
To: Emergencies Board

On: 12 June 2020

Report by: Chief Executive

Heading: Understanding covid-19 risk, impacts and outcomes

1. Summary

- 1.1 This report highlights some of the data that is available to help the Council understand the nature and impact of the covid-19 pandemic in Renfrewshire and across Scotland.
- 1.2 Data on the number of positive cases of and deaths due to covid-19 is reported weekly to the Emergencies Board. This report considers this data in detail together with additional data and insight at a local and national level. This report considers the potential wider impact on Renfrewshire's communities, particularly our most deprived citizens, and recommends that we consider this impact as we develop our recovery response collectively with our partners.

2. Recommendations

- 2.1 It is recommended that members of the Emergencies Board:
- note the content of this report and
 - agree to consider the impacts and inequalities across different communities in Renfrewshire as the Council develops the recovery response.

3. Background

Risk of infection and transmission

- 3.1 Members may be aware of press coverage relating to the 'R number' of the regions of the UK. The R number stands for reproduction number and is how

scientists rate the spread of the covid-19 virus; essentially it means the number of people that an infected person will pass the virus to.

- 3.2 The Centre for Mathematical Modelling of Infectious Diseases produced a report estimating what the regional R numbers might be. Based on data from 24th May 2020, their estimates show Scotland to have a figure of 0.8, along with another 8 areas of the UK. There were 2 regions above Scotland with an R number of 0.9 and 1.0 and 2 regions below Scotland with an R number of 0.7. It is not possible to segment this data further to give an indication of what the R number may be for Renfrewshire.
- 3.3 Relating to the spread of the virus, the Glasgow-based data analytics company Scotianomics published a report last month on a community risk index of Scotland's 354 council wards, ranking them from most to least at risk of exposure to covid-19 according to a range of variables. Their modelling shows the Clyde Valley as the highest risk area in Scotland – due to dense population, good connectivity and also the existing health issues in the region. All Renfrewshire wards are within the 80 most at risk wards in Scotland - the most at risk ward is Paisley Southeast (29) and the least at risk ward is Paisley Northwest (77).
- 3.4 The report allows us to consider the different characteristics of our communities and what that may mean in terms of risk - the ranking is calculated on possible transmission risk, which is focused on the number of cases but also how able people are to move around (good transport links, car owners etc), the population density and the GDP of an area (higher GDP means higher risk). Health indicators from the Scottish Index of Multiple Deprivation (SIMD) are factored in, alongside the age structure of communities.
- 3.5 There are some caveats to be aware of, particularly that this is based on existing data and doesn't include consideration of people's behaviour and movement during the lockdown, their occupation or other factors which may increase risk. It is important to also note that this is solely about covid-19 transmission and doesn't reflect the risks of ill health and death from other health conditions and factors impacted by lockdown. However, despite the caveats, these types of reports are helpful as they encourage us to challenge our thinking as we continue to shape our recovery planning.

Covid-19 deaths, non covid-19 deaths and bereavement

- 3.6 Each week, National Records Scotland (NRS) publishes statistical data relating to the death rates in Scotland, by NHS Board and by local authority area. Analysis at a national level has shown that people living in the most deprived areas of Scotland were 2.3 times more likely to die with covid-19 than those living in the least deprived areas.

- 3.7 Further data is provided to analysts in partner organisations such as the NHS to support work in health and social care planning. The publication of detailed information at SIMD datazone level is not possible due to the nature of data sharing arrangements - although every death is very sad loss, there are relatively low figures in certain areas which may inadvertently result in the identification of individual causes of death.
- 3.8 Broad analysis at an intermediate zone level shows the death rate due to covid-19 across Renfrewshire to be significantly impacted by the location of care homes, with the rate for Renfrewshire rural and village areas raised as a result. Analysis also shows that the least deprived areas of Renfrewshire have the fewest deaths from covid-19.
- 3.9 Close comparison of rates across localities and individual SIMD datazones is difficult due to the statistically low numbers involved in this analysis. When the location of care homes with significant outbreaks is considered there is no data to suggest there is any substantial difference in covid-19 death rates across the communities of Renfrewshire beyond the least deprived areas having the fewest deaths as outlined above.
- 3.10 Within the SIMD dataset, rather than by smaller individual datazone area, we can consider Renfrewshire by 'quintile' – a quintile splits the data into five at a national level, so SIMD quintile 1 has the areas in Renfrewshire that are in the most deprived 20% in Scotland. Analysis at a Renfrewshire level shows that those living in SIMD quintile 3 (average deprivation) experienced the highest rate of covid-19 related deaths, while those living in SIMD quintile 5 (least deprived) experienced the lowest rate – please see appendix 1 for further NRS analysis.
- 3.11 This represents part of a bigger picture and analysis of Scottish non covid-19 deaths clearly shows a disproportionate number of deaths in the most deprived communities in Scotland during the period of the pandemic to date. Analysis has shown this to be the case for Renfrewshire too, with double the non covid-19 death rate in the most deprived areas compared to the least deprived areas in Renfrewshire. Health indicators are a component of the SIMD and the link between deprivation and poor health outcomes is well known.
- 3.12 However, while SIMD analysis provides one helpful way of understanding the characteristics of our communities, we know that deprived people don't always live in deprived communities and there will be people and families struggling across all areas of Renfrewshire. Recognising this, our recovery response must consider a mixture of locality-focused and Renfrewshire-wide approaches.
- 3.13 Across Scotland and the UK, research, analysis and commentary has been published relating to the factors impacting death rate – deprivation sits alongside age, gender, ethnicity and even occupation as contributory factors for an individual's survival chances.

- 3.14 Underlying health conditions, potentially compounded and influenced by these factors, also play a role. Closely linked to deprivation - alcohol use, smoking and poor diet are also thought to negatively impact the covid-19 survival chances. Given this is a new pandemic, data and studies are still emerging and it will take time for the true impact and critical factors to be fully known.
- 3.15 Ethnicity is an area where more work is needed to understand the impact of covid-19 on individuals. Public Health England recently published data which showed that people from a black and minority ethnic (BME) background were disproportionately more likely to die from covid-19. The data showed those from Bangladeshi backgrounds were at twice the risk of death in comparison to those from a white British background.
- 3.16 At a Scottish level the analysis is less clear, however we know that BME people are already at an increased risk of experiencing inequality which could be deepened by the socioeconomic effects of the lockdown. Expert groups have been established to work with both the Scottish and UK Governments to provide a clearer picture of the impact on minority ethnic communities of coronavirus and advise on policy actions to mitigate any disproportionate effects.
- 3.17 Behind each statistic there are bereaved families and friends processing their grief in the difficult social and economic circumstances posed by the lockdown - the longer-term impact of this increased death rate across Renfrewshire and Scotland is likely to be significant. Families are unable to grieve together and support loved ones in person. There will be financial strain on families, further impacted by difficulties accessing a range of banking facilities due to lockdown. Mental health and wellbeing effected by the isolation of lockdown are likely to deteriorate further as a consequence of losing a loved one. In recognition of this, Renfrewshire HSCP are already working closely with RAMH and local hospices around bereavement support.
- 3.18 With our most deprived areas experiencing an increased death rate, this inequality impacts disproportionately on the communities least equipped to deal with the socioeconomic impact of death in terms of resources. In addition, those already experiencing physical and mental ill health are likely to find their conditions more difficult to cope with whilst trying to grieve through the constraints and anxieties of lockdown. Children and young people, already with routines disrupted and isolated from their grandparents and their friendship groups may find their sense of loss compounded and their natural anxieties heightened following the loss of a loved one. The lack of usual mourning rituals, including physically supporting family or ability to attend funerals, may impact the grieving process and cause longer-term trauma to bereaved families and friends. When planning recovery, it is important to ensure this area is adequately considered and that the Council works closely with partners and third sector providers to ensure families are given the support and care needed.

Shielding group

- 3.19 As the scale of the covid-19 pandemic emerged, citizens who are clinically at a higher risk of severe illness should they contract covid-19 were advised by the Scottish Government to isolate themselves, known as shielding. Recently this advice was extended to last until 31st July 2020. As of 10th June 2020, there were 5,878 Renfrewshire residents in this shielding group.
- 3.20 In addition to those shielding, there is a further group of citizens ('group 2') who are likely to be more vulnerable to poor outcomes should they contract the virus; this includes the over 70s, pregnant women and people who are normally advised by their GP to get the seasonal flu vaccination. This group has also been advised to strictly adhere to the national guidelines and limit their social contact.
- 3.21 The logistical and well-being challenges of shielding on the individual and their families are considerable – the ability to carry out existing job roles, socially isolate and access provisions and medicines safely. This may impact on their mental and physical health alongside the loneliness and anxiety that may come from an extended period of isolation and concern for their health.
- 3.22 By their very definition, the people in the shielding group have serious health conditions that already make them vulnerable. It will take time to understand the longer-term health impacts of shielding on their physical health and the roll back of NHS services during lockdown on the management of their pre-existing conditions, but these could have a profound and long-lasting effect on an already vulnerable group.
- 3.23 National data analysis has shown that shielding disproportionately affects people in more deprived communities, with a quarter of the shielded population living in the most deprived quintile of Scotland. Almost twice as many people asked to shield live in the most deprived areas than in the least deprived. Local analysis of shielding and group 2 data in Renfrewshire shows a similar picture - we know that more than half of Renfrewshire residents who are shielding live in areas rated in the 40% most deprived in Scotland.
- 3.24 For those in the shielded group and group 2 individuals, the challenges will not be felt equally – those already experiencing deprivation prior to the pandemic are more likely to experience poor quality housing, lack of access to private outdoor space (until the recent update of the guidance, the shielding group were advised not to go outdoors except into their own garden) and lack of access to online shopping and other digital support. While the Council and other partners have put in place packages of support for this group the impact of this extended period of isolation should be considered within recovery planning.

Health, social and economic impact

- 3.25 Beyond the immediate impact of responding to covid-19, understanding the risks of transmission and the impact on deaths across Scotland, the lockdown

itself has had and is likely to continue to have a significant effect on our citizens, particularly given the potential for future waves of infection and the reintroduction of stricter lockdown measures. Some initial national research on health, social and economic impacts is emerging and can be considered alongside an invaluable evidence-based understanding of the existing characteristics of Renfrewshire through our Tackling Poverty and Alcohol and Drugs Commissions.

- 3.26 We know that people already experiencing in-work poverty, already struggling or in the least secure employment will be hardest hit by the financial impact of lockdown and the expected national economic downturn. This is already showing in Renfrewshire - according to Office of National Statistics, in Renfrewshire between March and April 2020 the universal credit claimant count rose by 66% (from 4015 to 6675).
- 3.27 We know that people already experiencing significant health inequalities will likely be hardest hit by the health impact of the pausing of non-essential NHS services. This will include those already struggling with mental ill health and addictions; both likely to have been particularly challenging during lockdown. There are public health challenges which are likely to continue through the phased recovery too such as supporting existing prevention and health improvement activities and the impact of contact tracing which is likely to be with us for some time as a key component of the successful route map to recovery. The impact of social isolation for these groups over an extended period of time means that they may need support to rebuild their confidence; the use of digital tools to feel more connected in a safe way may be helpful and initiatives such as Connecting Scotland aim to address this need.
- 3.28 We know that people in our most deprived communities will continue to face inequalities as we move through the phases of the national route map, with less access to local green spaces yet more access to fast food. People experiencing poverty may have less access to active travel opportunities and private transport so are therefore limited in their travel, social and leisure choices. While many of our citizens will be celebrating the easing of lockdown measures, visiting open spaces and eventually being able to travel to enjoy leisure and exercise opportunities, others will be feeling excluded.
- 3.29 The above focuses on deprivation but in addition there are a range of potential inequalities based on other characteristics. While the data shows us that men are most likely to die from covid-19, research based on previous experience has shown that women are likely to be disproportionately impacted by the economic downturn, alongside the increased childcaring responsibilities. Research has shown that while older people are much more likely to die from covid-19, our young people are likely be denied the same opportunities as their peers leaving school or further education only a few years before. People already socially isolated and experiencing loneliness will likely feel this even more keenly during this locked down period as the opportunities for contact and connection are reduced.

- 3.30 Across the range of protected characteristics, there are likely to be poorer outcomes for individuals and families as a result of an already unequal society and as further data and research emerges this should become clearer - we would expect carers, including young carers and people with a disability will be more negatively impacted than others. At a Scottish level, the Scottish Government have recently announced that an expert advisory board is to be established which will listen to and learn from people with lived experience of poverty and inequality with membership drawing on expertise from equality and disabled people's organisations, housing and homelessness bodies, town centre and regeneration groups, and anti-poverty campaigners.

Recovery response

- 3.31 From a data and research point of view, a solid understanding of the likely medium to long term impact on communities will take time to emerge and officers will continue to review national and local data to identify trends and insight to support the Council and our partners' operational and strategic responses.
- 3.32 However, with the existing research, analysis and understanding of our communities across Renfrewshire described in this report and working alongside our community planning partners, we are in a good position to ensure our policy response, our collaborative recovery planning and our combined support takes due cognisance of the particular needs of these groups, communities and families as we work together to rebuild following this crisis.

Implications of the Report

1. Financial – N/A

2. HR & Organisational Development – N/A

3. Community/Council Planning – the paper references the Council and community planning partners' recovery planning and response and recommends a partnership approach, aligning efforts to best meet the needs of the people of Renfrewshire.

4. Legal – N/A

5. Property/Assets- N/A

6. Information Technology- N/A

7. Equality & Human Rights – the purpose of the paper is to highlight data, research and analysis to understand the impact on elements of the covid-19 pandemic on the citizens of Renfrewshire, particularly those already experiencing inequalities and to consider how our recovery response can help to mitigate this.

8. Health & Safety – N/A

9. Procurement – N/A

10. Risk – N/A

11. Privacy Impact – N/A

12. COSLA Policy Position – N/A

13. Climate Change – neutral

14. Fairer Scotland Duty (Strategic Decisions Only) – N/A

List of Background Papers - none

Author: Pauline Moss, Strategy, Policy and Insight Manager

As of 7th June, 198 Renfrewshire residents had a death registered which mentioned COVID-19

The first mention of COVID-19 in a death registration was in the week beginning 16th March 2020.

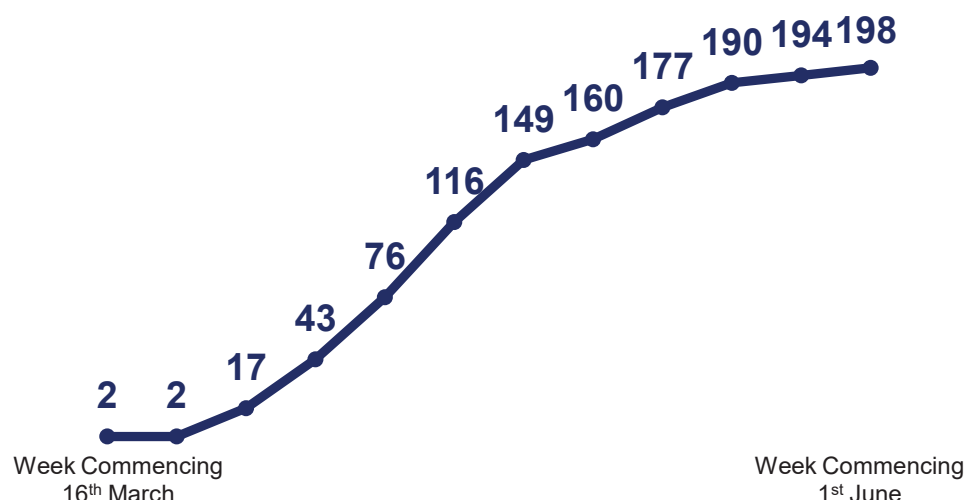
COVID-19 deaths as a proportion of all deaths has fallen

In the week commencing the 1st June, 10% of all Renfrewshire resident deaths had mentioned COVID-19.

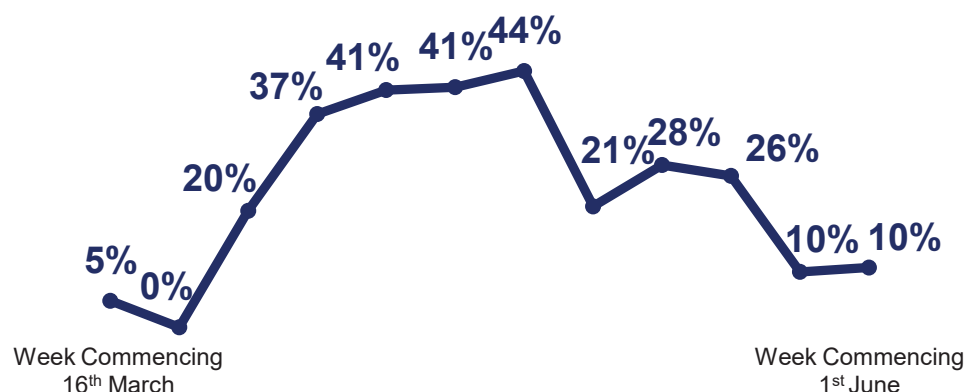
Deaths vary by location

Just under half of COVID-19 deaths have occurred in Care Homes (48%). A further 47% happened in Hospital. There were 9 deaths that occurred within the Home/ Non-institution, this is around 5% of COVID-19 deaths.

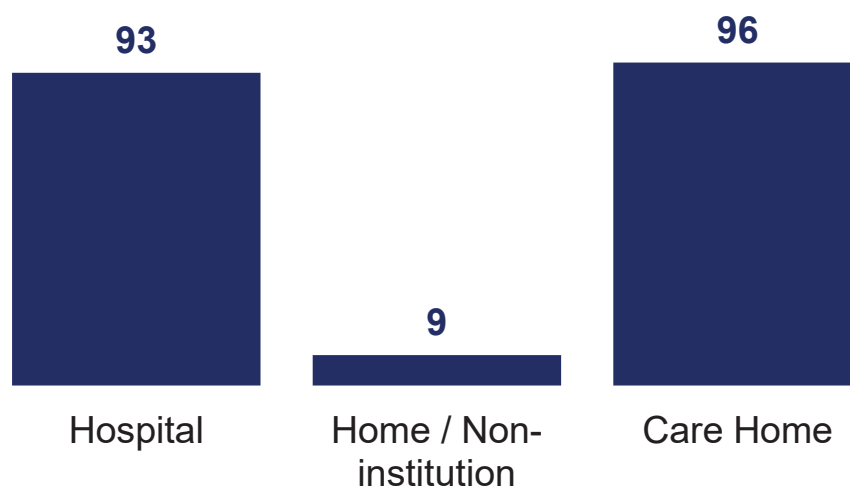
Cumulative deaths involving COVID-19 by week



Proportion of deaths involving COVID-19 by week



Number of deaths involving COVID-19 by location of death, up to 7th June 2020



COVID-19 related mortality in Renfrewshire HSCP has been greater for males than females

COVID-19 mortality in Renfrewshire HSCP increases with age

As of 7th June, the 85+ population had the highest COVID-19 mortality, for both males and females. Deaths within this age group made up 32% of COVID-19 deaths for males, and 48% for females.

Deaths vary by deprivation in Renfrewshire HSCP

Those living in SIMD Quintile 3 (average deprivation) experienced the highest rate of COVID-19 related deaths, while those living in SIMD Quintile 5 (least deprived) experienced the lowest rate.

As of the 7th of June:

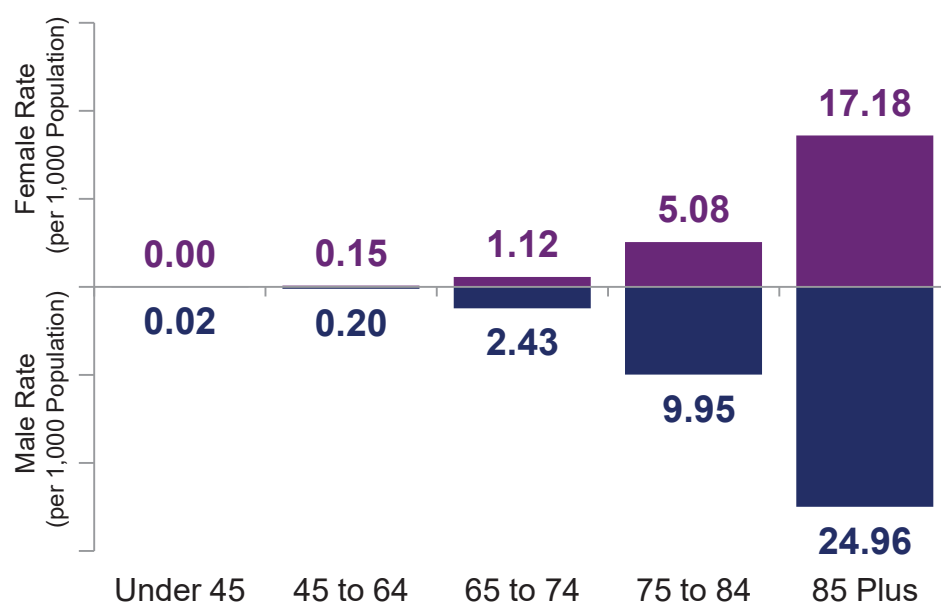


107 male Renfrewshire residents, **1.25 per 1,000 population**, have had a death which mentioned COVID-19.

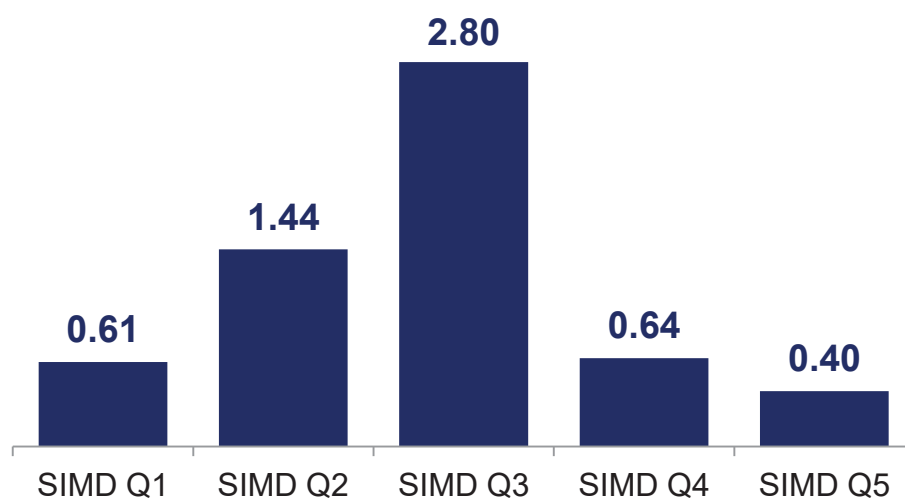


91 female Renfrewshire residents, **0.99 per 1,000 population**, have had a death which mentioned COVID-19.

Rate of Deaths Involving COVID-19 by Age Group and Sex



Rate of Deaths (Per 1,000 Population) Involving COVID-19 by SIMD Quintile*



*The location of care homes will affect rates by deprivation quintile where the usual address is recorded as the care home address.