

A healthy recovery: Acting on findings from the COVID-19 impact inquiry

This webinar will begin shortly

6 July 2021



This is a Zoom webinar so you will be automatically muted throughout.



Your camera will also be turned off throughout the webinar.



If you have any questions please ask them using the Q&A function.
You will also be able to upvote other attendees' questions.



This webinar is being recorded and will be available to watch on our website within 24 hours.



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#COVID19ImpactInquiry

*Unequal pandemic, fairer
recovery: The COVID-19
impact inquiry report*

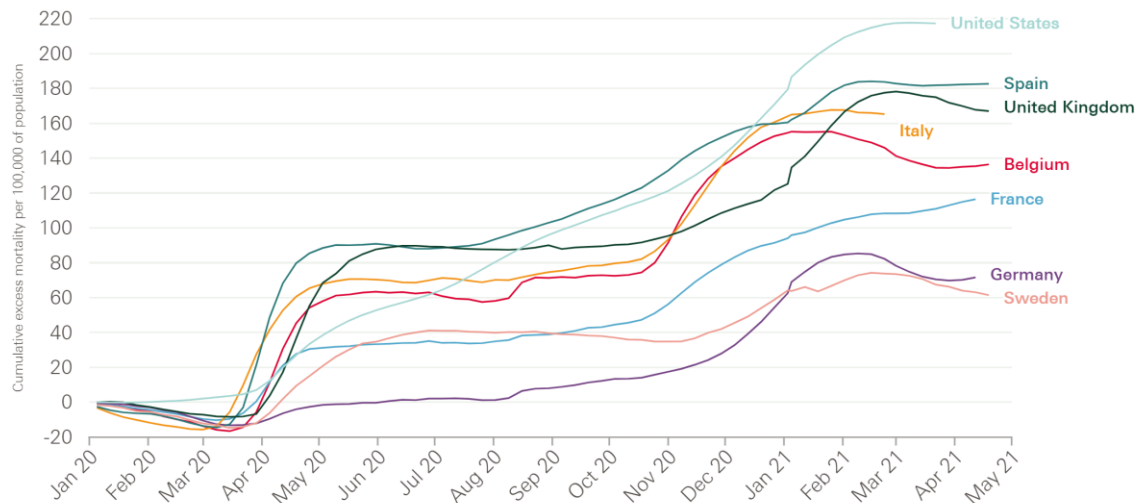


COVID-19 mortality and variation in outcomes

UK had one of the highest levels of excess mortality

Cumulative excess mortality for select countries

January 2020 to May 2021



Differences due to:

Timing of lockdowns
and stringency of
restrictions

UK also has
relatively high
population density as
well as regional and
international travel

UK has a high prevalence of certain health conditions associated with worse COVID-19 outcomes

Age-standardised prevalence of certain health conditions associated with COVID-19 outcomes

Comparison between UK and EU in 2019 and change since 2009

| | United Kingdom (2019) | European Union (2019) | Difference | Change in the UK since 2009 | Change in the EU since 2009 |
|---------------------------------------|-----------------------|-----------------------|------------|-----------------------------|-----------------------------|
| Cancer | 2.2% | 2.1% | 0.1% | 0.1% | 0.0% |
| Diabetes | 9.4% | 6.5% | 2.9% | 1.9% | 0.9% |
| Chronic kidney disease | 5.7% | 6.6% | -0.9% | 0.0% | 0.1% |
| Chronic obstructive pulmonary disease | 4.3% | 3.2% | 1.1% | -0.1% | -0.1% |
| Chronic respiratory conditions | 13.3% | 8.8% | 4.5% | -1.1% | -0.5% |
| Cardiovascular disease | 6.1% | 6.6% | -0.5% | 0.1% | -0.1% |
| Asthma | 10.1% | 6.1% | 4.0% | -1.2% | -0.5% |
| Stroke | 0.7% | 0.9% | -0.1% | -0.1% | -0.1% |

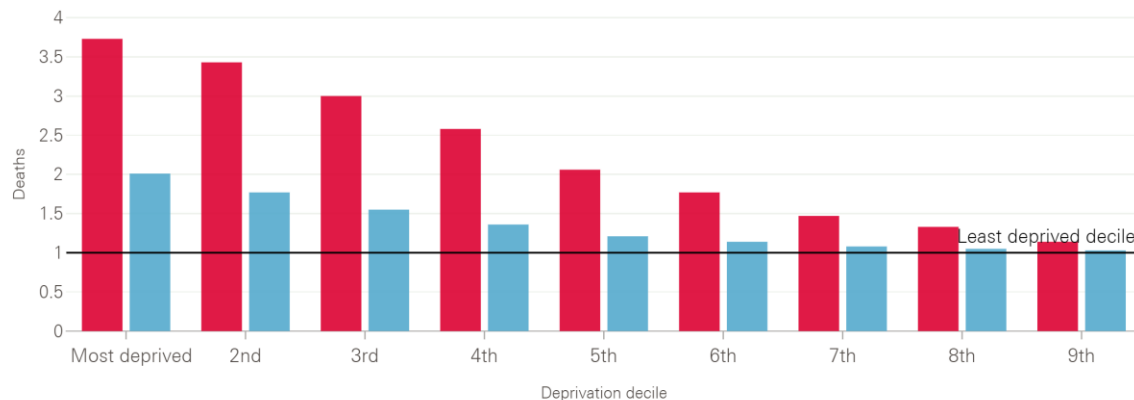
In the decade to 2019: diabetes, respiratory diseases and cancer prevalence had increased relative to the EU average

Men and women with obesity were 1.78 or 2.21 times more likely to die from COVID-19 than those without obesity

COVID-19 mortality rates for under-65s were nearly four times higher for those living in the most deprived local areas

Age-standardised mortality rates for deaths due to COVID-19, deprivation decile relative to the least deprived decile by age
England, March 2020 to May 2021

■ Younger than 65 age-standardised mortality rate ratio relative to least deprived decile
■ Older than 65 age-standardised mortality rate ratio relative to least deprived decile



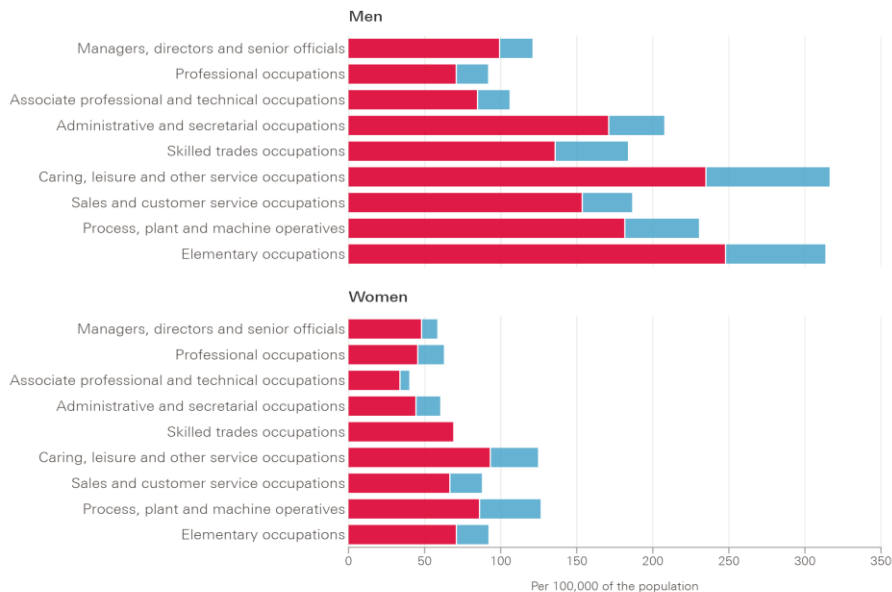
Gradient was lower for people aged over 65

Reflects differences in risk of exposure and pre-existing health

The pattern of deaths by occupation reflected pre-existing health and risk of exposure

COVID-19 mortality rates by occupation and sex England and Wales, March to June 2020

■ Infection acquired before first national lockdown ■ Infection acquired during first national lockdown



COVID-19 mortality rates were higher for occupations where other cause mortality rates were higher

Covid-19 mortality reduced after lockdown but by less in occupations with higher risk of exposure

Immediate and future risks to health

Short term risks to health

- The health care backlog has led to 6 million ‘missing patients’
- Living with restrictions, uncertainty and financial impacts led to worsening mental health
 - Worsening mental health has been sustained for a fifth of adults
 - Worse mental health was more likely for women and young people, and also those with low income, financial problems, or living in more deprived areas

Longer term risks to health

Education: Loss of education poses future risks to health and income. School children lost around 2 months of education, with a greater loss for children from more disadvantaged backgrounds.

Employment: Despite positive signs, many are still out of work and some areas of the UK have been hit harder than others.

Income: Many of the poorest families have had to rely on savings and debts. Implications of £20 weekly UC uplift ending in September.

Ensuring a healthy recovery

The pandemic has created risks to health but also opportunities

- There has been increased awareness of pre-existing inequalities and the disproportionate impacts on different groups through the pandemic
- There is greater political acceptance for taking government action and for spend to support the recovery
- Greater investment in local economies due to increased spend by home workers and stronger communities with people spending more time locally
- More remote working and access to services can increase employment opportunities and reduce barriers to services

Addressing immediate harms & building long term resilience

Immediate action is required to tackle healthcare backlog, catch-up education and protect family finances.

To build resilience for the next crisis:

- Creation of high-quality jobs in areas with historically low employment, as well as those hardest hit by the pandemic
- Strengthened local communities as people spend more time, and money closer to home
- Ensuring the welfare state provides an adequate safety net that supports people through income and health shocks
- Sustained investment in public services with a focus on putting prevention first

Next steps

- Read the report
[Health.org.uk/fairer-recovery](https://www.health.org.uk/fairer-recovery)
- Join the conversation on Twitter
#COVID19ImpactInquiry @healthfdn
- Sign up for ongoing updates about this work
[health.org.uk/covid-19-impact-inquiry](https://www.health.org.uk/covid-19-impact-inquiry)