COVID-19 Health Impact Assessment (HIA)

A summary on the direct and indirect impacts of the COVID-19 pandemic in the City of Westminster following the first wave in 2020.

City of Westminster

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Foreword

Public Health has been at the forefront of local, national and international news in the last year and the COVID-19 pandemic has changed all of our lives. This report shares some of what we know about the impact of COVID-19 on the health and wellbeing of local residents and communities following the first wave of the pandemic.

The devastating effects of the pandemic have been felt by everyone from all walks of life. I would like to express my deepest sympathy to every one of our residents who has suffered. Be it through falling ill themselves, losing a loved one, losing employment or wellbeing impacted by many months of restrictions on our daily lives.

One of the most important things that the public health system can do is to highlight problems that affect the health of disadvantaged population groups, so that we collectively repurpose our efforts from treating ill health to dealing with the causes, and collaborating on prevention and solutions to stop them arising in the first place.

In this Health Impact Assessment, we highlight what data and community intelligence shows as the impact on residents in the borough, and set out commitments to work together to bring about recovery and lasting change.

Our health is determined by our age where we live, learn, work, study and play. To address the impacts of COVID-19, we need to take action on these wider determinants of health and focus more intensively on those with the greatest needs. Professor Sir Michael Marmot articulated why it is so important for public health to focus our attention on reducing health inequalities when asking: 'What good does it do to treat people and send them back to the conditions that made them sick?'

Recovery will take time and this report provides the basis of a useful resource to help galvanise our collective focus for addressing the challenges ahead.

Russell Styles
Interim Director of Public Health

Introduction

This Health Impact Assessment (HIA) provides a snapshot of what local and national evidence tells us about the direct, and indirect, impacts of the first wave of COVID-19 (approximately March-September 2020) on the health and wellbeing of residents in Westminster.

The report considers the impact of COVID-19 on a range of characteristics as well as certain population groups and people with a particular health condition. For the purposes of this summary these have been summarised into the following chapters:

- **Health and wellbeing**
- **Protected characteristics**
- **Wider determinants of health**
- **Inclusion health**
- **Healthy lifestyles**

Of course, people do not will fall neatly into one protected characteristic or another and will have many of the attributes considered in this report.

We remain committed to building our understanding of the local impact of COVID-19, through continued engagement with residents and communities, and analysis of data remains ongoing.

Background

Life expectancy is one of the key measures of health inequalities. Many of our residents live long lives, with some of the longest life expectancy in the country. However, there is also significant variation in life expectancy within the borough. This map shows that as you travel across Westminster, the life expectancy for residents fluctuates, depending on where you live. This reflects the variation in health between the most and least deprived parts of our borough.

Health inequalities existed before COVID-19. For example, the life expectancy of a baby born in Queen's Park is 78.2 years, compared to a baby boy born in Abbey Road where life expectancy is 86.8 years.

COVID-19 has exposed and exacerbated existing inequalities.

Source: Public Health England (PHE) Fingertips, 2013-17

How has COVID-19 impacted on health and wellbeing?

COVID-19 has impacted all aspects of life. The table below highlights some of these impacts and the initial horizon scanning which informed the scoped of the analysis.

Direct impacts on health	Indirect impacts on health	Economic impact	Early Years, Development and Education	Social and cultural impact	Environment/ Travel/ Air Quality	Workforce/Key Workers	Services	Inequalities
Cases of COVID-19. Deaths from COVID-19. Long Covid.	Impact on mortality and morbidity from other causes. Impact on mental health and wellbeing e.g. • Anxiety and fear • Isolation and loneliness • Bereavement • Concerns of job/financial security • Suicide • Stigma Impact on healthy lifestyles and behaviours e.g. • Alcohol/drug misuse • Smoking • Physical activity • Sedentary behaviour and screen time • Healthy eating • Gambling • STIs • Unintended pregnancies Impact on uptake of childhood immunisations/vaccinations and screening programmes.	Increase in unemployment. Increase in benefits claimants. Loss of income/ financial insecurity. Increase in use of food banks/ food poverty. Impact on local businesses (applications for grants). Longer term economic consequences. Impact on housing and homelessness.	Children's mental health and wellbeing/ Anxieties. Impact of children's education, development delays, supported vulnerable children including SEND. Decline in uptake of Early Years offer. Risk of abuse and criminal exploitation as children not in school.	Initial reduction in crime levels during first lockdown/ gangs adapting to new ways to make money. Significant increase in antisocial behaviour reporting (largely non-compliance with social distancing). Impact on family relationships. Increase in domestic violence.	Reduction in air pollution - NO2 concentrations during first lockdown. Reduction in road traffic. Changes in active travel/ walking and cycling (see also indirect impacts). Impact on noise complaints.	Staffing levels in health and care. Staff wellbeing.	Impact on Public Health commissioned services. Use of health services (e.g. GPs, A&E). Emergency admissions e.g. diabetes. Cancelled appointments and procedures. Reduction in uptake of cancer screening services. Reduction in face to face services e.g. Health visiting.	Digital exclusion. Increasing inequalities in shielded families.

Chapter 1:
Health and Wellbeing

This chapter focuses on the implications of COVID-19 of certain conditions and aspects of health and wellbeing

Cancer

What we know

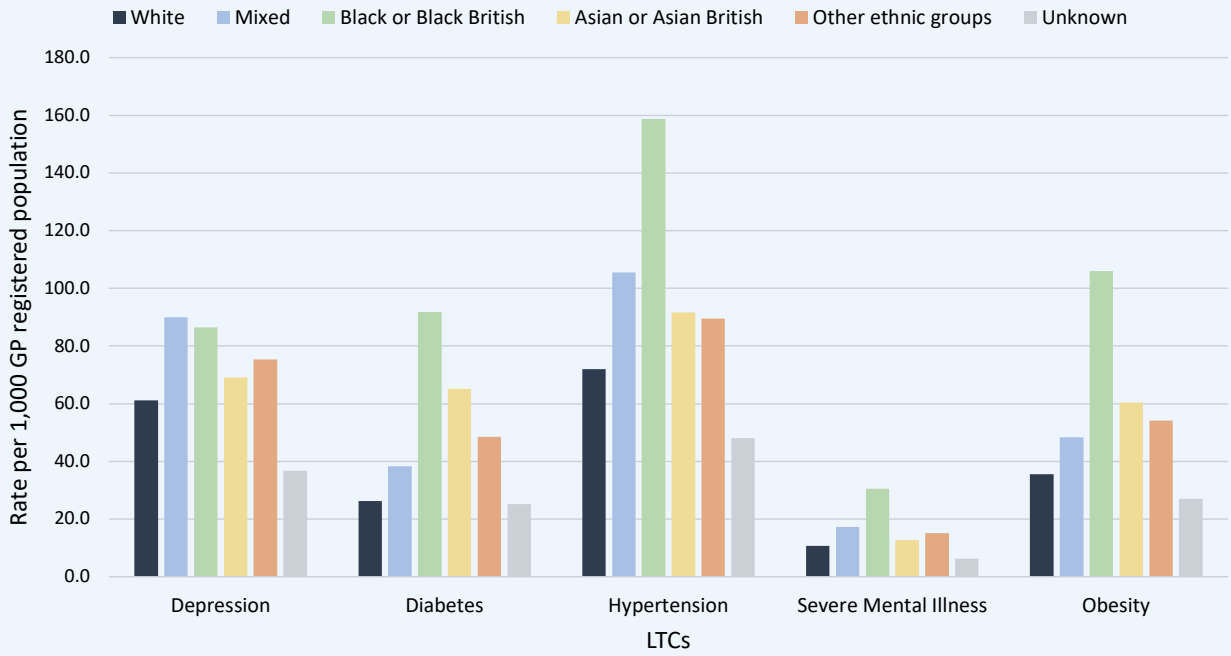
- We know nationally that people with cancer are more at risk from COVID-19 *(Public Health England (PHE), 2020)*
- During the first wave of the pandemic, cancer screening services were paused across England. Patients with suspected cancer may not be accessing services that they desperately need, with national evidence that urgent referrals have dropped, although these have picked up again more recently
- For those with cancer, the pandemic has restricted access to essential services and support.
- Locally, bowel, cervical and breast cancer screening rates in the borough are some of the worst in London and in the country. For example, only just over half (54%) of women registered with the Clinical Commissioning Group (CCG) attend breast screening within 6 months of receiving an invitation (70% across England) *(PHE Fingertips,2019/20)*. However, despite these low screening rates, cancer outcomes are among the best in the country *(PHE, 2017-19)*

Long Term Conditions

What we know:

- People with certain conditions such as diabetes or respiratory disease are more at risk from COVID-19. The majority of people dying from COVID-19 in the borough had an underlying health condition (89%)
- 41% of local GP registered patients, aged 16 and above, in Westminster have at least one long-standing health condition.
- National research shows that people with a long-term health condition are more likely to have experienced a negative impact on mental health and wellbeing as a result of COVID-19 *(ONS, 2020)*
- National evidence indicates increased risk of exacerbation of long-term conditions as routine management of conditions is interrupted with lockdown measures.
- Around 4% of patients registered with local GPs have diabetes, lower than the London (6.8%) and England (7.1%) average. Prevalence of Chronic Obstructive Pulmonary Disease (COPD) is below the England average at 0.9% (England is 1.9%). However, there is variation across wards in the borough, for example diabetes prevalence is around 9% in Church Street. *(PHE Fingertips 2019/20; JSNA Ward Health Profiles 2019)*.

Westminster: Rate of specific Long-Term Conditions (LTCs) per 1,000 population by ethnic group



Patients with type 2 diabetes in Central London CCG (GP practices in Westminster minus Queens Park and Paddington)

White

Minority ethnic

Source: National Diabetes Audit, 2018/19

Mental health and wellbeing

What we know:

- Westminster as a whole has a **higher estimated prevalence** of common mental health disorders in 16+ year olds (18.7%) and in over 65s (11.6%) compared to the England average (16.9% and 10.2% respectively). For 65+ year olds this is also higher than the London average (11.3%). However, for 16+ year olds this is lower than the London average (19.3%) *(PHE Fingertips 2017)*.
- Nationally, we know that there is an association between poor mental health and deprivation *(PHE Mental Health JSNA Toolkit, 2019)*
- The Westminster City Survey in 2020 found that **46% of residents were concerned about their mental health** and wellbeing. Women and older residents were more likely to be concerned, as were those who were unemployed. Residents who identified themselves as being from a mixed ethnic background were more likely to be concerned about their mental health and wellbeing.
- Local community intelligence has highlighted **concerns around the negative impact on mental health and wellbeing**, including isolation and loneliness, anxiety and stress, fear and stigma, suicide and bereavement.
- It is likely that certain groups of people will be particularly affected e.g. young adults, women, people with lower education or income, people living alone, and adults with long term conditions or disabilities.

Dementia

What we know:

- Dementia, including Alzheimer's Disease is the most common pre-existing health condition amongst people dying of COVID-19 in England and Wales *(PHE, 2020)*.
- Locally, 17% of death certificates for Westminster residents which mentioned COVID-19, also mentioned Dementia or Alzheimer's Disease *(NHS Digital, PCMD 2020).*
- It is estimated that around **1,271** people over the age of 65 are living with dementia in Westminster in 2020.
- People living with dementia and their carers have reported negative impact on their mental health and wellbeing; increased sense of isolation and loneliness; and reduced access to services and support groups or activities *(Alzheimers Society, 2020)*.

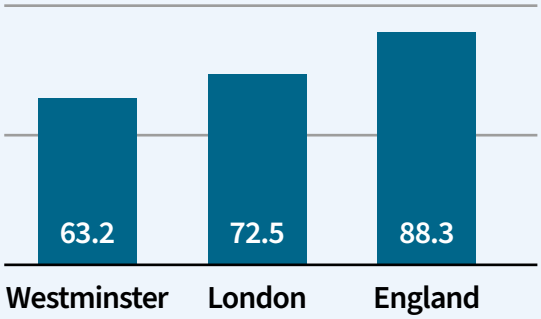
Prevalence of severe mental illness

1.3%
GP practices in Central London CCG

0.9%
London

Source: Quality and Outcomes Framework (QOF), NHS Digital, 2019/20

Hospital admissions for mental health conditions for 0-17 year olds per 100,000 population 2018/19



Source: Hospital Episode Statistics, 2018/19

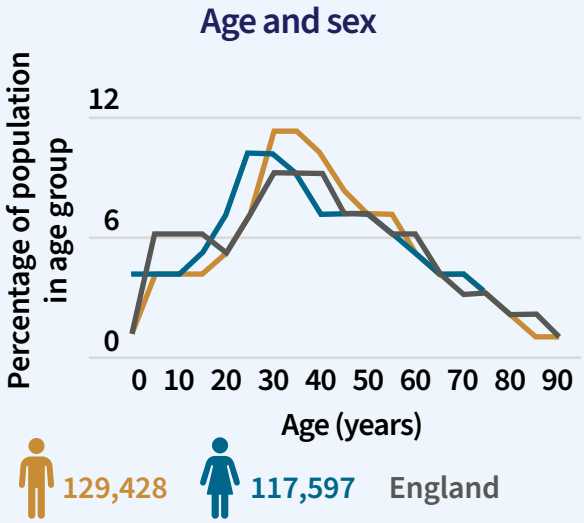
Chapter 2:
Protected Characteristics

This chapter focuses on the implications of COVID-19 on the protected characteristics as defined by the Equality Act 2010.

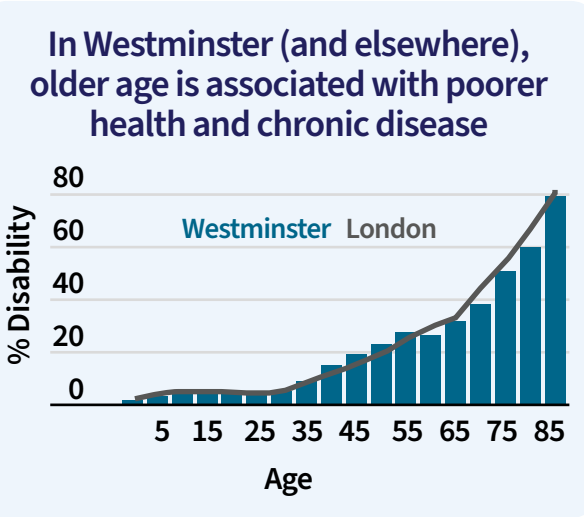
Age

What we know – Older People

- There are around **33,000** residents aged 65+ in Westminster (around 13% of the total population).
- Local analysis has identified that **85%** of the residents who have died from COVID-19 were aged 65+. *(NHS Digital, PCMD 2020)*
- Care homes have been particularly affected. By the end of August 2020 around 15% of COVID registered deaths in Westminster were among care home residents *(ONS, 2020)*.
- From March to July, around **40%** of Westminster residents who tested positive for COVID were aged 65+ *(ONS, 2020)*
- National research by the Office for National Statistic has shown that older people have been more anxious, stressed, and worried about the future since the pandemic *(ONS, 2020)*.
- National evidence shows that most cases of coinfection of flu and COVID-19 were among older people, and more than half of them died *(Stowe et al, 2020)*. Locally, flu vaccine rates in autumn 2020 were good amongst older people but there is an opportunity to improve uptake further among social care staff.



Source: Populations projections for 2021, based on GLA 2018 SHLAA



Source: ONS, Census 2011

Age

What we know – Children and Young People:

- There are around **41,000** children and young people aged 0 – 19 years living in Westminster (around 17% of the population).
- National research has shown a negative impact on the uptake of childhood immunisations during the first lockdown *(Jones et al, 2020)*. Immunisation rates are already among the lowest in London and England.
- Nationally, vulnerable children are likely to be at increased risk of domestic abuse as a result of the first lockdown and reduced access to services and support *(Jones et al, 2020)*.
- There is potential for a significant longer-term impact on children and young people with disruption to education and disproportionate impact of unemployment on young people.

Marriage and civil partnership

30% married, civil partnership or cohabiting

22% of Westminster residents are married or in a civil partnership and 8% is cohabiting.

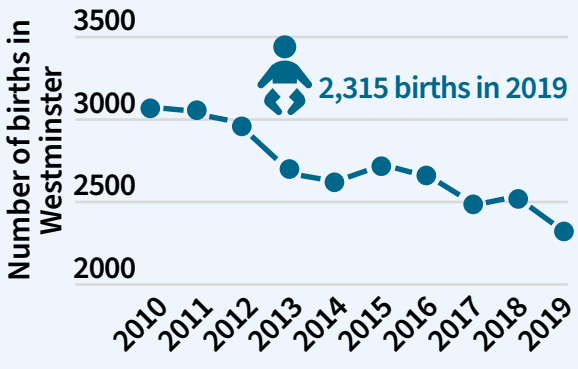
Source: ONS, Census 2011

Pregnancy and maternity

What we know:

- In 2019 there were **2,315** live births in Westminster *(ONS, 2020)*.
- Locally, early community intelligence suggests that pregnant women and new mums reported being very anxious about giving birth in hospital, or being at home with a newborn with no-one visiting to help. This may increase the potential for social isolation.
- According to national research 10-20% of new mothers suffer from mental health issues (LSE & Centre for Mental Health, 2014)
- The first 1,000 days of life are critical to life and health outcomes. During the lockdown Early Years education and support was reduced
- Flu vaccine uptake is lower in Black pregnant women (only 19%) in comparison to other ethnic groups *(WSIC, 2020)*
- National research *(Knight et al, 2020)* reported that more than half of pregnant women (56%) admitted to hospital with COVID-19 between 1st March and 14th April 2020 were from Black, Asian or other ethnic minority groups (Black 22%; Asian 25%; Chinese/other 7%; Mixed 2%).

Pregnancy and maternity

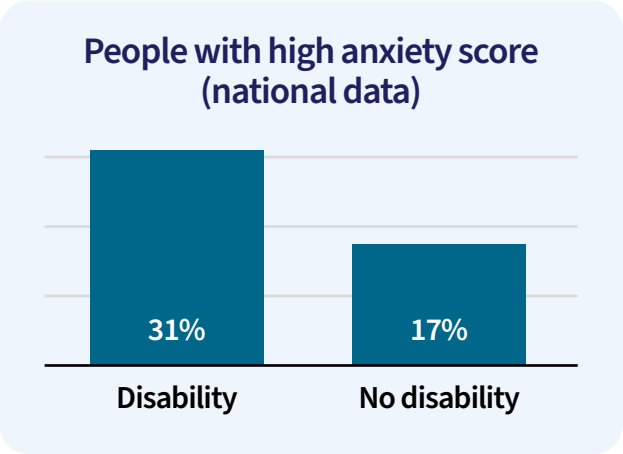


Source: ONS Live Births data, 2020

Disability

What we know:

- An estimated 3,596 adults (18+) have severe hearing loss, and 3,027 adults have a visual impairment *(POPPI, estimate applied to local population)*.
- Around 8,427 adults (aged 18-64) have impaired mobility *(ONS, Census 2011)*.
- National research has shown that disabled adults are already more likely to report poor mental wellbeing.
- ONS research found that disabled adults were more likely (45 per cent) to report being very worried about the effects of COVID-19 than non-disabled adults (30 per cent) in the early part of lockdown. They were also more likely to report spending too much time alone *(ONS, 2020)*

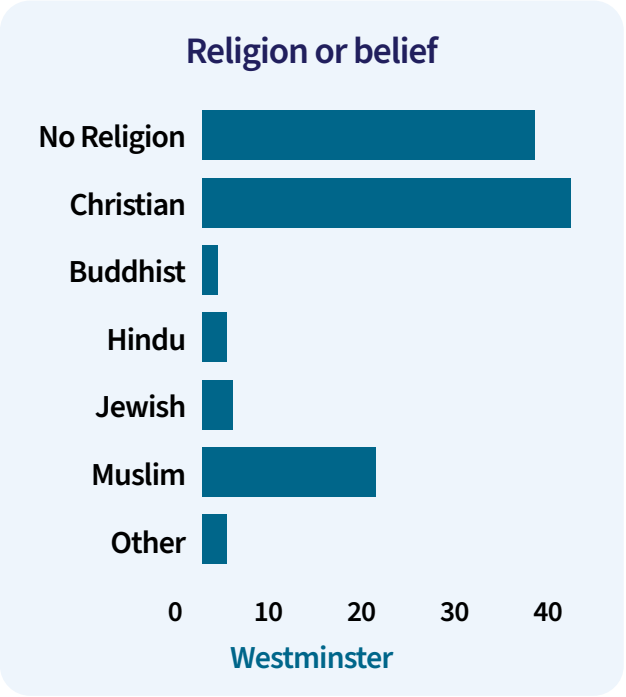


Source: ONS Personal wellbeing and protected characteristics, 2013-15

Religion

What we know:

- Over a third of local residents (35%) report as having no religion with the main reported religion being Christianity at about 39%. However, this is not true of all wards across Westminster. 18% of Westminster residents are Muslim, 3% are Jewish, and 2% are Hindu.
- During lockdown, social isolation and loneliness for vulnerable individuals who engage in regular organised faith bases activities, such as Fridays Prayers at the Mosque, and Sunday Church Services, has been reported.
- Faith organisations have formed a crucial part of the COVID-19 response, supporting vulnerable and shielding groups with food and other essentials, disseminating information and advice, and supporting many residents.

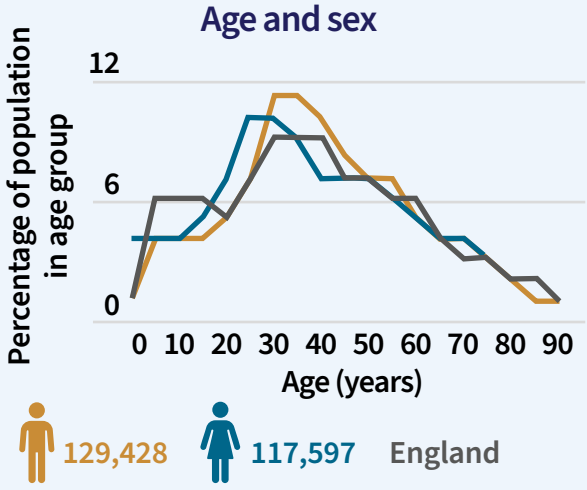


Source: GLA, 2018 population projections

Sex

What we know

- Nationally, almost **60%** of COVID-19 deaths were men, despite accounting for **46%** of cases. In the 45 - 84 years age groups, deaths were significantly higher in males than females. It is not yet fully understood what drives the difference between men and women, and could be down to differences in risk of acquiring the infection, in accessing healthcare and diagnosis, or biological and immune response *(PHE, 2020)*.
- Locally, between March and July 2020 60% of COVID-19 deaths were men with an even gender split in those testing positive.



Westminster has a large working age population and relatively few children.

Source: Populations projections for 2021, based on GLA 2018 SHLAA

Gender identity

What we know

- There is no data showing the number of transgender people living in the UK, although a 2017 LGBTQ+ survey showed that 13% of respondents were transgender *(Government Equalities Office, 2018)*.
- There were 370 applications for gender recognition certificates in 2018/19. This has remained relatively stable over the last 3 years. Further national and local measures are in development, including as part of the 2021 Census *(Ministry of Justice, 2019)*
- There is little evidence on how COVID-19 and lockdown has affected the transgender community.

Sexual orientation

What we know

- 2.8% of the population in London identified themselves as lesbian, gay, or bisexual in 2018, the highest proportion of any English region *(ONS, 2020)*. This could be explained by the younger age structure or the diversity of the population of London.
- There is no data on COVID-19 by sexual orientation.
- There may be an increased risk of LGBTQ+ people feeling lonely due to lockdown. A national survey found that 27% of respondents reported that increased isolation was one of their top concerns during the pandemic *(LGBT Foundation, 2020)*. Westminster, and in particular Soho, plays a critical role for LGBTQ+ people to meet and be part of their community.
- Many LGBTQ+ people have had to spend lockdown in hostile households, with 8% of national survey respondents reporting that do not feel safe where they are staying *(LGBT Foundation, 2000)*
- National research shows that LGBTQ+ residents are already more likely to face poorer health outcomes and may be impacted disproportionately by COVID-19. For example, 18% of national survey respondents were concerned that the pandemic may lead to substance or alcohol misuse *(LGBT Foundation, 2020)*

LGBTQ+ groups are more likely to experience poor mental health and to self-harm.

For example the risk of depression and anxiety is 1.5 times higher and suicide attempts are twice as high as in heterosexual people according to national research.

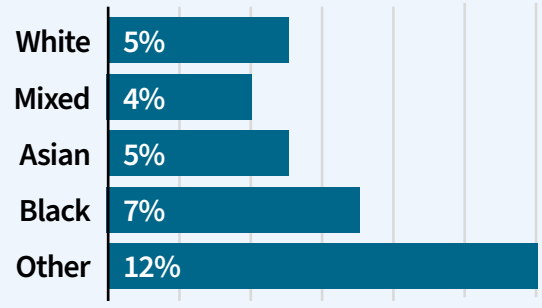
Source: King et al, 2008

Race and ethnicity

What we know:

- Westminster is an ethnically diverse borough, with Church Street, Queen's Park and Westbourne being the most diverse.
- Other than English, the **main languages spoken** in our borough are Arabic (6%), French (3%). Spanish (2%), Italian (2%) and Portuguese (2%). Church Street, Hyde Park and Lancaster Gate have the highest proportion of residents from whom English is not their main language. In all three of these wards Arabic was the second most common language, with French third in Lancaster Gate and Hyde Park and Bengali in Church Street.

Ethnicity (Source: GLA ethnic group housing led population projections for 2021)	% of population
White British	29%
White Irish	2%
Other White	30%
White & Black Caribbean	1%
White & Black African	1%
White & Asian	2%
Other Mixed	2%
Indian	3%
Pakistani	1%
Bangladeshi	2%
Chinese	2%
Other Asian	5%
Black African	4%
Black Caribbean	1%
Other Black	1%
Arab	9%
Other Ethnic Group	4%



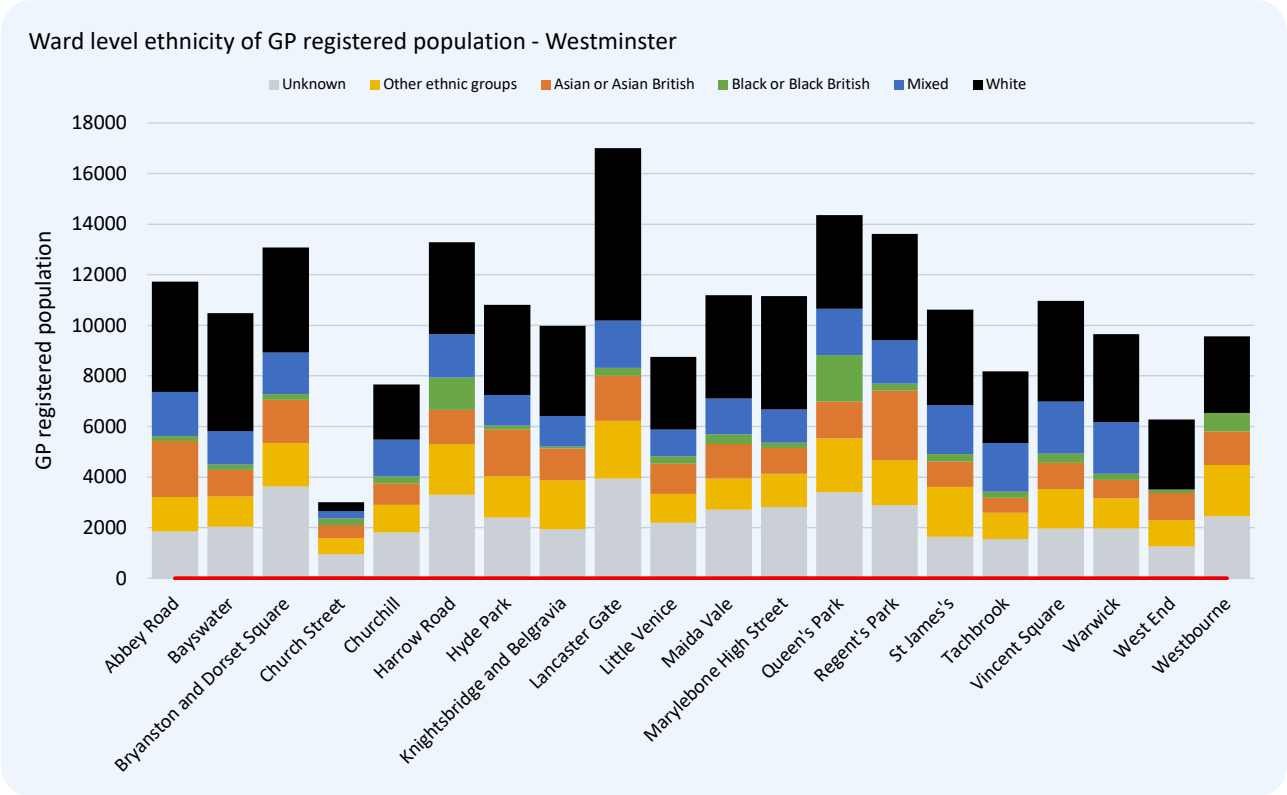
% Bad or very bad general health

People in Westminster who reported ethnicity as Black or Other in the 2011 Census are more likely to report that their overall health is bad or very bad.

Source: Census 2011

- In Westminster the **prevalence of depression, diabetes, hypertension obesity and Severe Mental Illness (SMI)** in the GP population is, overall, higher amongst people who identify themselves as being from a Black, Asian or minority ethnic background compared to residents of white ethnic background. Asian and Asian British residents are shown to have similar rates of SMI as residents of white ethnic background (WSIC DID, 2020).
- National evidence demonstrates that there has been a disproportionate impact of COVID-19 on people who identify themselves as being from a Black, Asian or minority ethnic background. People from a Black ethnic background were most likely to be diagnosed with COVID-19 and people of Bangladeshi ethnicity had around twice the risk of death than people of white British ethnicity *(PHE, 2020)*.
- Overcrowding is an issue which disproportionately affects households where people live who identify themselves as being from a Black, Asian or minority ethnic background. Overcrowding can make it more difficult to effectively self-isolate *(Ministry of Housing, Communities and Local Government, 2020)*.
- The 2020 Westminster City Survey shows that Black African residents were more likely to be concerned by COVID-19 than other ethnic groups.
- Initial analysis of local registered deaths data between March and July 2020 reveals that there has been a higher rate of deaths (both COVID-19 and non-COVID-19) among people who identify themselves as being from a Black, Asian or minority ethnic background, when compared to last year. This conclusion should be treated with some caution due to the relatively small numbers of people who have sadly died. Further analysis of cause of death will be undertaken in 2021 to better understand any differences.
- National research has shown, people who identify themselves as being from a Black, Asian or minority ethnic background are more likely to work in occupations with higher risk of COVID-19 exposure *(PHE, 2020)*.

Based on 2011 Census data the **GLA Detailed Ethnicity Ward Tool** allows you to explore London's multicultural population by viewing where people of different ethnicity live.



Source: WSIC, 2020

COVID-19: Assertive Outreach Research Report
Perspectives from People from Ethnic Minority Communities in North Westminster

September 7, 2020

SWIM ENTERPRISES

Queen Mary University of London

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Research focused on Black, Asian and minority ethnic communities in North Westminster, conducted by Support When It Matters (SWIM) Enterprise, identified that 62% were reluctant to vaccinate and only 44% would use Track and Trace. Only 38% of respondents stated that they would have a vaccination against COVID-19.

Chapter 3:
Wider Determinants of Health

While health services are vital, our health is determined by where we live, learn, work, study, play and age.

Employment

What we know:

- The number of people claiming out-of-work benefits from January to August 2020 more than doubled in Westminster (from 3785 to 9905) *(NOMIS, 2020)*.
- Young people aged under 25, women, and low earners are more likely to work in sectors most affected by lockdowns *(Adams-Prassl et al, 2020)*.
- It has been estimated that 1.1 million more people across the UK could face poverty at the end of 2020 as a result of the pandemic *(IPPR, 2020)*.
- Already disadvantaged groups will be more vulnerable to the long-term socioeconomic impacts of COVID-19.

Tenure and overcrowding

What we know:

- 10.9% of households in Westminster were overcrowded at the time of the 2011 Census.
- The proportion of over 70s in a local authority who share a household with people of working age is confirmed to be a significant factor in the variation of the number of COVID-19 cases in England *(New Policy Institute, 2020)*.
- National research shows that poor housing conditions can lead to increased risk of cardiovascular disease, respiratory disease, depression and anxiety which can lead to worse outcomes if a person become infected with COVID-19 *(Health Foundation, 2020)*.
- Risk of homelessness is likely to increase nationally due to economic downturn following the pandemic, resulting in job losses, financial insecurity, and rising personal debt levels.

Domestic violence

What we know:

- Domestic abuse is a wide-spread issue and can affect anyone, however, women and girls are disproportionately affected *(ONS, 2020)*.
- Approximately 30% of women will experience domestic abuse at some point in her lifetime. This would equate to around 32,263 women in Westminster.
- Nationally, there has been an increase in demand for services, while from March to May 2020 there was a 42% reduction in the number of refuge vacancies added to the UK wide Routes to Support database compared with 2019 *(Women's Aid, 2020)*.
- This increase started to be seen towards the end of last year in Westminster with 390 referrals to local services between July and September 2020, the highest level in five years.

Environment

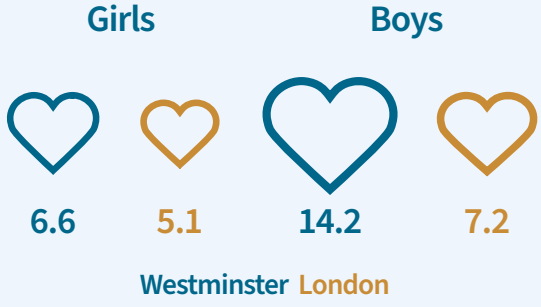
What we know:

- The introduction of measures to tackle the spread of the virus saw a dramatic reduction in traffic levels and air pollution, particularly in NO2 concentration in the borough.

Deprivation

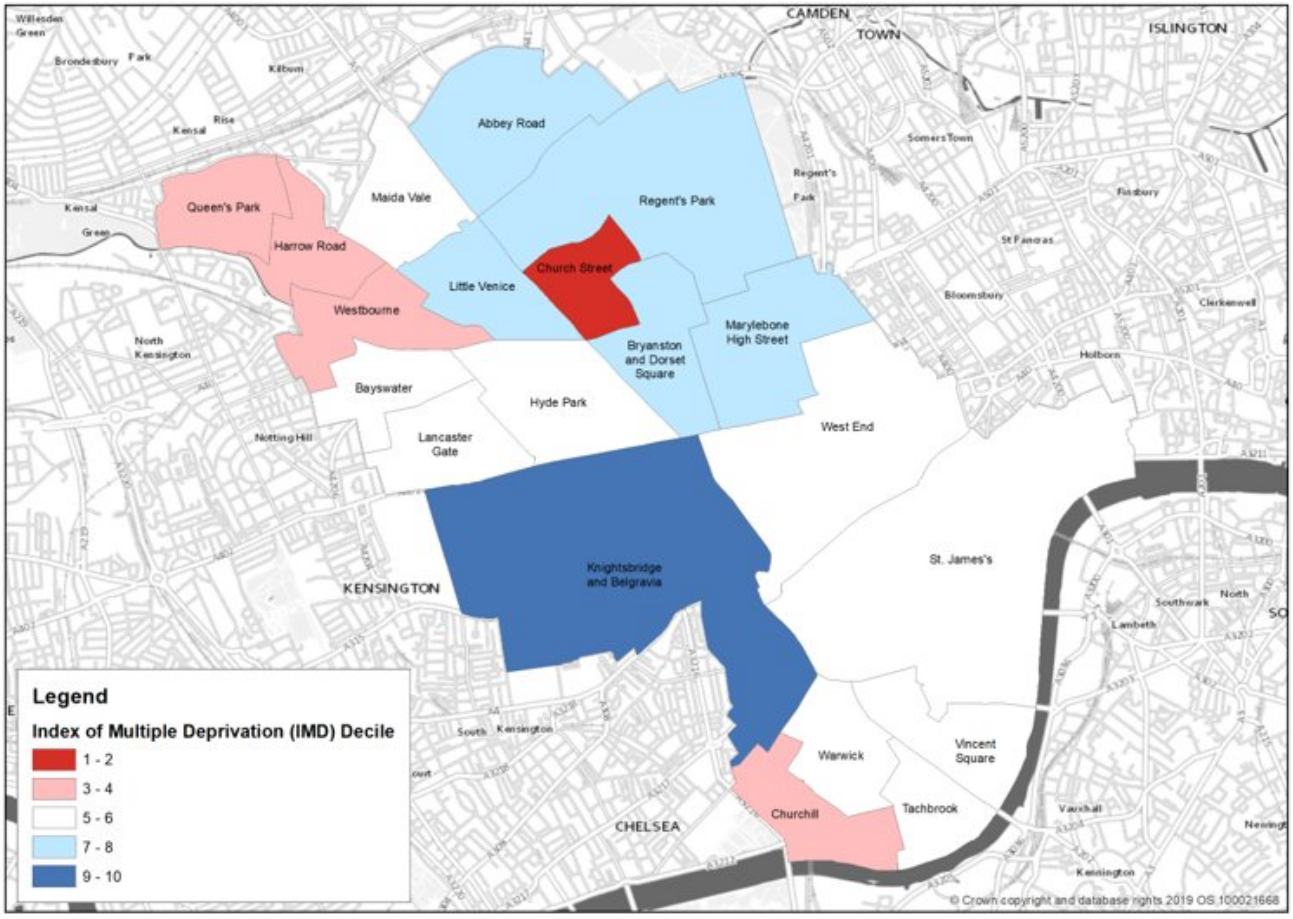
What we know:

- Health inequalities exist between the most deprived and least deprived areas with those living in the most deprived areas generally having poorer health and a reduced life expectancy *(Marmot M, 2010)*.
- Many of our residents live long lives, with some of the longest life expectancy in the country however, variation exists and the gap in life expectancy has increased *(PHE Fingertips, 2020)*.
- National research has indicated that COVID-19 has had a disproportionate impact on people living in more deprived areas. This has been reflected locally, as is demonstrated in the maps below.
- Between 1st March and 31st July 2020 35% of deaths from all causes in Westminster and 42% of COVID-19 deaths occurred in the 20% most deprived areas. This is in contrast to 31% of deaths from all causes during the same period in 2019. The increased percentage of deaths occurring in the 20% most deprived areas is likely to be driven by COVID-19 deaths. Further analysis of cause of death will be undertaken in 2021 to better understand any differences.



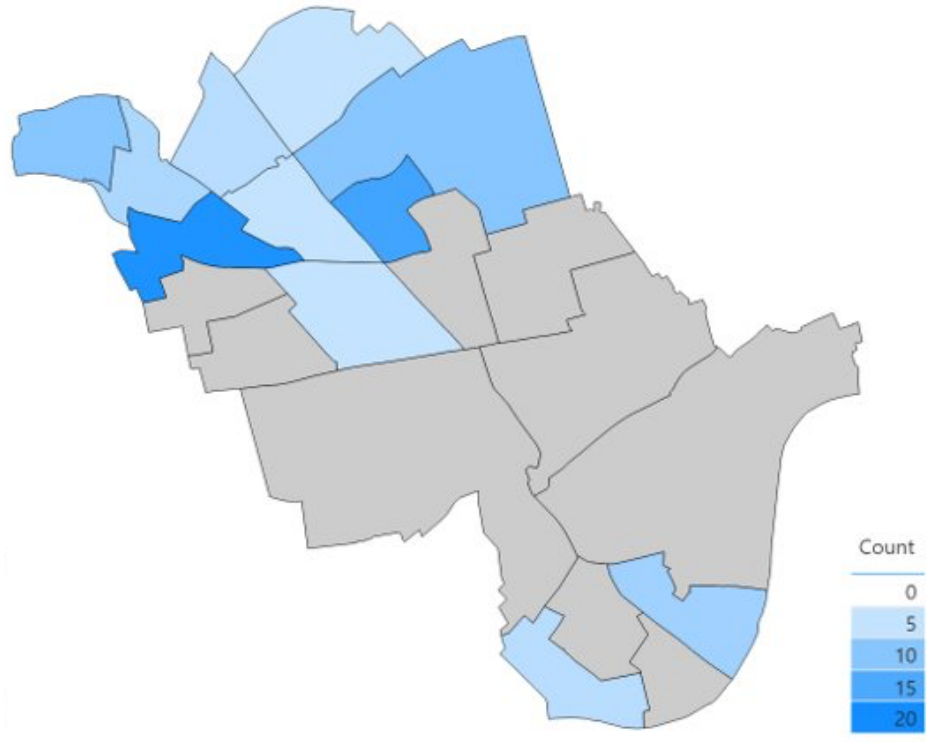
A baby boy born in the most deprived areas of Westminster is expected to die 14 years sooner than a boy born in the least deprived areas. The gap in life expectancy in Westminster has increased slightly for women (stable for men). The London average has remained stable for both sexes.

Source: PHE Fingertips, 2017-19



Source: Ministry of Housing, Communities and Local Government, 2019

COVID-19 deaths by Ward (data suppressed where <5)



Chapter 4: **Inclusion Health**

People who are socially excluded tend to have poor health outcomes, putting them at the extreme end of health inequalities

Homeless and rough sleepers

What we know:

- Homelessness is defined as not having a home available and reasonable to occupy. This includes sleeping rough, but also staying in temporary or insecure accommodation.
- From the Westminster rough sleeping count conducted on 20 Aug 2020, 266 people were seen on the street (up from 228 in July 2020)
- Research by Public Health England tells us that COVID-19 severity is associated with pre-existing health conditions including cardiovascular diseases, diabetes, respiratory diseases and cancer *(PHE, 2020)*. These diseases are common among homeless people.
- Homeless people have a lack of access to basic facilities that would enable the person to reduce their risk to COVID-19 e.g. by self-isolating or washing their hands *(Clair A, 2020)*.
- Nationally, we know that homelessness increases the risk of poor mental health and wellbeing, including self-harm, drug and alcohol misuse *(Rough Sleepers JSNA, 2013)*
- The risk of homelessness is likely to increase nationally if there is an economic downturn following the pandemic due to job losses, financial insecurity, and rising personal debt levels *(Clair A, 2020)*.

Refugees and migrants

What we know:

- Internationally, refugees and vulnerable migrants could be at heightened risk of adverse impacts from COVID-19 and lockdown measures due to their ethnicity, pre-existing conditions, poor mental health and wellbeing, lack of knowledge of the healthcare system and support networks, language barriers, and lack of access to technology *(Kluge H et al, 2020)*
- Medium and longer term economic impacts of COVID-19 will likely have a disproportionate impact on refugees and migrants.

Homeless people and rough sleeping

5 households per 1000 are homeless in Westminster

Homeless people experience poorer levels of general physical and mental health than the general population, and are more likely to have multiple and complex health needs. Life expectancy for rough sleepers is around 30 years shorter than the general population in the UK. Nationally, the homeless population use about four times more acute hospital services, and seven times more A&E services than the general population. Rough sleepers face structural and attitudinal barriers to accessing healthcare.

Source: Rough sleepers – health and healthcare JSNA, 2013

Carers

What we know

- The 2011 Census reported 3,426 unpaid carers providing 50+ hours of unpaid care per week in Westminster.
- Nationally, 70% of unpaid carers in the UK are having to provide more care for their loved ones during the coronavirus outbreak *(CarersUK, 2020)*.
- There has also been an impact on carers mental health and wellbeing, and they are at risk of 'burnout' and increased sense of isolation *(CarersUK, 2020)*.
- Nationally, long term pressures of COVID-19 could lead to delays in carers receiving the support they need.

Travelling community

What we know:

- Nationally, we know that the health status of Gypsies and Travellers is much poorer than that of the general population *(Parry G et al, 2007)*.
- Poor access to, and uptake of, health services is a major factor in Gypsy and Traveller health *(UK Parliamentary Report, 2019)*.
- At the time of the 2011 Census there were 76 people in Westminster who identified as Gypsy or Irish Traveller, 0.03% of the local population.
- Travellers may face significant financial insecurity and poverty as likely to be self-employed, and lower paid. They are also less likely to have bank accounts and more reliant on cash *(Scottish Government, 2020)*.
- National research tells us travellers are more likely to have a long-term condition which could impact on their risk of and outcomes from COVID-19 (42% compared to 18% of population) *(UK Parliamentary Report, 2019)*.

Drug and alcohol

What we know:

- Nationally, drinking habits have changed as a result of COVID-19 and lockdown. Around 1 in 5 people are drinking more *(Alcohol Change UK, 2020)*. However, there is some local evidence that service users are reducing alcohol or drug use.
- In 2017/18 there were an estimated 2,038 dependent drinkers in Westminster not in treatment.
- Based on national research of risk factors for COVID-19 there could be an increased risk among people who use drugs due to higher levels of comorbidity. Sharing drug using equipment may also increase the risk of infection.
- Local services are reporting that COVID-19 and lockdown measures are having negative impact on mental health and wellbeing, and an increase in sense of isolation among service users.

Chapter 5:
Healthy lifestyles

Lockdown is likely to have impacted on people's activity levels and on eating habits. It is recognised that obesity is a risk factor not just for COVID-19 but also for other severe illness.

Smoking

- National research suggests that many smokers have taken the opportunity to reduce (36%) or quit (2%) during lockdown *(YouGov/ASH, 2020)*.
- While data on smoking quit rates in the borough during the pandemic is not yet available, the One You service has been continuing to support residents to quit smoking and are expected to meet their 2020/21 targets. Prior to the pandemic the borough had the 5th highest smoking quit rates in the country.

Those in lower socio-economic groups are

3.5 times

more likely to smoke

Source: Public Health England

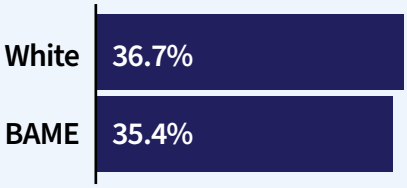
Healthy eating

- International evidence suggests lockdown has had a negative impact on health behaviour such as diet among children and adults. Obesity prevalence, which we know nationally is higher in deprived areas, may be impacted.

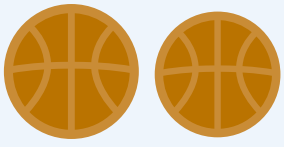
Physical activity and active travel

- Research in the first wave of the pandemic by the Office for National Statistics *(ONS, 2020)* suggested people were walking and cycling further during lockdown. However, locally, people reported not going out at all and not letting children out, with physical activity dropping completely for many residents.
- In the early weeks of lockdown the ONS reported an increase in the use of green spaces, with 53% of adults accessing green spaces in the week ending 7 June 2021.
- Nationally, older people report coping with lockdown through gardening and exercise *(ONS, 2020)*.
- Increased profile of physical activity and increased levels within some sections of the community.

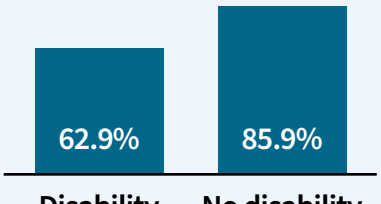
Regular sport participation (at least once per week)



Proportion inactive adults (less than 30 mins activity per week)



Sport participation (at least twice in last 28 days)



A survey with residents of Westminster has shown that men and those without disability are more likely to participate in sport or be active than other groups. There was no difference between people who identified themselves as being from a White ethnic group and people who identified themselves as being from a Black, Asian or minority ethnic background.

Sources: Active People Survey 2017/18; Physical activity and sport profiles, 2017; PHE Fingertips 2019/20

Proportion of children identified as obese as part of National Child Measurement Programme (three year average)		
Year	Westminster	England
Reception (age 4 to 5)	9.5%	9.7%
Year 6 (age 10 to 11)	24.7%	20.4%

Commitments

Westminster City Council is committed to focussing on groups with the greatest needs, continuing to consult residents on their health and wellbeing to direct our effort, and innovating by co-designing campaigns and actions to bring us closer to the communities we serve.

By working together, and focussing and committing to long term change, we can begin the journey of making significant in-roads to address the levels of inequality that are highlighted in this report.

Our commitments outlined below detail what we will do in the future to work together to bring about recovery and lasting change to achieve far greater health equity across all of our communities.

To make sure our work contributes to long term change Public Health will:

1. Focus attention on areas and communities with the greatest needs.

2. Ask residents about their health and wellbeing to direct our efforts.

3. Innovate by co-designing campaigns and actions to bring us closer to the communities we serve.

4. Invest £3m of our Public Health grant into local COVID-19 Recovery programmes to address health inequalities through action on the wider determinants of health.

5. The pandemic is far from over. The Public Health department will continue to monitor population health, with a greater focus on working with residents to improve our understanding of their needs, barriers and experiences. This is key to preventing ill health and identifying health disparities and emerging trends.