



Knowsley Public Health Annual Report 2020

# Understanding the Impact of COVID-19 and Planning for Recovery



# Contents

Foreword and acknowledgements	4
How has COVID-19 affected Knowsley?	5
Responding to COVID-19 across the Public Sector	9
Impact on the whole population	15
Community Support and Volunteer Hub	18
Impact on mental health across the life-course	20
Impact across the life-course	24
Impact on children and young people	25
Impact on those of working age	29
Impact on older adults	30
Our recovery; looking ahead and reducing transmission rates	33
References	37

# Foreword

**It was on 11 March approximately three months after COVID-19 was first observed in China that the World Health Organisation officially declared the disease as a pandemic, resulting in a year of unprecedented and unexpected change and disruption. Therefore, my annual report for this year had to focus on the impact the pandemic has caused for us all.**

There have been new challenges at home, in the workplace, and across our communities. Although COVID-19 has impacted everyone, the effects have not been felt evenly across the population. Certain groups of people have been more badly affected, and these consequences will live far beyond the duration of the pandemic. Existing health inequalities have been worsened, and it has also created new ones. To highlight specific and unique challenges we have taken a life course approach starting with children and young people, through to older adults.

With the continued roll out of rapid mass vaccination, a key element of our recovery must be to reduce the inequalities gap. It is essential that resources and support can be directed proportionate to need, including support for local businesses to re-open, recognising the need for children to catch-up in their education and development, and supporting people back into employment.

There are also a number of positive lessons that can be learnt from the COVID-19 pandemic that have arisen as a result of increased collaboration and community response that will be incorporated into our recovery going forward. It is more important than ever that Knowsley bounces back quickly and effectively, leaving no-one behind.

Finally, I would like to thank all those involved in supporting the COVID-19 response for their hard work, including the many people who volunteered their time to help make a difference to others and also to our local residents and businesses for playing their part in reducing the risk of COVID-19 transmission.



**Dr Sarah McNulty**  
Director of Public Health

## Acknowledgements

As always, I would like to thank all those involved in contributing towards the production of this report. It has been a real collaborative effort, especially difficult during these challenging times. I would also like to thank those who agreed to share their stories.

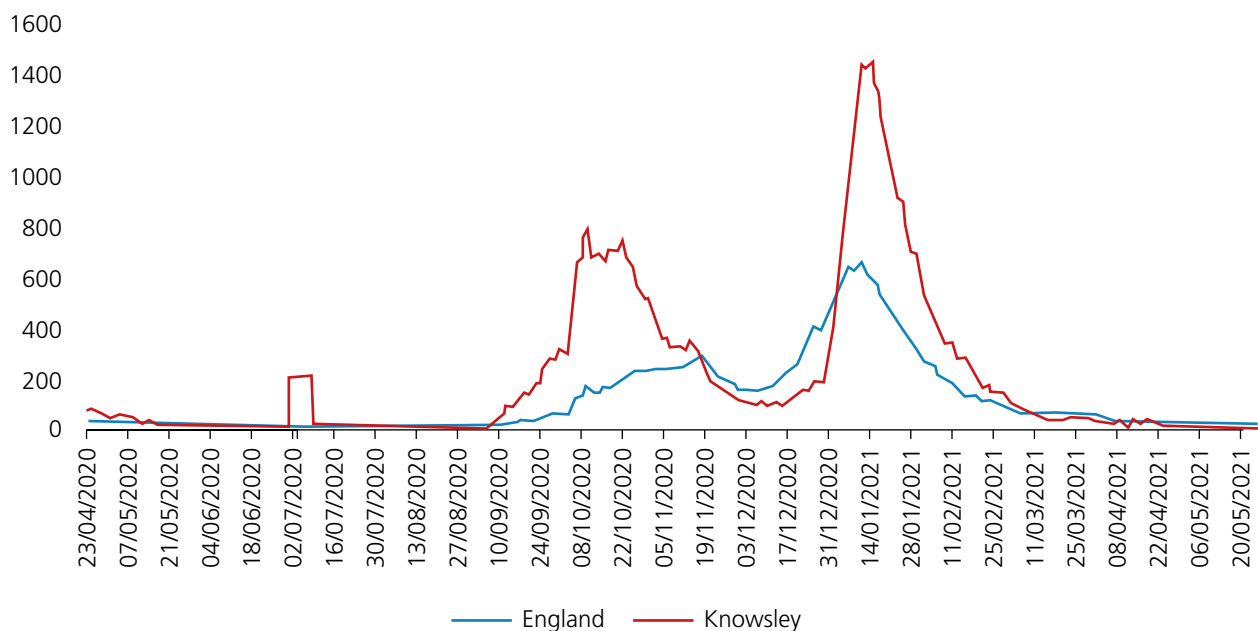
Please forward any comments or suggestions to [publichealth@knowsley.gov.uk](mailto:publichealth@knowsley.gov.uk)

# How has COVID-19 affected Knowsley?

Knowsley has been disproportionately affected when compared to many other local authorities across the country. At the time of writing, there have been 17,412 positive cases. The case rate since the start of the pandemic is currently 11,542 per 100,000 population in Knowsley, which is the 2nd highest rate compared to all other upper tier local authorities in England<sup>1</sup>. Over the last 16-months, Knowsley residents have spent significant amounts of time facing restrictions on their day-to-day lives, however, each lockdown

has successfully brought down local rates of COVID-19.

There have been 413 deaths within 28 days of a positive test in Knowsley<sup>1</sup>, every one a tragedy leaving an enormous impact on those left behind. When looked at in total, Knowsley's rate of deaths due to COVID-19, is 273.8 deaths per 100,000 which is slightly lower than the overall rate for the North West (243.9), and higher than the England rate of 199.5 per 100,000.



### Possible causes for high numbers of COVID cases in Knowsley include:

- High levels of co-existing long-term health conditions within the population. This puts Knowsley residents at higher risk of contracting severe COVID-19. During the first wave, when the only people who were tested for COVID-19 were those who required hospital treatment, Knowsley was in the top ten of highest case rates in England.
- Residents in Knowsley are more likely to work in public-facing jobs, such as working in care homes or supermarkets. 38,800 of our residents work in occupations which are unamenable to working from home and therefore had to travel to/from work and have contact with others during their working day during lockdown (this equates to 53% of Knowsley residents compared to the national average of 41%)<sup>2</sup>. The type of work people do can also add to the challenges faced when having to self-isolate due to COVID-19, for example not being able to work from home and many jobs not providing full pay if an employee has to miss work due to isolating.
- Low levels of access to a car in Knowsley, meaning residents are more likely to need public transport or car sharing in order to work, shop, or provide care. The 2011 Census data<sup>3</sup> shows that 37% of households in Knowsley did not have access to a car or van, this is higher than the England average of 26% and the North West average of 28%. Car sharing has been a factor in local outbreaks.
- Many Knowsley residents are not able to afford childcare, and so have relied on extended family for childcare arrangements, resulting in continued household mixing.

Public Health England (PHE) has published a report<sup>4</sup> looking at how multiple factors including age, gender, geography, deprivation, ethnicity, occupation, inclusion health groups, care home residents, and co-existing health conditions affect the risk of contracting COVID-19 and risk of negative outcomes.

### Age

The report identified that the largest risk factor with COVID-19 was age; among people already diagnosed with COVID-19, people who were 80 or older were seventy times more likely to die than those under 40. This disparity existed even after taking ethnicity, deprivation, and region into account, but did not account for the effect of co-existing health conditions, which may explain some of the difference.

In Knowsley, approximately 28% of the older population (people aged 65+) are aged 80 and over, which is higher than the England average (27%) and have a high level of co-existing health conditions. The risk of dying among those diagnosed with COVID-19 was also higher in males than females.

### Ethnicity

The report noted differences in risks by ethnicity, with Black, Asian and Minority Ethnic (BAME) population groups more likely to experience a diagnosis or death from COVID-19 compared to people in White ethnic groups.

Knowsley is not as ethnically diverse as other parts of the country with a low proportion of BAME population groups. However, locally understanding the increased risks and widening of health inequalities for such population groups remains an important consideration.

## Geography and deprivation

The report highlighted that urban local authorities had the highest diagnoses and death rates for COVID-19, and that people living in more deprived areas have higher diagnosis rates and death rates compared to those living in less deprived areas.

The death rates from COVID-19 in the most deprived areas were more than double those in the least deprived areas, for both males and females. This disparity in death rates between levels of deprivation is even greater than in previous years, which suggests that COVID-19 has exacerbated this pre-existing health inequality.

As Knowsley is the second most deprived local authority in the country, the findings from this report indicate that residents were more likely to experience COVID-19 and the associated negative outcomes compared to less deprived areas.

## Co-existing health conditions

The report outlines that people with long term health problems are at a higher risk of experiencing worse outcomes of COVID-19. Diabetes, hypertensive diseases, chronic kidney disease, chronic obstructive pulmonary disease and dementia were particularly associated with negative outcomes. It also highlighted increased risks of adverse outcomes in obese or morbidly obese people.

The proportion of Knowsley residents living with some of these long-term conditions linked to COVID-19 is higher than regional and national averages. For example, the emergency hospital admission rate for chronic obstructive pulmonary disease in Knowsley (813 per 100,000) is almost double that of the England average (414 per 100,000).

Obesity is also an ongoing issue across the borough with higher than national rates

for both children and young people and adults. This indicates that residents are at a greater risk of developing COVID-19 and experiencing more adverse effects of the disease due to pre-existing health conditions which are known to have more serious impact.

## Occupation

The analysis from PHE considered data from the Office for National Statistics (ONS)<sup>4</sup>, which found that men working in low skilled occupations compared to other jobs had the highest rate of death involving COVID-19. These jobs included security guards, taxi drivers and chauffeurs, bus and coach drivers, chefs, sales and retail assistants, lower skilled workers in construction and processing plants. The ONS also found that men and women working in health and social care had high rates of COVID-19 and significantly high rates of death from COVID-19, especially early in the pandemic<sup>4</sup>.





In Knowsley, data suggests that whilst the balance of employment has been shifting towards higher skilled occupations, there has also been a specific increase in residents performing roles in lower skilled jobs such as processing plant and machine operations. Recent analysis of the ONS Annual Population Survey<sup>6</sup> shows that there are approximately 15,500 Knowsley residents working in “low-skilled” low paid job roles.

### Wider determinants of health

A rapid evidence review on the direct and indirect impacts of COVID-19 on health and wellbeing has been conducted by the Public Health Institute at Liverpool John Moores University<sup>7</sup> on behalf of the Health and Equity in Recovery Plans Working Group. The review looked at direct impacts of COVID-19 including levels of illness, severity of disease, death rates, and how these differ between different population groups.

The main focus, however, is on the indirect effects of COVID-19. These include the wider determinants of health which are vital when considering all aspects of recovery. The report highlights that both direct and indirect impacts of COVID-19 have not been felt equally during the pandemic; both exposing and exacerbating longstanding inequalities in society. This is important when considering the impacts of COVID-19 in Knowsley.

### Inequalities that have been identified<sup>8</sup> as a result of COVID-19 include:

- Worsening inequalities in pre-existing disease.
- Inequalities in exposure and transmission risk of COVID-19.
- Inequalities in experience of lockdown.
- Inequalities in access to health and social care services.
- Inequalities in health outcomes as a result of socioeconomic status and consequences.
- Inequalities in health outcomes according to ethnicity.

Many individuals can be affected by these inequalities, including those who are clinically extremely vulnerable such as the shielded population, people living in poverty or high levels of deprivation, along with people who have been furloughed, are self-employed or who are employed on zero hour contracts<sup>8</sup>.



# Responding to COVID-19 across the Public Sector



**The challenges of responding to COVID-19 have been considerable and have required a concerted effort across the whole of the public sector.**

Alongside the Council and its Public Health Team, the work undertaken in responding to the challenges presented by COVID-19 would not have been possible without the support of Knowsley's partners. From other public sector organisations and community groups, to individual residents and businesses, Knowsley Better Together very much underpins the approach to our local COVID-19 response and will continue to do so.

Escalation, where required, to the Merseyside Local Resilience Forum will support whole system action.



**#KNOWSLEYBETTERTOGETHER**



Local engagement will be key to the success of the Plan, from consultation to communication on the ground to support behaviour change.

The current command structure in place in Knowsley has been set up to respond to COVID-19. Coordination and governance is in place with internal structures feeding into Knowsley Council Strategic Coordinating Group and the Outbreak Management Board and externally to the Merseyside Resilience Forum (MRF). The MRF is a multi-agency partnership which brings together stakeholders to tackle the COVID-19 pandemic. The range and

membership of the MRF support cells demonstrates the wide range of organisations currently working together at this time.

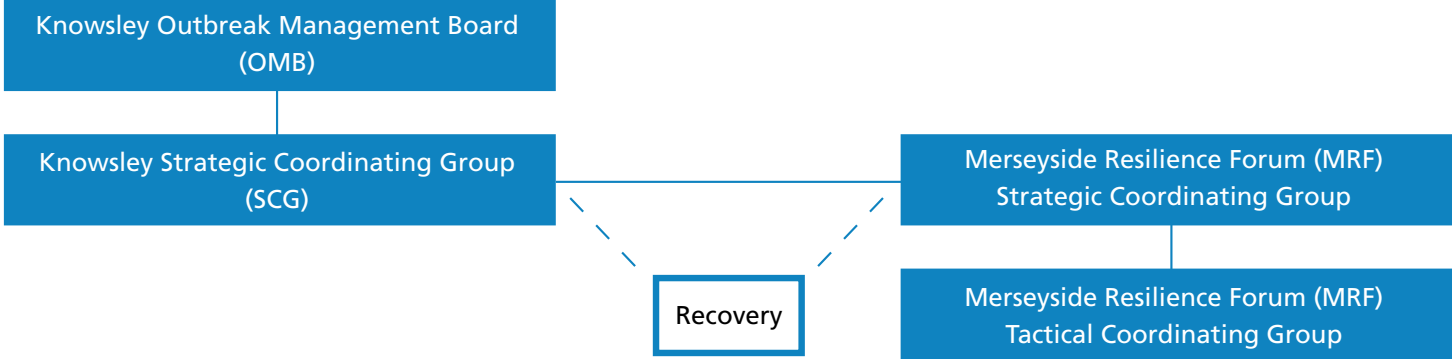
Working together has ensured that residents and public and private sectors have been and will continue to be supported in dealing with the impact of COVID-19, whilst ensuring operational services have been able to continue, investment in key services has been possible and that we are still able to maintain a focus on achieving our long term goals for the borough.



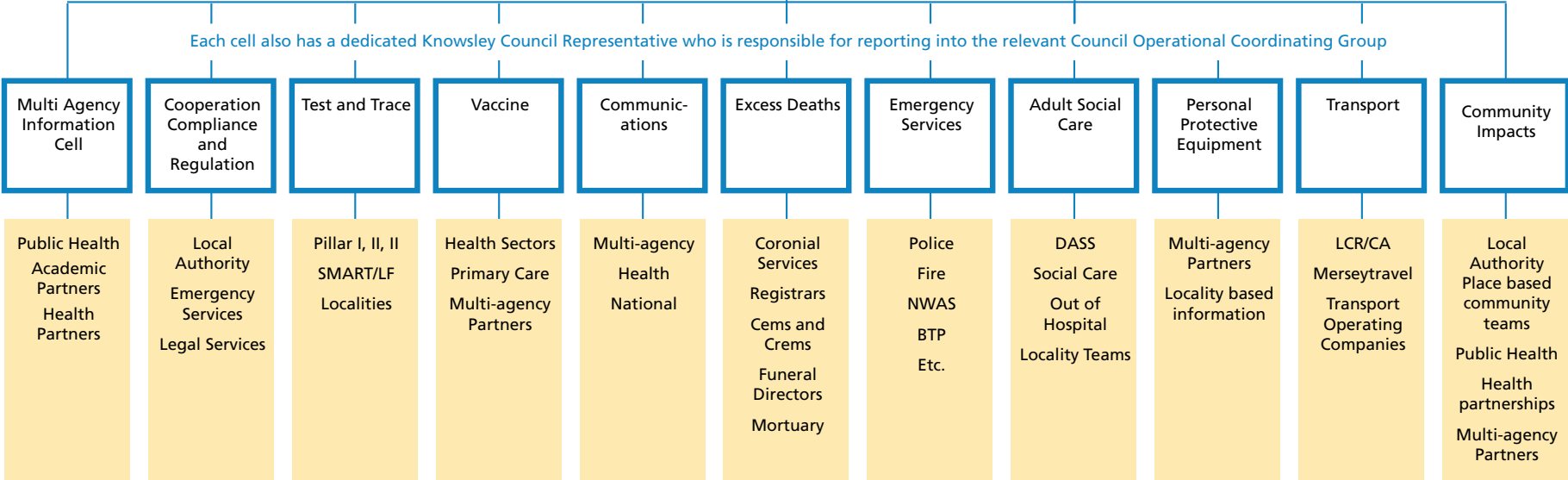
Pictured, L-R: Jody Day & Andy Cantwell from Sky, Sean Donnelly, Liam Mitchell from Barclays and Jeanette Johnston & Kane Windle from Montgomery Care Home.

To help our care home residents keep in touch with friends and family whilst unable to receive visits, businesses responded to an appeal for donations of electronic tablets and iPADS. Both Barclays Bank's Digital Eagle programme and media company Sky stepped up to support the campaign donating devices and providing vital training to care homes in Knowsley – a great example of Better Together.

### Knowsley Response Command Structure



### Tactical/Support Cells



A range of other partners, groups and organisations are all playing a vital role in our local response to COVID including:  
 Community Groups, Faith Groups, Social Enterprises, Voluntary Groups, Schools, Kirkby College, Care Homes, Extra Care/ Domiciliary Care Providers, Knowsley Chamber, Local Businesses, Innovate Volunteering, The Big Help Project, LIV housing, FOR Housing, VIBE, Volair, One Knowsley

Since the start of the pandemic, the Council and its partner agencies have developed a number of robust mechanisms to support residents and the public and private sector through these challenging times. Some of these are discussed in more detail within this report:

### Supporting our most vulnerable adults by:

- Setting up the Community Support and Knowsley Volunteer Hub in a matter of days and reinstating the level of support offered by the hub at different points throughout the pandemic.
- Helping residents classed as Clinically Extremely Vulnerable to stay safe with support including access to medication and food parcels.
- Sheltering the homeless.
- Increasing communication to encourage uptake of Domestic Abuse support.
- Delivering the COVID-19 vaccine directly to housebound individuals with support from military colleagues as well as delivering COVID-19 asymptomatic testing directly to some of our high-risk settings.

### Supporting our most vulnerable children by:

- Implementing safe social care practices.
- Swiftly establishing a local Free School Meal voucher scheme and adapting this to meet the needs of local families in Knowsley.
- Introducing the Early Help Hub to support families facing challenges around parenting and also to support with referrals to foodbanks.

### Supporting Knowsley's businesses by:

- Providing advice and guidance to businesses and employees via the Growth

Hub and Knowsley Works.

- Implementing an efficient approach to processing business grants.
- Implementing and promoting the Single Point of Contact (SPOC) to support businesses to:
  - Ensure their workplaces are COVID-19 secure and staff are safe.
  - Provide advice and support for workplaces that have COVID-19 cases, and support managing an outbreak.
- Provide options for on-site asymptomatic testing.

### Enhancing contact tracing and supporting residents to isolate by:

- Recruiting and training a team of staff to deliver a Local Contact Tracing programme.
- Calling all Knowsley residents who have had a positive result, where the national system has been unable to make contact to undertake contact tracing, to provide crucial welfare support and isolation advice.
- Following up all positive cases from SMART (Systematic Meaningful Asymptomatic Repeated Testing) community testing providing support on follow up testing required, welfare, and support for self-isolation.
- Door knocking in place for cases unable to be contacted via telephone (albeit with no enforcement powers).



### Investing in services to increase compliance and outbreak prevention and management by:

- Establishing, recruiting and training a team to run a seven days a week COVID-19 single point of contact (SPOC). This service draws upon a wide range of expertise across the council, it draws together local intelligence and case data to proactively investigate areas of concern, support settings with outbreaks including convening Outbreak Control Team meetings where required.
- Recruiting additional compliance officers who undertake visits seven days a week to ensure Knowsley businesses are safe for both workers and customers.
- Regular and close working with Merseyside Police to prioritise visits based upon intelligence, including complaints from the public and other sources. Working closely with Merseyside Police to take enforcement action against businesses where required.

### Ensuring access to frontline NHS services including COVID-19 vaccine by:

- Supporting practices to continue to provide patient appointments on site in safe way and offer online and telephone support for patients.
- Setting up three COVID-19 vaccine hubs across the borough to provide vaccine appointments in a safe way.
- Taking COVID-19 vaccine delivery to areas where uptake could be improved through, for example, the vaccine bus.

### Protecting and supporting our critical activities, key workers and providers by:

- Developing infection prevention and control guidance and securing and distributing personal protective equipment supplies.



- Establishing pathways to local testing arrangements.
- Implementing emergency childcare provision.

### Supporting our Care Homes and other social care settings by:

- Developing easy to follow guidance including how to access testing for settings and having regular information sharing sessions with provider managers.
- Distributing infection prevention and control funding to cover additional costs brought about by COVID-19 for example increasing staffing levels to undertake regular testing.
- Supporting care homes to implement safer visiting.
- Expanding our Infection Prevention and Control service to provide greater specialist nurse advice for complex settings.
- Delivering COVID-19 vaccines to care home residents and staff.

### Supporting our schools by:

- Working closely with headteachers and school staff to enable pupils to return in a safe way, including implementing one-way systems, creation of bubbles, designated areas for break times for different classes.
- Providing up-to-date guidance and support in managing outbreaks, including holding regular forums to address concerns.
- Working with schools during closures to support the provision of remote learning.
- Facilitating the availability and provision of COVID-19 lateral flow tests for staff.
- Providing and offering support to Knowsley Community College.



Knowsley Council Worker at testing centre with members of the military support team

### Supporting residents to access testing by:

- Promoting and providing a range of options for residents with symptoms to access testing, this includes; postal kits, booking an appointment at a drive through testing site or attending a local test site at one of the three permanent sites in Kirkby, Huyton and Stockbridge Village.
- Having a mobile testing team run by North West Boroughs Health Care NHS Foundation Trust which provides testing in social care settings such as care homes and hostels and rapidly deploys to test where is needed as part of outbreak management.
- Establishing SMART (Systematic Meaningful Asymptomatic Repeated Testing) testing sites across Knowsley to test people without symptoms.
- Supported the delivery of national testing programmes that operate in settings including care homes, supported housing, schools and businesses.

As well as these examples, the Council and its partners continue to facilitate the ongoing coordination of clear and rapid dissemination of Government guidance, whilst also working together to manage outbreaks, assist with contact tracing and to identify individuals required to self-isolate via regular SMART testing for those without symptoms and symptomatic testing.

Together, the ongoing nature of the pandemic, the uncertainty of when it will end, and the ever-changing nature of the required response means it is crucial that we continue to work in this collaborative way in order to ensure that the needs of local people continue to be met both now and in the future, when we move from focussing our efforts on response into recovery.

# Impact on the whole population



The whole of Knowsley has been impacted by COVID-19, either directly, indirectly or both. The national lockdowns and on and off local restrictions since March 2020 have resulted in a reduction in healthy behaviours and physical activity levels<sup>7</sup>. Physical activity levels have also reduced due to gym closures, reduced active travel and visits to parks or communal recreation areas. Smoking habits and alcohol consumption have increased, and there has been poorer nutrition as a result of more families being pushed into food insecurity.

Health service resources were redirected to manage COVID-19, which disrupted care of non-COVID-19 urgent conditions. Routine care for long-term conditions such as monitoring appointments were cancelled or delayed. Screening programmes were

paused amidst the first national lockdown, including cancer screening, the NHS Health Check for 40 to 74-year olds, whilst smoking cessation and drug and alcohol services moved to online support. The potential impacts of channelling health resources to COVID-19 are delayed and missed diagnoses, and poorer care provision. This effect was compounded by fear and difficulties in accessing healthcare.

Difficulties in accessing routine healthcare may cause sub-optimal management of long-term conditions, resulting in worsening and progression of physical and mental health<sup>9</sup>. This is especially relevant in Knowsley, where a higher proportion of our residents live with long-term conditions such as hypertension, diabetes and musculoskeletal problems<sup>4</sup>.

### Effect on employment

Many adults have had restricted ability to work during the pandemic due to ill health. Others have been forced into unemployment or furlough due to the economic impacts of social distancing and business restrictions. As a result:

- The percentage of Knowsley residents claiming unemployment benefits has doubled to 8.5% from March 2020 and April 2021<sup>10</sup>.
- 22,000 residents (31% of all those working) were furloughed at some point during the first national lockdown.
- 9,000 residents (13%) were furloughed at the peak of the third national lockdown.
- 25,300 residents in total (36%) have been furloughed at some point since the pandemic began.
- Some residents will have lost their jobs and be claiming Universal Credit<sup>11</sup>.

Almost 1,400 businesses (33% of all) in Knowsley received financial assistance through business support grants during the first national lockdown. The full economic impact in terms of company dissolutions is likely to become more prominent once the Coronavirus Job Retention Support Scheme ends (currently scheduled for end March 2021) as jobs and businesses are currently being protected by the job and businesses support grant schemes. Latest estimates from ONS<sup>12</sup> suggest 47% of local one site businesses have seen a decrease in turnover during the pandemic, and 37% have less than three months cash reserves remaining.

### Vulnerable groups affected by COVID-19-related inequalities include:<sup>13</sup>

- People experiencing homelessness or rough sleeping.
- People living in House in Multiple Occupations (HMO's).
- Single person households.
- People living in poorer quality housing.
- People at risk of domestic abuse and violence.
- People who are misusing substances such as drugs and alcohol.
- People whose first language is not English.
- People that have mental health, learning or physical disabilities.
- Carers.

### People experiencing homelessness, rough sleeping and those living in House in Multiple Occupations (HMO's)

have been supported throughout the pandemic through access to temporary accommodation and restrictions on evictions. However, due to the nature of their environment, health and lifestyle have been at increased risk of infection and poor outcomes.

### People living in single person households

due to restrictions on social contacts will have been at increased risk of feeling socially isolated and lonely. The introduction of support bubbles to enable a single person to link with another household has reduced risks, however this relies on people having their family and friends local to them to form a support bubble. Restrictions on social contacts will therefore have reduced interactions significantly, having a negative impact on mental health and wellbeing.





**People living in poor quality or crowded housing** will have been disproportionately affected due to the lockdown restrictions resulting in individuals and families spending more time at home in potentially cold and hazardous homes, increasing risks of respiratory illnesses, especially if living in fuel poverty. Likewise, families spending most of the time at home, working and home schooling in crowded houses could put pressures on relationships impacting on and mental health and wellbeing.

**Individuals living in controlling and abusive relationships** have been put at increased risk throughout the pandemic, particularly during the periods when strictest restrictions have been in place. With greater time in the home environment, restrictions on movement and lack of social contact with others increased the risks of harm with the abuse remaining hidden. Affected individuals were less likely to feel they can flee the situation or inform relatives and friends, whilst the harm was less likely to be recognised by others. Domestic abuse services have remained operational throughout the pandemic, but during lockdown restrictions the number of self-referrals decreased, suggestive of hidden abuse.

**For individuals who are misusing substances** such as alcohol and drugs the impacts would have been varied, and in some cases increased inequalities. Service delivery methods would need to be changed with face to face and group sessions offered virtually. However, in the case of service users without access to a mobile phone this would have impacted access. Online support is not suitable for all, especially for those deemed most at risk and having reduced motivation, therefore, face to face support resumed once settings had been made COVID-secure. Referrals may have reduced, but up take rates may be higher, due to the offer of virtual

support being a more favoured option, than the stigma of attending a building.

**People whose first language is not English** face barriers in accessing services and understanding information about COVID-19 due to cultural and language differences. National key messaging and guidance is now produced in many languages to reach out to communities.

**Individuals with existing mental health conditions or learning disabilities** will have been affected badly and may find it difficult when coming out of lockdown restrictions to re-integrate. There is emerging evidence<sup>14</sup> from local data monitored across Cheshire and Merseyside over the pandemic that when restrictions have significantly been eased the number of 'suspected' suicides have increased. However, this is based upon real time surveillance data on 'suspected' suicides so needs to be understood in this context, but the increases observed are of concern and are likely to show increased suicide rates post lockdown.

**There has also been added pressure on carers and guardians** of individuals with mental, learning and / or physical disabilities affecting the mental health and wellbeing due to reduced access to support, respite and activities that increase social interactions for both the carer and the person they care for.

# Community Support and Volunteer Hub



**A freephone volunteer-led telephone helpline was set up at the beginning of the lockdown in March 2020 to offer support to vulnerable residents, those needing to self-isolate and with no means of support from friends or family and support for those facing financial difficulties.**

The helpline was available Monday to Friday 9am to 5pm and 10am to 2pm weekends and bank holidays. Online enquiries were also available via the council's website.

Many individuals, organisations, and community groups offered their support via the Community Support and Volunteer Hub. By June 2020, the Hub had recruited 188

volunteers, supported 1,200 households with essential provisions, and issued 5,800 food parcels, and provided other essential services such as dog walking, check-in and chat calls, and prescription collection. Up to 9 May 2021, the Hub has supported 2,223 households, and issued 10,101 food parcels.

Local businesses also volunteered their services by donating food and money to the Big Help Project's Knowsley Foodbank and offering their support with collecting and delivering food parcels and other vital supplies and equipment.



#### Feedback from Community Navigator:

“ I spoke to a gentleman a couple of weeks ago who lived in a flat, he couldn't go out due to his health conditions.

He doesn't speak to his neighbours and said that I was the first proper conversation he had had in weeks as he has no family and few friends. We spoke for about 30 minutes about all different things.

I arranged a food parcel to be delivered to him and spoke to him again the following day to check it had arrived and again the next week to see if he needed anything else. He was so happy to have spoken to me and said that knowing he could ring the helpline and get support was a lifeline for him. ”

Claire,  
Community Navigator

**Feedback received from residents who have used the hub has been overwhelmingly positive.**

A resident who received help with shopping from a volunteer:

“ He was lovely and couldn't have been more helpful. ”



A daughter of a Huyton resident who contacted the hub on behalf of her father:

“ Thank you so very much. I cannot thank you enough for your help. ”

# Impact on mental health across the life-course

	Pregnancy	0-5 Years	School Years	Working Age Adults	Older Adults
Key issues to consider	<ul style="list-style-type: none"> <li>• Anxiety about impact of COVID-19 on baby</li> <li>• Financial Worries</li> <li>• Anxiety about delivery and access to care</li> <li>• Isolation from support networks</li> </ul>	<ul style="list-style-type: none"> <li>• Coping with significant changes to routine</li> <li>• Isolation from friends</li> <li>• Impact of parental stress and coping on child</li> </ul>	<ul style="list-style-type: none"> <li>• School progress and exams</li> <li>• Boredom</li> <li>• Anxiety, depression or other mental health problems</li> <li>• Isolation from friends</li> <li>• Impact of parental stress</li> </ul>	<ul style="list-style-type: none"> <li>• Balancing work and home life</li> <li>• Being out of work</li> <li>• Carer stress</li> <li>• Anxiety about measures and family or dependents or children</li> <li>• Financial worry</li> <li>• Isolation</li> </ul>	<ul style="list-style-type: none"> <li>• Isolation and disruption of routine</li> <li>• Anxiety from dependency on services</li> <li>• Financial worry</li> <li>• Fear about impact of COVID-19 if infected</li> </ul>
Staff/ Volunteers	<p>Cumulative load of stress from significant changes. Traumatic incidents. Isolation from work colleagues. Having to manage working from home along with other pressures (home schooling, carer responsibilities).</p> <p>Potential bullying from or to others as part of not coping.</p>				
Loss	<p>Loss of loved ones may be particularly severe. Grieving disrupted because of inability to do normal grieving rites, e.g. as be physically close to dying person, have funeral rites, attend funeral.</p>				
Specific Issues	<p>Impact of delayed diagnoses and treatment (long term conditions, cancer, surgery, people living in pain).</p> <p>Suicide and self-harm risks for the most at risk populations.</p> <p>Members of faith communities may feel disconnected during closure of premises.</p> <p>Domestic abuse may be issues/impact across life-course.</p> <p>Increased drug and alcohol misuse.</p> <p>People reliant of foodbanks or on low incomes or are self-employed may have additional stress.</p>				

(Adapted from Hertfordshire County Council<sup>15</sup>)

The pandemic has had a negative impact on the mental health of many people as detailed in the diagram above. Existing mental health problems have been exacerbated, and new mental health problems have been created. Social isolation

and reduced contact with friends and family have impacted negatively, a national survey<sup>9</sup> week ending 31 January 2021, revealed 17% of responders reported low life satisfaction scores in England, compared to baseline of 5.7% in 2019.

In particular, certain groups of people may have been even more affected, such as those who were shielding and those living on their own. Stress attributed to COVID-19 has been felt the most by those aged 60+, reporting the highest amount of major stress during January 2021 in the UK<sup>9</sup>.

Changes to the economy, the environment and society as a whole have also influenced people's mental health and wellbeing<sup>4</sup>. Research from PHE has shown that in the North West of England as at 31 January 2021, 18.4% people had low life satisfaction and 32.5% had high anxiety.

As we continue to live with COVID-19 and its impacts on all aspects of life, it is important that we are given the resources and support to improve our mental health, wellbeing and resilience. Some examples of local support are highlighted across the next couple of pages.

## Mental Health Crisis Support Line

Cheshire and Merseyside NHS Trusts launched a crisis support line open 24/7, 365 days a year and available to people of all ages (including children and young people) in need of urgent mental health support.

**0800 051 1508**

## Mental health and wellbeing and suicide prevention campaigns

have been commissioned by CHAMPS for use across all Cheshire and Merseyside local authority areas. Key messages have been communicated via Knowsley News online and across Council owned social media platforms. To enhance the reach of the messages, communications toolkits and associated assets have been shared widely with partners from across the borough for them to promote to their own networks using their own communication channels.

Other local and national resources such as websites and helplines including bereavement support were also promoted including information specific to children and young people and older residents.





## Kind to Your Mind Campaign

[www.kindtoyourmind.org](http://www.kindtoyourmind.org)

The Kind to Your Mind campaign which launched in April 2020 is a one stop shop for information to help people improve their mental health and wellbeing. The website links to the NHS Every Mind Matters website which contains expert advice and practical tips to help people manage common mental health problems such as low mood, anxiety, stress and poor sleep. There is also information for parents on

looking after their child or young person's mental health.

The website also promotes awareness of a wellbeing portal which gives access to resources such as approved 'apps' which have been evaluated by a medical professional for their clinical effectiveness such as mindfulness, activity trackers, journaling and sleep stories.

There is also free self-referral access to an online cognitive behavioural therapy course – which helps people change the way they feel by changing the way they think.

There are short modules which focus on dealing with stress, building mental resilience, getting better quality sleep and a specific module for managing mental health during the pandemic.

The Kind to Your Mind Podcast enables people to listen to a range of conversations to support their mental health.



## Let's Keep Talking Campaign

The Let's Keep Talking Mental Health campaign which launched in January 2021 was developed to encourage people to stay connected with family and friends, to reach out to others who may be isolated or struggling at the moment, and to seek help when needed. The campaign signposts people to information and support available on the Kind to Your Mind website.





## Suicide Prevention

As part of the 'No More Suicide' strategy for Cheshire and Merseyside, this Campaign featured real stories from local people from across the region and encourages people to download the suicide prevention 'app' Stay Alive.

The 'app' is designed to help both those who are having suicidal thoughts and those who are concerned about someone else. It has several features including a safety plan and LifeBox where people can upload images or videos that remind them of their reasons to stay alive. The 'app' also directs people to local help and gives people the tools to start a conversation about mental health and suicide. To date, the 'app' has had over 4,870 downloads.

## Children and Young People's Mental Health Support

Children and young people have also experienced mental health difficulties, with more than a third of children reported being more worried, sad and stressed and young people reported experiencing an increase in anxiety than before the pandemic<sup>16</sup>. This may be as a result of; lack of social contact with friends, bullying whilst at school, worrying about missing out on important school or college work, worried about moving to a new school or starting

college or experiencing the bereavement of a family member to COVID-19.

Whilst at school, children and young people have had to get used to dealing with the COVID-19 secure measures put in place to keep them safe as discussed later in this report which may have impacted on their mental health due to a change in routine. Home schooling has also proved difficult with lack of access to technology and many children living in chaotic home environments making it difficult for them to learn effectively.

To support children and young people's mental health a number of programmes and initiatives have been introduced within schools:

- Training (funded by the Educational Attainment Fund) has been delivered to school teaching assistants to help them understand the emotional needs of children and offer appropriate support.
- Support for all children and staff working in schools has also been offered as part of the Wellbeing in Education project.
- Counselling capacity for bereavement and domestic abuse has been increased and training in these subjects delivered to headteachers.
- The Mental Health Workers in Schools project commenced in September 2020 with the recruitment and training of mental health support workers. This will be rolled out across the summer term in 21 schools and the remainder of schools by the end of 2021.

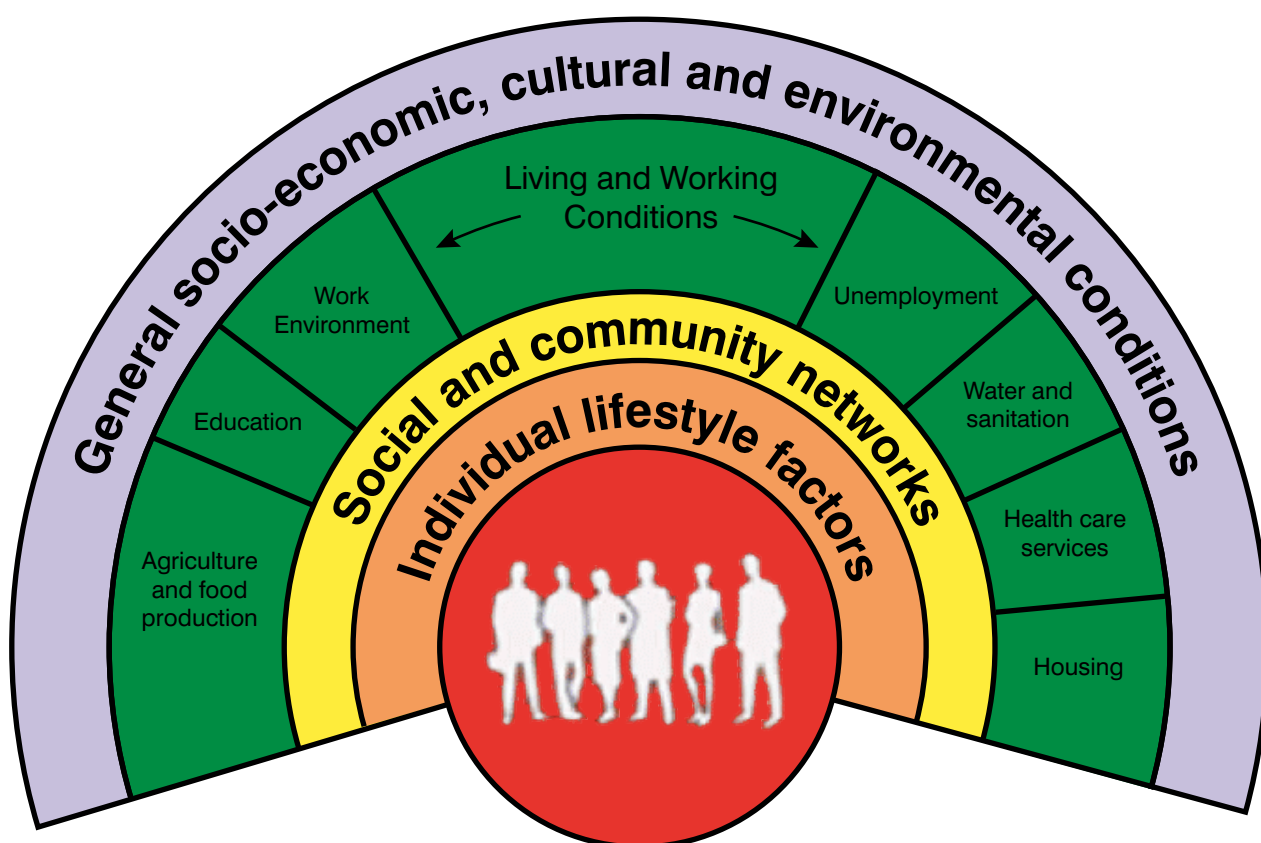
Young people aged between 10 and 19 years have access to free online counselling and wellbeing support with Kooth, the online mental wellbeing community. Support is safe and anonymous and provides advice on a range of topics. Young people can chat to the friendly Kooth community or speak to a member of the Kooth team.

# Impact on the life course

**Although COVID-19 has affected the whole of the population, effects varied across the life course and are discussed in this section of the report.**

Age is the number one risk factor for death from COVID-19<sup>8</sup>. The consequences of COVID-19 are worsening of existing inequalities, in addition to the creation of new ones. The wider determinants of health as shown in the 'Rainbow' diagram below

such as employment, education and access to healthcare are likely to have had more of an impact across the whole population than the direct<sup>8</sup> impact of disease or death from COVID-19.



The Dahlgren-Whitehead Rainbow Model<sup>17</sup>



# Impact on Children and Young People



**Children and young people are at low risk from illness and death from COVID-19, however, they will face a range of adverse indirect health and social impacts<sup>8</sup>, these are discussed below.**

## Early years

There has been an impact on children's health and development in the early years, through disruption in antenatal and postnatal care services, due to difficulties in access and also suspension of face to face services, such as the newborn baby clinic. Breastfeeding rates in Knowsley (21%) are much lower than the national average

(46%)<sup>8</sup>, however, there have been improved rates of sustained breastfeeding in the community over the last six months.

The improved rates that have been observed are likely due to the way that the service has responded. Virtual peer support and clinics were established during the pandemic, which have been well received.



The percentage of women smoking at the time of delivery is 15% in Knowsley, higher than the national figure of 11%<sup>8</sup>. In line with national restrictions, face to face stop smoking support ceased in mid-March 2020. However, the Stop Smoking Service in Knowsley already had telephone and online support in operation so was able to divert all resources and maintain support for those women already in service and continue to accept new referrals. Local data shows that numbers of pregnant women accessing stop smoking services declined during the pandemic, which is in part due to the reduced contact and opt-out referral from trained community health professionals such as health visitors or community midwives.

Across the 0-19 service, changes have been made in response to COVID-19. Health visitor and school nursing services have adapted ways of contact to continue to see the most vulnerable and at-risk groups. However, a significant proportion of infants missed their two-year development review in 2020 due to the pandemic. School-age children have also lost routine access to a

school nursing service, where key opportunities to promote health and identify need have been missed due to school closures.

The majority of the private, voluntary and independent childcare settings were also closed during the first lockdown in March 2020. When they were encouraged to re-open, many parents decided against sending their children back to nursery for what would have been just a couple of weeks to the end of the summer term. Therefore, the usual managed transition to school for some children, did not happen.

Across the borough, the negative impact of the national lockdowns caused by the interruption of services for children in the early years can be seen. During this period many infants will have missed important contact with services that support their social and emotional learning and development, such as speech and language and literacy groups, as well as access to skills, informal training and community support for parents. The council's early years teams have been working with childcare settings to ensure that the early years experience for our children is focused on reconnection and aspects of transition such as school readiness.

The children's centres reopened at the start of summer for targeted vulnerable families. Although this work has continued and the virtual offer has grown, there have been difficulties due to the lack of face-to-face contact with the majority of early years children and their families. The process of re-engaging and restoring contact for some groups of children and families across the early years setting is likely to take time and require an assertive approach, to ensure that the most disadvantaged children and parents are not left further behind.

## School-aged children

The first and third national lockdown resulted in a sudden closure of schools, colleges and universities which had a big impact on children, young people and their families in needing to adapt to remote learning from home.

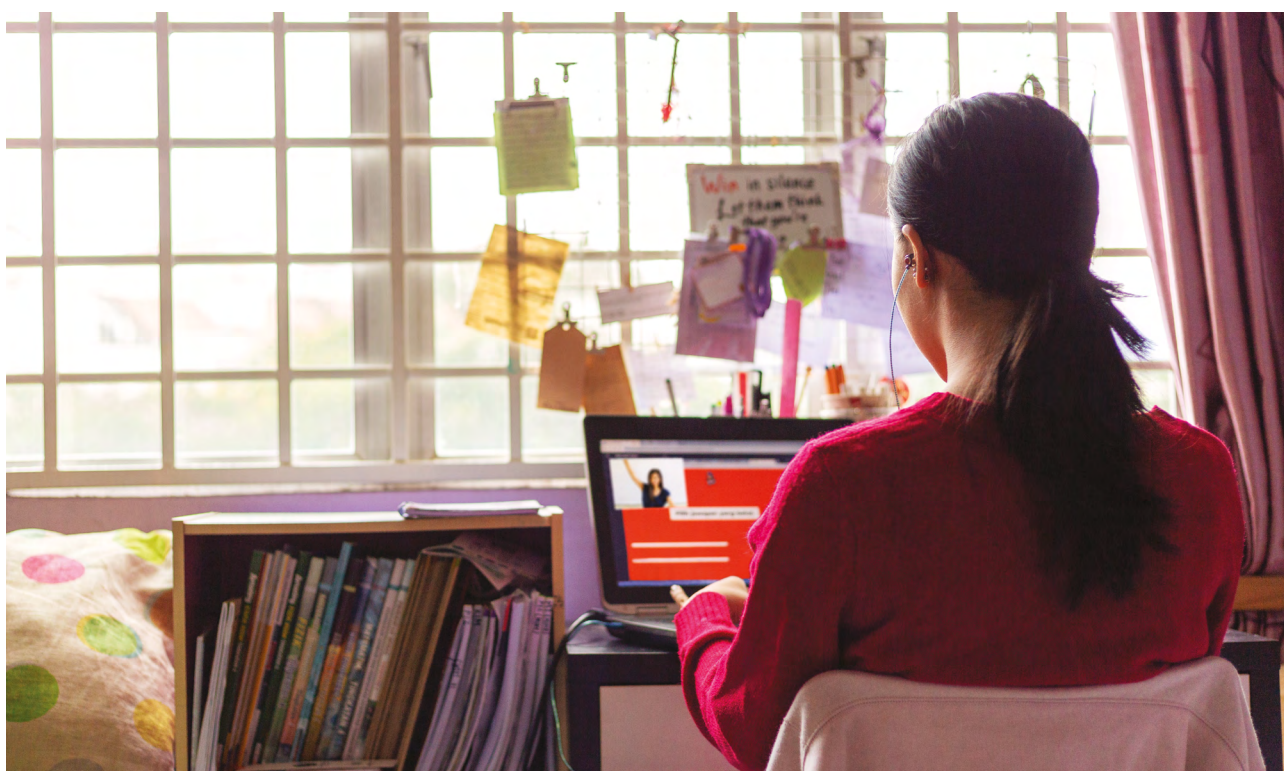
Schools have been required to follow national guidance and put in place a range of protective measures. This included; rearranging classrooms so that children and young people could sit facing forward rather than face-on to each other. One-way systems were set up to aid social distancing, and the wearing of face-coverings was put in place for secondary staff and pupils.

Despite returning to schools, many pupils are still required to self-isolate at home, disrupting learning and development<sup>18</sup>. Schools have faced challenges of maintaining teaching on site, in addition to providing remote learning as well as dealing with COVID related staffing issues. Evidence suggests that vulnerable children are disproportionately impacted

by the negative aspects of remote learning. Inequalities in provision and access of educational and remote learning resources with potentially limited home support may have contributed to widening of existing inequalities in educational achievement<sup>18</sup>.

A report from Ofsted from December 2020<sup>18</sup> has indicated that children may be six months behind in their learning as a result of COVID-19. This is particularly concerning for Knowsley's schoolchildren, where only 67.8% of children are 'school ready' at the end of reception, which is significantly lower than the national average<sup>5</sup>.

School closures and self-isolation may have also impacted vulnerable groups, including children at risk of safeguarding concerns, children with special educational needs, and looked after children. There may have been difficulties in safeguarding children of all ages as a result of disruption to face to face services, and limited access to nurseries and schools where risk may normally be identified<sup>18,7</sup>.



## Impact on physical activity

Research shows that 43% of children in Knowsley in year 6 are overweight or obese<sup>19</sup>, and this may have worsened as a direct result of the pandemic. This is due to reduced opportunities for children and young people to take part in physical activity, through the loss of PE classes, cessation of after-school sports groups and through national and local restrictions meant that children and young people have been less active.

According to the Active Lives Survey<sup>20</sup>, nationally, there was a 2.3% decrease in activity (60 minutes or more a day) in children and young people between May and July 2020 (Summer term). Whilst all groups have been impacted in terms of activity levels, girls fared far better than boys, whilst those from Black and Mixed backgrounds saw noticeable drops in activity levels.

## Impact on school attendance

School attendance<sup>21</sup> has fluctuated during the pandemic. In the first half term of the year (Autumn 1), children's school attendance was down to 73%. This improved up to Christmas (Autumn 2), with 89% children in attendance. After National lockdown restrictions were introduced in January 2021 schools remained open to key worker and vulnerable children only. The attendance of vulnerable children was 3% in March 2020 moving to 42% in February 2021. The impact of the pandemic will not be fully evident for some time but will affect all children and most particularly these vulnerable pupils.

There have been some positive impacts in response to the restrictions, for example organisational changes in school may have created better pupil behaviours leading to fewer permanent exclusions and fewer fixed term exclusions for children with an Education, Health Care Plan. The long-

term effects on children in Knowsley could further widen the attainment gap for all and particularly those from disadvantaged backgrounds.

## Provision of free school meals

In Knowsley nearly 50% of pupils are eligible for free school meals<sup>22</sup>, and the Government's decision to provide this in the form of weekly supermarket vouchers during holidays and school closures is likely to have been beneficial for many pupils across the borough, this approach has been continued with vouchers being provided for the Easter holidays and the spring half term via the COVID-19 Support Grant. All children attending school have been provided with a school meal where required.

Since September 2020, 5,350 food parcels have been distributed across our schools prior to the start of the Government backed voucher scheme for pupils eligible for a free school meal, but who are unable to attend school. However, the launch of the national 'holiday activities and food programme' grant<sup>23</sup> in December 2020 is hoping to address both holiday hunger and activities for children eligible for a free school meal over the Easter, Summer and Christmas 2021 holidays.



Local food parcel contents

# Impact on those of working age



A key impact for this population group in Knowsley has been that of furlough, unemployment and job instability that has led to reduced household income for many families. The average household income in Knowsley is £29,260, compared to an average of £41,300 in the UK<sup>24</sup>. A total of 22,000 residents (31% of all those working) were furloughed at some point during the first national lockdown. It is estimated that a lower proportion of residents have been furloughed under the third national lockdown at 17% (12,000 residents)<sup>25</sup>.

This may have disproportionately impacted Knowsley, since many individuals are either self-employed or on zero-hour contracts and so have less stability in their income and are more likely to have been furloughed or ineligible for furlough. Indeed, the proportion of people in Knowsley claiming benefits for unemployment has almost doubled to 8.5% from March 2020 to April 2021<sup>10,12</sup>. There has also been a reduction of around 1,000 residents that are self-employed between December 2019 and December 2020, likely as a result of financial instability during the COVID-19

likely as a result of financial instability during the COVID-19 pandemic, and not being eligible for the Self-Employment Income Support Scheme. These residents will therefore have sought employment or started claiming Universal Credit.

Inequalities in outcomes have also been observed. Those experiencing ill health are less likely to be in employment, and therefore the most vulnerable people to COVID-19 may have been forced out of employment if required to shield. It is also likely that household income has fallen the most in lower earners.

The consequences of low-income impacts families in many ways. Financial instability may have pushed a substantial number of Knowsley households into food and/or fuel poverty. This impacts mental health, through family stress and relationship breakdowns. The physical impacts of this may be a direct result of poor nutrition through inability to afford healthy, balanced food, or a result of cold and damp homes, which can cause cardiovascular or respiratory disease, and immunosuppression.

# Impact on Older adults



**There is a high proportion of people aged over 60 in Knowsley and evidence has shown that; over 60s, those with underlying health conditions and residents of care homes are more likely to be hospitalised or die as a result of COVID-19<sup>4</sup>. This group of the population are more likely to have been affected by the direct effects of COVID-19 in terms of disease and death.**

Due to the higher prevalence of multiple long-term health conditions among older adults, a higher proportion of this population were required to shield during the national lockdowns. This had impacts of worsening existing mental health problems,

but also increasing loneliness and isolation from family and friends. Older adults are more likely to live alone and were therefore more likely to be isolated than younger adults<sup>3</sup>.

### Support for vulnerable residents

There are approximately 12,700 people who are clinically extremely vulnerable (CEV) in Knowsley. As of January 2021, Adult Social Care have managed support in a number of ways:

- Writing to residents who were shielding with up-to-date guidance and provision of information for support options available in the borough.
- Collaboration with the COVID-19 Volunteer Hub to help to provide access to food, medication, 'check in and chat' services, dog walking support and support with advice and enquiries through the Adult Social Care contact centre.

The suspension of medical services and fear of accessing hospital services resulted in people not seeking medical support. This directly worsened disease and death outcomes, through delay in cancer diagnoses and also reduced monitoring of existing long-term conditions that may ultimately result in poorer health outcomes. Allied services such as rehabilitation and physiotherapy services were also paused during the first and second national lockdown, reducing physical agility and increasing to worsening frailty and deconditioning.

Inequalities in healthcare access in this age group may have been fuelled by digital exclusion. Throughout the pandemic all Knowsley GP practices continued to offer face to face appointments for patients where clinically appropriate. All patients are clinically triaged either by phone or online before a face to face appointment is arranged (national 'total triage' model). This means patients have been able to access appointments over the telephone

and through online consultation methods as an alternative to face-to-face appointments. This may have provided a barrier for older adults in Knowsley to access due to no access to the internet or other disabilities preventing them from communicating via the telephone.

### Supporting Children's and Adults Social Care providers

Knowsley's children's and adults social care providers have been supported to enable them to continue to deliver care in compliance with national government guidance to ensure the safety of staff, residents and clients in their care.

Comprehensive support has been given to support providers in managing and containing COVID-19 outbreaks, along with regular training and conference calls with managers of settings to inform them of changes to latest guidance and restrictions, infection prevention and control practices, including the use of personal protective equipment and mental health and wellbeing support for staff.

Information and signposting in relation to accessing grants, access to testing and vaccinations have been continually communicated to providers to ensure they are accessing provision as early as possible and seizing all opportunities.

The oversight has been acquired through the role of the multi-agency Quality Assurance and Standards group which has met weekly during the pandemic.

This has been achieved by colleagues from across the Council working closely with the Infection Prevention Control team, North West Boroughs Healthcare NHS Foundation Trust to provide outbreak management support across all social care settings.



COVID-19 has also had a big impact across care homes both nationally and in Knowsley. Unfortunately, national figures indicate that 27% of COVID-19 deaths occurred in care homes up to May 2020<sup>4</sup>. Families have also been affected indirectly, by restrictions on visiting imposed upon them by local restrictions and national lockdowns.

Pre-pandemic levels of social isolation among adults accessing social care were high, with over 50% of adults not having as much social contact as they would like<sup>9</sup>. This has likely increased even more as a result of prolonged restrictions, leading to increased isolation and loneliness through lack of family support and contact.

### Healthwatch and Knowsley Older Peoples' Voice Support

Healthwatch Knowsley has continued to operate and support residents with health and social care issues in a variety of ways, including working with the Volunteer Support Hub.

Over 600 telephone calls have been made to members of Healthwatch Knowsley and Knowsley Older People's Voice to check on their wellbeing and offer appropriate signposting support, such as to the volunteer support hub for help with prescription deliveries or financial support. Repeat telephone calls have been made where appropriate for those without support from friends or family.

To support residents mental health and wellbeing and to keep them informed of national and local updates, regular E-bulletins were produced including a daily blog with contributions from; volunteers, staff, and colleagues from Knowsley CCG and the Local Authority to offer different perspectives on how people are responding and coping with the pandemic, resulting in positive feedback from readers.

Most of the agency's normal engagement activities were moved to online video call and supplemented with additional online meetings and social activities such as bingo and quizzes introduced to keep people connected, consulted and informed.

To acknowledge those who were digitally excluded and as a replacement for the annual Christmas lunch, Knowsley Older People's Voice members and other identified vulnerable residents were delivered to their home address a Christmas gift bag which contained; seasonal treats, relevant health and social care information and a letter written by children from St Gabriel's Primary School. The bags were well received with residents expressing their gratitude.



Knowsley Older People's Voice – Christmas Gift Bag



# Our Recovery: Looking ahead and reducing transmission rates



As we continue to battle the spread of COVID-19, consequences across the population continue to develop and be felt across the community. The coming months present ongoing challenges. COVID-19 will be circulating within the community for the foreseeable future. As rates of COVID-19 continue to decline during lockdown, and national restrictions gradually ease (such as re-opening of schools), there are risks that cases begin to rise again.

It is important to understand how we can adapt to COVID-19 circulating in the community, whilst keeping cases at low levels. Our recovery includes the following actions that will help to inform a long-term plan.

### Action to keep case numbers low

In order to keep the number of cases of COVID-19 low among the community, a number of preventative actions can be taken. These include:

- Keeping restrictions and advice in place until infection rates are sustained at a low level and the NHS is no longer under pressure.
- Continued national and local testing through the Test, Trace and Isolate system.
- Encouraging high compliance with social distancing and following Hands, Face, Space and respiratory hygiene rules.
- Restricting and reducing social contacts.
- Strengthening compliance with social isolation if a positive case or close contact of a case is identified.
- Effective outbreak identification and management.
- Continuing to vaccinate the population, which is especially important for the most vulnerable.

### Clear outbreak management strategy

With COVID-19 continuing to circulate in the community, it is crucial that we respond quickly and efficiently to new cases, including clusters of cases and larger outbreaks. This will be a key aspect in reducing transmission and keeping case numbers low. The following actions are crucial to the delivery of an overall outbreak management strategy.

They will need to remain in place for the

long-term, and each component is reliant on the effectiveness of the other. These actions include:

- Strong, clear communication and messages to the community to promote all aspects of track, trace and isolate requirements, behaviours to reduce social contacts, and compliance with Hands, Face, Space and Ventilate messages.
- Continuing to invest, promote and deliver local testing, including symptomatic testing and active case finding through the lateral flow tests, targeting high risk settings and clusters in particular.
- Continuing to provide a local contact tracing team to establish close contacts for individuals testing positive.
- Working closely with local businesses to manage outbreaks and reduce workplace transmission risks.
- Continued enforcement of COVID-19 compliant workplaces and settings.
- Supporting the most vulnerable when shielding and/or self-isolating, including the volunteer hub, and food and prescription support programmes.
- Working with the community to improve understanding and social norms that reduce risks of transmission.

### COVID-19 vaccination

Since December 2020, the Council has taken part in delivering the largest vaccination programme in its history to local residents. Led by Knowsley Clinical Commissioning Group and NHS Primary Care Network, the Council has opened up numerous sites across the borough for vaccine provision. Sites include Huyton, Kirkby and with a site in Halewood to be available soon. There has been a huge effort to vaccinate as many of the local population as quickly as possible, working to vaccinate people in order of vulnerability, as per the nationally agreed priority list.<sup>26</sup>



Vaccine bus in Kirkby

Additional sites have also been established including local pharmacies, and a mass vaccination site as well as more mobile offers to reach into communities where uptake could be improved.

There are 131,003 residents who are eligible to receive the vaccine. At the time of writing, over 83,000 residents have been vaccinated with their first dose, with almost 50,000 vaccinated with their second dose.

Unfortunately, uptake for vaccination is not equally distributed in the community, and inequalities exist in vaccination programmes. Some people are reluctant to take up the offer of vaccination due to concerns regarding the speed of the design and delivery of the vaccination programme, and the speed at which the vaccine gained regulatory approval.

A Royal Society of Public Health (RSPH) survey<sup>27</sup> of 2,000 UK adults showed that 76% people would have the COVID-19 vaccine if advised to do so by a healthcare professional. However, certain groups have greater distrust in the vaccination, and may as a result encourage friends and family to decline vaccination. For example, the RSPH survey demonstrated lower uptake among Black, Asian and Minority Ethnic (BAME) groups (57% would accept the offer of a

COVID-19 vaccine as opposed to 79% of white respondents). There is also evidence to suggest poorer uptake in people in lower socioeconomic groups. For example, 70% of people who are unemployed or working in unskilled/semi-skilled manual occupations would accept the vaccine, as opposed to 84% in managerial and professional occupations.

It is crucial that we work hard to identify barriers to uptake, including accessing data to help us to target harder to reach populations. By improving the community's knowledge and reassuring residents regarding the safety of the vaccine, we may be able to encourage uptake and reduce inequalities in access.

Specifically, the aims of the vaccination programme going forward include:

- Continuing to vaccinate residents across sites in the borough, working through the government priority list, with an aim to vaccinate all over 18s by Autumn 2021.
- Access granular data to identify barriers to uptake and to ensure that the most vulnerable residents are vaccinated.
- Target hard to reach populations in order to reduce inequalities in access and uptake.

## Wider recommendations

In addition to an action plan on managing COVID-19 in the community, attention must also be given to addressing the wider, indirect impacts of the pandemic on the community. These actions are summarised below:

- Undertake an in-depth analysis of the resultant health inequalities that have worsened due to COVID-19 to inform recovery plans.
- Capture new ways of working and identify opportunities for Public Health Commissioned Services to maximise engagement and outcome improvements. Commission adapted services for post pandemic environment.
- Develop community resilience, by working together with partners to implement a long-term recovery plan for the borough and adapting to new COVID-19 systems put in place.
- Continue to provide advice and guidance to businesses (including town centres).
- Support and influence catch-up programmes for:
  - Education.
  - Screening, childhood vaccinations and other preventative health programmes, for example; oral health, and continue to identify and support specialist group screening, for example, children who are home schooled, children and young people with learning disability.
- The provision of healthcare services has been significantly affected during the pandemic and there are a number of areas of activity that will need to be closely monitored within the next year. These include;
  - The restoration of NHS Services on an inclusive basis so that they are used by those in the greatest need.
  - Accelerate preventative programmes which pro-actively engage those at the greatest risk of poor health outcomes including better management of those patients with long term conditions through targeted prevention and effective service provision.
  - Target resources to particularly support those who suffer from mental ill health as we recover from the long-term implications of COVID-19.
- Continue to provide targeted support to children, families, and older adults after lockdown and during our recovery as outlined in the Children and Families Plan (2021/24) and the Adult Social Care Transformation Plan (2020/23).
- Continue to commission mental health services that have been enhanced during the pandemic and support community mental health resilience by promoting and improving local networks.
- Maximise the public's exposure to the significance of lifestyle choices, such as unhealthy weight, tobacco and alcohol use on the COVID-19 impact and undertake a rapid review of the key local public health strategies, and identify quick wins and innovation, as part of recovery.
- Understand the impacts of COVID-19 on oral health in Knowsley.  
The outlined interventions will be subject to budgetary provision.

For an update on recommendations from 2018/19 go to:  
[www.knowsley.gov.uk/publichealth](http://www.knowsley.gov.uk/publichealth)

# References

- <sup>1</sup> Coronavirus (COVID-19) in the UK. Government. <https://coronavirus.data.gov.uk/>
- <sup>2</sup> Office for National Statistics. (2020). Annual Population Survey – September 2020.
- <sup>3</sup> Office for National Statistics. (2011). Census 2011 <https://www.ons.gov.uk/census/2011census>
- <sup>4</sup> Public Health England. (2020). Disparities in the risk and outcomes of COVID-19. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/908434/Disparities\\_in\\_the\\_risk\\_and\\_outcomes\\_of\\_COVID\\_August\\_2020\\_update.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908434/Disparities_in_the_risk_and_outcomes_of_COVID_August_2020_update.pdf)
- <sup>5</sup> Public Health England. (2020). Wider Impacts of COVID-19; Health needs assessment intelligence pack for local health partners. <https://app.powerbi.com/view?r=eyJrJoiZmFjNmVkNmItOWYzOS00MDU5LTk1YjgtMDUyYWQ3Mzg3NTQ5liwidCI6ImVINGUxNDk5LTRhMzUtNGlyZS1hZDQ3LTVmM2NmOWRIODY2NiIsImMiOjh9>
- <sup>6</sup> Office for National Statistics. (2020). Annual Population Survey – September 2020. [ONS Annual Population Survey \(via Nomis\)](#) and [DWP Stat Xplore](#)
- <sup>7</sup> Liverpool John Moores University. (2020). Direct and indirect impacts of COVID-19 on health and wellbeing. Rapid evidence review (Version2). July 2020. Produced on behalf of the Health & Equity in Recovery Plans Working Group under the remit of the Champs Intelligence & Evidence Service. [Rapid review of impacts-V2-final.docx \(ljmu.ac.uk\)](#)
- <sup>8</sup> Public Health England. (2020). Wider Impacts of COVID-19; Health needs assessment intelligence pack for local health partners. PHE Power BI Covid-19 situational Explorer tool. <https://app.powerbi.com/view?r=eyJrJoiZmFjNmVkNmItOWYzOS00MDU5LTk1YjgtMDUyYWQ3Mzg3NTQ5liwidCI6ImVINGUxNDk5LTRhMzUtNGlyZS1hZDQ3LTVmM2NmOWRIODY2NiIsImMiOjh9>.
- <sup>9</sup> Public Health England. (2020) Wider Impacts of COVID-19 on Health (WICH) monitoring tool. COVID-19 indirect effects. <https://analytics.phe.gov.uk/apps/covid-19-indirect-effects>
- <sup>10</sup> [ONS Annual Population Survey \(via Nomis\)](#) and [DWP Stat Xplore](#)
- <sup>11</sup> [HMRC coronavirus \(COVID-19\) statistics](#) and [ONS Business insights and impact on the UK economy](#)
- <sup>12</sup> [Coronavirus grant funding: local authority payments to small and medium businesses - GOV.UK \(www.gov.uk\)](#)
- <sup>13</sup> Public Health England. (2020). Wider Impacts of COVID-19; Health needs assessment intelligence pack for local health partners. PHE Power BI Covid-19 situational Explorer tool. <https://app.powerbi.com/view?r=eyJrJoiZmFjNmVkNmItOWYzOS00MDU5LTk1YjgtMDUyYWQ3Mzg3NTQ5liwidCI6ImVINGUxNDk5LTRhMzUtNGlyZS1hZDQ3LTVmM2NmOWRIODY2NiIsImMiOjh9>.
- <sup>14</sup> Local real time suicide surveillance data from across Cheshire and Merseyside. Not shared publicly.
- <sup>15</sup> Impact on mental health across the life-course. (Adapted from Hertfordshire County Council). [Public mental health and wellbeing and COVID-19 | Local Government Association](#)
- <sup>16</sup> Barnados. (2020). Generation lockdown: a third of children and young people experience increased mental health difficulties. <https://www.barnados.org.uk/news/generation-lockdown-third-children-and-young-people-experience-increased-mental-health>
- <sup>17</sup> Dahlgren G, Whitehead M. (1991). Policies and Strategies to Promote Social Equity in Health. Stockholm: Institute for the Futures Studies. <https://escr.ukri.org/about-us/50-years-of-escr/50-achievements/the-dahlgren-whitehead-rainbow/>
- <sup>18</sup> Ofsted. (2020). COVID-19 isolation having detrimental impact on children’s education and welfare, particularly the most vulnerable. Gov UK. [https://www.gov.uk/government/news/covid-19-isolation-having-detrimental-impact-on-childrens-education-and-welfare-particularly-the-most-vulnerable?utm\\_source=f73ecd6b-f299-47db-888a-17fbaaff7d0&utm\\_medium=email&utm\\_campaign=govuk-notifications&utm\\_conte](https://www.gov.uk/government/news/covid-19-isolation-having-detrimental-impact-on-childrens-education-and-welfare-particularly-the-most-vulnerable?utm_source=f73ecd6b-f299-47db-888a-17fbaaff7d0&utm_medium=email&utm_campaign=govuk-notifications&utm_conte)

- <sup>19</sup> Public Health England. (2021) Public Health Profiles.  
<https://fingertips.phe.org.uk>
- <sup>20</sup> Sport England. (2021). Active Lives Children and Young People Survey Coronavirus (Covid-19) Report. Mid-May-late July 2020.  
[Active Lives | Sport England](#)
- <sup>21</sup> Department of Education. (2021) Attendance in education and early years settings during the coronavirus (COVID-19) outbreak - GOV.UK ([www.gov.uk](http://www.gov.uk))
- <sup>22</sup> Knowsley MBC. Number of pupils eligible for Free School Meals. Local data.
- <sup>23</sup> Department for Education. (2021). Holiday activities and food programme 2021. Gov UK. [Online] December 2020.  
<https://www.gov.uk/government/publications/holiday-activities-and-food-programme/holiday-activities-and-food-programme-2021>
- <sup>24</sup> CACI Paycheck report – Knowsley.  
[Demographic Data | CACI](#)
- <sup>25</sup> ONS: [Understanding the business impacts of local and national restrictions: February 2021](#)
- <sup>26</sup> Department of Health and Social Care (2021). Joint Committee on Vaccination and Immunisation: advice on priority groups for COVID-19 vaccination, 30 December 2020.  
<https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-30-december-2020/joint-committee-on-vaccination-and-immunisation-advice-on-priority-groups-for-covid-19-vaccination-30-december-2020>
- <sup>27</sup> Royal Society of Public Health (2020). Public attitudes to a COVID-19 vaccine.  
<https://www.rsph.org.uk/our-work/policy/vaccinations/public-attitudes-to-a-covid-19-vaccine.html>



You can also request this information in other formats.  
Please phone Customer Services on **(0151) 443 4031**  
or email **[customerservices@knowsley.gov.uk](mailto:customerservices@knowsley.gov.uk)**

