

# LONDON ASSEMBLY

## HEALTH COMMITTEE BRIEFING

### Lessons learned from the first wave of COVID-19: The importance of public health

#### Executive summary

Supporting people to stay well, and addressing the wider determinants of ill health, helps to reduce individual risk from the virus.<sup>1</sup> In the short-term pandemic response there is a need to adopt a public health model that prioritises prevention and seeks to understand and protect against underlying causes and susceptibilities, to help affected communities stay resilient; in the medium to long-term it is necessary to adopt this model to take more sustained action on the wider factors that influence health outcomes such as housing, education and employment.<sup>2</sup>

The London Assembly Health Committee has investigated what lessons must be learned from the first wave of COVID-19 by consulting experts, calling for evidence, and undertaking research – to understand how to best support London through the ongoing pandemic.

#### Key findings

- A ‘whole systems approach’ is necessary to ensure that recovery from COVID-19 does not exacerbate inequalities.
- Poor housing conditions contribute to poorer health outcomes from COVID-19.

#### Recommendations

- Given the vital need for both short, medium and long-term action to prevent the widening of inequalities, the Mayor should inform the Committee of the intended timelines for the delivery of a ‘health in all policies’ approach in London. This includes the development of metrics to track progress towards minimising the impacts of health inequalities in London.
- The Mayor should inform the Committee of ongoing plans to review housing policies, with particular respect to overcrowding and insecure housing, including his plans to embed the latest research and evidence emerging on best practice in planning and home creation for healthy homes.

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<sup>1</sup> NCBI, [The COVID-19 pandemic and health inequalities](#), June 2020

<sup>2</sup> UCL Institute of Health Equity, [Fair Society, Healthy Lives, The Marmot Review](#), February 2020

# LONDON ASSEMBLY

## HEALTH COMMITTEE BRIEFING

### Lessons learned from the first wave of COVID-19: The importance of public health

#### Accountability and timeliness

Throughout the Health Committee's investigation, we explored in more detail the findings from Public Health England's report *"Beyond the data: Understanding the impact of COVID-19 on BAME groups."*<sup>3</sup> Our investigation heard repeatedly that accountability for the urgent delivery of actions across all aspects of the COVID-19 response is vital to address the disproportionate health impact of COVID-19 on BAME groups, coordinated across levels of governance and with measurable outcomes.

**We therefore include the following accountability and timeliness recommendations alongside all other recommendations made by the investigation:**

- There need to be clear lines of **accountability** for the delivery of all recommendations in PHE's report *"Beyond the data: Understanding the impact of COVID-19 on BAME groups"*.<sup>4</sup> Adequate resource is also required to ensure delivery.

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*"The report is silent on accountability"*

*(Professor Gurch Randhawa, Professor of Diversity in Public Health & Director of the Institute for Health Research, University of Bedfordshire)<sup>5</sup>*

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- Action on the recommendations needs to be urgently taken forward across **coordinated across all levels**: national, regional and local.

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*"There are some really key messages at an NHS London level to which it may need to at least feel itself to be accountable across the system. From an NHS London perspective, it needs to be speaking to the mental health trust, the acute trusts and GPs and asking them what they are doing in response to the recommendations."*

*(Dr Somen Banerjee, Director of Public Health, London Borough of Tower Hamlets)<sup>6</sup>*

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<sup>3</sup> Public Health England, [Beyond the data: Understanding the impact of COVID-19 on BAME groups](#), 16 June 2020

<sup>4</sup> Public Health England, [Beyond the data: Understanding the impact of COVID-19 on BAME groups](#), 16 June 2020

<sup>5</sup> London Assembly Health Committee, [COVID-19: The Experiences of BAME Londoners](#), Page 15, 11 August 2020

<sup>6</sup> London Assembly Health Committee, [COVID-19: The Experiences of BAME Londoners](#), Page 15, 11 August 2020

# LONDON ASSEMBLY

## HEALTH COMMITTEE BRIEFING

### Lessons learned from the first wave of COVID-19: The importance of public health

- The recommendations presented by PHE's report are not new. They represent known issues related to health inequalities, ethnicity, social class, age and gender. This time **measurable** action, not just words and reports, is required.

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*"I am quite simplistic around this. If you look at this across London, a very valid question for every key public sector organisation is about what it is doing in response to these recommendations and to have some kind of accountability around that. It would be perfectly reasonable for us as a Council to be asked, "There was this very powerful report in June [2020]. What are you doing around these recommendations?"*

*(Dr Somen Banerjee, Director of Public Health, London Borough of Tower Hamlets)<sup>7</sup>*

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<sup>7</sup> London Assembly Health Committee, [COVID-19: The Experiences of BAME Londoners](#), Page 14, 11 August 2020

# LONDON ASSEMBLY

## HEALTH COMMITTEE BRIEFING

### Lessons learned from the first wave of COVID-19: The importance of public health

#### Taking a public health approach

During the investigation we heard about the benefits of adopting a public health approach in both the immediate response to the crisis and to address the wider implications of the pandemic. Experts we took evidence from widely expressed views which supported the assertion that the impact of a pandemic tends to mirror the structural inequalities in any society. The wider determinants of health, such as education, housing, transport and air quality, play a key role in determining health inequalities and health outcomes.<sup>8</sup>

*“The impact of a pandemic tends to mirror the structural inequalities in any society.”* (**Professor Gurch Randhawa Professor of Diversity in Public Health; and Director of the Institute for Health Research, University of Bedfordshire**)<sup>9</sup>

COVID-19 has exacerbated inequalities and worsened outcomes for already disadvantaged groups in society. The inequalities which exist have both increased individuals’ exposure and susceptibility to the disease, leading to wider and more entrenched inequalities.

The Committee is aware that the Mayor’s ‘health in all policies’ approach is in ongoing development, of which a portion is being taken forward as part of London’s recovery through the Health Equity Group of the London Health Board.<sup>10</sup>

#### Population inequalities

Within London there is clear evidence of stark health inequalities. In 2018, 875,000 Londoners were paid below the London Living Wage – one in five of London’s working population.<sup>11</sup> Data from London’s Poverty Profile shows that 1.3 million Londoners in poverty live as part of a working family, which equates to a 50 per cent increase over the last decade of families whose income is not enough to meet basic needs.<sup>12,13</sup> During the lockdown, those on low incomes are more likely to have continued going to work, increasing their exposure to the infection. Nationally, less than one in ten of the lower half of earners said they had the option to work from home during the lockdown, compared with half of the highest earners.<sup>14</sup> In addition, financial and social hardship is already being felt by the most deprived. Individuals on low wages are seven times as likely as high earners to have worked in a sector that has been shut down. Workers in shut down sectors also account for twenty-five per cent share of those in private rented accommodation, increasing the likelihood of housing insecurity for these people.<sup>15</sup>

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<sup>8</sup> UCL Institute of Health Equity, [Fair Society, Healthy Lives, The Marmot Review](#), February 2020

<sup>9</sup> London Assembly Health Committee, [COVID-19: The Experiences of BAME Londoners](#), Page 1, 11 August 2020

<sup>10</sup> London Assembly, [Agenda Health Committee, item 6: Mayor’s response to Health Inequalities Strategy letter, 20<sup>th</sup> October 2020](#)

<sup>11</sup> London Datastore: [Employees earning below the London Living Wage](#). No date

<sup>12</sup> Trust for London, [London’s Poverty Profile 2017](#), 2017

<sup>13</sup> Nuffield Foundation, [In-Work Poverty in the UK: Problem, policy analysis and platform for action](#), May 2017

<sup>14</sup> The Health Foundation: [Will COVID-19 be a watershed moment for health inequalities?](#) 7 May 2020

<sup>15</sup> The Health Foundation: [Will COVID-19 be a watershed moment for health inequalities?](#) 7 May 2020

# LONDON ASSEMBLY

## HEALTH COMMITTEE BRIEFING

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As pointed out by our expert guests, health and care interventions to minimise impact of inequality have limited effectiveness on their own; they must be complemented by addressing wider structural issues:

*“Structural aspects are incredibly important to address the inequalities in outcomes, such as, clean air (linked to transport), promoting physical activity and active travel, high quality jobs and living wage.”* **(Professor Kevin Fenton, London Regional Director, PHE; and Statutory Health Advisor to the Mayor)**<sup>16</sup>

#### A ‘whole systems approach’ to wider inequalities

We heard about the vital importance of maintaining a sustained focus on inequality to ensure that inequality is not exacerbated by COVID-19. Long-term complications of surviving COVID-19 could worsen inequalities, as those experiencing the most severe complications are more likely to be from the most vulnerable and deprived communities.<sup>17</sup> It is widely acknowledged that tackling the structural factors that drive inequality requires a whole systems, cross-sector approach that involves multiple partners.<sup>18</sup>

For example, in Coventry, significant steps have been taken to reduce health inequalities through partnership working between fire and emergency services, several council departments, and PHE and the third sector.<sup>19</sup> In doing so the city has implemented an approach whereby they are working both cross-sector and across systems such as local authorities, Sustainability and Transformation Partnerships (STPs), health and wellbeing boards (HWBs), and accountable care organisations (ACOs).

*“I would definitely urge the Mayor to take a public health-focused approach and to temper that with a parallel medical approach but not the other way around. We have to learn from those countries that have done really well, and they have definitely championed the public health approach.”* **(Professor Gurch Randhawa, Professor of Diversity in Public Health; and Director of the Institute for Health Research, University of Bedfordshire)**<sup>20</sup>

#### Housing

During the investigation, housing conditions in particular were highlighted as a key driver in poor outcomes from COVID-19.<sup>21,22</sup> We heard that crowded living conditions prevent people from

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<sup>16</sup> London Assembly Health Committee, [COVID-19: London’s Response, Inequalities, and the Health and Care Workforce](#), Page 5, 25 June 2020

<sup>17</sup> London Assembly Health Committee, [COVID-19: London’s Response, Inequalities, and the Health and Care Workforce](#), 25 June 2020

<sup>18</sup> Public Health England, [Reducing health Inequalities system scale and sustainability](#), 2017

<sup>19</sup> UCL Institute of Health Equity, [Coventry Marmot City Evaluation](#), 2020,

<sup>20</sup> London Assembly Health Committee, [COVID-19: The Experiences of BAME Londoners](#), Page 4, 11 August 2020

<sup>21</sup> London Assembly Health Committee, [COVID-19: London’s Response, Inequalities, and the Health and Care Workforce](#), 25 June 2020

<sup>22</sup> London Assembly Health Committee, [COVID-19: The Experiences of BAME Londoners](#), 11 August 2020

# LONDON ASSEMBLY

## HEALTH COMMITTEE BRIEFING

### Lessons learned from the first wave of COVID-19: The importance of public health

people being unable to properly isolate.<sup>23</sup> In addition, research shows that stark differences in housing have already contributed to the unequal impact of COVID-19, including on people's mental health (see the Committee's briefing on mental health for more information). In May, analysis of Office of National Statistics (ONS) data found a correlation between the level of overcrowding in councils in England and Wales and their COVID-19 death rate.<sup>24</sup> In September 2020 the London Assembly called on the Mayor to review all planning and housing policies to tackle overcrowding and ensure that suitable provision is made for family-sized homes.<sup>25</sup>

*"First, the social and economic backgrounds and realities of many of our minority communities in the UK and especially in England and these inequalities, which pre-existed COVID, may have been accelerated and enhanced by the COVID epidemic. This includes factors such as living in overcrowded households, multigenerational households."* **(Professor Kevin Fenton, London Regional Director, PHE and Statutory Health Advisor to the Mayor)**<sup>26</sup>

The Committee recognises the work which the Mayor has undertaken through the COVID-19 Housing Delivery Taskforce to seek Government funding to address overcrowding and other health inequalities.<sup>27</sup> It is vital that the Mayor continually assesses his housing and planning policies in light of COVID-19, to ensure that they are working to reduce overcrowding and insecure housing.

We heard that as a result of the pandemic there are new opportunities to think differently about housing and planning and its potential to maximise health. Evidence is emerging on how planning and policy can be reviewed to ensure healthy home creation. The Mayor should ensure that new evidence which supports healthy homes is incorporated into his review of housing and planning policies.

*"Certainly, from a health perspective and understanding how things will now evolve after this first phase of the pandemic, there should be new opportunities for us to think differently about housing and planning."*

**(Professor Kevin Fenton, London Regional Director, PHE; and Statutory Health Advisor to the Mayor)**<sup>28</sup>

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<sup>23</sup> Ibid

<sup>24</sup> Inside Housing, [The housing pandemic: four graphs showing the link between COVID-19 deaths and the housing crisis](#), May 2020.

<sup>25</sup> The London Assembly, [Mayor must tackle overcrowding](#), 03 September 2020.

<sup>26</sup> London Assembly Health Committee, [COVID-19: London's Response, Inequalities, and the Health and Care Workforce](#), Page 2, 25 June 2020

<sup>27</sup> London Assembly, [Agenda Health Committee, item 6: Mayor's response to Health Inequalities Strategy letter, 20<sup>th</sup> October 2020](#).

<sup>28</sup> London Assembly Health Committee, [COVID-19: London's Response, Inequalities, and the Health and Care Workforce](#), Page 11, 25 June 2020

# LONDON ASSEMBLY

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### Lessons learned from the first wave of COVID-19: The importance of public health

#### Methodology and contributions

Over the course of the summer of 2020 the Health Committee investigated the impacts of COVID-19 on the lives of Londoners during the first wave of the pandemic. The investigation comprised of two Committee meetings and a call for evidence.

The first Committee meeting, held in June, heard from an expert panel of guests and examined the immediate impact of COVID-19 on London's population and health and care workforce.

- Professor Kevin Fenton, PHE London Regional Director and Statutory Health Advisor to the Mayor
- Dr Vin Diwakar, NHS Regional Medical Director for London
- Dr Chaand Nagpaul, Chair of the Council of the British Medical Association
- Lisa Elliott, London Regional Director, Royal College of Nursing
- Gavin Edwards, Senior National Officer – Social Care, UNISON

To build our understanding of the effect of COVID-19 on London's health and social care workforce, we also received written submissions from the following medical organisations:

- London Regional Council, British Medical Association
- The Faculty of Intensive Care Medicine
- The Royal College of Obstetricians and Gynaecologists
- Royal College of Physicians
- Royal College of Pathologists

The second Committee meeting was split into two parts. In the first, we focused in more depth on the experiences of BAME Londoners, with particular attention on the issues of racism, stigma, discrimination, fear and trust. Evidence was provided by:

- Dr Somen Banerjee, Director of Public Health, London Borough of Tower Hamlets
- Professor Gurch Randhawa, Professor of Diversity in Public Health & Director of the Institute for Health Research, University of Bedfordshire

In the second part we looked at the effects of lockdown on Londoner's mental health, supplemented by additional evidence and views from Talk London Respondents. We heard from:

- Vicki Nash, Head of Policy and Campaigns, Mind
- Lynette Charles, the CEO of Mind in Haringey
- Nikki Morris, Chief Executive Officer of Age UK Camden
- Sarah MacFadyen, Head of Policy and External Affairs, British Lung Foundation and Asthma UK

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## HEALTH COMMITTEE BRIEFING

### Lessons learned from the first wave of COVID-19: The importance of public health

#### Health Committee



**Dr Onkar Sahota AM**  
(Chair)  
Labour



**Susan Hall AM**  
Conservatives



**Andrew Boff AM**  
(Deputy Chair)  
Conservatives



**Joanne McCartney AM**  
Labour



**Unmesh Desai AM**  
Labour

#### About the London Assembly Health Committee

The London Assembly is the 25-member elected body that represents Londoners and holds the Mayor to account. The Health Committee reviews health and wellbeing issues for Londoners, particularly public health issues. It also keeps a close eye on how well the Mayor's Health Inequalities Strategy is doing.

#### Contact us

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