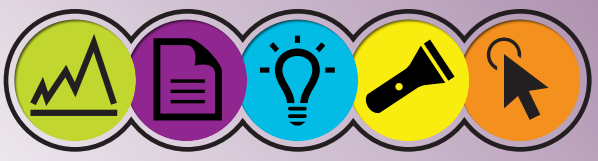
Local Government Association

Councillor workbook



A councillor's workbook on

Health in All Policies and COVID-19

Contents

Introduction

Health in All Policies (HiAP) is an approach to working across health determinants to impact on health inequalities and improve wellbeing. It draws on the HiAP approach advocated by the World Health Organization and the European Union. The Marmot review also highlighted the importance of building health equity into the approach.

HiAP has been an internationally recognised approach to improving health for several decades. The basic thinking is that because so many things from educational achievement, housing, employment and so on, affect a population's health then, to make a change for the better, a council needs to have a concern for health built into all its policies. But what has been the effect of the COVID-19 pandemic on this approach?

This workbook examines the role of elected members, either in a leadership or a frontline role, in thinking through how to keep a HiAP approach in place in the context of COVID-19.

The workbook has been designed to support elected members in working through a range of key issues:

- a recap of the health in all policies approach and an exercise to assess whether you have such an approach in place
- a review of how COVID-19 has had an impact on health, and inequalities in health, across the country and a look at what you can find out about the impact in your council
- reviewing how local councils have responded to the COVID-19 emergency and its far-reaching impact on all aspects of local government including its public health resource
- revisiting a HiAP approach in the context of COVID-19
- what you can do next to support the council's recovery plans and what a HiAP approach can contribute.

The content is based on the Local Government Association's (LGA) existing material for the HiAP workshop. Additional content on COVID-19 has been drawn from recent reports and links are provided to the key documents.

The workbook is designed to prompt reflection, insight and to identify actions to improve practice and support your work in adapting your approach to population health and the council's public health resource in the context of COVID-19. The format will encourage you to consider your role as you work through key issues, case studies and exercises; to reflect on how the material relates to your own approach, your local situation, the officers you work with, the people you serve and the council you represent.

In practical terms, the workbook can be used as a standalone learning tool but additional information and links are provided. You need not complete it all in one session and you may prefer to work at your own pace. If you are 'dipping into' the workbook, the contents page provides a good guide to allow you to find the right section and sub-section. In working through the material you will encounter a number of features designed to help you think about your role in the COVID-19 response.

These features are represented by the symbols shown below:

Guidance – this is used to indicate guidance, research, quotations, explanations and definitions that you may find helpful.

Challenges – these are questions or queries raised in the text which ask you to reflect on your role or approach – in essence, they are designed to be thought-provokers.

Case studies – these are 'pen pictures' of approaches used by councils elsewhere.

Hints and tips– a selection of good practices that you may find useful.

Useful links – these are signposts to sources of further information that may help with principles, processes, methods and approaches.

Emerging key issues for leading members

The table below summarises the key issues that elected members identified from their experience of the immediate response to COVID-19. Other issues were identified from current debate in public forums. The topics and questions raised are examined in more detail as you go through the workbook.

Guidance

Nature of the COVID-19 emergency and longer-term implications.	The nature of the COVID-19 emergency – global, country-wide, contagious and long lasting, with uncertain recovery processes is not a typical emergency. The emergency response has traditionally been seen as led by blue light services addressing localised incidents and with an end point in sight. COVID-19 needs that response and another that is longer lasting.
Reach of COVID-19 across a wide range of services	COVID-19 and the response to it has had an impact on all local government services to a greater or lesser extent, with wide-ranging repercussions for the council, community and partners. The scale of impact raises questions about how other services and public health in general should adapt to a COVID-19 present world.
Balance between immediate response, recovery and building a better new position	Good practice in emergency planning encourages developing recovery plans from the start. Many councils have already started planning for recovery – while still responding to some of the immediate effects. But when is the right time to shift to a greater emphasis on recovery and what is the right balance between recovery, putting back what was there before, and building something that is better than what was there before?
Partnership working	Alongside local councils, many key partners have been affected significantly by COVID-19 including NHS, arms-length care providers, police and other emergency services, education partners, local businesses and the community and voluntary sector. How can the council engage partners in health in all policies while they are recovering from the impact of COVID-19.
The unequal impact of the virus and the response to it.	While 'we are all in this together' the impact of COVID-19 has been greater on some communities than others (people from black and minority ethnic communities) and the impact of the economic measures to stop the spread of infection has been felt more in some communities than others (people living in more economically deprived areas). How do we take this into account in planning a HiAP approach?

Challenge 1

Use the preceding table to reflect upon your own council's response and the challenges and key issues that have emerged. Consider the questions below and respond in the space provided.

What are the key challenges that your council has faced in addressing COVID-19?

How has COVID-19 and the response to it affected communities in your borough?

What is the key challenge that you face in establishing a HiAP approach?

Recap of the Health in All Policies approach

A HiAP approach is ideally suited to the complex environment that local authorities operate in because it recognises that organisations and systems are dealing with a range of priorities and that health is not always the primary focus. By building in consideration of health issues within wider policies, it is possible to create win-win solutions that impact on multiple policy goals eg active transport policy benefiting economy, air quality, obesity, community safety. HiAP can offer a significant opportunity for stakeholder work on inclusive economic growth i.e. economic growth that is fair for all communities.

Simultaneously, the care and health landscape is challenging and complex. There is increasing demand, financial pressure with constant organisational change and top down initiatives in the NHS. As an antidote to structural NHS initiatives, Health and Wellbeing Boards are reconnecting with the wider determinants of health and are leading the prevention agenda across the health and care system. Local councils are uniquely placed to link the health and wellbeing strategy to other place-based strategies such as inclusive growth.

The HiAP approach enables a more in depth look at how the local council and partners are addressing the wider determinants of health across all functions, and the extent to which they are maximising the impact of all policies and services on keeping people healthy and tackling health inequalities. Strengthening the emphasis on prevention, early intervention and building on community assets is critical for local authorities dealing with major funding reductions.

Guidance

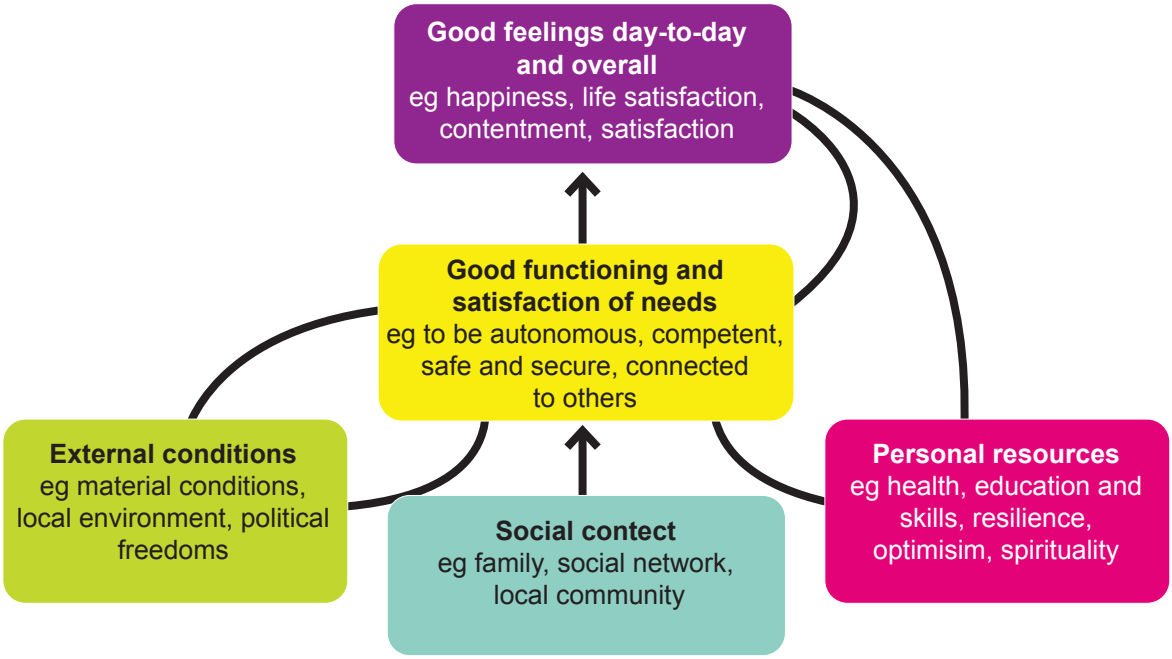
In September 2016 the LGA published 'Health in all Policies: a manual for local government' which builds on international research on the HiAP approach and its effectiveness in tackling health inequalities.

The document includes guidance on working across sectors, engaging stakeholders, how to produce a narrative for a HiAP approach and what structures may help embed the approach across the council.

The document can be accessed here: www.local.gov.uk/health-all-policies-manual-local-government

The HiAP approach starts with an understanding that the health of a population is determined by a number of factors. In 2016, 'Healthy Cities' and 'What Works for Wellbeing' reviewed evidence for population wellbeing. The following key determinants of resident's health and wellbeing were identified:

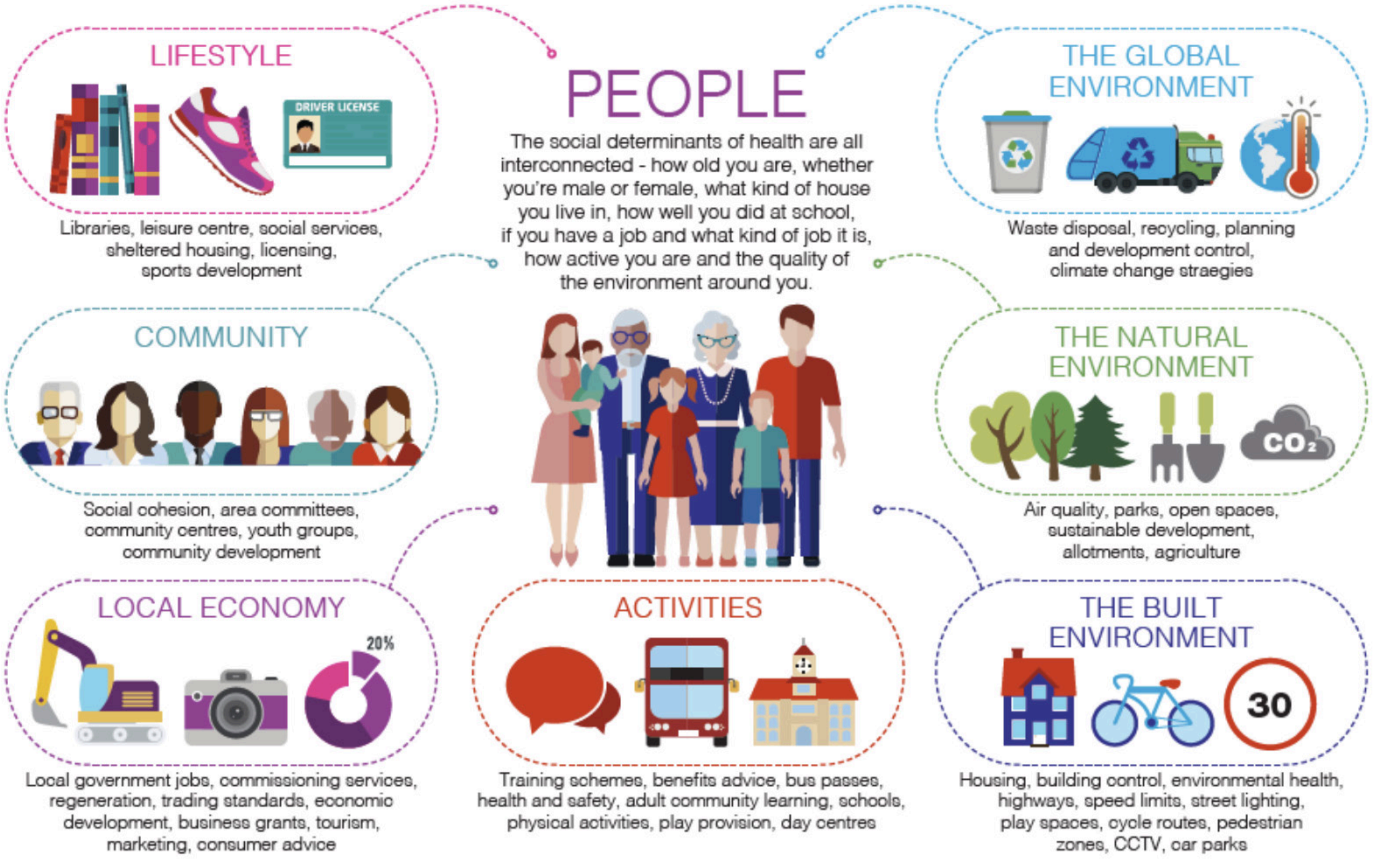
- economic deprivation/unemployment/ job quality
- education and learning /children's wellbeing
- autonomy/governance
- health/physical activity
- green space/pollution/crime and personal safety
- close relationships/social capital/giving/ volunteering.



(Source: Measuring wellbeing in policy New Economics Foundation 2018)

The way in which we measure wellbeing has become more sophisticated. It isn't enough to just look at life expectancy or absence of illness. It is now recognised that good feelings and day-to-day happiness, life satisfaction and contentment are important.

This diagram above shows that the way you feel is also influenced by external factors, the social context and your personal resources. These factors feed into good functioning and satisfaction and this in turn leads into feeling good day-to-day which enables overall wellbeing. It is a virtuous loop as good overall wellbeing then feeds back into improved personal resources and so on.



This picture (above) from the Northamptonshire ADPHR 2018 shows how these factors that determine a population's health, called the social determinants of health, are all interconnected. If you go through each of the above boxes it will become clear that the local council has a lead role in all of the categories of social determinants of health.

Challenge 2
Councillors, as democratically-elected leaders representing their communities

As you go through the previous diagram of what determines health, think about your own council and the residents. Make notes in the box below in response to these questions.

What do you think or feel to be the more significant determinants of health for the people of your council?

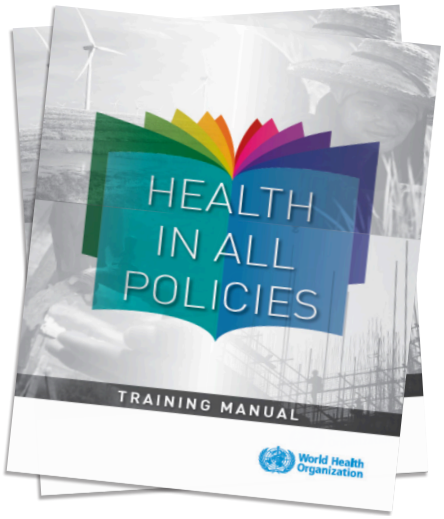
Which council policies or services have an impact on these determinants?

Are there some determinants of health for which your partners are the lead organisations?

What can be influenced and at what level?

What can you do as an individual councillor?

At its core, HiAP represents an approach to addressing the social determinants of health which are the key drivers of health outcomes and health inequities.



HiAP

While HiAP has gained significant traction in the last few years, its origins go back 38 years to the World Health Organization (WHO) Declaration of Alma-Ata in 1978 which expressed the need for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all people.

The HiAP approach is strongly advocated by WHO – and adopted worldwide

"An approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity."

WHO Helsinki Statement on HiAP, 2013

HiAP ideally starts with the policy area (eg economic development policy or transport policy) not with a public health issue. This encourages thinking about the range of potential direct and indirect benefits/risks for health that can be created from that policy rather than 'just' addressing obesity or mental health, for example, which is what could happen if starting with a public health issue.

Starting with a policy issue also demonstrates that this is about the core activities in that policy area, rather than a health 'add-on'. Nevertheless, there may also be room in discussion for looking to see how the policy area might assist in a specific public health objective.

HiAP is about creating places (the physical and social environment) which support and generate good health. HiAP is about governance/policy ideas based on collaboration, partnership, structured interaction and ongoing relationships, rather than specific decisions. HiAP needs to be integrated with other cross-cutting policy interests, such as equity, sustainability and demographic considerations.

Hints and tips

A number of elements have been identified as central to a HiAP approach. Policy makers and practitioners have emphasised that there is no 'right way' to incorporate HiAP, but the principles below are sufficiently general to be adaptable to a wide range of organisations and localities:

- promote health, equity and sustainability
- support inter-sectoral collaboration
- benefit multiple partners
- evidence that partnerships work
- engage stakeholders
- create structural or procedural change to embed tackling health inequalities
- develop common monitoring and evaluation tools.

Source: 'Health in All Policies: a manual for local government LGA 2016'

Case studies of councils with a HIAP approach

Case study

London Borough of Southwark
www.local.gov.uk/london-borough-southwark-health-all-policies-approach

Through novel partnerships with colleagues in Southwark's culture, leisure, environment, planning, regeneration, human resources, and housing departments, the public health team now has a range of collaborative initiatives, jointly developed, monitored and delivered. And the benefits of this approach are already being observed: collaboration with public health has had a significant impact social regeneration, which prioritises wellbeing as primary outcome of all local regeneration efforts.

Councillor Maisie Anderson, Cabinet Member for Public Health and Social Regeneration
"The council's Labour administration is committed to health being embedded in all policies. We see ourselves as a bold authority and are proud that we've been able to improve the public health offer in Southwark, and even innovate, despite the challenging budgetary environment. Creating my double brief for social regeneration and public health was a deliberate move to bring together the physical environment with the community's health and wellbeing."

Case study

Newcastle City Council
www.local.gov.uk/newcastle-city-council-working-city-tackling-inequalities-decent-neighbourhoods

The approach in Newcastle includes involvement in: healthy transport and air quality, leisure services and physical activity, planning, health improvement in community settings such as community family hubs and health at work.

Councillor Jane Streather, Cabinet Member for Public Health and Housing
"In Newcastle there is considerable political enthusiasm for improving health and tackling health inequalities, and public health has become a responsibility of the whole council, through adopting a HiAP approach. Cabinet members work closely together on health issues. For example, I work closely with the cabinet member for transport and air quality and I also co-chair the Healthy Streets Board, which was set up in 2016 to link work delivered by transport and public health officers within the council.We have laid the foundations for a coherent approach to closing the gap in life expectancy and tackling the growing problem of poverty, but there is much more to do."

Case study

Public health transformation six years on – case studies include: Derbyshire, Hampshire, Hull, Liverpool, Camden & Islington, Norfolk, Warwickshire and Stevenage
www.local.gov.uk/sites/default/files/documents/22.38%20Public%20health%20transformation%20six%20years%20on_web_1%20WEB.pdf

This collection of case studies shows progress continues to be made on a wide range of HiAP approaches. A few areas did not use the language of HiAP, generally because the names were not seen as helpful for engaging with people. However, Liverpool City Council has gone further than HIAP and uses the concept of Health in all Policies and Places (HiAPP) which provides a focus on locality as well as policy. Public health involvement in planning and licensing is becoming the norm and also involved in responding to health issues in major new developments, including healthy new towns, and advising on issues such as improving active travel. Air quality was a growing issue and is likely to see more focus in the coming years. Counties with many districts face greater challenges in developing HiAP initiatives.

Case study

Basildon Borough Council (awaiting publication)

As part of the HiAP approach, Basildon Borough Council is aiming to shift perspectives so that all of its functions – litter collection, facility management, leisure, green space development – are seen as public health roles. The Council saw opportunities to make a positive difference to health and wellbeing through its direct responsibilities for housing, leisure and public spaces, as well as through its more strategic role which influences other parts of the local system and wider economy. The new approach was supported by Essex County Council, which initially part-funded a public health improvement practitioner post jointly with Basildon Borough Council and Brentwood Borough Council to better understand health needs locally and sits within Basildon's newly created culture and health service.

Challenge 3

You might have some of the elements of HiAP in place already. This challenge is to help you think about what these are. Make notes in the text box below in response to these prompts.

1. Vision and ambition – has the council set out its ambition for health and inequalities in health? If so what are they? Could they be improved?

2. How well does the council work with others to improve health? Do you think partnerships for health are strong?

3. Is the council making a sustainable impact on health outcomes?

4. Is the council using its resources to best effect to improve health?

COVID-19 and health inequalities

This section of the workbook will look at what we know currently about how COVID-19 has affected the health of people in the country. This will start with the direct impact of the virus on a population's health and then move on to consider how the nationwide response to stop spread of infection, mainly the lockdown, has also had an impact on health. Finally, there will be some guidance on how to assess the impact of the virus, and the response, in your own council.

Impact of the virus

Data on the impact of COVID-19 is usually published as the number of cases identified on a daily basis and the number of people who have died. This information is available from the Office of National Statistics.[1]

It is worth noting that the number of cases identified is based on the number of people who have been tested for presence of COVID-19. It will be an underestimate as people with infection may not have symptoms or may have symptoms but not have a test and therefore they will not be recorded in the cases identified.

The number of people dying from COVID-19 infection now includes people who have died in all settings. In the earlier stages of the pandemic only deaths in hospital were recorded on the daily reports.

Public Health England publish a weekly COVID-19 surveillance report[2] accompanied by a useful infographic.[3] There is also a COVID-19 tracker with daily updates.[4]

Another way to look at deaths from COVID-19 is to compare data from this year with the average from the previous five years. When the data shows the number of deaths to be higher this year than in previous years then it is known as the excess deaths. This may be the best way of working out the ultimate impact of COVID-19 on mortality. It will include people who die from COVID-19 whether they have been tested or diagnosed as having infection or not and people who have died from other conditions that might be higher this year owing to services not being available during the crisis.[5]

Excess deaths is considered by many commentators to be a better measure of the impact of COVID-19 on mortality, and a fairer way to make international comparisons. The Health Foundation report 'Understand Excess Mortality' sets out the reasons why this is thought to be.[6]

1 www.gov.uk/guidance/coronavirus-covid-19-information-for-the-public

2 www.gov.uk/government/news/weekly-covid-19-surveillance-report-published

3 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/886696/COVID19_Weekly_Report_20_May.pdf

4 https://coronavirus.data.gov.uk/#category=ltlas&map=rate

5 www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregisteredweeklyinenglandandwalesprovisional/weekending15may2020

6 www.health.org.uk/news-and-comment/charts-and-infographics/understanding-excess-mortality-the-fairest-way-to-make-international-comparisons

Because the pandemic is continually developing the data is being extended every day and week. What we know at this point in terms of who has been affected by COVID-19 in the UK is:

Key facts

- People aged 90 years and over continued to have the highest number of COVID-19 deaths.
- There seem to be more men identified with COVID-19 infection than women although that may change as testing patterns change.
- More men than women have died from COVID infection.
- More people from black and minority ethnic groups have been identified with COVID-19 and to have died from infection than would be expected from numbers in the overall population.
- When the age of population is taken into account, the rate of deaths involving COVID-19 is roughly twice as high in the most deprived areas of England and Wales as in the least deprived.

Impact of the pandemic response

It is generally agreed that the lockdown introduced across the country in March 2020 had a major part in reducing the rate of spread of COVID-19. Measures were introduced to close schools, pubs and clubs and shops. People were asked to stay at home. Compliance with the lockdown was high.

But the measures themselves also have an impact on health and wellbeing. The extent of this impact is gradually being understood and it is becoming clear that the impact is not shared evenly. It seems that people living in more deprived areas are affected to a greater extent than others by the lockdown just as they were by the impact of the virus itself.

Several commentators and think tanks are gathering data on this unforeseen impact. A blog from The Health Foundation, Will COVID-19 be a watershed moment for health inequalities?,[7] makes the point that people facing the greatest deprivation are experiencing a higher risk of exposure to COVID-19 and existing poor health puts them at risk of more severe outcomes if they contract the virus. The government and wider societal measures to control the spread of the virus and save lives now are exacting a heavier social and economic price on those already experiencing inequality. The consequences of this action, and the economic recession that is likely to follow, risk exacerbating health inequalities now and in years to come.

Much of the analysis into the effect of the lockdown measures is being discussed on live platforms like webinars. This one from The Royal Economic Society on Inequalities and The COVID-19 Crisis[8] was aired in April 2020. It made several points including:

- Far from pushing inequality down the agenda, the pandemic has reinforced the need to deal with the challenges posed by inequality
  - highlighted existing inequalities: income, work, health, education, housing, savings, etc as well as ethnic and intergenerational inequalities
  - opening up new inequalities that were previously less significant: working from home, access to green space, etc.
- The lockdown has emphasised inequalities
  - between workers: those who can work at home, those who are key workers, those whose sectors have been shutdown
  - between families: those with children, single parents, available childcare
  - resources: those with savings, wealth, houses, gardens

7 www.health.org.uk/publications/long-reads/will-covid-19-be-a-watershed-moment-for-health-inequalities

8 www.youtube.com/watch?v=zVQCnWLfYkk&feature=emb_title

- health: those with long-term health conditions, those that care for the vulnerable
- education: those who have access to online education, those who have educated parents, those who are leaving school/graduating this year.

- Nearly a third of employees aged 25 or under are in sectors currently shutdown. Women of all ages more likely to work in shutdown sectors.
- Workers in lockdown sectors are lower paid and less likely to be able to work from home.
- Lone parents (particularly mothers) are more likely to be working in a shutdown sector
- Social distancing further widens the gap between those with and without a university education.
  - those with degree level education stay at home, go on working, stay safe and get paid
  - essential workers risk their lives (bus drivers, care workers etc)
  - non-essential workers risk their livelihoods (non-food retail, restaurant workers, etc).

In June 2020, Public Health England (PHE) produced two reports that gather data about inequalities, or disparities, in the impact of COVID-19. The first, 'Disparities in the risk and outcomes of COVID-19'[9], had the following main messages.

- Diagnosis rates are higher among females under 60, and higher among males over 60. Despite making up 46 per cent of diagnosed cases, men make up almost 60 per cent of deaths from COVID-19 and 70 per cent of admissions to intensive care units.
- The rate of diagnosed cases increases with age, but the age profile is markedly different among those in critical care. The largest number of patients in critical care come from age groups between 50 and 70 for both males and females and only small numbers aged over 80.
- When compared to all cause mortality in previous years, deaths from COVID-19 have a slightly older age distribution, particularly for males. Between the ages of 40 to 79, the age specific death rates from COVID-19 among males were around double the rates in females compared with 1.5 times for all cause mortality in previous years.
- A survival analysis looked at people with a positive test, and those 80 or older, when compared with those under 40, were 70 times more likely to die. These are the largest disparities found in this analysis. Working age males diagnosed with COVID-19 were twice as likely to die as females.
- The majority of excess deaths (75 per cent) occurred in those aged 75 and over. COVID-19 deaths were equivalent to 80 per cent of the excess in every age group, except the oldest age group where this proportion is lower. There have been fewer deaths than expected in children under 15 years of age.

The second, 'Beyond the Data: Understanding the impact of COVID-19 on BAME Groups'[10] looked specifically at the impact on black and minority ethnic people and communities. The main messages from this second report included:

- The emerging evidence suggests excess mortality due to COVID-19 is higher in BAME populations. Individuals of Black African or Black Caribbean ethnicity may be of highest increased risk.
- The risks associated with COVID-19 transmission, morbidity, and mortality can be exacerbated by the housing challenges faced by some members of BAME groups.
- The most recent research from the UK suggests that both ethnicity and income inequality are independently associated with COVID-19 mortality.
- Individuals from BAME groups are more likely to work in occupations with a higher risk of COVID-19 exposure. They are more likely to use public transportation to travel to their essential work.

9 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892085/disparities_review.pdf

10 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf

- Historic negative experiences of healthcare or at work may mean that individuals in BAME groups are less likely to seek care when needed or as NHS staff less likely to speak up when they have concerns about personal protective equipment (PPE) or testing.

Both reports underline the impact of pandemic Covid on inequalities in health and the need to look at wider determinants to understand what to do to rectify such inequality.

What has been the impact of COVID-19 in your council?

In the midst of a pandemic the information that is available about the spread of the infection changes quickly. However there are some ways in which an elected member can work with the local public health resource to put together a picture of what has happened in your area.

LG Inform[11] is an LGA site with immediate information on the impact of COVID-19 in your area. A report is available that compares a council area to the average of All English single tier local authorities and all English councils using daily data on the number of hospital cases of COVID-19 in the area.

'COVID-19 Data Tools to Support Local Areas'[12] has a number of tools available on the PHE fingertips facility. The 'Summary profile - COVID-19 Clinical Risk factor and social vulnerability'[13] tool enables local identification of those at increased risk including those aged 70 or older, those under 70 with an underlying health condition and those who are pregnant.

Challenge 4

Using the above tools, find your council in the area list. The data will give you some sense of the exposure of your council's population to COVID-19 and to the impact of the economic and social lockdown.

You may want to discuss the profile with your director of public health.

11 https://lginform.local.gov.uk/reports/view/lga-research/covid-19-case-tracker-area-quick-view-1?mod-area=E08000003&mod-group=AllSingleTierInCountry_England&mod-type=namedComparisonGroup

12 www.local.gov.uk/sites/default/files/documents/COVID-19%20Data%20tools%20to%20support%20local%20areas_0.pdf

13 https://fingertips.phe.org.uk/indicator-list/view/hThVtOH4CU

Response of local government to COVID-19

The immediate response of local councils has been incredibly quick, responsive and impressive. Councils have stepped up to support their communities and delivered at pace.

For example:

- emergency powers and plans enacted
- government guidance implemented
- home working arrangements put in place
- governance arrangements amended – meetings postponed or transferred to virtual formats
- major service changes undertaken, with thousands of staff being redeployed
- the financial response was rapid – including swift implementation and delivery of the Government grants to support businesses.

A key function deployed by local government in response to a pandemic for the first time is its public health responsibility. It is likely that this key function will be of greater importance as the pandemic response continues. It is a function that is inherently partnership focussed. It is and will be a bridge across local government into the NHS and voluntary and community sector.

Recovery work is already taking place in many authorities. For example, councils are working on how to support local economies and business recovery through ensuring key planning decisions are not delayed, protecting progress where possible on regeneration projects and providing support to businesses.

There is also the question of the 'new normal'. You may want to think about the questions in the text box below and jot down some thoughts in response.

- What will a post-COVID-19 council look like?
- How will it organise and undertake its strategic leadership, community leadership and leadership of place role?
- What features of the COVID-19 period should councils plan to retain?
- What have you learnt that will be of use in a second wave or another pandemic?
- Will the necessity of remote and agile working and virtual meetings accelerate this style of working post pandemic?

In the next and final section, the workbook will look at how the HiAP approach can be of use in responding to the challenges to health in a local council area posed by COVID-19 itself and the national response in the form of the economic and social lockdown.

Health in All Policies and recovery planning

So far in this workbook it has been established that:

- the social determinants of health are key to long term population health and inequalities in health
- the health for all approach is internationally recognised as useful in highlighting that all council policies, not just those specific to health and care, are important to population health and wellbeing
- the COVID-19 pandemic has had a direct effect on health and the action taken to halt the spread of infection also has consequences for health
- the direct effect and the national response are having an impact on health that highlights and exacerbates inequalities in health
- tt is possible to get a profile of the council population in terms of its vulnerability to the COVID-19 pandemic.

The 'new normal' and 'COVID present'

In many ways the COVID-19 pandemic is unlike other emergencies even other public health emergencies. At present it is difficult to see an end in sight to the many consequences of the pandemic. It may be the case that a reliable vaccine is available in 2021. There is also a chance that a vaccine is not discovered and other measures are needed to reduce infection.

Challenge 5

Assuming that a vaccine is not available quickly what behaviours or measures might be needed to keep the spread of infection down?

What could you do to promote adoption of the needed measures or behaviours?

The adoption of such behaviours into the future are sometimes described as the 'new normal'. It's a useful idea as it helps to get over the thinking that there will be a return to normal. It may be more helpful to think that there are some things we will all have to do to live with the presence of virus transmission. That idea is also part of the thinking that talks about living in a 'COVID present' era. This is informed by thinking that, like other corona viruses, it may not be possible to eradicate COVID-19. Therefore we will be better equipped to deal with the situation if we recognise that the virus is present and communities, workplaces and cultural events will have to adapt to limit spread of infection.

Recovery planning and build back better

The impact of the virus on health and the impact of the economic and social lockdown to prevent spread of infection are two sides of the same coin. At different points the impact of each side on health will be more dominant. Each side also varies in the degree to which the impact is acute or chronic. In many ways the health impact of viral infection on the population is acute as people become ill and mortality increases.

The impact of the economic and social lockdown is both acute and chronic. The acute impact is in the immediate closure of businesses in the retail, culture, leisure and other industries and the chronic impact may be felt in the number of businesses that fail to reopen.

Immediate health impacts can be seen in rates of domestic violence, mental ill health and alcohol consumption. Longer term health impacts may arise from higher rates of unemployment and lost educational opportunities. 'A councillor's workbook on supporting mentally healthier communities' is designed as a distance learning aid to support councillors develop mentally healthier communities. It specifically focuses further 'upstream' on prevention.

Recovery planning is part of good practice in emergency planning. However, even in this respect the COVID-19 pandemic brings different challenges and opportunities. Owing to the nationwide, sector-wide and prolonged impact of the pandemic, thoughts are turning to whether there is an opportunity, not just to put key things back in place quickly but, to look at what could be better than it was before the pandemic – to build back better.

Challenge 6

Make a list of council services that need to be put back in place quickly.

Make another list of council services and functions that could be reassessed, or that the opportunity to rethink the approach is great, before being fully reinstated.

It is understood that many councils will be focussed on economic recovery. Many people could be at risk of unemployment with long term consequences. That should be a focus of council activity. Another area of concern is likely to be social care. Care homes have been at the centre of so much of the pandemic and many are also struggling financially. That too should be a prime concern for councils. So what of the public health perspective on recovery and build back better?

The message from an understanding of the social determinants of health is that the population's health is to a large extent determined by income, unemployment, educational opportunities, housing and access to open space and other factors. The HiAP approach starts with that understanding and concludes that the way to improving the population's health and reducing inequalities in health has to engage every aspect of the council's remit and policies.

Applying this approach to recovery planning and the build back better theme would mean looking at all the council's policies and services and prioritising the ones where you think you can make a difference. Typically, this would include the following, among others:

- economic policy
- employment and skills
- regeneration
- town planning
- social care
- housing strategy
- healthcare strategy
- social care – adult and children
- land use
- licensing
- environment and access to open space
- transport
- leisure
- libraries and galleries and arts activity.

Challenge 7

Take the previous list and identify what you think are the health implications in each area.

Have any of the service or policy areas been more affected by the pandemic or had a greater impact in the community?

Go through the list again and pick out your top three that you want to

- do more on to understand what the impact of COVID-19 has been
- do more on to make changes to the way the council operates in that area that will lead to better health and reduced inequalities in health.

Finally, share your list with other councillors to build a shared platform for the councillor's voice in recovery and building back better.

Notes

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