

Covid-19 Health Impacts

Newham Public Health Team

November 2021

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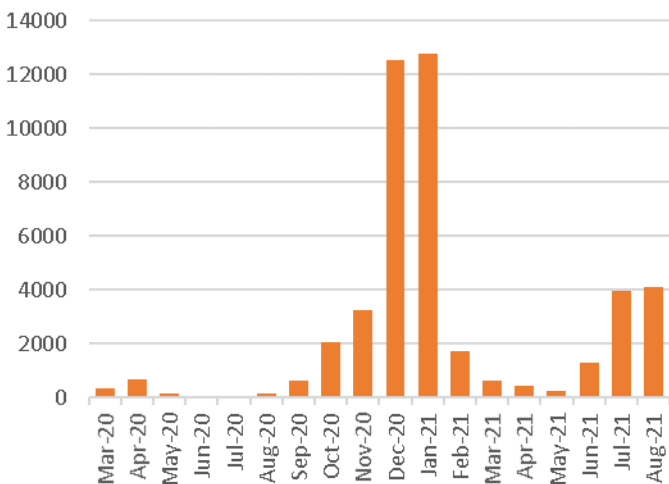
- In the UK, **social behaviour patterns** such as shopping for groceries and alcohol **altered during the pandemic**, with the number of shopping trips reduced but volume purchased increasing and the overall amount of alcohol purchased by volume clearly higher following the first lockdown
- Lockdown affected the **pattern of smoking prevalence** in England, notably fluctuating more for males than females
- The pattern of physical activity in adults in England saw **a drop in the number of people exercising** for at least 30 minutes a day for 5 or more days, once restrictions were lifted after the first lockdown
- **Digital exclusion** impacted on people's health as people were unable to access digital health tools and services. **Nationally 6% of people lack home internet access. 37% of adults use digital tools to manage their physical health and 25% for their mental health**
- Families **accessing childhood education and care declined** during lockdown for low income families but increased for middle and high income families
- Access to childhood immunisations, newborn checks and child health reviews were reported by lower income families in certain ethnic groups
- **Fewer (%) of low income Asian and Black families** felt able to manage the **challenges of parenting** during lockdown compared to families of other ethnicities and higher incomes (%).
- The impact on the **economy** in Newham was significant with an **increase in claimant rates** from 3% in February 2020 to 10% in June 2021, an increase of 212% (over 25,000 residents) and an increase in **children eligible for free school meals** from 20% to 30%
- The impacts of **mental health in adults** due to Covid-19 were identified as fear and anxiety, isolation and loneliness, poor physical health and post-traumatic stress disorder
- In **children**, referrals to the **Mental Health Services** for 0-18 year-olds (CAMHS) surged with increased complexity in cases referred. This resulted in a **significant impact on waiting lists**
- The proportion of Newham females starting treatment for **substance misuse** increased in 2020/21 from 2019/20, however this reflects the same pattern seen from 2018/19
- **Suicide rates** nationally fell significantly in 2020 compared to 2019; locally in Newham the figure rose in 2020 compared to 2019
- **Domestic abuse increased** in Newham during the pandemic, with lockdown forcing people to be at home for long periods of time, and victims having reduced opportunity to report domestic abuse or access safe spaces

- **Long Covid** - nationally, 14% of people who have had Covid-19 report symptoms for at least 12 weeks – with pain and breathing difficulties being the main two symptoms. 66% of people with Long Covid report their day to day activities were affected
- Certain characteristics of Newham’s population (for example age, gender, ethnicity, deprivation, BMI and certain long term conditions) resulted in **raised risk scores** for Covid-19, particularly in the **north east of the borough**. A raised risk score means that those residents are at **increased risk** of contracting Covid-19
- Barts health reported a **reduction** in national **screening referrals of 42%** and a **drop of 24%** in **2 week wait referrals** for cancer (March – November 2020 compared to March – November 2019)
- Referrals for **outpatient appointments were down by 24% in 2020** compared to 2019; routine appointments fell by 22%, 2 week wait for cancer fell by 21% and urgent referrals fell by 39%. The highest drops were seen in Cardiology (58%) and General surgery (54%). Referrals to dietetics rose in 2020 from 2019 by 72% for both males and females
- **Outpatient appointments** in 2020 were **down 12% from 2019**, a decrease of over 34,000
- **Waiting list numbers fell by 42% in 2020** compared to 2019, a difference of over 10,000 patients. The largest decreases were in Urology and General Surgery
- **A&E attendances** nationally dropped by 48% in April 2020 compared to April 2019, a combination of a change in lifestyles due to lockdown but also a reluctance by the public to use emergency services when infection rates were high
- **Hospital admissions** (other than for Covid-19) fell dramatically during lockdown periods, with a 27% (n=3860) reduction in admissions in January – March 2020 compared to the same period in 2021
- The **proportion of emergency admissions** was higher than other admissions following lockdown periods as the number of other admissions such as planned admissions dropped
- **Screening** in Barts health saw a **fall of 42% in referrals** from the National Screening Programme. Routine screening services were suspended between March and July 2020 due to the pandemic
- There was a notable **drop in uptake of childhood immunisations** for MMR (Primary and Booster) and 6 in 1 in May 2021 compared to May 2020

SETTING THE SCENE: THE NEWHAM PICTURE OF COVID-19

How many cases have there been?

Number of cases



- Between March 2020 and August 2021, there were over **45,000 cases** recorded in Newham.
- Just over **half** of these were in December 2020-January 2021
- **Testing was not widely available in wave 1** and therefore the actual number of cases is suspected to be much higher

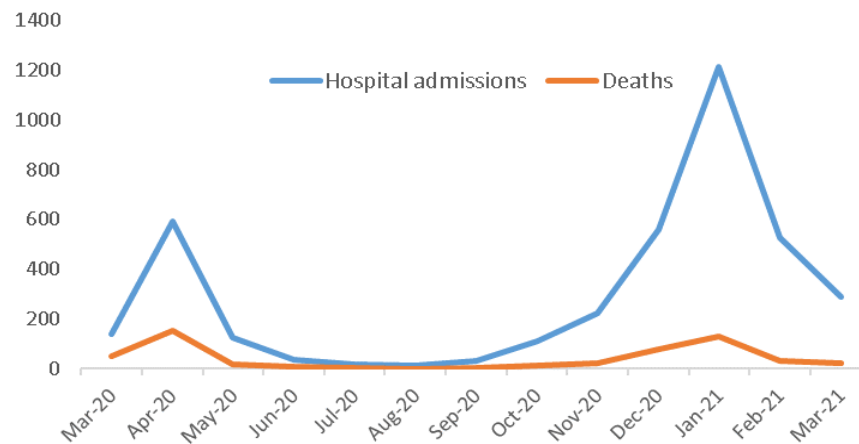
How many hospital admissions have there been?

3865 admissions for Covid-19 between March 2020 and March 2021, of which

86%

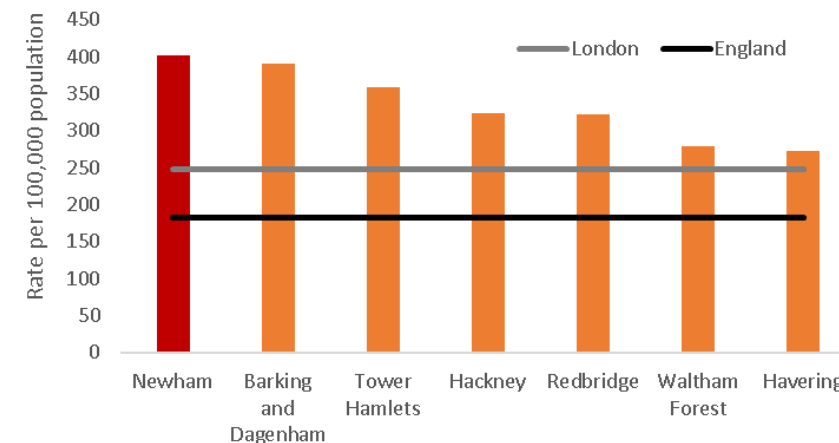
were **emergency admissions**

Number of hospital admissions and deaths



How many deaths have there been?

Rate of deaths per 100,000 - March 2020 - April 2021



726 people died with Covid-19 between March 2020 and April 2021

This equates to **32% of all deaths** during that period.

Rates of deaths with Covid-19 in Newham were **higher** than neighbouring boroughs, London and England

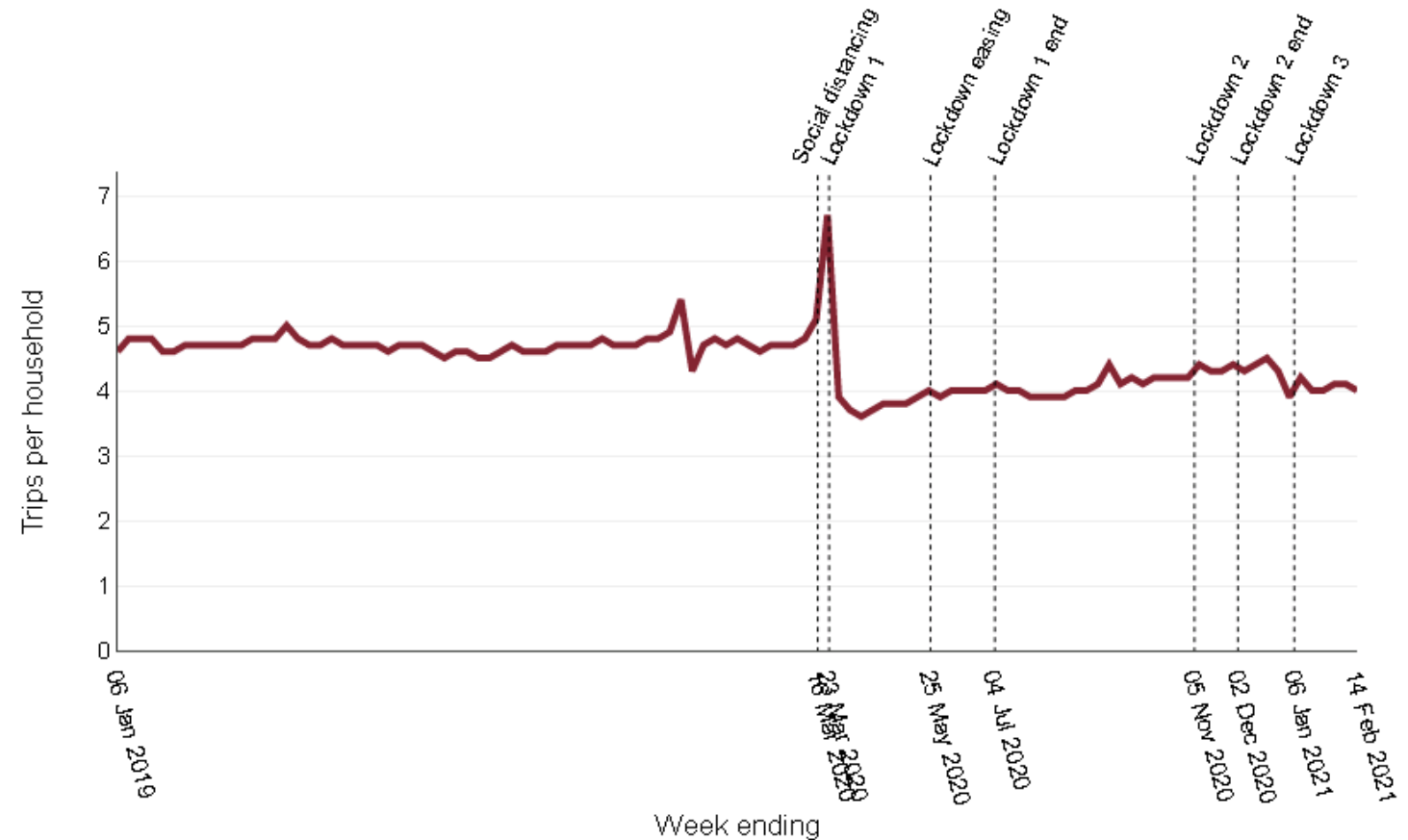
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IMPACT: SOCIAL BEHAVIOURS

Grocery Purchasing – trips per household (Great Britain)

- The first lockdown in March 2020 showed a dramatic decline in the number of trips per household
- Levels rose slowly to the end of lockdown 1 and continued to climb again to lockdown 2 (November/December 2020) when levels fell but not as dramatically as in Lockdown 1
- Data around volume sales shows the amount of groceries purchased during each trip increased

Trend in average number of grocery purchasing trips per household - Great Britain

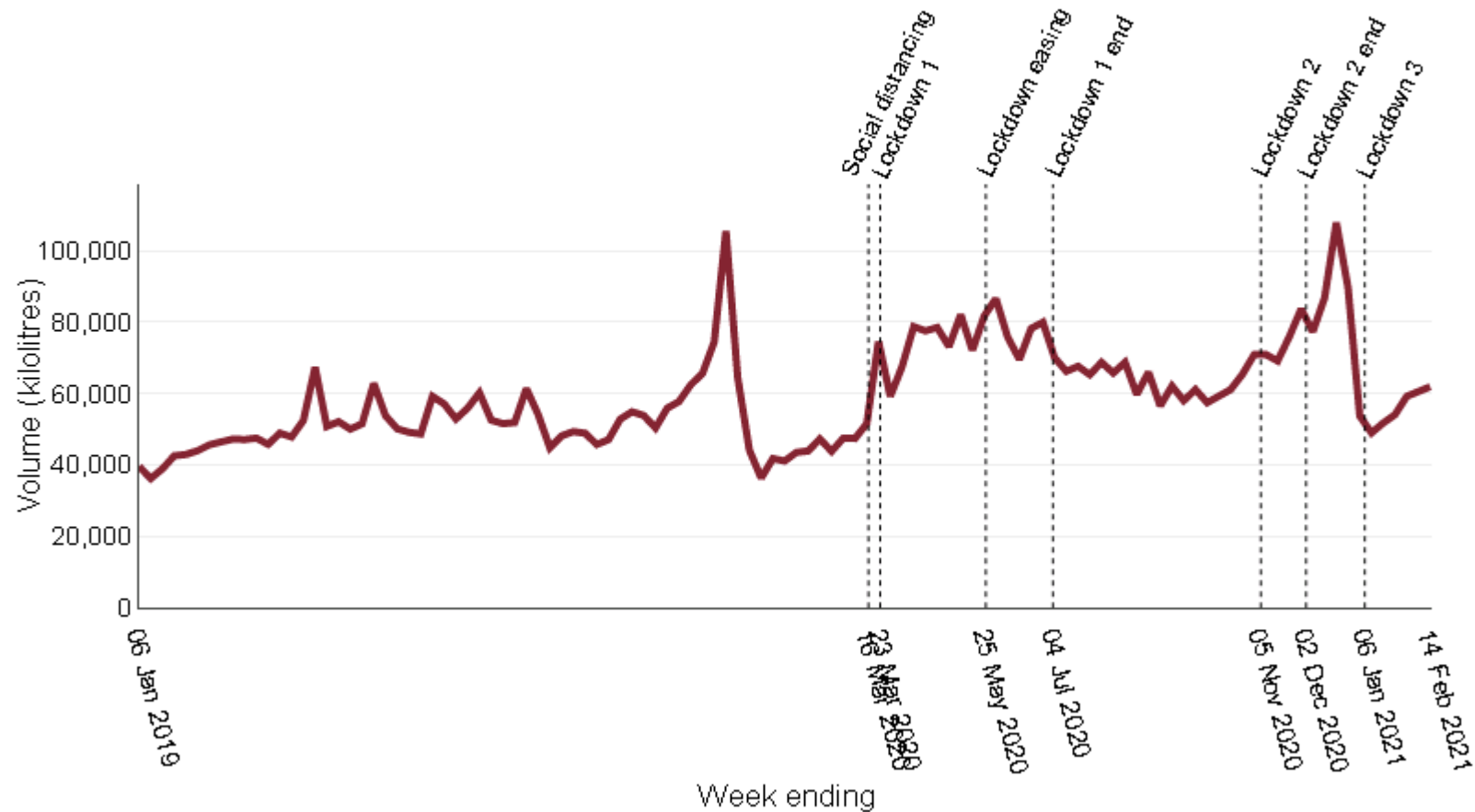


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Alcohol purchasing (Great Britain)

- Alcohol purchases usually rise over the festive period as can be seen in the graph, in addition the graph shows an increase prior to the start of social distancing and lockdowns
- The volume of alcohol purchased during the first lockdown was higher during 2020 than is seen in the same time period in 2019

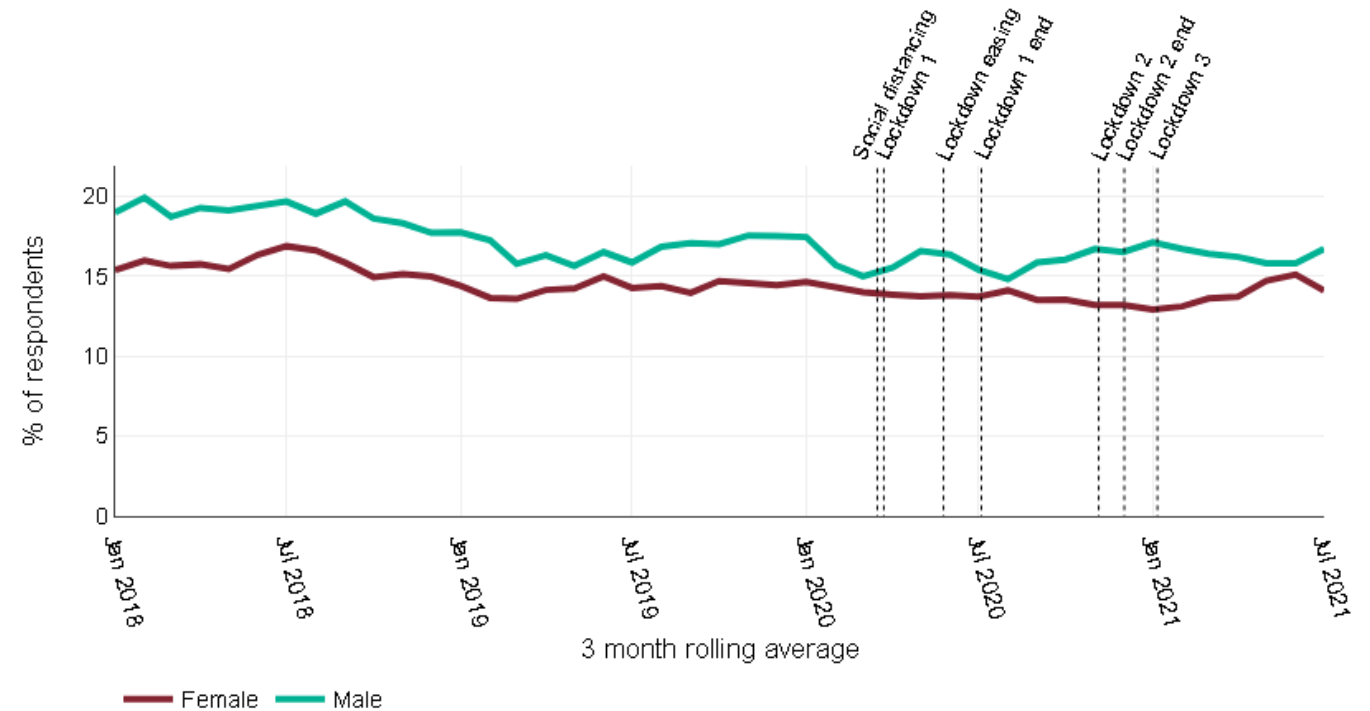
Trend in alcohol volume sales - Great Britain



Prevalence of cigarette smoking by gender (England)

- In England, the trend of smoking prevalence has been falling generally for both males and females
- During the first lockdown, the percentage of male respondents who smoked appeared to rise until measures easing lockdown were introduced, whereas females remained on a gradual decline
- The trend in the prevalence of males smoking rose again between the end of lockdown 1 and appeared to peak at the start of lockdown 3; females showed the opposite pattern and prevalence declined prior to rising again

Prevalence of cigarette smoking (STS) in England by sex



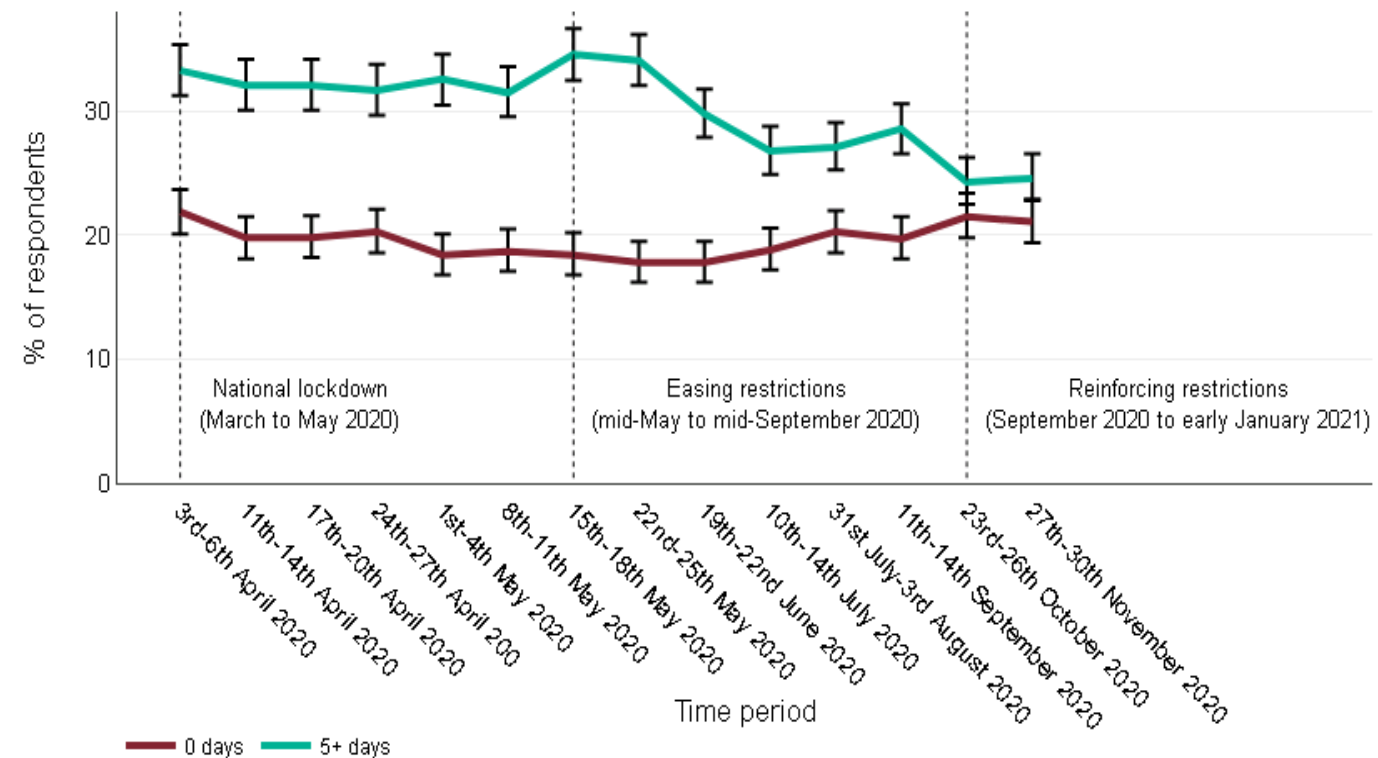
Source: Smoking Toolkit Study, UCL, www.smokinginengland.info

Prevalence of male smoking during lockdown phases appeared to fluctuate more than females

Physical activity in adults (England)

- Regular physical activity benefits both the body and mind, helping to reduce high blood pressure, help manage weight and reduce the risk of heart disease, type 2 diabetes, stroke and various cancers. It also improves bone and muscle strength and increases balance, flexibility and fitness. For older people, activities that improve balance help to prevent falls and injuries*
- The first lockdown did not appear to have a major effect on those exercising 5 days or more but the percentage of respondents increased slightly prior to restrictions being eased
- Following easing of restrictions, the percentage of those exercising for 5 days or more declined to levels lower than those seen prior to lockdown

Trend in percentage of adults doing at least 30 mins physical activity on 0 or 5 or more days in the last week



*Data source: Survey into Adult Physical Activity Attitudes and Behaviour: Sport England

How does digital exclusion impact on people's health?

Healthcare access and health outcomes

- No access to digital health tools and services
- Access, skills and confidence barriers

Data source: Digital Exclusion and Health Inequalities: Briefing Paper – Dr Emma Stone, Good Things Foundation, August 2021

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Factors influencing a healthy life

Wider determinants of health:

- Economy and employment
- Education and lifelong learning
- Social participation and community life
- Housing and the built environment
- Access to health and healthcare

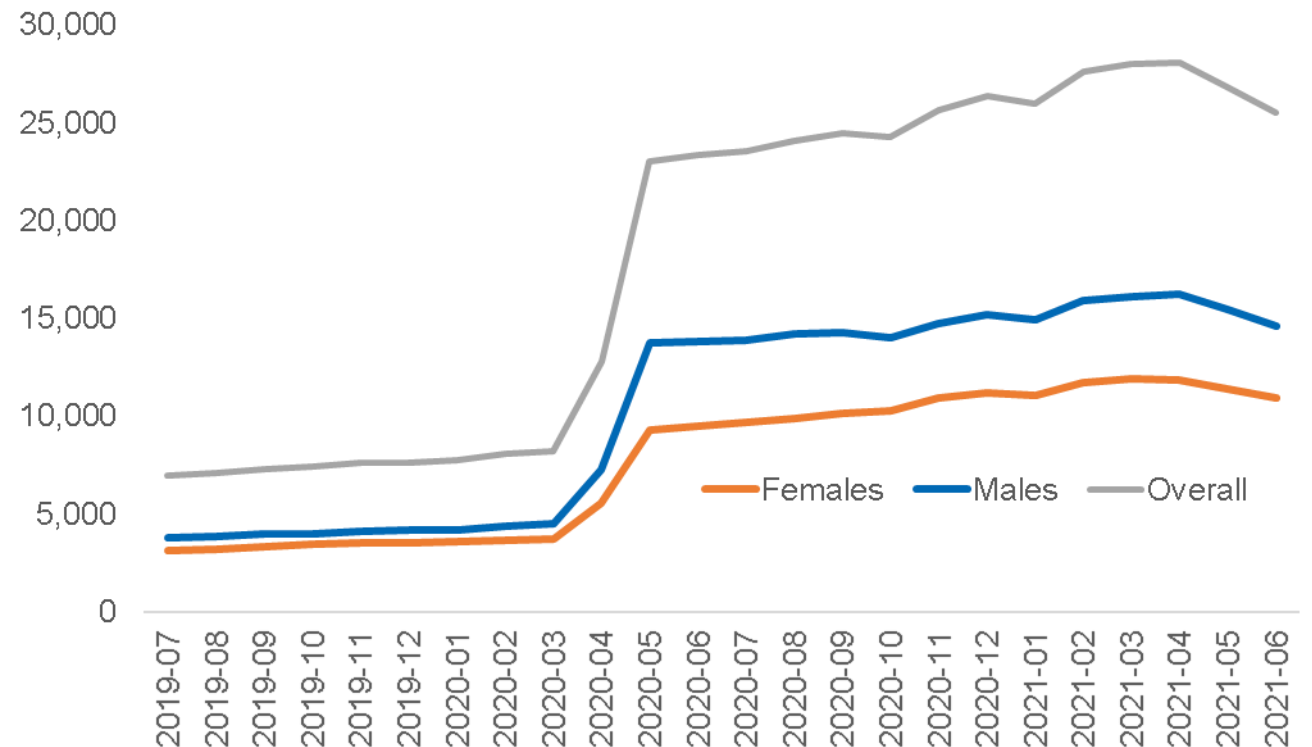
Inequalities

- 82% of jobs require digital skills yet 13.6 million workers in the UK do not have the essential digital skills for work
- Research into school responses to Covid-19 found 28% of pupils had little or no IT access in the home, rising to 43% in schools with the highest levels of deprivation
- 80% felt digital was a vital support in the first months of lockdown
- 6% of people lack home internet access – equating to around 1.5 million households in the UK
- 37% of adults use digital tools to manage their physical health and 25% for their mental health

Covid-19 has had a huge impact on jobs and income in Newham:

- **Increase in claimant rates** from 3% in Feb 2020 to **10% in June 2021, which is over 25,000 residents**; an increase of 212% since the start of the pandemic
- The highest number and highest % take up of furlough in London: **28,200** of employments furloughed, **18% take-up rate (April, 2021)**
- Increase in children eligible for free school meals (FSM) from around **20% to around 30%**

Claimant Counts in Newham July 2019 to June 2021

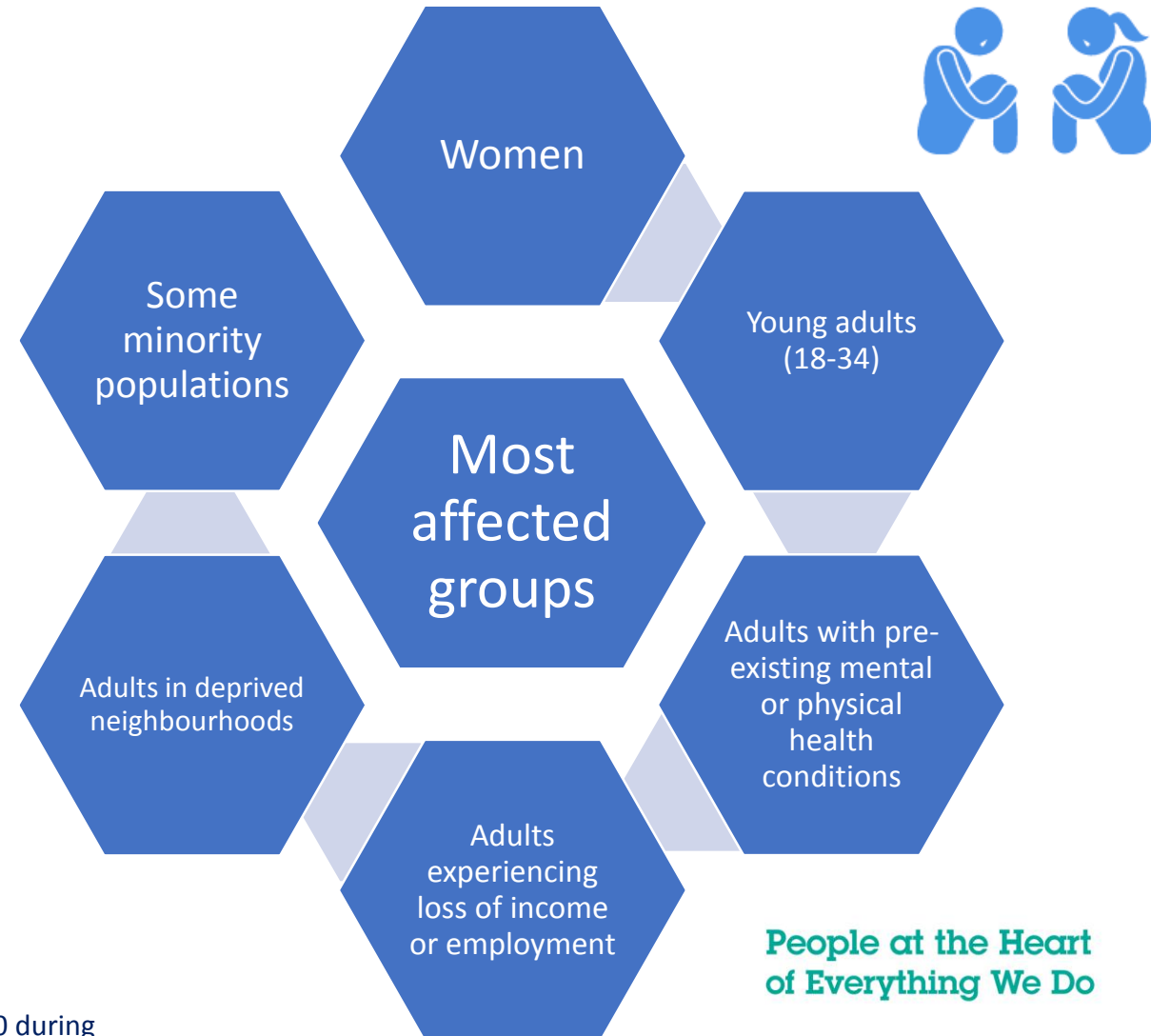


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The National Picture

- Nationally the pandemic has had a marked effect on the mental health and wellbeing of the population
- A national study saw levels of clinically significant psychological distress in adults 18+ rise from pre-pandemic levels of **20.8% in 2019** to **29.5% in April 2020**, before declining significantly to 20.8% by September 2020*
- Further evidence suggests there was a **second deterioration in population mental health** between October 2020 and February 2021
- Certain groups of the population appeared to experience poor or deteriorating symptoms throughout the pandemic (see graphic)



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*Data source: Longitudinal changes in psychological distress in the UK from 2019 to September 2020 during the COVID-19 pandemic: Evidence from a large nationally representative study, M.Daly and E.Robinson

IMPACT: ADULT MENTAL HEALTH

Local picture in Newham

➤ The main impacts upon Mental Health locally were identified in a stakeholder and key persons event (attended by over 40 people) as the following....



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➤ ...and affected the following groups in particular:

People with pre-existing mental health conditions

People with long-term physical health conditions

People in low income, struggling with debt and/or at risk of eviction

People experiencing domestic and sexual violence

Children and young people, young people at risk of exploitation, young carers

Those working in care, health care and the voluntary sector

People with learning disabilities and developmental disorders

Pregnant women

LGBTQ+ communities

Some minority ethnic groups

Adult carers

Single and new parents

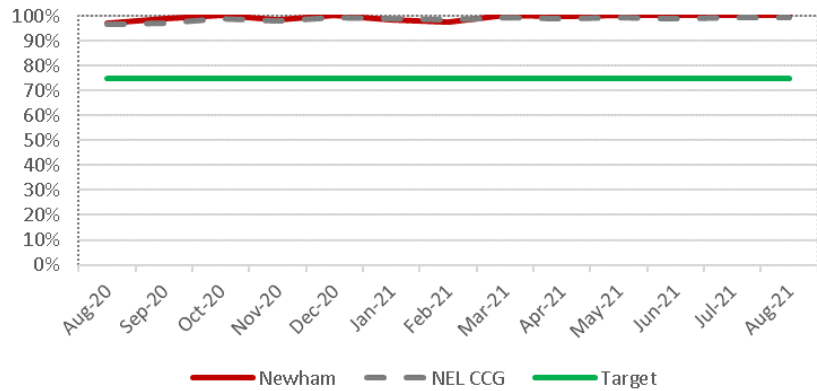
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IMPACT: ADULT MENTAL HEALTH

IAPT waiting times

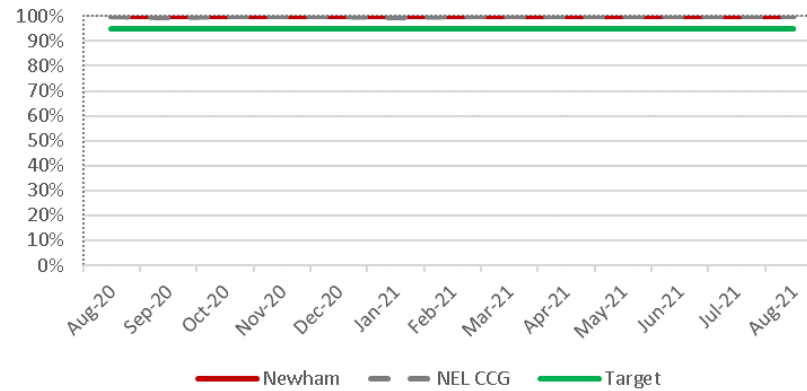
IAPT waiting times- 6 weeks to 1st treatment

Source: NEL Mental Health Dashboard



IAPT waiting times- 18 weeks to 1st treatment

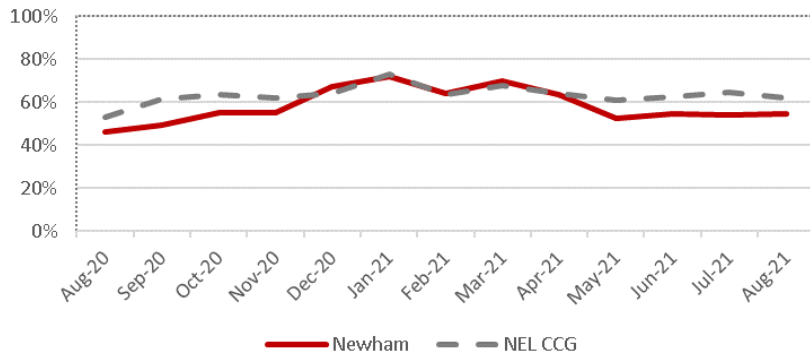
Source: NEL Mental Health Dashboard



➤ Service consistently meets these national waiting time targets

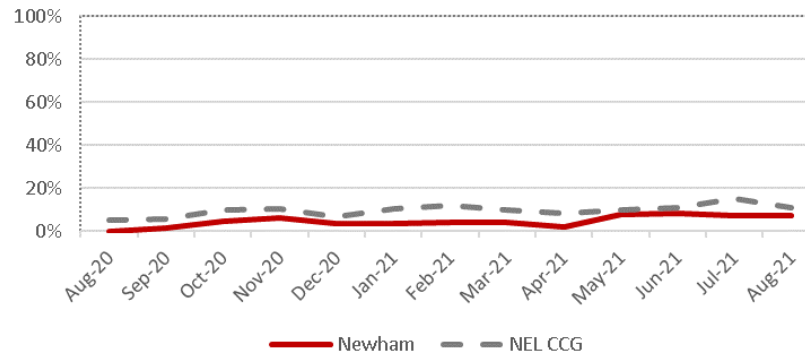
IAPT waiting times- over 28 days between 1st & 2nd treatments

Source: NEL Mental Health Dashboard



IAPT waiting times- over 90 days between 1st and 2nd treatments

Source: NEL Mental Health Dashboard



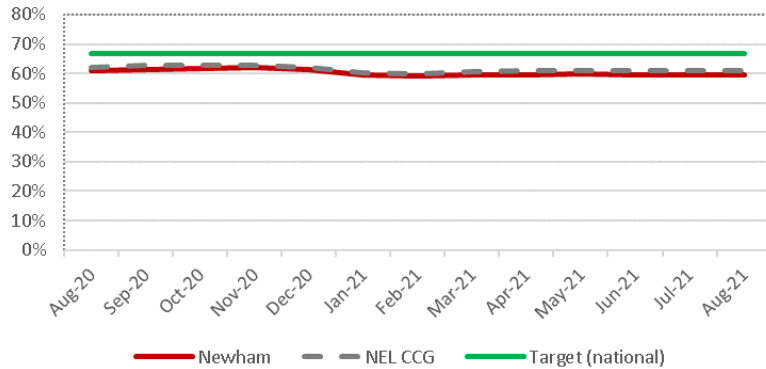
➤ During Covid the service has worked hard to reduce 2nd waits and improve access

IMPACT: ADULT MENTAL HEALTH

Dementia Diagnosis

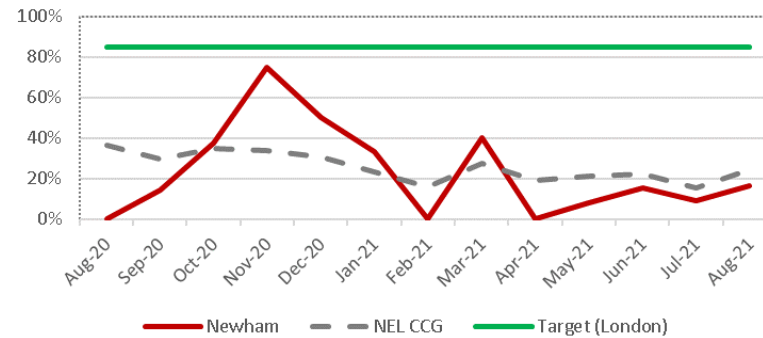
Dementia Diagnosis Rate

Source: NEL Mental Health Dashboard



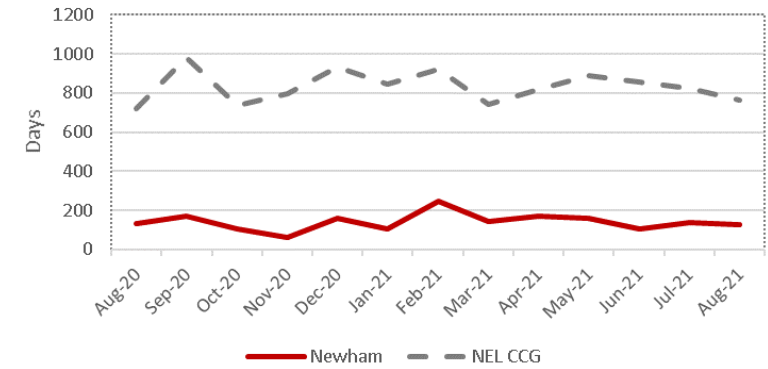
Percentage of people diagnosed within 6 weeks of referral

Source: NEL Mental Health Dashboard



Average waiting time for dementia diagnosis (days)

Source: NEL Mental Health Dashboard



- This continues to be an area of challenge for Newham and NEL
- Newham has faced particular recruitment challenges
- Additional non-recurrent funding is available this year to support timely assessments
- The targets shown are not national targets, but more of an aspirational London regional target

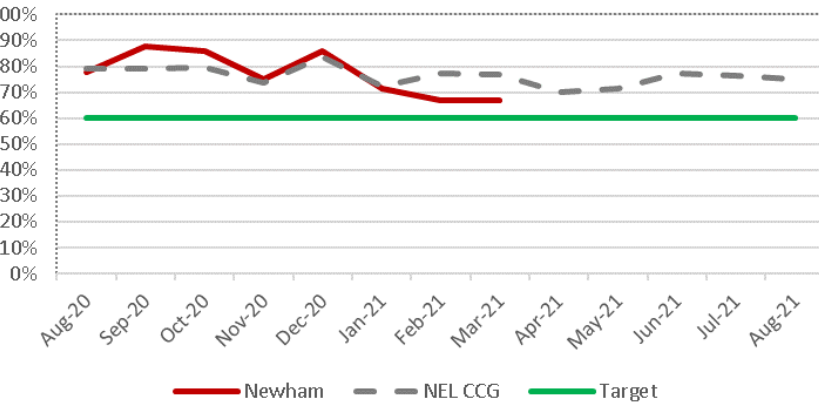
IMPACT: ADULT MENTAL HEALTH



Early Intervention in Psychosis

Early Intervention in Psychosis waiting times

Source: NEL Mental Health Dashboard

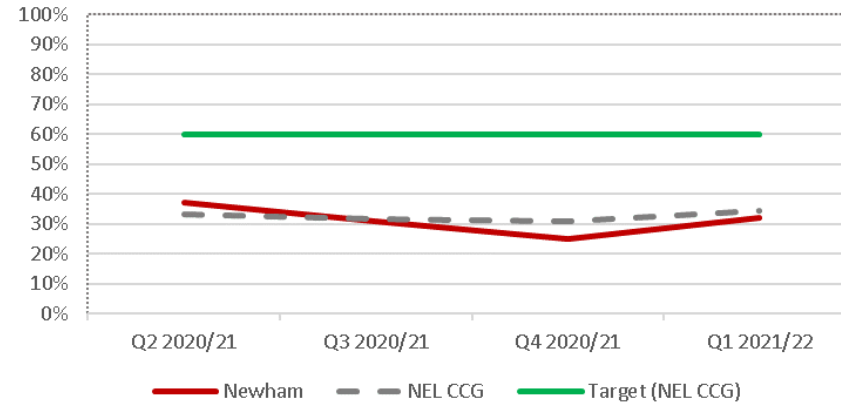


- There is ongoing work to maintain this national waiting time standard within the context of increased demand
- Also improving recording practice in the team to ensure performance reporting is accurate

Severe Mental Illness

SMI - all 6 physical health checks

Source: NEL Mental Health Dashboard

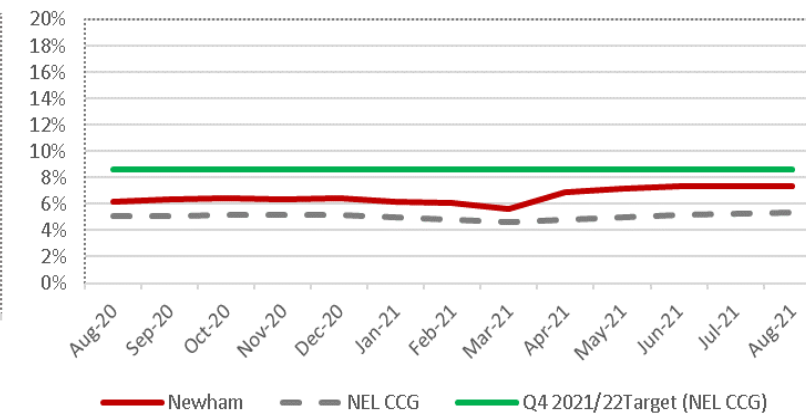


- Nationally this has been a challenging target to meet. This has been compounded by Covid and the move for a large part of the year to remote consultations in Primary Care. Primary care capacity has been challenged by competing priorities such as the vaccine programme
- Two Health Care Assistants have recently been recruited who will be working full time on improving access to physical health screening for people with a SMI

Perinatal Mental Health

Perinatal access (proportion of births)

Source: NEL Mental Health Dashboard



- Newham has challenges around meeting its access target for perinatal mental health services
- This is in part due to having the largest eligible population (birth rate) in NEL, and funding challenges

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IMPACT: MENTAL HEALTH - CHILDREN AND ADOLESCENTS

Referrals to Mental Health Services 0-18 years

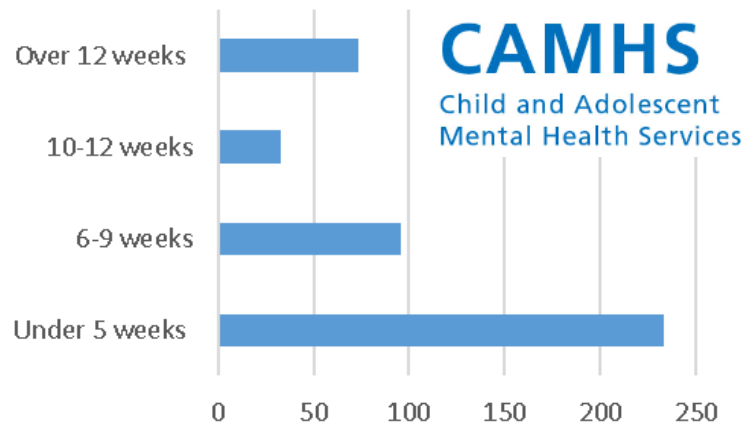
- Referrals to CAMHS had **surged** with **increased complexity** in cases
- The focus on dealing with crisis cases has had a **significant impact on waiting lists** for lower priority cases

Data source: CAMHS via “CYP Mental Health Single Front Door Project”

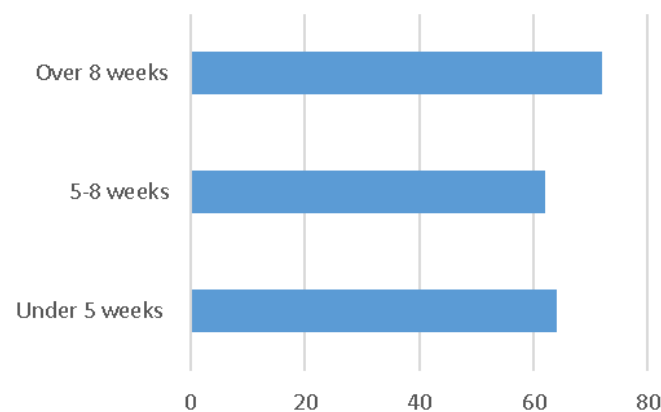
Impact of Covid-18 – Youth Wellbeing Survey

- The survey was carried out between 8th July – 27th November 2020 by residents of Newham or those attending Newham schools, aged 10-24
- The questions asked about experiences of children and young people in Newham during the coronavirus pandemic and lockdown period
- 120 responses were received
- Short Warwick-Edinburgh Mental Wellbeing Scale: 51% reported low wellbeing; 6% reported high wellbeing
- When asked about feeling lonely, **42% reported feeling lonelier than before the pandemic**, 43% felt about the same

CYP on CAMHS Waiting List



Treatment waiting time for 2nd CAMHS appointment



Inequity in CYP Mental Health in NEL East London Foundation Trust Health Needs Assessment

- More white females than would be expected in the in-patient population
- The male inpatient population was more representative of the ethnicity mix in the local population
- There was significant under-representation of Asian children and young people
- Higher admission to CAMHS from CYP living in the most deprived areas
- Whilst the admissions for CYP with LD and/or ASC admissions are reducing, they are still over-represented

IMPACT: MENTAL HEALTH - CHILDREN AND ADOLESCENTS



Covid-19 Impact

- Covid-19 has had a **profound effect** on the lives of CYP and their families
- Newham CYP MH **access rates decreased by approximately 10% and waiting times increased** due to impact of service pauses, reduced capacity and school closures
- Increase complexity and acuity with **33% increases in contacts and hours required** per individual
- Increases in CYP reporting **impacts** such as low wellbeing, loneliness, anxiety, worrying about school and reductions in physical activity
- **Reduced inpatient bed capacity** for tier 4 and acute settings

Covid-19 Response

- Services **adapted to deliver care and treatment virtually** e.g. therapies, group sessions while still offering face-to-face intervention for those at most need
- HeadStart developing the 'Your Time' befriending service alongside Peer Parenting Service while **adapting their established activities to be delivered virtually**
- Collaboration across partners to develop the 'Multi-Agency Collaborative' aimed at **triaging and offering alternative support** to those children on the CAMHS waiting list
- Continued patient engagement virtually capturing lived experiences from CYP and families of the pandemic to **inform future improvements**
- Additional investment from 'Winter Funding' and Spending Review **bringing forward 2022-23 investment plans to aid system recovery**

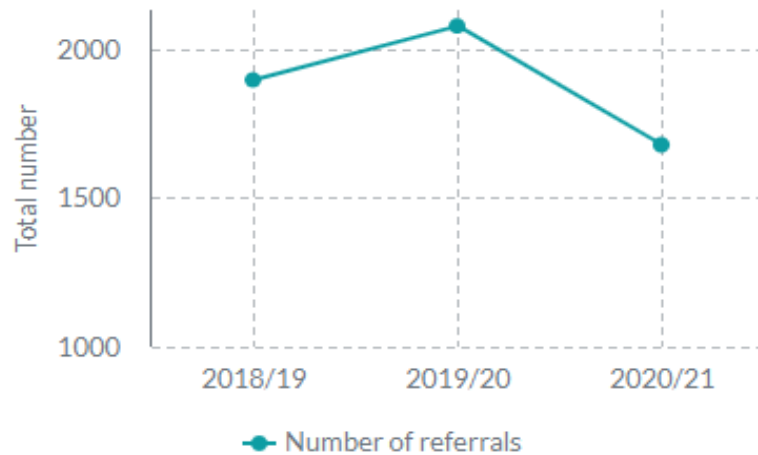
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Taken from CAMHS Transformation Plan Refresh 2021-2022

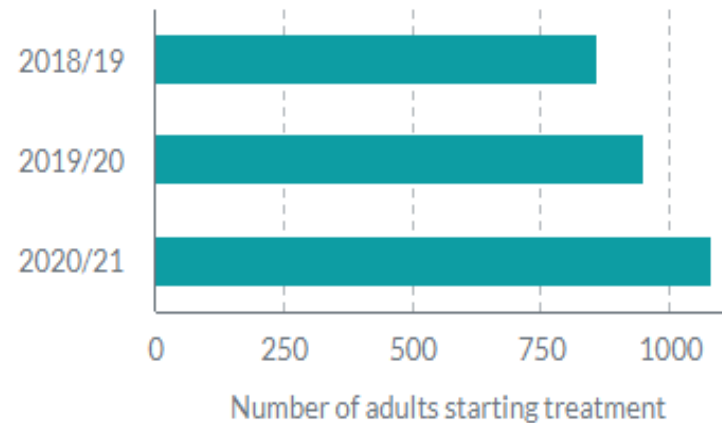
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IMPACT: SUBSTANCE MISUSE ADULTS - NEWHAM

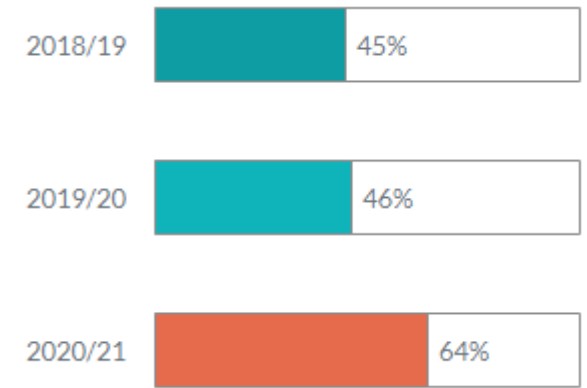
Substance misuse referrals by financial year



Adults starting treatment by financial year

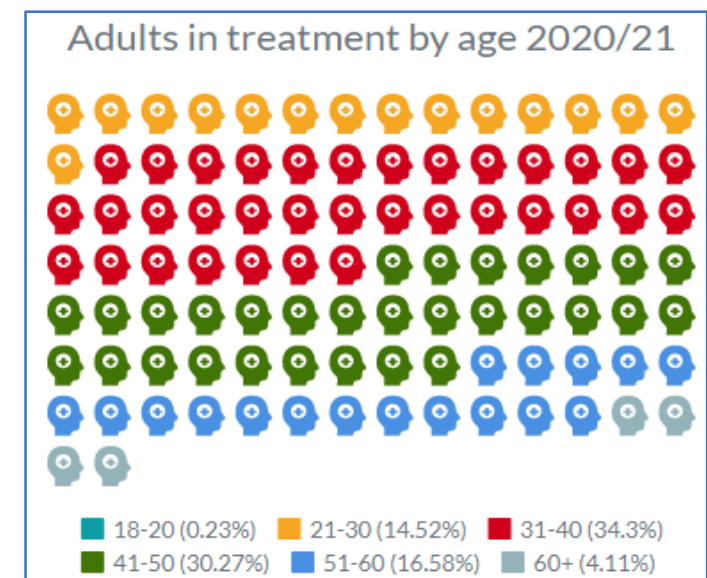
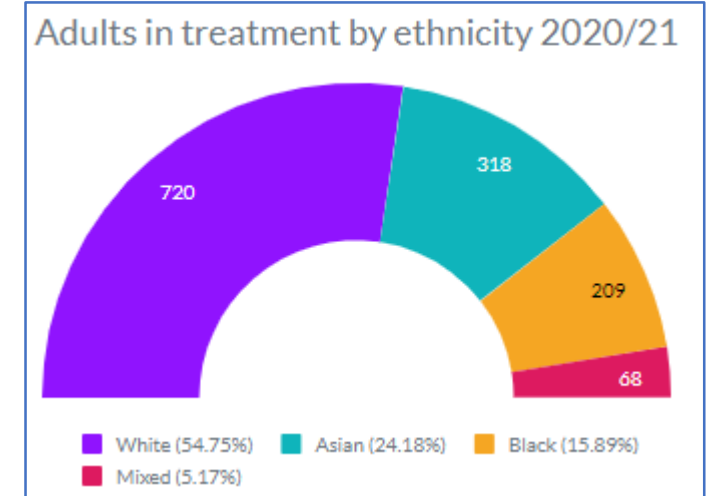
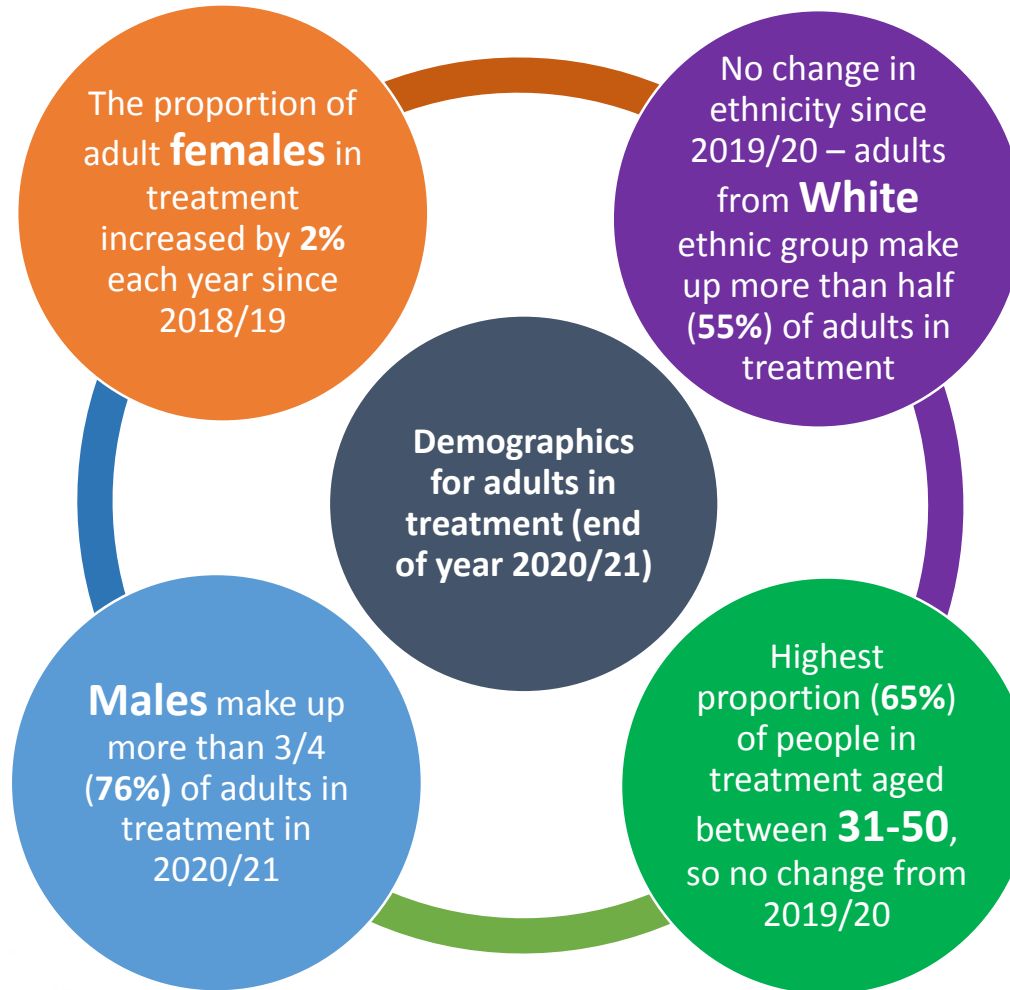
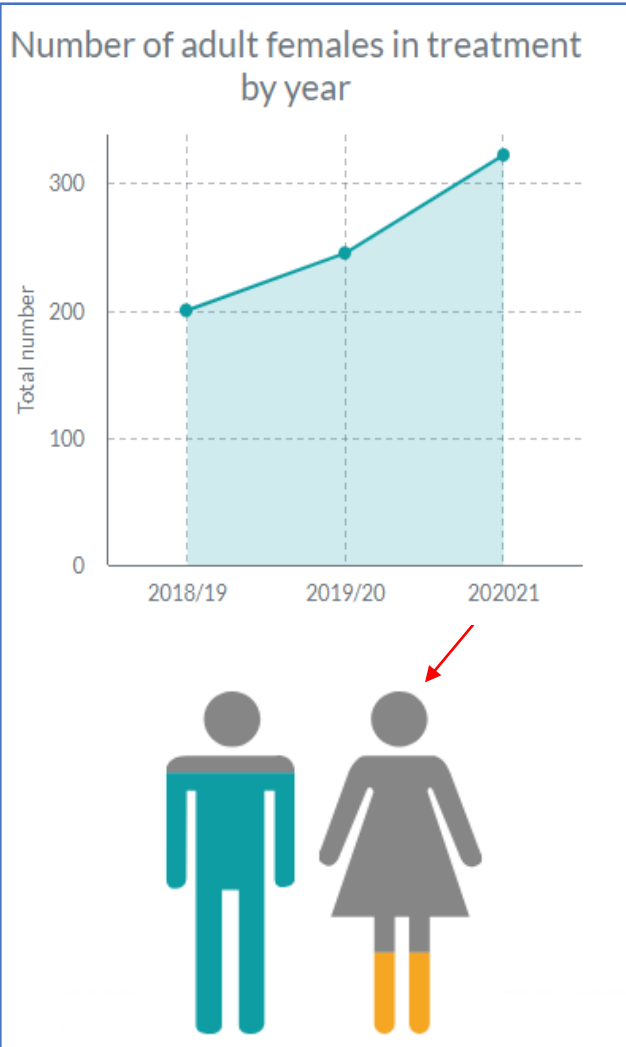


Proportion of new referrals starting treatment



- Covid-19 has had a considerable impact on substance misuse. Although the number of referrals to the substance misuse service decreased by **19%**, the total number of adults starting treatment **increased by 14%** in 2020/21 compared to 2019/20
- **Significantly higher proportion** of adults referred to the substance misuse team took up treatment in 2020/21. In 2020/21, **1,081** (64%) adults referred to the substance misuse service began treatment compared to **949** adults (46%) in 2019/20

IMPACT: SUBSTANCE MISUSE ADULTS - NEWHAM



Note: children are excluded due to low numbers in referrals and starting treatment

IMPACT: Referrals for Safeguarding Concerns – self neglect

Referrals to LBN Adult Social Care

- Referrals to Safeguarding are via the Access Team and then go through to Adult MASH and the Vulnerable Adults Team
- The graph on the right shows the trends pre-pandemic and during the pandemic
- There was a notable decline in referrals in relation to self neglect from all referral sources with the exception of referrals from secondary health in Q4 2020/21, however the spike in referrals here was not enough to influence the overall decline
- There was a change in the team recording the data at the beginning of 2020 which may have also had an effect on the figures

- The graph on the right shows referrals from Primary and Secondary care only
- Referrals from Secondary Healthcare (eg hospitals) rose quite markedly in Q4 (Jan – March 2021) following the 3rd lockdown period of the pandemic
- The figures may indicate that lockdown resulted in a loss of support for people, a reduction in face to face visits by health and social care practitioners or a reluctance to accept domiciliary care support, meaning that opportunities for earlier intervention were not in place

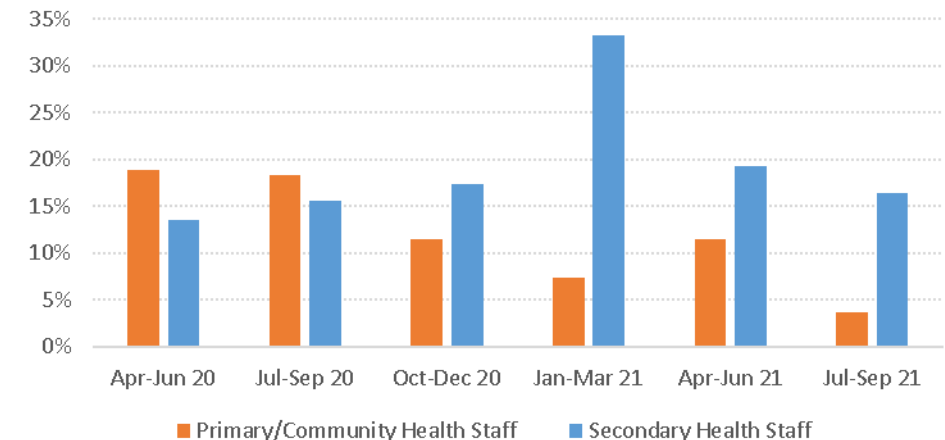
Referrals for self neglect

Data source: Azeus, LBN



Self neglect by referrer

Data source: Azeus, LBN

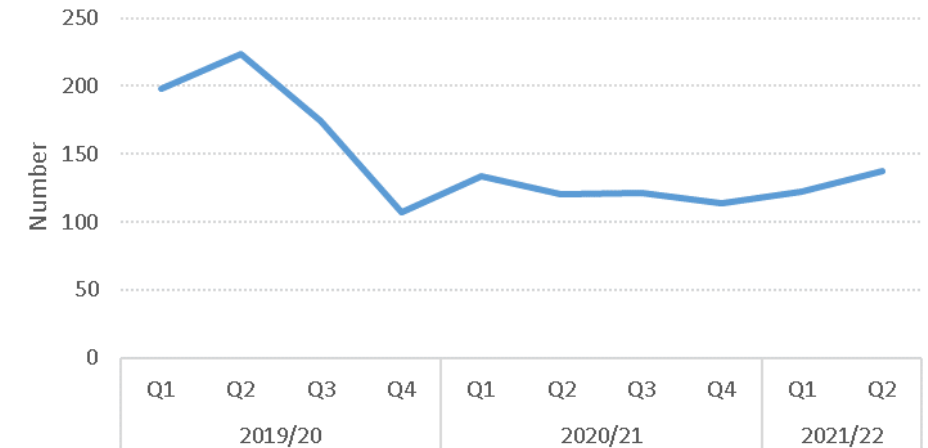


IMPACT: Referrals for Safeguarding Concerns – neglect and acts of omission

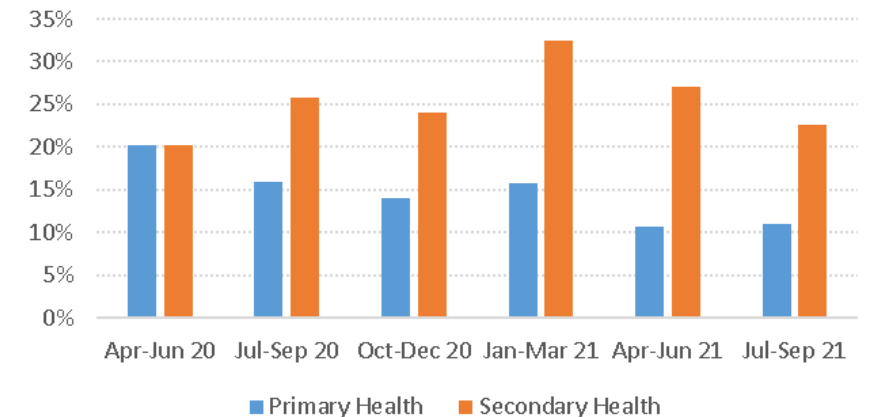
Referrals to LBN Adult Social Care

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-
- The graph on the right shows referrals from Primary and Secondary care only
 - Referrals from Secondary Healthcare (eg hospitals) rose quite markedly in Q4 (Jan – March 2021) following the 3rd lockdown period of the pandemic
 - As with referrals for self-neglect, the figures may indicate that lockdown resulted in a loss of support for people, a reduction in face to face visits by health and social care practitioners including to care homes, or a reluctance to accept domiciliary care support, meaning that opportunities for earlier intervention were not in place

Referrals for neglect
Data source: Azeus, LBN



Neglect by referrer
Data source: Azeus, LBN



IMPACT: ADULT SOCIAL CARE DATA – COST SUMMARY

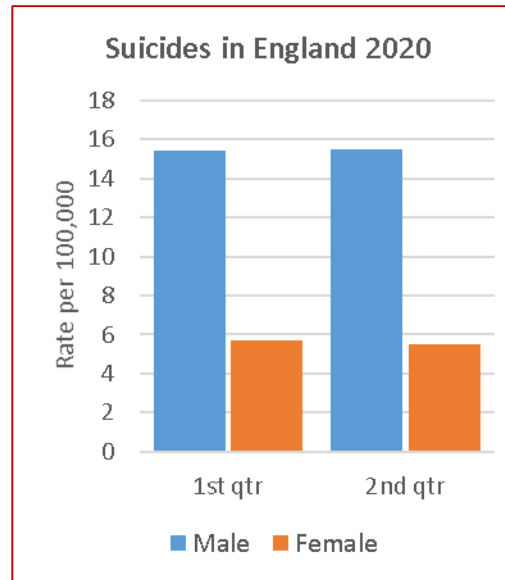


- Total funding received from NHS for Hospital Discharges – Scheme 1 and 2 = **£3.6m** – this is based on funding to end of August for all package costs, and then 6 weeks maximum costs claimable from Sept to March 21. Currently NHS will fund only 4 weeks maximum of package costs for New or increases packages of care
- Block Bed purchases to Care Homes in 2020/21 was **£1.1m**
- Covid Support payments to providers to maintain market sustainability totalled **£0.5m**
- **£100k** provide to Enabled Living to enhance equipment to patients discharged from Hospital
- Total PPE costs incurred by A&H **£2.1m** – until the Government portal was initiated
- Help Newham Programme to deliver food packages for those isolating and vulnerable totalled **£3.5m**
- £2.2m received from DHSC for Infection control and Rapid Testing grants – mainly for payments to providers of Care Homes and Domiciliary Care – a further £1.8m received for 2021/22
- BioLuminex a provider for Rapid Response from Hospital Discharge was **£1m** in 2020/21 – a further **£280k** for 2021/22

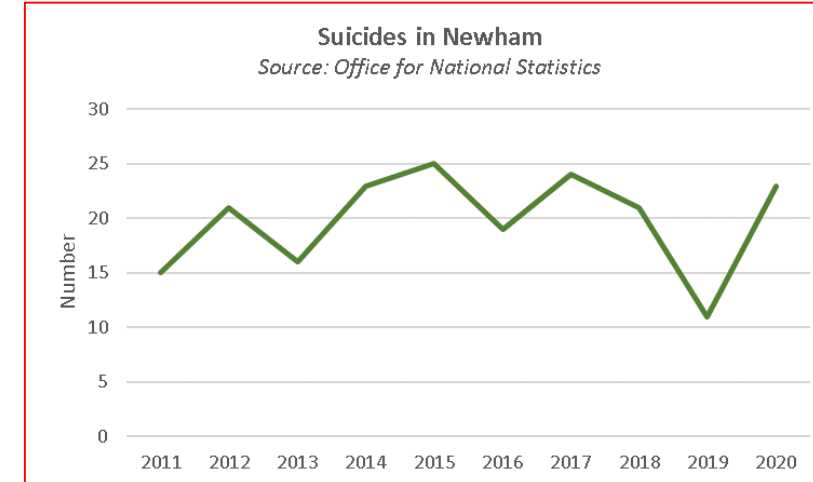
IMPACT: SUICIDE AND SELF HARM

The national picture

- A large study of adults aged 18 and over found that **26.1% of respondents reported self harm thoughts and 7.9% self harm behaviours** at least once between March 2020 and May 2021 (no pre-pandemic data available for comparison however)
- In 2020, the suicide rate was 10 per 100,000 which was significantly lower than the rate of 11 in 2019
- The decrease is thought to be due to two factors, (1) a decrease in male suicides at the start of the pandemic and (2) delays in death registrations due to the pandemic



The local picture



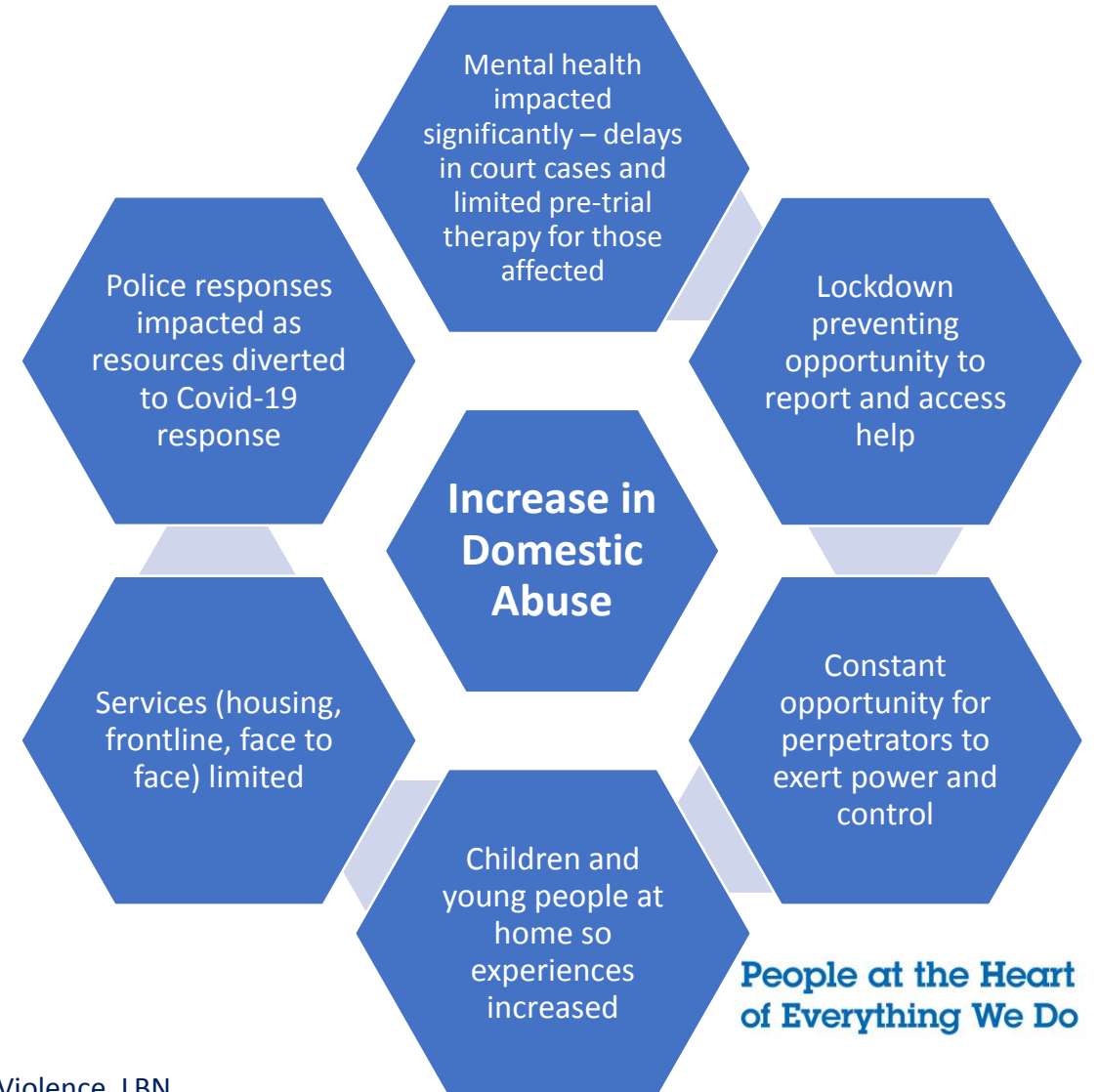
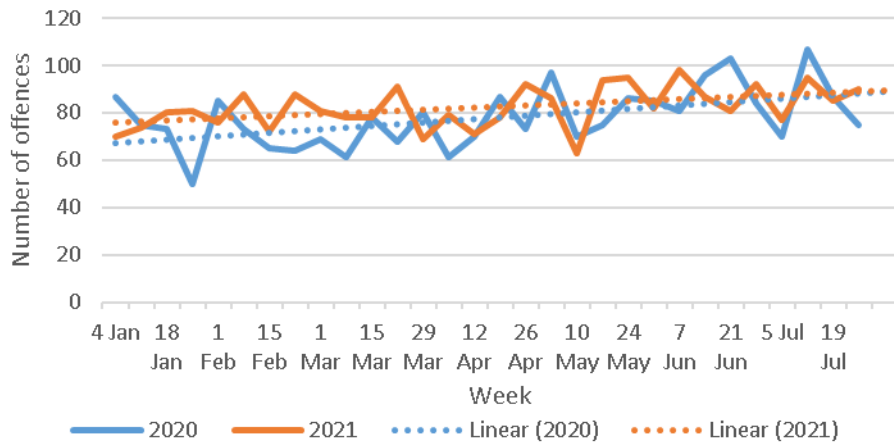
- Locally the number of suicides fell in 2019 before rising in 2020
- Data is not available split by gender

- The Office for National Statistics reported a rate nationally of **15.4 male suicides** per 100,000 in the first quarter of the year and **15.5 in the second quarter** – similar to pre-pandemic rates
- Among females, nationally there were **5.7 and 5.5 suicides per 100,000 in quarters one and two** respectively, again similar rates in these quarters before the pandemic

IMPACT: DOMESTIC ABUSE

- The increase of domestic abuse during the Covid-19 pandemic is notable from the figures below
- Lockdown forced people to be at home for long periods of time; survivors/victims had little opportunity to report domestic abuse or access safe spaces and support from organisations, family or friends
- Housing services were closed to face to face support, reducing the opportunity for residents to access emergency accommodation; not all have access to the internet, can use online services or have English as a spoken language

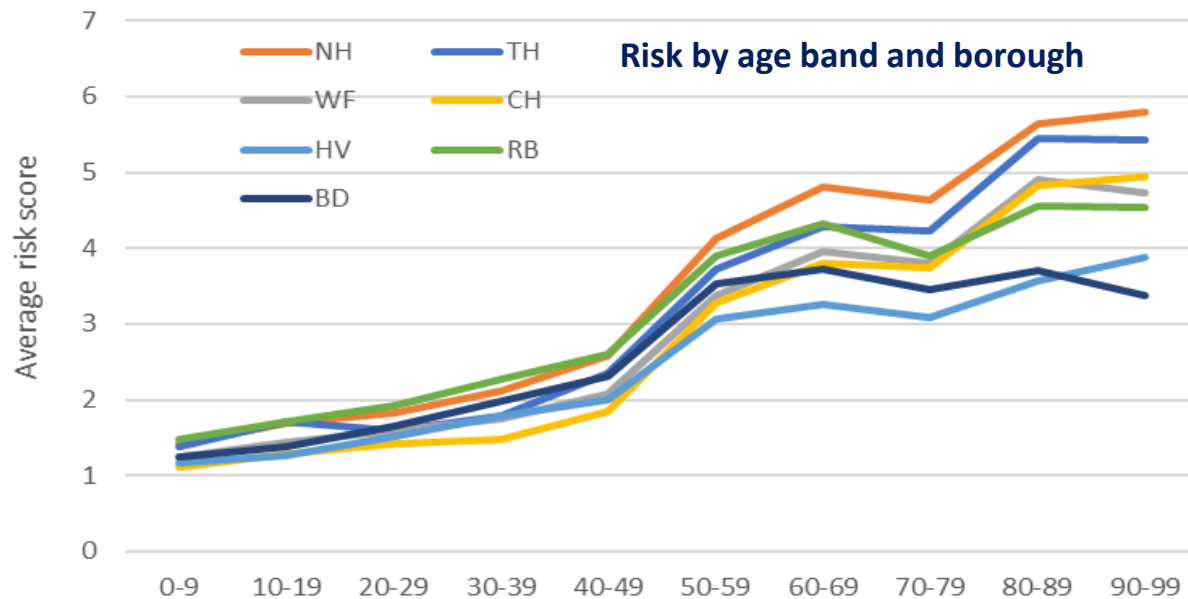
Domestic Abuse Offences in Newham
Source: Metropolitan Police data



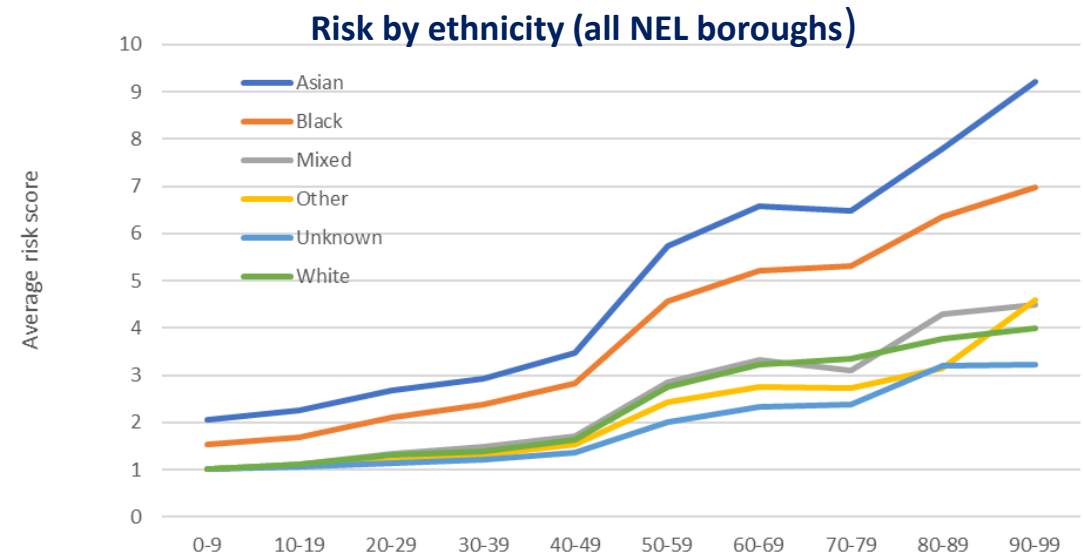
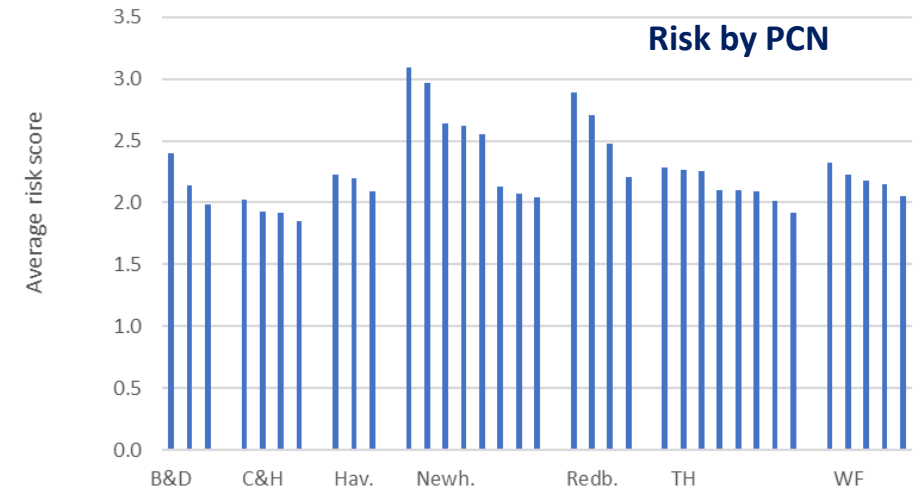
IMPACT: RISK SCORES (factors contributing towards a greater risk of contracting Covid-19)



- Some residents are at **increased risk of contracting Covid-19** due to **factors such as age, gender, ethnicity, deprivation, BMI and long term conditions** (eg diabetes, asthma and cardiovascular disease)
- Newham (showed as NH in orange in the graph below) shows the highest average risk score from the 50-59 age bracket upwards compared to other NEL boroughs
- Asian and Black ethnicities showed the highest risk scores for all ages (all NEL boroughs)
- The Risk by PCN chart shows the average risk score by borough, with Newham showing the highest scores

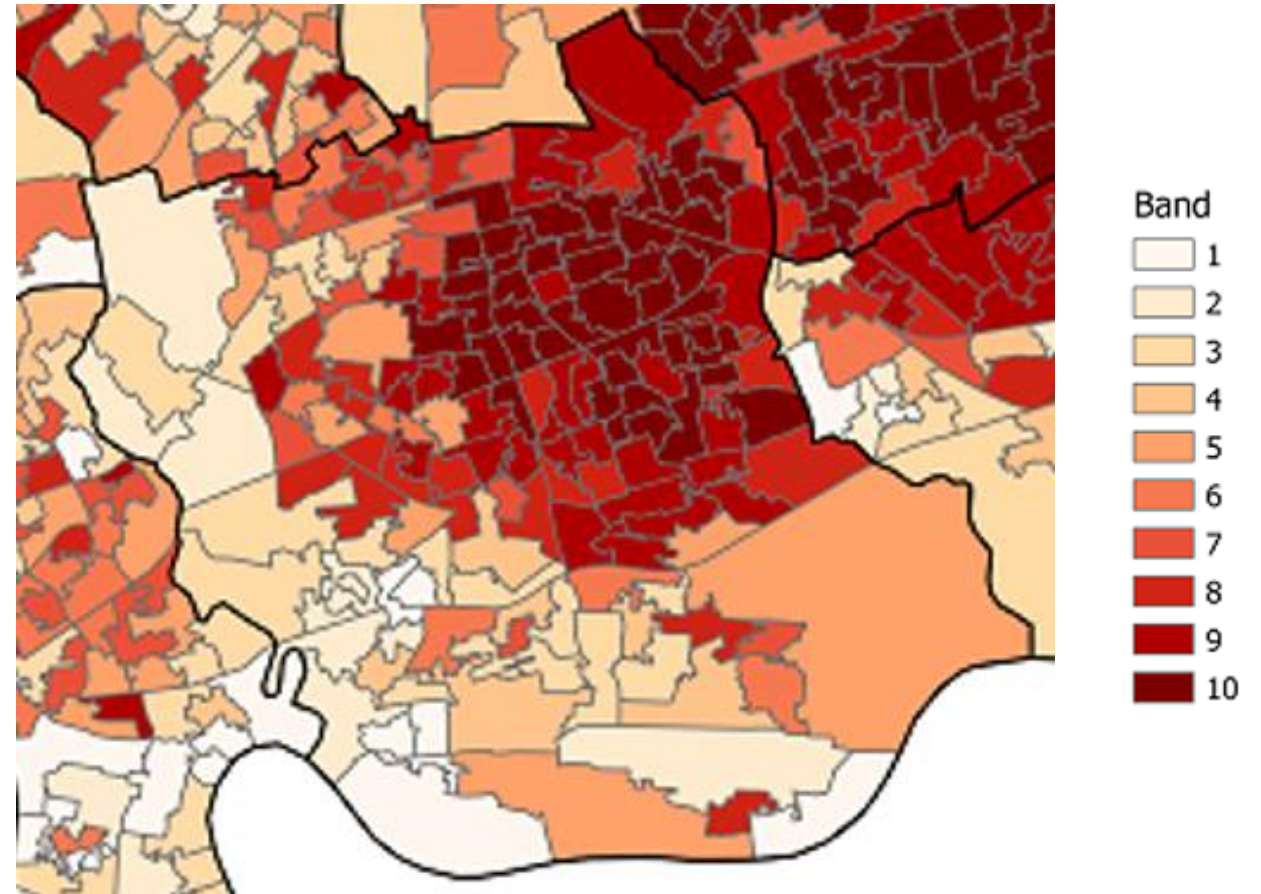


Data source: NEL Public Health and Inequalities Steering Group



IMPACT: RISK SCORES

- The map showing the average risk score by LSOA. It shows high scoring in the north east of the borough
- The darker colour represents those at higher risk of Covid-19
- Risk scores are calculated using age, gender, ethnicity, deprivation, BMI and long term conditions



IMPACT: REFERRALS – BARTS HEALTH

Source of referrals

- Barts Health reported an overall **drop in referrals from March to November 2020 compared with 2019**
- This includes:
 - 2 week wait referrals for cancer (-23%)
 - Hospital consultant referrals following ED attendance, admission or OP appointment (-20%)
 - National screening pathway referrals (-42%)
 - Routine referrals (-83%) (although this forms only 3% of referrals overall)

Referrals for cancer - Barts

Referrals

- There was a 23% reduction in 2 week wait cancer referrals from March – November 2020 compared with 2019. These are generally GP referrals

Gender

- Men – referrals were significantly reduced by 26%
- Women – referrals were reduced by 22%

Ethnicity

- The largest decrease in referrals in men was for Black African, Black Caribbean and Other Black men (33%)
- The largest decrease in referrals for women was in Asian women (24%)

Age

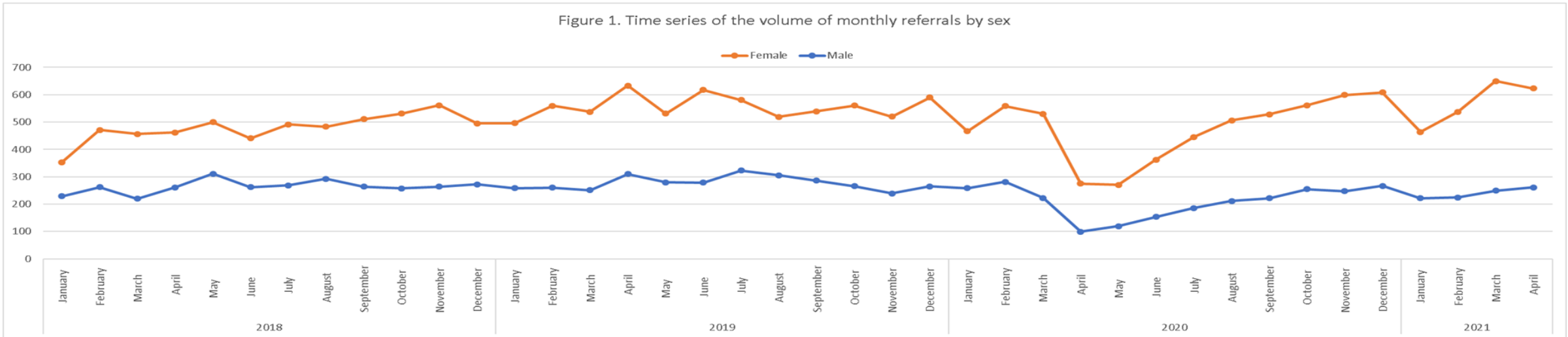
- Children had the highest reduction in referrals at 37%
- This coincided with a large reduction in diagnosed cancers

WE ARE NEWHAM.

Data source: Cancer Referrals and Diagnoses: An Equity Review - Barts Health Cancer Board and Public Health Team

IMPACT: REFERRALS FOR CANCER – 2 WEEK WAIT

Newham CCG - by gender



- The graph shows the pattern of referrals for cancer by gender via the 2 week wait route
- Referrals for women have been consistently higher than for men
- The number of referrals for both males and females decreased during the first lockdown period (from March 2020) and notably also in the 3rd lockdown (January 2021)

WE ARE NEWHAM.

Data source: Cancer Alliance Data, Evidence and Analysis Service (CADEAS) and PHE NCRAS


Nationally - reduced screening due to Covid-19

- Screening is a **major element of early detection** of cancer
- **Routine screening services** for cervical, breast, bowel, abdominal aortic aneurysm and diabetic eye screening were **suspended** between March and July 2020 due to Covid-19 (wave 1)
- Recovery plans are in operation in order to ensure the programme gets back on track and there is a health inequality element to this plan

Locally – Barts Health

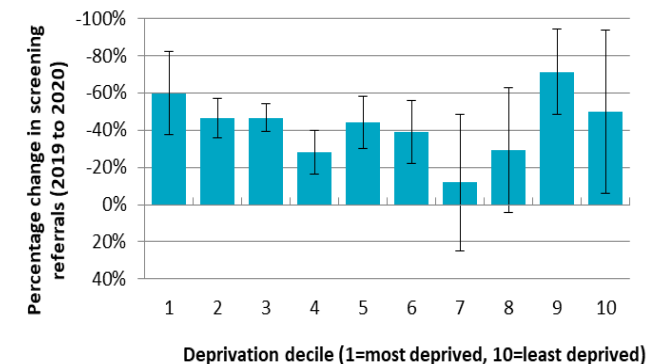
- Between March – November 2020, Barts Health reported a **42% reduction in referrals** from the National Screening Programme
- A majority of referrals to Barts Health from the screening programme are for women (>90%) – from breast, cervical and bowel screening – referrals for men are only received from the bowel screening programme
- Men and women have had a similar reduction in referrals from the colon cancer screening programme (**-80%**)

Women (Barts)

- There was a **65%** decrease overall in breast cancer screening between 2019 and 2020 
- Asian women showed the greatest reduction in breast cancer screening referrals (a drop of 79%), followed by Black women (63%)
- Cervical cancer screening showed a **6%** decrease overall between 2019 and 2020
- There was a decrease of 12% in white women in cervical cancer screening but a 36% increase in Asian and Black women

Screening referrals - % change by deprivation decile (Barts)

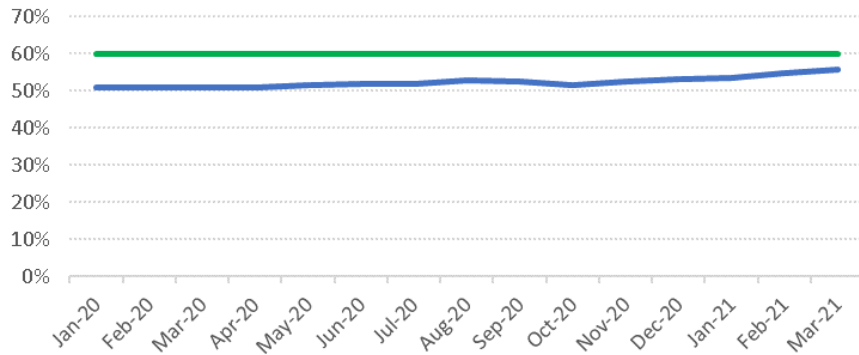
- The pattern by deprivation decile shows the greatest reductions among the most and least deprived groups



IMPACT: CANCER SCREENING UPTAKE AND COVERAGE

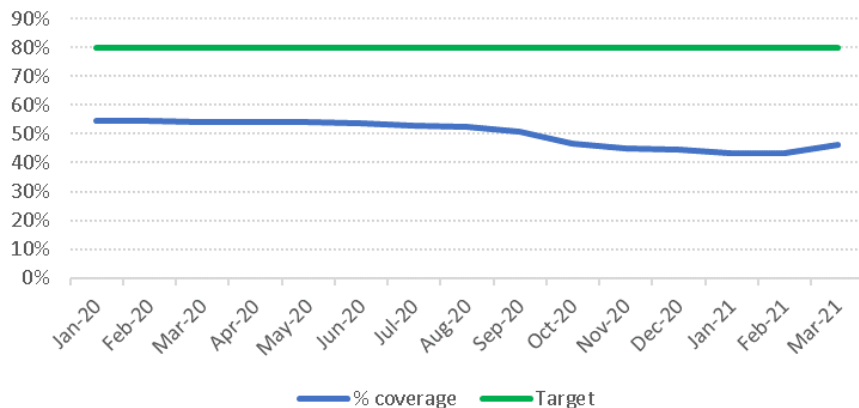
Newham – from Public Health England screening data

Bowel Cancer Screening Uptake in Newham
Ages 60-74



The impact upon bowel screening was possibly lower due to the ability for the test to be done at home and posted off, rather than requiring a visit to a GP Practice or screening unit.

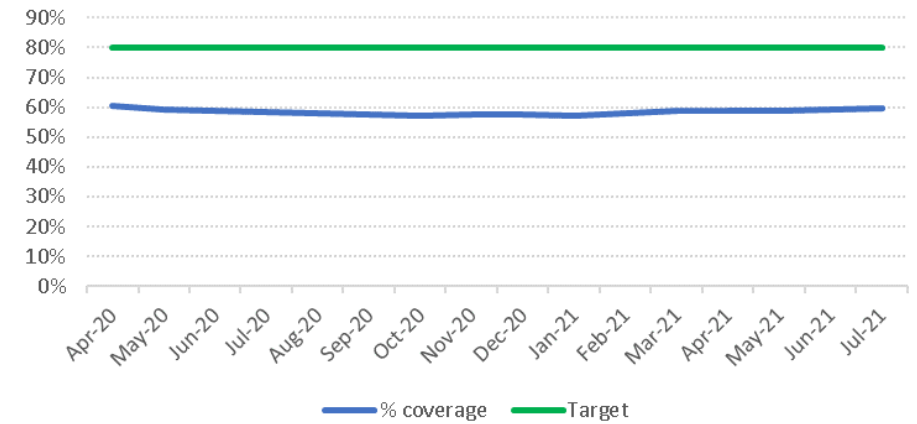
Breast Cancer Screening Uptake in Newham
Aged 50-70



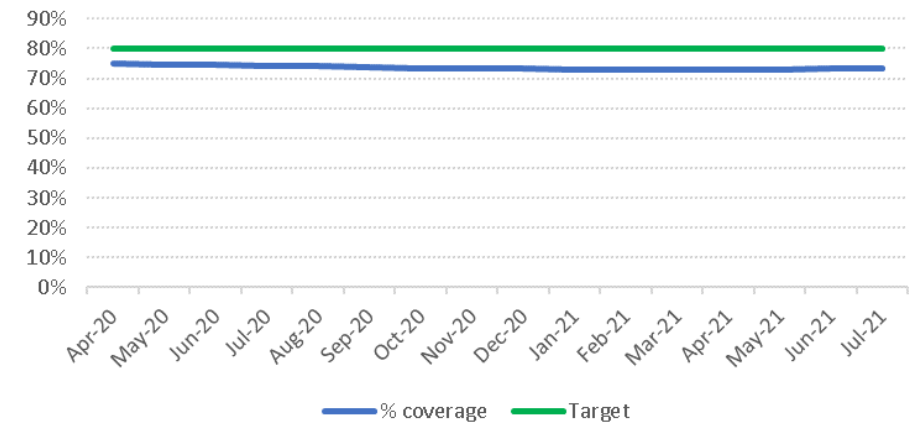
Coverage =
Number screened/ number eligible

Uptake =
Number screened within 6 months/number eligible invited in last 12 months

Cervical Cancer Screening Coverage in Newham
24-49 year-olds



Cervical Cancer Screening Coverage in Newham
50-64 year-olds



IMPACT: SCREENING AND REFERRALS FOR CANCER

Regionally – North East London

- The uptake of screening services has historically been poor in NEL with a correlation between screening uptake, ethnicity and deprivation
- Existing inequalities in accessing and participating in screening services has been exacerbated by the pandemic
- Research by cancer charities shows that many older people and people from BAME populations are still not attending medical appointments when these are viewed as unnecessary or not urgent
- Locally, referrals for suspected lung, colorectal and urological cancers have been slower to recover than others and have not returned to pre-Covid rates
- Colorectal and lung referrals are still low for men
- There is a concern that many cancer diagnoses have been missed or will be made late
- In 2020, 12,000 fewer 2 week wait cancer referrals were made than in 2019 in north-east London
- Men are less likely to participate in screening and also less likely to see medical advice at an early stage
- Public Health England equity data shows that referrals for men were 22% lower in 2020 than in 2019 and men tend to present at a late stage of disease
- NEL Cancer Alliance have developed a campaign to target White and Black men over 40 in the more deprived quintiles – this cohort had been identified as still not returning to their GP for medical advice
- The campaign is targeting the tumour sites lung, bowel and prostate – 2 week wait referrals for these tumour sites in particular had been slow to recover

HOSPITAL WAITING TIMES: NHS Confederation

- More people are waiting, and people are waiting longer.
- The waiting list is now at 5.61 million and there is a 'hidden' waiting list of more than 7 million.
- Many of these will be from deprived and marginalised groups.
- There are already indications that waiting lists have grown more rapidly in more deprived areas during the pandemic
- NHS acute, mental health, community, ambulance and primary care services are all seeing more patients seeking urgent care and more with complex needs.

WE ARE NEWHAM.

The pandemic will leave a backlog of care in excess of anything we have seen over the last decade.



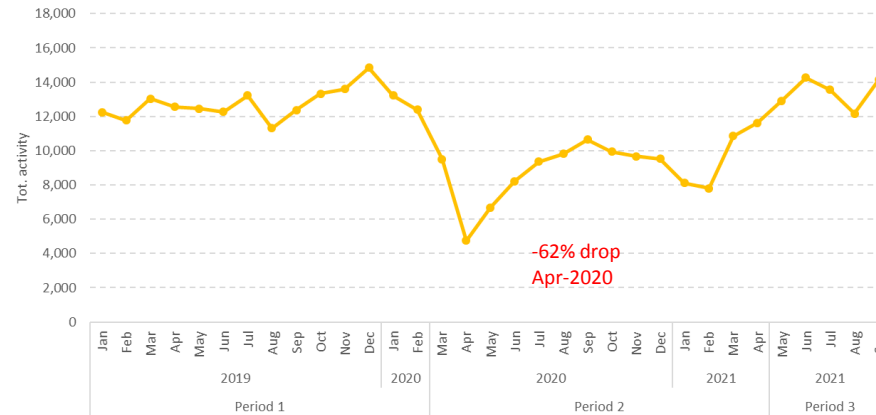
**People at the Heart
of Everything We Do**

HOSPITAL ACTIVITY: SUMMARY

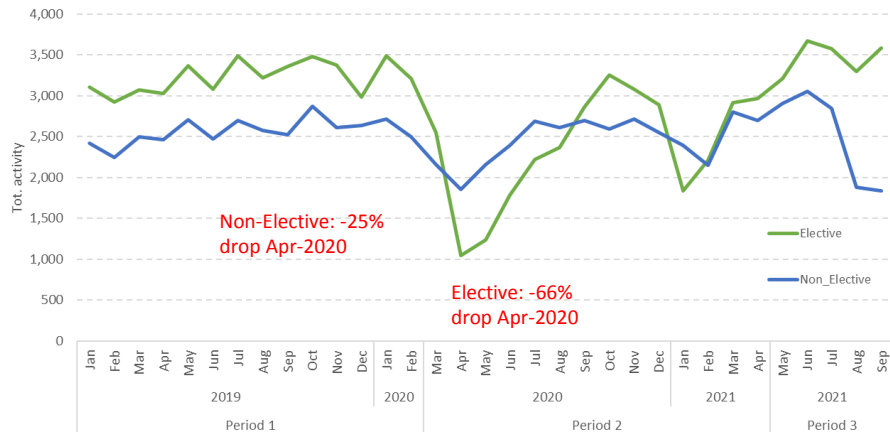
Hospital activity in all settings dropped in March 2020 and January 2021 in concurrence with the national lockdowns.

The magnitude of the reductions varied and was most pronounced in A&E and Elective/planned and more moderate in Non-Elective/emergency.

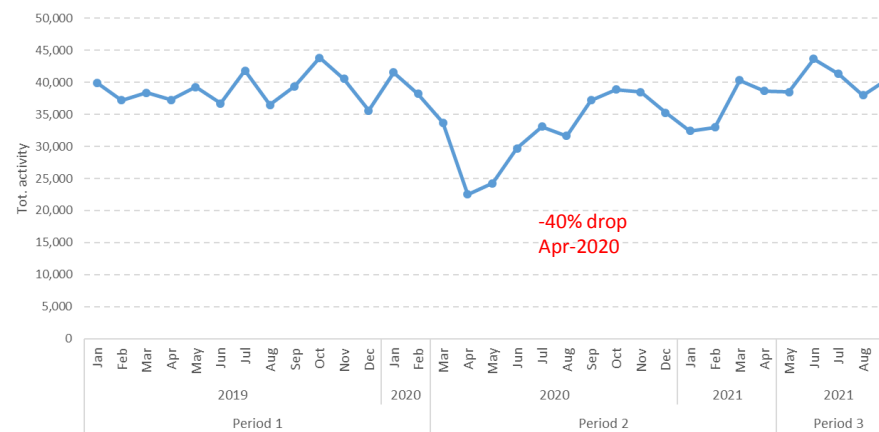
A&E monthly activity from Jan-2019 to Sep-2021



Inpatient Elective / Non-Elective monthly activity from Jan-2019 to Sep-2021

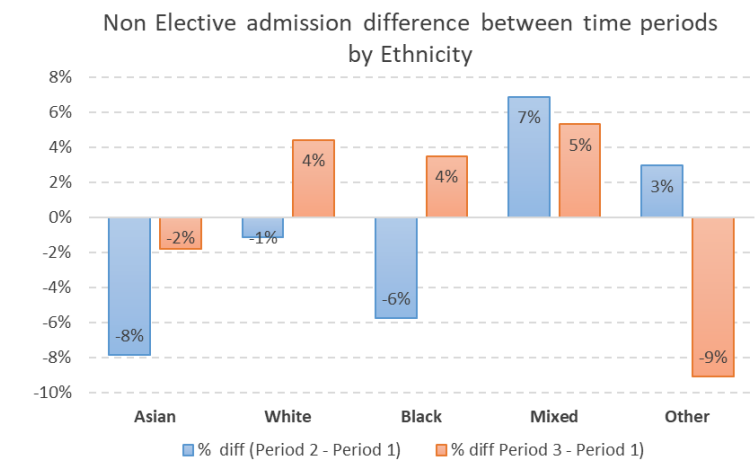
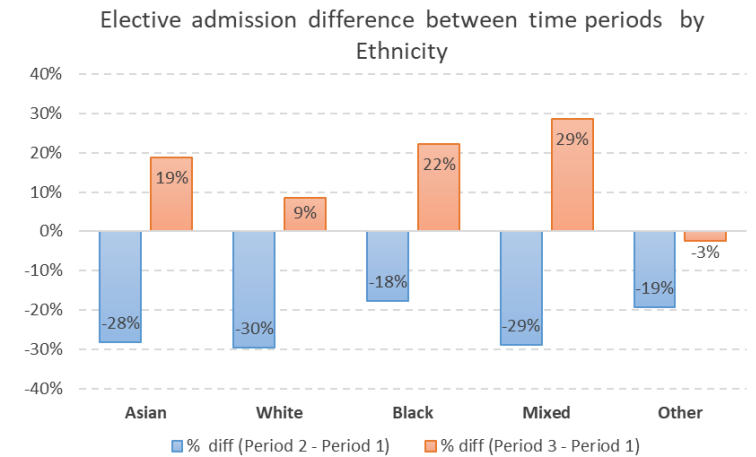
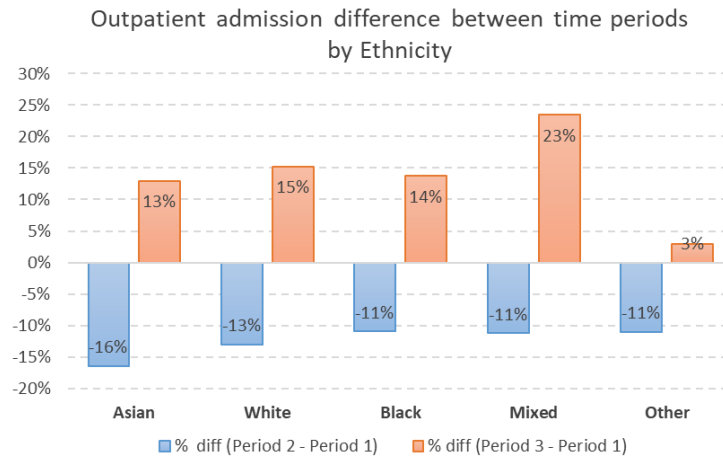
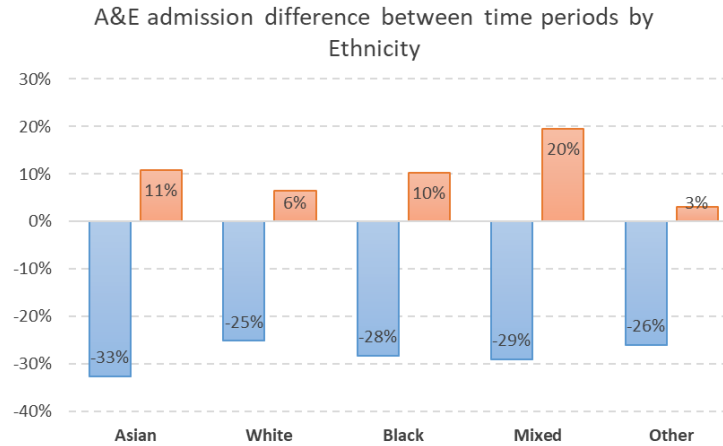


Outpatient monthly activity from Jan-2019 to Sep-2021



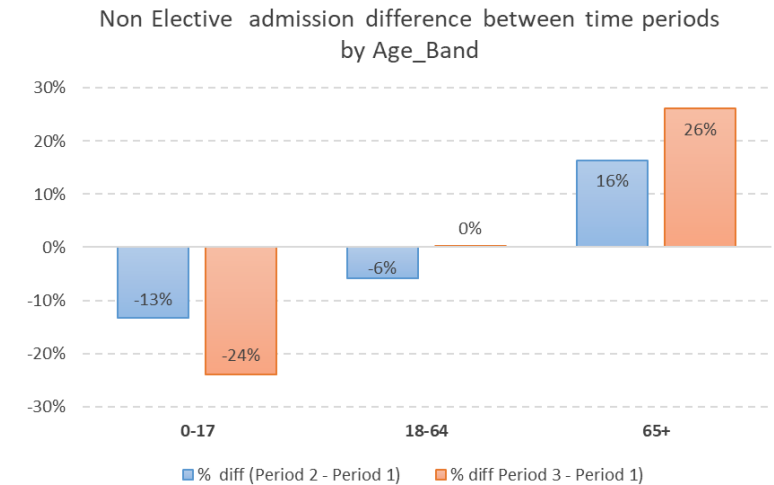
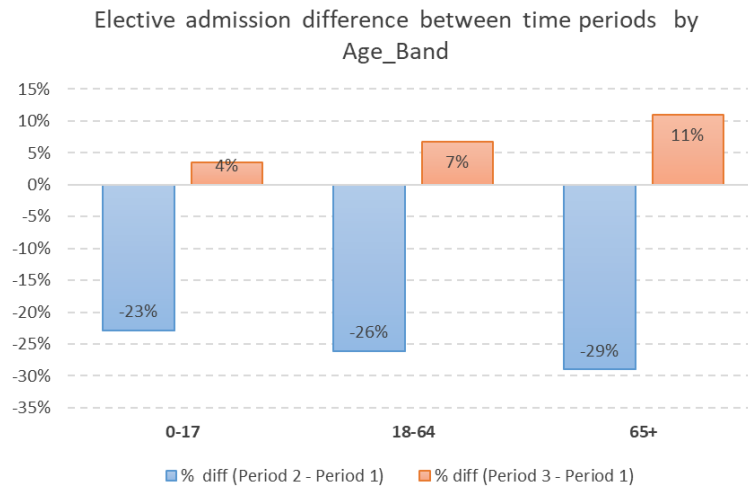
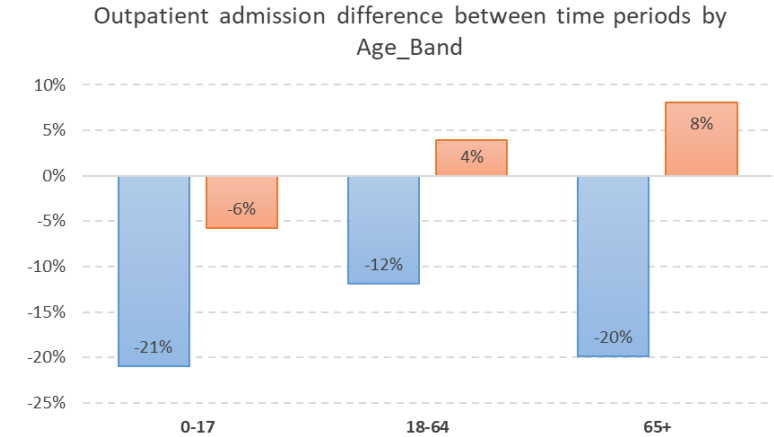
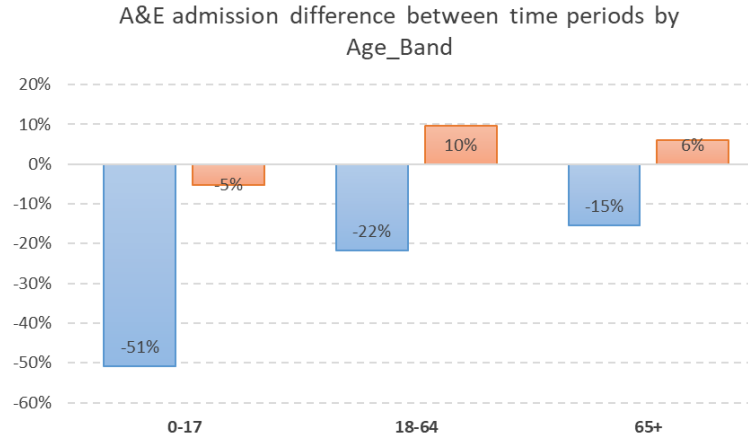
IMPACT: HOSPITAL ACTIVITY BY ETHNICITY

- The reduction of hospital admission in 12 months following Covid compared to pre-covid was significant for all ethnic groups in A&E, elective and outpatient (blue bars)
- In non-elective instead there was an increase of admission for the Mixed and Other ethnic groups (blue bars)
- One year after Covid wave 1 (May to Sept 2021) saw a positive recovery in activity in all settings (red bars)
- Recovery strongest in Mixed ethnic groups
- Least recovery in White ethnic groups for elective planned care and A&E
- No recovery for Asian ethnic groups for non-elective care (-2%)



IMPACT: HOSPITAL ACTIVITY BY AGE BAND

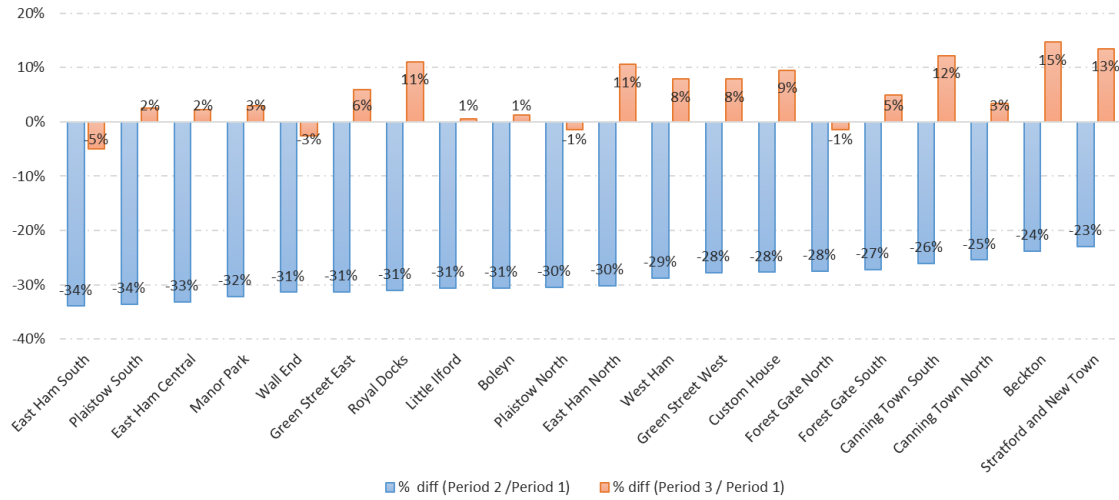
- The biggest reduction in activity in the year following Covid was for 0-17 patients in A&E and outpatients (blue bars)
- For 65+ the biggest reduction was in elective admission but also significant reduction in outpatient (blue bars)
- One year after Covid wave 1 (May to Sept 2021) did not see a return to previous activity for 0-17 patients, except for elective (red bars)
- Non-elective settings did see activity recovery by one year after Covid for 65+ (red bars)



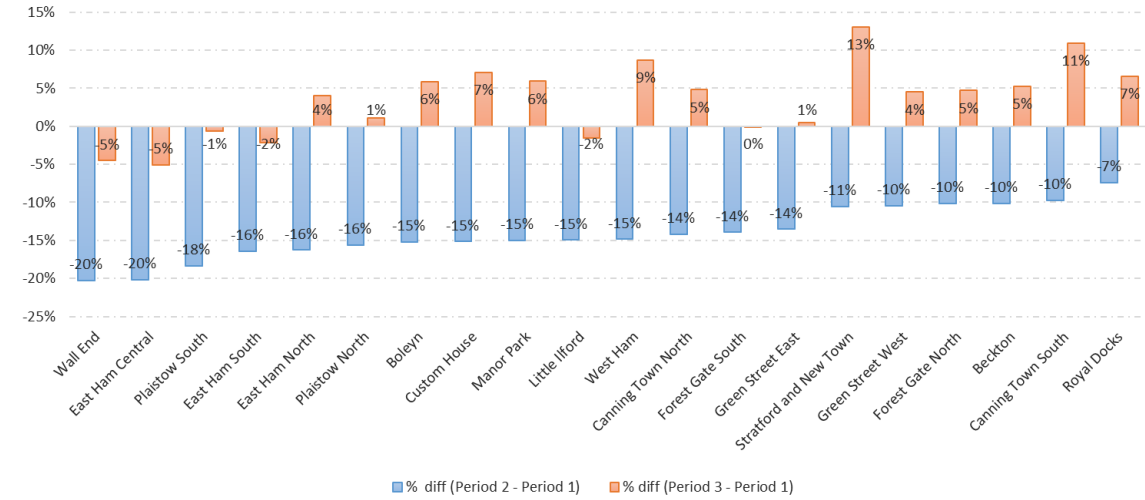
Hospital activity across all Newham wards dropped significantly during following year. Recovery thereafter has been inconsistent across wards and for different care settings; least recovery for non electives



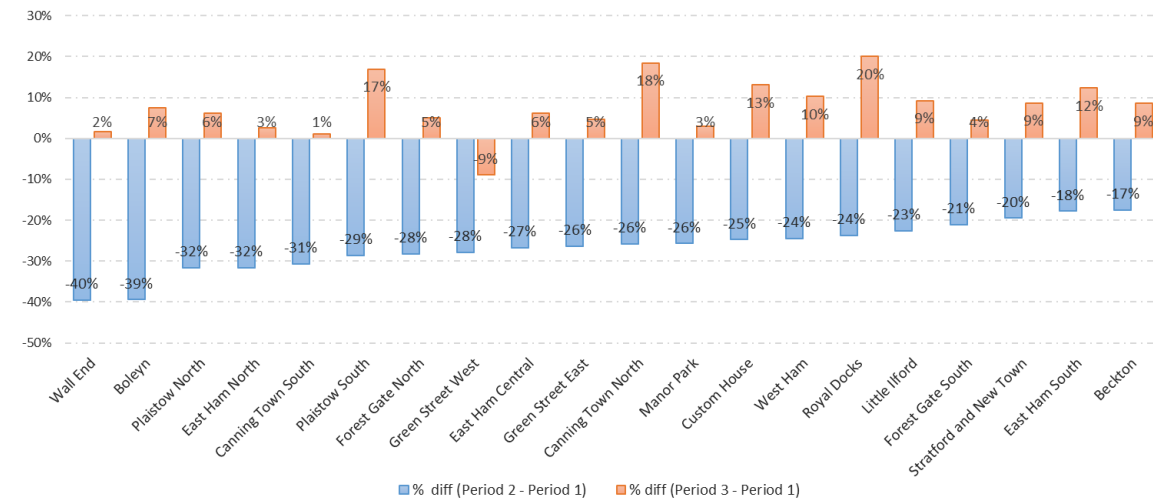
A&E admission difference between time periods by Ward



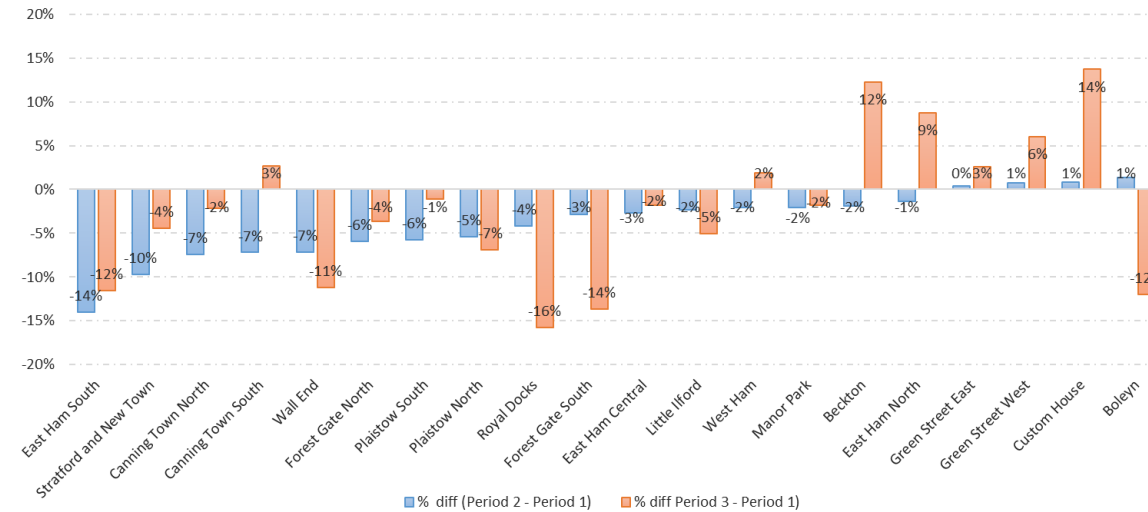
Outpatient admission difference between time periods by Ward



Elective admission difference between time periods by Ward

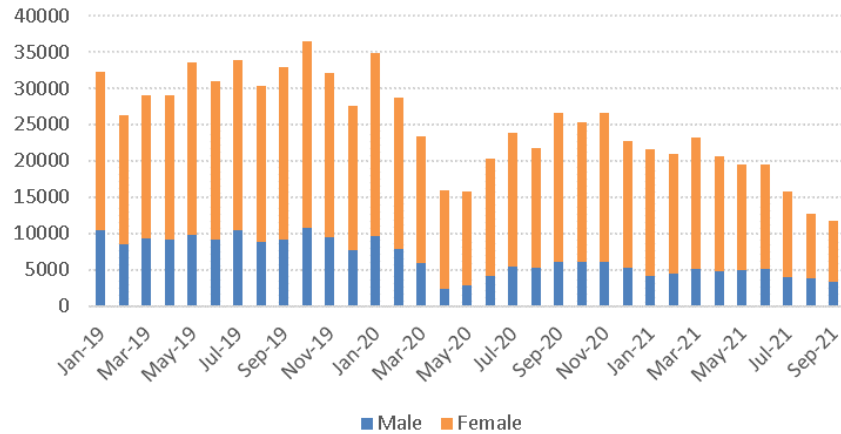


Non Elective admission difference between time periods by Ward



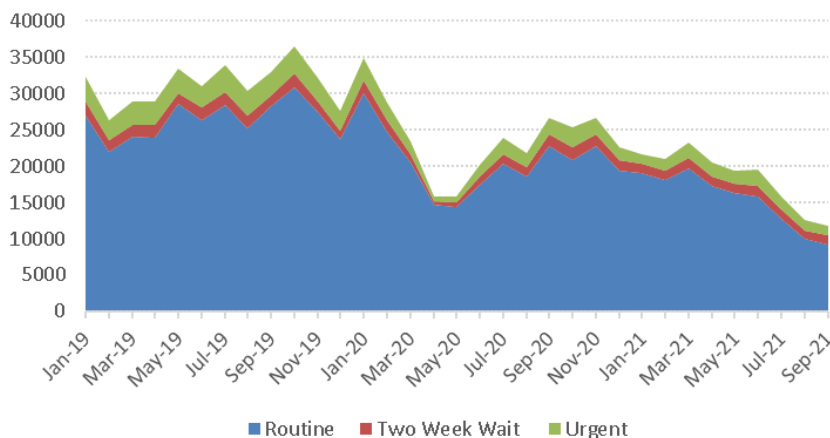
IMPACT: OUTPATIENT ACTIVITY: REFERRALS

Outpatient referrals received by gender

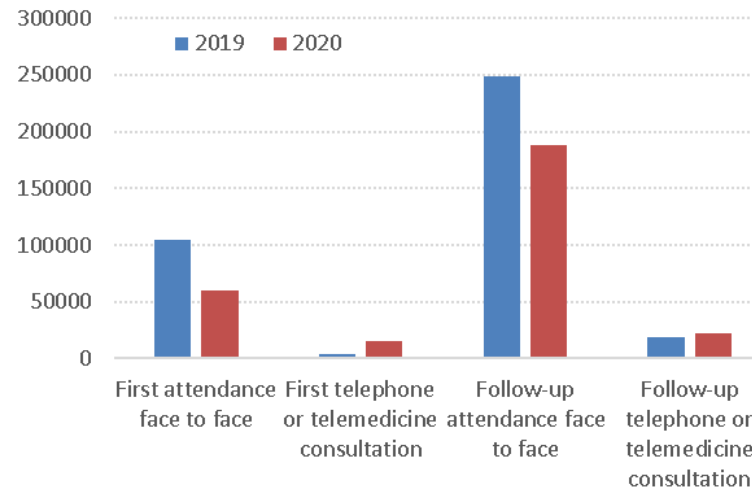


- For those treated in Newham hospitals, **overall referrals** to outpatients were **down by 24%** in 2020 compared to 2019:
 - Routine down 22%
 - Two week wait down 21%
 - Urgent down 39%
- Referrals in Q1 of 2020/21 fell by **35% for women** and **67% for men** compared to Q1 in 2019/20; by Q1 2021/22 referrals had increased by 5% for women and 59% for men
- There was a **change in appointment type** between 2019 and 2020, with 87% of referrals for new appointments face to face in 2020 compared to 94% in 2019 and **telephone or telemedicine appointments increasing** to 13% in 2020 compared to 6% in 2019

Referrals by priority type

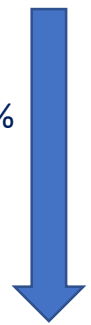


Referral appointment types



Examples of drops in referrals from 2019 to 2020 by speciality

- Cardiology 58%
- General Surgery 54%
- Respiratory medicine 37%
- Diabetic medicine 33%
- Paediatrics 32%
- Colorectal surgery 31%
- Gastroenterology 27%

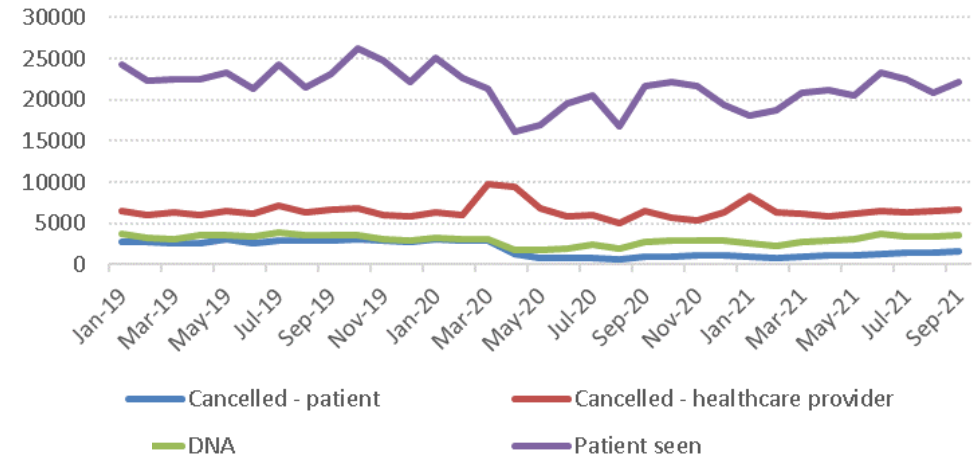


The percentage of referrals to dietetics actually rose from 2019 to 2020, by 72% for both males and females (n=1544 to 2652)

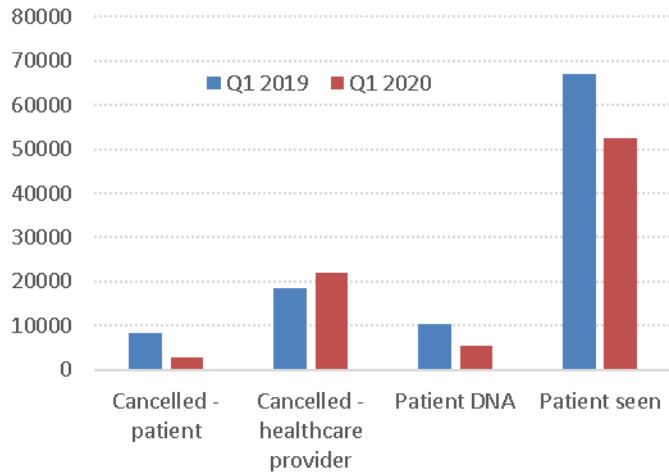
IMPACT: OUTPATIENT ACTIVITY: APPOINTMENTS

- The number of patients seen in Newham Hospitals in **2020 was down 12% from 2019**, a difference of over 34,000
- The number of patients whose appointments were cancelled (either by themselves, by the provider or patients who did not attend) was actually lower in 2020 compared to 2019 however this probably reflects the overall drop in appointments
- The graph below compared Q1 (April – June) data for 2019 and 2020 to show the impact that the first lockdown had on appointments

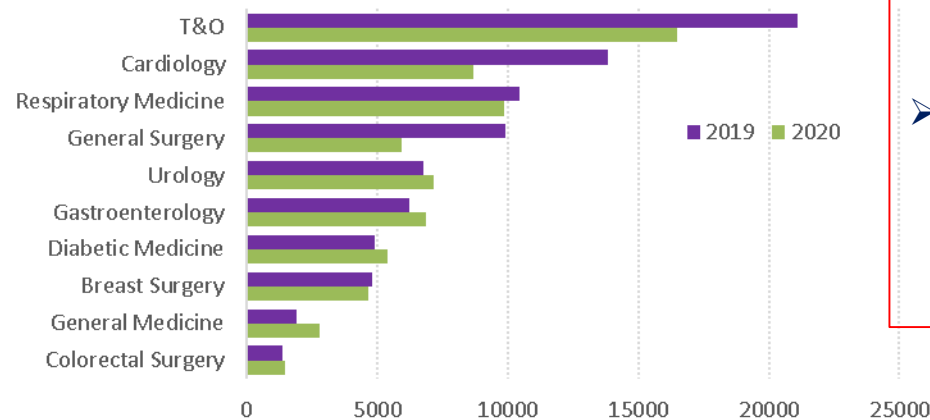
Outpatient appointments by attendance month



Appointment outcomes comparison Q1



Sample of appointments attended by specialty in 2019 compared to 2020

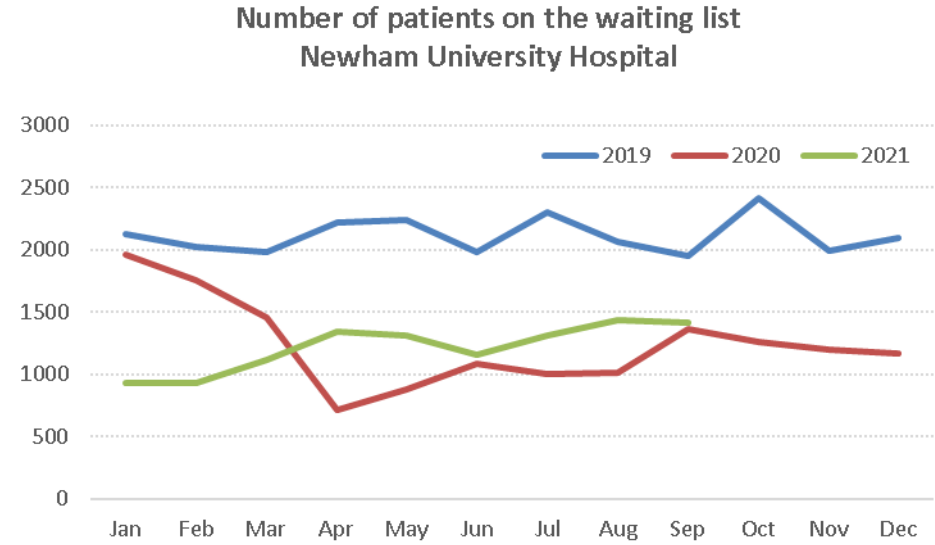


- A sample of appointments by specialty is shown in the graph on the left, comparing 2019 and 2020
- There was a considerable drop in appointments for areas such as T&O (-22%), cardiology (-37%), general surgery (-40%) but a **rise in general medicine (+48%) and infectious diseases (+562%**, rising from 600 in 2019 to 3972 in 2020)

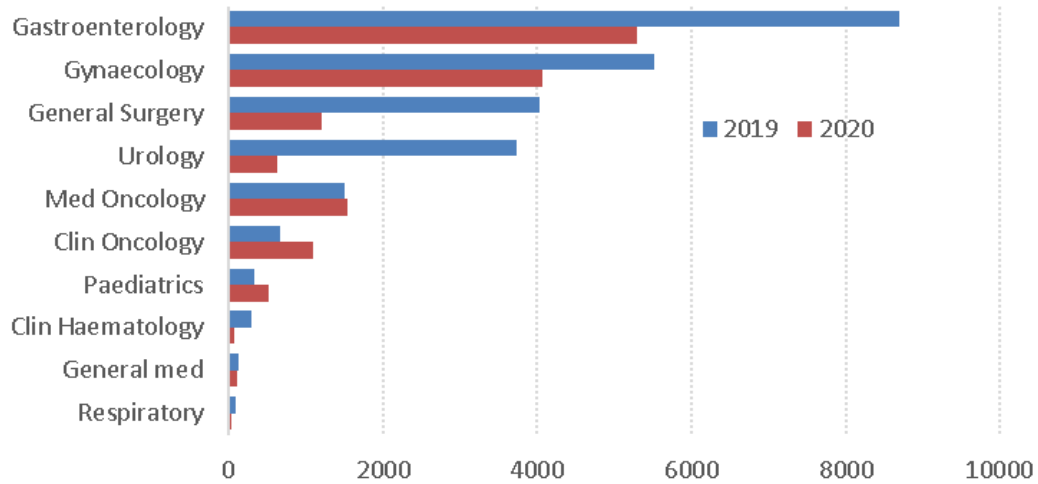
People at the Heart of Everything We Do

IMPACT: WAITING LISTS

- There was a **drop of 42%** (over 10,000 patients) on waiting lists at Newham University Hospital between 2019 and 2020
- The line graph on the right reflects the fall particularly in the first lockdown period in March 2020
- The bar chart below shows the comparison from 2019 to 2020 by specialty; the largest drop was in urology (-83%, over 3000 patients) and general surgery (-70%, around 2800 patients)



Number of patients on the waiting list at NUH
by specialty



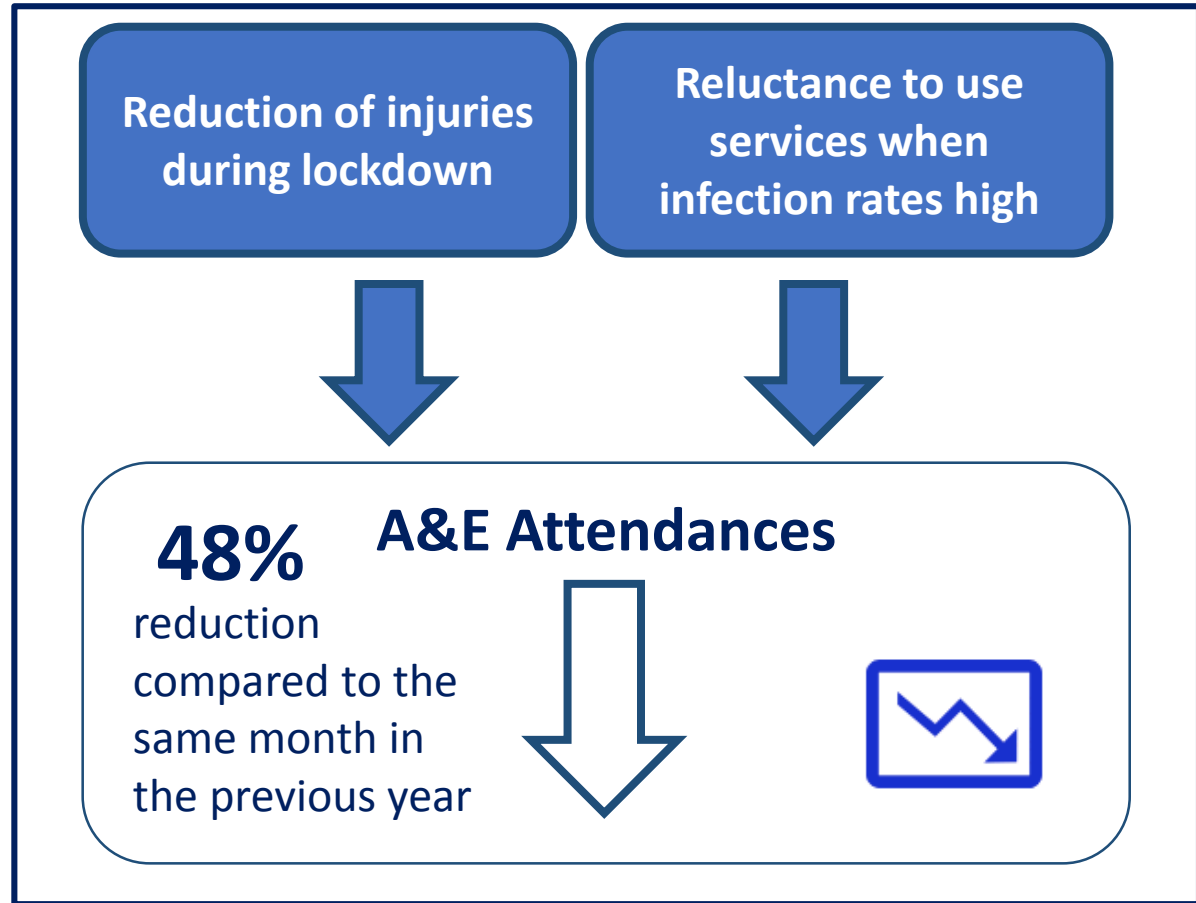
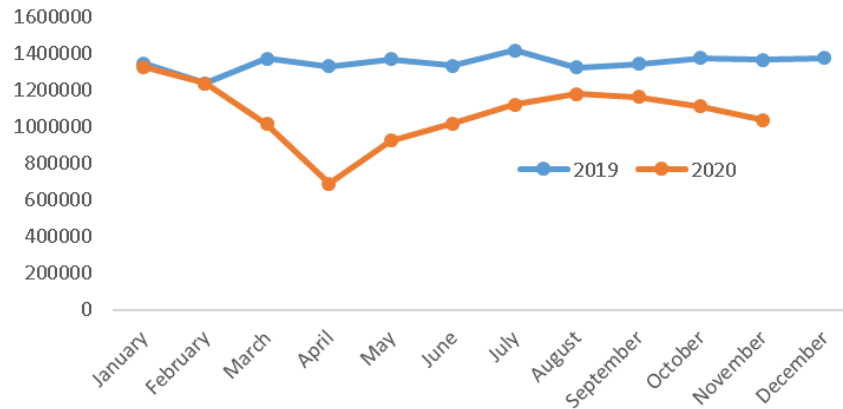
- By **gender**, the percentage of **females** on the WL **decreased by 34%** from around 15,500 in 2019 to 10,200 in 2020. For **males**, the **decrease was over half at 53%**, from just under 10,000 in 2019 to around 4600 in 2020
- By **ethnicity**, the largest percentage change between 2019 and 2020 was in patients of **White ethnicity** with a decrease of 46% (just under 4000 patients) followed by Mixed ethnicity (-43%), Black (-41%), Asian (-39%) and Other (-34%)

IMPACT: A&E ATTENDANCES

The National Picture

- **Nationally** the numbers of people attending A&E at the beginning of the pandemic fell, with **visits to major emergency departments down by 48%** in April 2020 compared to April 2019
- This was a combination of a change in people's behaviour and lifestyles, a drop in major trauma and road traffic accidents and injuries during lockdown but also **reluctance by the public to use the emergency services when infection rates were high**

The number of A&E attendances by month in 2020 compared with 2019 (England)



- There was also a change in ambulance activity which suggests clinicians may have avoided sending patients to A&E if possible*
- A&E Attendances rose steadily until September 2020 but have fallen again as Covid-19 infections began to rise

People at the Heart of Everything We Do

IMPACT: A&E ATTENDANCES

The Local Picture

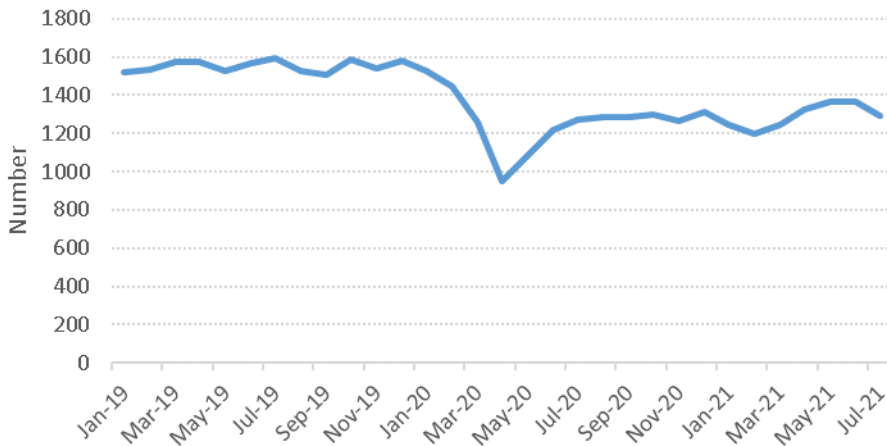
- A&E attendances follow a similar pattern to hospital admissions, with a **large drop in April 2020** just after the start of the first lockdown
- The average number of attendances in 2019 was 1550 per month which **dropped by 22%** to 1270 in 2020 and rose again by 2% to 1290 in 2021

- The proportion of people self-referring to A&E rose from 2019 to 2020, however the actual number was lower by 4%; this was due to an **overall decrease in A&E attendances between 2019 and 2020**

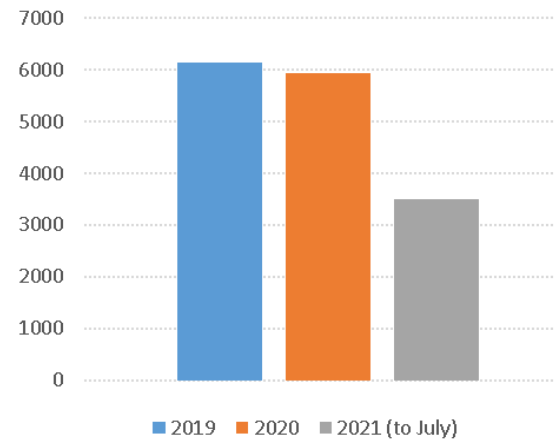
- Referrals to A&E from health care providers remained similar in 2019 and 2020, compared to **referrals from GPs that dropped by around 60%** from 3555 in 2019 to 2245 in 2020

A&E attendances - Newham CCG

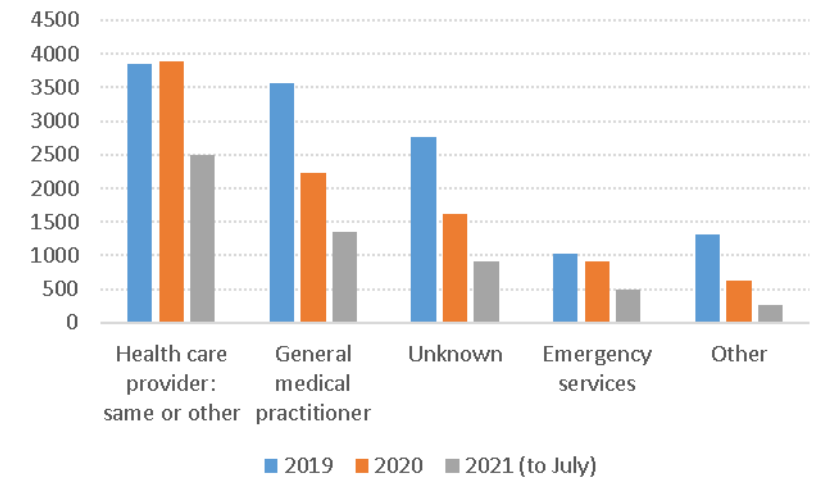
Source: NEL CSU



Self-referral to A&E



Other sources of referral to A&E

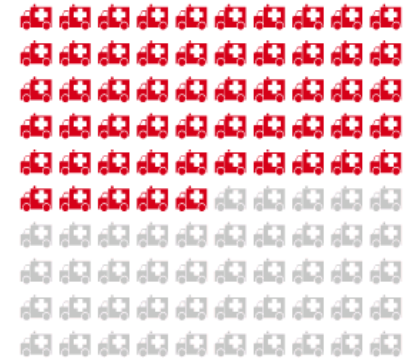
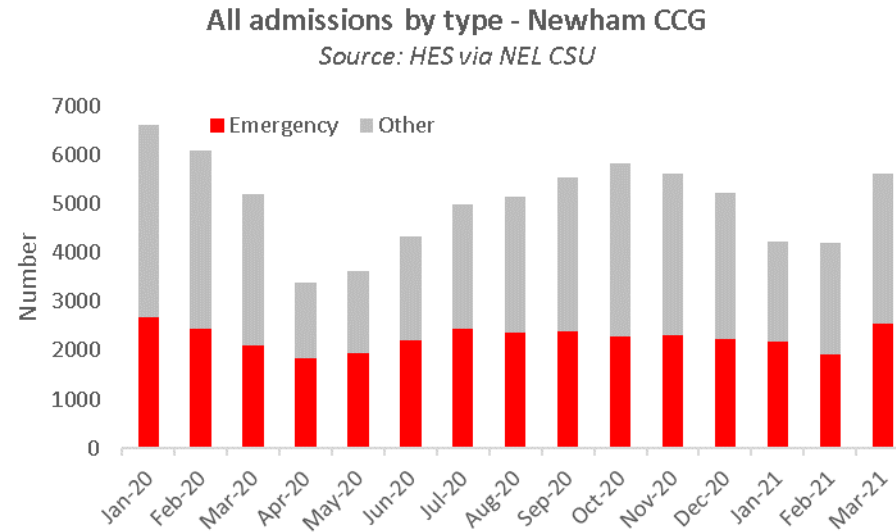


IMPACT: HOSPITAL ADMISSIONS

The national picture

- Nationally there have been **major disruptions to planned hospital treatment** due to the pandemic
- Early in the pandemic, NHS England instructed hospitals to postpone non-urgent planned treatment in order to free up beds and staff to care for people with serious Covid-19, treatment for urgent conditions (such as cancer) was to continue
- Between January – September 2020 there were **4 million fewer referrals** to out patients in England than in the same period in 2019
- There was a **60% fall in the number of people referred to their GP for suspected cancer** in April 2020 compared to the same month in 2019
- Referrals for suspected cancer have returned to pre-pandemic levels but overall there had been **over 330,000 fewer referrals** to October 2020 compared with 2019

Effect on admission type in Newham



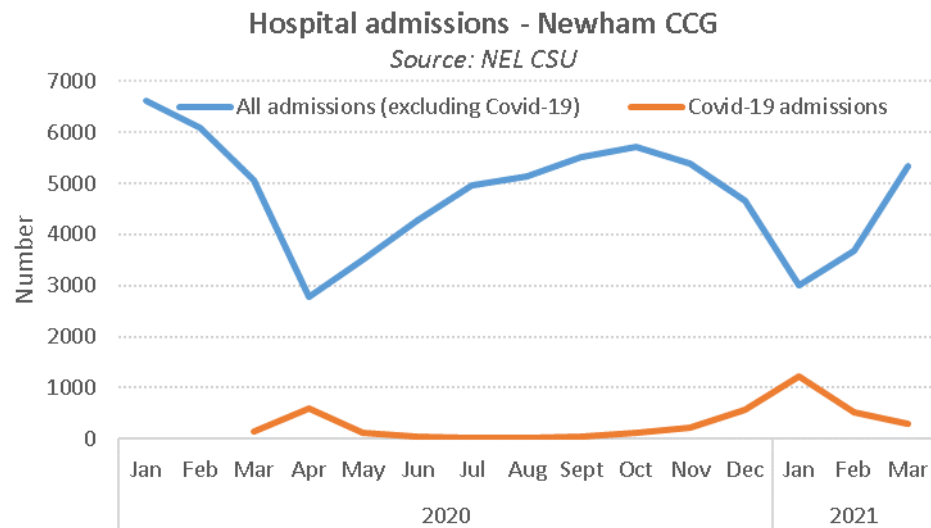
55% emergency admissions April 2020 compared to 40% in March

- As emergency admissions for Covid-19 rose, the number of other admissions including planned (elective) admissions fell
- Overall admissions dropped in April 2020 just after the start of the first lockdown, however the **proportion of emergency admissions rose from 40% in March to 55% in April 2020**
- This meant **other admissions including electives halved** from March to April 2020 (n=3100 down to 1540)

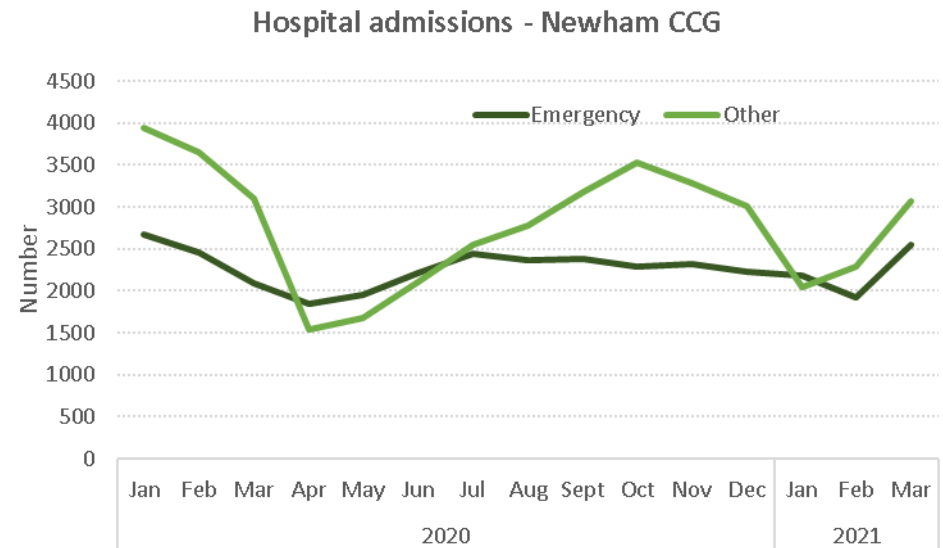
IMPACT: HOSPITAL ADMISSIONS

Effect on admissions in Newham

- The total number of admissions (other than for Covid-19) fell dramatically in March and April 2020 at the start of the first lockdown, from over 5000 patients in March to 2800 patients in April
- The trend fell again in January 2021 when admissions for Covid-19 rose
- Comparing all admissions Jan – March 2020 with the same time period in 2021, there was a **reduction of 27% (n=3860 admissions)** in 2021

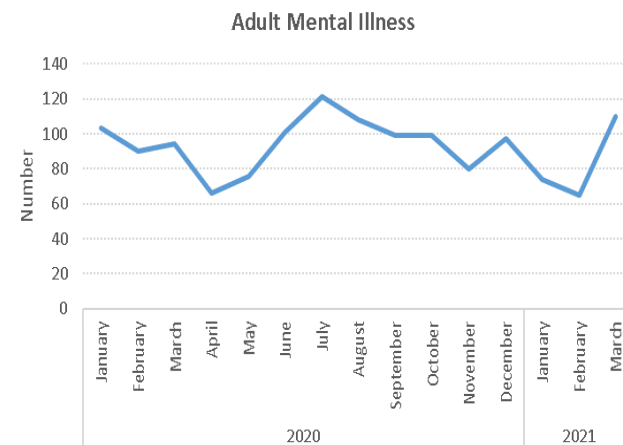
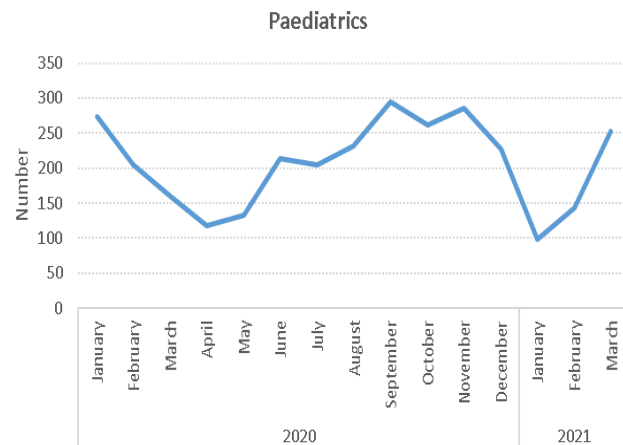
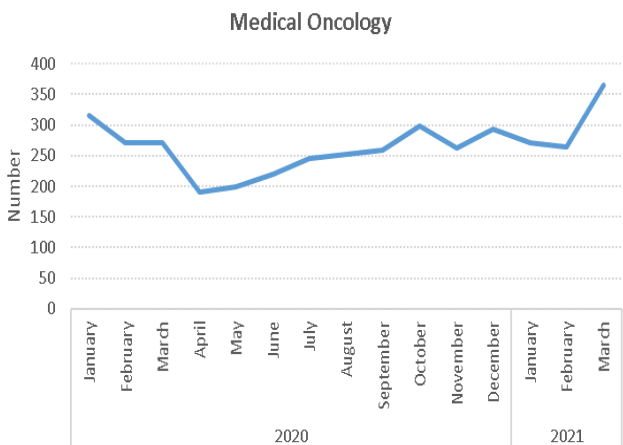
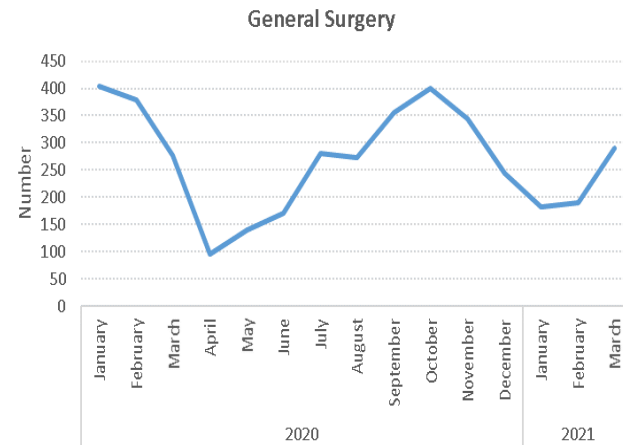
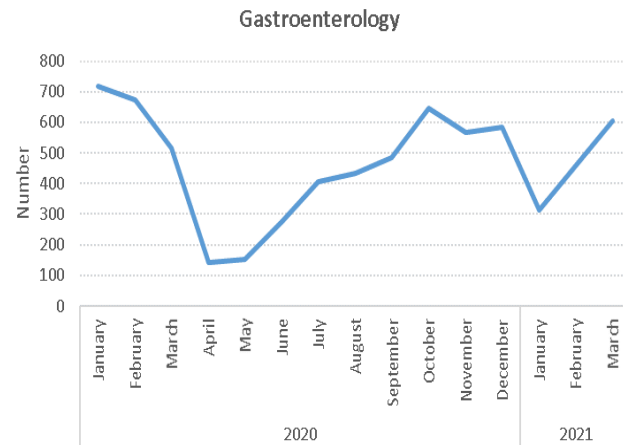
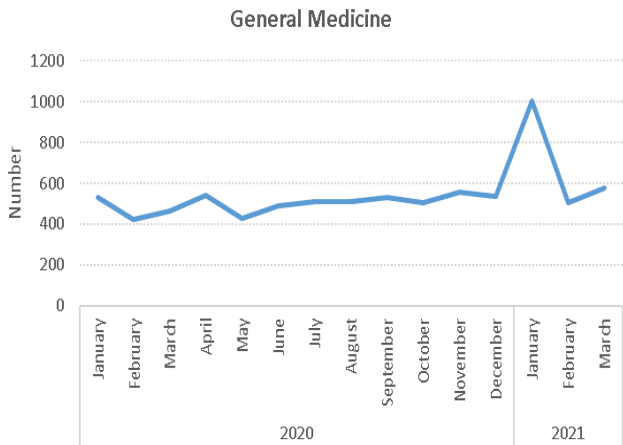


- The proportion of **emergency hospital admissions** was **higher** than other admissions between April and June 2020 and again in January 2021
- During these months, there were around **800 more emergency** admissions than routine



IMPACT: HOSPITAL ADMISSIONS BY SPECIALTY

Effect on admissions by specialty in Newham

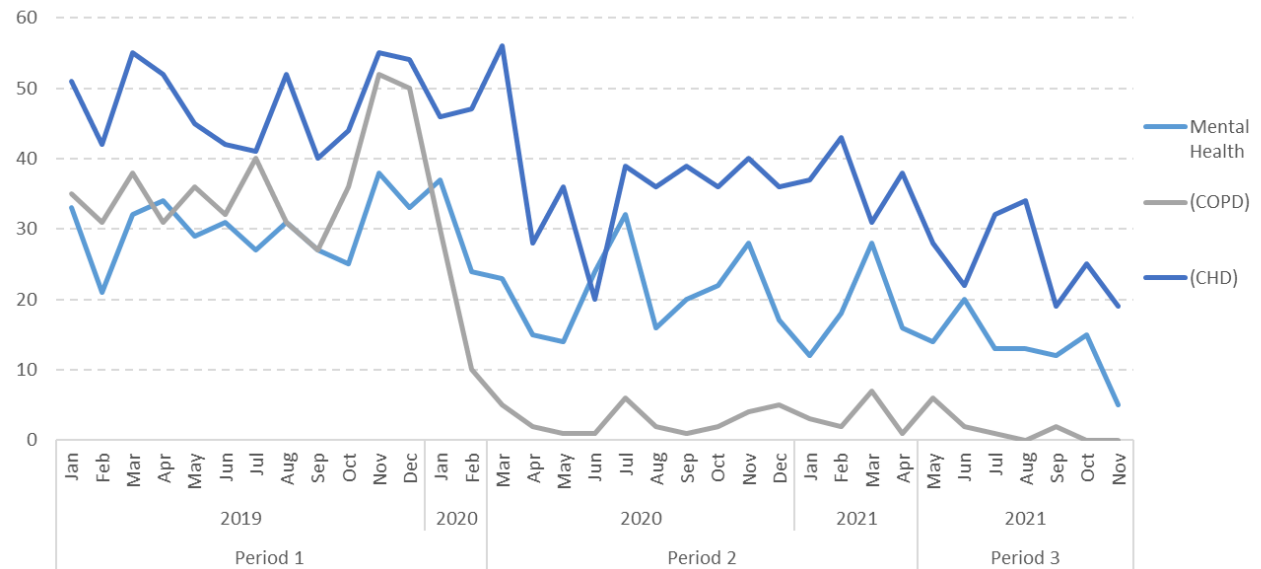


➤ With the exception of General Medicine (the specialty that Covid-19 admissions would be admitted under), admissions for all specialties fell during the first lockdown in April 2020 and again in January 2021

Missing diagnosis for CHD, COPD and Mental Health

- Of the main 8 long term conditions considered, COPD/Respiratory registered the biggest drop in diagnosis with -91% in the year after wave 1 and -92% for May to Sept 2021.
- A significant drop was also seen for mental health diagnosis (-32% and -56% respectively)
- The potential scale of missing diagnosis since the start of pandemic is estimated to be:
 - COPD: 674
 - CHD: 458
 - mental health: 335

CHD, COPD and Mental Health monthly incidence diagnosis Jan-2019 to Nov-2021

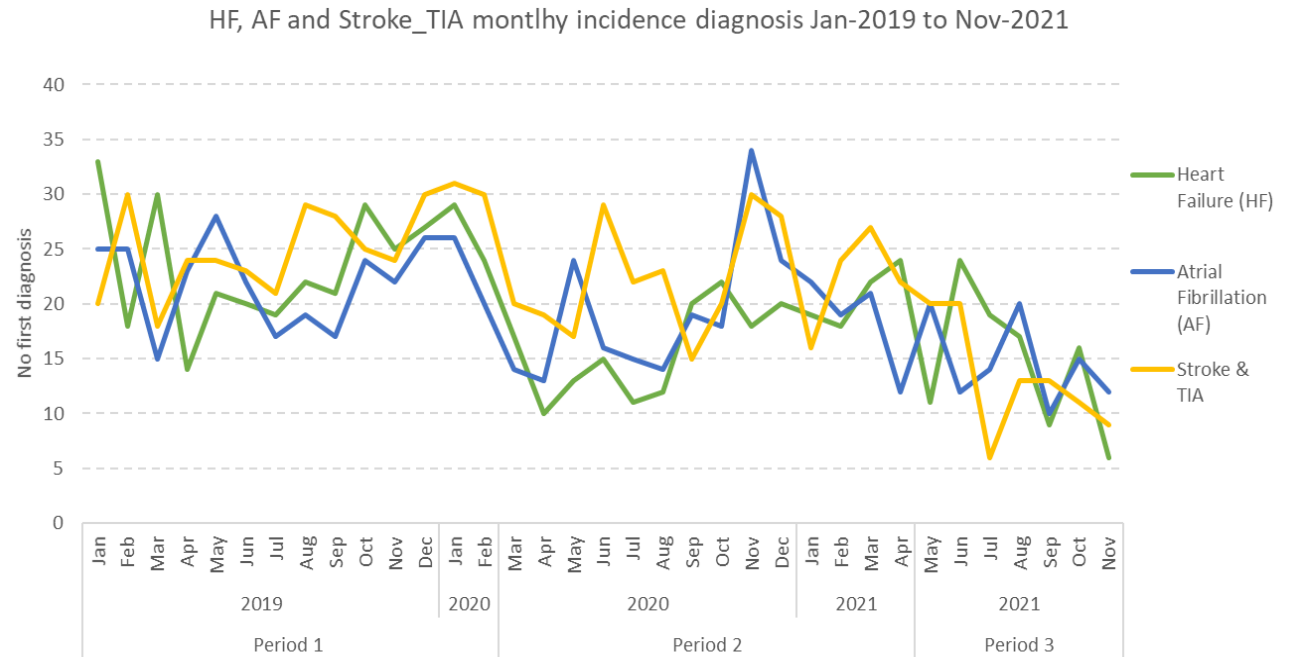


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LTC	Change in incidence Period 2-1	Change in incidence Period 3-1	Missing diagnosis since March-2020
CHD	-23%	-46%	-458
COPD	-91%	-92%	-674
Mental Health	-32%	-56%	-335

Missing diagnosis for HF, AF and Stroke & TIA

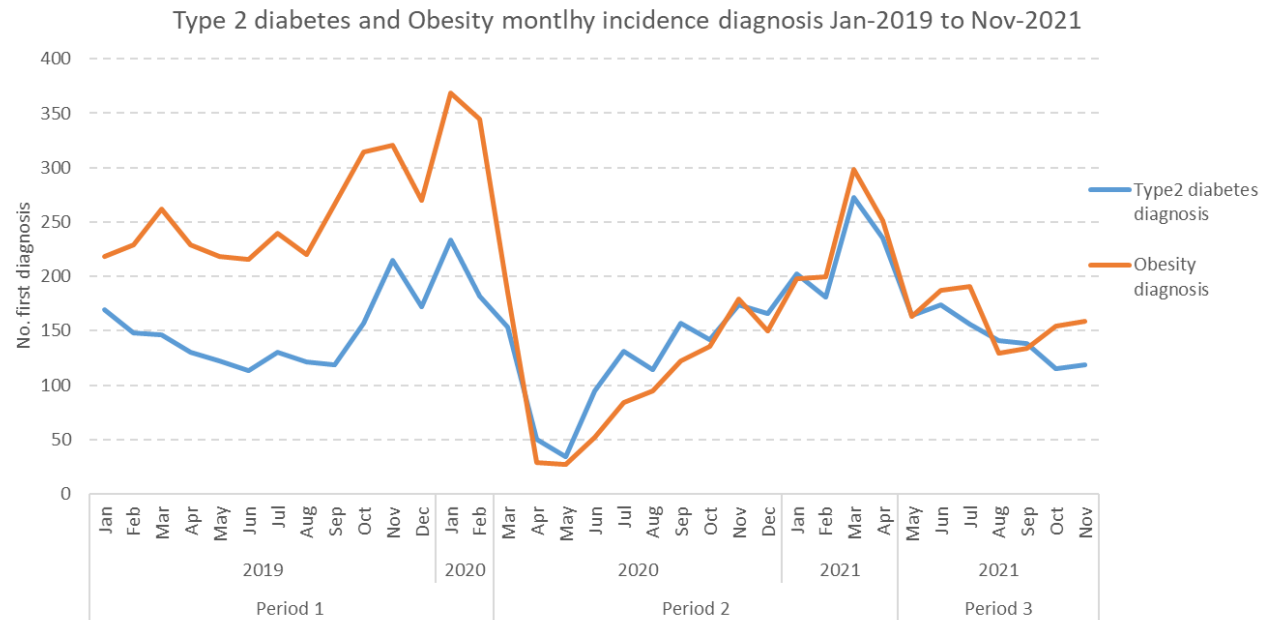
- The monthly incidence of first diagnosis for HF, AF and Stroke & TIA show similar trends from Jan-2019, with HF dropping the most in the year following wave 1 (-27%) and Stroke & TIA thereafter (May to Sept 2021) (-48%).
- Since the start of the pandemic the potential scale of missing diagnosis is estimated as:
 - Heart Failure: 242
 - Stroke and TIA: 220
 - Atrial Fibrillation: 184



LTC	Change in incidence Period 2-1	Change in incidence Period 3-1	Missing diagnosis since March-2020
Heart Failure (HF)	-27%	-39%	-242
Atrial Fibrillation (AF)	-14%	-33%	-184
Stroke & TIA	-13%	-48%	-210

Missing diagnosis for Type 2 Diabetes and Obesity

- After a drastic drop in Apr 2020 (-78%), first diagnosis for type 2 diabetes recovered in the following months and roughly levelled up in the following year
- Since the start of the pandemic, the number of type 2 diabetes missing diagnoses is estimated to be around 900 in Newham
- Obesity diagnosis dropped more significantly during the pandemic with -46% in following year and -40% after (May to Sept 2021)
- The estimated number of missing obesity diagnoses since the start of pandemic is 3,400



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LTC	Change in incidence Period 2-1	Change in incidence Period 3-1	Missing diagnosis since March-2020
Type 2 diabetes	-2%	-7%	-985
Obesity	-46%	-40%	-3,410

Which groups have seen the biggest drop in healthcare activity (GP or hospital) during Covid-19 in Newham?



Comparing the average monthly pre-pandemic activity (period 1) with the monthly average in the acute pandemic year (Mar 2020 to Apr 2021) (period 2):

In Primary Care there were large drops in face to face appointments from period 1 to 2, however this was counteracted by large increases in telephone appointments.

0-17 year olds saw the largest drops in average activity (-31%) in period 2, compared to the other age bands.

Stratford and New Town (-19%) saw the largest drop from pre-covid activity, compared to the other wards, reflecting their young population.

For secondary care all ethnic groups activity dropped similarly within care settings, but the magnitude varies considerably between different settings.

Asian ethnic group residents showed the biggest drop in A&E (-33%), peaking (-68%) in April 2020, and outpatient (-16%), while White ethnic groups had the biggest drop in elective (-30%). Mixed ethnicities are the second largest in elective reduction (-29%) but with the highest drop in April 2020 (-85%).

Patients 0-17 dropped the most in A&E (-51%), peaking (-81%) in April 2020, and (-13%) in non-elective. Patients aged 65+ years showed the biggest drop in elective (-29%), peaking of (-77%) in April 2020, and outpatient but also display an increase of 16% in non-elective (possibly Covid-19 related admissions).

Activity for patients with no LTCs decreased the most in elective (-34%), peaking -73% in April 2020, and A&E (-33%). Patients with 2+ LTCs dropped the most in outpatient (-20%) but also increased activity in non-elective since the pandemic started.

Compared with non-diabetic patients, those with type 2 diabetes showed a 28% drop in elective activity, peaking -73% in April 2020, and 22% lower outpatient activity levels.

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Which groups have seen the least recovery in healthcare activity following wave 1?



In Primary Care the current monthly average of GP appointments is still about 10% below the average before Covid-19 considering both virtual and face to face appointment.

Black (-7%) and White ethnic groups (-11%) saw the least recovery to pre-Covid levels in primary care.

Patients aged 65+ years had the least (-11%) recovery of the different age bands, with a larger drop in average activity more than a year after wave 1 compared to pre-Covid levels

Stratford and New Town showed no signs of recovery as average activity dropped (-24%) more in period 3: May 21 to Sept 21 compared to period 2: Mar 20 to Apr 21

From April 2021 hospital activity began to return to pre-pandemic levels and during the recovery period considered (latest updated data cover until Sept 21) in some case exceeded pre-pandemic levels

Elective hospital activity amongst White ethnic group residents recovered the least (9%) while Mixed, Asian and Black ethnic groups showed the greatest elective activity recovery with increases of 29%, 22% and 19% respectively

Activity for patients aged 0-17 years remained below the pre-pandemic (period 1) average for non-elective (-24%) and marginally in A&E (-5%), but recovered better for outpatient activity (+8%). Recovery was seen for the other patients, with 65+ years showing with greatest recovery of activity in non-elective (+26%) and elective (+11%) and patients aged 18-64 years in A&E (+10%)

The number of LTCs did not appear to exert a strong influence over recovery of activity as minor differences in recovery were seen for patients with different numbers of LTCs. The highest recovery was seen patients with one LTC in elective (+17%)

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Which groups have the greatest deficit in healthcare activity since the start of the pandemic?



Although current volumes of healthcare activity are comparable or higher to pre-pandemic levels, there is a significant deficit of activity that was accumulated during the year following wave 1 (period 2)

In Primary Care 0-17 year olds have the biggest deficit (-467%), compared to the other age bands

Across the wards, Stratford and New Town have the largest backlog at (-420%) relating to the young age profile of these wards

For elective/planned hospital activity, residents of White ethnicities show the greatest accumulated deficit in care (-372%), followed by residents of Asian ethnic groups (-301%)

In elective care patients aged 65+ years showed the greatest care deficit (-351%) followed by residents aged 18-64 years (-332%)

For outpatient activity, Asian residents have the greatest care deficit (-166%) followed by White ethnic groups (-107%)

Patients aged 0-17 years showed the biggest deficit in outpatient activity (-322%)

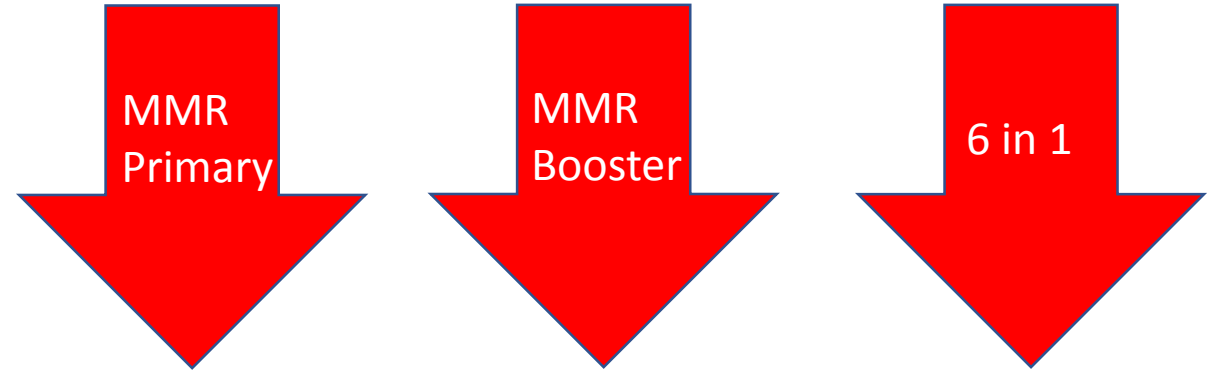
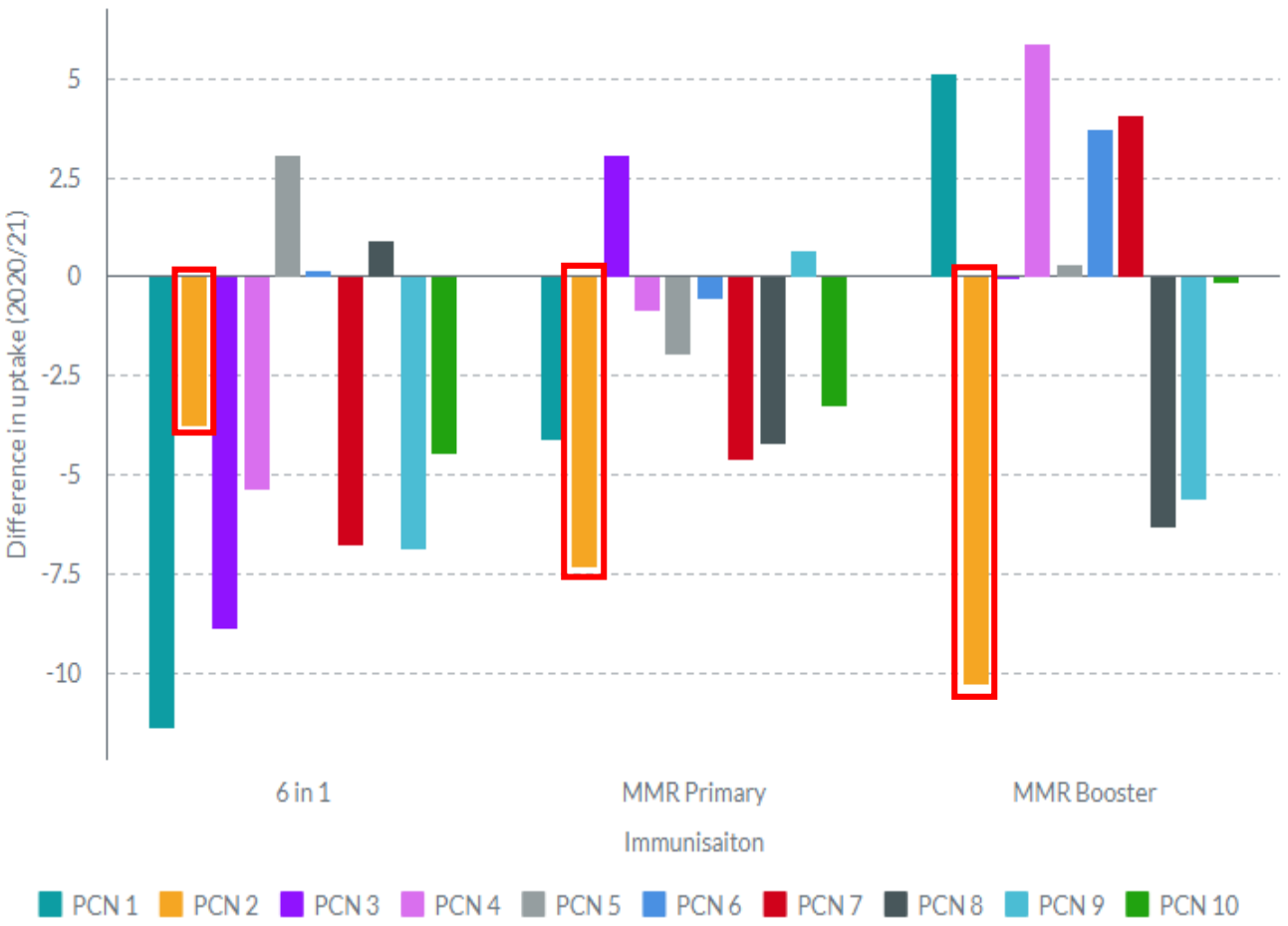
In elective care, the care deficit for patients with no LTCs is the highest (-471%) compared to -297% for patients with 2+ LTCs and -180% with 1 LTC.

For outpatient care, type 2 diabetes patients have care deficits that are double that of non-diabetic patients (-320% vs -152%)

These impacts are likely to have increased existing inequality within Newham.

IMPACT: IMMUNISATIONS - CHILDREN

May 2020 compared to May 2021 difference in uptake by immunisation and PCN



Overall uptake of 6 in 1, MMR Primary and MMR Booster immunisations lower in 2021 than 2020 for children aged 0-5 years.

PCN 2 saw the biggest drop in immunisation uptake in May 2021 compared to May 2020.



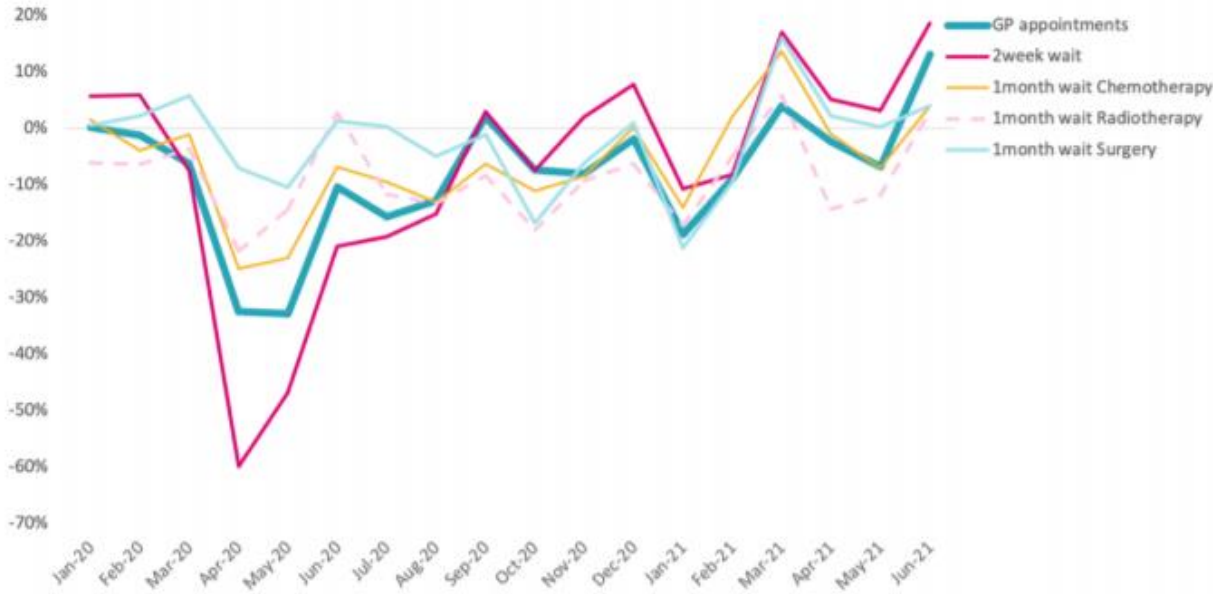
IMPACT: Building back cancer services in England

Institute for Public Policy Research



Cancer referrals

Per cent service activity by compared to 2019 levels



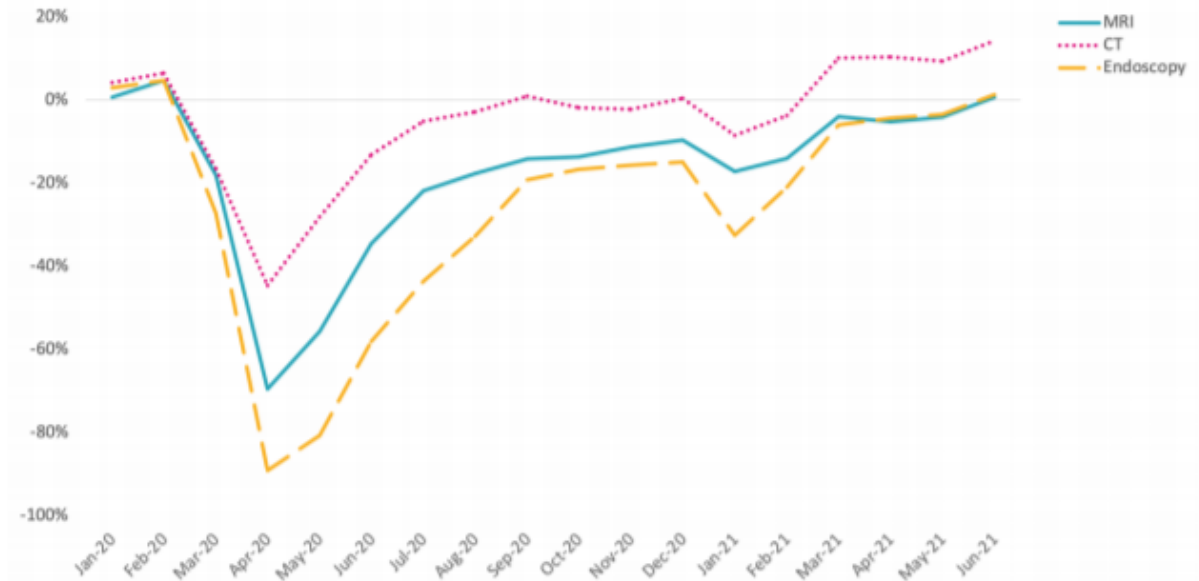
Source: CF analysis of NHS England datasets 2021

- The chart above shows a dramatic fall compared to 2019 figures, particularly in 2 week wait and GP referrals
- The chart on the right shows the reduction of MRI, CT and endoscopy diagnostics compared to 2019

- There were dramatic reductions in cancer referrals and diagnostics when the pandemic began
- These have been slow to recover
- Delay in diagnosis can mean a poorer prognosis due to cancers being detected at a later stage

Diagnostic activity

Per cent service activity compared to 2019 levels



Source: CF analysis of NHS England datasets 2021

IMPACT: Building back cancer services in England

Institute for Public Policy Research



Considerable backlogs have built up across the cancer care pathways during the pandemic

Activity	Cumulative Loss March 2020 – February 2021	Proportion of full year activity lost (%)
'Two week wait' referrals for suspected cancer	369,000	15
CT scans	655,000	10
MRI scans	913,000	25
Endoscopies	714,000	37
Chemotherapy treatment episodes	187,000	7
Radiotherapy treatment episodes	15,000	13

Source: CF analysis of NHS England and National Cancer Registration and Analysis Service datasets 2021

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Estimates on how long it will take to address 'missing patient backlogs' across the cancer care pathway

		Future activity level relative to 2019 activity		
		105%	110%	115%
Referrals	Referrals for suspected cancer	2030	January 2023	April 2022
	Diagnostics			
	CT scans	2026	May 2022	December 2021
	MRI scans	2040	September 2024	April 2023
	Endoscopies	2050	2026	February 2024
Treatment	Chemotherapy treatment	2028	August 2022	February 2022
	Radiotherapy treatment	2033	June 2023	July 2022

Source: CF modelling based on NHS England and National Cancer Registration and Analysis Service datasets 2021.