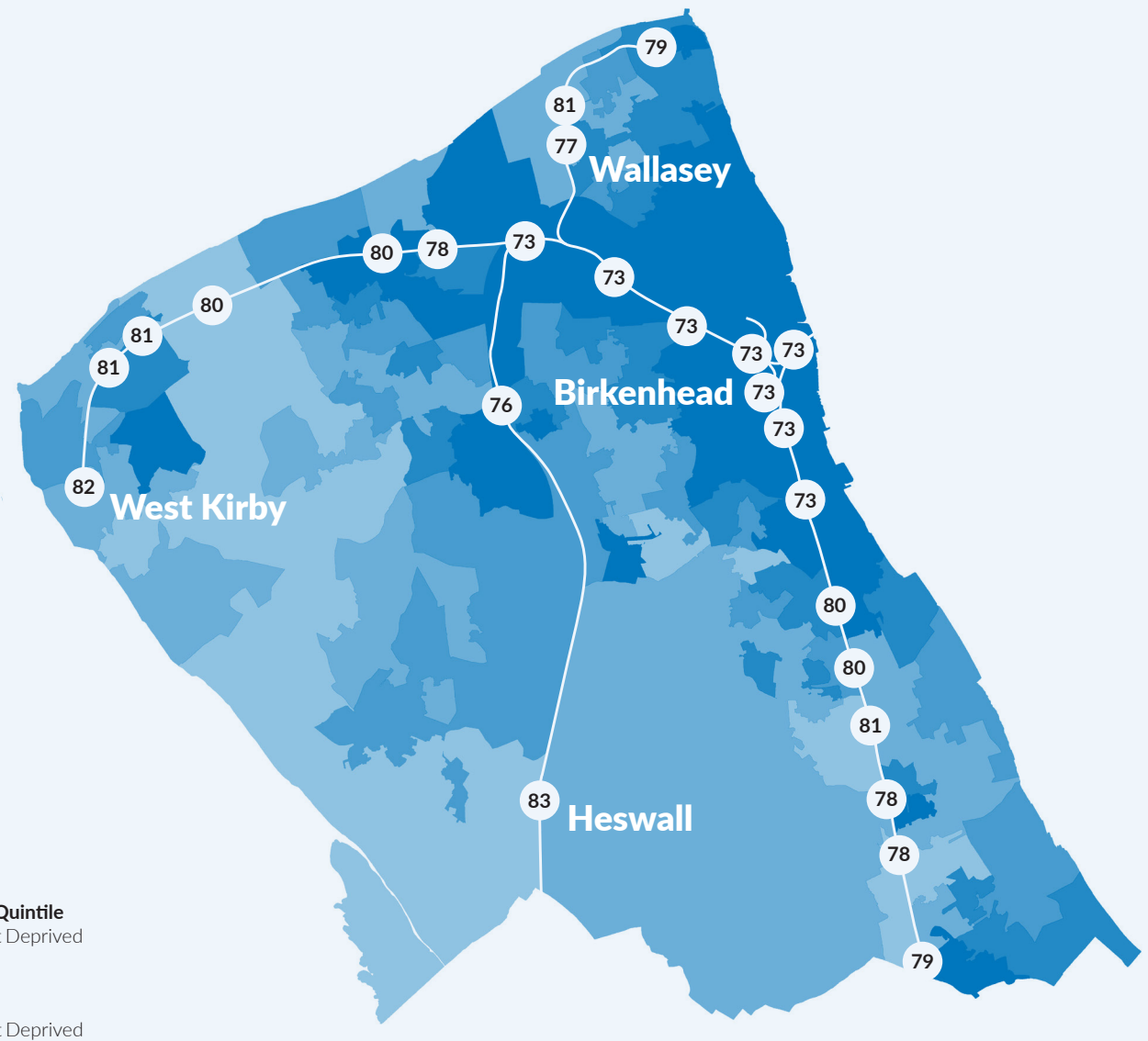
borough (E01007122 or Bidston St James East), 62% of children are classified as living in an income deprived family, compared to 0.0% of children in another LSOA in the west of the borough (E01007284 or Thurstaston). Differences in life expectancy between those living in the most and least deprived wards in Wirral equate to 10.7 years for men and 11.2 years for women.

Birkenhead & Tranmere was the ward with the lowest life expectancy at birth for males (72.8), whilst Greasby, Frankby & Irby had the highest (83.5). For females, Rock Ferry had the lowest life expectancy (76.5) whilst Wallasey had the highest (87.7).

The gap between life expectancy at birth at ward level in Wirral has widened for females (from 9.8 years to 11.2 years) but shortened for males (from 11.8 years to 10.7 years) compared to the previous period of 2016-18. The gap between life expectancy at birth between males and females in Wirral has remained the same (3.8 years) when compared to 2016-18.



Male Life Expectancy at Birth by Wirral Railway Station 2017-2019 (3 Years Pooled) Underlaid with IMD 2019 Deprivation Quintile
 Station life expectancy is based on the Wirral ward life expectancy that the station is located in.

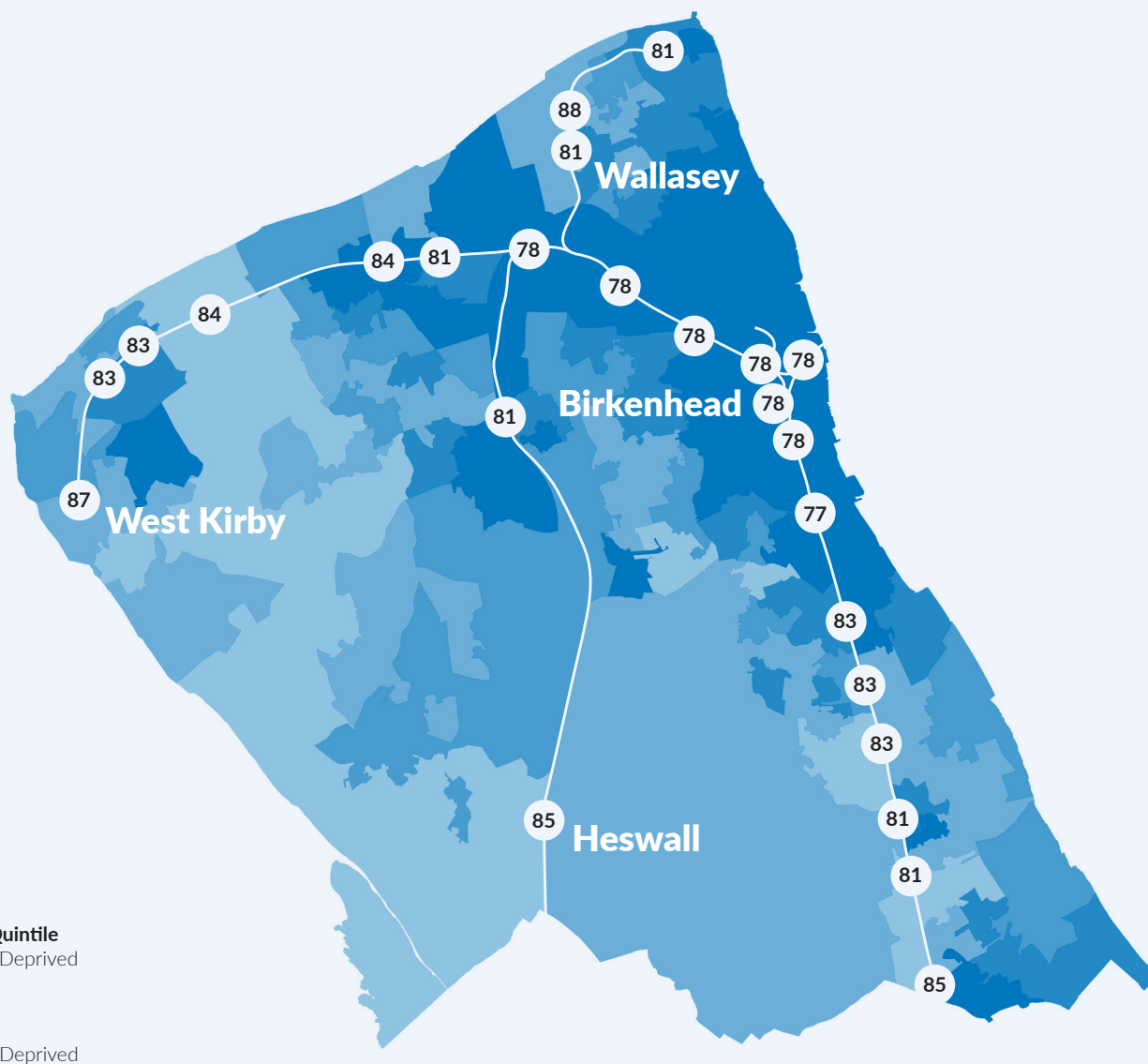


Healthy life expectancy at birth is the average number of years a person would expect to live in good health based on contemporary death rates and prevalence of self-reported good health. Increases in healthy life expectancy have not matched the gains in life expectancy, meaning that although people are living longer, their later years are spent in poorer health, creating greater demands on health and social care services. In 2017-19, healthy life expectancy in Wirral was 60.9 years for men compared to 63.2 years for men in England, which is significantly worse than England.

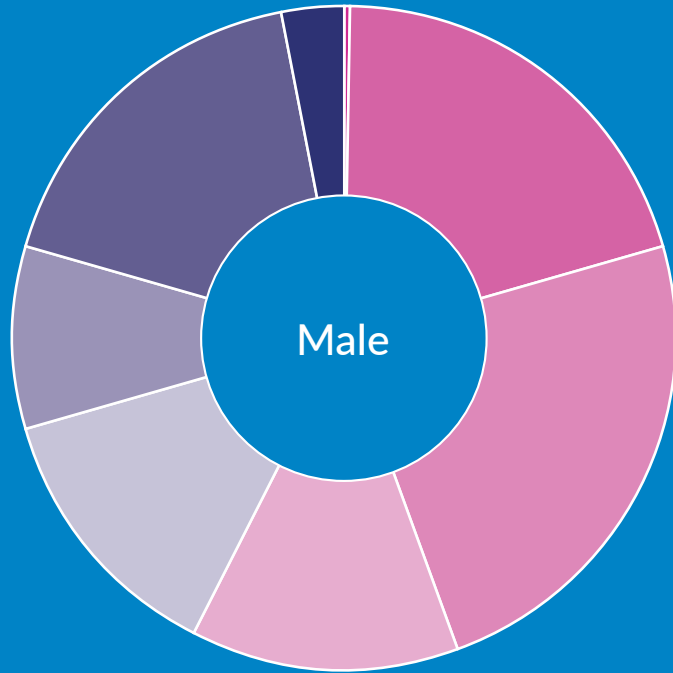
People in Wirral spend just three-quarters of their life in good health (78.6% for men, 77.6% for women) and these 'Healthy Life Expectancy' figures show wide variation, with those in more deprived areas spending even less of their lives in good health, compared to those living in more affluent areas. Targeting the causes of death which contribute most to the life expectancy gap between Wirral and England will have the biggest impact on reducing inequalities. The largest contributors to the gap were the same for both males and females in Wirral; namely respiratory disease (for example Chronic Obstructive Pulmonary Disease) followed by cancer.

In males, respiratory disease contributed to 23.8% of the gap, followed by cancer at 20.2%. In females, respiratory disease contributed 28.8% of the gap followed by cancer at 27.9%. Poor mental health also affects communities in Wirral differently with referrals to mental health services three times higher in areas of deprivation than more affluent areas. Prevalence of depression is much higher in Wirral than England; at 18% of adults compared to 11% nationally according to GP records. In areas of higher deprivation as many as 1 in 3 residents are recorded as having depression.

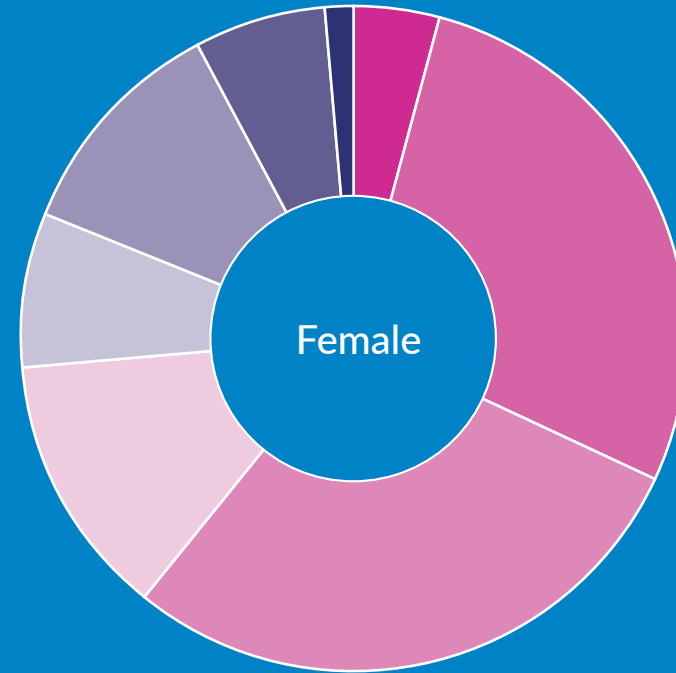
Female Life Expectancy at Birth by Wirral Railway Station 2017-2019 (3 Years Pooled) Underlaid with IMD 2019 Deprivation Quintile
Station life expectancy is based on the Wirral ward life expectancy that the station is located in.



Proportional (%) breakdown of the life expectancy gap between Wirral and England, by broad cause of death (2015-17):



- Circulatory: 0.2%
- Cancer: 20.2%
- Respiratory: 23.8%
- Digestive: 13.2%
- External causes: 12.9%
- Mental and behavioural: 9.1%
- Other: 17.4%
- Deaths under 28 days: 3.2%



- Circulatory: 4%
- Cancer: 27.9%
- Respiratory: 28.8%
- Digestive: 12.7%
- External causes: 7.7%
- Mental and behavioural: 11%
- Other: 6.3%
- Deaths under 28 days: 1.6%

Source: Segment Tool, Public Health England, 2019

The causes of health inequalities in Wirral

As this report describes, there are many reasons why people do not have the same experience of health as others. The places we live and work, the people we know and how we live all affect our health and wellbeing.

Most experts agree that these 'broader determinants of health' are more important than health care in ensuring a healthy population. The diagram on this page shows how some of these factors affect the health of Wirral residents throughout life.

Whilst this shows measures in which we are doing better than England it also highlights important areas for improvement including giving children the best start in life, the availability of money and resources and living and keeping well.

Wirral life course statistics 2021 - A comparison to England



The conditions in which we live and work

Good work

Being in good employment protects health, while unemployment, particularly long-term, contributes significantly to poor health.

Good employment opportunities are therefore a fundamental part of our collective effort to improve health outcomes. As well as being vital to individual health, an economically active population also enables more economically prosperous communities that are sustainable for the future. Unemployment and health related worklessness have presented longstanding challenges within the borough.

In response, Wirral has sought to address health related worklessness and has reduced it at a rate that is double the national average. However high levels remain that exceed regional and national averages.



At the beginning of the pandemic in March 2020, 20.6% of the working age population were unemployed (39,700 people), the same proportion as in England overall. By December 2020, this figure had increased to 26.1% (over 50,000 people) but in England overall, this figure had decreased to 20.5%. Rates of unemployment also vary significantly within Wirral reflecting patterns of deprivation. Sarah's story illustrates the complexity and impact of health and employment.

Evidence shows that good quality work is beneficial to an individual's health and wellbeing.

Money and Resources

Economic hardship is strongly associated with poor health. Preliminary data estimates that Wirral currently has 17.4% of children living in 'relative low-income' (child poverty). This rate is slightly up from 17.2% in 2019 and equates to an estimated 10,490 children affected by poverty in the borough. This overall figure masks huge differences across wards, with just four wards (Seacombe, Birkenhead & Tranmere, Bidston & St. James, Rock Ferry) accounting for 41% of the total number of children living in low income families across the borough.

Our surroundings

The environment in which we live has a major impact on our health. In 2019 35% of the population of Wirral were living in deprivation. Deprivation is measured in deciles that are based on the Index of Multiple Deprivation 2019 which is the official measure of relative deprivation.

Sarah's Story



Sarah had previously worked as a theatre nurse in hospitals around England. She had to leave work due to stress and anxiety. Sarah disclosed that during the following months her mental health and wellbeing deteriorated significantly.

Sarah applied for Universal Credit. During the six weeks before she received her first universal credit payment, Sarah started drinking, became socially isolated and built up rent arrears. She is currently paying back payments on her rent, leading her to require the use of the Foodbank on several occasions and social supermarkets.

During her first meeting with the Connect Us team, a local service that encourages independence and provides support, Sarah became upset and angry at the situation; she started to shout and then broke down saying she "never used to be like this". She told us that she has lost motivation in life and no longer looks after her personal care as she used to.

Sarah does not have a smart phone or access to the internet meaning she is unable to access her journal to keep in touch with her Job Coach. This is aggravating her anxiety about the situation which leads her to drink more. The stress of this has caused her to consider suicide. Sarah is working with the Connect Us team to enable her to get where she wants to be.

This map illustrates areas of deprivation in Wirral as defined by the Index of Multiple Deprivation.

Whilst all Wirral residents have good access to green and blue spaces, variation in usage is prevalent.

Air pollutants (specifically NO2 and PM2.5) have a negative impact on health and are consequently monitored across Wirral. Deaths attributable to particulate air pollution in Wirral (3.9%) is estimated to be lower than both the North West (4.1%) and England (5.1%).

Wirral residents consider low levels of crime and anti-social behaviour to be the most important aspect of a good neighbourhood. Wirral's crime rate is the lowest in Merseyside. However, levels, and types of crime vary across Wirral. Birkenhead and Wallasey have higher rates of anti-social behaviour and crime (per 1,000 population). By contrast neighbourhoods in West Wirral and South Wirral, have some of the lowest anti-social behaviour and crime (per 1,000 population) in England.

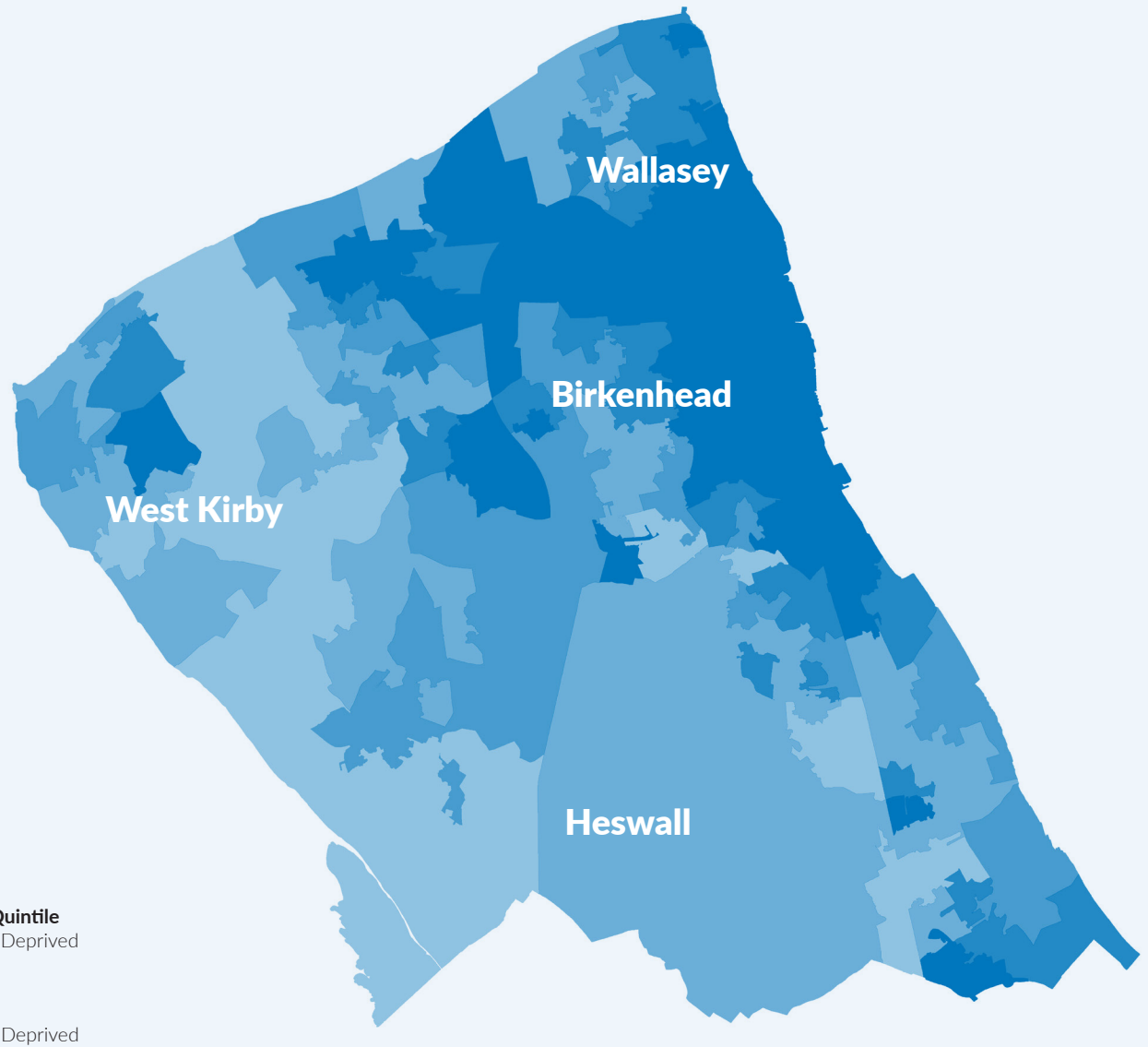
Higher crime and anti-social behaviour in north and east Wirral ...

Lower crime and anti-social behaviour in west and south Wirral



Levels of Deprivation within Wirral

Poorer health outcomes mirror this pattern.



Health and Housing

Where we live, the conditions we live in and whether we can afford to appropriately heat our home all impact on our health and wellbeing. House prices are lower in Wirral than average, reflecting a lower cost of living. Privately renting a home is the only housing option available to some people and in some areas, properties in the private rented sector are more likely (than both privately owned and socially owned housing) to suffer from poor conditions and inadequate management.

In order to ensure the safety and wellbeing of residents, councils have the duty to ensure that remedial action is taken on private properties where there are serious hazards that affect the health, safety and wellbeing of the occupiers. There were a total of 774 interventions in the two years of 2017 and 2018, 1 in 5 of these were concentrated in just two Wirral wards – Birkenhead & Tranmere and Seacombe.

55.6%

of households in Birkenhead and Tranmere had no access to a vehicle according to the 2011 census



Poor conditions can worsen the physical and mental ill health of those who live there. Damp and cold can make respiratory conditions worse and living in disrepair can be extremely stressful.

Education and Skills

Increased levels of educational attainment are strongly and significantly related to improved health outcomes. Wirral has relatively high skill levels, when compared to the other benchmark areas, with 39% of the working age having Level 3 or 4 qualifications.

Rates of unemployment also vary significantly reflecting patterns of deprivation.

Wirral also has a significantly low proportion of its population with No Qualification (around 23%) or Level 1 qualifications, which is below the regional average but slightly above the England and Wales average of 22%. Wirral also has a relatively low rate of young people Not in Employment, Education or Training (NEET). In Wirral 63% of working-age residents do not hold a degree level qualification (over 120,000 people), which is higher than the national average.

Transport

Access to a car means someone can be more socially mobile as well as access services more easily. According to the 2011 Census, 28% of Wirral households had no access to a vehicle; this differed from 55.6% of households in Birkenhead & Tranmere to 10% of households in Heswall. This has implications for the ability to get to work, connect with others and receive healthcare.

Sandra's Story



Sandra was first referred to Connect Us with issues relating to food/fuel poverty and benefit delays. Priority referrals were made to the Foodbank and debt welfare team.

Through discussions with her connector Sandra disclosed that she had a 2 year old living at home with her, one child placed in foster care and adult children living independently. Sandra also shared that she has PTSD and had been in a domestic abuse situation for 20 years that ended 3 years ago. Sandra shared a variety of highly sensitive and complex family issues that had left her struggling to cope.

Sandra was supported to liaise with the child's social worker and put an agreed plan together. She was also referred to the Household Into Work team to support her adult children and, with encouragement, attended her local community centre where, after building relationships, she started to volunteer. Sandra also attended a variety of courses through the links made in community settings including paediatric first aid, introduction to volunteering, food hygiene and resilient parenting. Sandra is no longer volunteering at the centre but continues to access support through the service to maintain her health and wellbeing.

39%

of working age people have Level 3 or 4 qualifications

10^K

children in Wirral are estimated to be affected by poverty



60.9

healthy life expectancy in Wirral for men compared to 63.2 years for men in England

35%

of the population live in deprivation

1^{IN} 3

residents recorded as having depression in areas of higher deprivation

Our social and community networks

Community life, social connections and having a voice in local decisions are all factors that can help buffer against disease and influence our behaviour. Our social environment impacts on our health and wellbeing as much as our physical environment.

There are estimated to be more than 4,000 local community, voluntary and faith sector organisations in Wirral providing a range of activities and services for local people. The 'Community Needs Index' measures multiple types of social connectivity. A higher score indicates that an area has higher levels of community need. The overall score for Wirral in 2019 indicated a higher level of need compared to England (68 in England, compared to 96 in Wirral), but also that there were significant differences within Wirral; for example, scoring by ward varied from 122 in Bidston & St. James to 41 in Clatterbridge.

Connecting with friends, family and our community is not however limited to physical spaces. The Internet and digital spaces are also ways for people to remain connected and can be sources of emotional support to help with maintaining good levels of wellbeing. However, they may not be accessible for everyone if they cannot afford devices to use or the monthly bill to maintain them or lack the skills to use the internet to connect with others. Reflecting patterns of deprivation, access to digital services varies across Wirral. Whilst computer usage in Wirral libraries is 12 times higher in areas of deprivation; eBook and loans are higher in more affluent areas.

Access to health and care services

The location of our homes can impact on how easy it is for us to access health care services and subsequently our health. These services include GP surgeries, hospitals, pharmacies and dentists. In Wirral, accessibility is limited both in some areas of deprivation (Bidston, Beechwood, parts of Seacombe, Poulton and Moreton for example), but also in some affluent areas (such as Caldby, Spital, Dibbinsdale, Irby and Thornton Hough).

4,000

local community, voluntary and faith sector organisations in Wirral providing a range of activities and services for local people



How we live our lives

In Wirral there are more children and adults who are overweight or obese than in England with admissions for drug-related, mental and/or behavioural disorders more than double the national rate. Deprivation is strongly associated with increasing prevalence.

The proportion of adults classified as either overweight or obese varies from 66.6% of adults in the least affluent parts of Wirral compared to 58.8% of adults in the most affluent.

Harmful alcohol consumption patterns match deprivation across the borough. The most deprived wards in Wirral had the highest rate of mortality that was specifically caused by alcohol; Birkenhead & Tranmere had a rate of 36.7 alcohol related deaths per 100,000 people, compared to Pensby & Thingwall ward where the rate was 1.9 alcohol related deaths per 100,000 people.

Whilst Wirral's smoking prevalence (10.7%) is lower than national comparisons, this varies significantly between communities. These differences are also evident during pregnancy with smoking in pregnancy, and at delivery, higher in less affluent communities and breastfeeding is lower.

Harmful alcohol consumption patterns match deprivation across the borough.



Inequalities and COVID-19

The impact of COVID-19 on the health of our population has been significant, not only for those who have sadly died from the virus but also the impact of national lockdowns on residents' mental and physical wellbeing.

To date (up to 11/9/2021) 38,861 residents have contracted the virus, 2,519 have been hospitalised as a result and sadly 1,002 local people have died.

In August 2020, Public Health England published a report on the impact of COVID-19 – Disparities in the risks and outcomes of COVID-19. They reported that people living in deprived areas had higher death rates from COVID-19 than those living in less deprived areas. A report for Wirral exploring the themes identified in the Public Health England report highlighted the following similar findings:

- Age: COVID-19 deaths were strongly associated with age in Wirral (and nationally).
- Sex: Men were at higher risk of dying from COVID-19 in Wirral (and nationally).
- Deprivation: both positive cases and death rates from COVID-19 were highest in the most deprived areas of Wirral (once Care Home deaths were excluded).
- Ethnicity: the considerable number of deaths where ethnicity was unrecorded in Wirral, combined with the (relative to England) low BAME population, mean the impact of ethnicity is unclear locally.



National disparities in the risk and outcomes of COVID-19



Age

COVID-19 diagnosis rates **increased with age** for both males and females



Sex

Working age males diagnosed with COVID-19 **were twice as likely to die** as females



Ethnicity

Deaths from COVID-19 were highest among people of **Black and Asian ethnic groups**



Deprivation

Mortality from COVID-19 in the most deprived areas **more than double** the least deprived area



Occupation

A significantly higher rate of death from COVID-19 for those working in lower skilled jobs



Co-morbidity

Morbidity increased for those people with existing diseases or for those who are obese

- Occupation: most deaths in Wirral occurred in the retired population, but among those of working age, the largest proportion of deaths from COVID-19 locally were in those working in Health and Social Work, Construction and the Motor Trade, Wholesale and Retail sectors.
- Co-morbidities: the majority of people who died from COVID-19 in Wirral had at least 1 pre-existing condition (or co-morbidity), the average number was 3.

Living through the pandemic

Living through a global pandemic has had a huge impact on the health and wellbeing of all our residents. However, it is not only the virus itself that has affected our communities differently, the impact of the measures to contain COVID-19 has also varied. Measures designed to control the spread of infection, such as lockdown and social distancing, have had their own effects on health and wellbeing through isolation and loneliness, job losses, financial difficulties, school closures, and reduced access to services.

The emerging data and evidence suggest that there are a number of health indicators that have worsened in Wirral as a result of the pandemic, which were in some cases already worse than England.

Lockdown and social distancing, have had their own effects on health and wellbeing.

The information below sets out some of the early and emerging impacts of COVID-19. This is based on research nationally and regionally exploring the impact of the pandemic on health and wellbeing. As validated intelligence systems often have substantial time lag this information has been locally collated. It will need to be regularly reviewed, updated, and validated to better understand the wider impact of the pandemic in order to deliver strategies, services and programmes relevant to Wirral residents.

38,861

residents have contracted the virus up to 11/09/2021, and sadly...

1,002

local people have died



The conditions in which we live and work

Money and Resources

Since the start of the COVID-19 pandemic Wirral has recorded a 65% increase in Universal Credit claimants. Young workers and low earners have been impacted the most and household incomes have fallen particularly among lowest earners. Prior to the pandemic, Wirral had made significant progress closing many of the gaps with national averages. However, the pandemic exposed other areas of concern, and highlighted new challenges including:

- An unprecedented fall in employment, including self-employment
- Increased health-related inactivity, including mental health
- A need for re-skilling in the post-pandemic world

20,000

emergency food hampers distributed in Wirral during lockdown following an emergency response to food and welfare support



- The challenges with high levels of precarious work and zero-hour contracts
- The impact on young people of disrupted education

The pandemic brought an unprecedented demand for emergency food and welfare support. The number of adults who are food insecure is estimated to have quadrupled. Foodbanks have experienced a rapid increase in demand but alongside this have seen reduced volunteer numbers.

A new, co-ordinated emergency response to food and welfare support in Wirral was implemented within a week at the start of the pandemic which distributed more than 20,000 emergency food hampers during lockdown. The Council also issued more than 8,000 emergency and crisis financial awards with food, utilities, white goods, essential furniture, and other items throughout the pandemic.

Children eligible for free school meals increased from 10,848 (Jan 2020) to 12,652 (Jan 2021). Data provided by Wirral Met College has also shown that 317 of their 835 students who were supported with meals during the lockdown period, would not previously have met the Free School Meal (FSM) criteria and had been identified through enhanced college support.

Fuel debt has been of increasing concern to agencies across the borough and through COVID-19 funding from the Department for Work & Pensions, the Council, working with Citizens Advice Wirral and Energy Projects Plus, has been able to significantly reduce or clear more than a total of £150,000 of utility debt from vulnerable households. This has improved many individuals' physical and mental health, breaking the cycle of



debt, and enabling access to better energy tariffs, in turn giving access to heating that either had to be severely rationed or not turned on at all even in the coldest of weather.

Citizen Advice nationally report at present ½ million private tenants in the UK are behind on their rent. The average tenant owes more than £700 in arrears and 1 in 4 private tenants have been threatened with eviction or cancellation of contract by their landlord. Easing of evictions has been very supportive during the pandemic however with the policy due to change nationally and evictions beginning to re-commence many underlying debt issues have not been addressed.

It should be recognised that the overall estimate of families struggling financially is likely to be a significant underestimation, as there will be families yet unknown that have been impacted for the first time during the pandemic. The impact of the financial burden on families will be seen for years to come.

4,707

new housing applications have been received and there will be an increase in demand.

Living conditions

People have spent far more time at home during lockdown which may play a role in exacerbating poor health and wellbeing impacts arising from poor quality or inadequate housing.

Approximately 400 proactive housing standard inspections have had to be restricted in line with Government guidance on a risk based assessment, with priority for inspections given to high risk cases. There has also been a significant increase for homelessness and rehousing services generally that has occurred during the pandemic, directly arising from the Government's Everyone In campaign but also from people spending more time at home.

Since 1st April 2020, 4,707 new applications have been received and there is likely to be an increased demand for housing options advice due to the courts reopening and the use of Section 21 – no fault eviction notices that the Council is aware have or are being issued. As a result of the pandemic, there has also been an increase in people working, accessing services and socialising from home.

These practices are likely to continue to some degree in the short term at least. However, a large number of people in communities have found themselves digitally excluded due to the pandemic with low income households having no or limited access to the internet or hardware devices or lack of skills to be able to access the internet.

This was further compounded for many where English was not their first language, or they had learning difficulties, mental health problems, were deaf, blind or had other cognitive impairments. It is likely also that older residents will find it the most difficult to adapt to the increasing use of digital and



online technology, as firms and service providers may permanently adopt some of the new practices they have employed during the lockdown.

During the pandemic recognising the limitations of having a digital offer available, the Connect Us service delivered over 30,000 leaflets to residents across the borough reinforcing key prevention messages but also offering their service as a way of supporting residents. During the pandemic they have completed more than 13,000 wellbeing calls to individuals as well as completing other tasks such as supporting with prescription pick-ups, carrying out shopping for people and walking dogs.

Education and Skills

There is emerging evidence to suggest that children and young people may be hit hardest by the COVID-19 control measures which risks exacerbating existing inequalities in educational attainment. On average, pupils in Wirral leave primary education with significantly lower attainment than pupils in England. By contrast

pupils in Wirral have a relatively high level of attainment upon leaving secondary school compared to the national average. However, it remains the case that many pupils in secondary education will be negatively affected by the closure of schools during the lockdown.

National estimates suggest that during the first lockdown, the disadvantage gap amongst 7 year olds increased by 40%. Poorer 7 year olds are now estimated to be seven months behind their more affluent peers. Furthermore, pupils in Wirral are more likely to leave secondary education with lower attainment than disadvantaged pupils in England.

In line with the national trend, there has been a significant increase locally in the number of electively home-educated children (EHE). For primary school age children for example, the figure of EHE has risen from 38 prior to the pandemic, to 65 following full school re-opening. Whilst many parental decisions to withdraw their children from school have been driven by COVID-related anxiety, there are also some additions to EHE where parents found home-learning over lockdown to be a positive experience which they wanted to continue.

For children attending Early Years settings, there was evidence of increased need across the 14 months of the pandemic period (most noticeably half-way through). There was a 52% increase (from 192 to 291) in referrals to the Early Years Special Educational Needs and Disability (SEND) Officer during the period of the 1st of September 2019 to the 31st August 2020, compared to the previous year.

This upwards trend in need has continued into 2021, with 299 new referrals from 1st September 2020 up to 24th May 2021. By far the most

Jane's Story



Jane was referred to Citizens Advice Wirral after being discharged from hospital, where she had been very unwell with Coronavirus.

Despite her having recovered from the virus, she remained very poorly. As a result, she was unable to work and received Statutory Sick Pay only.

She was worried about her ability to pay for food and fuel, along with looking after herself as she lived alone and was still very weak. The Citizens Advice adviser helped support Jane with a claim for Universal Credit, and liaised weekly with the Emergency Food Hub to arrange regular food parcels to be delivered, along with vouchers for fuel.

The service has also helped Jane with an application for help with her personal care, and appointed a Social Prescriber who checked in weekly on her wellbeing. Jane continued to receive food and fuel support, which is helping her recovery.

She has also been assessed as entitled to a care package that includes two home visits per day, that ensures she is receiving all the personal care that she requires. As she has continued to suffer with ongoing poor health, Citizens Advice Wirral has also assisted her with an application for the benefit Personal Independence Payment and she is awaiting the outcome.

13,000

wellbeing calls completed by Connect Us during the pandemic as well as completing other supportive tasks



65%

increase in
**Universal Credit
claimants**

8K

emergency and crisis
**financial awards
issued by the Council**



13K

wellbeing calls made to
individuals as well as many
other supportive tasks

5%

of 16-17 year olds
in the district
are NEET

52%

increase in referrals
to the Early Years
SEND Officer

common reason for referral is for support with 'Communication and Language'. Lack of access to physical one-to-one support during this time is likely to have resulted in delays to many children reaching key developmental milestones. The number of permanent closures (primarily due to financial instability) amongst local Early Years settings during the pandemic period rose by 52%, despite national/local packages of support.

Those with no, or not many, qualifications will be most vulnerable to increases in unemployment and will be least able to take advantage of new opportunities when the economy starts to recover. Short-term job risk is highly correlated with level of education.

Wirral has a high level of skilled residents however there are still large numbers without any formal qualifications. Wirral has a relatively low rate of young people Not in Employment, Education or Training (NEET); and the temporary closure of schools, colleges and training facilities during the pandemic will likely increase the number of young people who are classed as NEET. Around 5% of 16-17 year olds in the district are NEET, compared to 5.5% of 16-17 year olds in England overall.

Enrolments in apprenticeships within Wirral have been falling in recent years and has been exacerbated by the pandemic restrictions in 2020/21 with lockdown leading to a further drop in vocational training participation. Younger apprentices seem to be particularly badly affected, with surveys of providers in the Liverpool City Region suggesting that around 40% of apprentices aged 16-18 had been placed on furlough in May 2020. The longer-term effects of this are yet to be realised.

Transport

The impact on transport has been mixed. Falls in road journeys during the early period of lockdown have generally been short-lived. A positive impact has been seen with more people cycling, but it is unclear whether the changes to cycling infrastructure will have a lasting impact.

In line with national trends, road traffic levels fell very markedly during the first period of lockdown in spring 2020 and fell as low as 20% of pre-COVID-19 levels in April 2020. Public transport usage fell markedly as a result of the stay at home instruction and capacity restrictions, reducing the numbers able to travel from 192 on standard three car service to 50 passengers. Patronage on intercity services fell to single digit percentages compared to pre-COVID-19 levels. Currently levels of traffic on the roads have grown faster than equivalent levels of public transport.



80%

fall in road traffic during
the early period of lockdown
has been short-lived

Our social and community networks

The COVID-19 pandemic has had both positive and negative impacts on social and community networks. There is evidence of increased civic participation 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.

However, social isolation and loneliness have impacted on wellbeing for many and increased stress due to isolation, employment issues, difficulties of home-schooling and additional financial strain. These factors, combined with the reduced access to services for vulnerable children and their families has meant that the risk of family violence, neglect or abuse, mental health problems and financial struggles have all increased.

1,000+

volunteers expressed interest to provide support and help in the pandemic



Not all impacts of the pandemic have been negative however. One indirect impact that COVID-19 brought was a shared sense of neighbours and communities looking out for each other, boosting social cohesion across the country and Wirral. The Office for National Statistics (ONS) conducted research nationally and the majority of people who responded believed that society will be much kinder to each other as a result of the pandemic experience.

In Wirral during the height of the second lockdown, there were expressions of interest from more than 1000 volunteers to support and help in the pandemic. Community Action Wirral placed more than 700 of these into organisations locally, who were in addition to the huge number of volunteers already aligned with those organisations. In November 2020, the Volunteer Responders National Scheme reported that they had received expressions of interest from 2427 volunteers in the Wirral area. They had 621 referrals with 4610 tasks undertaken. At the beginning of the third lockdown in January, a further 270 volunteers came forward to become Volunteer Marshalls to support the COVID-19 Vaccination sites.

The COVID-19 Humanitarian Cell, consisting of more than 70 established local community, voluntary and faith sector groups, reported supporting first time service users seeking assistance for employment, new skills, homelessness, mental health and financial concerns due to policy changes introduced during the pandemic.

Micha Comments

The COVID-19 pandemic has highlighted that we should all feel confident that we are either giving or receiving quality care and treatment.



We have got some way to travel before we see true equity in accessing care and treatment. We should all be supported in our journey to know our choices and options and how to have a voice around the services we access.

The hurdles ahead will require the support of our NHS, local government and third sector partners. With services facing a backlog of care caused by the response to COVID-19 and many communities facing an uncertain economic future.

It shouldn't matter who you are, we must do all we can to stop existing health inequalities from becoming worse.

Micha Woodworth,
Project Manager
Healthwatch Wirral

Access to health and care services

The COVID-19 pandemic has both disrupted and changed the delivery of NHS and social care services.

It is expected that long-term conditions will have worsened for many people over the course of lockdown and there are particular concerns about the impact of delayed cancer diagnoses and the knock-on effects as NHS services are resumed. There is also increasing evidence that people with mild to moderate COVID-19 disease may experience a prolonged illness with frequent relapses.

In Wirral, waiting lists for hospital treatment have increased by 11% compared to March 2020; totalling 2,500 patients, with more patients now waiting longer for planned treatment.

8.5million

adults and 1.5 million children in England will need support for mental health difficulties in the coming months and years



The number of people waiting for over a year has grown significantly from 15 in March 2020 to 1,280 in March 2021. The length of time to treatment has also increased in the following services: Dermatology, ENT, General Surgery, Gynaecology, Ophthalmology, Oral Surgery, Trauma and Orthopaedics and Urology.

The percentage of patients starting treatment within 62 days following referral from a national cancer screening service was down to 92.6% in March 2020 and fell even more dramatically in March 2021 to 66.7%. This follows breast and bowel screening services being paused locally in March 2020.

Experience from previous pandemics suggests that mental ill health will increase, although the scale is difficult to predict. A range of factors may be drivers of poor mental health, including those directly related to COVID-19 (e.g., more generally or because of the loss of family and friends to COVID-19) and those indirectly related through the effects of the social distancing and lockdown measures (e.g., through social isolation or because of financial insecurity).

A nationwide study from the Centre for Mental Health estimates that 8.5 million adults and 1.5 million children in England will need support for depression, anxiety, post-traumatic stress disorders and other mental health difficulties in the coming months and years. This is the equivalent of 20% of all adults and 15% of all children. The IAPT Service in Wirral has seen an increase of 12% in referrals from the position during the same period in 2019. The position between 2019/20 and 2020/21 shows an increase of 43% when comparing a single month position.



Wirral already faces mental health challenges across its whole population. The rate of hospitalisation amongst those under 18 because of mental health conditions is significantly above the national average and the highest within the Liverpool City Region.

The lack of visibility of most families during lockdown will inevitably have led to 'hidden harm', where potential safeguarding issues have been largely hidden from view. It must also be acknowledged that many families that were not particularly vulnerable prior to the pandemic, will now have become so. Nationally, it is estimated that the number of children harmed by abuse or neglect rose by 27% in the first lockdown.

For Wirral, referrals into children's social care fell by 25% from April 2020 to the end of March 2021, compared to the same period in the previous year. As schools are consistently one

of the largest sources of referral into children's social care, this period of significantly reduced access to educational settings has had a worrying impact and highlights the ongoing concerns about 'hidden harm' during lockdown. Over the same time period, the number of children in formal child protection increased slightly, owing to numbers of Children in Need (CIN) growing during the pandemic.

How we live our lives

The wider determinants of health both shape the distribution of, and trigger stress pathways associated with the adoption of unhealthy behaviours. Lockdown has impacted on these behaviours in different ways. People who were drinking alcohol the most often before lockdown 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 smokers showing an increased motivation to quit and to stay smoke free during the pandemic. Findings are less clear in relation to diet. Non-UK studies show decreased physical activity and increased eating and snacking during lockdown. In England, physical activity behaviours among children and adults have been disrupted by lockdown. Although some groups have continued to be physically active, groups that were least active before lockdown are finding it harder.



Tackling health inequalities

This report shows that good health is not experienced evenly across our borough. People born in certain parts of Wirral can unfortunately expect to live shorter lives than those born in other areas.

Rather than any biological difference, this is due to preventable and avoidable factors based on the wide range of issues that impact on health over someone's lifetime.

Health inequalities are not however inevitable, and the gaps in good health are therefore not fixed. Evidence shows that a comprehensive approach to tackling them can make a difference. Taking action to improve living and working conditions, the support available to people and how they look after themselves will make the biggest impact on reducing inequalities, targeting the causes of death which contribute most to the life expectancy gap in Wirral.

There has been considerable research carried out, over many years, to determine the best interventions to minimise the gap in health between people. The most recent being the 'Fair Society, Healthy Lives' report, published in 2010, by Professor Sir Michael Marmot. This concludes the following areas as key to reducing health inequalities:

- **Give every child the best start in life:** This can be done by more investment of spending on early years, with allocation of funding proportionately higher for more deprived areas with the goal of reducing child poverty.
- **Enable all children, young people, and adults to maximise their capabilities and have control over their lives:** Reducing differences in



childhood educational attainment by investing in preventative services to reduce exclusions and support schools to stop off-rolling pupils.

- Create fair employment and good work for all: Investing in good quality active labour markets and increasing the number of post-school apprenticeships as well as support in-work training throughout the life course. Also reducing the high levels of poor-quality work and precarious employment.
- Ensure a healthy standard of living for all: Put health equity and wellbeing at the heart of local economic planning and strategy by adopting inclusive growth and social value approaches locally to value health and wellbeing as well as, or more than, economic efficiency.
- Create and develop healthy and sustainable places and communities: Invest in the development of economic, social, and cultural resources in the most deprived communities.

We have made great progress to support people to live healthier lives in Wirral. However, the impact of COVID-19 has reaffirmed the need to prioritise action to tackle health inequalities, accelerate it at pace and augment it at scale.

Whilst the pandemic has been unprecedented it has also led to increased connectivity across organisations, sectors, and residents in the borough, building upon a strong co-operative ethos that has developed over a very long time.

This was also in part because everyone had a shared vision to Keep Wirral Well. The pandemic has demonstrated what we can achieve together and the speed at which change can happen. Maintaining this, with a focus on health inequalities, presents an opportunity to improve everyone's health.



Reflecting on the key challenges and opportunities highlighted in this report, the following recommendations have been made to improve health and wellbeing and reduce health inequalities in Wirral.

1

Prioritise economic regeneration and a strong local economy

It is an exciting time for Wirral. The programme of regeneration in the borough is one of the biggest in Europe and will create a world class standard of economic opportunity, digital connectivity and growth for Wirral and our residents.

This economic regeneration has been a cornerstone of Wirral's plan to improve outcomes for local people and tackle health, economic and social inequalities.

However, unemployment, health related worklessness and poverty have been prevailing in some of our communities for generations. The pandemic has also heightened the need to rapidly augment support for people to enter the job market and maintain economic independence to minimise the impact on already vulnerable communities. The economy and health are interdependent; focusing on health outcomes allows the economy to flourish in the longer term, which is supportive of better health.

I therefore recommend that:

- Economic development plans are reviewed to ensure that they respond to the impact of the pandemic on residents and communities.
- Economic Regeneration and Development Committee, working with the Health and Wellbeing Board, should consider the development of an Economic Inequalities Strategy for Wirral.
- Employment support services and skills development programmes are available, accessible and sustainable to ensure income maximisation and support those most susceptible to job loss and job insecurity.
- Partners embed a 'Health in All' policies approach to regeneration planning. We can use this approach to ensure that the wide breadth of health impacts of the pandemic is part of routine decision making and to reduce health inequalities.



2

Safeguard a healthy standard of living for all

The place where we spend most of our time has a huge influence on how healthy we are. Everyone in Wirral should have access to safe, secure and affordable places to live that better prevent ill health.

Ensuring that the homes people live in are safe and warm and that residents have support to prevent homelessness and to assist them if they are homeless is a key priority in the aftermath of the pandemic as well as a key long term action to improve health and reduce health inequalities.

I therefore recommend that:

- Wirral's Housing Strategy is reviewed to reflect the changing needs of residents and to address the challenges that have emerged during the pandemic.
- There is an integrated information and advice offer to enable people to access support when they need it.
- We build on the progress made during the pandemic to support people who are homeless.
- We define and streamline fuel poverty support pathways with partners across Wirral learning from the COVID-19 response.
- Relevant partners use Health Impact Assessment in spatial planning to identify risks to good health and ways to mitigate them.



3

Increase support for children, young people and families

Having the best start in life has lifelong impacts on someone's health and wellbeing which leads to better economic prospects and reduced long-term illnesses.

I therefore recommend that:

- The impacts of the pandemic on our young people are examined to ensure that children and families have the support they need, to predict future areas requiring action and inform the offer for early years' support from the Council and other partners.
- Work continues to develop the early help and intervention model underpinned by a prevention framework.

- Work with families, early years, schools, further and higher education sectors continues to ensure all children and young people fulfil their potential through a 'cradle to career' approach.
- Ensure that services are maximising opportunities to mitigate the impact of the pandemic on children, young people and families with a focus on physical and mental health.
- Review existing support and services for our most vulnerable children, young people and families to ensure they are resilient, accessible and driving progress.



4

Strengthen action to address differences in health outcomes and prevention

The pandemic has highlighted the importance of being in good physical and mental health to reduce the risk of morbidity and mortality from COVID-19. Restoring services is vital as is ensuring that they are used by those who need them most.

All residents should have equal opportunities to access quality care, treatment and support that improves health and wellbeing and builds resilience.

I therefore recommend that:

- Local health and care partners focus on tackling inequalities in healthcare provision - this is their direct responsibility and must be the prime focus of their action.
- Local NHS partners ensure they can access high-quality data to measure performance on reducing health inequalities across services. This includes being able to breakdown outcome and performance data by deprivation and ethnicity.

- NHS partners use their role as local anchor institutions and the choices they make as an employer and a purchaser to reduce inequalities.
- Preventative programmes and proactive health management for groups at greatest risk of poor health outcomes are accelerated across key service areas as outlined within the NHS Long Term Plan.
- The developing integrated care system and local providers have a named executive board-level lead for tackling health inequalities and access training made available by local and national partners.
- Local NHS partners engage with and play a supportive role in multi-agency action to improve the social, economic and environmental conditions in which people live.
- Health and care partners focus on good infection prevention control to ensure avoidable infections are prevented.



5

Residents and partners continue to work together

The prevalent theme throughout the pandemic has been the importance and effectiveness of the partnerships across Wirral.

The landscape has changed for good and the pandemic has presented us with an opportunity to build on our partnership working and work together to Keep Wirral Well by ensuring health inequalities is everyone's business.

The pandemic has reinforced what we already knew in Wirral – that having the voice of the people present in everything we do is so important. While we have always prioritised this, our response to COVID-19 has shown that there is room for improvement in terms of capturing communities' experiences and how to work effectively with local people.

I therefore recommend that:

- All partners should continue to build on the strong partnership work developed through our COVID-19 response by implementing the action emerging from the Health and Wellbeing Board Community and Voluntary Sector work.
- All partners fully engage local people to co-design services and initiatives to enable residents to recover and improve their health and wellbeing. We need to prioritise our more vulnerable residents who have been disproportionately affected by COVID-19 and use tailored communication methods.
- We undertake a resident listening exercise to learn from the experience of the pandemic to understand local people's experiences and aspirations for the future. This work should be a blueprint for developing a sustainable model for the use of insights gathered from local people.



Acknowledgements

Editorial Team:

Tessa Woodhouse, Bev Murray, Sarah Kinsella, Rory McGill and Rachael Musgrave.

Contributors:

Special thanks go to the following people who supported the production of this report, Julie Barnes, Caroline Laing, Lisa Newman, Nikki Jones, Helen Carney, Sarah Dodd, Elspeth Anwar, Jane Harvey.

And to those that provided their reflections for inclusion in the report.

Design:

Paul Jones and Jude Mont

Communications:

Gail Mooney and Kate Menear

Data sources:

This report utilises the most recently available published information from a variety of data sources as of July 2021.

References and further information are available online at Wirral Intelligence Service www.wirralintelligenceservice.org/jsna/public-health-annual-reports