Mitigating the impact of Covid-19

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Photo: Julie-Ann Gylatis via Unsplash

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Overview of Talk

- Impact of Covid-19: the data

- Mitigating the impact of Covid-19
  - Wide remit of Health and Wellbeing
  - Use of data to inform your interventions
  - Focus on Local Employment and Reskilling
  - Focus on Community and Public Realm
  - Focus on Healthcare Provision
  - Focus on Recreation Provision
  - Focus on Connectivity

- Case Studies

Immediate Impact of Covid-19: the data

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Loneliness

- People who felt most lonely prior to Covid in the UK now have even higher levels of loneliness. This increase began as physical distancing and lockdown measures were introduced in the UK, in March 2020.

- Adults most at risk of being lonely, and increasingly so over this period, have one or more of the following characteristics: they live alone, on low incomes, are young, out of work and, or with a mental health condition.

- The impact on wellbeing from people at risk of loneliness is likely to be compounded by other economic and social impacts experienced by the same people, such as those experiencing job losses and health anxieties.

Photo: Freddie Marriage via Unspalsh

https://whatworkswellbeing.org/wp-content/uploads/2020/08/COVID-LONELINESS-2020.pdf

Immediate Impact of Covid-19: the data

Mental Health

- Almost 1 in 5 adults (19.2%) were likely to be experiencing some form of depression during the coronavirus (COVID-19) pandemic in June 2020

- 27% of people say their mental health is worse, 35% of people say they are feeling lonely and 25% people say they spend too much time alone

- Feeling stressed or anxious was the most common way adults experiencing some form of depression felt their well-being was being affected, with 84.9% stating this.

Photo: Christian Erfurt via Unspalsh

https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/coronavirusanddepressioninadultsgreatbritain/june2020

Impact of Covid-19: the data

Access and use of Green/ Blue Spaces

- It is widely known that we need 150 mins of physical activity per week, it is less known that we need 120 mins per week of exposure to nature to help maintain positive mental health.

- People have had less access to green space
  - 28% live within five minute walk,
  - 72% live within a fifteen minute walk

- However periods of lockdown have been associated with physical and mental health risks to those confined to their homes and these disproportionately affect the mental and physical health of those from more disadvantaged communities and those who live alone, or without access to gardens, balconies, or green space.

- Furthermore some parks have been closed during the pandemic to stop people from using the space in a nonconformant manner.

Photo: Virginia Choy via Unsplash

https://blogs.bmj.com/bmj/2020/07/03/covid-19-has-highlighted-the-inadequate-and-unequal-access-to-high-quality-green-spaces/
http://www.if.org.uk/2020/05/20/green-space-inequality/

Impact of Covid-19: the data

Physical Activity

- More than 3 million people were less active between mid-March and mid-May 2020 compared to the same period a year before.

- Lockdowns and government guidance has meant reduced access to organised sport and facilities for specific groups, and that some groups have found it more difficult to adapt to the new regulations than others.

- Disabled people, people aged 70 and over, people with long-term health conditions and people from Black, Asian and other minority ethnic groups were disproportionately impacted.

- Potential pre-existing barriers such as, capability and motivation to be active, fear of judgement and a sense that 'being active is not for people like me'.

- New pandemic barriers are emerging – Guilt.
  - 25% have felt guilty about wanting to exercise during the outbreak

Photo: Craig Hellier via Unsplash

Indirect Impact of Covid-19: the data

Access of Healthcare services

Primary Care consultations

- During the week leading up to 10 August 2020 around 50% reported that they have not sought medical advice on a worsening health condition.
  - The most common reason for not doing so was to avoid putting pressure on the NHS.

- There has been a reduction in monthly elective and emergency hospital admissions in the period April to June 2020 in England compared with the monthly average for April to June in 2018 and 2019 combined.

Cancer screenings and treatment

- Cancer screening programmes were put on hold at the start of the pandemic, which may have led to 3 million people not being screened.

- Between April and August, 350,000 people have been referred than normal in the UK.

- 37% drop in the number of patients beginning treatment in England in May compared with the same period last year.

- Across four common cancers it is projected for there to be between 3291–3621 additional deaths within 5 years.


Photo: Ashkan Forouzani via Unsplash

https://www.gov.uk/government/publications/wider-impacts-of-covid-19-on-health-monitoring-tool/wider-impacts-of-covid-19-on-health-summary
https://scienceblog.cancerresearchuk.org/2020/09/11/whats-happened-to-cancer-services-during-the-covid-19-pandemic/
https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(20)30388-0/fulltex
https://www.health.org.uk/news-and-comment/charts-and-infographics/use-of-primary-care-during-the-covid-19-pandemic

Health/ Wealth Inequality

The 'Marmot Ten Years On' report

- There are marked regional differences in life expectancy, particularly among people living in more deprived areas, displaying a North and South divide. Those in the North East living in a similarly deprived area within London, are likely to have a shorter life expectancy by nearly five years.

- The more deprived the area, the shorter the life expectancy. This social gradient has become steeper over the last decade, and it is women in the most deprived 10% of areas for whom life expectancy fell from 2010-12 and 2016-18.

- Mortality rates are increasing for men and women aged 45-49 – perhaps related to so-called 'deaths of despair' (suicide, drugs and alcohol abuse) as seen in the USA.

- Child poverty has increased (22% compared to Europe's lowest of 10% in Norway, Iceland and The Netherlands); children's and youth centres have closed; funding for education is down.

- There is a housing crisis and a rise in homelessness; people have insufficient money to lead a healthy life; and there are more ignored communities with poor conditions and little reason for hope.
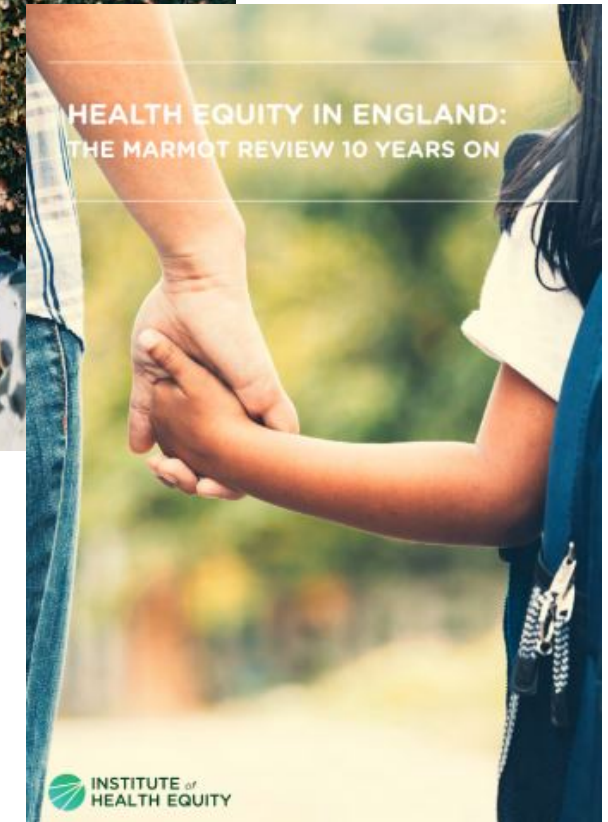
Impact of Covid-19: the data

Health = Wealth

https://www.health.org.uk/news-and-comment/blogs/levelling-up-just-got-much-harder

Mitigating the impact of Covid-19

What should be the priority areas for Towns?

Potential benefits from all Towns Fund investments

Health and Wellbeing and the Built Environment

The built environment has a part to play, from the air we breathe, the way we travel, where we live and work and our interaction with each other and the natural world.

How we plan, design, build and live in our towns and our buildings has important implications for how healthy and well we can be.

Often projects which do not centre on health and wellbeing may have direct or indirect health and wellbeing benefits.

Understand your local context through data

Data on socio-economic indicators

- Demography,
- Deprivation,
- Access to healthcare,
- Access to education,
- Access to green/ blue infrastructure or recreation area,
- Access to usable community centres,
- Sentiment on public realm.

Data on new-normal

Understanding Town Centre data is crucial to establishing the 'new normal'

- Footfall,
- Sentiment,
- Spend.

Projects must be 'shovel-worthy', not just 'shovel-ready'

Health and Wellbeing Dashboard
Topics & Services

Focus on Employment and Reskilling

Local Employment

- There is a need to rebuild trust in the Town Centres and diversify local economies to create new local jobs.

- Wellbeing recovers on reemployment, but the size of the rebound depends on the quality and sustainability (accreditation) of the new job.

Re-skilling

- Any creation of new local jobs will require re-skilling local people to match the new job market.

- Evidence shows that learning is positive for wellbeing and can have a range of wellbeing benefits, such as facilitating social contact, developing purpose and enabling progression.

- Town's should assess any local barriers to learning
  - Opportunity to learn (local infrastructure, services, courses)
  - Poor mental health of population (i.e. sense of worth)

Photo: Green Cameleon via Unsplash

https://www.arup.com/perspectives/designing-the-fifteen-minute-neighbourhood
https://whatworkswellbeing.org/wp-content/uploads/2018/12/adult-learning-Nov17.pdf
https://whatworkswellbeing.org/wp-content/uploads/2020/01/Barriers-to-Learning-briefing-July-2018.pdf
https://whatworkswellbeing.org/resources/unemployment-reemployment-and-wellbeing/

Focus on Community and Public Realm

Links between H&W and community

- Changes to neighbourhood design and community Infrastructure can positively affect sense of belonging and pride in a community. These can include:
  - Public places and 'bumping' places
  - Places where people meet informally
  - Services that can facilitate access to places to meet

- Community Hubs can:
  - increase wider social networks,
  - promote social cohesion by bringing together different social or generational groups;
  - increase social capital and build trust;
  - interaction between community members;
  - increase people's knowledge or skills;
  - Offer social prescribing opportunities.

Photo: John Cameron via Unsplash

https://whatworkswellbeing.org/wp-content/uploads/2020/01/Places-spaces-people-wellbeing-May2018V2_0119660900.pdf

14

Leveraging healthcare investments

Wider benefits from investing in healthcare infrastructure

- Tie capital investment to healthcare institutions
  - o Use of NHS as an anchor institution
  - o Draw upon local healthcare providers to contribute H&W at a placed based level

- Embrace the accelerated change
  - o Support healthcare's move towards social prescribing through multi-use spaces
  - o Support remote/ digital consultations through improved internet connectivity.

- Partner with other sectors to provide a broader range of services to the local population.
  - o 3rd sector
  - o Volunteer groups

Focus on Recreation Provision

Investing in green/ blue infrastructure

- Green and blue space interventions that provide the opportunity to participate in activities or gatherings can improve:
  - social interactions and increase social networks
  - building social capital through bonding and bridging communities
  - increase physical activity
  - improve community members' skills and knowledge

- Towns need to identify those most at risk from lack of access to green space, such as those living in flats or without gardens, in areas with high numbers of children with high levels of obesity and physical inactivity.

- Nature based interventions should be seen as part of the therapeutic offering for rehabilitation, post-traumatic stress, and burnout.

- Wellbeing programmes at nature reserves, green gym classes, walking for health, and conservation volunteering are all recognised forms of green care.

- Longer term rebalancing of access to high quality green and blue space through a network of green spaces in the urban environment.

Photo: Metin Ozer via Unsplash

https://whatworkswellbeing.org/wp-content/uploads/2020/01/Outdoor-Rec-briefing-FINAL_0131689800.pdf)
https://blogs.bmj.com/bmj/2020/07/03/covid-19-has-highlighted-the-inadequate-and-unequal-access-to-high-quality-green-spaces/

Focus on Connectivity

Investing in digital connectivity and active travel

Digital Connection
- There is evidence that extending internet access for people in deprived areas <u>may</u> help tackle social isolation and increase wellbeing

Active Travel
- Active travel not only potentially benefits health as a source of physical activity but may also off-set air pollution from motorised vehicles.

- Can also support the creation of 15 minute neighbourhoods - Based upon four pillars, proximity, diversity, density and ubiquity, 15-minute policies transform urban spaces into connected and self-sufficient (or 'complete') neighbourhoods.

- For every £1 spent on community sport and physical activity, a return on investment (ROI) of £3.91 was created for individuals and society.

Photo: David Marcu via Unsplash

https://www.sportengland.org/how-we-can-help/measuring-impact?section=social_and_economic_value_of_community_sport#outcomes_evidence_review
https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-019-7199-x
https://www.kingsfund.org.uk/projects/improving-publics-health/active-and-safe-travel
https://www.ncbi.nlm.nih.gov/books/NBK263971/

Mitigating the impact of Covid-19

Case Studies

Case Study 1

Connswater Community Greenway Phase 2 - Belfast

Through a £40m investment a large area of East Belfast was transformed by combining improvements to flood protection with new, high-quality public and green spaces linked by a network of pedestrian-cycle paths.

Impact

- Attracts av. 600 visitors a day and much larger numbers for events to an area not visited by tourists.

- Estimated the project's potential economic return to be up to £500m or 14 times the investment.

- Any increase in physical activity and active travel is needed. In the area more than 40% of children live in poverty, life expectancy is low and the sedentary proportion of the population is high.

- If 2% of inactive local residents become active greenway users for four years the healthcare costs savings will pay for the project twenty times within 40 years.

New paths connect communities and offer unprecedented access to riverside environments.

Areas that were previously unwelcoming are now busy with dog walkers, joggers and pedestrian and cycle commuters.

Case Study 2

Bicester 5k Health Routes

To encourage people in Bicester to be more active, three 5km routes for walkers, joggers and cyclists have been marked out with blue lines. Each route cost £14,000 per route and was created using durable thermoplastic paint. The project was created by Cherwell District Council and involved consultation with residents' associations, town councillors and residents.

Impact

- One health route resulted in an increase in average daily footfall of 27%.

- It has been calculated that for every £1 invested in creating the routes, £2.10 will be saved over 25 years.

- The majority of feedback from residents has been very positive, with many local residents being encouraged to be more active and to explore their local neighbourhood.

- The impact of this project has been amplified with additional initiatives, such as outdoor gyms, community walks, bike repair workshops and training, and effective social media campaigns.

Image taken from www.banburyshireinfo.co.uk

Image taken from Cherwell.gov.uk

Case Study 3

Tower Hamlets – Garden for Life

The Women's Environmental Network (WEN) was commissioned by London Borough of Tower Hamlets' (LBTH) Public Health department to help set up 15 community gardens across the Borough. The project was designed to help improve residents' wellbeing by providing increased access to healthier food and creating community cohesion by working together.

Impact

- Almost 200 residents actively participated in gardening, largely growing food, and were supported by training sessions covering practical and theoretical topics of site planning, organic food growing, healthy eating and cooking, tailoring each workshop to the needs of the group.

- The Gardens for Life project showed an improvement in wellbeing for over half (59%) of participants for whom data were available (12.5%).

- Gardens for Life provided new opportunities for people to meet their neighbours and build a sense of community around the garden itself.

- Individual feedback highlighted a host of community benefits and how the gardens helped build social capital.

Image by Diana Jarvis from londongardenstrust.org

Case Study 4

Whitehall & Bordon – Inclusivity in the Public Realm

Inclusive design has been prioritised for the Whitehill & Bordon place-making regeneration scheme. The scheme demonstrates a number of key actions that support an inclusive design approach. These include:

- 'Changing Places' toilets for people with complex needs and their carers - allowing disabled people and their assistants to participate in more activities, leading healthier lifestyles.

- 'Safe Places' scheme with designated spaces for vulnerable people who may feel anxious, lost or need support recognisable by its bright yellow and red sticker.

- 'Wayfinding workshops' with residents, students and disability groups - including the integration of colourful hexagonal tiles on paths to create links to the community gardens, allotments, the skatepark and various other facilities.

- Hogmoor Inclosure - a multi-functional green space to meet the needs of people managing physical disabilities, mental health issues and dementia.

Hogmoor Inclosure. Image Taken from http://whitehillbordon.com/page/5/?