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UNIVERSITY OF SURREY



## BRIEFING NOTE

# The Challenges and Opportunities Facing Surrey's **Health Landscape Post-Covid**

## THE CHALLENGES AND OPPORTUNITIES FACING SURRY'S HEALTH LANDSCAPE POST-COVID

### Bio

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Health represents one of the most important pillars of a prosperous, thriving society and the Covid-19 pandemic has brought this into sharp focus.

The pandemic has represented the greatest challenge the health and social care system in the United Kingdom has faced in living history. It has had a detrimental impact on people's livelihoods, health, and wellbeing, exposing the broader local and national issues we face in terms of health inequalities and overwhelmed health and social care services. Whilst Surrey is renowned as a prosperous, affluent, and healthy place to live,

there are deeply embedded health inequalities and challenges across the county. As we emerge out of the pandemic, now is the time for local stakeholders to proactively respond to the lessons learned from the pandemic to support locally driven recovery and transformation whilst developing its adaptability and resilience towards future challenges.



## CONTEXT: COVID-19 IN SURREY

Covid-19 has had an unprecedented impact on people across the world, leading to high mortality rates and far-reaching health implications, lifestyle changes and economic uncertainty. In Surrey, the highest proportion of Covid-19 related deaths occurred during the peak of the pandemic from April to May 2020, with a peak of 41% of total deaths related to Covid-19 recorded in May (University of Surrey, 2020, p.192). The number of new Covid-19 cases in Surrey remains

comparatively high to other periods of the pandemic due to the easing of restrictions with 296.6 new cases per 100,000 of the population in the last seven days (updated 17 August 2021). However, 83% of Surrey's adult population have received at least one dose of the Covid-19 vaccine and 75% have received two doses so far (SCC, 2021b), providing protection against severe illness caused by the virus.

## SURREY'S STRENGTHS

### Healthy People and Environment

Surrey is widely considered a prosperous place to live with a healthy and affluent population and a green, leafy environment. Surrey is also among the top ten least deprived counties in England and its population has a higher life expectancy and a lower proportion of people with long-term limiting health problems or disability than the national averages (SCC, 2020c, pp.4-5).

### Integrated Care System (ICS)

The White Paper (Department of Health and Social Care, 2021) which set out legislative proposals for a Health and Social Care Bill, established "working together to integrate care" as the core goal. **Surrey Heartlands Health and Care Partnership** was one of the first voluntary ICS' in the UK and the second with a devolution deal, allowing it to have greater control over budgets and accountability in local decision-making (University of Surrey, 2020, p.165). The integration of Surrey's care services across acute and community-based settings has enabled

a more **collaborative and locally driven response**. It has promoted **better efficiency and flexibility through knowledge and skills exchange, the development of a shared view of local needs, resources, and capacity and the breaking down of barriers between services** (Charles, 2021). This approach was particularly beneficial during the pandemic to sustain a coordinated response and ensure that no one fell through the inter-organisational gaps. Surrey Heartlands is also renowned for being a digitally advanced system which was showcased in its **rapid deployment of digital innovation** during the pandemic. This included the introduction of virtual consultations, a digital wellbeing platform, remote monitoring devices such as smart meters, an artificial intelligence platform and Facebook portals (University of Surrey, 2020, p.167).

### Third Sector

Surrey's third sector represents a vital force in supporting the county's public health system by providing community-based services across different stages of intervention including early-stage, emergency,

and palliative care. Third sector organisations for example, offer invaluable preventative healthcare services to encourage local people to live healthy lifestyles and empower them to be self-reliant, reducing demand on public health services. Surrey's third sector comprises a wealth of award-winning small and larger charities including the Air Ambulance Kent, Surrey and Sussex which was awarded the Charity Times' Charity of the Year in 2020 and is renowned for leading in the research and innovation of pre-hospital emergency care (Air Ambulance UK, 2020). There are also a range of renowned hospices, rehabilitation services, youth

centres, befriending services, end-of-life care, and mental health services across Surrey that provide specialist support to meet the needs of local people. The Shooting Star Children's Hospices for example, offers care to babies, children and young people with life-limiting conditions, and their families across Surrey and London. Additionally, the Community Foundation for Surrey (CFS) plays a key role in developing a network of local donors and philanthropists across the county and linking them to local organisations to direct sustainable funding streams into tackling local challenges.



## SURREY'S CHALLENGES



### Health Inequalities

Importantly, the Covid-19 pandemic did not cause health inequalities in Surrey, but rather it exposed and exacerbated them. Deeply embedded inequalities between different people in relation to age, gender, race, ethnicity, nationality, ability, and sexual orientation exist across the county, significantly impacting people's lives and access to support services.

### Children and Young People (CYP)

Lockdowns and school closures caused by the pandemic have disrupted the routines of CYP and reduced opportunities for social interactions with friends leading to increased **loneliness and social isolation**. Notably, young people from disadvantaged backgrounds, those with complex home lives, and those with special educational needs have faced additional difficulties (CFS, 2020, p.3). In Surrey, 8.8% (22,640) of children are from low-income families (Surrey Health and Wellbeing Board, 2019, p.5)

and in 2017 it was estimated that within 17 local Surrey neighbourhoods, 30% or more of **children live in poverty** (CFS, 2017, p.8). Notably, poverty is linked to poorer average health and higher incidences of **chronic illness, obesity, isolation, and difficulty accessing local support services** (CFS, 2017, p.8). Likewise, children from disadvantaged backgrounds have **poorer educational outcomes**. For example, it has been found that by the age of 5, disadvantaged children in Surrey have a vocabulary one year behind children from middle income families (CFS, 2017, p.12). This links to Surrey's **attainment gap** in its education system, which is one of the largest in the country. Significantly, the Covid-19 pandemic has intensified this, leading to notable reductions in the aspirations of young people due to **increased disengagement from the education system** because of online teaching, and the lack of opportunity for pupils "to prove themselves" in exams (SCC, 2020b, p.3). **Digital poverty** has also meant that young people who lack access to computers and online devices are disadvantaged (SCC, 2020b, p.3).

## Mental Health

The Covid-19 pandemic has led to more pronounced mental health problems for Surrey residents due to lockdowns, social distancing, general disruptions to lifestyles and economic uncertainty. The impact has varied for different groups of people with women, young adults, those with pre-existing mental or physical health conditions, those experiencing loss of income or employment, those in deprived neighbourhoods and some ethnic minority populations and those who experienced local lockdowns identified as the most likely to experience poor or deteriorating mental health during the pandemic (PHE, 2021a). There has been a **60% increase in mental health service referrals for CYP in Surrey** from 2020-2021, including for eating disorders, and this is forecasted to surge as lockdown is lifted, as it did in June 2020 (SCC, 2021a, p.119). This has led to **unacceptably long waiting lists** for assessments, interventions, and support for CYP with many waiting over a year to access services (Armstrong, 2021).

## Disordered Eating

It is estimated that **6.89% of the population in Surrey is affected by an eating disorder** which is slightly higher than the average of 6.73% (Surrey-I, 2017). Notably, during the pandemic there was a **32% increase in hospital admissions for eating disorders** among all age groups nationally in comparison to the previous year (Lowe, 2020). Greater demand for services meant that over 2,450 CYP in Surrey had to wait longer than the recommended four weeks to access specialist services including for eating disorders before the pandemic (Armstrong, 2021). Additionally, while **child obesity** rates across the whole of Surrey are approximately 7% lower than the national average (PHE, 2018), there are significant discrepancies between the different wards in the county, largely

linked to socio-economic status. For example, children in Canalside, Woking, are more likely to be obese or overweight than any other area of Surrey, with **22.7% of 10–11-year-old children considered obese, and a further 17.3% overweight**. Preventing child obesity should be a priority as it has **long term health implications** such as an increased likelihood of developing type-2 diabetes, reduced life expectancy and disability. Likewise, it increases the risk of mortality from Covid-19 among adults by 40% (PHE, 2020b). Eating disorders and their wider impact on health thus have a detrimental impact on people's lives whilst also placing a significant burden on NHS and third sector services.

## Surrey's Older Population and Increasing Needs

Surrey's population is comprised of a high proportion of people over 65 years, with approximately 222,200 older people making up just under one in five of the population (18.7%) (Surrey-I, 2021). During the pandemic, the most significant health impacts have been experienced in areas with higher numbers of care homes including Banstead, Horley Central, Leatherhead South and Ashted South, Haslemere West and Hindhead, Beacon Hill and Frensham (SCC,



2020c, pp.4-5). **Care home residents are at four times greater risk of mortality from Covid-19** (SCC, 2020c, p.2). Care home residents have reported feeling more **socially isolated due to loss of mobility, lack of visitors and limited digital accessibility**. Notably, the population of over 65s in Surrey is projected to increase to 25.4% by 2041 (Surrey-I, 2021) which will lead to increasing needs within the local community.

### Black, Asian, and Minority Ethnic (BAME) Communities

Approximately 6% of the overall population of Surrey identifies as Asian and 1% as Black (SCC, 2019, p.66). Surrey has a significant local Nepalese population which fails to be captured in official statistics (SCC, 2021a, p.66). Notably, people from BAME groups have **between 10 and 50% higher risk of death** compared to White British people, representing a clear disparity (PHE, 2020a, p.4). The risks associated with Covid-19 exposure, transmission, morbidity, and mortality for BAME populations can be worsened by housing arrangements, occupations and transport use and challenges accessing healthcare and financial support (PHE, 2020a, p.6). This demonstrates that **Covid-19 has exacerbated longstanding racial inequalities** across the UK, particularly in terms of economic disadvantage. The pandemic also gave rise to **increased racism** against the BAME community, particularly against Chinese families (SCC, 2020a, p.13), worsening feelings of alienation. Racial discrimination has detrimental impacts on people's health,

with stigmatisation leading to fear of diagnosis, lack of trust in healthcare services and reluctance to seek support, intensifying discrepancies in access to healthcare.

### Domestic Violence

The Covid-19 related lockdowns have led to a surge in domestic violence across the UK with increased risks of **harm, isolation and difficulty accessing support services**. There are an estimated 35,400 victims of domestic abuse in Surrey, with 3,300 children visible to services as living in homes where there is domestic abuse (CFS, 2020a). **Children have become increasingly exposed to domestic violence** due to school closures during the pandemic. In July 2020, when lockdown restrictions were temporarily eased, Surrey Police reported an 8% rise in the number of domestic abuse incidents being reported, at roughly 28 crimes per day (CFS, 2020a). Nevertheless, **the low levels of reporting** domestic violence to the police suggests that the issue is likely much worse. Likewise, by March 2021, Surrey domestic abuse charity, Your Sanctuary, had recorded a **31% increase in calls** to their support helpline, compared to the previous financial year (CFS, 2021, p.3). Domestic violence widens **gender inequalities** and can have debilitating impacts on people's lives including their physical and mental health, wellbeing, family dynamics and life opportunities. The issue also leads to huge costs on health services and the criminal justice system, costing Surrey approximately £111 million (SCC, 2018, p.3), highlighting the severity of the issue in Surrey and the imperative need to tackle it.





## STRAIN ON SURREY'S HEALTHCARE SERVICES:

### Pressure on Surrey's Emergency Services

The Covid-19 pandemic has created an overwhelming strain on emergency services such as ambulance services, with high volumes of people requiring emergency care and transfers to already inundated hospitals. South East Coast Ambulance Service (SECAMB) has experienced **persistently high levels of demand**, particularly following the second wave of the pandemic. Ambulance waiting times outside hospitals increased dramatically due to **hospitals operating at full capacity** which meant that SECAMB lost 7,803 hours queuing outside hospitals in 2020, in comparison to 5,732 hours in 2019 (Kirkland and Titheradge, 2021). High levels of demand have continued throughout the year with a 24% increase in calls between 16th to 23rd July in comparison to the same period before the pandemic (Nurden, 2021). This has translated into **exhausted, burned-out staff** at increased risk of contracting the virus and being off work sick. This is also reflected across the NHS more broadly, with nurses expressing concerns over personal risks and risks to family members due to being continually exposed to the virus (University of Surrey, 2020, p.175). There are widespread feelings of **demoralisation and devaluation** among healthcare workers who have lacked access to adequate levels of support throughout the pandemic despite their **hard work, resilience, and dedication**.

### Pressure on Surrey's Third Sector

Soaring demands for services throughout the pandemic have also imposed a significant strain on the third sector. The National Emergencies Trust (2020) announced in August 2020 that **"one in eight people living in the UK, equivalent to seven million people, expect to seek support from a charity or voluntary organisation in the next twelve months as a direct impact of the challenges caused by Covid-19"**. Notably, for 61% of these individuals, it will be the first time they have ever sought charitable support, highlighting the far-reaching economic consequences of the pandemic. The third sector has been struggling to respond

to such high levels of demand following a **huge loss of income** from all sources during the pandemic which has forced organisations to reduce to minimal, essential operation levels (CFS, 2020b). For example, by August 2020, charities in Surrey had reported **losses of up to £1 million** in their forecasted income for that year (CFS, 2021, p.3). There has been a huge strain on services such as community foodbanks in Surrey, with Epsom and Ewell foodbank reporting a **268% increase in demand** in November 2020 (CFS, 2021, p.3).

### Cancer Backlog

The Covid-19 pandemic has had a devastating impact on non-Covid elements of healthcare including cancer care. The emergence of a Covid-induced cancer backlog represents one of the most urgent health crises in the UK due to **high levels of disruption, cancellations and postponements of cancer appointments, surgeries, and treatments**. Delayed treatments represent an urgent issue considering that every four weeks delay in cancer treatment reduces survival rate by six to eight percent (Hanna et al., 2020, p.3). In Surrey, it is estimated that there have been approximately **12,000 potentially missed referrals from March 2020 to April 2021** in comparison to the same period the previous year (Miller, 2021). This is significant as it translates into delayed referrals, missed tests and later-stage diagnosis, putting people's lives at increased risk, and creating increased pressure on healthcare services down the line. It also suggests that the pandemic and the guidelines to 'stay home and protect the NHS' have impacted public attitudes in relation to seeking professional help for signs and symptoms of cancer. Notably, cancer survival rates in the UK were the worst among high income countries pre-pandemic, due to **historic underinvestment and bureaucratic obstacles** such as the fragmentation of responsibility for cancer services between NHS bodies and a complex commissioning and delivery system (APPG, 2021, p.5). These issues have become further exacerbated during the pandemic, highlighting the need to adopt a new approach to transform cancer care.

## OPPORTUNITIES:

### Shifting Public Attitudes Towards Health

Health has become a higher priority for many people because of the pandemic, with the consequences of ill-health becoming starker. Notable **increases in the number of people attempting to quit smoking** have been seen during the pandemic with almost two-fifths of smokers attempting to quit in the 3 months up to April 2021 decreasing to just over a third in May and June 2021 (PHE, 2021b). There have also been changes in food use behaviours with a shift towards cooking meals more from scratch, **healthy eating** and eating together as a family (PHE, 2021b). Moreover, a third of adults have reported engaging in **more physical activity** during lockdown and people are spending more time sleeping and resting, socialising, and gardening which promote wellbeing (PHE, 2021b). The emergence of more **health-conscious attitudes** suggests an opportunity to maximise health and wellbeing interventions to tackle health issues.

### Reconfiguration of Health and Social Care Services and Digitisation

Whilst the NHS is renowned for its slow adoption and rollout of new technologies, Covid-19 accelerated the implementation of new practices and technologies due to the urgent need to reduce face-to-face contact and manage demand. This has created new opportunities for health and social care services to **reconfigure and adopt new, innovative practices**. An example can be seen in the expansion of outpatient services through digitalisation, enabling **remote consultations** to be delivered online. In recognising that some aspects of technology implementation will have been shortcut during the emergency phase of the pandemic such as evaluation, co-design and customisation, there is now scope for revisiting these aspects to reorient technology to serve wider quality and productivity objectives (Horton et al., 2021, p.3). This includes the need to reflect on **patient and staff experience of technology** to adapt it to their needs and preferences.

The National Institute for Health Research (NIHR) Applied Research Collaboration for Kent, Surrey and Sussex's Beneficial Changes Network has been working to identify key priority areas for the region. These include the evaluation and expansion of **remote and self-monitoring** of blood pressure and oximetry, the development of a **regional mental health programme prioritising CYP** and the **evaluation of best practice in relation to the new hospital discharge policy**. This work will facilitate **knowledge exchange** and the development of regional programmes aiming to improve the provision of care based on local needs.

### Third Sector Collaboration and Innovation

The pandemic stimulated cross-sector and cross-organisational collaboration between public, private, and voluntary organisations (University of Surrey, 2020, pp.172-3). The third sector adapted quickly and innovatively to the challenges of the pandemic, supported by the **surge in community spirit**. The CFS' (2021, p.5) **Surrey Coronavirus Response Fund** for example, raised £2.7 million of vital emergency funding for 225 charitable organisations across Surrey during the pandemic with over half of the funding directly coming from Surrey-based donors. The foundation has also renewed the **Surrey Community Fund**, aiming to direct funds into the priority areas of health and wellbeing, education and training, inclusion promotion and community empowerment (CFS, 2021, p.9). Likewise, the **East Surrey Poverty Truth Commission** was launched in 2019 to develop community networks to overcome the causes and challenges of poverty and transform systems and cultures. The Commission is currently working on a **digital inclusion campaign** to enable children and young people from disadvantaged backgrounds to gain access to digital devices and equipment for online teaching during the pandemic.



## RECOMMENDATIONS

### Bridging Inequality Gaps

Surrey needs to take advantage of the increased awareness and appetite to tackle health inequalities and develop initiatives to promote safer, equal, and inclusive communities. Local people need to be actively involved in the design and delivery of these initiatives to ensure that they are needs-led. Early-stage interventions targeting priority groups such as BAME communities and sustainable funding streams for accessible, holistic and specialist outreach services could improve clinical outcomes. Investment in local organisations within the BAME voluntary, community and faith sector is also vital to empower minority communities and ensure that they have accessible support services. This includes initiatives to improve health literacy through accessible and culturally appropriate information and resources. Moreover, tackling wider socio-economic inequalities including disparities in educational attainment, employment opportunities, housing, transport, access to healthcare, support services and financial support, represents a key strategy to overcome health inequalities.

### Embedding and Accelerating Digitisation

As we transition into the recovery phase of the pandemic, health and social care must maintain openness to radical innovation through new practices and digitisation. Digital technologies can support self-management and personalisation of care, empowering individuals to take care of themselves with greater choice and autonomy. Supporting digital literacy and accessibility among older people is important to ensure that technology is user-centred and can benefit all groups of people. In addition, tackling infrastructural challenges and digital poverty represents a key aim to tackle inequalities.

### Supporting Collaborative Initiatives

Cross-sectoral and cross-organisational partnerships need to be supported to align strategies to tackle health challenges. This includes the need for knowledge and data exchange and joint commissioning and delivery of initiatives. Coordination can be facilitated through breaking down the barriers between care organisations, teams, and funding streams.



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