“A HEALTHIER FUTURE FOR ALL”: FINDINGS FROM THE COVID-19 IMPACT INQUIRY IN THE UNITED KINGDOM

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Summary: The COVID-19 pandemic has profoundly impacted people’s health and livelihoods in the United Kingdom. By mid-March 2021, the pandemic contributed to 119,000 excess deaths and in 2020 caused a 9.9% drop in GDP. This article summarises findings from the Health Foundation’s COVID-19 Impact Inquiry, published in July 2021. The analysis explores how people’s pandemic experiences were influenced by pre-existing health, and how actions taken in response to COVID-19 impacted on health. It highlights the unequal burdens carried by different population groups and regions across the United Kingdom and suggests areas for action to support a recovery which improves health and reduces inequalities.

Keywords: Public Health, Recovery, Inequalities, COVID-19, United Kingdom

Introduction
Across the world, the COVID-19 pandemic has profoundly affected people’s health and livelihoods. In the first year, the United Kingdom (UK) experienced the fourth highest excess mortality rate across 33 OECD countries with comparable data. Health Foundation analysis shows that there were 119,000 excess deaths by 13 March 2021. The economic impact from measures taken to control the virus meant that the UK experienced a 9.9% drop in Gross Domestic Product (GDP) compared to a 4.8% drop across all OECD countries.

The impact of the pandemic has been felt across all elements of life in the UK, but the experiences for different people have varied greatly. The measures taken to suppress the virus have affected people’s lives and livelihoods differently – with both immediate and longer-term consequences for people’s health in the UK.

Recovery from the pandemic is an opportunity to focus on reducing health inequalities and promoting better health outcomes. By taking action to address the harm caused by the pandemic, preventing longer term economic scarring effects and tackling pre-pandemic circumstances that led to worse outcomes, policymakers can build resilience in society for the longer term.
This article considers the headline findings from the Health Foundation’s COVID-19 impact inquiry report. The inquiry reported in July 2021 and gathered evidence to consider two key questions:

• how experiences of the pandemic were influenced by people’s existing health conditions and health inequalities; and
• the likely impact of the actions taken in response to the pandemic on people’s future health and health inequalities.

Patterns in COVID-19 mortality

The pandemic has had severe consequences on the health of people in the UK. As mentioned, in the first wave, the UK had the fourth highest rate of excess deaths out of 33 OECD countries. Contributing factors to differences in COVID-19 mortality between countries were the timing of lockdown restrictions and stringency of restrictions. Once the virus had spread, the extent to which different groups were affected within the UK reflected variations in underlying health, which increased risk of more severe outcomes, and socioeconomic factors that increased risk of exposure.

The scale of inequality in COVID-19 mortality within the UK was clear, with the mortality rate in the 10% poorest local areas twice that of the rate in the 10% of richest local areas. For under-65s, the rate was four times as high in the 10% poorest areas compared to the 10% richest areas. The UK also had one of the highest under-65 excess mortality rates in Europe in the first wave of the pandemic. These patterns partly reflect the greater likelihood of people living in the poorest areas having pre-existing long term health conditions.

Mortality rates also reflect risk of exposure, which is often related to occupation. The relative risk of mortality remained higher after the first lockdown started for people working in occupations associated with sectors that remained open, such as social care. Those living in poorer quality housing, or with a higher number of occupants were also found to be disproportionality affected due to reduced ability to self-isolate and a greater exposure risk within the household.

Wider impact on health and wellbeing

Health care services for non-COVID-19 conditions were negatively affected, as services were reprioritised or reduced to manage the surge in demand from COVID-19 related illness, and to control spread of the virus. The Health Foundation’s analysis suggests that there were six million missing patients in 2020 where people did not seek treatment for a health condition when needed.

The scale of unmet need presents serious, long-term challenges for the health system. Whilst the reduction in health service usage may be a direct result of the pandemic, such as a lower rate of communicable disease, it is likely that there will be a high number of people with undiagnosed conditions coming into contact with the health system at a more advanced stage in their condition. For example, there were approximately 250,000 missing estimated referrals for suspected cancer and urgent referrals in England by the end of January 2021.

Social care experienced one of the worst impacts of the pandemic due to pre-existing issues, including chronic underfunding and workforce issues, which were exacerbated by the pandemic. Not only were care homes experiencing high death rates in extremely challenging circumstances, but the demand for care increased on a service that could not provide it. This unmet need led to an increase in unpaid care, causing a knock-on effect for carers mental and physical health.

Changes to the wider determinants

Pandemic restrictions had an unprecedented impact on the economy. Large sectors of the economy were temporarily shut down, which created financial shocks for many businesses and ultimately led to an increase in unemployment as companies sought to reduce costs. To protect household incomes, the government provided large scale financial support through the Job Retention Scheme (JRS) for employers, providing up to 80% of earnings replacement below a certain level of salary.
threshold. The JRS also helped to prevent a significant rise in unemployment which is expected to peak at 5.2% in Q4 2021, compared to 4.0% in Q1 2019, potentially the smallest rise in any UK recession in living memory. Social security for many low-income families was temporarily boosted by the equivalent of €23.48 per week (£20 in GBP). The combination of these government measures helped to prevent a fall in average household incomes. However, there has been significant variation in how different families’ finances varied throughout the pandemic, with lower income households being more likely to experience an overall increase in debt, and higher income families more likely to increase savings.


government action can make an important difference

Education was severely affected by the pandemic, as students were not able to attend classes in person to prevent the spread of the virus, leading to significant disruption for their learning and development. For some children this disruption was felt more acutely. Between March and September 2020, children in the UK from more disadvantaged backgrounds experienced 2.2 months of learning loss compared with 1.5 months experienced by their peers. Teachers reported that pupils with limited access to technology or study space were the least likely to be engaged in learning, followed by vulnerable pupils, those with special educational needs and disabilities, and young carers.

Lockdown measures meant that more people were required to spend the majority of their time at home, which was particularly challenging for those living in poor quality or overcrowded housing. People from ethnic minority communities were more likely to live in poor living conditions and overcrowded housing compared to the UK average, with almost one in three people from these communities reporting that problems with housing made their mental health worse.

The hit to household incomes also exacerbated housing insecurity, with people at risk of being unable to meet housing costs. The government created some protective measures, including extending eviction notices and pausing mortgage repayments. However, these measures were short-lived, with 400,000 renters at risk of eviction in May 2021 when the eviction extension ended.

Poor quality and insecure housing are significant stressors, which in turn can lead to poor health.

Recovery: risks and opportunities

The pandemic created unprecedented strain on the UK’s health and social care system, with a significant backlog for consultations, referrals and planned admissions. In response, the Government have pledged an additional €6.34 billion to address the backlog. However, it is estimated that an additional €11.74 billion will be needed to deal with the backlog, as well as meet the rising demand for mental health services and service improvements in the National Health Service (NHS) Long Term Plan, which sets out ambitious reforms for the healthcare system. This tight funding position coupled with the constraint of being able to hire sufficient staff to provide services suggests some people are likely to experience poorer health for longer.

There are other areas of policy that risk affecting the population’s long-term health, without substantive action from policymakers. This includes education, where the loss of learning risks widening the gap in educational outcomes, and subsequent work and income prospects, which are key determinants of health. Delivering a recovery package for the education sector will be critical for long-term health. So far, the funding committed by government has fallen short of the investment estimated to be required, and disruption continues when children miss school to meet isolation requirements. Continuing to monitor educational outcomes and providing support where needed will be key to ensure a cohort are not left behind and to prevent a rise in inequalities.

Initially young people were particularly affected by the labour market shock, with employment levels for those aged 16–24 having fallen by 9% compared with 0.4% for those aged 25–64 between March 2020 and February 2021. The government targeted support at unemployed young people through the Kickstart scheme, which offered six month paid work placements for unemployed young people. As the economic impact of the pandemic continues to unfold it will be important to maintain a focus on young people’s employment prospects to prevent longer term scarring effects on labour market outcomes, with worse employment or pay outcomes which can in turn lead to poorer health outcomes.

Conclusions

As the UK’s vaccination programme continues to set the UK on the course towards recovery, it is essential to learn lessons from the past 18 months. The COVID-19 Impact Inquiry has concluded the need for action in two areas:

1. the need for immediate action to address the harm caused by the pandemic
2. supporting longer term change to prevent future deterioration of health.

The experiences of the pandemic have led to an increased public awareness of pre-existing inequalities and the disproportionate effects that the pandemic has had on some groups. This has brought health inequalities to the forefront of public debate and raised its importance up the political agenda. The pandemic has also shown that government action can make an important difference such as the introduction of the furlough scheme which helped to prevent a rise in unemployment. There has been political acceptance for government action and increased spending to support recovery.

However, change cannot be delivered by the Department for Health and Social Care, which is the central government department in charge of health and social care policy in the UK, and the NHS alone.
To create a more resilient society, the UK now needs a cross-government strategy to improve health, bringing together the whole of government to act purposefully as a system. A cross-government approach should include a binding target to reduce health inequalities and a commitment to make improving health an explicit objective of every major policy decision. It will also require a comprehensive set of metrics to keep track of progress and ensure that the government is held to account.

In many ways the pandemic has acted as an accelerant to the long-term health consequences of policy decisions made over the last decade in the recovery from the financial crisis. The present moment represents an opportunity to make sure this recovery is managed better than the last one: investing in, rather than eroding, the conditions needed for sustaining a healthy population and, with it, a healthy economy.

References


