Nottinghamshire County Council

Report to the Nottinghamshire Health and Wellbeing Board

8 March 2023

Agenda Item 5

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

THE NOTTINGHAMSHIRE COVID IMPACT ASSESSMENT (CIA): BEHAVIOURAL RISK FACTORS

Purpose of the Report

1. The report provides an assessment of impact of the covid-19 pandemic on the health and wellbeing of the population of Nottinghamshire with a specific focus on behavioural risk factors.

Information

Background

2. The aim of the Nottinghamshire Covid Impact assessment (CIA) is to assess the impact of the covid-19 pandemic on the health and wellbeing of the population of Nottinghamshire to inform public health and partner strategies, plans and commissioning. A phased approach to this work has been undertaken with eight areas:

    a) Direct impact of covid -19
    b) Domestic abuse
    c) Mental health and wellbeing
    d) **Behavioural risk factors**
    e) Life Expectancy and Healthy Life Expectancy
    f) Pregnancy and childbirth (including Early Years)
    g) Social determinants of health
    h) Healthy and Sustainable Places (including air quality and food insecurity)

3. This report outlines key findings from this assessment, the full report on behavioural risk factors is provided in **Appendix 1**. The assessment focuses on the impact the covid-19 pandemic has had on behavioural risk factors, including alcohol, smoking, physical activity, sexual behaviours, and gambling.

4. The methodology for the CIA involved analysis of local, regional, and national data and a literature review of current academic research from early 2020 to October 2022.

Key Headlines - Alcohol

5. Local alcohol services for Nottinghamshire have seen significantly increased demand for services post the covid-19 pandemic, compared to pre-pandemic levels. This could indicate

that there has been a backlog of referrals. Further years of data will be important in assessing if referral numbers plateau over time.

6. Long-term, sustained action to prevent and reduce liver disease remains a priority for public health, given the step change and persisting trends of increasing and risky alcohol consumption emerging from the pandemic.

7. A polarisation in drinking habits has been demonstrated from national survey data in that the heaviest drinkers have increased their drinking the most whilst the lightest drinkers have reduced their drinking the most. Groups who have disproportionately increased alcohol consumption include those in the lowest socioeconomic groups. This will propagate existing health inequalities.

8. Other at-risk groups include:

    a) Younger adults - evidence of increased risky drinking in this cohort is reinforced by increased demand in recent service data for Nottinghamshire.
    b) Females – evidence of increased alcohol consumption through the pandemic, relative to men, yet demand for services is still dominated by males by similar proportions through service data from 2019-2022.
    c) High income groups and those with diagnosed mental health disorders – highlighted as factors associated with increased alcohol consumption during the pandemic. Local service data could not explore associations locally due to relevant demographic data not being collected. Anecdotally services have reported high income groups are underrepresented in services due to fears of 'labelling'.

9. Recommendations for alcohol include;

    a) Drug and alcohol treatment and recovery services should consider evidence-based approaches by socioeconomic group, including acknowledging the stigma and barriers faced by higher socioeconomic groups presenting to drug and alcohol treatment services.

    b) Drug and alcohol treatment and recovery services should explore where services are best placed and promoted to ensure high socioeconomic groups are willing to access appropriate treatment.

    c) All front-line services including primary care should systematically undertake an audit C and refer appropriately into drug and alcohol treatment and recovery services. This will identify and support more people who have converted to increasing and higher risk drinking patterns during the pandemic.

    d) At risk groups who have faced disproportionate impact from the pandemic and should receive targeted alcohol harm reduction approaches are:
        a. Younger adults
        b. Women, where there appears to be unmet need
        c. Those with diagnosed mental health conditions such as anxiety disorders

Key Headlines - Smoking

10. The covid-19 pandemic has had a mixed impact on smoking and tobacco dependency.

11. National data and UK research has shown that lockdown and associated restrictions have led to increased smoking rates in some population groups, for example younger age groups. There have also been motivations to quit that were as a direct result of the pandemic, such as fear of contracting COVID-19 and facing more severe consequences through being a smoker.

12. Further exploration is needed to see if national trends in young people smoking are being seen locally. Local service data was not able to give the local picture due to the introduction of new smoking cessation services during the first national lockdown, data quality issues and challenges faced by the service provider.

13. Research studies on the effect of the pandemic on vaping and e-cigarette use were limited. Studies were of poor quality, utilising study designs that were not robust i.e. prone to selection bias or using cross-sectional study designs rather than longitudinal analysis. National survey data on likelihood in using an e-cigarette over the course of the pandemic showed no significant change in trends, even when results considered young adults separately.

14. Smoking related inequalities are likely to have worsened during the pandemic, for example smoking prevalence among people with severe mental health conditions and in the lower socioeconomic groups.

15. There have been some successes in the virtual delivery of smoking cessation services, with research implying smokers now want to access support in novel and more flexible formats than traditional face to face services.

16. Recommendations for smoking include;

    a) Smoking cessation services should consider targeted approaches in supporting the needs of groups who have seen worsening health inequalities through the pandemic, such as those with severe mental illness and lower socioeconomic groups.

    b) Embedding smoking cessation support within mental health services may better identify and support those with severe mental illness who smoke. They are a particularly vulnerable group who have seen worsening inequalities through the pandemic.

    c) Smoking cessation services should incorporate more flexible remote elements to smoking cessation support, ensuring that services remain equitable through use of hybrid approaches for digitally excluded and hard to reach population groups.

    d) Public health strategies should deliver key smoking cessation messages focussing on the added risks to smokers from respiratory infections such as COVID-19. This has been shown to give smokers' increased motivation to quit during the pandemic.

Key Headlines - Physical Activity

17. There has been a deepening of existing health inequalities for certain groups achieving recommended physical activity levels during lockdown. These groups include those living in deprived communities or living with poorer health status or a disability. Furthermore, research has highlighted that changes to physical activity levels have persisted beyond the first lockdown, without recovery to pre-pandemic levels.

18. Certain demographic factors have also been linked to decreasing physical activity trends through the pandemic which correlates to local Active Lives survey data for Nottinghamshire. These factors include being female, being a young adult or in the older 75 age group.

19. Older groups were highlighted as a group with increasing inactivity when linked to other risk factors such as low income, being from an ethnic minority group or socially isolated. Data from the Active Lives survey for Nottinghamshire reinforced this with over 75s seeing increasing inactivity levels compared to other ages.

20. Groups at risk of decreasing physical activity levels were those whose circumstances changed significantly during the pandemic, for example becoming unemployed or studying from home. This correlated with Active Lives survey data for Nottinghamshire residents which showed students, young adults and those who were unemployed due to being long term sick as having the largest increases in inactivity levels compared to employed and retired groups.

21. Research has shown that determinants of change include having the motivation and physical opportunity to change physical activity levels behaviours, such as access to open and green space.

22. Recommendations for physical activity include;

    a) Public health teams, commissioned providers and wider partners in health and social care need to consider how best to support vulnerable groups that have emerged from the pandemic with worsened health inequalities. These groups include those with a disability or limiting health condition and deprived communities.

    b) Public health teams, commissioned providers and wider partners in health and social care need clear and consistent information about being active, especially following the shift in many educational and work settings to home working. Messages should be inclusive to all abilities and aiming to foster a renewed emphasis on the importance on keeping active.

    c) Public health teams, commissioned providers and wider partners in health and social care should focus priorities on minimising the socioeconomic divide in physical activity attainment by targeting the most deprived communities. This includes ensuring local environments are safe and attractive to people wanting to get physically active.

    d) Targeted interventions to increase physical activity should be considered in the following at risk groups:

        a. Young adults and students
        b. Females
        c. Unemployed groups, particularly if long term sickness or a disability is implicated
        d. Over 75s, particularly from deprived communities, ethnic minority groups or who are socially isolated.

Key Headlines - Sexual behaviours

23. Overall research has shown the COVID pandemic has not exacerbated inequalities in access to primary and secondary prevention in sexual health. However large inequalities have persisted, typically among those at greatest STI and HIV risk. There is significant unmet need

for services by young adults, black or black British ethnicities, and for those reporting same-sex partners or new relationships in the past year. PrEP and PEP prescriptions and adherence has decreased among all subgroups with surveillance data outlining no differences in those accessing services from before the pandemic.

24. In terms of STI testing, proportional declines were seen in 18–24-year-olds and those aged over 45, heterosexual groups, in Black and Asian ethnicities and in men who have sex with men (MSM) with multiple marginalised identities. These include MSM who are older than 65 years, from ethnic minorities or from deprived communities. Local service data showed younger people and heterosexual groups had greater declines in diagnoses of STIs between 2019 and 2020 with slow growth patterns in 2021 data. A lack of ethnicity data precluded examining the extent to which COVID-19 widened pre-existing health inequalities.

25. For reproductive services inequalities were linked to deprivation, with lower socio-economic grades reporting the most difficulty accessing contraception. Digitalisation of services further acted as a barrier to hard-to-reach population groups as acquiring services during COVID was described to need tenacity because of changing information and procedures.

26. Reduced outreach care further exacerbated inequalities in hard-to-reach groups within sexual health, for example marginalised communities such as lesbian, gay, bisexual, transgender (LGBT) groups, ethnic minority groups and migrant communities.

27. Sexuality and ethnicity were not captured for a significant proportion of people presenting to sexual health services locally, limiting the extent to which health inequalities highlighted from national sources could be assessed in local services.

28. Recommendations for sexual health include;

    a) Sexual health services should continue to offer flexible remote elements to their services, ensuring equity by use of hybrid approaches for online and face to face delivery mechanisms for the digitally excluded and hard to reach population groups.

    b) Planners of sexual health services should build back outreach care to increase access for hard-to-reach groups such as ethnic minorities and the LGBT communities. These groups are more receptive to discrete and informal outreach settings.

    c) Targeted interventions to increase testing should be considered in the following groups who have experienced declines in testing:

        a. MSM with multiple marginalised identities such as those older than 65 years, from ethnic minorities or from deprived communities
        b. Heterosexual groups
        c. Younger adults

Key Headlines - Gambling

29. Research during covid-19 has shown that generally gambling frequency reduced during lockdown, with a shift to online gambling methods due to lockdown and social distancing measures.

30. Emerging evidence through covid-19 looking at predictors of gambling behaviour found those who frequently drank alcohol and were diagnosed with anxiety and depression were more likely to increase their frequency of gambling compared to before the lockdown. Further research is needed to add to the evidence base on risk factors for harmful gambling.

31. It is also likely that gender inequalities have been accelerated. Longitudinal survey analysis during covid-19 concluded regular gamblers were more likely to be male than female. Further research is needed to add to the evidence base on risk factors for harmful gambling.

32. Recommendations for gambling include;

    a) Public health teams, commissioned providers and wider partners in health and social care should raise awareness of the problems around harmful gambling, particularly that it is predominantly males and the lowest socioeconomic groups, who are most susceptible to harm from gambling.

    b) Public health teams, commissioned providers and wider partners in health and social care should consider delivering clear information about the harms of gambling, particularly online gambling which became more popular over the COVID-19 lockdown restrictions.

    c) Targeted support may be required in groups for whom emerging evidence links the pandemic restrictions to increased gambling rates, such as:
        a. Men
        b. Substance misuse service users
        c. Those known to mental health services.

Conclusion

33. The covid impact assessment on behavioural risk factors has assessed the evidence, alongside gaps, and have proposed a set of recommendations. The full impact assessment and set of recommendations is provided in **Appendix 1**.

34. It is recognised that there is a need for further investigation to provide a full picture of the impact of the pandemic on alcohol, smoking, physical activity, sexual behaviours, and gambling. This assessment is to be used as a baseline for further exploratory work, with the recommendations identifying need and also gaps that require focus.

35. Considerations for the Nottinghamshire Health and Wellbeing Board include how it can support and ensure that the above recommendations are taken forward. Tobacco and alcohol are key priorities of the joint health and wellbeing strategy 2022 – 2026 and reducing health inequalities a key statutory responsibility of the board.

Reason/s for Recommendation/s

36. The Health and Wellbeing Board has a statutory duty to produce and deliver a Joint Health and Wellbeing Strategy, with identified tobacco and alcohol identified as two of its priorities for 2022 – 2026.

Statutory and Policy Implications

37. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public-sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability, and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

38. There are no direct financial implications arising from this report.

RECOMMENDATION/S

The Health and Wellbeing Board is asked:

1) To consider its role in delivering the recommendations of the Covid Impact Assessment on Behavioural Risk Factors and whether there are any actions required by the Board in relation to the various issues outlined.

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Constitutional Comments (LW 24/02/2023)

22. The Health and Wellbeing Board is the appropriate body to consider the content of the report.

Financial Comments (DG 27/02/23)

23. There are no direct financial implications arising from this report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Nottinghamshire Joint Strategic Needs Assessment (JSNA) Work Programme 2022 – 2023 (15 June 2022)

The Nottinghamshire Covid Impact Assessment – Domestic Abuse (7 December 2022)
Report to the Nottinghamshire Health and Wellbeing Board

The Nottinghamshire Covid Impact Assessment – Mental Health (1 February 2023)
Report to the Nottinghamshire Health and Wellbeing Board

Electoral Division(s) and Member(s) Affected

- All