

	<b><u>Agenda Item: 10</u></b>
<b>Report to:</b>	<b>Local COVID Outbreak Engagement Board</b>
<b>Date:</b>	<b>26 November 2020</b>
<b>TITLE:</b>	<b>COVID-19 IMPACT SURVEY</b>
<b>Organisation</b>	<b>Birmingham City Council</b>
<b>Presenting Officer</b>	<b>Justin Varney</b>

<b>Report Type:</b>	<b>Presentation</b>
---------------------	---------------------

<b>1. Purpose:</b>
1.1 To inform the board of the findings of the community COVID-19 Health and Wellbeing Impact Survey and to highlight the key actions that the Public Health Division have made in response to support Birmingham communities during the COVID-19 pandemic.

<b>2. Recommendation</b>
2.1 The Board is asked to note the report content.
2.2 Board members are asked to use the intelligence in the report to shape services and public communication.

<b>3. Report Body</b>
<p><b>3.1 About the survey</b> The Covid19 Health and Wellbeing Impact Survey ran from 22<sup>nd</sup> May until 31<sup>st</sup> July 2020. It was designed to capture insight into the health and wellbeing behaviours of Birmingham citizens during the COVID-19 outbreak.</p> <p><b>3.2 Survey responses</b></p> <ul style="list-style-type: none"> <li>• During the survey period there were 3,095 respondents. The respondents are older than the average profile of the city, whiter, more female and more likely to report no religion than the census based profiles of the city.</li> <li>• There was a slightly higher representation of lesbian, gay and bisexual and disabled respondents than national estimates in the population.</li> <li>• The geographical distribution of responses across Birmingham was varied. The largest participation to date has been from Longbridge and West Health, Brandwood and Kings Heath ward and Bournville and Cotteridge.</li> </ul>

The lowest participation so far has been from Tyseley and Hay Mills, Lozells and Bordesley Green.

### **3.3 Survey Content**

The survey captures both qualitative and quantitative data under the following subheadings:

- Feelings around COVID-19.
- Insight into citizens views around sources of COVID-19 information.
- Trust in the Test and Trace App.
- Mental wellbeing, physical activity, diet and nutrition, financial wellbeing, general wellbeing, additions, connection with community and identity and experience of services during COVID-19.

#### **3.3.1 Feelings around Covid**

This section questioned perceptions of COVID-19 threat to their own health and wellbeing, awareness of others who have COVID-19, views on the impact of lockdown restrictions and examined Birmingham citizens views on the NHS Test and Trace App. The following summarises the key findings:

- In general participants viewed COVID-19 as a greater threat to others than to their own health and wellbeing.
- Just over 40% of the respondents reported knowing someone who had had COVID-19 but remained at home. 28.8% also reported knowing someone who had died from COVID-19. Only 35% responded to indicate they didn't know anyone who has had COVID-19.
- Staying at home was viewed as the most impactful intervention followed by self-isolation, shielding and then social distancing.
- BCC was ranked below NHS England and other NHS sources for trusted information about COVID-19, but above National Government and local media outlets.
- Just under one third of participants remained unsure as to whether they would download the NHS Test and Trace App, fears over data protection and security was the most mentioned concern in the qualitative feedback.

#### **3.3.2 Mental wellbeing**

The second section examined the perceived impact of COVID-19 on respondents' mental wellbeing and included questions to determine changes in mental health, perceived loneliness and social connectivity. The responses are summarised below:

- Compared to the national dataset from 2015/16, respondents reported feeling lonely more frequently since the start of the initial lockdown. In a subsequent question 58% reported feeling a bit lonelier or a lot lonelier during the same period.

- A decline in mental wellbeing was also reflected with just under 53% of respondents highlighting that their mental wellbeing has deteriorated since the start of the pandemic.
- The COVID-19 lockdown has impacted the ability for people to meet with family and friends, 31.7% of those who responded to the survey reported that they hadn't met up with a friend or family member outside their house for more than a month. Positively in adaptation to virtual communication was the strongest theme in the qualitative analysis.
- COVID-19 had also had negative effects on safety at home and relationships. 306 people reported that relationships with their partner had declined and 136 people said that they didn't feel safe in the house they were living in during lockdown.

### **3.3.3 Physical Activity**

The physical activity section of the survey was designed to understand the impact of COVID-19 and the lockdown restrictions across Birmingham. Questions were designed to understand reported activity, change in activities, type of activities and perception of outdoor space. The key findings are:

- The proportion of those classified as inactive, meaning they have not achieved 30 minutes of physical activity on at least one day of the week is less than the West Midlands figure for the same lockdown period.
- When compared to the national Sport England survey a larger number, almost 50%, of respondents reported becoming less active since the start of COVID-19 compared to 37% nationally. The survey also found that people felt there was less variety in physical activity available to them.
- During the survey period walking was identified as the most common form of physical activity. Running and cycling fall below the national average reported in the Sport England survey, but informal play and home fitness classes are reported as higher than the national survey.
- Positively 75% of participants agreed that they have access to green space to spend time in outside of their own home or garden.

### **3.3.4 Diet and Nutrition**

The diet and nutrition questions were included to gain insight into changes in eating habits during the first COVID-19 lockdown. They examined fruit and veg, alcohol and water consumption, perception of diet and food bank usage.

- 31% of survey respondents felt their diet was less healthy than before lockdown.
- The proportion of adults that consumed the recommended five portions of fruit and veg during the survey period was 24%, half of the Birmingham 2018/19 figure.

- Almost 5% of the survey respondents reported using food banks for the first time and a total of 6.7% or 212 people reported using food banks during lockdown.
- Just over 25% of participants reported an increase in alcohol consumption.
- There has been a reported increase in water consumption with more than 21% of participants stating they drank more water during lockdown than before.

### **3.3.5 Financial Wellbeing**

This section was designed to understand changes in financial situation as a result of COVID-19. The survey responses show:

- 68 people reporting losing their job since lockdown started, a further 195 feel that their job is now longer secure, and 231 people reported being furloughed.
- 41% felt more worried about their financial situation since the start of 2020.
- Almost 30% reported that their household income had fallen since the start of lockdown.

### **3.3.6 General Wellbeing**

The section focused on perception of general health at the point of response to give an indication of the impact COVID-19. It included personal views on wellbeing, lifestyle choice and views on work volunteering and education.

- Just over 11% of participants reported that their general health is as bad or very bad on the day of responding to the survey, this is higher than the 7% figure in the 2011 census.
- Views on personal wellbeing and lifestyle choices seem split. The responses highlighted positively that 30 of the 237 responses indicated more family time and better relationships. In contrast 82 responses negative impact on relationships. This may be due to personal circumstance and further investigation may be required here.
- The biggest impacts highlighted in views on work, volunteering and education was a qualitative question with 641 individual responses. Negatives highlighted include stopping volunteering (68 mentions) and disrupted education (78 mentions). In contrast, from a positive angle, new informal lockdown volunteering was mentioned 64 times.

### **3.3.7 Addiction**

The impact of COVID-19 restrictions on smoking, gambling and recreational drug usage are well documented. This section of the survey was designed to understand changing behaviours in Birmingham. Findings are as follows:

- Just under 82% of respondents were non-smokers and just under 16 % reported smoking, vaping or using Shisha.

- Since the initial lockdown started only 24 participants reported quitting smoking, with a further 16 reporting switching from cigarettes to vaping. Sadly 18 respondents started smoking and 1 reported starting using Shisha during COVID-19 lockdown.
- Most respondents do not gamble, 2% reported gambling more during lockdown which may increase financial insecurity.
- Only 128 respondents disclosed using recreational drugs. Of these 29 reported using drugs more during lockdown, 11 reported using more drugs, 11 reported using less and 10 reported stopping completely during the COVID-19 lockdown.

### **3.3.8 Connection with community**

In this section we gain insight into respondents connection with their identify, place and the city during COVID-19.

- Over a third of respondents reported feeling that their links with their local geographic community for example their neighbours had improved.
- 53% reported that they felt local community spirit had increased during lockdown.
- In general communities of identify felt their relationships with these communities had deteriorated during lockdown. Ethnic communities were most negative about how their relationship with their community had changed.
- The qualitative element of this question found that helping each other and more caring were key themes in the positive responses. Isolation, selfishness and not following guidelines were highlighted in the negative responses.

### **3.3.9 Identity and experience of services during COVID-19**

During the second phase of the survey an additional set of questions were added around healthcare. The following responses were received:

- 7% reported that when they had COVID-19 symptoms they felt they had not been able to easily access healthcare services for help.
- Just under 18% reported being unable to access healthcare services for non-Covid19 symptoms when they needed them.
- 11% report issues in trying to get medication when they needed it during lockdown.
- 42% reported having medical appointments cancelled.
- The most negative experience of public services was reported for public transport, in contrast, the most positive experiences were reported for general practices.

### **3.4 Survey Impact**

As a result of the survey findings the Public Health Division have introduced campaigns, programmes and ways of working to build partner networks and reach communities, particularly those who have been disproportionately affected by COVID-19. These include:

- A COVID-19 Community Champions network made up of volunteer Champions across the city. This launched in September to help residents to stay up to date with how to protect themselves and others against the virus (see section 3.4.1).
- BHealthy: a series of practical resources designed to enable leaders and professionals across the city to support communities to reduce their risk of becoming seriously ill from COVID-19 (see section 3.4.2). The resources are evidenced-based and have been supported by a 16-part webinar series, which has been run by the Birmingham Public Health Team and supported by local experts and partners.
- Commissioning of additional community engagement partners to strengthen our reach and engagement (see section 3.4.3). As part of this, a range of localised COVID-19 guidance has been translated into numerous languages, including Arabic, Bengali, Cantonese, Chinese, Czech, French, Hindi, Italian, Kurdish, Mandarin, Polish, Punjabi, Romanian, Somali and Urdu.
- Supporting arts-based initiatives (see section 3.4.4).
- Increased messaging on key COVID-19 messages, including use of local green spaces, social distancing and home cooking, has been disseminated via HealthyBrum social media platforms (i.e. Facebook, Instagram, Twitter and YouTube).

#### **3.4.1 COVID-19 Community Champions**

The council keeps COVID-19 Community Champions informed of the latest advice and guidance via regular emails, text messages and webinars. This communication enables trusted community members to share information quickly and directly with their families, friends and communities.

By receiving regular and clear guidance, Birmingham residents can make more informed choices, as well as ensure public safety and help to manage the pandemic. The network also provides Champions with a direct channel of communication to the Council's public health team so they can ask questions and provide feedback on community issues.

At present, 425 Champions have signed up to the network and have a range of accessible and translated resources available to them via dedicated Council web pages. Weekly webinars are also taking place with various public health experts. Six webinars have taken place so far, which have been hosted by the following experts:

- Director of Public Health, Dr Justin Varney
- Public Health Specialty Registrar, Rachel Chapman
- Assistant Director of Public Health, Dr Marion Gibbon

These webinars have included live question and answer sessions and summaries on:

- The latest local COVID-19 data
- Effective sharing of COVID-19 social media content
- Explaining the tier alert system
- Managing COVID-19 outbreaks
- Staying COVID safe in faith settings
- Explaining the new national COVID-19 lockdown restrictions

The data team are also producing a weekly Birmingham “COVID-19 Dashboard” to share with Champions, which summarises the current rates of COVID-19 cases, testing and positive tests.

### **3.4.2 BHealthy campaign**

The campaign covers the wider determinants of public health and incorporates essential Covid-19 messaging. It includes information and practical support on infection control, for example handwashing, what to expect from a test and how to book one and advise to support self-isolation. Guidance and support for maintaining long term conditions known to increase Covid-19 risk for example, diabetes and high blood pressure. BHealthy also includes guidance and practical advice to create healthy habits around eating, sleep and physical activity, and information and guidance on reducing unhealthy habits for example smoking, drugs and alcohol and gambling.

To support the campaign, we have developed a [four page handout](#) including a checklist to a healthier you, a weekly getting ready plan and covid safe details. The handout is available to download from the Birmingham City Council website and will be translated into the twenty top spoken languages in Birmingham, currently twelve are available to download. The themes included in the handout also feature in the BHealthy webinar series. The webinar series started on 2<sup>nd</sup> September with two webinars each week until 27<sup>th</sup> October and can now be accessed via the [Healthy Brum Youtube channel](#) as resources. The webinar series comprises of 16 webinars with industry experts leading discussions and practical examples brought to life by Birmingham partners. The BHealthy campaign also connects to national resources and campaigns including One you and Change4Life.

The webinars are listed below and include a live question and answer session:

- Introduction to BHealthy
- Introduction to behaviour change
- Keeping Covid Safe – Handwashing
- Keeping Covid Safe – Visiting friends and family
- Keeping Covid Safe – Testing
- Keeping Covid Safe – Self-isolation
- Getting Mind Ready
- Long term conditions – diabetes
- Long term conditions – high blood pressure
- Long term conditions – kidney disease
- Unhealthy habits – smoking
- Eating Healthy
- Unhealthy habits – substance misuse
- Get Active BHealthy
- Unhealthy habits – gambling

- Sleep

### 3.4.3 Commissioning of additional community engagement partners to strengthen reach of engagement

Birmingham City Council’s public health team have partnered with 16 organisations to effectively reach communities and understand how they have been affected by COVID-19. These organisations include:

- Citizens UK
- Chinese Community Centre Birmingham
- Polish Expats CIC
- The Refugee Migrant Centre
- First Class Legacy
- Birmingham Institute for Deaf People
- Birmingham Disability Resource Centre
- Birmingham LGBT
- Supreme Linguistic Services T/A Premium Linguistic Service
- Bahu Trust
- Amber
- OrbitaCX trading as Insight Now
- Hawkmoth
- SRI (Shree Hindu Community)
- West Midlands Faith In Action
- Age UK

Engagement approaches are being tailored to each community and have included direct WhatsApp/text messages, community workshops, translated bespoke resources, video messages and social media posts.

### 3.4.4 Supported the arts-based initiatives

The public health division has employed an arts and culture officer to enable public health to engage via this medium. This will help to engage those who prefer this method as opposed to more formal approaches. There are also emergent ideas regarding engagement with local graffiti artists to produce COVID-19 messages in public spaces.

<b>4. Risk Analysis</b>			
<b>Identified Risk</b>	<b>Likelihood</b>	<b>Impact</b>	<b>Actions to Manage Risk</b>
Intelligence not shared	Low	Medium	Ensure survey report is finalised and published

  

<b>Appendices</b>
Covid19 Health and Wellbeing Impact Survey Report Presentation

The following people have been involved in the preparation of this board paper:

Dr Justin Varney, Director of Public Health  
Stacey Gunther, Public Health Service Lead – Governance  
Ricky Bhandal, Public Health Acting Service Lead – Communities and  
Communications  
Paul Campbell, Public Health Service Lead – Wider Determinants  
Alice Spearing – Public Health Programme Officer  
Mudassar Dawood - Public Health Programme Officer  
Mohan Singh – Public Health Programme Senior Officer  
Public Health team colleagues who contributed to the analysis project team