Agenda
Health and Well-Being Board

Tuesday, 17 November 2020, 2.00 pm
Online only

Due to the current Covid-19 pandemic Worcestershire County Council will be holding this meeting in accordance with the relevant legislative arrangements for remote meetings of a local authority. For more information please refer to: Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020.

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Health and Well-Being Board
Tuesday, 17 November 2020, 2.00 pm, Online only

Membership

Full Members (Voting):

Mr J H Smith (Chairman)	Cabinet Member with Responsibility for Health and Well-being
Dr L Bramble	CCG Locality Lead for Wyre Forest
Dr Kathryn Cobain	Director of Public Health
Dr R Davies	CCG Locality Lead for Redditch and Bromsgrove
Dr Catherine Driscoll	Director of Children, Families and Communities
Paula Furnival	Strategic Director for People
Mr A I Hardman	Cabinet Member with Responsibility for Adult Social Care
Dr A Kelly (Vice Chairman)	CCG Clinical Director for Mental Health and Well-being
Peter Pinfield	Healthwatch, Worcestershire
Mr A C Roberts	Cabinet Member with Responsibility for Children and Families
Dr Ian Tait	NHS Herefordshire and Worcestershire CCG
Simon Trickett	NHS Herefordshire and Worcestershire CCG

Associate Members

Cllr Lynn Denham	South Worcestershire District Councils
Kevin Dicks	District Local Housing Authorities
Sarah Dugan	Worcestershire Health & Care Trust
Jo Newton	Worcestershire Acute Hospital Trust
Jonathan Sutton	Voluntary and Community Sector
Sue Thomas	West Mercia Police
Cllr Shirley Webb	North Worcestershire District Councils

Agenda

Item No	Subject	Presenter	Page No
1	**Apologies and Substitutes**		
2	**Declarations of Interest**		

3	**Public Participation** *Members of the public wishing to take part should notify Legal and Governance in writing or by e-mail indicating the nature and content of their proposed participation on items relevant to the agenda, no later than 9.00am three working days before the meeting (in this case 9.00am on 12 November 2020). Enquiries can be made through the telephone number/e-mail address below.*		
4	**Confirmation of Minutes**		
5	**Digital Exclusion Across NHS Services**	Ruth Lemiech / Mike Emery	1 - 64
6	**Worcestershire Safeguarding Adults Board Annual Report**	Derek Benson	65 - 68
7	**Joint Strategic Needs Assessment Annual Summary**	Matt Fung	69 - 218
8	**Developing a new Joint Health and Wellbeing Strategy**	Rachael Leslie	219 - 222
9	**Children and Young People's Strategic Partnership Update**	Catherine Driscoll	223 - 246

10	**Future Meeting Dates**
	    Public meetings (All Tuesday at 2pm)
	• 23 February 2021
	• 25 May 2021
	• 28 September 2021
	• 16 November 2021
	
	    Private Development meetings (All Tuesday at 2pm)
	• 2 February 2021
	• 30 March 2021
	• 22 June 2021
	• 19 October 2021		

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AGENDA ITEM 5

HEALTH AND WELL-BEING BOARD
17 NOVEMBER 2020

DIGITAL EXCLUSION ACROSS NHS SERVICES

Board Sponsor
Simon Trickett

Author
Ruth Lemiech/ Mike Emery

(Please click below
then on down arrow)

Priorities
Mental health & well-being	Choose an item.
Being Active	Choose an item.
Reducing harm from Alcohol	Choose an item.

Other (specify below)
- Ensuring equity of access to health and care service

Safeguarding
Impact on Safeguarding Children	Choose an item.
If yes please give details	

Impact on Safeguarding Adults	Choose an item.

If yes please give details

Item for Decision, Consideration or Information
Consideration

Recommendation

1. The Health and Well-being Board is asked to note the findings from the Digital Inclusion review and note that the recommendations are being taken forward through all of our work programmes where there is a risk that Digital Exclusion may prevent equity of access to health and care services.

Background

2.   The attached report and stakeholder map were prepared for a different purpose, to support engagement in our Primary Care digital Accelerator programme. The findings and recommendations in the report are broadly applicable across a range of our programmes of reset and recovery work, hence we are sharing them with the Board today.

3. The stakeholder map is a first attempt at capturing the good practice from a range of partners who are working with digitally hard to reach groups. This will be added to as our knowledge develops.

4. This work is being taken forward through our Digital and Inequalities workstreams; actions include:

- actively seeking to partner with other partners/organisations who have similar challenges/issues. For example, utility companies have a list of vulnerable people that they use if there is an emergency – this includes details of those perhaps who have not got a telephone line or do not use internet to access services, alongside other socio-economic factors.

- working with partners to upskill staff in care homes who have a lower level of digital literacy than many in the health and care sector, this also has the knock-on impact of raising digital literacy in some lower socio-economic groups.

5. Throughout this work, we are being very sensitive to the Information Governance and Data sharing considerations

Legal, Financial and HR Implications

6. As appropriate

Privacy Impact Assessment

7. As appropriate

Equality and Diversity Implications

B   An Equality Relevance Screening has been carried out in respect of these recommendations. It identified that further equality impact analysis will be required in respect of taking the recommendations in this report into consideration when seeking to engage through digital means.

Contact Points

County Council Contact Points
County Council: 01905 763763
Worcestershire Hub: 01905 765765

Specific Contact Points for this report
Ruth Lemiech - Director of Strategy & Transformation
Mike Emery - Director of Digital Strategy and Infrastructure
NHS Herefordshire and Worcestershire CCG

Supporting Information – Available online

- Engagement for Digital Inclusion
- Stakeholder Mapping

Background Papers

In the opinion of the proper officer (in this case the Director of Public Health) the following are the background papers relating to the subject matter of this report:

A report from the Carnegie Trust which supports our local findings, which is available here.

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The Strategy Unit.

Engagement for Digital Inclusion

H&W Primary Care Digital Accelerator Programme

NHS
Midlands and Lancashire
Commissioning Support Unit

Contents

The Strategy Unit.

Context

Context

The Engagement Workstream of the H&W Digital First Primary Care Accelerator Programme aims to explore and increase the impact of digital inclusion on 'Digital First Primary Care'.

The objectives of the workstream are to:

- Identify 'digitally hard to reach' groups in H&W
- Identify ways to promote the use of NHS / self-management apps
- Report how gamification could increase engagement in co-production and co-design of health applications
- Increase digital inclusion within 'digitally hard-to-reach' groups.

The following slides are a compilation of key findings from:

- Improving Digital Health Inclusion Evidence Review
- Digitally Hard to Reach Populations: Acorn Mapping
- Stakeholder mapping of those working with 'digitally hard to reach' groups
- Gamification Evidence Signpost.

This summary note highlights the **key considerations to help inform the next steps for engagement activities for the programme.** The outputs listed previously should be consulted further for more detailed guidance.

The current areas of interest for the programme include:

- **Engaging 'digitally hard to reach' groups** to support co-production and co-design of the NHS App Library
  - and how **gamification** can be used to do this
- **Increasing uptake of online and video consultations** in primary care –more specifically for the 'digitally hard to reach'
- Ways to **facilitate the above mentioned activities under the restrictions** of current/changing Covid19 guidance.

Once the recommendations provided here have been addressed by the programme team a detailed engagement plan will be developed.

What is 'digital inclusion'?

Digital inclusion*

NHS Digital, 2019 describe **digital inclusion** as a concept that encompasses:

Digital skills: Being able to use digital devices (such as computers or smart phones and the internet). This is important, but a lack of digital skills is not necessarily the only, or the biggest, barrier people face.

Connectivity: Access to the internet through broadband, wi-fi and mobile. People need the right infrastructure but that is only the start.

Accessibility: Services need to be designed to meet all users' needs, including those dependent on assistive technology to access digital services.

"Digital exclusion can be seen as a form of inequality. **There is a close correlation between digital exclusion and social disadvantages including lower income, lower levels of education, and poor housing.** Health inequalities should be addressed in the local plans being developed in response to the national Long Term Plan."

(NHS Digital, 2019)

Who are the 'digitally hard to reach'?

People likely to be digitally excluded*

The full list of people likely to be digitally excluded ([NHS Digital, 2019](#)) is shown below:

- **Older** people

- People in **lower income groups**

- People **without a job**

- People in **social housing**

- People with **disabilities**

- People with fewer educational qualifications (e.g. excluded/ **left school before 16)**

- People living in **rural areas**

- **Homeless** people

- People whose **first language is not English**.

Evidence consistently suggests that patients who use alternative consultation methods in primary care are **younger and healthier and have higher levels of education, employment and income** than patients who use traditional primary care services.

The 'offline profile' ([Lloyds Bank (2019) Consumer Digital Index in the UK](#)) shows:

- 80% are **aged 50+**

- **White people** are 50% more likely to be offline compared to Black, Asian or minority ethnic (BAME) people

- Three-quarters (76%) are: **retired pensioners** (36%), **unskilled manual workers** (16%), **unemployed/long-term sick** (15%), and **skilled manual workers** (9%)

- 71% have **no more than a secondary school education**

- Nearly one in two (47%) are **from low-income households** (medium 16%, high 9%, prefer not to say 28%)

- One-third (32%) have a **disability**.

Improving Digital Health Inclusion Evidence review, April 2020, The Strategy Unit

Digitally hard to reach populations in H&W*

According to Acorn mapping,* **digitally hard to reach populations in H&W** (ordered by number of households) include: ([Map](#) on following slides)

- Farms and cottages

- Owner occupiers in small towns and villages

- Retired and empty nesters

- Older people, neat and tidy neighbourhoods

- Upmarket downsizers

- **Pensioners and singles in social rented flats**

- **Pensioners in social housing, semis and terraces**

- **Elderly people in social rented flats**

- Elderly singles in purpose-built accommodation.

These groups were identified as exhibiting the most "digitally hard to reach" behaviours including; least online expenditure, least digitally influenced, least social media activity and least internet frequency.

Acorn is a consumer classification that segments the UK population by analysing demographic, social, population and consumer data at postcode and household level.

The digitally hard to reach groups identified by the mapping and the evidence align well with the [key groups stakeholders are working with](#) to improve digital inclusion in H&W.

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Digitally Hard to Reach Populations: Acorn mapping, The Strategy Unit

Where are the 'digitally hard to reach'?

Location of 'Digitally hard to reach' populations

The digital exclusion heatmap shows the overall likelihood of digital exclusion by local authority. It does this by combining indicators including infrastructure (broadband and 4G), access (percentage of adults online), basic digital skills, and social indicators (age, education, income and health). The heatmap was last updated in 2017.

The map shows that the likelihood of **overall digital exclusion is high for Herefordshire**. In **Worcestershire the likelihood of overall digital exclusion is medium** for all local authorities (Bromsgrove District Council, Redditch Borough Council, Worcester City Council, Wychavon District Council and Wyre Forest District Council) apart from **Malvern Hills District Council who have a high likelihood of overall digital exclusion**.
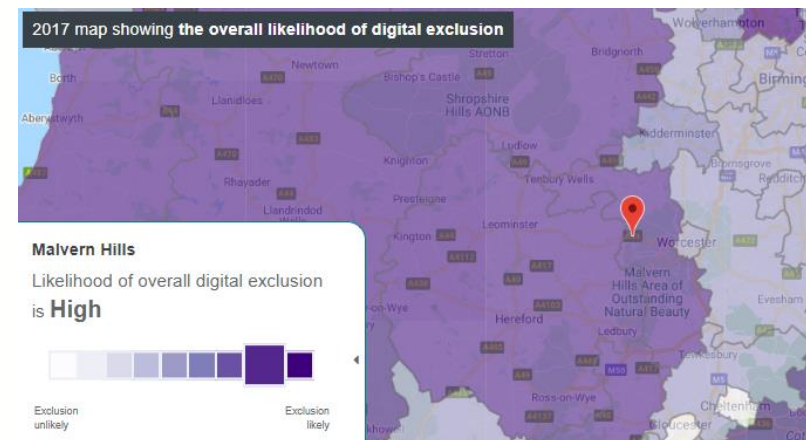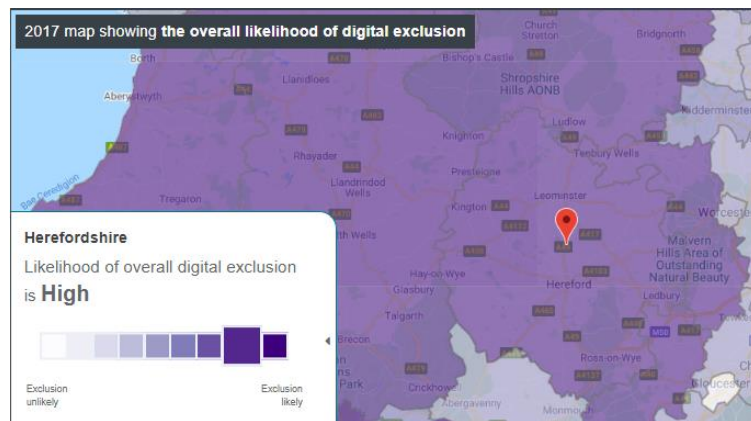
Acorn mapping* (on the next slide) shows the geographical location of the **'digitally hard to reach' groups in H&W.**

It is worth noting that the majority of the 'digitally hard to reach' populations mentioned previously are in cluster areas, however 'farms and cottages' which has the highest number of households is much more widely dispersed.

Digitally Hard to Reach Populations: Acorn mapping, The Strategy Unit

Hereford & Worcestershire STP by 'digitally hard to reach' Acorn type*

Domestic delivery points per postcode
- 0 - 25
- 25 - 50
- 50 - 75
- 75 - 100
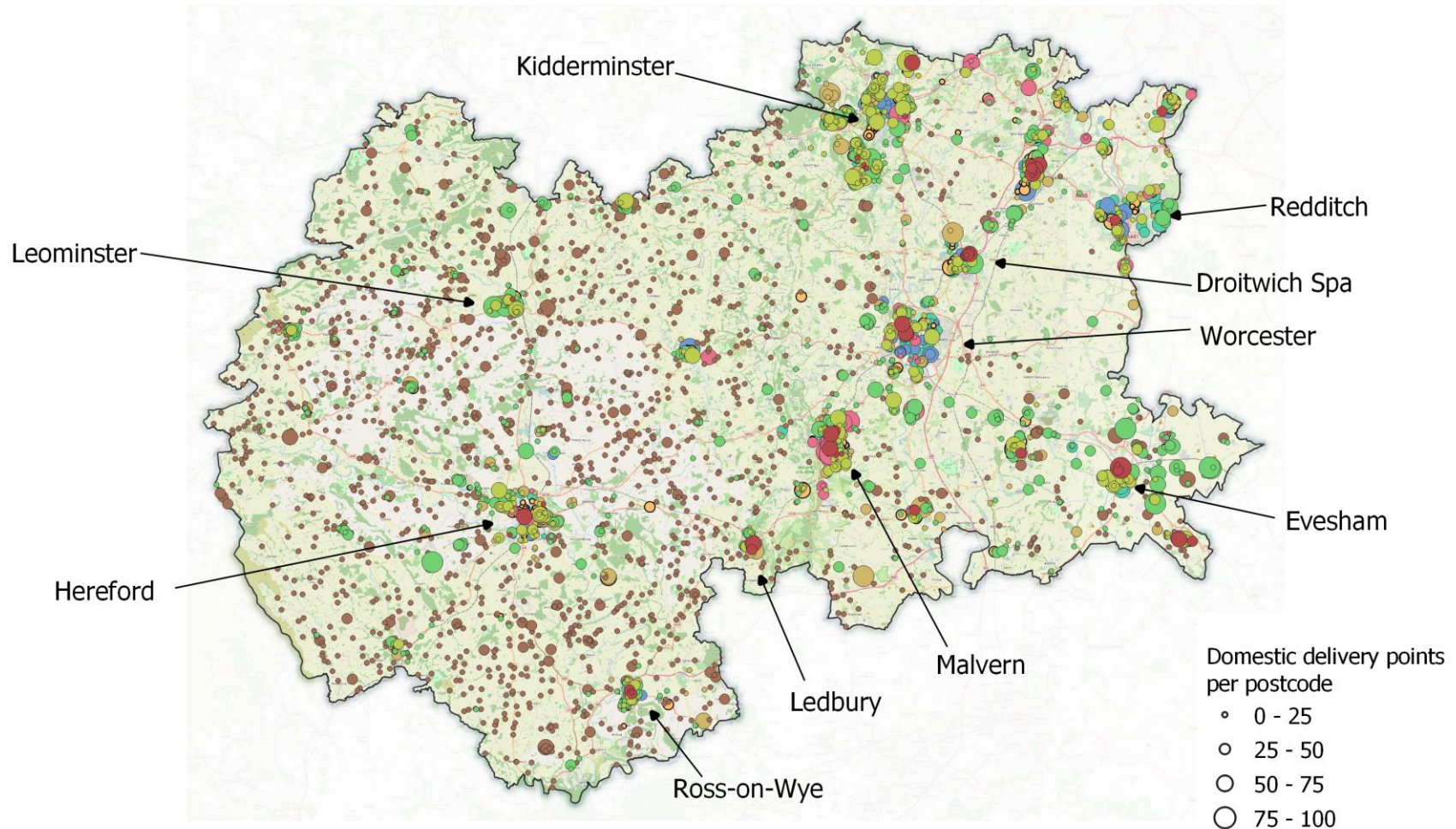
Acorn Type
- Elderly people in social rented flats
- Elderly singles in purpose-built accommodation
- Farms and cottages
- Older people, neat and tidy neighbourhoods
- Owner occupiers in small towns and villages
- Pensioners and singles in social rented flats
- Pensioners in social housing, semis and terraces
- Retired and empty nesters
- Upmarket downsizers

*Digitally Hard to Reach Populations: Acorn mapping, The Strategy Unit

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Farms and cottages

Domestic delivery points per postcode
- 0 - 25
- 25 - 50
- 50 - 75
- 75 - 100

"Farms and cottages... savings... pension schemes... may never have used social media... like traditional retailers... shops less readily available where they live... gardening, bird watching, walking, photography... "

Digitally Hard to Reach Populations: Acorn mapping, The Strategy Unit (2020)
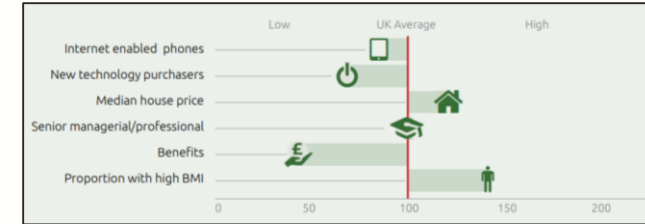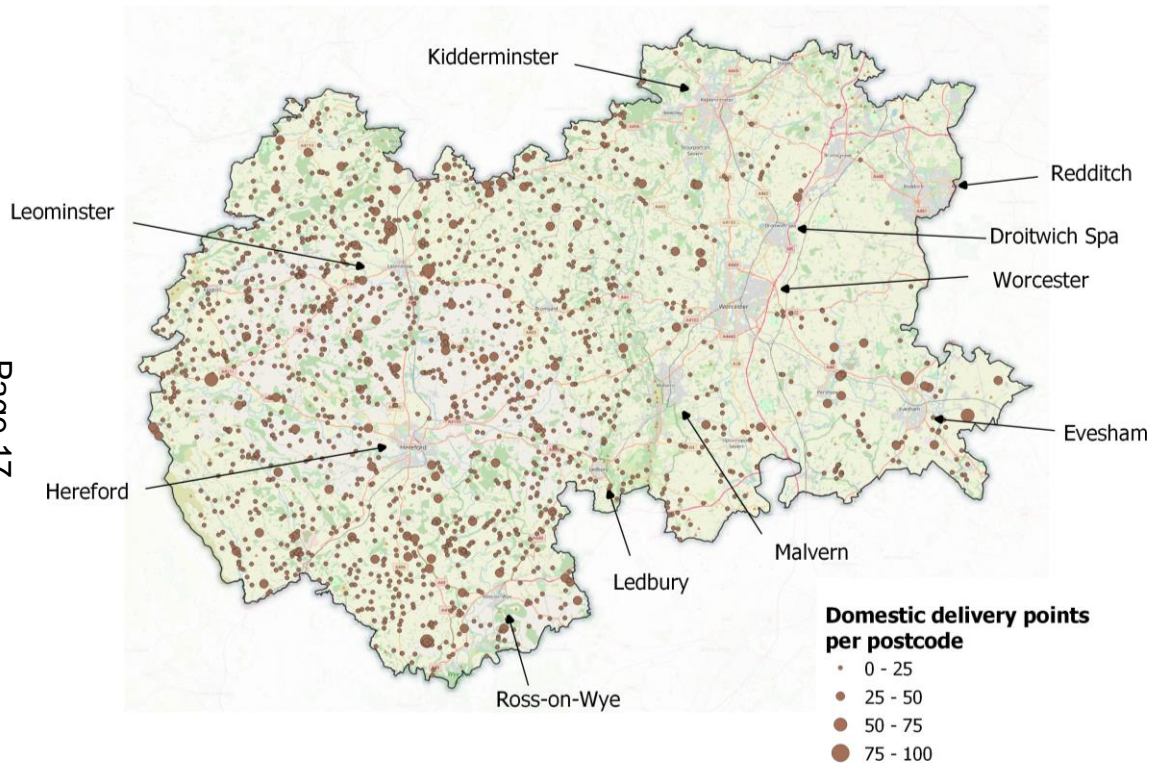
The map (left) highlights areas in which there are a high concentration of people categorised as the "Farms and cottages" Acorn type.

This type accounts for **18,816 households**.

Features of this Acorn type relating to digital devices include:

- More than the average proportion of these people will have never accessed a social media web site

- Fewer than average will download any form of apps, to their mobile phone

- They are much less likely to have an iPad or other tablet device

- They will go online, sometimes as much as a couple of times a week, but this is usually for practical purposes.

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The Strategy Unit.

How are stakeholders working with the 'digitally hard to reach' in H&W?

Please note: *this map is a work-in-progress and, produced from a few initial conversations. If you know of any other organisations (stakeholders) working on this agenda in H&W please notify the project team.*

Stakeholder mapping

Stakeholder	Target group	Work of interest with the digitally hard to reach
Herefordshire Mind	People living with mental health	• Encourage use of digital technology - offering remote rather than face-to-face support sessions through their community hub since the Covid-19 situation (e.g. phone calls, emails, texts or virtual teleconference software (Zoom/Skype)). • Applied for a grant to allow them to offer virtual mental health training for community champions. • Involved in Herefordshire Council's Talk Community Hubs initiative. • work closely with health and care organisations (e.g. GPs, secondary care, mental health teams), through their community support teams.
Worcester Housing Association	Housing association residents	• Digital Transformation strategy that aims to improve digital inclusion across their properties. Supported 3000 residents get online through the use of drop-in sessions (Took place at; Football clubs, libraries, job centres, cafes, and permanent digital branches in some flats). • Targeted programmes to support over 65s and jobseekers.
Relate Worcestershire	Adults of all ages, backgrounds, sexes and gender identities.	• Supporting individuals use video (Zoom) and phone counselling during Covid-19. • Run taster sessions and preparation sessions to increase people's confidence to try and use digital sessions.
Herefordshire County Council	Herefordshire residents	• 5-year digital strategy (2018 to 2023) to drive digital development. • Run community hubs, which provide third sector organisations with technology and internet access (e.g. at coffee mornings) to support individuals in the community to identify local support. • Rehabilitation facility (the Hillside Care Centre) set up during Covid-19. They offer digital technology and training to residents, virtual GP consultations.

Stakeholder Mapping, The Strategy Unit (2020)

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Stakeholder mapping

Stakeholder	Target group	Work of interest with the digitally hard to reach
Community First	Community groups and organisations	• Help village halls work with people digitally through their 'One Step Out' project to tackle loneliness and isolation. Their loneliness toolkit includes advice on how halls can get connected digitally and offer digital skills training. • Working remotely with village halls to action plan how to reach out to people (e.g. taster sessions/ virtual coffee mornings/ buddy systems).
Herefordshire County Council (Fastershire)	Herefordshire and Gloucestershire residents	• Aim to provide faster broadband coverage across Herefordshire. • Commission external tutors to provide free 2-hour digital training for beginners (e.g. setting up email account/ shopping online). • "Go Online Fastershire" grant (up to £2,500) for voluntary groups to run digital projects and a "Keep Connected" grant (up to £500) to help voluntary groups provide activities differently virtually. • 'FasterBusiness' supports businesses to use technology to improve how they work and connect with people.
Worcestershire County Council	Worcestershire residents	• 2-year 5G pilot to explore how developing 5G technology can be used to deliver health and social care services in rural areas.

Stakeholder mapping

Stakeholder	Target group	Work of interest with the digitally hard to reach
Age UK	Older people, their families and carers	• Support older people to engage with digital technology through their One Digital project in collaboration with the Gloucestershire and the Wolfson Foundation who donated iPads for the project. • Training sessions are run in various community settings (e.g. libraries), to get people online (e.g. to do online shopping).
The Princes Trust	Young people between the ages of 11 and 30	• Support people who may be digitally hard to reach through their "Get Into" programme, aiming to get young people into employment. • Training providers from recruiting organisations (e.g. hospitals, care homes, primary care) are delivering online learning and material virtually (e.g. Zoom/Microsoft Teams) rather than face to face. • Training on e.g. email writing etiquette and online communications
Worcestershire Association of Carers	Unpaid adult carers of various ages	• Engage with unpaid carers to get them online. Covid-19 has been a catalyst to provide peer support via zoom (previously face to face) and guidance on using technology (e.g. setting up WhatsApp groups/zoom calls). • They also provide social prescribing and lifestyle advice (e.g. with PCNs in Redditch). Social prescribers have been given documents to detail how to get people to use technology (e.g. WhatsApp).

Stakeholder Mapping, The Strategy Unit (2020)

Wider specialist organisations/programmes experienced in tackling digital exclusion*

Good Things Foundation: is a national digital inclusion charity, and NHS Digital's delivery partner in the Widening Digital Participation programme.

Widening Digital Participation is a national programme aimed at improving digital skills specifically for the use of digital health services.

Reboot UK programme funded by The Big Lottery was aimed at improving wellbeing through improving digital skills for the most vulnerable people.

One Digital: partnership (funded by the Big Lottery) includes Age UK, Citizens Online, Clarion Futures (part of Clarion Housing Group), Digital Unite and Scottish Council of Voluntary Organisations (SCVO). They are developing a collaborative approach to training and supporting digital champions so they can help people to learn digital skills.

Citizens Online: is a national charity set-up to tackle the issues of digital exclusion.

Digital Unite: focuses exclusively on vocational training and support for digital champions. Their Digital Champions Network is a comprehensive training and support system for aspiring and experienced digital champions.

Social Tech Trust: a charity that challenges thinking about the relationship between technology and society. They provide the investment and support needed for 'social tech' ventures to grow and scale their social impact.

AbilityNet: is working to build a more digitally accessible world, through accessibility audits, user testing, and expert advice to deliver more accessible websites and apps.

mHabitat: is an NHS hosted team specialising in codesign, digital skills and inclusion, policy and strategy, and evaluation. mHabitat has been leading work on digital practitioners: helping health and care practitioners develop digital skills and confidence so they can make things better for people who access their services.

*Improving Digital Health Inclusion Evidence review, April 2020, The Strategy Unit

The Strategy Unit.

What are the barriers to digital inclusion?

Barriers identified in the evidence*

Barriers to digital inclusion are discussed under four broad themes (NHS Digital, 2019):

- **Access** - not everyone has the ability to connect to the internet and go online

- **Skills** - not everyone has the ability to use the internet and online services

- **Confidence** - some people fear online crime, lack trust or don't know where to start online

- **Motivation** - not everyone sees why using the internet could be relevant and helpful.

What these barriers mean can change over time. For example, where skills once meant the basic skills of carrying out a search or setting up an email account, we are now more likely to mean information literacy skills – being able to distinguish good quality health information from 'fake news'. For access, this once meant owning or being able to use a device, however this is now more likely to mean having sufficient data on a mobile phone contract, access to free wi-fi or high-speed broadband.

As access, skills and confidence improve, it is increasingly important to tackle other barriers, including (NHS Digital, 2019):

- **Design** - digital services should be accessible and easy to use

- **Awareness** - not everyone is aware of digital services and products available to them

- **Staff capability /capacity** - not all health and care staff have the skills and knowledge to recommend digital services / products.

*Improving Digital Health Inclusion Evidence review, April 2020, The Strategy Unit

Barriers described by stakeholders*

Access

- **Issues with connectivity** across the patch – pockets of no internet connectivity particularly in most rural areas. Need to be conscious of disabilities and equality assessments

- **Affordability** - financial difficulties for the economically inactive (long-term unemployed / income issues. Cost of paying for digital technology as well as data. Many people may just have a basic phone

- **Registering** for online GP services is difficult for users.

Confidence

- **Trust and security issues** - suspicion about the security and confidentiality of using digital software

- **Loneliness** - can reduce people's confidence to get integrated back into the community and use technology

- **Changing technology** - several older people haven't kept up with technology as it has developed, making engagement difficult

- **Discomfort with mode of communication** - some people are not comfortable with videos and screens and communicating in that way.

*Stakeholder Mapping, The Strategy Unit (2020)

Barriers described by stakeholders*

Skills

- **Use of phone** - most people have a phone but do not use it for health

- **Literacy** - issues regarding literacy in general

- **Password management** is tough for some people

- **Lack of support** - certain older individuals may not be sufficiently incapacitated that they qualify for specific support (e.g. early onset dementia patients get limited support), but they may struggle to deal with the complexity of going online which is also coupled with high levels of anxiety.

Motivation

- **Perceived usefulness** - if the user feels that the digital sessions aren't working compared to face-to-face ones, they may not engage further

- **Reason for use** - video or phone appointments may be the preferred option as people may not feel as judged talking about intimate relationship issues remotely rather than face-to-face

- **Format of online sessions** can make engagement difficult. Attention span and online fatigue can also be issues.

What are the enablers / opportunities for digital inclusion?

Opportunities described by stakeholders*

Access

- **Targeted schemes** - schemes for over 55 to get free Wi-Fi or Internet connection

- **Widen range of methods** - in rural areas with high risks of social isolation other methods of communication such as a basic phone call or text may work better

- **Provision of technology** - providing people with the technology is necessary.

Skills

- **Informal training** - libraries offer courses to help get online but people want something that's less formal and more everyday use with tips and hints. Sessions should be set at their own pace, avoid pressure and don't treat as an intensive course

- **Support groups** like 'Here 2 Help' provide useful support

- **Build confidence** - training sessions should include demonstrations and should aim to build confidence amongst participants.

*Stakeholder Mapping, The Strategy Unit (2020)

Opportunities described by stakeholders*

Confidence

- **Use familiar formats** - people use other sources such as Facebook to get information and are more comfortable with such formats

- **Flexibility -** keep engaging with people to offer what works for them and be flexible. E.g. make using cameras optional

- **Preparation** prior to a session is key. Run-through beforehand what to do step by step and checking the links work and that people can hear each other, so that they feel confidence to use the technology during the actual appointment. Let them know what to expect beforehand give important tips. Offer taster sessions free of charge

- **Go to the people** - using other familiar organisations who are already engaging with vulnerable people is a good way to find and engage with this group

- **Provide reassurance** to people, by reiterating that if you follow the correct procedures, digital technology is as safe as it can be.

Motivation

- **Shown the advantages** of what is being offered and the benefits for health

- **Promote the value of everyday technology -** E.g. Alexa / Google for people to be able to talk to people they know

- **Use champions in the community** – E.g. buddy systems and volunteers to meet people at their doors and encourage them to get involved in digital initiatives.

*Stakeholder Mapping, The Strategy Unit (2020)

Improving digital inclusion

Approaches to improving digital inclusion include ([NHS Digital, 2019](#)):

- **Digital skills training:** There are [Online Centres](#) in most communities which provide places where people can go to get online in supported environments (e.g. [The Hive, Worcester](#) and [Wye Learn CIC, Hereford](#)).

- **Digital Champions** and **Digital Ambassadors:** help others develop their digital skills and understand the benefits of getting online. Digital Unite's [digital champions network](#) provides learning resources and practical tools.

- **Community Engagement and Co-design:** is including those who will be affected by decisions. They are the experts in their lives and know their world better than anyone else, and thus coproduction and codesign can be invaluable.

- **Peer support** and i**ntergenerational mentoring:** Younger people who have grown up in the digital age can be a great resource to introduce older people to digital devices and possibilities online. E.g. [digital heroes](#) in Wales.

- **Assistive technology:** Older people and people with disabilities may be able to use assistive technologies to help them to stay independent and manage their daily lives. E.g. telehealth, telecare, remote monitoring systems, wearable devices and smart home devices.

- **Free public wi-fi:** Access to free wi-fi can be crucial for people who might find it difficult to afford data costs on their digital device.

- [**Social prescribing digital skills**](#): can be used to link up with organisations providing digital inclusion support. E.g. Sheffield patients are referred to the [Heeley Development Trust](#) for help with getting online.

- [**Digital skills of staff**](#): Building knowledge and confidence in using digital health and acting as digital champions to recommend digital tools to their patients.

- [**Raising awareness**](#): Many people are not aware of the support available to help them get online and improve their digital skills.

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Digital Inclusion Lessons Learned*

- **Embed digital health** in digital inclusion and in informal learning

- **Be aware of different access issues** different population groups might experience

  o Build solutions that fit into people's everyday lives

- People in most need are often hardest to reach

  o **Go to where people are**

  o Work with the people who know them best

- Use a **person-centre approach** to support including understanding users' motivations

  o **Co-design;** from initial discovery phase to live service and beyond

  o **Outcomes first,** then digital

- Understand that digital inclusion support can be resource intensive

  o **Use existing tools and resources** wherever possible

- Recognise that there may be underlying issues that need to be addressed

- Use **inclusive language**

- Ensure services are **future proofed**.

Gamification and engaging 'hard to reach' groups*

The literature describes gamificiation within healthcare as the "application of the **elements of game design** (e.g. mechanics, principles and dynamics) to **non-game contexts,** in order to **improve user engagement and experience (enjoyment)** around a specific activity or task that exists outside of the game." (Deterding et al. (2011)

Common **components** of gamification include:

Rewards	Goals / achievements	Rules and barriers	Overcoming challenges	Social interaction (progress / leaderboards / scoring)	Fun / play

Mechanisms of gamification include:
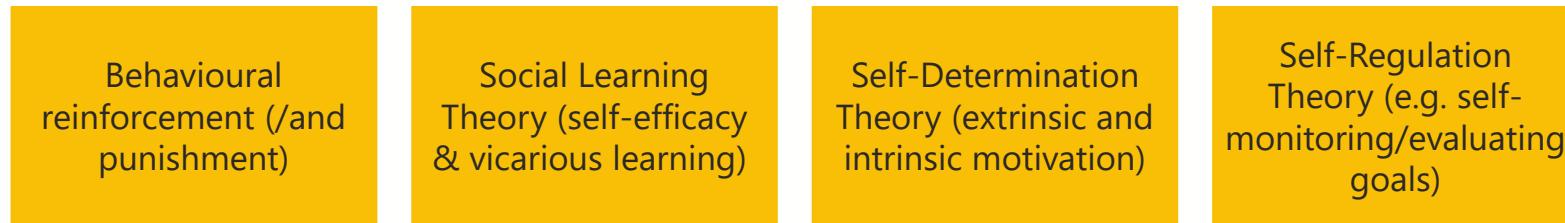
Behavioural reinforcement (/and punishment)	Social Learning Theory (self-efficacy & vicarious learning)	Self-Determination Theory (extrinsic and intrinsic motivation)	Self-Regulation Theory (e.g. self-monitoring/evaluating goals)

In healthcare, gamification is most frequently used in the context of *"heath behaviour change support systems"* to change attitudes and behaviour in context to health and wellbeing. (Alahaivala & Oinas-Kukkonen, 2016)

However, the evidence suggests **potential unintended harms** of using gamification in this way, including:

1. Adverse motivational outcomes
2. Informational noise (e.g. trivialising the health context)
3. Reduced integrity of exercise (e.g. rewarding incorrect execution)
4. Demoralising users (e.g. feeling manipulated)
5. Overstepping boundaries (e.g. privacy).

Gamification and engaging 'hard to reach' groups*

Common examples of gamification in healthcare settings include for:

- **Self-management** behaviours for chronic conditions (mobile apps for diabetes management, Asthma self-management and rehabilitation (Cancer, Diabetes, Alzheimer's disease, Stroke and Obesity)

- **Mental health** – apps and technologies for improving mental health and wellbeing, cognitive bias modification interventions for psychiatric disorders (inc. anxiety and affective disorders; alcohol problems)

- Applications for the **elderly and older adults**

- **General public lifestyle change and wellbeing** as the largest area of application in healthcare, predominantly applied to increasing physical activity, exercise or fitness behaviours.

In healthcare. gamification is most frequently used in the context of ***"heath behaviour change support systems"*** to change attitudes and behaviour in context to health and wellbeing (Alahaivala & Oinas-Kukkonen, 2016).

However, the evidence suggests **potential unintended harms** of using gamification in this way, including:

1. Adverse motivational outcomes
2. Informational noise (e.g. trivialising the health context)
3. Reduced integrity of exercise (e.g. rewarding incorrect execution)
4. Demoralising users (e.g. feeling manipulated)
5. Overstepping boundaries (e.g. privacy).

Gamification and engaging 'hard to reach' groups*

Below are some examples exploring the **use of gamification to enhance the engagement of vulnerable or 'hard to reach' groups**.

De Vette et al. (2015) "Engaging elderly people in telemedicine through gamification" This study reviewed the use of gamification to engage elderly people in telemedicine. It aimed to give an overview of existing frameworks for applying gamification. Secondly, it explored theoretical tools for classifying users and tailoring game content to user type. Findings highlight the limited application of gamification to engage older adult users in telemedicine; as well as a considerable gap in research concerning effectiveness of gamification in this group. While tools for classifying players/users may be useful generally, few studies have examined effectiveness of tailoring gamification design to the needs of these users.

Minge & Cymek (2020) "Investigating the Potential of Gamification to Improve Seniors' Experience and Use of Technology" This experimental study investigated the potential of gamification to improve the usage of information and communication technologies among older adults. The study explored the use of ICT learning software with gamification elements and found it was appealing to older adults generally but it was a complex - some features were appealing to some, but unappealing to others (e.g. some enjoyed continuous positive feedback whereas others viewed them as intrusive). Importantly, there was not a clear relationship between adding gamification elements to the ICT learning software and whether older adults viewed the software as better or superior.

Love et al. (2016) "Social media and gamification: Engaging vulnerable parents in an online evidence-based parenting program" The authors examined the accessibility, engagement and impact of adding smart phone accessibility and game elements (including social media features: anonymous social sharing; badges to incentivise skills uptake; access to an accredited facilitator) to an accredited parenting programme for vulnerable parents. This had positive impacts upon parenting practices and child behavioural outcomes (including engagement) which were maintained at follow-up (six months).

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*Gamification Evidence Signpost, July 2020, The Strategy Unit

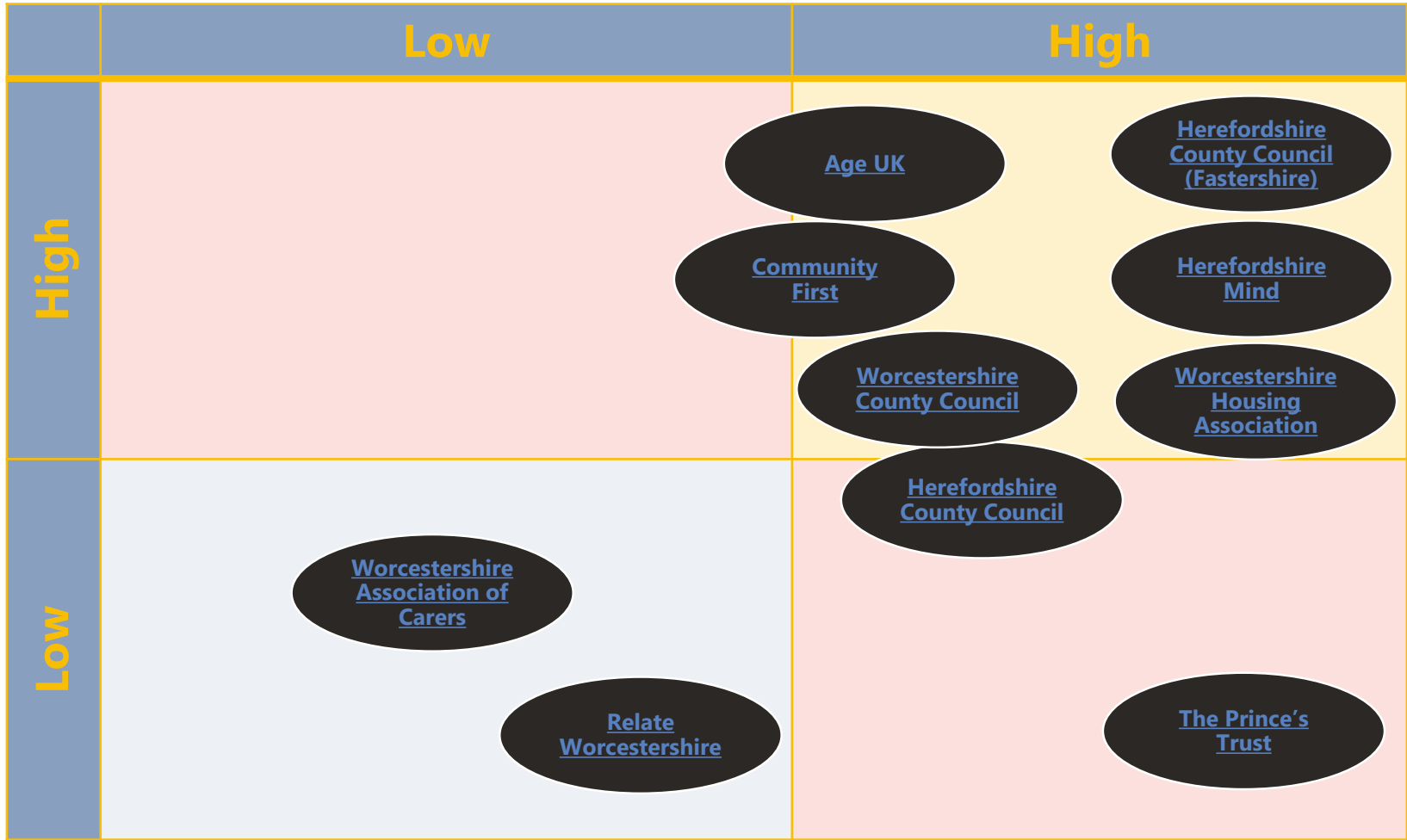# Opportunities for stakeholders to support the programme*

Stakeholder	Potential opportunity to support programme
Herefordshire Mind	• Connections with digitally hard to reach people with mental health problems • Want to expand their provision of digital services
Worcester Housing Association	• Access to residents that could support the testing of approaches in programme • Runs accessible drop-in sessions for their residents at the moment utilising Facebook and telephone calls to access their service users
Relate Worcestershire	• Connections with digitally hard to reach people with counselling needs
Herefordshire County Council	• Connections with community members who may be digitally hard to reach • Several digital initiatives to provide people with technology and upskill them in its use
Community First	• Work with vulnerable and isolated people who may be digitally hard to reach
Herefordshire County Council (Fastershire)	• Well connected to people/community groups who know digitally hard to reach people and they facilitate the provision of faster broadband and provide digital training
Worcestershire County Council	• Intend to improve internet connectivity which could improve access for digitally hard to reach individuals (ongoing innovation projects)
Age UK	• Contact with older individuals who may be digitally hard to reach • Have training and upskilling sessions
The Princes Trust	• Well connected to young people. Happy to be contacted about providing support to under 30s who are identified as digitally hard to reach
Worcestershire Association of Carers	• Closely linked with carers who may interact with digitally hard to reach • Their digital guidance and training and close working relationship with the STP already

Please note: *this map is a work-in-progress and, produced from a few initial conversations. If you know of any other organisations (stakeholders) working on this agenda in H&W please* notify the project team.

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*Stakeholder Mapping, The Strategy Unit (2020)

Interest-influence grid

Interest

	Low	High

Influence

High

- Age UK
- Community First
- Herefordshire County Council (Fastershire)
- Herefordshire Mind
- Worcestershire County Council
- Worcestershire Housing Association
- Herefordshire County Council

Low

- Worcestershire Association of Carers
- Relate Worcestershire
- The Prince's Trust

Interest – refers to stakeholders' interests in being involved in the programme activities
Influence – stakeholder access and work with the 'digitally hard to reach' groups of interest

Please note: this map is a work-in-progress and, produced from a few initial conversations. If you know of any other organisations (stakeholders) working on this agenda in H&W please notify the project team.

Opportunities for stakeholders to support programme

Other stakeholders* that could potentially be consulted to support the programme activities, include:

- **Voluntary and Community Sector Provider Group** - representatives from several organisations would be able to share their views

- **HVOSS (Herefordshire Voluntary Organisations Support Service)** - umbrella organisation that provide information, guidance and support to volunteers, charities, voluntary and community groups in Herefordshire.

- **West Midlands Combined Authority** - provide funding for digital training programmes

- **Malvern District Council** - offer support for people to get online (including over 65yrs)

- **'Digital Unite'** - 'we are digital' - employed by organisations to deliver digital inclusion

Wider specialist organisations/programmes experienced in tackling digital exclusion also present opportunities for collaboration where there is overlap with the programme.

Engagement considerations

Engagement considerations

We are currently in the middle stages of stakeholder engagement for digital inclusion. Stakeholders have been identified and potential opportunities for supporting this programme have been previously outlined. In order to progress with engagement it is important to develop a stakeholder engagement plan that stipulates how activities will engage the groups of interest (digitally hard-to-reach) in line with the programme objectives.

Step 1: Purpose → Step 2: Stakeholder identification → Step 3: Level of participation → Step 4: Develop engagement plan → Step 5: Implement and monitor engagement → Step 6: Feedback → Step 7: Evaluate

This note outlines the various considerations that need to be addressed in order to develop the engagement plan.

Inclusivity is a vital element of stakeholder engagement - approaches and activities should foster and actively encourage inclusivity. Inclusive approaches for engagement should be at all stages from planning to evaluation. Applying co-design principles can support this:

- Design with people, not for them
- Go where the people are
- Relationships not transactions
- Work in the open
- Understand underlying behaviour
- Do it now - get it out there and see what works and what doesn't.

Recommendations for the programme

1. **Plan how you will address Digital Exclusion** - as part of their project plans, workstreams should describe how their activities plan to address digital inclusion.

2. **Co-design with those you are trying to reach**

   a) **Create a network** – the stakeholder mapping has helped identify a potential network of partners that can support engagement of digitally excluded groups; the programme should utilise this for more collaborative working especially where there is a shared agenda.

   b) **Establish a reference group**– given the need for the programme workstreams to identify opportunities to engage digitally hard-to-reach people and address the challenges they face; we suggest establishing a reference group with representatives of the digitally hard-to-reach.

3. **Identify specialists who can help** - wider specialist organisations/programmes experienced in tackling digital exclusion also present an opportunity for collaboration in using existing work to support the programme.

4. **Experiment** - as there are potentially different groups with different needs there is a need to consider using a variety of approaches and methods to engage the digitally hard-to-reach.

5. **Demonstrate the cost / savings** - this analysis has identified 'who' and 'where' digitally hard-to-reach groups are. There is an evident need to identify how this correlates with who the highest users/ those in most need of access to primary care services are.

The Strategy Unit.

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NHS
Midlands and Lancashire
Commissioning Support Unit

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Stakeholder mapping

H&W: Primary Care Digital Accelerator

Please note: *this map is a work-in-progress and, produced from a few initial conversations. If you know of any other organisations (stakeholders) working on this agenda in H&W please notify the project team.*

NHS

Midlands and Lancashire
Commissioning Support Unit

Purpose

NHS Herefordshire and Worcestershire CCG/STP is currenting implementing the Digital First Primary Care Accelerator programme. The programme aims to explore new ways of delivering health and care.

This stakeholder mapping presents how organisations are working with 'digitally hard to reach' people in the community. It presents what organisations are doing to support this group of people and where there are opportunities that could potentially support delivery of the programme's objectives.

Stakeholder mapping

Herefordshire Mind

Worcestershire Housing Association

Relate Worcestershire

Herefordshire County Council

Community First

Herefordshire County Council (Fastershire)

Worcestershire County Council

Age UK

The Prince's Trust

Worcestershire Association of Carers

Herefordshire Mind

About:

Herefordshire Mind are a local mental health charity affiliated to Mind; the leading mental health charity in England and Wales. They develop and deliver several quality mental health services, including a registered mental health residential home and a community hub.

Target group of interest:

People living with mental health problems.

Work of interest:

Herefordshire Mind have encouraged individuals to use digital technology by offering remote rather than face-to-face support sessions through their community hub since the Covid-19 situation (e.g. phone calls, emails, texts or virtual teleconference software (Zoom/ Skype)). This delivery has attracted new users. They have also applied for a grant to allow them to offer virtual mental health training for community champions.

They are involved in Herefordshire Council's Talk Community Hubs initiative. They also already work closely with health and care organisations (e.g. GPs, secondary care, mental health teams), through their community support teams, so connections for integrated working and information sharing already exist.

Potential activity to support:

Herefordshire Mind have connections with digitally hard to reach people with mental health problems, which could be utilised on this programme. Herefordshire Mind also want to expand their provision of digital services of they can afford and have the capacity to do so, so they could both offer and gain a lot through this programme.

Key contact:

David Harding

David.Harding@Herefordshire-mind.org.uk
07388 992386

Worcester Housing Association

About:

Worcester Housing Association (WHA) has 15,0000 homes in this area, mainly in Worcester.   Within this they also provide supported housing and sheltered housing schemes specifically or older adults (over 65 years).

Target group of interest:

Housing Association residents.

Work of interest:

WHA has a 'Digital Transformation' strategy that aims to improve digital inclusion across their properties. From Aptil2019-March2020 they supported 3000 residents on getting online mainly through the use of drop-in sessions at a range of places. These included: football clubs, libraries, job centres, cafes, mobile libraries and permanent digital branches in some flats.

The housing association works with partners including, Malvern District Council (Health and Wellbeing Committee), Age UK and Citizen's Advice. They also work with individual GP surgeries to support getting online.

They have targeted programmes to support over 65s and also jobseekers.

Potential activity to support:

WHA is supporting residents through their digital transformation programme and has access to residents that could potentially support the testing of approaches in the Primary Care Accelerator programme.

WHA usually runs accessible drop-in sessions for their residents however at the moment due to Covid19 restrictions they are utilising Facebook and telephone calls to access their service users.

Key contact:

Tim Marsh
TMarsh@fortisliving.com
07879 483377

Relate Worcestershire

About:

Relate are a federated charity who provide Relationship Counselling, Family Counselling, Sex Therapy, Children's and Young People's Counselling, Training and Education, Counselling for people with cancer and Telephone Counselling across Worcestershire and in Hereford. Individuals pay for sessions, unless a service is provided in partnership with the NHS.

Target group of interest:

Adults of all ages, backgrounds, sexes and gender identities.

Work of interest:

Relate have been supporting individuals using video (Zoom) and phone counselling since the Covid-19 situation, which was rarely requested pre-Covid. Relate kept engaging with clients who initially refused digital sessions and have run taster sessions and preparation sessions to increase people's confidence to try and use digital sessions. Relate have registered new clients since going more digital.

Relate work closely with health and care organisations, so relationships for integrated working and information sharing already exist. For example, through the Worcestershire Healthy Minds project commissioned by the CCG (which they would be happy to be recommissioned) and they are hoping to secure funding from the CCG, Mind and Lottery to run a relationship support helpline.

Potential activity to support:

Relate Worcestershire have connections with digitally hard to reach people with counselling needs, which could be utilised on this programme. They are now considering digital support as a future revenue stream and they want to keep working with health and care, so they could be a useful contributor and gain a lot from the programme.

Key contact:

Maxine Sharman

Maxine.Sharman@relate.org.uk
01905 23597

Herefordshire County Council

About:

Herefordshire County Council are passionate about strengthening the community and its infrastructure in Herefordshire, so that it can better support individuals within it and be less reliant on council services. Although Herefordshire are building on a low base of technology, they have a well developed community strategy and invest highly in adult social care.

Target group of interest:

Anyone in the community (although this depends on the initiative).

Work of interest:

Herefordshire Council has a 5-year digital strategy (2018 to 2023) to drive digital development. Have a project called "Fastershire" (see later profile) and run talk community hubs, which provide third sector organisations with technology and internet access (e.g. at coffee mornings) to support individuals in the community to identify local support. They are developing a Talk Community App. The council also provide IT equipment and laptops to care leavers and healthy lifestyle trainers and promote the value of technology (e.g. Alexa) to communities.

They are developing their telehealth services. They opened a 22-bed care and rehabilitation facility (the Hillside Care Centre) in response to Covid-19. They offer digital technology and training to residents, virtual GP consultations and provide digital technology for people to take home with them.

Potential activity to support:

The council have connections with community members who may be digitally hard to reach, which could be utilised on this programme. The council also run several digital initiatives to provide people with technology and upskill them in it's use, so they could be useful collaborators on this programme.

Key contact:

Andy Churcher
Andy.Churcher@herefordshire.gov.uk
01432 260278 / 07792880214
Alistair Neill
Alistair.Neill@herefordshire.gov.uk

Community First

About:

Community First are an umbrella organisation who specialise in providing high quality advice and support to community groups and organisations, to help them grow and meet the needs of the communities they serve.

Target group of interest:

Community groups and organisations in Herefordshire and Worcestershire.

Work of interest:

Community First help village halls work with people digitally through their 'One Step Out' project to tackle loneliness and isolation. Their loneliness toolkit includes advice on how halls can get connected digitally and offer digital skills training. Community First now work remotely with village halls to action plan how to reach out to people (e.g. taster sessions/ virtual coffee mornings/ buddy systems).

Community first work with vulnerable people through the Wellbeing hub, run in collaboration with Worcestershire Health and Care Trust. This is a phone signposting service for self or GP referred individuals who are 16+ experiencing low mood and anxiety. They are also feeding into Herefordshire Council's talk community hubs (see other profile), delivering mood master courses virtually.

Potential activity to support:

Community First work with vulnerable and isolated people who may be digitally hard to reach which could be useful to tap into for this programme. Community First already have close working relationships with health and care organisations (wellbeing hub/ VCS provider group) which could be harnessed on this programme.

Key contact:

Mark Herriott
01684 312752 / 07977 441860

Herefordshire Council (Fastershire)

About:

Fastershire is a Herefordshire and Gloucestershire County Council partnership to bring faster broadband to both counties, with funding from Broadband Delivery UK and local authorities. The project includes social and digital inclusion activities, and a business support programme (FasterBusiness) to help them get more from fibre broadband and be more competitive.

Target group of interest:

All residents in the Herefordshire and Gloucestershire counties.

Work of interest:

They aim to provide faster broadband coverage across Herefordshire. They also commission external tutors to provide free 2-hour digital training for beginners (e.g. setting up email account/ shopping online) which can be booked through other community. Information on upcoming digital sessions is provided to a mailing list every 2 months and via postcards (e.g. in libraries).

They have a "Go Online Fastershire" grant (up to £2,500) for voluntary groups to run digital projects and a "Keep Connected" grant (up to £500) to help voluntary groups provide activities differently virtually (e.g. get zoom licenses/ headsets).

Their other project strand, FasterBusiness, supports businesses to use technology to improve how they work and connect with people. They offer monthly training workshops to local organisations (e.g. charities, nursing homes, town councils) to make them more tech-savvy (e.g. email distribution lists/website/social media).

Potential activity to support:

Fastershire are well connected to people/community groups who know digitally hard to reach people and they facilitate the provision of faster broadband for Herefordshire and provide digital training which could be useful to this programme.

Key contact:

Jennie Morgan
Jennifer.Morgan@herefordshire.gov.uk
07792 881 748 / 01432 260 691

Worcestershire County Council

About:

Worcestershire County Council has 57 Councillors elected in 52 Divisions. The council is currently controlled by the Conservative Group led by Councillor Simon Geraghty. The council has several priorities, including championing open for business, supporting children and families, protecting the environment and promoting health and wellbeing.

Target group of interest:

All residents in Worcestershire.

Work of interest:

Worcestershire County Council are involved in a 2-year 5G pilot to explore how developing 5G technology can be used to deliver health and social care services in rural areas. Other partners in the project include local NHS organisations the internet service providers Airband and Three, who will plan, build and operate the 5G network.

Through their Superfast Worcestershire programme, to bring Superfast Broadband to 97% of homes and businesses in the county by the Summer of 2021 (eventually achieving 100% would be fantastic). The network is vastly improving broadband speeds across Worcestershire, particularly in rural areas. They are collaborating with other organisations (e.g. an internet service provider called Airband) to provide line-of-sight broadband for residents.

Potential activity to support:

Worcestershire County Council intend to improve internet connectivity across Worcestershire which could improve access for digitally hard to reach individuals, which will be useful for this programme.

Key contact:

Steve Brain
SBrain@worcestershire.gov.uk
01905 845009 / 07912 775022

Age UK

About:

Age UK Herefordshire and Worcestershire is a brand partner of the national charity. Their aim is to support older people, their families and carers and to make Herefordshire and Worcestershire a great place to grow older. They do this through several services such as advice, support at home, health and wellbeing services and health and social care skills training.

Target group of interest:

Older people, their families and carers.

Work of interest:

Age UK support older people to engage with digital technology through their One Digital project in collaboration with the Gloucestershire and the Wolfson Foundation who donated iPads for the project. Training session are run in various community settings (e.g. libraries), to get people online (e.g. to do online shopping). Age UK also run separate weekly computer cafes in community venues, by training up volunteers to run them (not during Covid-19). There are no other plans currently to do any other digital projects.

Age UK work closely with health and care organisations (e.g. GP practices, hospitals, social prescribers). For example they run a Care Navigation Project for ex-service personnel, an "Independence at Home" service and a "Dementia Wellbeing Service". Care navigators may use iPads to guide and refer people to other services.

Potential activity to support:

Age UK have a lot of contact with older individuals who may be digitally hard to reach which the programme could make use of. Their training and upskilling sessions could also be useful to support this programme.

Key contact:

Jan Dugdale
jdugdale@ageukhw.org.uk
07741 294108

The Prince's Trust

About:

The Prince's Trust are a charity whose aim is to work with young people up to age of 30 to try to get them to try free courses and to get them into employment.

Target group of interest:

Young people between the ages of 11 and 30.

Work of interest:

The Prince's Trust support people who may be digitally hard to reach through their "Get Into" programme, aiming to get young people into employment. Training providers from recruiting organisations (e.g. hospitals, care homes, primary care) are delivering online learning and material virtually (e.g. Zoom/Microsoft Teams) rather than face-to-face. E.g. training on email writing etiquette and online communications is included. They also have an Enterprise programme supporting individuals set up their own business, which was always delivered online and gained more interest during covid-19.

For individuals up to 30 years old who cannot afford devices, the Prince's Trust can buy devices or provide funds for them to buy devices (up to £300). This must result in positive individual outcomes (e.g. employment). The Prince's Trust also offer basic Microsoft Teams training and provide mentors to assist people during training. They also ensure that material fits onto phone screens.

Potential activity to support:

The Prince's Trust are well connected to young people. Happy to be contacted about providing support to under 30s who are identified as digitally hard to reach as part of this programme.

Key contact:

Dewi Pritchard-Jones
Dewi.Prichard-Jones@princes-trust.org.uk
07976 988714

The Worcestershire Association of Carers

About:

The Worcestershire Association of Carers is a registered charity that was founded in 1997 and they provide an independent source of information, advice and support for unpaid adult carers in Worcestershire. They provide representation for carers at a local and national level and support carers to have a voice in decisions that affect them.

Target group of interest:

Unpaid adult carers of various ages.

Work of interest:

The Worcestershire Association of Carers potentially work with digitally hard to reach individuals, through e.g. carer support sessions for dementia. They engage with unpaid carers to get them online. Covid-19 has been a catalyst to provide peer support via zoom (previously face to face) and guidance on using technology (e.g. setting up WhatsApp groups/Zoom calls). They also provide social prescribing and lifestyle advice (e.g. with PCNs in Redditch). Social prescribers have been given documents to detail how to get people to use technology (e.g. WhatsApp).

They also work closely with health and care, e.g. they are Voluntary and Community Sector representatives on the STP board, putting the carer voice forward.

Potential activity to support:

The Worcestershire Association of carers are closely linked with carers who may interact with digitally hard to reach people on a regular basis. Moreover their digital guidance and training and close working relationship with the STP already could be useful for this programme.

Key contact:

Carole Camino
CCumino@carersworcs.org.uk
07427 469811

Barriers to digital inclusion for the 'digitally hard to reach'

The stakeholders described the barriers faced by the 'digitally hard to reach', these included:

Access

- **Issues with connectivity** across the patch – pockets of no internet connectivity particularly in most rural areas. Need to be conscious of disabilities and equality assessments.

- **Affordability** - financial difficulties for the economically inactive (long-term unemployed / income issues. Cost of paying for digital technology as well as data. Many people may just have a basic phone.

- **Registering** for online GP services is difficult for users.

Confidence

- **Trust and security issues** - suspicion about the security and confidentiality of using digital software.

- **Loneliness** - can reduce people's confidence to get integrated back into the community and use technology.

- **Changing technology** - several older people haven't kept up with technology as it has developed, making engagement difficult.

- **Discomfort with mode of communication** - some people are not comfortable with videos and screens and communicating in that way.

Barriers of digital inclusion for the 'digitally hard to reach'

Skills

- **Use of phone** - most people have a phone but do not use it for health.

- **Literacy** - issues regarding literacy in general.

- **Password management** is tough for some people.

- **Lack of support** - certain older individuals may not be sufficiently incapacitated that they qualify for specific support (e.g. early onset dementia patients get limited support), but they may struggle to deal with the complexity of going online which is also coupled with high levels of anxiety.

Motivation

- **Perceived usefulness** - if the user feels that the digital sessions aren't working compared to face to face ones, they may not engage further.

- **Reason for use** - video or phone appointments may be the preferred option as people may not feel as judged talking about intimate relationship issues remotely rather than face to face.

- **Format of online sessions** can make engagement difficult. Attention span and online fatigue can also be issues.

Enablers of digital inclusion for the 'digitally hard to reach'

The stakeholders described the enablers of digital inclusion for the 'digitally hard to reach', these included:

Access

- **Targeted schemes** - schemes for over 55 to get free Wi-Fi or Internet connection.

- **Widen range of methods** - in rural areas with high risks of social isolation other methods of communication such as a basic phone call or text may work better.

- **Provision of technology** - providing people with the technology is necessary.

Skills

- **Informal training -** Libraries offer courses to help get online but people want something that's less formal and more everyday use with tips and hints. Sessions should be set at their own pace, avoid pressure and don't treat as an intensive course.

- **Support groups** like 'Here 2 Help' provide useful support.

- **Build confidence** - training sessions should include demonstrations and should aim to build confidence amongst participants.

Enablers of Digital Inclusion for the 'Digitally Hard to reach'

Confidence

- **Use familiar formats** - people use other sources such as Facebook to get information and are more comfortable with such formats.

- **Flexibility** - keep engaging with people to offer what works for them and be flexible. E.g. make using cameras optional.

- **Preparation** prior to a session is key. Run-through beforehand what to do step by step and checking the links work and that people can hear each other, so that they feel confidence to use the technology during the actual appointment. Let them know what to expect beforehand give important tips. Offer taster sessions free of charge.

- **Go to the people** - using other familiar organisations who are already engaging with vulnerable people is a good way to find and engage with this group.

- **Provide reassurance** to people, by reiterating that if you follow the correct procedures, digital technology is as safe as it can be.

Motivation

- **Shown the advantages** of what is being offered and the benefits for health.

- **Promote the value of everyday technology** - E.g. Alexa/Google for people to be able to talk to people they know.

- **Use champions in the community** – E.g. buddy systems and volunteers to meet people at their doors and encourage them to get involved in digital initiatives.
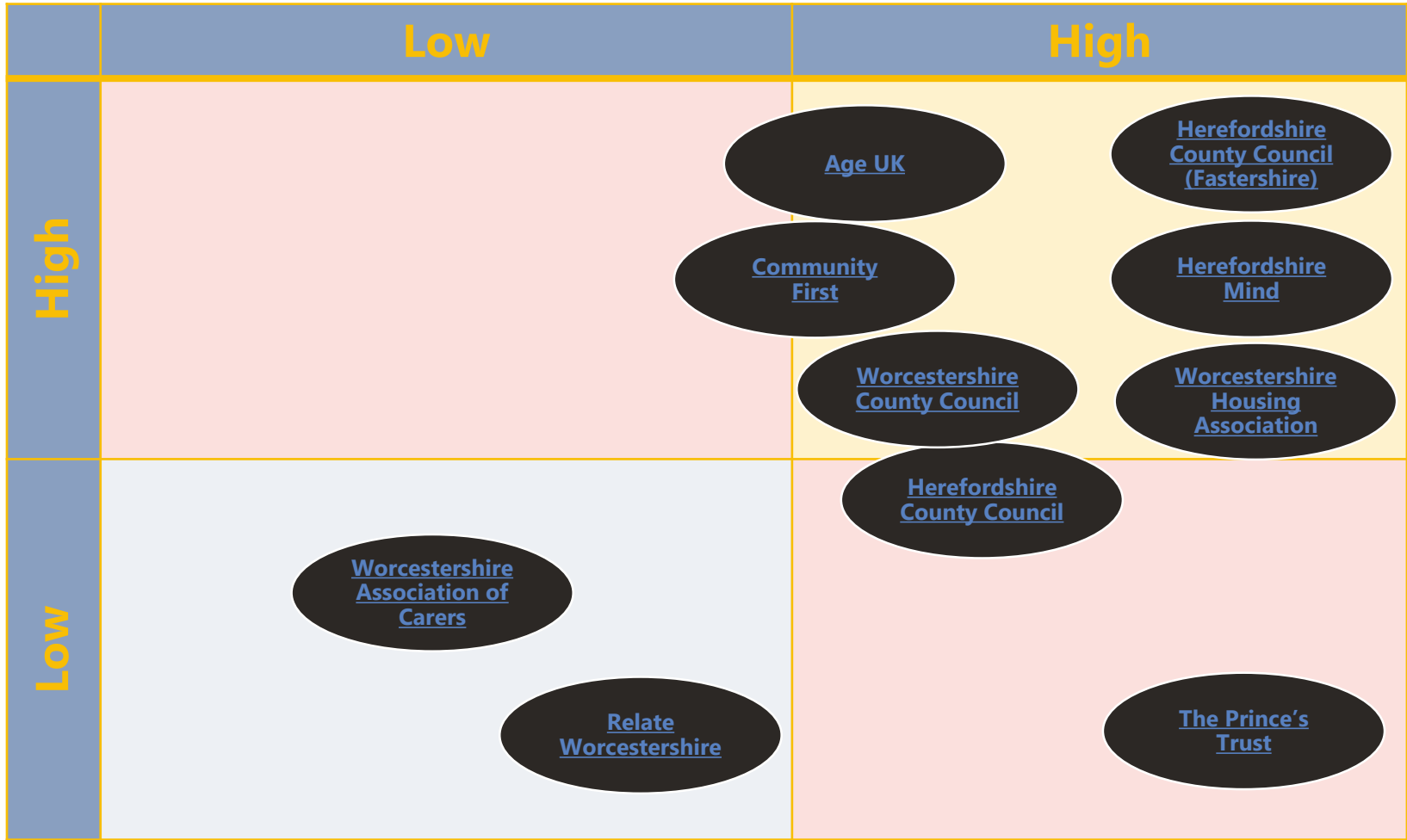
Opportunities for stakeholders to support the programme*

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*Stakeholder Mapping, The Strategy Unit (2020)

Interest-influence grid

	Interest	
Influence	**Low**	**High**
High		Age UK — Herefordshire County Council (Fastershire) — Community First — Herefordshire Mind — Worcestershire County Council — Worcestershire Housing Association — Herefordshire County Council
Low	Worcestershire Association of Carers — Relate Worcestershire	The Prince's Trust

Interest – refers to stakeholders' interests in being involved in the programme activities

Influence – stakeholder access and work with the 'digitally hard to reach' groups of interest

Other stakeholders that could potentially support the programme

Other stakeholders, suggested by key stakeholders, that could potentially be consulted to support the programme activities, include:

- **Voluntary and Community Sector Provider Group** - representatives from several organisations would be able to share their views

- **HVOSS (Herefordshire Voluntary Organisations Support Service)** - umbrella organisation that provide information, guidance and support to volunteers, charities, voluntary and community groups in Herefordshire.

- **West Midlands Combined Authority** - provide funding for digital training programmes

- **Malvern District Council** - offer support for people to get online (including over 65s)

- **'Digital Unite'** – 'we are digital' - employed by organisations to deliver digital inclusion.

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The Strategy Unit.

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worcestershire
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HEALTH AND WELL-BEING
17 November 2020

WSAB ANNUAL REPORT – 2019-20

Board Sponsor
Director of Adult Services and Health

Author
Bridget Brickley, Board Manager

Relevance of Paper – Priorities
Older people and long-term conditions
Mental health and well-being
Alcohol and substance misuse

Relevance - Groups of Particular Interest
People with mental health needs
People with learning disabilities
Older People

Item for Decision, Consideration or Information
Consideration

Recommendation

1. The Health and Well-being Board is asked to consider any cross-cutting themes and to refer issues either directly to the WSAB or, through the next Joint Cross Cutting Issues meeting to be held between the Chairs of the four Boards.

Background

2.   The Annual Report provides an overview of the activity of the Board during 2019-20. This includes the safeguarding activity that took place to protect people in Worcestershire with care and support needs at risk of harm during this period.

3.   The guidance provided by the Act clearly sets expectations for the minimum content for Safeguarding Adults Boards (SAB) and Annul Reports (Schedule 2.4 (1) a-g).   Early in the pandemic the Department of Health and Social Care contacted all Safeguarding Adults Boards (SAB) in recognition of the impact that it might have in meeting its statutory duties, including Annual Reports. The letter stated, given that local challenges may vary, each SAB should decide on whether to delay or reduce the coverage of the report. Whilst the WSAB produced an Annual Report to its normal timescale there has been a slight reduction in the level of data available for this report.

4.   Overall good progress was made against the objectives for the year against a background where statutory partners have continued to face significant funding pressures and increased workloads.

5.   Safeguarding Adults Reviews (SARs) have continued to be a significant area of work the Board.   During 2019/20 there were 12 referrals requesting consideration for SAR to be undertaken. 5 of these resulted in the recommendation that a SAR should be commissioned. Of the remaining 7 referrals, 4 resulted in single agency actions being recommended, 2 referrals required no additional actions and 1 decision was left pending due to Covid-19.

6.   Key achievements during the year included the launch of the Joint website with the Children's Safeguarding Partnership; we also re-launched our quarterly newsletters; another successful annual learning event was held this time exploring the use of strength-based approaches in Safeguarding; the formal establishment of a safeguarding adults network with bi-annual meetings and the publication of a new countywide training strategy.

7.   Cross cutting work continued to evolve, particularly around exploitation. A Task and Finish group was established to take forward this agenda out of which two of projects have been established.

8.   Section 4 of the Report, on the Activity and Performance is the only section which is not at the same level as previous reports. Whilst we did receive some data from Adult Social Care, it was not as comprehensive as previous years. This was in part due to the migration of information systems which took place mid-year (November 2019). With information for the full year being held on two systems, not all the data had been brought together at the point of completing the report. Unfortunately, the Covid-19 situation created additional challenges in capacity to manage this process which added to the delay.

9.   Activity data saw an increase in the level of safeguarding concerns reported compared to the previous year. The measurement of safeguarding concerns is in part due to the way data from Framework I has been migrated to Liquid Logic, so it was not possible to make a direct comparison to previous years. The remaining data we were able to access shows a similar pattern to previous years.

10. Finally, the report includes contributions from each of the key partner agencies of the Board. These illustrate the work that is taking place across the County by the partner agencies to protect adults at risk from harm.

Legal, Financial and HR Implications

1.   Not applicable

Privacy Impact Assessment

2.   Not applicable

Equality and Diversity Implications

3.   The report contains references to the demographic of the County and cross references safeguarding activity to the demographic. The outcomes show there is a

continued under-representation of BME citizens being referred for safeguarding protective arrangements.

Supporting Information

- Worcestershire Safeguarding Adults Board Annual Report 2019/20 – Available online via the following link:
  WSAB Annual Report 2019 to 2020

Contact Points

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worcestershire
county council

HEALTH AND WELL-BEING BOARD
NOVEMBER 2020

JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) ANNUAL SUMMARY 2020

Board Sponsor
Dr Kathryn Cobain, Director of Public Health

Author
Matthew Fung, Consultant in Public Health

Priorities

Good Mental Health and Well-being throughout life	Yes
Being Active at every age	Yes
Reducing harm from Alcohol at all ages	Yes
Other (specify below)	

Groups of particular interest

Children & young people	Yes
Communities & groups with poor health outcomes	Yes
People with learning disabilities	Yes

Safeguarding

Impact on Safeguarding Children	No
If yes please give details	
Impact on Safeguarding Adults	No
If yes please give details	

Item for Decision, Consideration or Information
Information and assurance

Recommendations

1. **The Health and Well-being Board is asked to:**
   a) **Note the contents of the JSNA Annual Summary**
   b) **Note the wide-ranging consequences of COVID-19 as described in the health impact assessment tables.**
   c) **Ensure commissioners use recommendations and mitigations in future commissioning and service change activity.**

Health and Well-being Board – 17 November 2020

Background

JSNA Annual Summary

2. In light of the COVID-19 pandemic, this year's Joint Strategic Needs Assessment (JSNA) Annual Summary takes a different approach to previous reports.

3. The summary takes the form of a Health Impact Assessment of COVID-19 on the Worcestershire population. Health Impact Assessment is a decision-making tool that assesses the potential risks and benefits of a policy, programme or plan, or, in this case, the pandemic and the resulting policies, programmes or plans that arise from it.

4. We look at both the direct and indirect effects of COVID-19 on health and wellbeing and also consider its impact on the wide range of factors that influence people's health and wellbeing, for example, their social and economic environment.

5. Pre-pandemic indicators suggest that Worcestershire had generally good levels of health in comparison with England across measures such as life expectancy and healthy life expectancy. However, we know that inequalities still exist between the most and least deprived populations.

6. A selection of impacts of COVID are summarised in the 'key points' section below, and are available in full in the JSNA annual summary appendix. Each impact identified is assessed using the following broad framework, which is composed of the effect on health, likelihood of impact, intensity/severity of impact on heath, and possible timing of impact.

Effect on health	
Positive/ Opportunity	Negative

Likelihood of impact
Speculative
Probable
Confirmed

Intensity/Severity of Impact on Health
Minimal
Moderate
Major

Possible Timing of Impact
Short-term
Medium-Long term
Long-term
Short, medium and long term

Key points:

Mental and physical health:
7. Mental health and wellbeing: Findings suggest that, given the ongoing effects of COVID-19, the impact on people's mental health and emotional well-being may increase as time goes on. There may be increased demand for mental health services for both children and young people and adults. Indicators to monitor

include: Prevalence of common mental health disorders; Personal well-being estimates from the Annual Population Survey; Suicide rate; Number and nature of referrals to social prescribing; Referrals to Healthy Minds; Referral to advocacy support when someone is discharged from a mental health ward.

8. Physical health: There are far reaching and complex physical health effects as a direct and indirect result of COVID-19. Key indicators to monitor: People accessing services for Long COVID; People with Post-Intensive Care Syndrome (PICS); Children with Paediatric Multisystem Inflammatory syndrome (PIMS).

9. High risk groups: More than 21,000 people are clinically extremely vulnerable in Worcestershire. Suggestions on how to mitigate the adverse impacts in this group include: promoting home based physical activity; support people to maintain a healthy balanced diet; promote information on when it is appropriate to undertake home repairs to maintain health and wellbeing during isolation; encourage people to use the internet safely to stay informed and connect with family and friends

10. Diet and physical activity: The effect of lockdown on people's physical activity, diet and weight is as yet unclear. It has been speculated that some people may have taken more care of themselves but conversely some may have had a poorer diet and been more sedentary. Key indicators to monitor include: Estimates of physical activity; The estimated prevalence of overweight and obesity in adults; Results from the national child measurement programme (NCMP). Unfortunately, as a result of the school closures very few children were weighted and measured this year meaning an incomplete data set.

11. Alcohol and tobacco: Although local substance misuse services are seeing an increase in referrals, there is an opportunity to use the population's increased awareness of health and wellbeing to continue a drive towards healthy living including a renewed focus on stop smoking and switching to harm reducing devices.

12. Sexual health: The pandemic has had an adverse impact on the delivery of sexual health services. In May 2020 it was reported that over half (54%) of UK sexual health services had closed and 38% of sexual health staff had been moved to work in other parts of the NHS. Difficulty in obtaining long acting reversible contraception has been highlighted as a potential problem. Ensuring adequate local provision of sexual health services during COVID-19, particularly for key vulnerable groups, will be a challenge. However, the increased use of remote and online services is an opportunity to change the way that services are delivered. Commissioners should note the impacts described and ensure services are designed and/or reconfigured to provide sufficient mitigation. Key indicators to monitor: STI testing rates; STI Prevalence; Teenage conceptions.

13. Screening and immunisations: There were initial decreases observed in vaccination rates during the first wave of COVID-19, even though messaging tried to reinforce that vaccinations were continuing. Recovery plans should be put in place to account for the initial drop in vaccination counts observed; Clear messaging may be required that routine immunisation programmes continue despite the fact that physical distancing measures may be in place; It will be important to optimise the number of people taking up the flu vaccination including those that are newly eligible; At-risk people should be made aware of the risk of co-infection of influenza virus and SARS-CoV-2; Measures should be put in place to mitigate the risk of children

missing their immunisation because of possible school closures, in order to maximise coverage and minimise influenza community transmission.

Wider determinants of health

14. Deprivation: There is some evidence that the
number COVID19 related deaths per 10,000 population in Worcestershire may be higher in more deprived areas, with estimated figures in the top three deciles, representing the top 30% most deprived areas in England, higher than other areas in the county. Key indicators to monitor: COVID-19 cases and COVID-19 related deaths in deprived areas.

15. Business and economy: The pandemic has the potential to effect people working across all sectors but those working in the production, construction and services industries may be particularly badly impacted. We need to ensure decline in GDP and fall in certain businesses during the second wave is minimised and the recovery of businesses is maintained. We will need ongoing careful monitoring of GDP by sector, Number of employees and businesses in Worcestershire working in sectors particularly affected by COVID-19 related restrictions, Number of local businesses temporarily closing or losing business, Local business confidence.

16. Employment: In Worcestershire, the claimant count has increased by 11,285 to 19,590 between March and August 2020. Unemployment in Worcestershire now stands at 5.5% among 16-64 year olds. Young people have been particularly badly affected. The number of claimants aged 18-24 stands at 3,905, representing a 9.4% of this group. Challenges for the future include the claimant count is likely to increase further as the furlough scheme unwinds; protecting jobs - especially in vulnerable or key industries.

17. Environment and climate change: During the first lockdown, air was cleaner and healthier in early lockdown, but global emissions have since rebounded to close to 2019 levels. In Worcestershire, during lockdown, traffic flow dropped to a low of 34% of pre-lockdown levels. At the time of writing traffic flow was at 92% of pre-lockdown levels. Key indicators to monitor: active travel and air quality.

Education

18. Pupils that are disadvantaged tend to have lower educational attainment than their peers – this is termed the disadvantage gap. The gap occurs because disadvantaged pupils tend to have less access to technology, spend less time learning and have reduced support from parents and carers. School closures due to the pandemic are likely to have widened this gap. Opportunities for the future: Proposed interventions to counter the effect of COVID-19 on the disadvantage gap include catch-up premiums, tutoring programmes and support for remote learning.

The Education Endowment Foundation has published a support guide for schools with evidence-based approaches to catch up for all students. The principles that underpin effectiveness are: specific aims, parent involvement, school leadership and a whole school approach. Indicators to monitor: School readiness; Academic achievement; The gap between those children who receive free school meals and all children for the above measures; Fortnightly DfE return on SEND demand, numbers with an EHCP plan etc; SEND Improvement Dashboard quarterly indicators for

health; Take up and outcomes of the Worcestershire Children First 'Back to School Project'

Communities, housing and homelessness

19. Since the outbreak of COVID-19, more than 750,000 volunteers have signed up nationally to be NHS Volunteer Responders and there are reports of the voluntary sector being overwhelmed by offers of help. Key informants have speculated that community spirit has increased in Worcestershire. Throughout the COVID-19 pandemic, a large volume of spontaneous volunteering has been seen as local communities come together to support each other. The Here2Help scheme was formulated directly as a community action response to the COVID-19 pandemic, therefore, no data is available for the period before the pandemic. Many volunteers and organisations involved in Here2Help will have been involved in volunteering before the pandemic. Opportunities for the future include: seek ways to build on this response and to retain those that have volunteered in response to the COVID-19 pandemic; Healthwatch Worcestershire have found there was support for the Here2Help scheme carrying on beyond the pandemic.

20. Poor-quality housing has a large impact on health. This can be through the condition of homes, insecure tenure and/or wider neighbourhood characteristics. The COVID-19 pandemic has exposed and amplified housing-related health inequalities. For example, social distancing measures have meant that many people are spending more time in homes that are hazardous, unsafe and lack security of tenure. Inadequate housing conditions, such as overcrowding, can also lead to increased risk of viral transmission. There are ongoing opportunities to address identified issues and to build on existing work being done through partner organisations. Indicators to monitor include: Fuel Poverty; Tenure; housing affordability; green space, and falls (in the home).

21. Specific population groups are considered within the report, including

   a) Black, Asian and minority ethic (BAME) groups: The effect of COVID-19 has had a disproportionate negative, major impact on BAME groups. Previously presented to this board were actions to mitigate against further excess risk to BAME people, including better recording of ethnicity data, using language services appropriately, targeting health promotion programmes appropriately, and ensuring that COVID-19 recovery strategies actively reduce inequalities caused by the wider determinants of health.
   b) mothers and babies – focus on targeting advice, continuation of public health nursing services, ensuring women from BAME groups are represented in maternity voices partnership.
   c) children and young people – including understanding of new vulnerabilities, take up of free school meals, here to help data, child sexual exploitation metrics.
   d) Working age people – monitoring of metrics such as mortality rates and infection rates by occupation, with specific attention on those in occupations that require frequent public exposure; Number of key workers testing positive for COVID-19
   e) Older people – including promotion of the importance of physical activity including strength and balance exercises, for maintaining physical function and good mental health; Targeting of resources for physical activity to the

needs of the most vulnerable older people. Monitoring of hospital admissions, deaths, and social isolation are key indicators being tracked.

    f) People with physical, sensory and learning disability challenges. This is a group who should be carefully considered in interventions, messages and support that is on offer, including provision of up-to-date easy-read and accessible information for people with learning disabilities. This should include information that people who are digitally excluded can access.

    g) Carers, gypsy Roma traveller communities and asylum seekers are all considered within the report, particularly giving consideration to the provision of information, and access to services which the whole population need access to during and beyond this pandemic.

Legal, Financial and HR Implications

10. None

Privacy Impact Assessment

11. All data have been prepared according to guidance on disclosure and have been presented in a way that does not allow the identification of individuals

Equality and Diversity Implications

12. An Equality Relevance Screening has been completed in respect of these recommendations. The screening did not identify any potential Equality considerations requiring further consideration during implementation

Contact Points

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Supporting Information
- JSNA Annual Summary 2020 & health impact assessment table.

Background Papers
In the opinion of the proper officer (in this case the Director of Public health) the following are the background papers relating to the subject matter of this report:
Health and Wellbeing Strategy 2016-2021
http://www.worcestershire.gov.uk/downloads/file/7051/joint_health_and_well-being_strategy_2016_to_2021

Worcestershire Health and Well-being Board

Joint Strategic Needs Assessment

Annual Summary – Health Impacts of COVID-19

Version: 1.0
Date: November 2020
Review Date: November 2021

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Acknowledgements

Introduction

Strategic Needs Assessment in the Era of COVID-19

In light of the pandemic, this year's Joint Strategic Needs Assessment (JSNA) Annual Summary takes a different approach to previous reports.

The summary takes the form of a Health Impact Assessment of COVID-19 on the Worcestershire population. Health Impact Assessment is a decision-making tool that assesses the potential risks and benefits of a policy, programme or plan, or, in this case, the pandemic and the resulting policies, programmes or plans that arise from it.

The aim of this report is to improve knowledge and understanding of the wide-ranging impacts of COVID-19 on the health and wellbeing of the Worcestershire population, to identify actions to mitigate negative impacts and enhance positive impacts and to inform strategies for recovery and renewal.

We look at both the direct and indirect effects of COVID-19 on health and wellbeing and also consider its impact on the wide range of factors that influence people's health and wellbeing, for example, their social and economic environment.

The analysis is difficult because of a lack of up-to-date data and the ongoing nature of the pandemic. We have therefore sought to identify COVID-19's health and wellbeing impacts using a wide range of evidence, both quantitative and qualitative, from a wide variety of reports and key informants.

A rapid literature search for both peer-reviewed and non-peer reviewed reports was carried out and evidence alerts from important sources incorporated as they were published.

A proforma was supplied to key informants so they could highlight to us their concerns and observations given the evidence they have so far.

Some of the impacts included are speculative and are described to spark further investigation and discussion rather than being definitive.

Because of the limited timeframe, wide-ranging nature of the topic and ongoing nature of the pandemic our report is by no means exhaustive, but we hope it will provide a useful collection of evidence and insights to inform planning and provide a base for future analysis, research and evaluation.

In particular, further work is needed to identify the best way to mitigate the impacts described.

As the situation continues to evolve it is clear that COVID-19 and the policy response are having profound and wide-ranging effects on the health and wellbeing of the Worcestershire population. These impacts are significant and may extend well beyond the short-term.

This report represents the situation at the time of writing and it will be necessary to revisit this assessment frequently as more evidence becomes available.

Nevertheless, it is timely to start to take stock of the health and wellbeing impacts of COVID-19 and to plan for the future - we hope that this initial assessment is a useful starting point.

How to use this report

There are three main parts to this report. Firstly, an overview of the pandemic so far including a summary of surveillance data and the response from various organisations.

This is followed by sections on the impacts of COVID-19 on health and wellbeing including health and care services, the wider determinants of health and specific population groups.

Finally, there is a section which highlights the challenges that COVID-19 may present going forward.

For quick reference, the impacts of COVID-19 that have been identified have been tabulated and these tables are included in the appendix. The tables use specific terminology to describe impacts. Their effect on health status is classified as positive or negative when possible. An initial assessment of their likelihood, severity and timing is also made. This assessment is likely to be refined as more evidence becomes available. For more information on the specific descriptors please see the appendix.

The pandemic so far

The first laboratory-confirmed cases of COVID-19 in Worcestershire were on 9th March 2020 and the first confirmed COVID-19 related death occurred on 20th March 2020.

At the time of writing (1st November 2020) there were 6,478 confirmed cases of COVID-19 and 442 deaths within 28 days of a positive COVID-19 test in Worcestershire.[1] There were 546 deaths mentioning COVID-19 on the death certificate between 1st March and 31st July 2020.[2]

In Worcestershire, in April 2020, at the peak of the first wave of COVID-19, there were approximately 20 deaths each day over and above the 17 deaths per day which would be expected for the time of year.

So far, in 2020 (up to 2nd October), in Worcestershire, there have been 725 deaths over and above what would be expected.[3] The excess deaths are not all directly due to COVID-19 illness. The COVID-19 pandemic is also likely to contribute indirectly to deaths via mechanisms such as:

- people being deterred from seeking treatment for medical emergencies such as strokes or heart attacks

- planned treatment and screening being deferred or cancelled due to the demands of COVID-19 on services

- mental health problems and suicides

- heart problems from lack of activity

- the impact on health from increased unemployment and reduced living standards

Some initial analysis of the excess deaths seen in the first wave has been carried out on local data. We took the two-month period where deaths exceeded the five-year average and analysed this in a variety of ways. The analysis shows a very similar pattern to what has been found nationally, with a 60% increase in overall deaths compared to the previous five years. 68% of these excess deaths had COVID-19 listed as their main cause, however, increases were also seen in deaths attributable to dementia, ischaemic heart disease, cancers and other non COVID-19 respiratory disease. As has been noted nationally, the older age groups were hit hardest with the 75 and over age group having twice as many deaths as the five-year average for that two-month period.

We also observed that more of these excess deaths occurred outside of hospital which may support the view that in the early stage of the pandemic people were reticent about contacting health services for non COVID-19 issues.

The UK government's response to the rapid spread of the virus in March 2020 was to introduce a staying at home and social distancing policy - also known as 'Lockdown', to

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[1]
. GOV.UK Coronavirus (COVID-19) in the UK. Available at: https://coronavirus-staging.data.gov.uk/details/deaths?areaType=utla&areaName=Worcestershire

[2] Source: Office for National Statistics (ONS) https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsinvolvingcovid19bylocalareasanddeprivation/deathsoccurringbetween1marchand31july2020

[3] Office for National Statistics (ONS) https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsinvolvingcovid19bylocalareasanddeprivation/deathsoccurringbetween1marchand31july2020

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close schools and non-essential businesses and to introduce a national 'shielding' scheme.

The shielding scheme advised people who had been identified as having underlying health conditions, which put them at higher risk from COVID-19, to take extra precautions against catching the virus. At the beginning of the lockdown period this included staying at home at all times and avoiding face to face contact. On the 30th June 2020, there were approximately 20,100 people on the shielded list in Worcestershire.

The Government's offer to shielding individuals who requested support covered the following three areas of assistance:

- Essential groceries – a free, standardised weekly parcel of food and household essentials, and priority delivery slots with supermarkets;

- Medicines – arrangements to have medicines delivered to people's homes by local community pharmacies or their dispensing doctor;

- Social contact and basic needs – for example, emotional or social support such as people to talk to on the phone or via a computer.

At the time of writing COVID-19 is making a resurgence and case numbers are increasing both locally and nationally. New national restrictions are about to be introduced. COVID-19 continues to have a significant impact.

Inequalities

The impacts of COVID-19 have not been felt equally. The greatest impacts have fallen on those who are the least privileged. COVID-19 has replicated and exacerbated existing health inequalities.

Many analyses have shown that older age, ethnicity, male sex and geographical area are associated with the risk of getting the infection, experiencing more severe symptoms and higher rates of death.[4] Of these, age is the most important risk factor for COVID-19 mortality. People aged 80 or older are seventy times more likely to die than those aged under 40.[5] In addition, most minority ethnicities have higher COVID-19 mortality rates.[6] After adjustments for demographic, geographical and socioeconomic factors are made, national figures show that males in all ethnic minority groups other than Chinese retained a higher rate of COVID-19 mortality, and in females all ethnic minority groups other than Bangladeshi, Chinese and Mixed ethnic groups retained a raised rate of COVID-19

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[4] Public Health England. Beyond the data: Understanding the impact of COVID-19 on BAME groups. June 2020. Available at:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf

[5] Public Health England. Wider impacts of COVID-19 health needs assessment intelligence pack
https://www.gov.uk/guidance/phe-data-and-analysis-tools

[6] The Office for National Statistics. Coronavirus Roundup. Available at:
https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/coronaviruscovid19roundup/2020-03-26#Ethnic

mortality.[7] Public Health England list the main characteristics associated with dying from COVID-19 as:

- Being older

- Being male

- Living in a deprived area

- Being a member of a Black, Asian and Minority Ethnic (BAME) group

Local data suggests a strong relationship between mortality due to COVID-19 and older age and some relationship between higher mortality and level of deprivation.

In Worcestershire more males than females have died due to COVID-19, although local data on ethnicity and number of deaths is incomplete.

COVID-19 related inequalities are likely to be related to:

- Pre-existing disease

- Risk of exposure

- Experience of lockdown

- Changes in provision or access to health, social care and essential services

- Socio-economic status

- Socio-economic consequences

- Ethnicity[8]

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[8] Public Health England. Wider impacts of COVID-19 health needs assessment intelligence pack. Available at: https://www.gov.uk/guidance/phe-data-and-analysis-tools

Key Public Health Indicators (Pre-Pandemic)

A summary of key public health indicators is included as an appendix. The data mostly relates to a time before the pandemic and one of the aims of this work has been to identify which measures will be particularly important to monitor going forward.

Analysis indicates that Worcestershire generally has good levels of public health as shown by life expectancy indicators:

Figure 1. Life Expectancy in Worcestershire

	Range
Life expectancy Male	
Life expectancy Female	
Slope index of inequality Male	
Slope index of inequality Female	
Healthy life expectancy Male	
Healthy life expectancy Female	
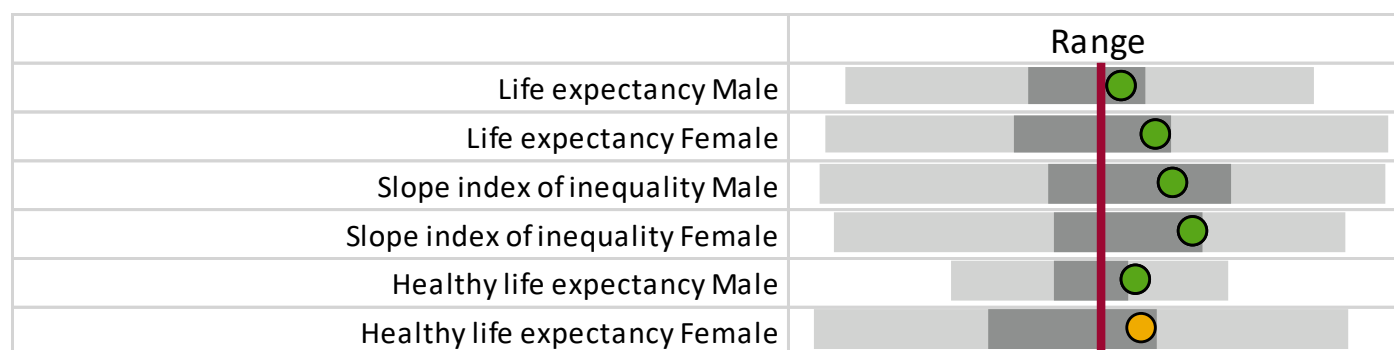
Source: Public Health England, Public Health Outcomes Framework. Key: Green=better than the national average, Orange=similar to the national average

However, some indicators are significantly worse than the national average and are of concern. These include:

- Excess weight in Adults
- Smoking at time of delivery
- Breastfeeding initiation
- Early years development for children eligible for free school meals

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The Worcestershire Response

Here2Help

During the first wave of the pandemic, it was recognised that, in addition to the shielded group, there were other individuals and groups who were self-isolating and did not have access to a trusted neighbour, friend or family to help them.

As the national Shielding Scheme did not cover this group, the local authority arranged to meet this need by creating Here2Help. The support of Here2Help included (but was not limited to):

- Advice including self-service/help guides online
- Signposting people to community-based organisations and groups
- Matching of volunteers to support individuals or families
- Providing urgent food and supplies
- Delivering and collecting urgent medicines
- Referral to urgent mental health or wellbeing services
- Referral to adult or children's social care

The Here2Help service was coordinated by the Communities and Public Health teams at Worcestershire County Council, in partnership with each of the six district and city councils. In addition, several local community and voluntary sector organisations and groups supported the community COVID-19 response. The Voluntary and Community Sector (VCS) was essential in responding to requests for help.

Key information gathered as a result of the Here2Help programme includes:

- As of the 3rd June 2020 there had been 2,920 requests for help and over 2,000 offers of help made.
- The main reasons individuals contacted Here2Help were food and supplies related concerns. These took the form of needing help with shopping, needing support with central Government food parcels and problems accessing supermarket delivery slots.
- The second most common reason for accessing the service was in relation to health and medical needs, mainly concerning prescription collections.
- Advisors supported people who were contemplating harm, feeling anxious, stressed or concerned about their situation.
- A survey of clients found almost two thirds of respondents said that they were less able to be independent due to the COVID-19 situation.
- 40% of respondents to the survey said that they had felt lonelier during the COVID-19 lockdown.
- Here2Help advisors from the Public Health team, Worcestershire Libraries and Worcestershire Children's First supported individuals with guidance, advice and

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- signposting to voluntary and community sector organisations for local level support.

- Several local voluntary and community sector organisations also supported with similar services vulnerable and shielding individuals in their communities.

- In a number of emergency situations, Worcestershire County Council (WCC) transport teams supported the collection and delivery of medication and the delivery of food parcels prepared by WCC.

- Here2Help also worked closely with District Council colleagues to make contact with shielded groups and deliver 'safe and well' checks to individuals who did not respond to repeated attempts to contact.

- A review of the six main categories of help-request, produced a number of smaller sub-categories and found that some 'informal care needs' were not being fulfilled due to friends and family isolating.

- Overall, over 80% of all respondents were "Very satisfied" or "Quite satisfied" with the Here2Help service, with almost two thirds of respondents stating that they were "Very satisfied".

Local Outbreak Response

Working with Public Health England, local authorities have a role to play in preventing and managing outbreaks of COVID-19 in complex settings.

The local authority has therefore published a local outbreak response plan for Worcestershire and a Local Outbreak Response Team (LORT) has been formed.

The local outbreak response plan can be found on the Worcestershire County Council Coronavirus (COVID-19) Outbreak Control Plan website

In addition, two new boards have been formed:

- A new multiagency COVID-19 Health Protection Board - to oversee outbreak management locally

- A member led Board - to focus on engaging with communities

To date, the LORT has been resourced by existing Worcestershire County Council staff.

Health and Wellbeing

Mental Health

For information on the effects of COVID-19 on children's and young people's mental health please see the Children and Young People section on page 83.

Population Profile

In Worcestershire:

- In 2017 it was estimated that the prevalence of common mental health disorders in people 16 or over was 15%. This was lower than the national figure of 16.9%.

- Headline estimates of personal well-being from the Annual Population Survey (APS) for the year ending March 2020 (the year up to the beginning of lockdown) showed that people in Worcestershire had slightly higher life satisfaction and slightly lower levels of anxiety than national figures.

- In 2019/20 the proportion of adults 16 or over with a high self-reported anxiety score was estimated to be almost one in five (19.5%) and the proportion with a low self-reported happiness score was estimated to be almost one in ten (9.8%).[9]

- In 2018/19 there were 5,108 people with dementia recorded on GP practice registers. This was 0.8% of the registered population. The figure is similar to the national average.[10]

- In 2019 there were 51 deaths registered as suicide.

- Between 2017 and 2019 there were 164 suicides in Worcestershire. This is a rate of 10.5 per 100,000 population which is similar to the national rate.

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[9] Personal well-being estimates from the Annual Population Survey (APS), which provides a representative sample of those living in private residential households in the UK.: https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/measuringnationalwellbeing/april2019tomarch2020

[10] Public Health England: https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia/data#page/4/gid/1938132811/pat/6/par/E12000005/ati/202/are/E10000034/iid/247/age/1/sex/4/cid/4/page-options/ovw-do-0_car-do-0

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National Findings

Good mental health is a vital part of being healthy.

Direct impacts of COVID-19 Illness on mental health

The World Health Organisation has reported that COVID-19 is associated with mental and neurological manifestations and that anxiety and depression appear to be common among people hospitalised for COVID-19.[11]

Patients who require admission to critical care with acute respiratory distress syndrome (ARDS) experience resulting anxiety (40%), depression (30%) and PTSD (20%). Psychosis and recurrence of more longstanding mental health problems are rare.[12]

Indirect impacts of the pandemic on mental health

Prolonged periods of social isolation are likely to impact on the mental health and wellbeing of vulnerable groups in particular, including those who already have mental health conditions.

Nationally, indicators from the Office for National Statistics (ONS) weekly Opinions and Lifestyle Survey suggest that at the beginning of lockdown around half of respondents (53%) said their wellbeing was being affected by COVID-19. This figure fell over the summer to 39% but had risen again to 46% by the second week of October 2020. The same survey showed that at the start of lockdown one in five (20%) respondents reported that they felt lonely often/always or some of the time. The highest percentage of people feeling lonely was recorded in mid-May when nearly 27% of respondents reported this. The figure at the start of October 2020 was 23%.[13]

More than 2.2 million people who are clinically extremely vulnerable were advised by the government to shield during the pandemic. The ONS Shielding Behavioural Survey found that, in the overall sample, 61% of people reported no difference in their mental health and wellbeing. However, among individuals under 50 years and aged between 50-59 years, almost half reported worsening mental health (46% and 45% respectively) compared with 26% and 23% of those aged 70-74 years and aged over 75 years respectively.[7]

An ONS survey conducted in early April found that nearly a third (30%) of parents strongly or somewhat agreed that home-schooling was negatively affecting their well-being, while half (50%) said it was negatively affecting the well-being of their children.[14]

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[11] Health & Equity in Recovery Plans Working Group. Direct and indirect impacts of COVID-19 on health and wellbeing. Rapid Evidence Review. July 2020. Available at: https://www.ljmu.ac.uk/~/media/phi-reports/2020-07-direct-and-indirect-impacts-of-covid19-on-health-and-wellbeing.pdf

[12] NHS England. After care needs of inpatients recovering from COVID-19. June 2020. Available at: https://www.pcrs-uk.org/sites/pcrs-uk.org/files/nhs-aftercarecovid.pdf

[13]The Office for National Statistics. Opinions and Lifestyle Survey. COVID-19 module. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/datasets/coronavirusandthesocialimpactsongreatbritaindata/current

[14] Office for National Statistics. COVID-19 (COVID-19) in 10 charts. 24/09/20. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/COVID-19covid19in10charts/2020-09-24

A survey by the charity Mind found that almost a quarter of people who tried to access mental health services within a two-week period in April 2020 had been unable to access help.[7]

Effects of the pandemic for people living with dementia

Public Health England have identified the following specific COVID-19 related concerns for people living with dementia:[15]

- Communication may not be targeted to people living with dementia

- People with dementia may lack awareness of and be less able to report symptoms because of communication difficulties

- People with dementia who live in their own homes may already feel isolated

- Relatives and friends not being allowed to see a person in a care home could have a detrimental effect on residents with dementia

Suicide

Men, people of working age and people living in more deprived areas are at higher risk of suicide. Nationally, before the pandemic, higher rates of suicide have been evident in more deprived areas, most notably among men in their 40's and 50's. Males aged 45 to 49 years had the highest age-specific suicide rate in England and Wales in 2019 (25.5 deaths per 100,000 males); for females, the age group with the highest rate was 50 to 54 years at 7.4 deaths per 100,000.[16]

The impact of the pandemic, both economically and emotionally is a major concern for suicide prevention. The latest ONS figures show that there were over 700,000 fewer people on payroll during lockdown, and the most deprived local areas have been affected the most in terms of mortality. Additionally, almost one in five adults (19.2%) were likely to be experiencing some form of depression during the COVID-19 pandemic in June 2020; almost double the number before the pandemic (July 2019 to March 2020).[17]

The 2019 suicide rate for England and Wales was 11.0 deaths per 100,000 people, the highest seen since 2000, before the effects of Covid-19 have been seen. We will not know whether the pandemic has affected suicide rates nationally until the UK-wide statistics are released next year.

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[15] Public Health England, Local Government Association and the Association of Directors of Public Health. COVID-19 Suggestions for mitigating the impact on health inequalities at a local level. Available at: https://www.local.gov.uk/sites/default/files/documents/COVID-19%20Suggestions%20for%20mitigating%20the%20impact%20on%20health%20inequalities%20at%20a%20local%20level%20%282%29.pdf

[16] Office for National Statistics. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2019registrations

[17] Office of National Statistics. Available: https://blog.ons.gov.uk/2020/09/10/how-does-living-in-a-more-deprived-area-influence-rates-of-suicide/

Local Findings

A Healthwatch Worcestershire survey aimed at the general public received 2,473 responses. The survey found that one in five (20%) of respondents said that COVID-19 was having a great deal or a lot of impact on their mental health and emotional wellbeing, just over a quarter (26%) reported it was having a moderate impact, a third (32%) of people said it was having little impact and one in five (22%) no impact at all.

The proportion of people that said COVID-19 was having a great deal or a lot of impact on their mental health and wellbeing increased over the time the survey was open.

People under 44, carers and people with disabilities and people from the 'white other' group were more likely to report that COVID-19 was having a great deal or a lot of impact on their mental health.

8% of respondents (170) had not been able to find support for their mental health and well-being. Those aged 34 and under, people with a disability, people in the 'White Other' group and people living in Redditch and Worcester City reported that they had not been able to find support more frequently than other respondents.

The main reasons given by people for not being able to access support were: do not know how to access support (27); feel that they shouldn't access support at this time or others need it more (17); perception that there is no support available / no point in trying to access support (16) and don't want to/have not tried to access support (13). Further reasons are set out in the full report.[18]

Healthwatch Worcestershire found challenges with providing clear understandable information regarding COVID-19 to people living with dementia.

Key informants have highlighted the adverse effect that death of a family member, friend or colleague from COVID-19 may have on people's mental health.

Locally it has been commented that there has been an increase in referrals for those requiring mental health, befriending and lifestyle advice.

Opportunities/Challenges for the Future

Findings suggest that, given the ongoing effects of COVID-19, the impact on people's mental health and emotional well-being may increase as time goes on. There may be increased demand for mental health services for both children and young people and adults.

People should be supported and encouraged to seek help before they reach crisis point.

More information is needed for the public about the availability of mental health services and how to access them.

Possible mitigations specifically for people with dementia include:[19]

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[18] Healthwatch Worcestershire. Covid-19 Survey. September 2020. Available at:
https://www.healthwatchworcestershire.co.uk/wp-content/uploads/2020/09/Covid-19-Survey-Final-Report-Vs-1.0.pdf

[19] Public Health England, Local Government Association and the Association of Directors of Public Health. COVID-19 Suggestions for mitigating the impact on health inequalities at a local level. Available at: https://www.local.gov.uk/sites/default/files/documents/COVID-

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- Ensure information provided is accessible and repeatable

- Encourage all to be alert to the presence of signs and symptoms of the virus for people living with dementia ("look beyond words").

- Consider encouraging volunteer community groups, with appropriate expertise, to provide support for carers and people with dementia, particularly those living alone.

- Ensure care plans reflect the impact of self-isolation, including updated Lasting Power of Attorney documentation and advance directives.

- Promote the use of technology to help improve communication between families both at home and in care homes.

Commissioners should note the impacts described and ensure services are designed and/or reconfigured to provide sufficient mitigation.

Indicators to Monitor

- Prevalence of common mental health disorders

- Personal well-being estimates from the Annual Population Survey

- Suicide rate

- Number and nature of referrals to social prescribing

- Referrals to Healthy Minds

- Referral to advocacy support when someone is discharged from a mental health ward

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19%20Suggestions%20for%20mitigating%20the%20impact%20on%20health%20inequalities%20at%20a%20local%20level%20%282%29.pdf

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Physical Health

For information on cancer screening please see the Screening Services, Vaccinations and Services for Women and Children section on page 38.

Population Profile

- On the overarching measures of health, life expectancy and healthy life expectancy (the number of years someone can expect to live in good health), Worcestershire performs relatively well. Life expectancy for males and females is 80 and 83.9 respectively. This is higher than the national average which is 79.6 for males and 83.2 for females.

- Healthy life expectancy is 65.6 years for males and 65.2 years for females. This is higher than the national average of 63.4 for males and similar to the national average of 63.9 for females.

- In Worcestershire, between 2016 and 2018 under 75 mortality rates for cardiovascular disease, cancer and respiratory disease were all better than the national rates. The rate of under 75 mortality from liver disease was similar to the national rate.[20]

National Findings

Direct Effects of COVID-19 Illness

While most people with COVID-19 develop only mild (40%) or moderate (40%) disease, approximately 15% develop severe disease that requires oxygen support, and 5% have critical disease with complications such as respiratory failure, acute respiratory distress syndrome, sepsis and septic shock, thromboembolism, and/or multiorgan failure, including acute kidney injury and cardiac injury.

More common symptoms of COVID-19 are a high temperature, a new continuous cough and/or a loss or change of smell or taste. However, some people have non-specific symptoms such as muscle pain, sore throat, headache, nasal congestion, diarrhoea, nausea and vomiting. Unusual symptoms such as delirium and reduced mobility have also been reported and may manifest on older patients or people with weakened immune systems - sometimes in the absence of a fever.

There is growing evidence that a number of people who initially experience only mild to moderate COVID-19 disease are experiencing a prolonged and relapsing course of the illness[21] - a condition that has been termed 'Long-Covid'.

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[20] Public Health England. Public Health Outcomes Framework. Available at: https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/1/gid/1000049/pat/6/par/E12000005/ati/302/are/E10000034/cid/4/page-options/ovw-do-0

[21] Health & Equity in Recovery Plans Working Group. Direct and indirect impacts of COVID-19 on health and wellbeing. Rapid Evidence Review. July 2020. Available at: https://www.ljmu.ac.uk/~/media/phi-reports/2020-07-direct-and-indirect-impacts-of-covid19-on-health-and-wellbeing.pdf

Symptoms of Long-Covid can include fatigue, headache, difficulties in thinking, insomnia, vertigo, shortness of breath, chest pain, cough, skin rash, irregular or abnormal heart rhythm, hypertension, and joint pain.[22]

Government guidance states that around 10% of mild COVID-19 cases that were not admitted to hospital have reported symptoms lasting more than four weeks and of those hospitalised a number have reported symptoms for eight weeks or more following discharge.[23]

Patients who have required ventilation due to COVID-19 may develop Post-Intensive Care Syndrome (PICS) - an amalgamation of persistent physical, cognitive and psychological impairments. A significant proportion of all patients, across all ages, admitted to an Intensive Care Unit (ICU) requiring mechanical ventilation go on to develop PICS. Although, data on this topic isn't available yet for COVID-19 patients, it is reasonable to assume that the number of people with PICs is going to increase.[24]

Children and infants typically experience a mild illness. However, a small number of children have been identified who have developed a significant inflammatory response known as Paediatric Multisystem Inflammatory syndrome (PIMS) following COVID-19 infection.[25,26]

Indirect Effects of the Pandemic on Physical Health

The indirect effects of the pandemic on physical health are numerous and act through the complex mechanisms described in multiple sections of this report. Some of the main effects on health and wellbeing may come through altered access to health and care services. These effects are described in more detail in the Health, Wellbeing and Social Care Services section on page 31.

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[22] UK Parliament. POST. Rapid Response. Short- and long-term health effects of COVID-19. 07 September, 2020. Available at: https://post.parliament.uk/short-and-long-term-health-effects-of-COVID-19/?utm_source=POST&utm_campaign=02c008039d-EMAIL_CAMPAIGN_2020_07_20_04_41_COPY_01&utm_medium=email&utm_term=0_5928a699a4-02c008039d-103823078&mc_cid=02c008039d&mc_eid=a2898d8a66

[23] Public Health England. Guidance. COVID-19: long-term health effects. 07 September 2020. Available at: https://www.gov.uk/government/publications/COVID-19-long-term-health-effects?utm_source=2de16c7c-1ad1-402a-a048-86506277d9f6&utm_medium=email&utm_campaign=govuk-notifications&utm_content=daily

[24] Jaffri U.A. and Jaffri A. Post-Intensive care syndrome and COVID-19: crisis after a crisis? Heart Lung. June 2020. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7301100/

[25] Levin M. Childhood multisystem inflammatory syndrome: a new challenge in the pandemic. New England Journal of Medicine. 2020; DOI. 10.1056/NEJMe2023158.

[26] Royal College of Paediatrics and Child Health. Guidance: Paediatric multisystem inflammatory syndrome temporally associated with COVID-19. London: Royal College of Paediatrics and Child Health; 2020.

Opportunities/Challenges for the Future

- Post-COVID services should provide joined up care for physical and mental health, with patients having access to:
  - A physical assessment, which will include diagnostic testing, to identify any potential chronic health issues.
  - A cognitive assessment, to assess any potential memory, attention, and concentration problems.
  - A psychological assessment, to see if someone is suffering potentially from depression, anxiety, PTSD, or another mental health condition.[27]

- Promotion of the NHS 'Your COVID Recovery online service. Available at: https://www.yourcovidrecovery.nhs.uk/

- Early recognition by paediatricians and specialist referral including to critical care is essential for children who develop rare complications of COVID-19.

Commissioners should note the impacts described and ensure services are designed and/or reconfigured to provide sufficient mitigation.

Indicators to Monitor

- People accessing services for Long COVID
- People with Post-Intensive Care Syndrome (PICS)
- Children with Paediatric Multisystem Inflammatory syndrome (PIMS)

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[27] NHS. NHS to offer 'long covid' sufferers help at specialist centres. 7th October 2020. Available at: https://www.england.nhs.uk/2020/10/nhs-to-offer-long-covid-help/

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High Risk Groups Including Those Who Are Clinically Extremely Vulnerable

Population Profile

In Worcestershire there are around 21,225 people currently on the shielding list because they are classified as clinically extremely vulnerable (October 2020).

Figure 2. Number and age of people on the Shielding List by district

District	Under 65	65-70	71-80	Over 80	Total
Bromsgrove	1420	487	896	620	**3423**
Malvern Hills	1158	400	815	499	**2872**
Redditch	1382	476	767	343	**2968**
Worcester	1626	411	680	368	**3085**
Wychavon	2108	740	1389	895	**5132**
Wyre Forest	1568	536	1079	525	**3708**
Other / not known	17	20			**37**
Total	**9278**	**3053**	**5638**	**3255**	**21225**

National Findings

The World Health Organisation (WHO) reports that older age, smoking and underlying long-term conditions (such as diabetes, hypertension, cardiac disease, chronic lung disease and cancer) have been reported as risk factors for severe disease and death.[28]

Public Health England (PHE) report that male sex and increasing age are known risk factors for death[29] with the majority of deaths occurring in people aged over 75 years.

People who are defined as clinically extremely vulnerable are at very high risk of severe illness from coronavirus. There are two ways people may be identified as clinically extremely vulnerable:

- They have one or more of conditions listed below, or

- Their doctor has added them to the Shielded Patient List because, based on their clinical judgement, they deem them to be at higher risk of serious illness if they catch the virus.

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[28] World Health Organisation. Clinical Management of COVID-19, Interim Guidance. Geneva: World Health Organisation, 2020.

[29] Public Health England. Disparities in the risk and outcomes of COVID-19 Available at: https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes- .

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People at very high risk from COVID-19 include people who:[30]

- solid organ transplant recipients
- people with specific cancers:
  - o people with cancer who are undergoing active chemotherapy
  - o people with lung cancer who are undergoing radical radiotherapy
  - o people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
  - o people having immunotherapy or other continuing antibody treatments for cancer
  - o people having other targeted cancer treatments that can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
  - o people who have had bone marrow or stem cell transplants in the last 6 months or who are still taking immunosuppression drugs
- people with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD)
- people with rare diseases that significantly increase the risk of infections (such as severe combined immunodeficiency (SCID), homozygous sickle cell disease)
- people on immunosuppression therapies sufficient to significantly increase risk of infection
- women who are pregnant with significant heart disease, congenital or acquired

Risks for those who are self-isolating/shielding include:

- Reduction in physical activity
- Changes in diet
- Social isolation and loneliness

Some immediate impacts that may be seen in this group are weight gain and poor mental health. There may also be longer-term impacts such as poorer management of a health condition or failure to maintain physical capacity which in turn may increase the risk of frailty and falling.

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[30] Department of Health and Social Care and Public Health England. Guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19. Accessed 15th October 2020. Available at: https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19#Clinically

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Local Findings

Key informants have speculated that people with long-term conditions, especially those with diabetes and dementia, may have been disempowered and their isolation increased.

Opportunities/Challenges for the Future

Ensure people who are defined as clinically extremely vulnerable receive the right communications at the right time in order to keep themselves safe.

Suggestions on how to mitigate the adverse impacts in this group include:[31]

- Promote home based physical activity

- Support people to maintain a healthy balanced diet

- Promote information on when it is appropriate to undertake home repairs to maintain health and wellbeing during isolation

- Encourage people to use the internet safely to stay informed and connect with family and friends

Commissioners should note the impacts described and ensure services are designed and/or reconfigured to provide sufficient mitigation.

Indicators to Monitor

- COVID-19 cases and deaths in people who are clinically extremely vulnerable

- Physical activity indicators

- Dietary indicators

- Indicators of wellbeing

- Falls indicators

- Here2Help requests (number and nature)

Diet and Physical Activity

Information on access to green space and transport choices is included in the Urban/Rural Classification and Access to Green Space section on page 77.

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[31] Public Health England, Local Government Association and the Association of Directors of Public Health. COVID-19 Suggestions for mitigating the impact on health inequalities at a local level. Available at: https://www.local.gov.uk/sites/default/files/documents/COVID-19%20Suggestions%20for%20mitigating%20the%20impact%20on%20health%20inequalities%20at%20a%20local%20level%20%282%29.pdf

Population Profile

In Worcestershire in 2018/19 it was estimated:[32]

- Around one in five (19.7%) of reception aged children and one third (32.9%) of children in year 6 were overweight or obese. The trend in reception age children has been downward

- Almost two thirds (65%) of adults are overweight or obese. This is higher than the national estimate of 62.3%

- 57.1% of the adult population are meeting the recommended '5 a day' on a usual day

- 43% children and young people are physically active. This is worse than the national estimate of 46.8%

- 69.3% of adults are physically active

National Findings

People living with obesity are at higher risk of severe illness from COVID-19 infection.

Societal changes required to manage COVID-19 may have promoted weight gain due to their adverse impact on socio-economics, physiological health and the metabolic impact of elevated stress, emotional eating and physical inactivity.

COVID-19 has adversely impacted self-reported dietary and physical activity behaviours in many people.[33]

The pandemic has reduced access to weight management support and many people living with obesity have used food to manage their emotions during the COVID-19 lockdown.

Indicators from the Opinions and Lifestyle Survey for the week ending 4th October suggest that 22% of people have had their regular exercise routine affected due to the COVID-19 outbreak.[34]

Non-UK studies have also shown, physical activity habits have been disrupted, with decreased physical activity and increased snacking behaviours during lockdown.[12]

Surveys shows that people who were less active before lockdown found it harder to be physically active during lockdowns, for example, people on low incomes.[7]

Concerns about diet and activity levels may be particularly relevant for people who have to shield themselves because they are at higher risk from COVID-19.

Local Findings

The effect of lockdown on people's physical activity, diet and weight is as yet unclear.

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[32] Public Health England. Public Health Outcomes Framework.

[33] Public Health England. Supporting weight management services during the COVID-19 pandemic Available at:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/915274/WMS_Report.pdf

[34] Office for National Statistic Available at:
https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/COVID-19andthesocialimpactsongreatbritain/9october2020

It has been speculated that some people may have taken more care of themselves but conversely some may have had a poorer diet and been more sedentary.

Opportunities/Challenges for the Future

- It will be important to promote the importance of physical activity and good diet for maintaining health.

- Use of the planning system to promote healthy weight environments.

Commissioners should note the impacts described and ensure services are designed and/or reconfigured to provide sufficient mitigation.

Indicators to monitor

- Estimates of physical activity

- The estimated prevalence of overweight and obesity in adults

- Results from the national child measurement programme (NCMP). Unfortunately, as a result of the school closures very few children were weighted and measured this year meaning an incomplete data set.

Alcohol and Tobacco Consumption

Population Profile

In Worcestershire:[35]

- There were 651 admission episodes per 100,000 population for alcohol related conditions (narrow definition) in 2018/19. This equates to 4,002 admission episodes. This rate was similar to the national one and the trend was static.

- It has been estimated that in 2019 just over one in ten (10.8%) of adults were smokers. This is lower than the national average of 13.9% but still equates to an estimated 51,283 adults.

National Findings

The Health and Equity in Recovery Plans Working Group found that people who drank the most often before lockdown were drinking more often and drinking more on a typical drinking day during lockdown.

People who were already drinking the least often had cut down in the greatest number.

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[35] Public Health England. Public Health Outcomes Framework. 2018/19 figures Available at: https://fingertips.phe.org.uk/search/alcohol#page/0/gid/1/pat/6/par/E12000004/ati/302/cid/4/page-options/ovw-do-0

Evidence on the impact on harmful and dependent drinkers and people in recovery is currently limited. There are two groups in need of particular attention in relation to alcohol consumption; people already struggling with alcohol dependence and those on the brink of dependence. Bereavement, job insecurity or troubled relationships may tip some drinkers into dependency.[36]

Smoking prevalence among adults in England is at a record low of 13.9%.

Whilst the evidence on COVID-19 outcomes for smokers is still developing and remains uncertain there is some evidence that COVID-19 may have encouraged smokers to quit.

New data from the UCL Smoking Toolkit Study show that in England in 2020 there has been an increase of nearly a quarter (22%) in quit attempts compared to 2019 and an increase of almost two-thirds in the quitting success rate from 14% to 23%, the highest since at least 2007.[37]

Local Findings

Local substance misuse services are seeing increasing referrals for high-risk problems, particularly for homeless people.

Opportunities/Challenges for the Future

There is an opportunity to use the population's increased awareness of health and wellbeing to continue a drive towards healthy living including a renewed focus on stop smoking and switching to harm reducing devices.

Alcohol services will need to work jointly to map the increase in referrals to treatment services, review accommodation (for the homeless population) and implement digital solutions.

Commissioners should note the impacts described and ensure services are designed and/or reconfigured to provide sufficient mitigation.

Indicators to Monitor

- Number of alcohol users in treatment, treatment completion without re-presentation
- Alcohol-related A&E and hospital admissions
- Children in Need and Child Protection referrals linked to parental alcohol use
- Smoking prevalence
- Differences in smoking prevalence between groups

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[36] Health & Equity in Recovery Plans Working Group. Direct and indirect impacts of COVID-19 on health and wellbeing. Rapid Evidence Review. July 2020. Available at: https://www.ljmu.ac.uk/~/media/phi-reports/2020-07-direct-and-indirect-impacts-of-covid19-on-health-and-wellbeing.pdf

[37] Public Health England Press Release. Available at: https://www.gov.uk/government/news/surge-in-smokers-trying-to-quit-see-increased-success-rates-in-2020?utm_source=5559f8ac-5530-4858-9366-d3461cccaa67&utm_medium=email&utm_campaign=govuk-notifications&utm_content=daily

Sexual Health

Population Profile

In Worcestershire:

- The teenage conception rate is below the national level at 14.6 per 1,000 compared to 16.7 per 1,000 nationally. It has been declining in line with the national trend.

- New Sexually Transmitted Infections (STI) diagnoses (excluding chlamydia aged less than 25) in 2019 were 467 per 100,000 population, well below the national level of 900 per 100,000.

- Chlamydia detection rates in 2019 were below the national average reflecting a low prevalence (1,488 per 100,000 aged 15-24 compared to 2,043 in England).

- The HIV late diagnosis rate was 48.6% in 2019. This is worse than the England level of 42.5%, but the difference was not statistically significant.

National Findings

The pandemic has had adverse impact on the delivery of sexual health services. In May 2020 it was reported that over half (54%) of UK sexual health services had closed and 38% of sexual health staff had been moved to work in other parts of the NHS.

This is likely to have had a particular impact on vulnerable people for whom remotely delivered services are less accessible. Data gathered from British Association for Sexual Health and HIV (BASHH) members showed that almost one in five clinics were only able to offer limited, or no care at all, to vulnerable groups, despite the clear importance of the need to prioritise this. The disconnect from care is disproportionately borne by the most vulnerable and those with the most complex care needs.

However, the lockdown has led to increased testing at home and use of online services and this may be more effective and efficient for some population groups.

It has been speculated that reduced sexual activity/number of partners may have had a beneficial effect.[38]

Local Findings

Difficulty in obtaining long acting reversible contraception has been highlighted as a potential problem by a key informant.

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[38] Health and Social Care Inquiry on delivering core NHS and care services during the pandemic and beyond, Joint submission by the British Association for Sexual Health and HIV (BASHH) and the British HIV Association (BHIVA) May 2020 Available at :
https://www.bhiva.org/file/5eb966a2e810f/BASHH-BHIVA-FINAL-110520-DHSC-COVID-19-Inquiry.pdf

Opportunities/Challenges for the Future

Ensuring adequate local provision of sexual health services during COVID-19, particularly for key vulnerable groups, will be a challenge. However, the increased use of remote and online services is an opportunity to change the way that services are delivered.

Commissioners should note the impacts described and ensure services are designed and/or reconfigured to provide sufficient mitigation.

Indicators to Monitor

- STI testing rates
- STI Prevalence
- Teenage conceptions

Health, Wellbeing and Social Care Services

Population Profile

- The Business Register and Employment Survey estimates that 34,000 people in Worcestershire are working in Health and Social care.

National Findings

Social Care

The King's Fund has produced a detailed report on the effects of COVID-19 on social care.[39] Key finding from the report are:

Quality of Care

Nationally, by mid-June, there had been nearly 30,000 excess deaths in care homes in England and Wales. There were also more than 3,500 excess deaths among people receiving domiciliary care (fewer of these were directly attributed to COVID-19). In care settings people from minority ethnic groups were more likely to die of COVID-19 than white people.

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[39]The Kings Fund. How COVID-19 has magnified some of social care's key problems. 25/08/20. Available at: https://www.kingsfund.org.uk/publications/COVID-19-magnified-social-care-problems?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=11822906_Copy%20of%20NEWSL_The%20Weekly%20Update%202020-09-11&utm_content=social_care_covid&dm_i=21A8,71EM2,UFRCOR,SE9FX,1

Research has revealed that there are some common factors in care homes with higher levels of infection amongst residents. These include:[40]

- prevalence of infection in staff,

- care home practices such as more frequent use of bank or agency nurses or carers,

- regional differences (such as higher infection levels within care homes in London and the West Midlands),

- There is some evidence that in care homes where staff receive sick pay, there are lower levels of infection in residents.

The emotional toll on staff has been immense.

Other factors affecting the quality of care are reduced staff availability (sickness absence tripled to 8% in the early stages of the pandemic), lack of personal protective equipment (PPE) and other factors affected quality and availability across social care, at least in the initial stages of the pandemic (and also had a big impact on service users' access to the health services).

There are potentially long-term consequences too. The King's Fund state that in the rush to clear acute hospitals some people have been discharged into services that don't fully meet their needs. This may have meant some people were left without reablement services to help them regain their independence.

People living in care homes found they were not able to leave or move around their homes in the interests of infection control. Family visits were suspended. Routine Care Quality Commission (CQC) inspections were abandoned with only a very small number of inspections carried out.

Unmet Need

Nationally, COVID-19 has increased unmet need for social care. Some people have had their services reduced as providers tried to ensure those with the most critical needs had this met at a time when many care staff were unable to work. Some services closed temporarily to new clients and others could not operate with the restrictions placed on them and closed permanently.

Other services such as day centres were forced to close temporarily as a result of social distancing rules.

Some people employing personal assistants have talked about feeling abandoned by the system, left without PPE and advice.

Need will also have increased as a result of changes to people's behaviour. Most local authorities report people declining care because of concerns about letting care-workers into their homes.

The CQC have found that admissions to care homes fell.

It is likely that many people did not ask for support because they were reluctant to use services and perhaps through concern about adding pressure to the system.

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[40] The results from the COVID-19 Surveillance Study in Care Homes were produced by the Office for National Statistics (ONS), in partnership with the Department of Health and Social Care, Ipsos MORI, University College London and Public Health England, powered by NHS Foundry

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Data and Intelligence

Nationally, as a consequence of social care's hugely diverse and independent provision and a failure to get to grips with that structure, there has been a lack of quality and timely service data and intelligence.

Local Variation

Before COVID-19 there was already significant variation in access to social care and service provision. Some of this variation is unexplained and unwarranted while some reflects differences in the population structure or policy decisions by local authorities and is a choice. It is possible that COVID-19 has increase the differences between local authorities as they decided how best to respond.

Market Fragility

Local authorities will also face different levels of challenge in supporting their care markets. COVID-19 may result in the loss of some providers.[41]

Healthcare Waiting Lists

As the first wave of COVID-19 unfolded hospitals cancelled all routine and non-urgent care to free up acute care capacity and help keep transmission rates as low as possible. As a result, nationally the number of patients having long waits for elective care went up dramatically.

Analysis by the Nuffield Trust found that at the start of the year 16.5% of patients waited more than 18 weeks from a referral for elective treatment, more than double the national target. But by June 2020, nearly half (48%) of patients needing elective care were waiting more than 18 weeks, with similar waiting times across all regions.

They also found that patients awaiting specialised services for things like chemotherapy, orthopaedics and oral surgery had seen the largest increase to waiting times. NHS England commissions services for a range of rare and complex conditions, and 60% of patients in need of these treatments were waiting more than 18 weeks as of June to start elective treatment (compared to 19% in January 2020).

Chemotherapy and radiotherapy for cancer treatment as well as renal dialysis has seen a small reduction in activity.

Nationally, there has been an ambitious drive to get back to seeing close to the usual number of patients. However, outpatient visits and diagnostic tests fell slightly in August.

The need for social distancing and infection control is a factor that is slowing services down.[42]

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[41] The Kings Fund How Covid-19 has magnified some of social care's key problems
Available at: https://www.kingsfund.org.uk/publications/COVID-19-magnified-social-care-problems?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=11822906_Copy%20of%20NEWSL_The%20Weekly%20Update%202020-09-11&utm_content=social_care_covid&dm_i=21A8,71EM2,UFRCOR,SE9FX,1

[42] Chart of the week: The proportion of people waiting more than 18 weeks for planned treatment has rocketed since COVID-19. 19/08/20. Available at: https://www.nuffieldtrust.org.uk/resource/chart-of-the-week-the-proportion-of-people-waiting-more-than-18-weeks-for-planned-treatment-has-rocketed-since-COVID-19

A&E Attendances

National analysis found that in September 2020 the number of attendances was 20.3% lower than the same time last year. The number of attendances reported are significantly lower than the same month last year and are likely to be a result of the COVID-19 response. Emergency admissions were also 9.5% lower than the same month in 2019. These were also statistically lower and this was also likely to be a result of the COVID-19 response.[43]

Mental Health Services

The Health and Equity in Recovery Plans Working Group have highlighted that mental health services may see an increase in urgent and emergency cases together with a fall in routine appointments for mental health conditions.[44]

Local Findings

Locally it has been suggested that:

- There is a risk that patients will come to harm due to failure to present at the right time or due to long delays in both investigations and treatment.

- COVID-19 may change people's health seeking behaviour meaning there is an increase in self-care and use of alternative support, for example pharmacies and that this could help to relieve pressure on health and care services.

- Digital advancements and their application may have a mixed impact - technology to support LTC management, remote consultations etc potential negative impact for those that are digitally excluded.

Healthwatch Worcestershire in collaboration with the NHS and Worcestershire County Council conducted a survey of the general public to find out what their experiences of health and social care were during the first phase of the COVID-19 pandemic.

The survey found that many people who had needed to access a service had chosen not to (37%). The most frequent reason given was people did not want to put pressure on the service (46%) other reasons were fear of infection (29%) and feeling their complaint was minor (25%).

These findings suggest that there may be pent up demand for both primary and secondary health services which could exacerbate pressures on NHS services as they are re-instated.

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[43] NHS England Statistical Commentary. Available at: https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/10/Statistical-commentary-September-2020-jf8hjv2.pdf

[44] Direct and indirect impacts of COVID-19 on health and wellbeing. Rapid Evidence Review. July 2020. Available at: https://www.ljmu.ac.uk/~/media/phi-reports/2020-07-direct-and-indirect-impacts-of-covid19-on-health-and-wellbeing.pdf

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A Healthwatch Worcestershire survey found a mixed picture when it came to the use of telephone and video appointments for GP and other health services.

Whilst some respondents thought this was a positive change, others found this challenging. Some, for a variety of reasons, lacked confidence and found it hard to use the telephone. Others stated they had difficulties because they did not have access to or were unable to use the internet, smart phones or computers.

Access to GP Services

The Healthwatch Worcestershire survey found a mixed picture in respect to access to GP services. Whilst there was some praise for the introduction of telephone and digital access others reported difficulties with accessing services.

Carers and people from the 'White Other' group had found GP services less easy to access than other respondents.

Access to Hospital Services

Healthwatch Worcestershire found that one of the positive changes to health services that people identified when responding to their survey was the decreased/more appropriate use of Accident & Emergency (A&E) services. 70% of respondents who had needed to access A&E had found it easy to access.

However, they also heard from people about difficulties accessing planned treatment and outpatients' appointments, many of which were postponed due to COVID-19. Whilst there was understanding of the reasons for this there was also concern about when services would be re-instated, delays to referrals, impact on waiting times, and delays to diagnosis and treatment.

At the end of August 2020, the percentage of patients waiting 18 weeks or less to start consultant-led treatment was 47.9%. In total 38,444 patients. By comparison, at the end of August 2019, 80.1% of patients were waiting 18 weeks or less to start consultant-led treatment, equating to 37,204 patients.[45]

In April 2020, at the hight of the first wave of the pandemic, the trust saw roughly half the number of A&E attendances that were recorded in April 2019 (8,308 in April 2020 versus 16,688 in April 2019). By September 2020 attendances were looking more normal but were still lower than in September 2019 (14,576 in September 2020 versus 17,008 in September 2019) - a 14% reduction.

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[45] NHS England and NHS Improvement: monthly RTT data for Worcestershire Acute Hospital Trust. August 2020. Available from: https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times

Dental Services

For much of the initial phase of the pandemic local dental services have been unavailable except for emergency treatment.

Social Care

The following effects of COVID-19 on social care services have been highlighted by local contributors:

- The absence of face-to-face services delivered by social workers may have meant that safeguarding issues might not be picked up and have had a detrimental impact on someone's mental health and personal wellbeing

- Restrictive practices under COVID-19 may not have been in line with national guidance

- In some cases, PPE may not have been used correctly in provider settings

- An increasing number of people have wanted to avoid care home placements and this has meant higher levels or care at home which has put pressure on domiciliary care services and higher vacancies in the care home market

- It has been more difficult to complete assessments, care planning and reviews. For some people this has been done virtually but for other this is unsuitable. There have also been delays in accessing some healthcare services such as therapy assessments.

- Reduced access to families and health professionals whilst people are in care homes including those in Discharge to Assess beds. Where homes have had to restrict access often only phone or digital access is feasible. This doesn't work for everyone especially those with sensory impairments, dementia etc. Garden visits have been helpful but have also increased anxiety for some carers and service users.

- The Continuing Health Care process was suspended and this has meant people are not always in their permanent placement which leads to uncertainty and a possible second move

Opportunities/Challenges for the Future

Reflecting on the evidence so far, The Strategy Unit has highlighted the following challenges for health and care services:

- Nationally testing has focussed on people with COVID-19 symptoms however many individuals may have no or atypical symptoms

- Implementation of testing for rotating staff members

- Hospital discharge into care homes

- Surge planning

- Retention of staff (temporary staff may exacerbate the spread of COVID-19)

- Training on how to use PPE effectively

- Re-introduction of visitors safely

- Awareness of COVID-19 amongst residents of care facilities and communication of the implications of COVID-19 to residents of care facilities

- Access to technology remains an issue in residential settings – for example, no-touch technology is not in widespread use

Other opportunities and challenges highlighted by this work include:

The challenge to access high quality and timely data from a diverse and independent social care sector. This is a challenge also seen nationally and not an isolated issue for Worcestershire.

The importance of reminding people that health services can still be accessed when needed.

Commissioners and providers will need to ensure that a move to more telephone/video/ online services takes account of the whole range of individual circumstances, information needs and communication requirements and does not reinforce existing health inequalities and digital exclusion.

The opportunity to build upon increasing self-care and alternative forms of support, for example, pharmacies, to reduce pressures on health and care services.

Commissioners should note the impacts described and ensure services are designed and/or reconfigured to provide sufficient mitigation.

Indicators to Monitor

- Indicators from the GP Patient Survey[46]

- Use of GP services

- A&E attendances

- Referral to treatment waiting times

- Patient Reported Outcome Measures

- Delayed transfers of care

- Cancer waiting times

- Emergency cancer presentations

- Cancer survival rates

- Hospital admissions for mental health conditions

- Improving access to psychological therapies (IAPT) indicators

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[46] NHS GP Patient survey: http://www.gp-patient.co.uk/

Screening Services, Vaccinations and Services for Women and Children

Population Profile

In Worcestershire:

- The proportion of five-year olds that had received two doses of the MMR vaccination was 87.8% in 2018/19. This was higher than the national rate but lower than the national goal which was to achieve 90% coverage.

- The proportion of two-year olds who had received three doses of the DTaP/IPV/Hib vaccine was 95.2%. This was higher than the national rate of 94.2% and also higher than the national goal.

- Flu vaccine uptake in at risk individuals aged 6 months to 65 years (excluding pregnant women) was 52.5% in 2018/19. This was higher than the national figure of 48% uptake but lower than the national goal of achieving at least 55% coverage.

- Flu vaccine uptake in people aged 65 plus was 74.5% in 2018/19. This was higher than the national figure of 72% uptake but lower than the national goal of achieving at least 75% coverage.

- Breast cancer screening coverage in 2019 was 78.2%. This was better than the national average of 74.5% but the recent trend had been downwards.

- Cervical cancer screening coverage in females aged 25 to 49 years in 2019 was 74.9%. This was better than the national average of 69.8%.

- Cervical cancer screening coverage in females aged 50 to 64 years in 2019 was 78.3%. This was better than the national average of 76.2% but the recent trend had been downwards.

- Bowel cancer screening coverage in 2019 was 62.7%. This was better than the national average of 60.1%.

National Findings

A Public Health England report found that vaccination counts for first dose MMR in children aged 12 to 18 months, and first dose of the hexavalent vaccine (DTaP/IPV/Hib/HepB) in children aged 6 months, fell at the introduction of the physical distancing measures in March 2020 compared to same period in 2019. This was followed by a rise from weeks 16 onwards which has stabilised and was comparable to vaccination counts prior to the COVID-19 pandemic (as of September 2020).

The initial decrease in vaccination counts may be associated with COVID-19 messaging about staying home which could have overwhelmed the messaging that the routine immunisation programme was to continue and with GPs rescheduling appointments in the initial weeks to ensure social distancing measures were maintained within GP practices.

The data presented were from one GP IT supplier (TPP) and therefore do not represent data for all of England; therefore this data may not reflect regional and local variation.[47]

Research has shown that people who are infected with both COVID-19 and Flu have a higher risk of severe illness and death. The risk of death more than doubled for people who tested positive for both flu and COVID-19, compared to those with COVID-19 alone. Most cases of co-infection were in older people and more than half of them died.[48]

The list of those eligible for a free flu vaccination has been expanded in 2020. All primary school children and, for the first time, Year 7 children will be offered the flu 'nasal spray' in schools to reduce community transmission. Two- and three-year-olds will be offered the vaccine through their GP.

The most vulnerable, including adults aged 65 and over, those with long-term health conditions and pregnant women, will be offered the flu vaccine first through their GP or pharmacy.

The flu vaccination will also be offered to household contacts of people on the NHS Shielded Patient List and all health and all social care workers who have direct contact with the people they care for.

Once uptake has been maximised in the most at-risk groups, the newly eligible 50- to 64-year-olds will be invited for vaccination later in the season.[49]

Health and Social Care Workers

Nationally, there were differences in flu vaccination coverage between primary and secondary care settings and between staff groups. Median coverage in NHS Trusts last winter was 79.5% (ranging from 44.8–94.8%). The staff group with the lowest uptake of vaccine was GP support staff at 59.4%. Vaccine uptake by staff in GP practices was lower overall than hospital staff, ranging from 47.2 to 71.8%.[50]

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[47] Public Health England. Impact of physical distancing measures due to COVID-19 pandemic in England on childhood vaccination counts. September 2020. Available at: https://www.gov.uk/government/publications/COVID-19-impact-on-vaccination-programmes

[48] Public Health England Press Release. 22/09/20. Available at: https://www.gov.uk/government/news/record-numbers-offered-flu-vaccine-as-those-with-flu-and-COVID-19-more-likely-to-die?utm_source=63144865-cf17-4162-87b3-7b2fdc572ec6&utm_medium=email&utm_campaign=govuk-notifications&utm_content=daily

[49] Public Health England Press release 22/09/20. Available at: https://www.gov.uk/government/news/record-numbers-offered-flu-vaccine-as-those-with-flu-and-COVID-19-more-likely-to-die?utm_source=63144865-cf17-4162-87b3-7b2fdc572ec6&utm_medium=email&utm_campaign=govuk-notifications&utm_content=daily

[50] Influenza immunisation programme, NHS winter pressure and COVID-19 https://post.parliament.uk/influenza-immunisation-programme-nhs-winter-pressure-and-COVID-19/?utm_source=POST&utm_campaign=02c008039d-

Cancer Screening

Nationally, at the start of the pandemic preventative services including cancer screening were in effect suspended. Although screening was not officially stopped in England, the move to having the majority of GP appointments delivered online plus lack of local lab capacity meant that many appointments were cancelled, or invitations not sent, this is likely to contribute to delayed cancer diagnoses.[51]

Local Findings

Locally, a key informant has stated that primary care data shows there has been a reduction in the take-up of childhood immunisations.

Opportunities/Challenges for the Future[52]

- Recovery plans should be put in place to account for the initial drop in vaccination counts observed.

- Clear messaging may be required that routine immunisation programmes continue despite the fact that physical distancing measures may be in place.

- It will be important to optimise the number of people taking up the flu vaccination including those that are newly eligible.

- At-risk people should be made aware of the risk of co-infection of influenza virus and SARS-CoV-2.

- Measures should be put in place to mitigate the risk of children missing their immunisation because of possible school closures, in order to maximise coverage and minimise influenza community transmission.

Commissioners should note the impacts described and ensure services are designed and/or reconfigured to provide sufficient mitigation

Indicators to monitor

- Immunisation and screening coverage

- Emergency presentations for cancer

- Cancer survival

- Under 75 mortality rates from cancer

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[51] Findings of the Health & Equity in Recovery Plans Working Group. Direct and indirect impacts of COVID-19 on health and wellbeing. Rapid Evidence Review. July 2020. Available at: Public

[52] Public Health Institute https://www.ljmu.ac.uk/~/media/phi-reports/2020-07-direct-and-indirect-impacts-of-covid19-on-health-and-wellbeing.pdf

Wider Determinants of Health

Deprivation

Population Profile

The Index of Multiple Deprivation (IMD) is the official measure of relative deprivation in England. The IMD is based on 39 separate indicators, organised across seven distinct domains of deprivation which are combined and weighted to calculate the Index of Multiple Deprivation 2019. These domains are Income, Employment Deprivation, Education, Skills and Training, Health Deprivation and Disability, Crime, Barriers to Housing and Services, and Living Environment. The Index of Deprivation ranks every Lower-layer Super Output Area (LSOA) in England from 1 (most deprived area) to 32,844 (least deprived area).

Overall, Worcestershire is not seen as a deprived area compared to England as a whole. However, there are still almost 28,000 residents in the county living in the top 10% of deprived areas in the country.

At the district level Wyre Forest and Redditch are very close in terms of overall level of deprivation and are the most deprived districts in the county.

There are 18 LSOA's in Worcestershire that are in the top 10% most deprived areas in England, and 74 LSOA's in the county within the top 30% most deprived areas in England. Almost 5% of the Worcestershire population are living in LSOA's that are within the top 10% most deprived areas in the country, whilst just over 20% are living in places categorised as being within the top 30% most deprived area in England.

At a district level, Worcester City has the most LSOA's within the top 10% most deprived areas, with eight, whilst Redditch and Wyre Forest have the most LSOA's within the top 30% most deprived areas, at 21 and 20 respectively.

Figure 3. Deprivation in Worcestershire; areas in red are more deprived
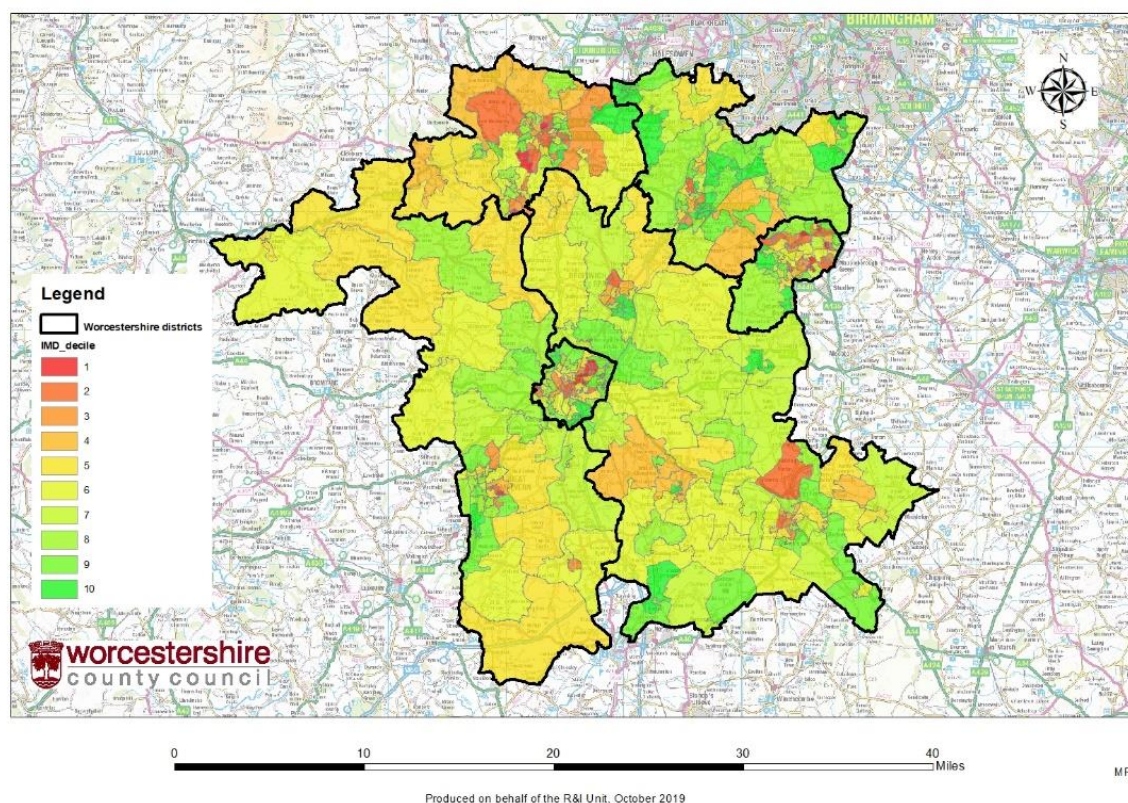
National Findings

National figures show that between March and July 2020 the highest rates of death involving COVID-19 were in the most deprived areas of England (Figure 4). The rate of deaths involving COVID-19 was 2.2 times higher in the most deprived area than in the least deprived area. Over the same period, the rate of deaths from all causes was 1.9 times higher in the most deprived area than in the least deprived area.[53]

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[53] Office for National Statistics Available at:
https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsinvolvingcovid19bylocalareasanddeprivation/deathsoccurringbetween1marchand31july2020#english-index-of-multiple-deprivation

Figure 4. COVID-19 Deaths; Deaths Occurring Between March and July 2020; Age Adjusted Rate Per 100,000 for Different Levels of Deprivation (England)
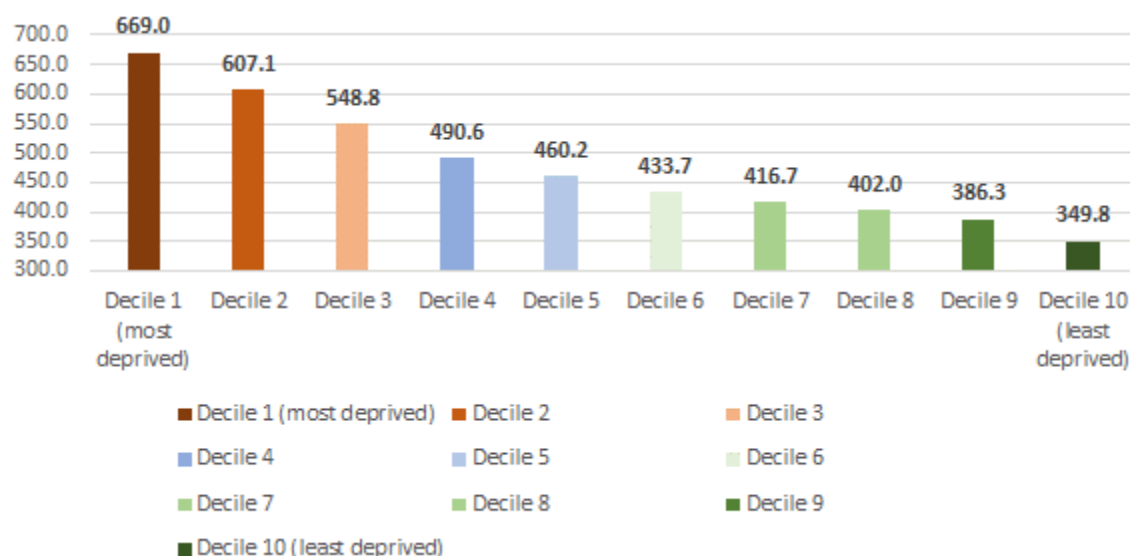
Local Findings

COVID-19 related deaths by level of deprivation or Lower Super Output Area (LSOA) are not available. However, The Office for National Statistics (ONS) have released figures for COVID-19 related deaths at Middle Super Output Area (MSOA) level.[54]

It is important to note that no age breakdown is available, so no age-adjusted comparisons are possible, but COVID-19 related deaths by MSOA per 10,000 population can be mapped against the deprived areas in Worcestershire (see Figure 5).

Figure 5 shows that MSOA's with a high proportion of COVID-19 related deaths per 10,000 population, on the whole, do not correspond with deprived areas. This is likely to be due to a lower proportion of older people, who are at higher risk, living in deprived areas, which tend to be urban in nature.

However, an estimate of the number of deaths per 10,000 for each LSOA is possible by applying the parent MSOA rate.

This analysis provides some evidence that the number of COVID-19 related deaths per 10,000 population in Worcestershire may be higher in more deprived areas, with estimated figures in the top three deciles, representing the top 30% most deprived areas in England, higher than other areas in the county (see Figure 6).

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[54] Definition: MSOAs are a larger census geography made up of constituent LSOAs.

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Figure 5. COVID-19-Related Deaths per 10,000 Population at MSOA Level, April - July

Deaths per 10,000 population at MSOA level, April - July, Covid-19 related deaths against IMD
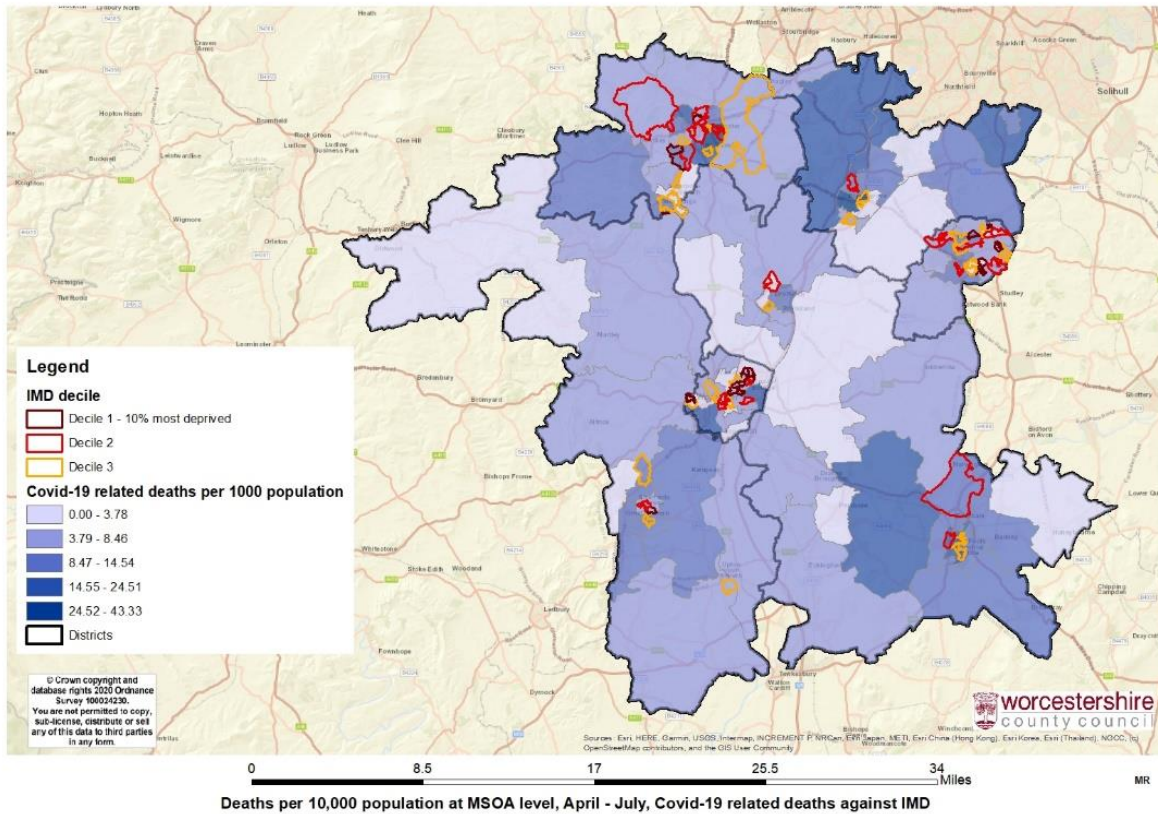
Figure 6. Estimate of COVID-19-Related Deaths per 10,000 Population by deprivation (IMD Decile)

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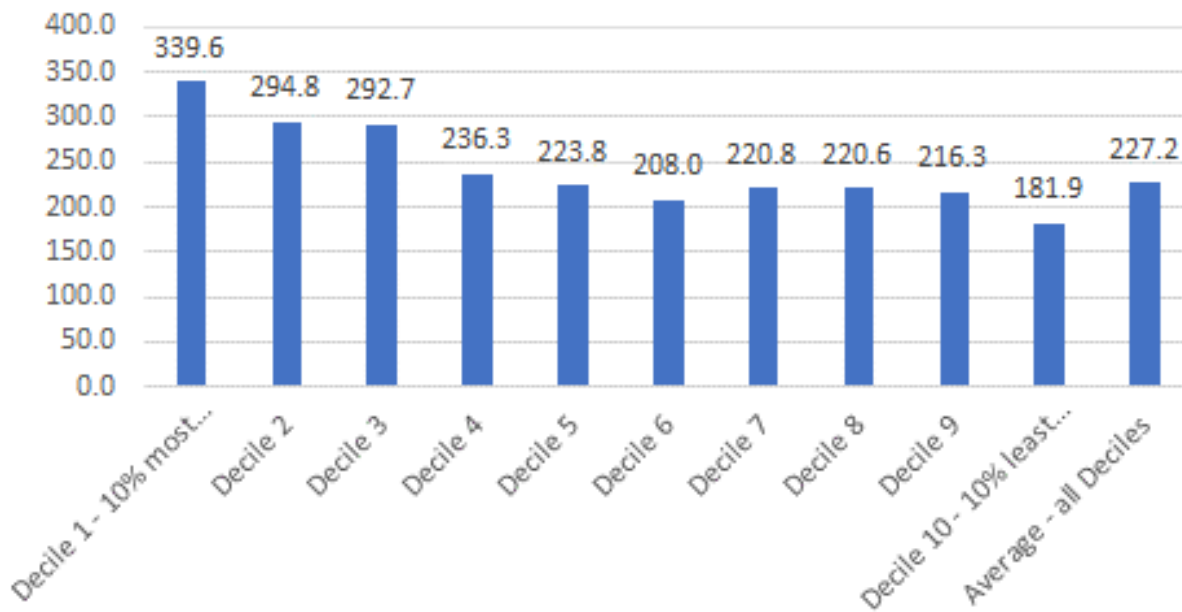
Opportunities/Challenges for the Future

- Higher rates of death and number of COVID-19 cases in deprived areas during subsequent waves of COVID-19.
- Continued protection of the vulnerable cohort via wearing facemasks, social distancing, handwashing etc.

Indicators to Monitor

- COVID-19 cases and COVID-19 related deaths in deprived areas.

Business and Economy

Population Profile

Worcestershire had a relatively strong economy before the effects of the COVID-19 pandemic. The proportion of unemployed people was lower than the national and regional averages, job density was on a par with national figures, whilst proportions of economically inactive people and workless households were lower than national and regional averages.[55]

National Findings

The pandemic has the potential to effect people working across all sectors but those working in the production, construction and services industries may be particularly badly impacted.

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[55] NOMIS official labour market statistics
https://www.nomisweb.co.uk/reports/lmp/la/1941962825/report.aspx

Figure 7. Change in GDP Main Sectors
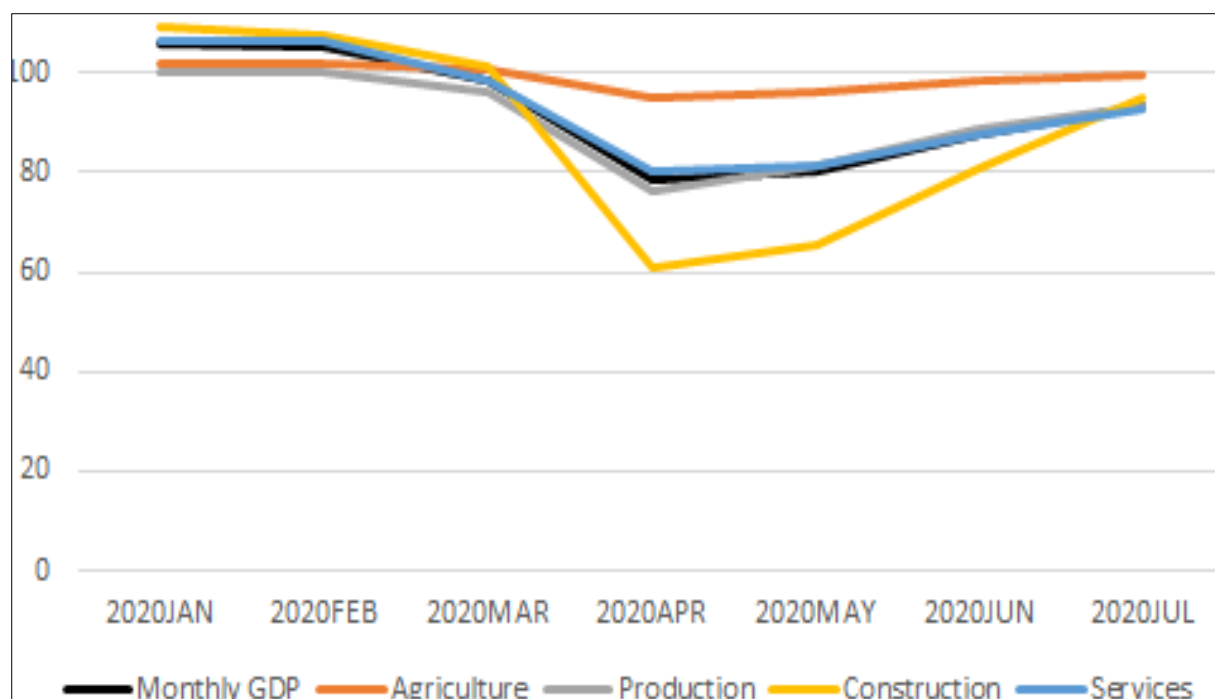
Source: Office for National Statistics

Nationally, the economy in terms of the GDP shrunk by around one quarter between February and April. Between May and July 2020 it recovered somewhat but remained smaller than before the pandemic, at around a 12% less than February's figures. At the time of writing the most recent economic figures showed more signs of recovery, retail sales are above pre-pandemic levels and there was a large take up of the eat out to help out scheme in August.

In terms of main sectors, the GDP in the construction sector fall by over 40% between February and April, recovering to stand at around 12% lower than the February figure in July, whilst the GDP of both the production and services sectors experienced declines of almost a quarter between February and April before recovering somewhat between April and July[56].

The industry to see the greatest decline and weakest recovery at the time of writing has been accommodation and food services. Conversely, the pharmaceutical industry has seen an increase in output.[57]

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[56] Office for National Statistics. https://www.ons.gov.uk/economy/grossdomesticproductgdp/datasets/monthlygdpandmainsectorstofourdecimalplaces

[57] Office for National Statistics. COVID-19 (COVID-19) in 10 charts. 24/09/20. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/COVID-19covid19in10charts/2020-09-24

According to the latest Business Impact of COVID-19 (COVID-19) Survey[58], over 86% of businesses were trading in the period 7th to 20th September. Over 12% of businesses have temporarily paused trading, whilst just over 1% have permanently ceased trading. The survey was sent to around 24,000 UK businesses, and results presented in this release are based on a limited number of responses, around 23.1% (5,522) of all businesses surveyed who responded.

[58] Office for National Statistics Available at:
https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/COVID-19theukeconomyandsocietyfasterindicators/latest -

Figure 8. Business Impact of COVID-19 (COVID-19) Survey: Trading

Industry	Currently trading and has been for more than the last two weeks	Started trading within the last two weeks after a pause in trading[59]	Paused trading and does not intend to restart in the next two weeks	Paused trading but intends to restart in the next two weeks	Permanently ceased trading
Mining & Quarrying	100.0%	0.0%	0.0%	0.0%	0.0%
Manufacturing	89.5%	6.3%	1.7%	*	2.1%
Water Supply, Sewerage, Waste Management & Remediation Activities	98.7%	0.0%	1.3%	0.0%	0.0%
Construction	87.3%	4.8%	6.4%	0.0%	1.5%
Wholesale & Retail Trade; Repair of Motor Vehicles & Motorcycles	91.4%	2.4%	4.8%	1.2%	*
Transportation & Storage	85.5%	8.2%	6.0%	0.0%	*
Accommodation & Food Service Activities	73.5%	7.8%	10.4%	7.9%	*
Information & Communication	69.3%	1.7%	23.6%	1.7%	3.6%
Real Estate Activities	89.4%	*	0.0%	0.0%	10.1%
Professional, Scientific & Technical Activities	79.9%	*	14.8%	2.7%	1.7%
Administrative & Support Service Activities	80.0%	2.6%	12.9%	4.5%	0.0%
Education	82.9%	7.9%	1.3%	7.8%	0.0%
Human Health & Social Work Activities	86.0%	14.0%	0.0%	0.0%	0.0%
Arts, Entertainment & Recreation	75.9%	4.3%	16.1%	3.7%	0.0%
Other Services	73.8%	13.1%	0.0%	13.1%	0.0%
All Industries	**82.4%**	**3.9%**	**9.9%**	**2.5%**	**1.2%**

Source: Office for National Statistics

- Over a quarter of businesses in the Information and Communication industry have currently paused trading.

- Almost a fifth of businesses in the Arts, Entertainment and Recreation, and the Accommodation and Food Service Activities industries have paused trading, with

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[59] * signifies percentage less than 1%

proportions not currently trading also high among Professional, Scientific and Technical Activities, and among Administrative and Support Service Activities.

- Just over 10% of businesses in Real Estate Activities have ceased trading permanently.

Figure 9. Business Impact of COVID-19 (COVID-19) Survey: Turnover

Industry	Turnover has increased	Turnover has not been affected	Turnover has decreased by up to 20%	Turnover has decreased by 20% - 50%	Turnover has decreased more than 50%	Not sure
Mining & Quarrying	0.0%	19.0%	63.2%	17.8%	0.0%	0.0%
Manufacturing	12.1%	38.7%	20.9%	17.9%	4.7%	5.7%
Water Supply, Sewerage, Waste Management & Remediation Activities	12.1%	39.9%	33.8%	10.2%	1.2%	2.9%
Construction	6.4%	49.5%	21.6%	10.1%	2.6%	9.4%
Wholesale &Retail Trade; Repair of Motor Vehicles And Motorcycles	17.5%	34.2%	22.6%	13.9%	3.5%	8.2%
Transportation & Storage	10.7%	35.6%	18.4%	16.0%	11.4%	7.8%
Accommodation & Food Service Activities	10.2%	14.3%	23.6%	26.2%	19.7%	5.2%
Information & Communication	6.0%	48.0%	18.5%	10.9%	4.2%	12.1%
Real Estate Activities	12.6%	46.6%	18.6%	11.5%	1.5%	9.2%
Professional, Scientific & Technical Activities	6.7%	42.5%	25.0%	11.1%	4.4%	10.1%
Administrative & Support Service Activities	14.3%	28.3%	18.6%	18.3%	15.0%	5.6%
Education	1.0%	31.1%	35.2%	14.1%	9.5%	7.7%
Human Health & Social Work Activities	5.2%	48.7%	21.3%	14.0%	3.7%	6.5%
Arts, Entertainment & Recreation	10.7%	11.3%	12.0%	21.4%	33.1%	11.5%
Other Services	3.9%	31.2%	25.1%	19.8%	12.1%	7.9%
All Industries	10.3%	34.8%	21.9%	15.9%	8.7%	7.6%

Source: Office for National Statistics

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The latest Business Impact of COVID-19 (COVID-19) Survey reports that over 46% of businesses in all industries have seen their turnover decrease in the past two weeks compared to what they would normally expect for this time of year. Almost 9% have said that their expected turnover has decreased by more than 50%. Just over 10% said their expected turnover has increased.

- Over 80% of businesses working in the Mining and Quarrying industry have seen their turnover decrease.

- Over two thirds of businesses working in the Accommodation and Food Service Activities, and the Arts, Entertainment and Recreation industries have seen their turnover decrease. Over a third of businesses in Arts, Entertainment and Recreation have seen their turnover decrease by over 50%.

- Over a half of businesses in Education, and in Administrative and Support Service Activities industries have also had lower turnover than expected.

Local Findings

According to national figures[60], GDP fell by around 60% in the accommodation and food services sector. The approximate number of employees[61] and businesses[62] in Worcestershire that work in the accommodation and food sector and were directly affected by this decline are 16,000 and 1,375 respectively.

The arts, entertainment and recreation sector declined by almost a third between February and July, directly affecting 6,000 Worcestershire employees and 545 businesses.

The human health and social work activities, administrative and support activities, and education sectors also declined by around a quarter in this timeframe.

In total, approximately 110,000 employees and 6,765 businesses in the county are involved in sectors that experienced a 20% or greater decline in GDP between February and July.

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[60] Office for National Statistics Available at:
https://www.ons.gov.uk/economy/grossdomesticproductgdp/datasets/gdpmonthlyestimateuktimeseriesdataset
[61] Office for National Statistics Available at: https://www.nomisweb.co.uk/
[62] Office for National Statistics Available at:
https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/bulletins/employeesintheukbyindustry/2018

Figure 10. Impact of changes in GDP for employment in Worcestershire

Sector	National change in GDP (Feb-July 2020)	Worcestershire	
		Employment	Businesses
Accommodation and food services	-60.1	16,000	1,375
Arts, entertainment and recreation	-31.3	6,000	545
Human health and social work activities	-25.7	34,000	885
Other service activities	-24.4	7,000	1,000
Administrative and support activities	-23.4	24,000	2,510
Education	-21.9	23,000	450
Transport and storage	-17.7	10,000	1,955
Professional, scientific and technical activities	-15.9	17,000	4,120
Construction	-11.6	14,000	3,460
Manufacturing	-8.7	34,000	1,715
Information and communication	-6.5	8,000	1,580

Source: Worcestershire Business Centre

To better understand how businesses in Worcestershire have been affected by COVID-19, Worcestershire Business Central[63] asked businesses to complete an online survey. The results below are based on 260 responses received as at 13th May 2020.

- 20% of respondents said that their business has been affected by business closure which is line with the national picture.

- Almost 70% of businesses responding cited a lack of cash flow was a key way in which the business has been affected.

- Over 50% of the businesses have been affected by temporary cessation.

- Access to customers in the UK was also reported as a significant key impact (141 businesses).

- Almost 70% of respondents have introduced new methods of working to mitigate the impact on the business. Only 6% cited new/alternative supply chains.

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[63] Worcestershire Business Centre: https://www.business-central.co.uk/COVID-19-restart-recovery/

In terms of recruitment, some companies are starting to consider recruitment campaigns & planning to employ staff in a few months' time. In Worcestershire through the Here to Help initiative being run by the County Council, there is support for companies to hire a graduate and will fund this up to £10,000 per annum and roughly half of the salary.

Opportunities/Challenges for the Future

- Ensuring decline in GDP and fall in certain businesses during the second wave is minimised and the recovery of businesses is maintained.

Indicators to Monitor

- GDP by sector

- Number of employees and businesses in Worcestershire working in sectors particularly affected by COVID-19 related restrictions

- Number of local businesses temporarily closing or losing business

- Local business confidence.

Employment

Population Profile

In Worcestershire:

- Before the COVID-19 situation, the rate of unemployment claimants in the 16-64 age group was 2.3%

- Amongst young people aged 18-24 years the claimant count rate was higher at 3.8%

National Findings

The Claimant Count in the UK reached 2.7 million in August 2020, an increase of 120.8% since March 2020. This includes both those working with low income or hours and those who are not working. In the three months to July 2020, UK workers were largely shielded from the adverse effects of the COVID-19 (COVID-19) pandemic by the job retention schemes. From May 2020, lockdown measures started to be relaxed with some businesses reopening and some workers starting work again. In the period May to July 2020, unemployment increased with more men than women becoming unemployed.

Younger workers (those aged 18 to 24 years) experienced the largest decrease in employment and the largest increases in unemployment.

Figure 11. Unemployment in people aged 16-64, Number in 1,000s (National)
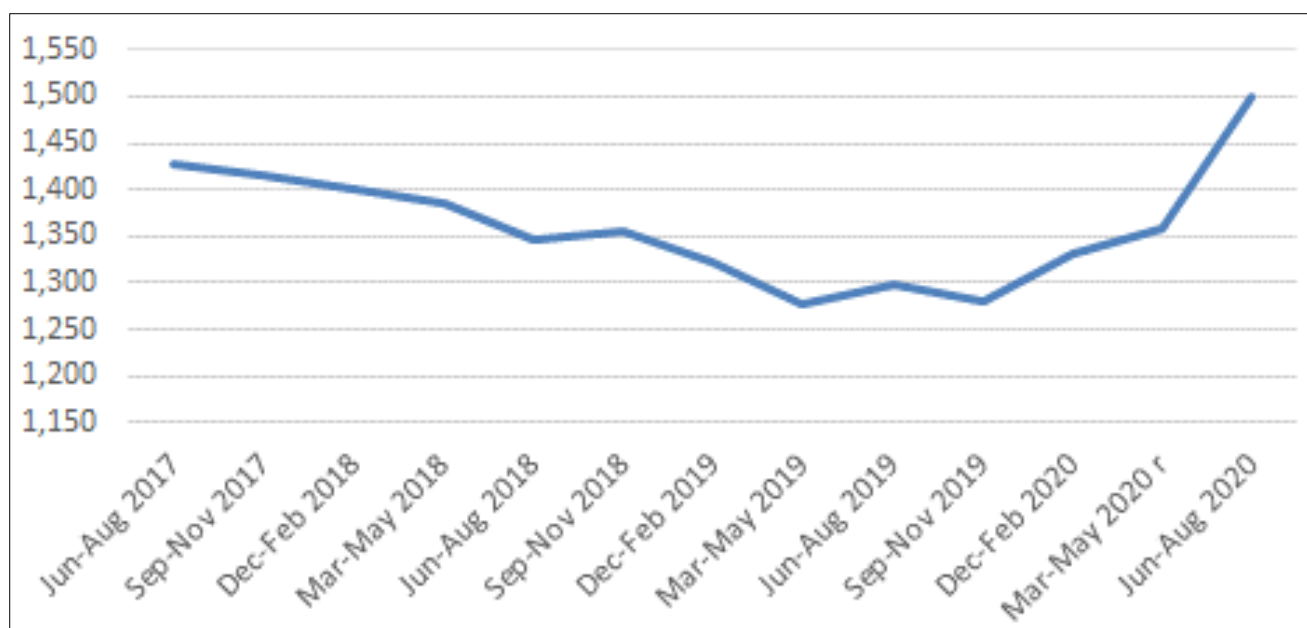
Source: Office for National Statistics

Estimates for June to August 2020 show an estimated 1.52 million people were unemployed, 209,000 more than a year earlier and 138,000 more than the previous quarter[64]. The estimated UK unemployment rate for all people was 4.5%; this is 0.6 percentage points higher than a year earlier and 0.4 percentage points higher than the previous quarter.

Nationally, almost a third of jobs have at some point been furloughed. Young People have been the most affected. At the time of writing, the overall unemployment rate remained historically low. However, ONS data shows that the number of young people (aged 16 to 24 years) in employment has fallen.[65]

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[64] Office for National Statistics Available at:
https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/bulletins/uklabourmarket/october2020
[65] Office for National Statistics. COVID-19 (COVID-19) in 10 charts. 24/09/20. Available at:
https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/COVID-19covid19in10charts/2020-09-24

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Local Findings

In Worcestershire, the claimant count has increased by 11,285 to 19,590 between March and August 2020. Unemployment in Worcestershire now stands at 5.5% among 16-64 year olds. Young people have been particularly badly affected. The number of claimants aged 18-24 stands at 3,905, representing a 9.4% of this group.

Figure 12. Claimants as a proportion of 16-64 population

	Sept-20	Sept-19	Annual Change
Bromsgrove	4.7	1.9	2.8
Malvern Hills	5.0	1.8	3.2
Redditch	6.4	2.8	3.6
Worcester City	6.0	2.5	3.5
Wychavon	4.8	1.6	3.2
Wyre Forest	6.3	2.5	3.8
Worcestershire	5.5	2.2	3.3
West Midlands	7.4	3.6	3.8
England	6.6	2.8	3.8

Source: Office for National Statistics

The claimant count has increased in Worcestershire by 3.3 percentage points compared to year ago. Increases are particularly high in Wyre Forest, at 3.9 percentage points.

According to the COVID-19 Job Retention Scheme statistics: August 2020[66], over a third of employments in Worcestershire have been furloughed. This represents over 92,000 jobs and is slightly higher than the national rate of 32%. At a district level proportions of furloughed positions are fairly even, although proportions are slightly higher in Redditch and Wyre Forest than in other districts, at 36%.

Figure 13. Take up of the Furlough Scheme in Worcestershire

Area	Employments furloughed	Eligible employments	Take-up rate
England	**8,067,700**	**25,577,800**	**32%**
Worcestershire County	**92,400**	**274,600**	**34%**
Bromsgrove	14,400	45,000	32%
Malvern Hills	10,400	31,700	33%
Redditch	15,500	42,800	36%
Worcester	17,400	52,100	33%
Wychavon	19,200	59,300	32%
Wyre Forest	15,600	43,600	36%

Source: Office for National Statistics

To date the increase in claimant count rates has been greater amongst men than women in Worcestershire.

Opportunities/Challenges for the Future

- The claimant count is likely to increase further as the furlough scheme unwinds
- Protecting jobs - especially in vulnerable or key industries.

Indicators to Monitor

Claimant Count Unemployment. Enhancements to Universal Credit as part of the UK government's response to the COVID-19 mean that an increasing number of people became eligible for unemployment-related benefit support, although still in work. Consequently, changes in the Claimant Count will not be wholly because of changes in the number of people who are not in work.

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[66] Office for National Statistics Available at: https://www.gov.uk/government/statistics/COVID-19-job-retention-scheme-statistics-august-2020

Working Conditions and Practices

Population Profile

- Figures from the Annual Population Survey (APS) 2019 indicate that among people living in the West Midlands region, just over 4% of employed people worked mainly from home in the January to December 2019 period before the COVID-19 pandemic. A further 21% indicated that they had worked at home at least some of the time in the previous week. National figures suggest that just over 5% of employees worked mainly from home in the UK, with almost 27% working from home at least some of the time in the previous week.[67]

- Local data from the Annual Population Survey 2019 suggests that almost 10% of employees in Worcestershire had received job related training in last 4 weeks, similar to the national average.

National Findings

According to the Opinions and Lifestyle Survey (COVID-19 module), for the week ending 4th October[68] among those who had a paid job or did casual work for payment, over two thirds have had to work in new ways. Over a quarter of workers have indicated that they have had to use new equipment, with similar proportions saying they have had to learn new skills and experience or have had to take on new responsibilities. Only 20% of respondents have said that their job has not changed.

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[67]Office for National Statistics Available at:
https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/COVID-19andhomeworkingintheuklabourmarket/2019#regions-of-homeworkers

[68] Office for National Statistics Available at:
https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/COVID-19andthesocialimpactsongreatbritain/9october2020

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Figure 14. Results from the Opinions and Lifestyle Survey

	3 to 13 April	30 Sept to 4 Oct
My work is being affected	60%	35%
Increase in hours worked (for example, over-time)	10.3%	7.0%
Decrease in hours worked	20.7%	6.3%
I have been furloughed	N/A	2.1%
I have been asked to return from furlough	N/A	0.7%
Temporary closure of own business	15.4%	1.4%
Permanent closure of own business	0.4%	0.0%
Redundancy	0.2%	1.4%
Asked to take leave (include paid and unpaid leave)	4.4%	0.7%
Unable to take leave	2.2%	0.7%
Unable to look for work	N/A	1.4%
Working long hours with no breaks or reduced breaks	4.8%	4.2%
Finding working from home difficult	N/A	4.9%
Unable to work due to self-isolation or shielding	N/A	0.7%
I am worried about my health and safety at work	11.3%	6.0%
Asked to work from home	20.4%	4.6%
Unable to continue voluntary work	N/A	0.7%
I will have to work around childcare	10.7%	3.2%
I have to work around other caring responsibilities	2.5%	0.7%

Source: Office for National Statistics

In the week ending the 4th October, over a third (35%) of people said that their work had been affected due to the COVID-19 pandemic according to the Opinions and Lifestyle Survey[14]. This compares to 60% who said their work had been affected in the week ending 13th April, around the peak of the pandemic and during full lockdown.

In the week ending 4th October, less than 5% of respondents had been asked to work from home compared to over 20% in April, whilst just over 3% had to work around childcare compared to over 10% in April.

At the peak of the pandemic, over 30% of respondents had seen their number of working hours change, with 20% seeing a reduction in working hours, and 10% seeing an increase. In the most recent week available proportions are lower but changes in working hours have still been experienced by respondents, with increases in hours worked and decreases in hours worked seen be 7% and 6% of respondents respectively.

4% of people said they were working long hours without breaks, a similar proportion as was the case at the peak of the pandemic, whilst almost 6% stated that they were worried about their health and safety at work, compared to 11% in April.

Local Findings

In April 2020, just over a quarter of people in the West Midlands region had done some work from home in the previous week. This compares to almost half (47%) in the whole of the UK.

Nationally, of those who worked from home, 86% did so as a result of the COVID-19 (COVID-19) pandemic[69].

Increasing referrals to social prescribing suggest that some people may be taking up new hobbies and interests as a result of having more time.

Opportunities/Challenges for the Future

- Ensuring/encouraging employees to keep using the new skills that they have learned in response to COVID-19 and for employers to use employees in their new roles.

- Encouraging working from home at least some of the time if beneficial to both businesses and employees in terms of work-life balance – it is recognised that not all employers experience better work/life balance or enjoy the adaptation to working from home.

Indicators to Monitor

- Proportion of people working from home
- Proportion of people learning new skills, taking apprenticeships, or working in new ways

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[69] Office for National Statistics Available at:
https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/bulletins/COVID-19andhomeworkingintheuk/april2020#homeworking-by-region

Digital Media Use

Population Profile

- In January to February 2020, 96% of households in Great Britain had internet access, up from 93% in 2019 and 57% in 2006 when comparable records began.[70] 5% of adults in Great Britain have not used the internet in the last three months, with almost 90% using the internet daily or almost every day.

- 71% of people in Great Britain have used instant messaging services (e.g. Skype or WhatsApp) whilst 70% have used social networking (e.g. Facebook or Twitter, with a similar proportion reading online news, newspapers or magazines).

- In Worcestershire, according to ONS data on internet users[71], in 2019 just over 88% of people aged 16-plus had used the internet in the last three months, a slight decrease on the 2018 figure of just over 90%, and slightly lower than the national (90.8%) and regional (88.7%) averages.

- Just over 10% of residents in Worcestershire have not used the internet in the past three months.

National Findings

In an increasingly digital age, those who are not engaging effectively with the digital world are at risk of being left behind. Technological change means that digital skills are increasingly important for connecting with others, accessing information and services and meeting the changing demands of the workplace and economy. This is leading to a digital divide between those who have access to information and communications technology and those who do not, giving rise to inequalities in access to opportunities, knowledge, services and goods[72].

Digital exclusion can be down to a lack of means to access the internet or due to lacking the digital skills to use the internet competently, safely and confidently.

The Tech Partnership Basic Digital Skills framework[73] describes five basic digital skills that can be used to measure digital inclusion and the activities someone should be able to do to demonstrate each skill. These are:

1. managing information: using a search engine to look for information, finding a website visited before or downloading or saving a photo found online.

2. communicating: sending a personal message via email or online messaging service or carefully making comments and sharing information online.

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[70] Office for National Statistics Available at:
https://www.ons.gov.uk/peoplepopulationandcommunity/householdcharacteristics/homeinternetandso
cialmediausage/bulletins/internetaccesshouseholdsandindividuals/2020
[71] Office for National Statistics Available at:
https://www.ons.gov.uk/businessindustryandtrade/itandinternetindustry/datasets/internetusers
[72] Office for National Statistics Available at:
https://www.ons.gov.uk/peoplepopulationandcommunity/householdcharacteristics/homeinternetandso
cialmediausage/articles/exploringtheuksdigitaldivide/2019-03-04#what-is-the-pattern-of-digital-
exclusion-across-the-uk
[73] The Lloyds Bank Available: https://www.lloydsbank.com/assets/media/pdfs/banking_with_us/whats-
happening/LB-Consumer-Digital-Index-2018-Report.pdf

3. transacting: buying items or services from a website or buying and installing apps on a device.

4. problem solving: verifying sources of information online or solving a problem with a device or digital service using online help.

5. creating: completing online application forms including personal details or creating something new from existing online images, music or video.

To be considered to have a digital skill, respondents need to be able to do one of the activities listed under it. It is estimated that 8% of people in the UK have zero basic digital skills (are unable to do any of the activities described in the five basic digital skills), and a further 12% were estimated to only have limited abilities online (missing at least one of the basic digital skills). In terms of demographics:

- 58% of internet non-users were women

- Adults over the age of 65 years make up the largest proportion of the adult internet non-users, and over half of all adult internet non-users were over the age of 75 years in 2018

- 12% of those aged between 11 and 18 years reported having no internet access at home from a computer or tablet, while a further 60,000 reported having no home internet access at all

- 25% of those with a registered disability are offline compared with 6% of the rest of the UK. 56% of adult internet non-users were disabled, much higher than the proportion of disabled adults in the UK population as a whole

- As household income increases, so do levels of Basic Digital Skills. Households earning over £40,000 per year are 47% more likely to have full Basic Digital Skills

The early days of the COVID-19 pandemic saw increases in media consumption behaviour in the UK. In particular, the COVID-19 Media Behaviours Report[74], which surveyed nearly 1,500 respondents in March 2020, suggested that 40% of respondents were using social media more, a third were using Facebook more and 28% were using WhatsApp more. Almost a third of all consumers saying they are reading online or offline newspaper content more often.

Ofcom's annual Online Nation report[75] suggested that during the height of the lockdown adults were spending a record four hours a day online on average, as COVID-19 changes communication, whilst twice as many were using video calls to keep in touch during the lockdown.

A survey taken by Ofcom on COVID-19 news and information consumption and attitudes[76] covering the 11th-13th September period showed that almost 40% of respondents had

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[74] Purpose Available at: https://www.prweek.com/article/1677915/bbc-sky-guardian-most-trusted-news-brands-thanks-COVID-19-coverage
[75] Ofcom Available at: https://www.ofcom.org.uk/about-ofcom/latest/media/media-releases/2020/uk-internet-use-surges
[76] Ofcom : https://www.ofcom.org.uk/research-and-data/tv-radio-and-on-demand/news-media/COVID-19-news-consumption-attitudes-behaviour

used social media as a source of information about the pandemic, a decrease from almost a half in the first week of the pandemic.

In the 11th-13th September survey, just over a quarter of respondents said that they had come across false or misleading information about COVID-19 in the last week. This proportion was as high as 50% in the early stages of the pandemic.

Local Findings

97% of premises in Worcestershire can now receive 'superfast' broadband download speeds of greater than 24Mbps[77]. Looking forward, the UK Government has committed to enabling nationwide 'gigabit broadband' by 2025[78]. This means all premises having download speeds of 1,000Mbps available and most likely delivered via full fibre technology (also known as fibre to the premises or fibre to the home).

Worcestershire's full fibre coverage has increased from 3% to 9% in the 12 months to October 2020. Further deployment of full fibre in Worcestershire by commercial infrastructure providers is expected to increase rapidly in the next two years. These commercial deployments will be provided alongside a new Government funded programme to ensure the 'hard-to-reach' premises, often in rural areas, also gain access to gigabit services.

Opportunities/Challenges for the Future

It will be important to ensure increased use of telephone, video and online health services does not disadvantage individuals or re-enforce existing health inequalities and digital exclusion.

Indicators to Monitor

- Number of people online, and with access to the internet;
- Number of people accessing social media.

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[77] Think broadboard Available at: https://labs.thinkbroadband.com/local/E10000034
[78] House of Commons Briefing paper https://researchbriefings.files.parliament.uk/documents/CBP-8392/CBP-8392.pdf

Environment and Climate Change

Population Profile

In Worcestershire:

- In 2017/18 the percentage of adults walking or cycling for travel at least three days a week is 15.6% and 1.5%. These are lower than the national average of 23.1% and 3.2%.

National Findings

Air was cleaner and healthier in early lockdown, but global emissions have since rebounded to close to 2019 levels.[79]

Local Findings

Key points in September 2020 were:

- Walking and cycling was slightly higher than the baseline but lower than the April/May peak.

- The monitoring of walking and cycling has indicated a strong correlation with weather conditions, particularly strong impact of wet weather conditions on cycling levels seen locally and nationally.

In Worcestershire, during lockdown, traffic flow dropped to a low of 34% of pre-lockdown levels. At the time of writing traffic flow was at 92% of pre-lockdown levels.

The highest rates of increase in traffic flow occurred following the easing of lockdown, after the Prime Ministers announcements on the 10th and 13th May, which encouraged construction and manufacturing workers to return and allowed travel for exercise purposes. There has then followed a gradual increase, and, even with the reopening of schools no sudden rise in daily traffic flow volumes has occurred.

Recent data shows a return of the AM peak due to the re-opening of schools and associated congestion.

Average speed is now just 1mph faster than in pre lockdown conditions indicating the return of congestion to the county highway network.

Congestion is detrimental for bus service reliability and causes significant environmental deterioration in the form of increased transport noise and deteriorated air quality.

If congestion becomes serious it can lead to bus service network collapse. This, in addition to a lack of safe, separated and continuous cycling and walking routes between, around and through residential areas and urban centres, can mean for people without access to a motorised vehicle it is often very difficult to access key services and facilities such as health, employment, leisure, education, retail and rail stations unless they live close

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[79] Health & Equity in Recovery Plans Working Group Direct and indirect impacts of COVID-19 on health and wellbeing. Rapid Review. July 2020. Available at: https://www.ljmu.ac.uk/~/media/phi-reports/2020-07-direct-and-indirect-impacts-of-covid19-on-health-and-wellbeing.pdf

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enough to consider walking. This is a vicious cycle, creating ever more demand to travel by car. The result being that congestion and its effects gets worse as people choose the car over walking, cycling or passenger transport use.

In contrast to general public opinion, air quality is actually its very worst inside vehicles trapped in congestion, as emissions are sucked into ventilation systems and then inhaled by the driver and passengers within their semi-sealed cabins. Pedestrians and cyclists, on the other hand, may inhale far less as they benefit from dissipation of pollutants in the atmosphere.[80]

Walking

The pedestrian data from Diglis Bridge Worcester showed that in September 2020 walking levels were on par with the same period in 2019.

Cycling

Both Worcestershire and National data shows that there is a direct correlation in cycling levels and weather. There was a steady decline in cycling as lockdown eased. Storms Ellen and Francis in mid to late August 2020 had a direct impact on cycling levels.

Road Traffic Casualties

Casualty rates for August 2020 are overall 41% lower compared to the three-year average for August 2017-19. This is significantly lower than the reduction in overall daily traffic flow indicating the impact of congestion on casualty accident rates.

The evidence suggests that the impact of COVID-19 on Worcestershire's transport choices have been transitory and it is unlikely that there will be long-term benefits derived from behavioural changes as a result of this pandemic. Indeed, it is now likely that we will see even greater reliance on the car for even more trips (particularly shorter distance trips) with further increases in sedentary lifestyles, leading to a further deterioration in local health outcomes.

Opportunities/Challenges for the Future

Work to identify mitigations and actions that should follow from the impacts described is ongoing.

Indicators to monitor

- Active travel
- Air Quality

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[80] Air Quality News: https://airqualitynews.com/2016/02/16/higher-air-pollution-health-risk-inside-car-study-finds/

Education

For information on how the pandemic has affected children and young people in a broader sense please see the Children and Young People section on page 83.

Population Profile

- **Key Stage 1 (KS1):** Worcestershire has an equal or higher percentage of pupils reaching the expected standards for all four areas tested at KS1 level than the England average although lower than England for children who are eligible for free school meals.

- **Key Stage 2 (KS2):** Worcestershire had a lower percentage (63%) than the national average of 65% of pupils who reached the expected standards in reading, writing and mathematics in KS2 in 2019.

- **KS4 results (GCSEs):** Across the general population in Worcestershire a higher percentage (65.7%) achieved a grade 4 or above in English and Mathematics GCSEs than the average across England (64.9%). In the new grading system, students are graded 9 (highest) to 1 (lowest) where a grade 4 is equivalent to a 'C' in the previous scale.

At all levels in Worcestershire the percentage of children who qualify for free school meals are achieving lower percentages than the national average.

National Findings

Disadvantage Gap

Pupils that are disadvantaged tend to have lower educational attainment than their peers – this is termed the disadvantage gap. The gap occurs because disadvantaged pupils tend to have less access to technology, spend less time learning and have reduced support from parents and carers. School closures due to the pandemic are likely to have widened this gap.

The disadvantage gap continues through life affecting entry into higher education, future employment and lifetime earnings. So far 13 cohorts of children have had their education affected by school closures – for the next 50 years this has the potential to effect a quarter of the workforce.[81]

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[81] UK Parliament. POST. Rapid Response. COVID-19 and the disadvantage gap. 01/09/20. Available at: https://post.parliament.uk/COVID-19-and-the-disadvantage-gap/?utm_source=POST&utm_campaign=02c008039d-EMAIL_CAMPAIGN_2020_07_20_04_41_COPY_01&utm_medium=email&utm_term=0_5928a699a4-02c008039d-103823078&mc_cid=02c008039d&mc_eid=a2898d8a66

Local Findings

The closure of education settings in March 2020 to all but key worker children had a wide-ranging impact on the children of Worcestershire and the effects were much wider than disruption to learning. Below is a summary of issues that have been highlighted so far and the local response.

- COVID-19 has had an impact on children's holistic development and is likely to have an impact on their future educational achievement

- Being out of school has a greater impact for vulnerable learners

- Reduced take-up of early education and childcare entitlement is a risk to developmental experience and achieving physical/personal/social and emotional milestones.

- There are local measures in place to try and mitigate these impacts including access to Worcestershire GET SAFE team and funding of link workers.

- There has been provision of virtual education and access to Laptops and IT for home learning where this is needed. Plus extensive support to education settings for re-opening (part and full).

- Worcestershire Children First implemented a "Back to School" project In August which involved a social media campaign to reassure parents/children that measures had been put in place to keep children/staff safe and that schools were following guidance.

Opportunities/Challenges for the Future

Proposed interventions to counter the effect of COVID-19 on the disadvantage gap include catch-up premiums, tutoring programmes and support for remote learning.

The Education Endowment Foundation has published a support guide for schools with evidence-based approaches to catch up for all students. The principles that underpin effectiveness are: specific aims, parent involvement, school leadership and a whole school approach.[82]

Indicators to Monitor

- School readiness
- Academic achievement
- The gap between those children who receive free school meals and all children for the above measures
- Fortnightly DfE return on SEND demand, numbers with an EHCP plan etc
- SEND Improvement Dashboard quarterly indicators for health
- Take up and outcomes of the Worcestershire Children First 'Back to School
- Project'

Communities

Population Profile

In Worcestershire:

- The average life satisfaction score in 2019/20 was 7.71. This was similar to the national average of 7.66.[83]
- The average 'feeling the things you do in life are worthwhile' score in 2019/20 was 7.89. This was similar to the national average of 7.86.[84]

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[82] Education Endowment Foundation. COVID-19 Support Guide for Schools. 10/09/20. Available at: https://educationendowmentfoundation.org.uk/COVID-19-resources/national-tutoring-programme/COVID-19-support-guide-for-schools/#nav-COVID-19-support-guide-for-schools1

[83] Answer to the Office for National Statistics Annual Population Survey question "Overall, how satisfied are you with your life nowadays?". Scored out of 10 with 10 meaning completely. Available at: https://www.ons.gov.uk/datasets/wellbeing-local-authority/editions/time-series/versions/3#id-dimensions

[84] Answer to the Office for National Statistics Annual Population Survey question "Overall, to what extent do you feel that the things you do in your life are worthwhile?" Scored out of 10 with 10 meaning completely. Available at: https://www.ons.gov.uk/datasets/wellbeing-local-authority/editions/time-series/versions/3#id-dimensions

- In 2018/19 the percentage of adult social care users who have as much social contact as they would like was 42%. This was similar to the national average.

Nationally in 2018/19 over a third (36%) of people volunteered formally (i.e. with a group, club or organisation) at least once. Over one in five (22%) people formally volunteered regularly (at least once a month) in that year.[85]

At a regional level, rates of formal volunteering were lower than the national average in the West Midlands, with 29% of people volunteering at least once in the last year. People living in rural areas were more likely to formally volunteer than those in urban areas (44% vs 34% at least once in the last year, and 29% vs 20% for regular volunteering).[86]

National Findings

Perceptions of unity within Britain are associated with higher average life satisfaction, happiness and feelings that things done in life are worthwhile as well as with checking on neighbours, feeling like the community is available to support you and thinking people are doing more to help others.

In April 2020 national findings from the weekly Office for National Statistics (ONS) Opinions and Lifestyle Survey were that people thought Britain would be more united after we have recovered from the pandemic, 46% of respondents vs 24% before the pandemic, however, by June 2020, this belief had declined to 28% of respondents.

Most people also expected that inequalities in society would remain. This expectation was broadly stable between April and June. There was only a small difference in the proportion of the population who thought that Britain was equal before the pandemic (19%) and the proportion who thought that it will be equal after we recover from the pandemic (22%).

But interestingly, in June, there was still a belief that we will be a kind nation after the pandemic, perhaps because of the many stories of individual kindness heard or experienced over this time.[87]

Since the outbreak of COVID-19, more than 750,000 volunteers have signed up to be NHS Volunteer Responders and there are reports of the voluntary sector being overwhelmed by offers of help.[88]

Indicators from the ONS Opinions and Lifestyle Survey covering the period at the peak of the pandemic and the lockdown measures (3rd to 13th April 2020) found that:[89]

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[85] The UK Civil Society Almanac 2020.Available: https://data.ncvo.org.uk/
[86] UK CIVIL SOCIETY ALMANAC 2020 https://data.ncvo.org.uk/volunteering/demographics/#by-geography
[87] The Office for National Statistics. Unity and division in Great Britain: 24 April to 28 June 2020. Available at:
https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/unityanddivisioningreatbritain/24aprilto28june2020#main-points

[88] Public Health Institute Available at: https://www.ljmu.ac.uk/~/media/phi-reports/2020-07-direct-and-indirect-impacts-of-covid19-on-health-and-wellbeing.pdf
[89] Office for National Statistic. Available at:
https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/COVID-19andthesocialimpactsongreatbritain/23april2020

- 64% of respondents said other local community members would support them if they needed help during the pandemic

- 78% of respondents thought people are doing more to help others since the pandemic

- 63% of respondents had checked in on neighbours who might need help at least once in the last seven days

- 38% of respondents had gone shopping or done other tasks for neighbours

Local Findings

Key informants have speculated that community spirit has increased.

Throughout the COVID-19 pandemic, a large volume of spontaneous volunteering has been seen as local communities come together to support each other.

The Here2Help scheme was formulated directly as a community action response to the COVID-19 pandemic, therefore, no data is available for the period before the pandemic. Many volunteers and organisations involved in Here2Help will have been involved in volunteering before the pandemic.

Up to 17th September 2020:

- 1,288 individual volunteers registered to provide support to local residents through the Here2Help scheme

- 565 organisations registered to provide support to local residents through the Here2Help scheme. This figure includes 289 local, regional and national businesses, 94 voluntary organisations, 34 public sector organisations and 137 community groups.

- During the early stages of the pandemic and national lockdown, a number of community groups and Facebook groups were set up by residents to link up and provide support to others in their local area, whether that be a town or city, village or ward.

- A Healthwatch survey found that most respondents who had used the Here2Help scheme had found it helpful and the majority of comments about it were positive.

Opportunities/Challenges for the Future

- A key challenge is to seek ways to build on this response and to retain those that have volunteered in response to the COVID-19 pandemic.

- Healthwatch Worcestershire have found there was support for the Here2Help scheme carrying on beyond the pandemic.

Indicators to Monitor

- Number of volunteers

- Responses from resident surveys

Community Safety and Crime including Domestic Abuse

Population Profile

In Worcestershire:

- In 2018/19 the rate of violent offences reported per 1,000 population was 24.6. This was lower than the national figure of 27.8 but the trend has been upwards. Nationally this figure has also been rising.[90]

- In 2018/19 the rate of sexual offences reported per 1,000 population was 2.4. This was similar to the national figure of 2.5 but the trend has been upwards. Nationally this figure has also been rising.

Local Findings

Total Recorded Crime

Locally, Total Recorded Crime reduced significantly during the lockdown but has since increased, however, at the time of writing (October 2020) it remains below the average for the time of year.

Domestic Abuse

Following a reduction at the start of the lockdown period, reported domestic abuse offences increased following the easing of restrictions but are now (as of October 2020) at levels anticipated for the time of year.

Interestingly, local commentators have suggested that all Worcestershire domestic abuse support provision, and in particular, the help line have seen increasing referrals and raised risk levels. It has been speculated that the increase in referrals but not incidents reported to the police could be linked to the publicity campaigns which have been running locally and nationally.

Women's Aid have launched a live chat service and have produced some promotional material (videos etc) which may have contributed towards increases in referrals.

Locally, Services for children and young people have seen an increase in waiting lists due to being unable to deliver support through lockdown and providers have had to temporarily cease new referrals to work on the backlog of cases.

Refuge and safe house provision have been able to meet isolation requirements for COVID-19 but the pandemic has highlighted the need to consider the suitability of units for isolation.

Interventions have been delivered using virtual and digital platforms and it has been speculated that this may have had a negative effect.

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[90] Public Health England. Wider Determinants of Health profile. Available at: https://fingertips.phe.org.uk/profile/wider-determinants/data#page/4/gid/1938133073/pat/6/par/E12000005/ati/202/are/E10000034/iid/11202/age/1/sex/4/cid/4/page-options/ovw-do-0_car-do-0

Other Crime

Antisocial behaviour peaked in April 2020 and the numbers have reduced since then, but they are still higher than usual. They are mainly classified as nuisance offences. There is no evidence that they are linked to children.

Hate crime increased in May, June and July, but has now returned to the average number of offences we would see this time of year. The majority remains race-related; there has been no change in the proportion. The number of offences in Q2 was similar to the number in Q2 last year.

There has been no evidence of an increase in Modern Slavery and Human Trafficking.

There was an increase in drug offences during the lockdown period but numbers in October 2020 were back within the normal range. This increase was mirrored across other forces so is unlikely to relate to any issues particular to Worcestershire. Factors might include it being easier for police officers on patrol to spot people that were not complying with lockdown rules as they were selling/buying drugs.

It has been speculated that there may have been an increase in the use of nitrous oxide as a recreational drug. However, it is possible that this is an issue of perception and increased reporting as people are using public spaces more and noticing discharged canisters.

Cyber-crime increased during lockdown. This was part of an on-going trend in increasing numbers which was accelerated during lockdown. COVID-19 creates emotional tension which may have led to additional vulnerability to scams.

There was a decrease in reported sexual offences in April 2020. They increased in the following months and are currently still slightly higher than the average for this point in the year (October 2020).

Providers of support services for victims of sexual offences have identified that some service users are more reluctant to take the offer of virtual support. Services such as counselling are also being impacted.

Services were struggling with providing support to children during lockdown virtually but are now slowly going back into schools. In addition, service providers are finding that clients are seeking support for COVID-19 related anxieties in addition to the reason for the original referral.

Radicalisation

It is likely that the isolation of lockdown may have marginalised vulnerable individuals making them more likely to spend time alone on the internet and therefore more susceptible to radicalisation. At the same time their exposure to the usual controls of education and other services may have decreased resulting in less reporting of concerns.

Courts

Courts have a significant backlog of cases due to court closures. Local service providers who are supporting victims are seeing increases in support required for these clients as well as clients disengaging in service.

Opportunities/Challenges for the Future

- Regarding refuge and safe house provision, the isolation requirements for COVID-19 have led to consideration of the need for more separate units of emergency accommodation.

Indicators to Monitor

- Drug related deaths

- Support services for victims of sexual offences - no. of referrals, engagement rates, positive outcomes achieved, length of time in service

- Court Services - lead in times for cases, no.'s of victims and witnesses being supported, court outcome data

Housing

Population Profile

In Worcestershire:

- One in ten (9.9%) of households experience fuel poverty. The figure for England is 10.3%

- Housing is slightly less affordable than for England as a whole. The ratio of median house price to median gross annual residence-based earnings is 8.2 compared to 8.0 nationally.

National Findings

Poor-quality housing has a large impact on health. This can be through the condition of homes, insecure tenure and/or wider neighbourhood characteristics.

The COVID-19 pandemic has exposed and amplified housing-related health inequalities.

The Centre for Ageing Better report Homes, Health and Covid-19 describes some of the observed and anticipated effects, including:[91]

- Social distancing measures have meant that many people are spending more time in homes that are hazardous, unsafe and lack security of tenure.

- Inadequate housing conditions, such as overcrowding, can also lead to increased risk of viral transmission. Overcrowded housing poses a significant health risk and is more common among ethnic minority groups including Bangladeshi, Pakistani and Black African households. People who live in homes where multiple generations are living together have been found to have poorer outcomes during the pandemic.

- Living in a cold, damp, home has a significant impact on health. In England, around one in five excess deaths during winter are attributed to cold housing. If social distancing measures continue into the winter months, the effects of fuel poverty on both physical and mental health may escalate.

- One of the major causes of death, injury and decline among older adults is falls in the home, often a result of inadequate adaptation and maintenance. Social distancing measures and financial insecurity may have exacerbated these risks by leading to essential works to the home being delayed, particularly for shielded households.

- The quality of the built environment is associated with mental and physical health outcomes. Living in an area with more green space is linked to reduced mortality from cardiovascular conditions. During lockdown, the effects from the lack of access to these spaces is already emerging.

- Groups in the population who are more likely to live in poor housing are often the same groups who are vulnerable to COVID-19 and other health conditions,

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[91] Homes, Health and COVID-19, Centre for Ageing Better, Available at: https://www.ageing-better.org.uk/publications/homes-health-and-covid-19

including older people, people with existing health conditions, those with lower incomes and people from ethnic minority groups.

Opportunities/Challenges for the Future

- Levels of collaboration between health and housing are developing at the local level underpinned by a locally adopted national Memorandum of Understanding to maintain people's independence at home and reduce pressure on the NHS. Health and Wellbeing Boards, Local Strategic Housing Partnerships, Sustainability and Transformation Partnerships, and Integrated Care Systems should include housing as a focus.

- The poor state of existing homes should be addressed.

- Support should be focussed on those with the greatest risk of housing-related health inequalities. Older people, people with existing health conditions, those with lower incomes and people from ethnic minority groups are also often more vulnerable to COVID-19.

- Local and national government should consider the broader impact of shielding and lockdown on people's wellbeing.

- Promote information on when it is appropriate to undertake home repairs to maintain health and wellbeing during isolation

- Access to green space, face-to-face and digital social connections and local amenities varies significantly between communities and has an impact on people's physical and mental health.

Indicators to monitor

- Fuel Poverty
- Tenure
- Housing affordability
- Green space
- Falls (in the home)

Homelessness

Population Profile

- In Worcestershire, there were 403 people who were accepted as homeless in the financial year 2019-2020.

- The rate of homelessness in Worcestershire is higher than the England average at 9.14 per 1,000 households compared to 5.94 per 1,000 households nationally.[92]

National Findings

Homeless people have a significantly poorer health outcome compared to the general population. The mean age at death of homeless people was 44 years for men, 42 years for women and 44 years for all persons between 2013 and 2017; in comparison, in the general population of England and Wales in 2017, the mean age at death was 76 years for men and 81 years for women.[93]

Homeless people are particularly susceptible to COVID-19 infection due to their lack of basic facilities such as an accessible means to wash hands regularly, close quarters/ crowded living in hostels and lack of outreach and support activities from the closure of public services such as libraries.

The negative impact of COVID-19 on the economy could lead to a rise in homelessness due to rent arrears. Many individuals nationally have suffered from sudden and severe reductions in income. Those who are self- and precariously employed have been particularly affected. This can lead to housing payment arrears which may ultimately result in evictions or foreclosures. The government have intervened with measures such as the furlough scheme, 3-month mortgage holidays and suspended eviction processes for 3 months. There is still a need for further intervention to provide greater home security for renters.

Local Findings

During the lockdown, the local authorities provided accommodation for a significant number of homeless individuals. This positively impacted rough sleepers in the short-term but concerns were raised about the sustainability of the use of temporary accommodation to house homeless individuals.

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[92] Ministry of Housing, Communities & Local Government Available at:
https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness

[93] The Office for National Statistics. Deaths of homeless people in England and Wales: 2013 to 2017. Available at:
https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsofhomelesspeopleinenglandandwales/2013to2017

Opportunities/Challenges for the Future

Significant partnership efforts have been made to support rough sleepers and develop proposals to manage the various Government funding streams being made available, with a longer-term attempt to provide more permanent housing and support solutions. A more permanent solution will be required. There are joint strategic housing planning arrangements currently being commissioned.

Indicators to Monitor

- Homelessness applications
- Number of rough sleepers

Urban/Rural Classification and Access to Green Space

Population Profile

- In mid-2019, almost three quarters (73.6%) of Worcestershire residents lived in areas classed as urban. Most in areas classified as "urban city and town" (Worcester City, Redditch, Kidderminster, Bromsgrove, Malvern, Evesham and Droitwich).

- One in five (20%) of the Bromsgrove population lived in an area classified as "urban major conurbation", in the areas bordering Birmingham.[94]

Figure 15. Population by Office for National Statistics Area Classification

Local Authority	Rural village and dispersed	Rural town and fringe	Urban city and town	Urban major conurbation	Total population
Bromsgrove	12.3%	6.4%	61.2%	20.0%	99,881
Malvern Hills	41.3%	10.6%	48.1%	0.0%	78,698
Redditch	1.6%	0.0%	98.4%	0.0%	85,261
Worcester	0.0%	0.0%	100.0%	0.0%	101,222
Wychavon	34.7%	23.5%	41.8%	0.0%	129,433
Wyre Forest	5.4%	15.3%	79.3%	0.0%	101,291
Worcestershire	**16.2%**	**10.2%**	**70.3%**	**3.4%**	**595,786**

Source: Office for National Statistics

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[94] Office for National Statistics. Urban Rural Classification
https://www.ons.gov.uk/methodology/geography/geographicalproducts/ruralurbanclassifications

Figure 16. Urban Rural Classifications

Map showing Worcestershire LSOA's by urban rural classification
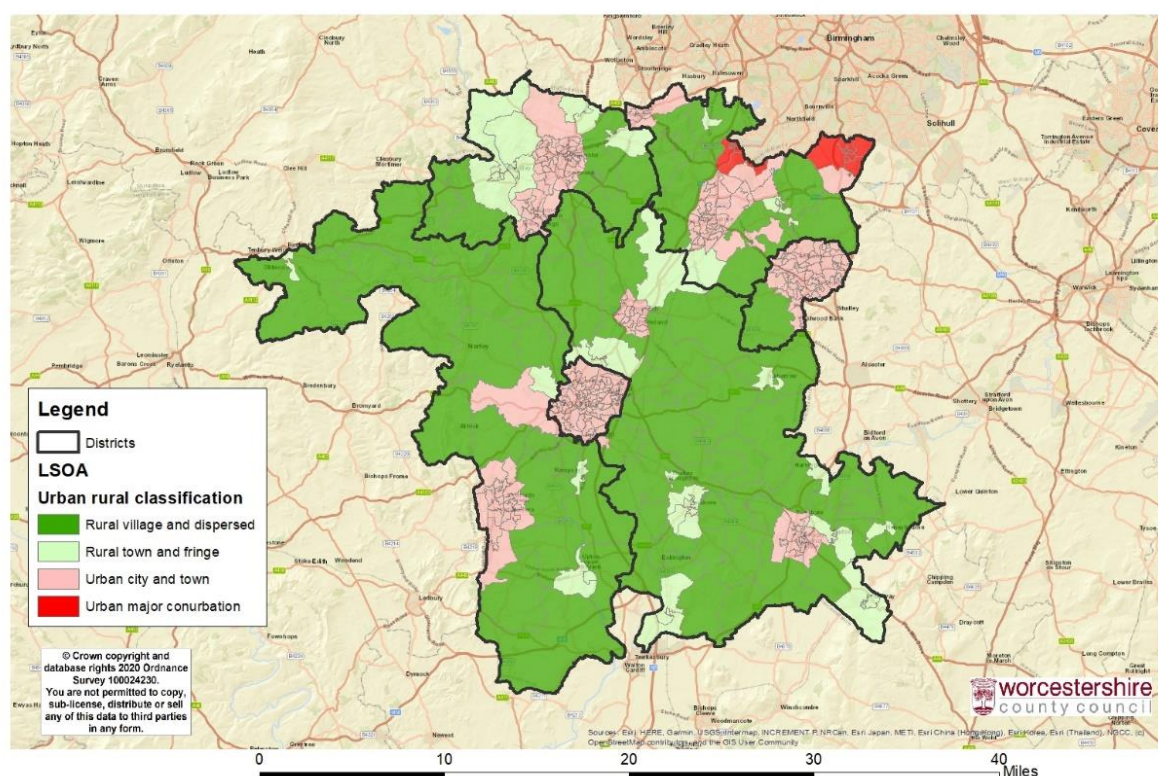
Source: Worcestershire County Council

- Figures from April 2020 show 91% of Worcestershire properties have access to private outdoor space, including 97% of houses and 66% of flats.[95]

- In Worcestershire the average distance to the nearest park, public garden, or playing field is 440m. This is higher than the national average of 385m.[96]

National Findings

Urban vs Rural

For the period March to July 2020, the highest age-adjusted rate for deaths involving COVID-19 was in 'urban major conurbations' at 132.8 deaths per 100,000 population. This was higher than all other categories.

The next two highest rates were for 'urban minor conurbations' at 110.6 deaths per 100,000 population, and 'urban cities and towns' at 84.4 deaths per 100,000 population.

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[95] Office for National Statistic. Available at:
https://www.ons.gov.uk/economy/environmentalaccounts/datasets/accesstogardensandpublicgreenspaceingreatbritain

[96] Worcestershire County Council Research Team. Available at:
https://www.worcestershire.gov.uk/info/20044/research_and_feedback

The lowest rates were all found in sparse settings; rural hamlets and isolated dwellings in a sparse setting had the lowest age-standardised mortality rate of 24.4 deaths per 100,000 population.[97]

Figure 17. Age-Adjusted COVID-19 Related Deaths by Urban/Rural Classification, England, March to July 2020
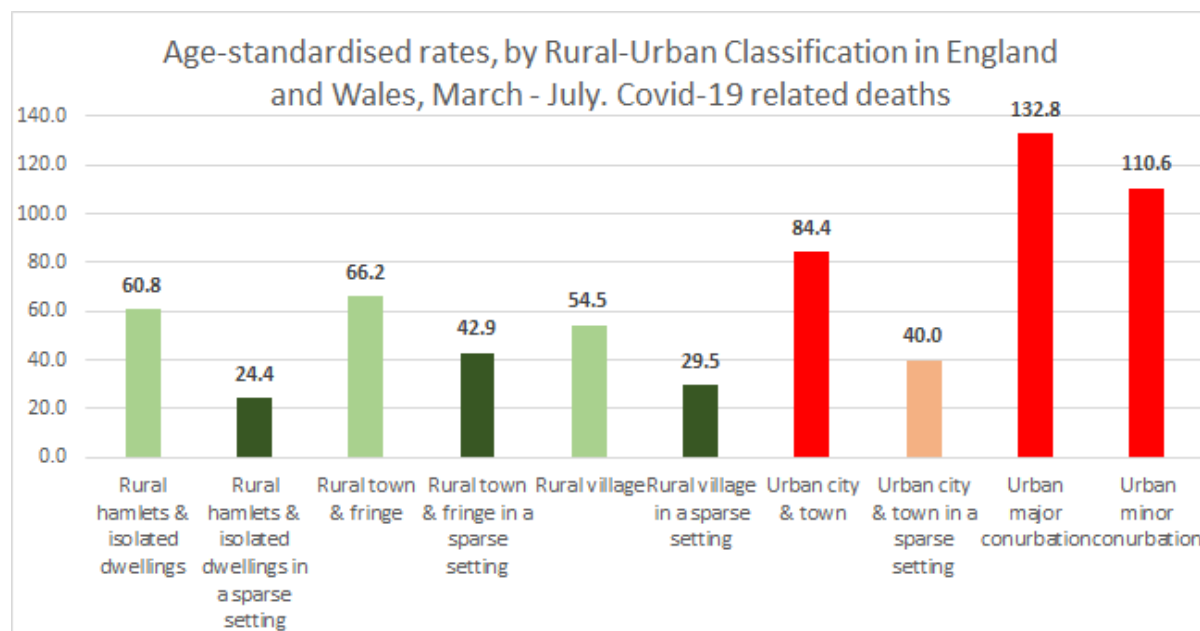
Source: Office for National Statistics

Access to Green Space

People spent far more time at home during lockdown which may play a role in exacerbating the health impacts of poor-quality housing. An estimated 12% of households in England have had no access to a private or shared garden during lockdown.

Although access to public parks is more evenly distributed, inequalities exist in access to good quality and safe public green space.[98]

Lockdown measures have caused huge changes in people's lifestyles and habits. At the time of writing Google mobility data shows that nationally there has been a sustained increase in people visiting parks.[99]

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[97] Office for National Statistic. Available at:
https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsinvolvingcovid19bylocalareasanddeprivation/deathsoccurringbetween1marchand31july2020#rural-and-urban-areas

[98] Health & Equity in Recovery Plans Working Group Direct and indirect impacts of COVID-19 on health and wellbeing. Rapid Review. July 2020. Available at: https://www.ljmu.ac.uk/~/media/phi-reports/2020-07-direct-and-indirect-impacts-of-covid19-on-health-and-wellbeing.pdf

[99] Office for National Statistics. COVID-19 (COVID-19) in 10 charts. 24/09/20 Available at:
https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/COVID-19covid19in10charts/2020-09-24

Local Findings

Urban vs Rural

An analysis of deaths by urban/rural classification within the county is possible.[100]

Figure 18. Estimated deaths by Urban/Rural Classification, Worcestershire, March to July 2020
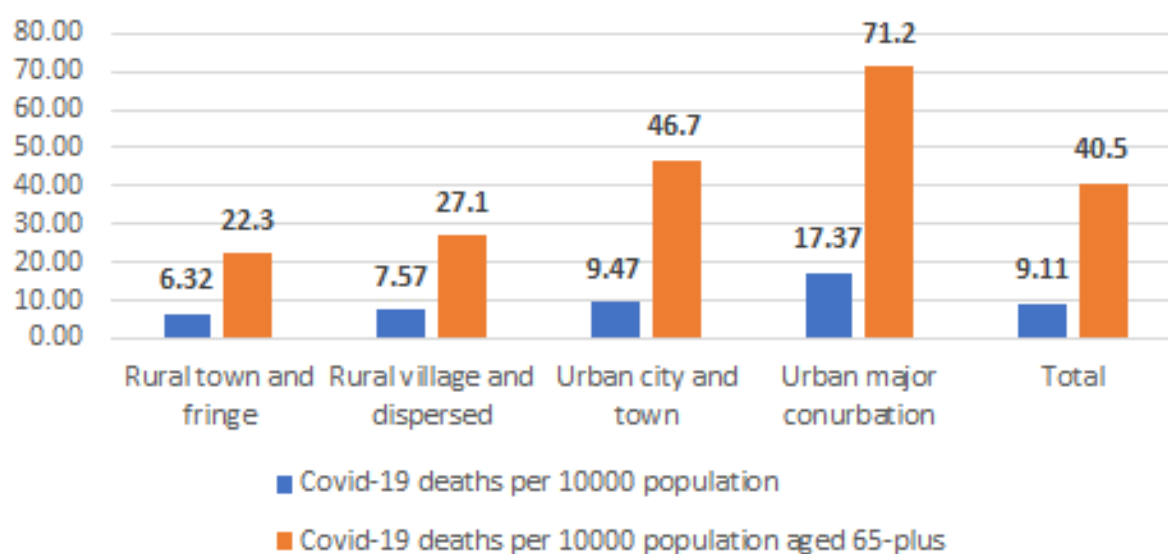
Source: Office for National Statistics

COVID-19 related deaths per 10,000 population in urban areas may be higher, with estimated figures for deaths per 10,000 population higher in areas classified as "urban city and town" and especially high in "urban major conurbation" areas than more rural areas in the county.

Access to Green Space

Locally it was observed that more people were accessing the countryside. However, this had led to some tensions with the farming community.

Opportunities/Challenges for the Future

- Ensuring fair access to good quality public green space.

Indicators to Monitor

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[100] By estimating the numbers of deaths per 10,000 for each LSOA by applying the parent MSOA rate. of death per 10,000 population to each of the constituent LSOA's within that MSOA and then calculating an estimate for numbers of deaths per 10,000 for each LSOA.

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- Access to green space
- Use of Country Parks
- Rates of death and number of cases in urban compared to rural areas

Specific Population Groups

Mothers and Babies

Population Profile

In Worcestershire:[101]

- In 2019 there were 5,623 live births.

- In 2018/19 the proportion of deliveries to mothers from Black, Asian and Minority Ethnic (BAME) groups was 6.3%. This is lower than the national figure of 20.3% and equates to 340 deliveries.

- In 2018/19 the percentage of women who were obese at the time of the booking appointment with the midwife was 23.3%.

- In 2019 around 1 in 5 (21%) of live births were to mothers aged 35 or over. This equates to 1,206 deliveries.

National Findings

There is no evidence that pregnant women are more likely to get seriously ill from Covid-19 than women who are not pregnant. But pregnant women have been included in the list of people at moderate risk (clinically vulnerable) as a precaution.

It is possible for women to pass Covid-19 to their baby before they are born but generally, when this has happened, the babies have recovered.

There is no evidence that Covid-19 causes miscarriage or affects how babies develop in pregnancy.[102]

One study found the majority of women who did become severely ill were in their third trimester of pregnancy, emphasising the importance of social distancing for this group. The study also found pregnant women from black and ethnic minority backgrounds were more likely to be admitted to hospital for COVID-19. As were older pregnant women, those who are overweight or obese, and pregnant women who had pre-existing medical problems, such as high blood pressure and diabetes.[103]

Opportunities/Challenges for the Future

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[101] Data from Public Health England Child and Maternal Health Profile and Office for National Statistics' Live births in England and Wales down to local authority local area. Available at: https://fingertips.phe.org.uk/profile/child-health-profiles and https://www.nomisweb.co.uk/ respectively.

[102] NHS. Pregnancy and COVID-19. Accessed 14/10/20. Available at: https://www.nhs.uk/conditions/COVID-19-COVID-19/people-at-higher-risk/pregnancy-and-COVID-19/

[103] Nuffield Department of Population Health. University of Oxford. What's New. 18 May 2020. Available at: https://www.npeu.ox.ac.uk/news/1963-pregnant-women-are-not-at-greater-risk-of-severe-COVID-19-than-other-women-but-most-of-those-who-have-problems-are-in-their-third-trimester

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The following actions have been suggested in order to mitigate the impacts of Covid-19 on pregnant women who are at higher risk:

- Targeted advice to be given to vulnerable mothers to be

- Continuation of face to face antenatal care

- Continue to reflect and deliver NHS England Covid-19 specific information and practices for example exploring and discussing risk, vulnerability and care at the time of booking

- Involve more BAME women in maternity voices partnership to ensure effective communications approach

- All providers should record on maternity information systems the ethnicity of every woman, as well as other risk factors, such as living in a deprived area (postcode), co-morbidities, BMI and aged 35 years or over, to identify those most at risk of poor outcomes.

Indicators to Monitor

- Characteristics of pregnant women admitted to hospital with COVID-19

Children and Young People

The impact on childhood vaccinations is covered in the Screening Services, Vaccinations and Services for Women and Children section on page 38.

For more information about how children's education has been impacted please see the Education section on page 65.

Population Profile

- The latest available Office for National Statistics (ONS) population estimate makes Worcestershire home to 118,860 children and young people aged 0 to 17. This is nearly a fifth of the population.

- Results from the National Child Measurement Programme (NCMP):
  - 2018/19 saw the second successive annual decrease in the percentage of reception-age children who were classed as overweight (including obesity) in Worcestershire.
  - A lower percentage of Year 6 children were classed as overweight (including obesity) than nationally and this is a consistent finding.
  - There will be no results available for 2019/20 due to school closures, however, with many months of reduced physical activity for most children, the impact will be closely monitored.

- The rate of children in care in Worcestershire has been rising year on year to a point in 2019 where the rate is statistically significantly higher (71 per 10,000 children aged <18) than the national average (65 per 10,000).

- In addition, in 2018/19 in Worcestershire, 43.5% of looked after children had their emotional wellbeing identified as a cause for concern. This compares to 38.6% nationally.

- Worcestershire has a higher percentage of school pupils with special educational needs, 15.2% compared to 14.4% nationally.

National Findings

Children and young people are at low risk of illness and death from COVID-19 but are at high risk of adverse health impacts relating to the epidemic's wider socio-economic effects.

Early research suggests that the pandemic and subsequent measures are having significant impacts on the mental health of children and young people. This group are already at higher risk of developing mental health issues compared with adults. Children may be experiencing increased anxiety and stress about the virus, and school closures and social distancing measures have led to a loss of structure and social contact. Such circumstances, coupled with reductions in support services, could lead to a range of poor mental health outcomes.

Kooth, a digital mental health service for children and young people commissioned by the NHS, has released a report based on data from over 75,000 users aged 11–25 years. The report shows an increase in sleep issues (161%), loneliness (63%) and self-harm (27%) compared with the same period last year.

A review of 63 studies from previous pandemics, such as SARS in 2003, has demonstrated the potential for long-lasting effects. The length of time that children felt lonely predicted mental health problems up to 9 years later, particularly depression. Children who had experienced more extreme isolation, such as quarantine, were five times more likely to require support from mental health services and experienced higher levels of post-traumatic stress.[104]

Some positive impacts for children and young people have been suggested including:

- Reduced exposure to road traffic and road traffic collisions

- Reduced stress or anxiety associated with school including exams and bullying

- Greater awareness of infection prevention, control and vaccination

- Increased opportunity to spend time with family

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[104] UK Parliament. POST. Rapid Response. Child and adolescent mental health during COVID-19 14/07/20. Available at: https://post.parliament.uk/child-and-adolescent-mental-health-during-COVID-19/

The Children's commissioner for England has raised a concern about the risk of criminal gangs recruiting children and young people whilst they are out of school.[105]

Local Findings

All aspects of children's services have been affected by COVID-19 and for a great many this period will have been very difficult and even traumatic. The ability of services to support children and families has been seriously impacted.

Key informants have raised the following impacts as being of potential concern for children and young people:

- Children at a higher risk of exploitation due to their availability

- Safeguarding issues not being picked up

- Effect of the isolation of children has wide ranging impacts including effects on their mental health and physical wellbeing through a lack of social interaction and reduction in physical activity. Parents have reported that their child's mental health/wellbeing worsened during lockdown. Social isolation and concerns about illness contributed. A local survey across Herefordshire and Worcestershire for children and young people in contact with mental health services and their parents found that 52% said their mental health and wellbeing was a little bit or a lot worse since the start of the COVID-19 outbreak.[106]

- Returning to an education setting has had an impact on a children's mental health and wellbeing. Anxiety levels have increased massively for individuals who had known anxiety issues pre-Covid and also for individuals who had no previous record of anxiety issues.

- Access to mental health services - CAHMS - impact on referral, assessment and support due to lockdown restrictions. Greater demand for service due to rise in children and young people's mental health due to COVID-19 pandemic.

- Access to education, health and care services for children/young people with Special Educational Needs and Disability (SEND) – the effect of the pandemic will have meant a delay or reduction is provision for health needs specific to this group of children. They are also at greater risk if isolated.

- Reduction in household income and financial stability causing poverty. With the effect on adults' job security and financial impacts following unexpected period off work with limited sick pay, children being at home more and having to pay for food and other expenses. The impact of poverty on children's long-term development is well documented especially on academic performance and family relationships.

- It is probable that food insecurity has been exacerbated and children are particularly vulnerable to this.

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[105] Public Health Institute Available at: https://www.ljmu.ac.uk/~/media/phi-reports/2020-07-direct-and-indirect-impacts-of-covid19-on-health-and-wellbeing.pdf

[106] Early Intervention Foundation, https://www.eif.org.uk/press-release/half-of-parents-concerned-about-pupils-mental-health-and-wellbeing-as-children-return-to-school

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Opportunities/Challenges for the Future

Locally, there has been support for children available through a variety of routes, including social media campaigns, Here2Help helpline and partnership working with the voluntary sector i.e. Ready Steady Worcestershire and Holiday Hunger Project. There are also specific workstreams targeted at groups of children i.e. SEND improvement programme.

Indicators to Monitor

- Social Care fortnightly DfE data return

- GETSAFE Hub Hazards Profile data

- Child Sexual Exploitation (CSE) and children missing data:

   - CSE Identification (risk factor on contacts & Assessments)

   - CSE Experiencing/Vulnerable (taken from the Getafe Flags)

   - Children who go missing

   - Children who go missing whilst at risk of CSE

- Percentage of children seen for Choice Assessment within 8 weeks of CAMHs referral

- Here to help data

- Web hits on comms messages/links to activities

- Take up of free school meals

- Holiday Hunger data

Working Age People Including Key Workers

Population Profile

- Figures from Business Register and Employment Survey 2018 suggest[107] that there are approximately 900 people working in train, bus, taxi or water passenger transport in Worcestershire and 700 people working in private security activities, although not all of these will be security guards.

Key workers are defined as all critical workers who were able to access schools or educational settings during the peak of the first pandemic when schools were closed to the majority of children. They include:

- Those working in Health and Social Care, including doctors, nurses, midwives and other frontline health and social care staff.

- Those working in Education and childcare, including support and teaching staff, and social workers.

- Those working in key public services, including those running the justice system.

- Some local and national government workers, primarily those involved in delivering essential public services and those administrative occupations essential to the effective delivery of the COVID-19 response.

- Those involved in processing, producing, distributing, selling and delivering food, as well as other key goods including hygienic and veterinary medicines.

- Those involved in public safety and national security.

- Those involved in air, water, road and rail transport.

- Those involved in utilities, communication and financial services.

A full list and description of key workers is available from the gov.uk COVID-19 guidance

Figure 19. Number and proportion of key workers in Worcestershire, 2019

Area	Population	Percentage
Bromsgrove	18,000	38.7
Malvern Hills	10,000	32.2
Redditch	16,000	38.0
Worcester	16,000	30.8
Wychavon	22,000	38.9
Wyre Forest	14,000	33.1
Worcestershire	**96,000**	**35.5**
UK	**10,600,000**	**33.0**

Source: Office for National Statistics

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[107] Office for national Statistics: https://www.nomisweb.co.uk/

In 2019, 10.6 million of those employed (33% of the total workforce) were in key worker occupations and industries. The largest group of those employed in key worker occupations worked in health and social care (31%)[108].

In Worcestershire an estimated 96,000 of those employed were in key worker occupations and industries, a slightly higher proportion than the national average at almost 36%. Proportions are slightly higher at a district level in Wychavon, Bromsgrove and Redditch.

National Findings

Occupation

Age-adjusted mortality rates for male security guards and related occupations were nearly four times higher than those for all men, whilst for taxi, cab, bus, and coach drivers the mortality rates were well over double. This is consistent with the conclusion that jobs with frequent and close public exposure (besides health and social care) carry a higher risk of COVID-19.[109]

Key Workers

The Office for National Statistics have reported that:[110]

- 15% of key workers were at moderate risk from the COVID-19 (COVID-19) because of a health condition. The most common health conditions reported were heart problems (6%), followed by chest and breathing problems (5%). Proportions at risk are similar among non-key workers, at 14%.

- 31% of key workers have children aged between 5 and 15 years; 16% have children aged 4 years or under.

- 14% of those in key public service occupations reported being able to work from home.

- 16% of key workers report travelling to work by public transport.

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[108] Office for National Statistic. Available at:
https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/articles/COVID-19andkeyworkersintheuk/2020-05-15#how-many-key-workers-are-in-your-area
[109] Covid-19 in the workplace. BMJ Editorial. Available at:
https://www.bmj.com/content/370/bmj.m3577.short?rss=1&utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+bmj%2Frecent+%28Latest+from+BMJ%29
[110] Office for National Statistic. Available at:
https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/articles/COVID-19andkeyworkersintheuk/2020-05-15

Opportunities/Challenges for the Future

- Ensuring key workers are safe, mentally and physically well, have childcare and family support, and able to continue their duties going forward as COVID-19 cases potentially increase in the future and in the wake of any further national or local restrictions.

Indicators to Monitor

- Mortality rates and infection rates by occupation, with specific attention on those in occupations that require frequent public exposure.

- Number of key workers testing positive for COVID-19

- Number of key workers able to access and do their job

Older People

Population Profile

- Just over one in ten (10.5%) of the population in Worcestershire is aged 75-plus. This proportion is slightly higher than the proportion in England as a whole (9%).[111]

- The proportion of people aged 65 plus and 85 plus are also higher in the county compared to national figures.

- Proportions of older people are higher in Malvern Hills, Bromsgrove and Wychavon.

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[111] Office for National Statistics 2019 mid-year estimates

Figure 20. Numbers and Proportion of People in the Older Age Groups in Worcestershire and Worcestershire Districts

	Total Population	Proportion 65-plus	Proportion 75-plus	Proportion 85-plus
England	56,286,961	18.4%	8.5%	2.5%
Worcestershire	595,786	22.8%	10.5%	3.1%
Bromsgrove	99,881	22.7%	11.0%	3.4%
Malvern Hills	78,698	28.2%	13.5%	4.1%
Redditch	85,261	18.5%	7.4%	2.0%
Worcester	101,222	17.3%	8.0%	2.3%
Wychavon	129,433	25.1%	11.5%	3.4%
Wyre Forest	101,291	24.9%	11.4%	3.0%

Source: Office for National Statistics

Figure 21 shows areas where there is a relatively high proportion of people aged 75 plus. Areas where more than one in five of the population are in this age group are shown in red.

Figure 21. Proportion of the Population Aged 75 Plus

Map showing Worcestershire LSOA's by proportion of population aged 75-plus
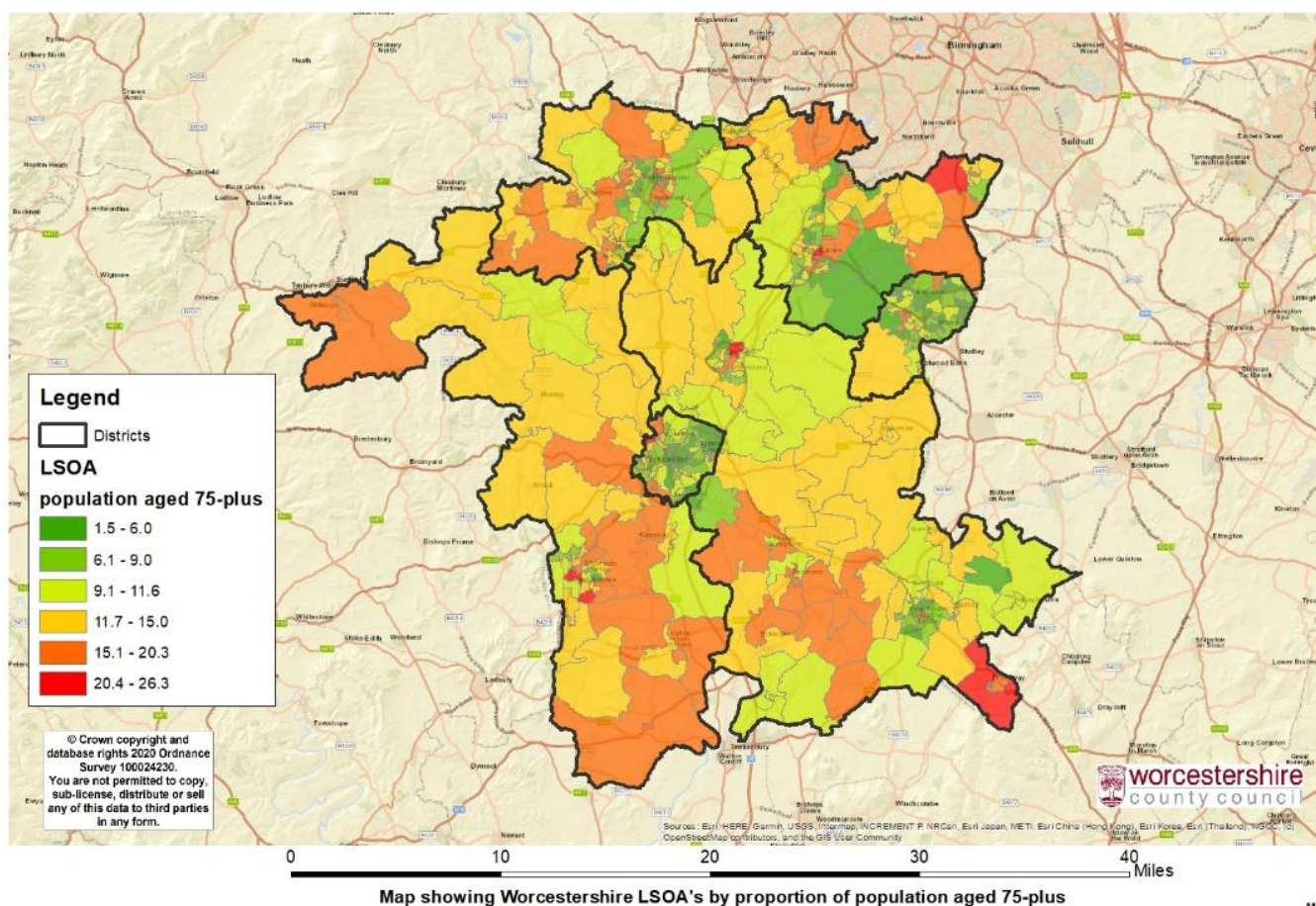
Areas with high proportions of 75-plus population include; -

- Broadway in the south east of Wychavon
- The Wythall area in the north east of Bromsgrove
- The north east area of Droitwich in Wychavon
- The central area in Bromsgrove
- An area of St Clement in the north west of Worcester City
- Areas in the centre of Malvern, in Chase and Priory

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National Findings

Age is the biggest risk factor for severe illness and death caused by COVID-19.

Nationally death rates increase with age and there are notably higher rates among 75-plus and 85-plus age ranges.[112]

There is also a danger of isolation among older people due to a fear of going out.

According to the Office for National Statistics Opinions and Lifestyle Survey, in the seven days up to 4th October, over a third of respondents aged 70 and over indicated that they didn't leave their home, or left their home only for work, exercise, basic necessities or medical need, whilst almost a third of respondents aged 70-plus indicated that they felt "uncomfortable" or "very uncomfortable" about leaving their home due to the COVID-19 pandemic.[113]

Older people may be fearful of going to medical appointments or to obtain required medicines.

Responses to the Opinions and Lifestyle Survey also show that over a quarter of respondents aged 70 and over said that access to groceries, medication and essentials are being affected, with a similar proportion of respondents aged 70-plus stating their access to healthcare and treatment for non-COVID-19 (COVID-19) related issues is being affected.

Local Findings

Up to 13th October, Worcestershire has had 542 registrations of deaths where COVID-19 is listed as a cause of death. Of these deaths almost 80% were aged 75-plus.

Figure 22. Worcestershire Deaths where COVID-19 was listed as a cause

Age Group	Male	Female	Persons	% of deaths
<55	5	5	10	1.8%
55 - 64	17	14	31	5.7%
65 - 74	52	25	77	14.2%
75 - 84	97	77	174	32.1%
85 and over	109	141	250	46.1%
Total	**280**	**262**	**542**	
	51.7%	**48.3%**		

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[112] Office for National Statistic. Available at:
https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/weeklyprovisionalfiguresondeathsregisteredinenglandandwales
[113] Office for National Statistic. Available at:
https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/COVID-19andthesocialimpactsongreatbritain/9october2020

Locally key informants have described older people becoming more socially isolated as a result of social distancing measures and being fearful of going out including to attend medical appointments.

They have also speculated that more people want to continue to live in their own homes rather than go into residential facilities.

Opportunities/Challenges for the Future

Promotion of the importance of physical activity including strength and balance exercises, for maintaining physical function and good mental health

Targeting of resources for physical activity to the needs of the most vulnerable older people, including those who may be at risk of falls to keep muscles, bones and joints strong

Access to healthcare among older people could be aided if services to become community based or members of the local community aided older people to get to and from medical appointments and/or obtain medical supplies.

Indicators to Monitor

- Hospital admissions due to COVID-19 in older people

- Number and proportion of COVID-19 deaths amongst older people

- Social Isolation: percentage of adult social care users aged 65 plus who have as much social contact as they would like

- Falls indicators

Those on a Low Income

Population Profile

- In February 2020, before the COVID-19 pandemic, there were over 17,700 households receiving Universal Credit. Over 8,300 of these households had dependent children

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National Findings

Nationally, death rates from COVID-19 in the most deprived areas have been more than double the least deprived areas.[114]

Over the three-month period between March 2020 and May 2020 (the most recent figures available), the number of households on Universal Credit increased by 57% and numbers of households with child dependants on Universal Credit increased by 34%.

Local Findings

Although data is only available up to May 2020, large increases in the number of households on Universal Credit have also occurred in Worcestershire since March. The number of households increased by 12,836 to 31,496 in May 2020. This is an increase of 69% compared with 57% nationally.

Figure 23. Households on Universal Credit; District Breakdown
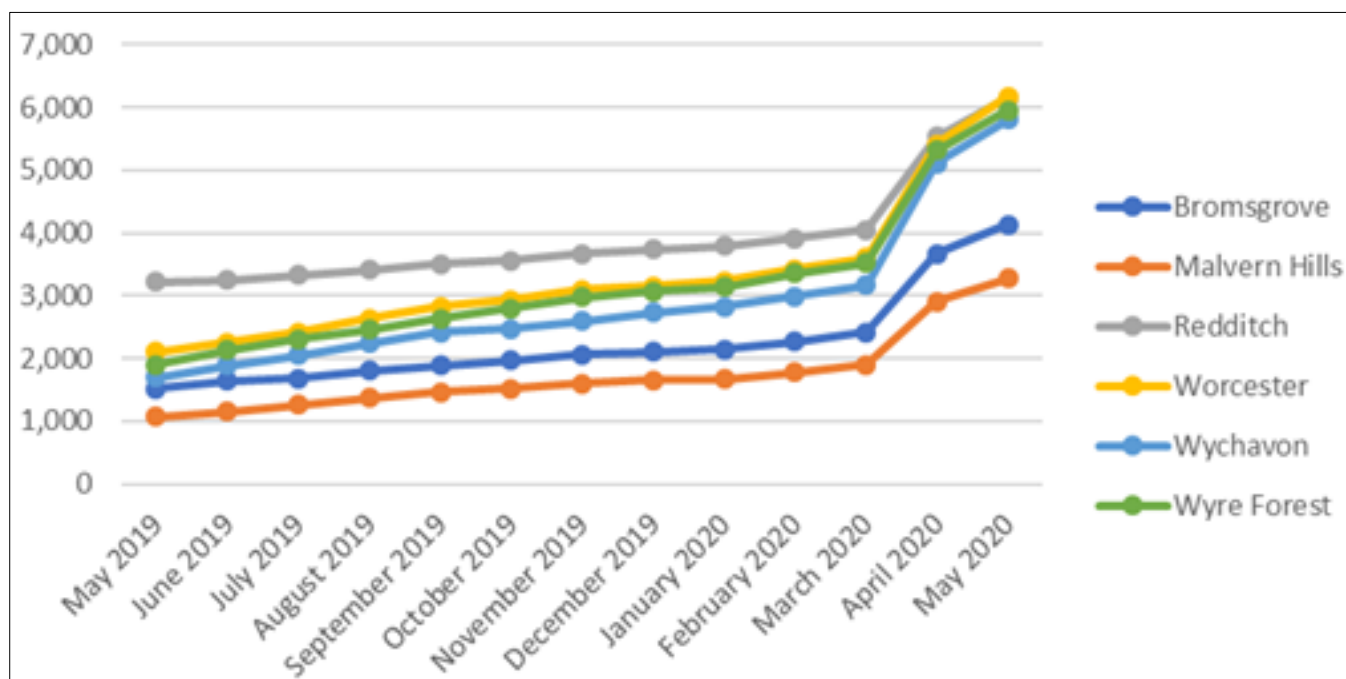
Although the impact of the roll-out of Universal Credit Full Service appears to have been reflected in the Claimant Count (those required to seek and be available for work) by the time of lockdown, this is not the case for Universal Credit claims as a whole, where the number of people and households was increasing prior to lockdown. This is because the Claimant Count also includes JSA, the legacy benefit which Universal Credit replaces, whereas the numbers on Universal Credit do not reflect reductions in those receiving

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[114] Health & Equity in Recovery Plans Working Group. Direct and indirect impacts of COVID-19 on health and wellbeing. Rapid Evidence Review. July 2020. Available at: https://www.ljmu.ac.uk/~/media/phi-reports/2020-07-direct-and-indirect-impacts-of-covid19-on-health-and-wellbeing.pdf

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legacy benefits such as tax credits. Any assessment of increases in households on Universal Credit should therefore also consider reductions in those receiving legacy benefits such as tax credits.

Information on households on Universal Credit is available by family type. In Worcestershire Households on Universal Credit with child dependants have increased by 3,878 since March 2020 to 12,589 in May 2020, with most of the increase occurring in couple households. This increase of 45% compares with an increase nationally of 34%.

Figure 24. Households on Universal Credit with Child Dependents
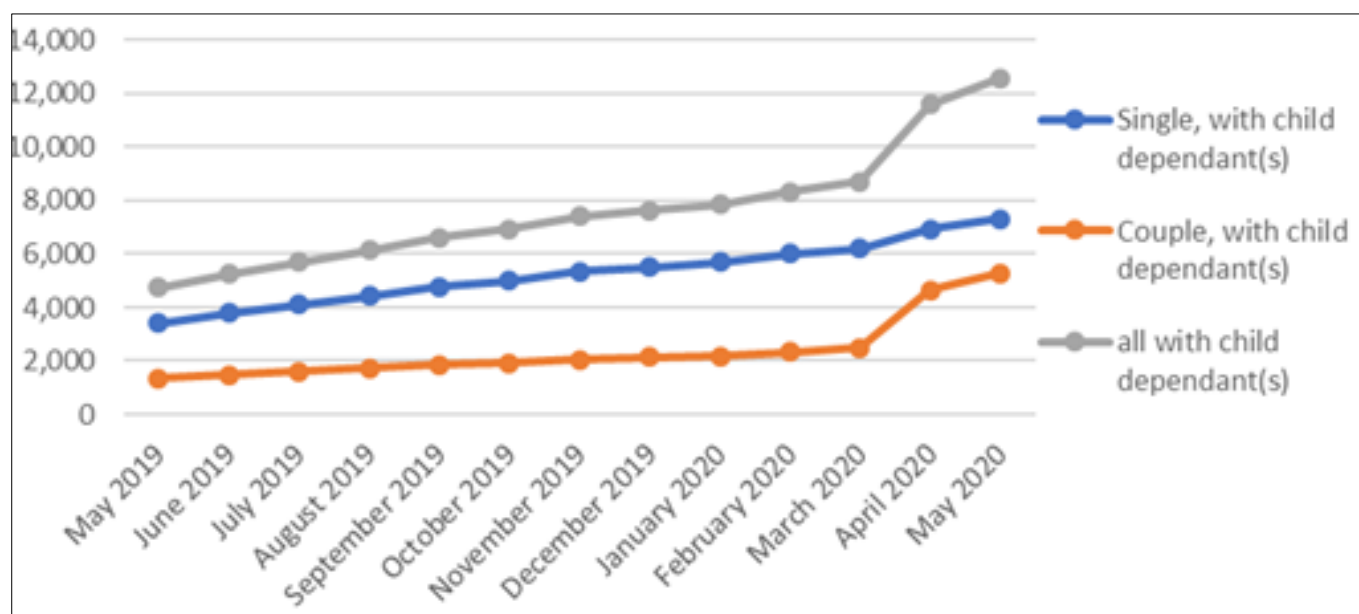
It is probable that food insecurity has been exacerbated

Opportunities/Challenges for the Future

The following measures have been suggested to mitigate the impacts of COVID-19 on this group:[115]

- Target housing/financial information and support to the needs of the most vulnerable groups and those new to the system

- Target more intensive forms of help towards those least likely to be able to navigate the welfare claims process alone

- Ensure there are strong links with Department for Work and Pensions advice services

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[115] Public Health England, the Local Government Association and the Association of Directors of Public Health. COVID-19 Suggestions for mitigating the impact on health inequalities at a local level. Available at: https://www.local.gov.uk/sites/default/files/documents/COVID-19%20Suggestions%20for%20mitigating%20the%20impact%20on%20health%20inequalities%20at%20a%20local%20level%20%282%29.pdf

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- Plan for additional demand in housing benefit services (where existing claimants may need to amend their circumstances as income levels change (e.g. self-employed) throughout the course/different phases of the pandemic

- Provide information directly to targeted employers to pass on to their staff, including on the potential impact on mental health of changing financial situations

Indicators to Monitor

- People and households claiming Universal Credit.

Black, Asian and Minority Ethnic (BAME) Groups

Population Profile

According to the (now somewhat dated) 2011 Census of Population, 7.6% of Worcestershire's population are of an ethnicity other than white British. This comprises 3.3% who are in other white groups and 4.3% in Asian, Black, Mixed or Other Ethnic groups. In comparison 14.6% of England's population has ethnicity other than white British.

Ethnic Group	Worcs %	Worcs number	England %	
All categories: Ethnic group	100.0%	566,169	100.0%	
White: Total	**95.7%**	**542,058**	**85.4%**	
White: English/Welsh/Scottish/Northern Irish/British	92.4%	522,922	79.8%	
Mixed/multiple ethnic group: Total	**1.2%**	**7,045**	**2.3%**	
Asian/Asian British: Total	**2.4%**	**13,741**	**7.8%**	
Black/African/Caribbean/Black British: Total	**0.4%**	**2,372**	**3.5%**	
Other ethnic group: Total	**0.2%**	**953**	**1.0%**	

National Findings

During the first wave of the pandemic the death rate from COVID-19 was higher among people of Black, Bangladeshi and Pakistani, Indian, and Other Ethnicity compared with those of White Ethnicity.

Nationally, the mortality rate from COVID-19 has been highest among black men. Even after accounting for other factors that are likely to affect the risk of exposure and dying once infected, the rate of death involving COVID-19 among black males was twice as great as comparable white males.

Black males between the ages of 9 and 64 years died at a rate of 47 per 100,000 in the population, compared with 10 per 100,000 White males. The mortality rate among Black

females was also over four times higher than that of White women, at nearly 25 deaths per 100,000 in the population.[116]

Occupation, co-existing disease and obesity are important factors which may have influenced these findings. When other co-existing diseases are included the difference in the risk of death in hospitalised patients between ethnic groups is greatly reduced.[117]

Local Findings

A survey of the general public conducted by Healthwatch Worcestershire in collaboration with the NHS and Worcestershire County Council found that more respondents in the 'white other' group found it difficult to keep up to date with information about keeping themselves and others safe compared with 'White British' respondents.

Family, friends and neighbours and social media were more frequently being used as an information source by people who defined themselves as 'White Other' compared to 'White British' respondents. Online information sources were rated as less helpful by people in the 'White Other' group than by 'White British' respondents.

Of respondents who said that they, or the person they cared for/supported, had additional communication needs (n=163) 44% had not been able to find information and advice in the formats or languages needed.

Significantly more respondents in the 'White Other' group (13%) told said they had additional communication needs in comparison with 'White British' respondents (7%).

Opportunities/Challenges for the Future

Nationally, Public Health England have recommended the following actions:

- Improve ethnicity data collection and recording including collection of ethnicity data at death certification
- Support community participatory research
- Improve access, experience and outcomes of NHS, local government and integrated care systems by BAME communities
- Accelerate the development of culturally competent occupational risk assessment tools
- Fund, develop and implement culturally competent COVID-19 education and prevention campaigns
- Accelerate efforts to target culturally competent health promotion and disease prevention programmes

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[116] Office for National Statistics. COVID-19 (COVID-19) in 10 charts. 24/09/20. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/COVID-19covid19in10charts/2020-09-24

[117] Public Health England. Beyond the data: Understanding the impact of COVID-19 on BAME groups. June 2020. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf

- Ensure that COVID-19 recovery strategies actively reduce inequalities caused by the wider determinants of health

- Continue to draw on language and translation services. Ensuring a responsive translation when necessary.

Indicators to Monitor

- Hospital admissions due to COVID-19 in BAME people

People with Physical, Sensory or Learning Disability Challenges

Population Profile

- Data from the last census in 2011 showed 101,492 or 17.9% of the Worcestershire population had a long-term health problem or disability.[118]

- In 2018/19 in Worcestershire, 2,915 people were recorded as having a learning disability on GP Practice registers. This is 0.5% of the population.

National Findings

People with Disabilities

A provisional analysis by the Office for National Statistics found that disabled people[119] aged nine and over made up almost six out of ten COVID-19 deaths between March and July. Both males and females aged nine and over had higher age-adjusted mortality rates than those that were non-disabled.

Males who were disabled and limited a lot in their day-to-day activities had an overall age-standardised COVID-19 mortality rate of 240.8 deaths per 100,000 (non-disabled: 84.2 deaths per 100,000). Females who were disabled had an age-standardised COVID-19 mortality rate of 169.9 deaths per 100,000 (non-disabled: 44.4 deaths per 100,000).[120]

The American Centers for Disease Control and Prevention (CDC) have suggested some people with disabilities might be at a higher risk of infection or severe illness because of

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[118] The definition is a long-term health problem or disability that limits a person's day-to-day activities, and has lasted, or is expected to last, at least 12 months. Public Health England. Public Health Profiles. Available at:
https://fingertips.phe.org.uk/search/disability#page/1/gid/1/pat/6/par/E12000005/ati/102/are/E10000034/iid/90408/age/1/sex/4/cid/4/tbm/1/page-options/ovw-do-0_car-do-0

[119] People are counted as disabled if they said their daily activities were limited a little or limited a lot by a health problem or disability lasting or expected to last at least 12 months.
[120] The Office for National Statistics. COVID-19 (COVID-19) roundup. 24/09/20. Available at:
https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/COVID-19covid19roundup/2020-03-26

their underlying medical conditions. On their website they state the following groups might be at increased risk of becoming infected or having unrecognized illness:[121]

1) People who have limited mobility or who cannot avoid coming into close contact with others who may be infected, such as direct support providers and family members

2) People who have trouble understanding information or practicing preventive measures, such as hand washing and social distancing

3) People who may not be able to communicate symptoms of illness

The ONS have also examined the way that the COVID-19 pandemic is impacting on loneliness in different groups. In two reports looking at the impact on adults with disabilities, it was found that they were significantly more likely than adults without disabilities to report spending too much time alone; 35% of adults with disabilities reported this compared to 20% of adults without disabilities. Adults with disabilities also more frequently reported that their wellbeing had been affected through feeling lonely in the last seven days (49%) in May 2020 compared with April 2020 (30%) and they were more likely to report this concern than adults without disabilities (29%).[122]

Autism and Learning Disabilities

The 2019 Learning Disabilities Mortality Review found that people with learning disabilities are more likely to experience ill health, reduced life expectancy and die from avoidable medical causes than the general population.

The National Autistic Society published a report in September 2020 based on the feedback from 4,000 people with Autism during June and July. They found that nine out of ten people with Autism worried about their mental health during lockdown, 85% said that their anxiety levels got worse and they were seven times more likely to experience chronic loneliness than the general population. These findings suggest that the pandemic increased the health inequalities that already existed.[123]

Local Findings

A survey conducted by Healthwatch Worcestershire, the NHS and Worcestershire County Council found that people with hearing impairments who lip read reported having difficulties when masks are worn. The survey also found challenges for people with sight impairments in maintaining social distancing when they required guiding.

Healthwatch Worcestershire has also conducted a learning disability and autism survey. Of the 84 people who completed the survey 37% said they had been able to find information that was easy to understand. Some had found telephone or video

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[121] Centres for Disease Control and Prevention. People with Disabilities. 14/10/20. Available at: https://www.cdc.gov/COVID-19/2019-ncov/need-extra-precautions/people-with-disabilities.html

[122] Health & Equity in Recovery Plans Working Group. Direct and indirect impacts of COVID-19 on health and wellbeing. Rapid Evidence Review. July 2020. Available at: https://www.ljmu.ac.uk/~/media/phi-reports/2020-07-direct-and-indirect-impacts-of-covid19-on-health-and-wellbeing.pdf

[123] COVID-19 Learning Disability and Autism Report. September 2020. Available from: https://worcestershirecc.sharepoint.com/sites/external/publichealth/Shared%20Documents/JSNA%20summary%202020/Evidence%20Reports/COVID-19%20Learning%20Disability%20and%20Autism%20Report%20v1.0%20(002).pdf?CT=1602765243177&OR=ItemsView

consultations with the GP practice difficult and thought that a support worker or carer would have to do most of the talking for them. This might mean it was more difficult to have a private conversation.

Most respondents had experienced a change in their support during COVID-19. Respondents described having less support and difficulties being able to access support via support groups, day services, voluntary work, college and regular activities.

Opportunities/Challenges for the Future

There is a need for up-to-date easy-read and accessible information for people with learning disabilities. This should include information that people who are digitally excluded can access.

Indicators to Monitor

- COVID-19 Deaths amongst disabled people

Carers

Population Profile

From the 2011 census, the most up to date figures available, there are almost 64,000 people in Worcestershire providing some level of unpaid care to relatives or friends, representing over 11% of the population.

Almost 14,000 of these provide 50 or more hours of unpaid care per week. Proportions of people giving some level of unpaid care are slightly higher in Malvern Hills and Bromsgrove than in other districts.

Figure 25. Providers of unpaid care, 2011 Census

	Bromsgrove	Malvern Hills	Redditch	Worcester	Wychavon	Wyre Forest	Worcestershire
Provides 1 to 19 hours unpaid care a week	7,723	6,543	5,559	6,386	9,225	7,086	42,522
Provides 20 to 49 hours unpaid care a week	1,304	1,000	1,176	1,187	1,418	1,360	7,445
Provides 50 or more hours unpaid care a week	2,174	1,847	2,154	2,075	2,791	2,677	13,718
Provides some unpaid care	11,201	9,390	8,889	9,648	13,434	11,123	63,685
Proportion of people providing some unpaid care	12.0%	12.6%	10.6%	9.8%	11.5%	11.4%	11.2%
Total population	**93,637**	**74,631**	**84,214**	**98,768**	**116,944**	**97,975**	**566,169**

There are high proportions of people providing unpaid care in several rural areas across Malvern Hills, Wyre Forest, Wychavon and Bromsgrove, as well in more urban areas on the outskirts of Worcester City and in areas of Bromsgrove town and Kidderminster.

Figure 26. Proportion of People Providing Unpaid Care

LSOA's by proportion of people providing some level of Unpaid Care
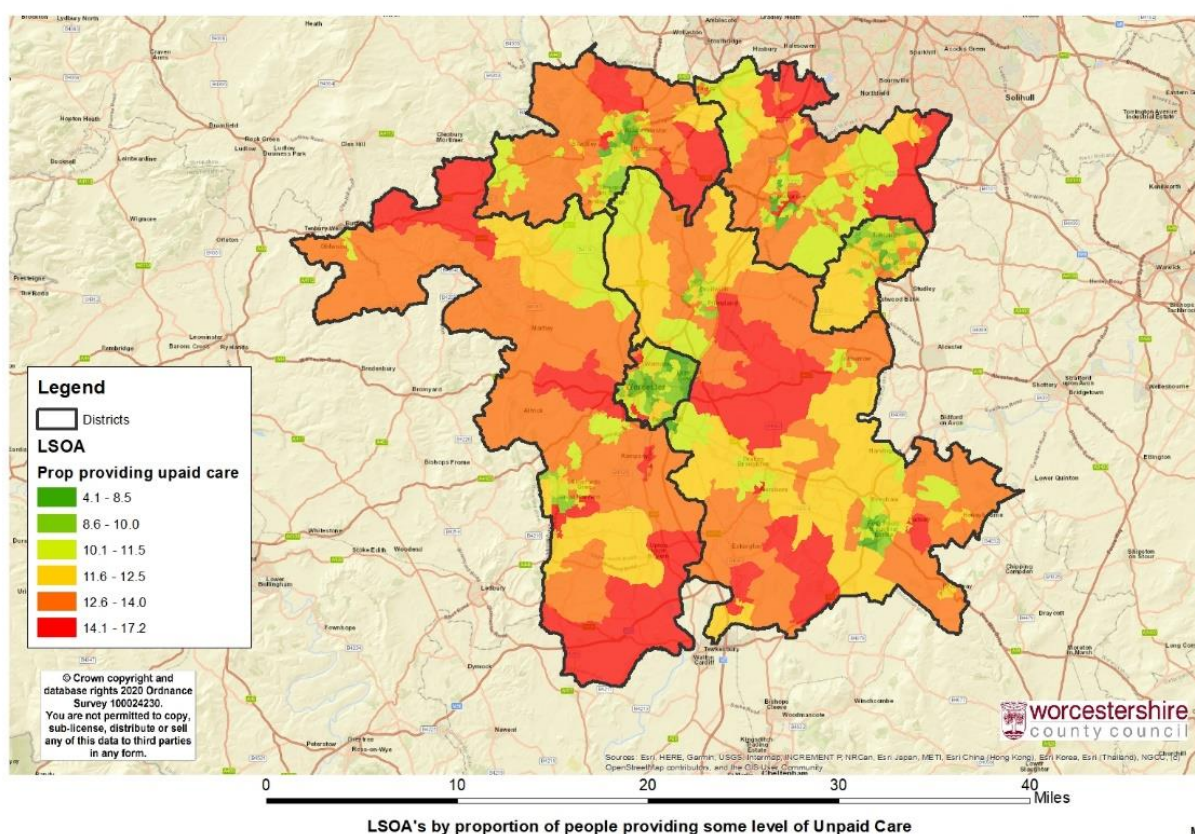
National Findings

Indicators from the Opinions and Lifestyle Survey for the week ending 4th October 2020 suggest that 3% of people have had their access to paid or unpaid care being affected by the COVID-19 virus. This rises to 5% among those people with an underlying health condition.

Indicators from the same survey also suggest that 8% of people have had their caring responsibilities being affected by the COVID-19 situation. This rises to 11% among females.[124]

The Office for National Statistics Opinions and Lifestyle Survey has been collecting people's experiences from the start of lockdown. Between 3rd April and 10th May 2020, 79% of adults said they were very or somewhat worried about the effect that COVID-19 (COVID-19) was having on their life and 11% of these said their caring responsibilities had been affected by the pandemic.

Almost half (47%) who said their caring responsibilities had been affected said they were unable to care for someone they usually supported, for example, by being unable to spend as much time as they would like with them or being unable to travel to them. Nearly 15%

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[124] The Office for National Statistics Opinions and Lifestyle Survey. Available at:
https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/COVID-19andthesocialimpactsongreatbritain/9october2020

also said they had to organise remote support for someone vulnerable and 9% said that paid support had reduced.[125]

In April, around one-third (32%) of adults who reported giving help or support, were helping someone who they did not help before the pandemic. One-third (33%) also reported giving more help to people they helped previously.[126]

Local Findings

A survey of the general public conducted by Healthwatch Worcestershire in collaboration with the NHS and Worcestershire County Council found that more people who are carers found it difficult to keep up to date with information about keeping themselves and others safe compared to other respondents.

Feedback from local support services for carers has identified the following impacts on carers:

- Feelings of increased isolation,

- Carers unwilling or unable to access respite/carer breaks,

- Prolonged anxiety,

- Anxiety about the health and safety of loved ones in care homes and frustration and concern at not being able to see them,

- Having to give up work to take on caring responsibilities,

- Carers concerned about having care workers in to provide homecare, so carrying out moving and handling/personal care tasks on their own without support,

For young carers in particular the following concerns were highlighted:

- More families in need of financial support,

- Young carers turned away from supermarkets,

- Young carers struggling to cope with a return to normality. Fear of passing virus on to vulnerable family members, but also fear of having to re-engage with peers and build friendship groups. Some young carers have been reclusive even after the rules were relaxed.

- Anxiety about transition to high school

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[125] The Office for National Statistics Opinions and Lifestyle Survey. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/morepeoplehavebeenhelpingothersoutsidetheirhouseholdthroughtheCOVID-19covid19lockdown/2020-07-09

[126] The Office for National Statistics Opinions and Lifestyle Survey. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/morepeoplehavebeenhelpingothersoutsidetheirhouseholdthroughtheCOVID-19covid19lockdown/2020-07-09

Opportunities/Challenges for the Future

Work is continuing to identify appropriate mitigations.

Indicators to Monitor

- Levels of unpaid care
- Indicators from the Personal Social Services Survey of Adult Carers in England.[127]
- Carers using respite breaks

Immigrants, Asylum Seekers and Refugees

Population Profile

- Between mid-2018 and mid-2019 it is estimated that 2,542 people came from abroad to live in Worcestershire for a period of at least 12 months.
- During the same period, it is estimated that 1,562 Worcestershire residents left the UK to live abroad for at least 12 months.
- Between mid-2016 and mid-2017 it is estimated that 944 people made short-term visits to Worcestershire - defined as a visit of between three and twelve months for work or study.
- In 2019 it was estimated that there were 40,000 non-UK born people living in Worcestershire. However, the uncertainty around this estimate is plus or minus 12,000 people, meaning it could be as low as 28,000 or as high as 52,000.
- In Worcestershire in 2019, 33 refugees were resettled under the Vulnerable Persons Resettlement Scheme (VPRS)
- As of 31st March 2019, there were seven asylum seekers in receipt of section 95 support from Worcestershire district councils.

National Findings

Immigrants are at much higher risk of COVID-19 infection than the native born. This is due to a range of vulnerabilities including poverty, overcrowded housing and jobs where physical distancing is difficult.

Immigrants are often in a more vulnerable position in the labour market due to less stable employment conditions and lower seniority. They are over-represented in sectors most affected by the pandemic to date.

School closures and distance learning put children of immigrants at a disadvantage as their parents tend to have fewer resources to help them with their homework. The

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[127] NHS Digital. Personal Social Services Survey of Adult Carers. Available at: https://digital.nhs.uk/data-and-information/publications/statistical/personal-social-services-survey-of-adult-carers/england-2018-19

Organisation for Economic Co-operation and Development (OECD) has found that 40% of native-born children of immigrants do not speak their host countries language at home. They are also less likely to have access to IT at home or a quiet place to study.

With growing unemployment and the role of international travel in the spread of the virus, there is a risk of a backlash of public opinion against immigrants.[128]

Vulnerable migrants may not know how the healthcare system works, what healthcare they are entitled to and whether they are eligible for government support.

Other barriers to accessing healthcare include the fear of being charged and the fear that their data will be shared with other authorities.

Some vulnerable migrants will face additional barriers in accessing public information because of language barriers and lack of access to technology.

There is potential for some groups to access information from unreliable sources or from countries where information is not relevant here.[129]

Opportunities/Challenges for the Future

Measures to mitigate health inequalities in this group are:[130]

- Where possible, make guidance available in multiple languages, and promote awareness of rights of access to healthcare services

- Raise awareness of resources for health professionals and community hubs to support migrant patients and clarifying the entitlements to free and chargeable NHS services.

- NHS services provided for the investigation, diagnosis and treatment for COVID-19 are free of charge, irrespective of immigration status.

- As well as translated guidance, videos with spoken guidance can help where there are issues with illiteracy in first languages (some languages are primarily oral). Audio-only guidance can be shared easily among communities.

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[128] The Organisation for Economic Co-operation and Development (OECD). What is the impact of the COVID-19 pandemic on immigrants and their children? October 2020. Available at: http://www.oecd.org/coronavirus/policy-responses/what-is-the-impact-of-the-covid-19-pandemic-on-immigrants-and-their-children-e7cbb7de/

[129] Refugee and asylum seeker patient health toolkit. BMA guidance. Available at: https://www.bma.org.uk/advice-and-support/ethics/refugees-overseas-visitors-and-vulnerable-migrants/refugee-and-asylum-seeker-patient-health-toolkit

[130] Public Health England, Local Government Association and the Association of Directors of Public Health. COVID-19 Suggestions for mitigating the impact on health inequalities at a local level. Available at: https://www.local.gov.uk/sites/default/files/documents/COVID-19%20Suggestions%20for%20mitigating%20the%20impact%20on%20health%20inequalities%20at%20a%20local%20level%20%282%29.pdf

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Indicators to Monitor

- Number of COVID-19 cases by ethnicity NB this will only partially cover the immigrant population because the data also includes native-born people with an ethnic minority background

Gypsy Roma Traveller Communities

Population Profile

Gypsy, Roma and Traveller (GRT) communities' experiences some of the poorest health outcomes, including:[131]

- significantly lower life expectancy (a study in Leeds found the difference was 28 years)

- higher maternal and infant mortality (The All Ireland Traveller health study found that the infant mortality rate for Travellers in Ireland was almost four times higher than in the general population)

- higher rates in GRT children of accidental injury and infections; high rates of accident and emergency department attendance; low/variable uptake of childhood immunisations; significantly increasing risk of vaccine preventable disease

- poor dental health, high unmet need and low dental registration

Local Findings

A key informant has highlighted the following as adverse effects of COVID-19 on gypsies and travellers:

- lockdown meant the closure of places that they relied upon for water and cleaning purposes for example, leisure centres, churches and petrol stations.

- worsening of already poor access to healthcare

- social distancing may have increased the prevalence of mental health problems - already high in this population

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[131] NHS. Improving uptake and delivery of health services to reduce health inequalities experienced by Gypsy, Roma, and Traveller people. Available at: https://www.england.nhs.uk/ltphimenu/improving-access/improving-uptake-and-delivery-of-health-services-to-reduce-health-inequalities-experienced-by-gypsy-roma-and-traveller-people/

Opportunities/Challenges for the Future

It has been suggested that provision of more permanent traveller sites could help with the problems highlighted.

The following interventions have been judged by the NHS to be acceptable and feasible methods to improve uptake and delivery of health services and thereby reduce health inequalities for GRT people:[132]

- Develop minimum standards of courtesy for all health service personnel including first points of contact e.g. receptionists, helpline staff

- Simplify GP and dentist registration, for example by allowing c/o addresses, flexible requirements for proof of address; and develop less punitive approaches to dealing with non-attendance or arriving late for appointments;

- Introduce literacy help cards throughout NHS (cards that can be presented to front line staff or receptionists to ask for discreet help with form-filling etc.) and provide alternatives to written information;

- Enhance GRT people's health literacy: e.g. awareness of health service-user rights, tips on how to communicate with healthcare professionals and confidence to ask questions

- Provide flexible services e.g. flexible times/'drop-in' services/multiple access routes, one-stop shop

- Use engagement with routine maternity and child health services to deliver wider health messages, especially relating to child oral health

- Increase collaborative working with those that already have trusted relationships with GRT communities, e.g. third sector organisations.

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[132] NHS. Improving uptake and delivery of health services to reduce health inequalities experienced by Gypsy, Roma, and Traveller people. Available at: https://www.england.nhs.uk/ltphimenu/improving-access/improving-uptake-and-delivery-of-health-services-to-reduce-health-inequalities-experienced-by-gypsy-roma-and-traveller-people/

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Looking Ahead - What Might the Future Bring?

Winter Pressure[133]

Seasonal flu happens every year and is a key driver of pressure on the NHS and deaths.

In winter 2017/18 influenza levels were high and this led to the deferral of all elective inpatient and outpatient NHS care in England throughout January.

Most cases of flu occur between December and March.

This year the flu season is likely to coincide with COVID-19. Those most at risk of flu will also be most at risk from COVID-19. It is not possible to predict how severe the flu season will be or how the transmission of SARS-CoV-2 might change in colder weather.

However, there are four other coronaviruses[134] that cause the 'common cold' and these tend to spread in winter like the flu virus.

Flu and COVID-19 have similar symptoms so cases of influenza are likely to put pressure on the COVID-19 test, trace and isolate system. Improved rapid point of care diagnostics will be important. Four influenza tests that deliver results in around 30 minutes are already available and the UK government has announced purchase agreements for two COVID-19 tests that give results in 90 minutes.

Flu immunisation works but the extent to which it reduces cases and NHS demand depends on a number of factors including vaccine availability, effectiveness[135], how many people are immunised and the timing of the immunisation.

Locally flu vaccination coverage varies between groups. People aged under 65 with health conditions and pregnant women are at risk but coverage in these groups is only about half in contract to coverage in the over 65s which is almost three quarters.

It is likely that international demand for flu vaccine will outstrip supply the UK government has stated that it has secured additional supplies.

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[133] UK Parliament. POST. Rapid Response. Influenza immunisation programme, NHS winter pressure and COVID-19. August 2020. Available at: https://post.parliament.uk/influenza-immunisation-programme-nhs-winter-pressure-and-COVID-19/?utm_source=POST&utm_campaign=02c008039d-EMAIL_CAMPAIGN_2020_07_20_04_41_COPY_01&utm_medium=email&utm_term=0_5928a699a4-02c008039d-103823078&mc_cid=02c008039d&mc_eid=a2898d8a66

[134] CDC, The Human Coronavirus: 229E [alpha COVID-19], NL63 [alpha COVID-19], OC43 [beta COVID-19] and HKU1 [beta COVID-19] Available at: https://www.cdc.gov/coronavirus/types.html

[135]CDC, Different strains of flu exist. The strains used in annual vaccines are selected in advance of the influenza season and in some cases the strains circulating in the population do not match those used in the vaccine. Available at : https://www.cdc.gov/flu/prevent/vaccine-selection.htm

Immunity[136]

The latest research suggests that antibodies to SARS-CoV-2 can be detected in recovered patients for up to 2-3 months after symptoms.

It is not yet clear whether infection with any of the four coronaviruses which cause the common cold lead to any protection to SARS-CoV-2 and, if so, how long it would last.

Vaccination[137]

The UK Government secured early access to 340 million doses of six different COVID-19 vaccine candidates. It is still unknown whether any of them will be able to protect from SARS-CoV-2. In case of a successful vaccine candidate, supply may be initially constrained and therefore priority groups need to be defined.

Public Finances

The lockdown has caused deep damage to public finances and the wider economy. The social and economic consequences of the crisis will have an impact on the population's health and mental wellbeing and risk deepening inequalities further.

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[136] UK Parliament. POST. Rapid Response. Immunity to COVID-19: August update. Available at: https://post.parliament.uk/immunity-to-COVID-19-august update/?utm_source=POST&utm_campaign=02c008039d-

[137] UK Parliament. POST. Rapid Response. COVID-19 vaccines: Immunisation and prioritisation of eligible groups. 27 August, 2020. Available at: https://post.parliament.uk/COVID-19-vaccines-immunisation-and-prioritisation-of-eligible-groups/?utm_source=POST&utm_campaign=02c008039d-EMAIL_CAMPAIGN_2020_07_20_04_41_COPY_01&utm_medium=email&utm_term=0_5928a699a4-02c008039d-103823078&mc_cid=02c008039d&mc_eid=a2898d8a66

Opportunities and Challenges for the Future

Public Health England, the Local Government Association and the Association of Directors of Public Health have produced a detailed document which describes actions that can be taken at a local level to mitigate the effects of COVID-19 on health inequalities. This is available at: https://www.local.gov.uk/sites/default/files/documents/COVID-19%20Suggestions%20for%20mitigating%20the%20impact%20on%20health%20inequalities%20at%20a%20local%20level%20%282%29.pdf

Evidence Gaps

As the pandemic is a relatively new phenomenon there is a shortage of data to describe its effects.

During the course of this work the collection of ethnicity data and, in particular, ethnicity data relating to deaths and maternity has been highlighted as an evidence gap.

The effect of lockdown on people's physical activity, diet and weight is as yet unclear.

Nationally, as a consequence of social care's hugely diverse and independent provision, there has been a lack of quality and timely service data and intelligence.

Further Information and Feedback

This report has been written with guidance and support from the Joint Strategic Needs Assessment (JSNA) Working Group. We welcome your comments and questions - please do contact us.

This document can be provided in alternative formats such as large print, audio recording or Braille.

Contact for comments, questions and alternative formats:

Janette Fulton, Tel: 01905 843359, Email: **jfulton@worcestershire.gov.uk**

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Appendix 1: Key Public Health Indicators

Overarching Indicators

	Range
Life expectancy Male	
Life expectancy Female	
Slope index of inequality Male	
Slope index of inequality Female	
Healthy life expectancy Male	
Healthy life expectancy Female	

Source: Public Health England (PHOF)

	Sex	Age	Period	Worcestershire		England		
				Count	Value	Value	Worst	Best
Life expectancy	Male	All ages	2016 - 18	-	80.0	79.6	74.5	83.9
Life expectancy	Female	All ages	2016 - 18	-	83.9	83.2	79.5	87.0
Slope index of inequality	Male	All ages	2016 - 18	-	8.1	9.5	15.2	3.8
Slope index of inequality	Female	All ages	2016 - 18	-	5.4	7.5	13.8	1.8
Healthy life expectancy	Male	All ages	2016 - 18	-	65.6	63.4	53.3	71.9
Healthy life expectancy	Female	All ages	2016 - 18	-	65.2	63.9	54.2	72.2

Source: Public Health England (PHOF)
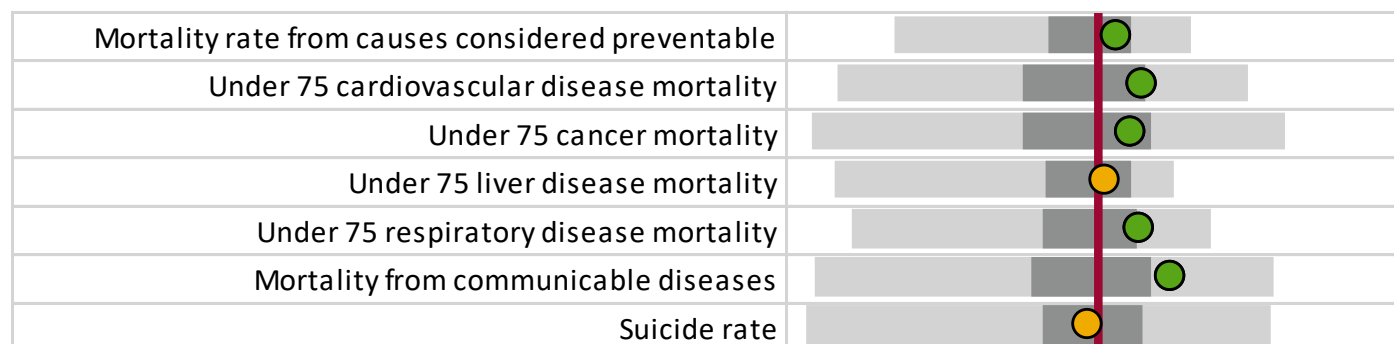
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Mortality

Source: Public Health England (PHOF)

	Sex	Age	Period	Worcestershire		England		
				Count	Value	Value	Worst	Best
Mortality rate from causes considered preventable	Persons	All ages	2016 - 18	3,255	169.0	180.8	318.0	118.9
Under 75 cardiovascular disease mortality	Persons	<75 yrs	2016 - 18	1,119	63.0	71.7	124.6	41.8
Under 75 cancer mortality	Persons	<75 yrs	2016 - 18	2,237	126.0	132.3	190.3	94.8
Under 75 liver disease mortality	Persons	<75 yrs	2016 - 18	310	18.1	18.5	45.1	11.0
Under 75 respiratory disease mortality	Persons	<75 yrs	2016 - 18	508	28.0	34.7	76.1	16.1
Mortality from communicable diseases	Persons	All ages	2016 - 18	177	8.9	11.3	20.9	5.4
Suicide rate	Persons	10+ yrs	2017 - 19	164	10.5	10.1	19.0	4.9

Source: Public Health England (PHOF)
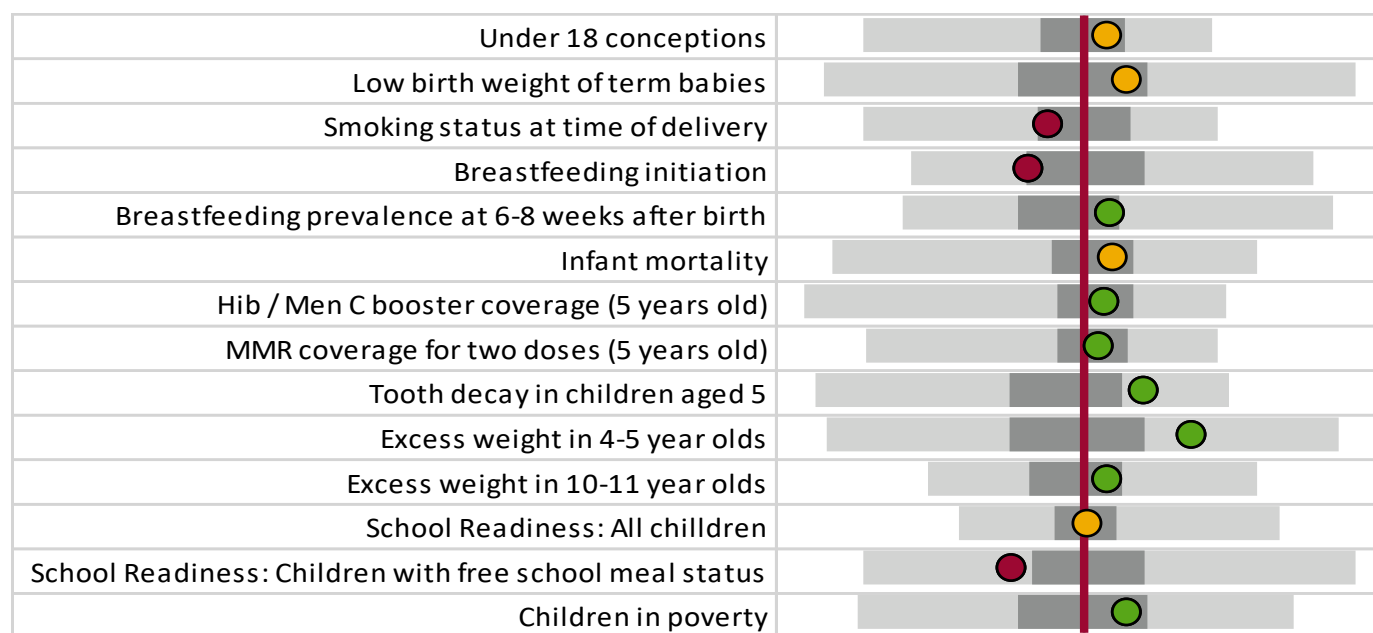
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Children and Young People

Under 18 conceptions		
Low birth weight of term babies		
Smoking status at time of delivery		
Breastfeeding initiation		
Breastfeeding prevalence at 6-8 weeks after birth		
Infant mortality		
Hib / Men C booster coverage (5 years old)		
MMR coverage for two doses (5 years old)		
Tooth decay in children aged 5		
Excess weight in 4-5 year olds		
Excess weight in 10-11 year olds		
School Readiness: All chilldren		
School Readiness: Children with free school meal status		
Children in poverty		

Source: Public Health England (PHOF)

	Sex	Age	Period	Worcestershire Count	England Value	Value	Worst	Best
Under 18 conceptions	Female	<18 yrs	2018	132	14.6	16.7	39.4	3.6
Low birth weight of term babies	Persons	>=37 weeks gestational age at birth	2018	129	2.6	2.9	4.6	1.0
Smoking status at time of delivery - current method	Female	All ages	2018/19	708	13.1	10.6	25.7	1.6
Breastfeeding initiation	Persons	Newborn	2018/19	3,210	59.6	67.4	43.6	98.7
Breastfeeding prevalence at 6-8 weeks after birth	Persons	6-8 weeks	2018/19	2,823	49.6	46.2	21.3	80.1
Infant mortality	Persons	<1 yr	2016 - 18	61	3.5	3.9	8.2	1.0
Hib / Men C booster coverage (5 years old)	Persons	2 yrs	2018/19	5,731	91.7	90.4	71.2	100.0
MMR coverage for two doses (5 years old)	Persons	5 yrs	2018/19	5,737	87.8	86.4	64.1	100.0
Tooth decay in children aged 5	Persons	5 yrs	2019/20	-	17.5	23.4	50.9	8.7
Excess weight in 4-5 year olds	Persons	4-5 yrs	2018/19	1,170	19.7	22.6	29.7	15.6
Excess weight in 10-11 year olds	Persons	10-11 yrs	2018/19	1,939	32.9	34.3	44.9	22.6
School Readiness: All chilldren	Persons	5 yrs	2018/19	4,493	72.0	71.8	63.1	85.1
School Readiness: Children with free school meal status	Persons	5 yrs	2018/19	402	51.5	56.5	41.4	75.0
Children in poverty	Persons	0-19 yrs	2016	16,250	14.1	17.0	32.5	2.8

Source: Public Health England (PHOF)
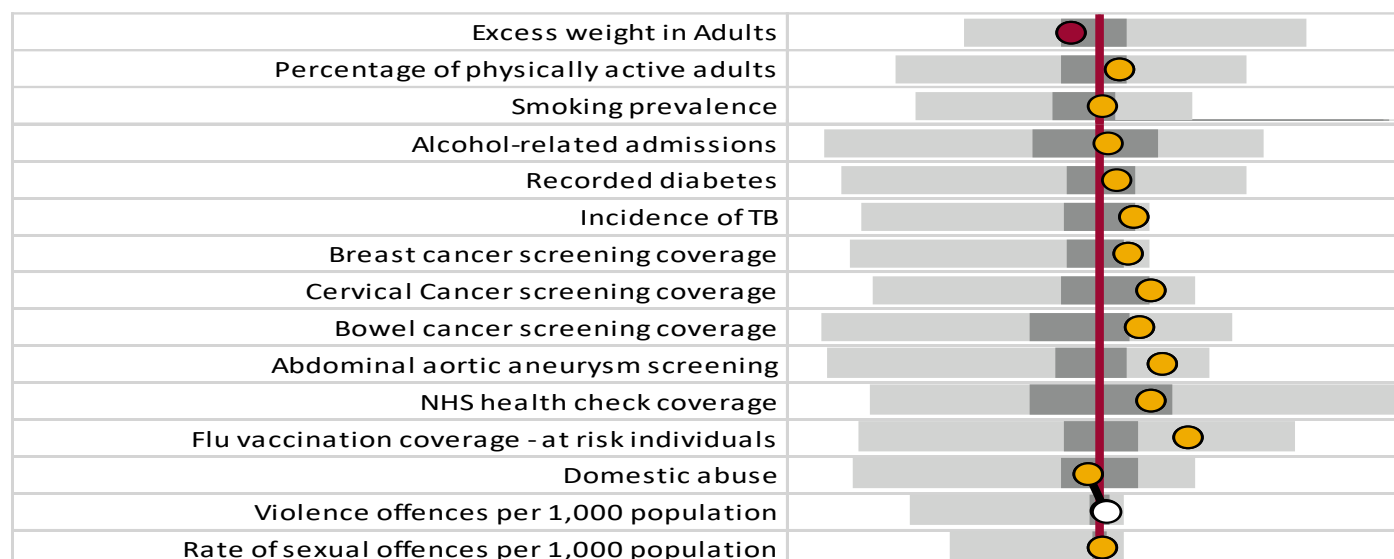
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Adult Health

Source: Public Health England (PHOF)

	Sex	Age	Period	Worcestershire		England		
				Count	Value	Value	Worst	Best
Excess weight in Adults	Persons	18+ yrs	2018/19	-	65.1	62.3	75.9	41.7
Percentage of physically active adults	Persons	19+ yrs	2018/19	-	69.3	67.2	46.7	82.0
Smoking prevalence	Persons	18+ yrs	2019	51,283	14.7	14.9	27.4	8.8
Alcohol-related admissions	Persons	All ages	2018/19	4,002	651.3	663.7	1,126.9	389.4
Recorded diabetes	Persons	17+ yrs	2018	-	80.1	78.0	43.3	97.5
Incidence of TB	Persons	All ages	2016 - 18	60	3.4	9.2	49.3	0.7
Breast cancer screening coverage	Female	53-70 yrs	2019	57,029	78.2	74.5	40.8	81.1
Cervical Cancer screening coverage	Female	25-49 yrs	2019	69,685	74.9	69.8	46.8	79.4
Bowel cancer screening coverage	Persons	60-74 yrs	2019	64,325	62.7	60.1	41.3	69.0
Abdominal aortic aneurysm screening	Male	65	2018/19	3,206	87.5	81.3	53.7	92.3
NHS health check coverage	Persons	40-74 yrs	2015/16 - 19/20	86,282	48.2	41.3	10.2	80.8
Flu vaccination coverage - at risk individuals	Persons	6 months-64 yrs	2019/20	36,049	50.7	44.9	28.7	58.1
Domestic abuse	Persons	16+ yrs	2018/19	-	29.1	27.4	60.7	14.7
Violence offences per 1,000 population	Persons	All ages	2018/19	14,469	24.6	27.8	156.0	11.8
Rate of sexual offences per 1,000 population	Persons	All ages	2018/19	1,387	2.4	2.5	12.7	0.9

Source: Public Health England (PHOF)

Older People
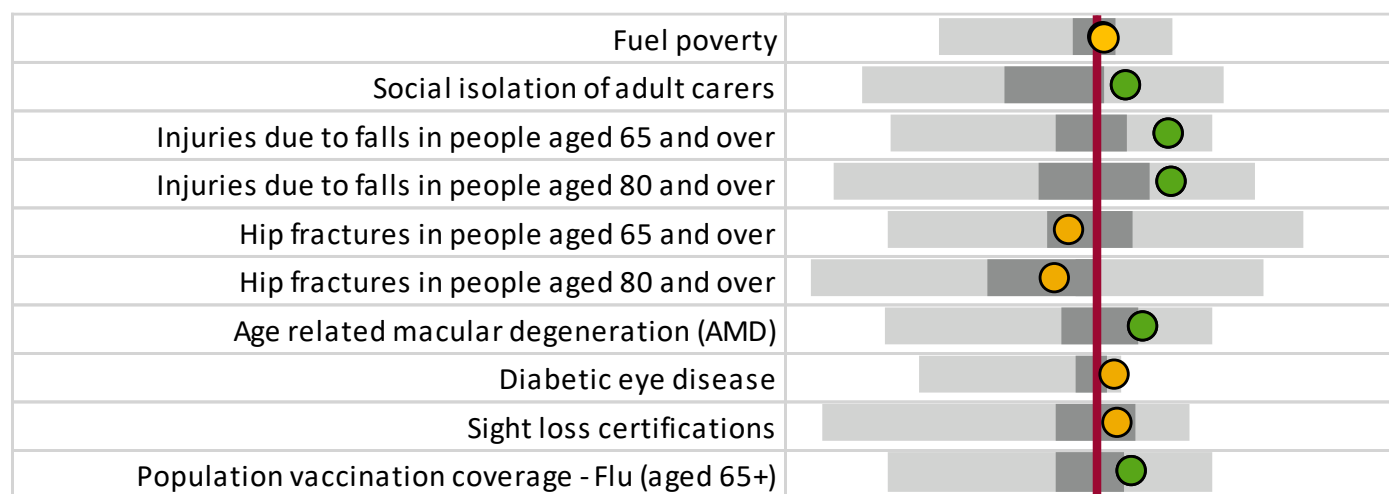
Source: Public Health England (PHOF)

	Sex	Age	Period	Worcestershire		England		
				Count	Value	Value	Worst	Best
Fuel poverty	Persons	Persons	2018	25,145	9.9	10.2	20.9	5.2
Social isolation of adult carers	Persons	18+	2018/19	170	38.4	35.5	11.7	48.1
Injuries due to falls in people aged 65 and over	Persons	65+ yrs	2018/19	2,320	1,730.2	2,197.5	3,591.9	1,430.2
Injuries due to falls in people aged 80 and over	Persons	80+ yrs	2018/19	1,600	4,554.0	5,542.7	9,105.5	3,409.9
Hip fractures in people aged 65 and over	Persons	65+ yrs	2018/19	790	586.5	558.4	771.7	350.4
Hip fractures in people aged 80 and over	Persons	80+ yrs	2018/19	565	1,609.6	1,489.2	2,262.9	1,041.3
Age related macular degeneration (AMD)	Persons	65+ yrs	2018/19	110	82.6	112.3	256.2	34.1
Diabetic eye disease	Persons	12+ yrs	2018/19	10	2.0	3.1	15.2	1.5
Sight loss certifications	Persons	All ages	2018/19	227	38.3	43.4	117.8	18.9
Population vaccination coverage - Flu (aged 65+)	Persons	65+ yrs	2019/20	101,963	74.8	72.4	58.3	80.1

Source: Public Health England (PHOF)

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Appendix 2: Impact Tables

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Section Heading	Determinant of Health/ Wellbeing	Description of COVID-19 Impact	Effect on Health (Positive/ Negative/ Unclear)	Likelihood of impact	Intensity/ Severity of Impact on Health	Possible Timing of Impact	Rationale	Mitigation or Action	Outcomes or Indicators to Monitor
Alcohol and Tobacco Consumption	Alcohol intake	Increase in alcohol intake	**Negative**	**Probable**	**Moderate**	**Short-term**	A survey of over 2,000 people commissioned by Alcohol Change UK found more than a quarter of current and former drinkers thought they had drunk more during lockdown. Heavier drinkers were more likely to say they had increased the amount they drank. https://alcoholchange.org.uk/blog/2020/drinking-in-the-uk-during-lockdown-and-beyond. Local services are seeing Increasing referrals for high risk problems, particularly homeless people	Joint work with services to map increase in referrals, review accomodation and implement some digital solutions. Established Recovery group to review progress meets weekly. Successful bid for accommodation and support to MHCLG to prevent homelessness	Number of alcohol users in treatment, treatment completion without presentation, Alcohol related A&E and hospital admissions, CIN/CP referrals for parents linked to drug/alcohol use
	Smoking	Increased motivation for smokers to quit and stay smoke free	**Positive/ Opportunity**	**Possible**	**Major**	**Short, Medium and Long term**	Data from the UCL Smoking Toolkit Study show that in England in 2020 there has been an increase of nearly a quarter (22%) in quit attempts compared to 2019 and an increase of almost two-thirds in the quitting success rate from 14% to 23%, the highest since at least 2007	Using the population's increased awareness of health and wellbeing to continue a drive towards healthy living including a renewed focus on stop smoking and switching to harm reducing devices.	Smoking prevalence and differences in smoking prevalence between groups
Black, Asian and Minority Ethnic (BAME) Groups	Access to information	Difficulties with keeping up to date with information about keeping themselves and others safe	**Negative**	**Probable**	**Moderate**	**Short-term**	A survey of the general public conducted by Healthwatch Worcestershire in collaboration with the NHS and Worcestershire County Council found that more respondents in the 'white other' group found it difficult to keep up to date with information about keeping themselves and others safe compared with 'White British' respondents. Significantly more respondents in the 'White Other' group (13%) said they had additional communication needs in comparison with 'White British' respondents (7%)	Continue to draw on language and translation services. Ensuring a responsive translation when necessary.	

	Ethnicity	BAME groups at greater risk of infection and more vulnerable to severe illness and death from Covid-19	**Negative**	**Probable**	**Major**	**Short-term**	During the first wave of the pandemic the death rate from COVID-19 was higher among people of Black, Bangladeshi and Pakistani, Indian, and Other ethnicity compared with those of White ethnicity. Nationally, the mortality rate from COVID-19 has been highest among black men. Even after taking into account other factors that are likely to affect risk of exposure and dying once infected the rate of death involving COVID-19 among black males was twice as great as comparable white males.	Continued protection against Covid-19 by use of facemasks, social distancing, handwashing. etc Nationally, Public Health England have recommended the following actions: Improve ethnicity data collection and recording including collection of ethnicity data at death certification Support community participatory research Improve access, experience and outcomes of NHS, local government and integrated care systems by BAME communities Accelerate the development of culturally competent occupational risk assessment tools Fund, develop and implement culturally competent COVID-19 education and prevention campaigns Accelerate efforts to target culturally competent health promotion and disease prevention programmes Ensure that COVID-19 recovery strategies actively reduce inequalities caused by the wider determinants of health	Mortality rates and number of Covid-19 cases among non-White ethnic groups
Business and Economy	Strength of the Economy	Decline in GDP across all sectors due to lockdown restrictions and slow recovery	**Negative**	**Probable**	**Major**	**Short, medium and long term**	Nationally, the economy in terms of the GDP shrunk by around one quarter between February and April. Between May and July it recovered somewhat but remained smaller than before the pandemic, at around a 12% decrease on February's figures. At the time of writing the most recent economic figures showed more signs of recovery, retail sales are above pre-pandemic levels and there was a large take up of the eat out to help out scheme in August (https://www.ons.gov.uk/economy/grossdomesticproductgdp/datasets/monthlygdpandmainsectorstofourdecimalplaces)	Supporting businesses working in most vulnerable industries.	GDP by sector, number of employees and businesses in Worcestershire working in sectors particularly affected by any future Covid-19 related restrictions are due to slow recovery, number of local businesses temporarily closing or losing business, local business confidence.
	Better transferable skills	People taking on new skills, responsibilities and working practices since the Covid-19 pandemic	**Positive/ Opportunity**	**Possible**	**Moderate**	**Short, medium and long term**	Among those who had a paid job or did casual work for payment, over 60% have had to work in new ways. About a quarter of workers have indicated that they have had to use new equipment, with similar proportions saying they have had to learn new skills and experience have had to take on new responsibilities (https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/coronavirusandthesocialimpactsongreatbritain/25september2020).	Ensuring / encouraging employees to keep using the new skills that they have learned in response to Covid-19 and for employers to use employees in their new roles. Encouraging working from home at least some of the time if beneficial to both businesses and employees in terms of work-life balance – it is recognised that not all employers experience better work / life balance or enjoy the adaptation to working from home.	Proportion of people working from home; proportion of people learning new skills, taking apprenticeships, or working in new ways.

	Inability to work amongst key workers	Key workers being unable to work due to accessibility issues, contracting Covid-19 or having symptoms and unable to get a timely, nearby test, lacking childcare or being at risk due to being in a vulnerable group.	Negative	Probable	Major	Short-term	The ONS has reported that: 15% of key workers were at moderate risk from coronavirus (COVID-19) because of a health condition. The most common health conditions reported were heart problems (6%), followed by chest and breathing problems (5%). Proportions at risk are similar among non-key workers, at 14%. 31% of key workers have children aged between 5 and 15 years; 16% have children aged 4 years or under. 14% of those in key public service occupations reported being able to work from home. (https://www.ons.gov.uk/employmentandlabourmarket /peopleinwork/earningsandworkinghours/articles/coro navirusandkeyworkersintheuk/2020-05-15)	Ensuring key workers are safe, mentally and physically well, have childcare and family support, and able to continue their duties going forward as Covid-19 cases potentially increase in the future and in the wake of any future further national or local lockdowns. WCF to continue to support children of key workers where educational settings need to close.	Number of key workers testing positive for Covid-19, number of key workers able to access and do their job
	Better work/life balance	New working practices	Positive/ Opportunity	Possible	Moderate	Short, medium and long term	According to the Opinions and Lifestyle Survey (Covid-19 module), 16 to 20 September among those who had a paid job or did casual work for payment, over 60% have had to work in new ways. In April approximately 20% of respondents had been asked to work from home. However, it is recognised that not all employees experience better work / life balance or enjoy the adaptation to working from home.	Ensuring / encouraging employees to keep using the new skills that they have learned in response to Covid-19 and for employers to use employees in their new roles. Encouraging working from home at least some of the time if beneficial to both businesses and employees in terms of work-life balance – it is recognised that not all employees experience better work / life balance or enjoy the adaptation to working from home.	Proportion of people working from home
Carers	Caring role (unpaid)	Having more caring responsibilities for example caring for older relatives	Negative	Probable	Moderate	Short-term	In April, around one-third (32%) of adults who reported giving help or support, were helping someone who they did not help before the pandemic. One-third (33%) also reported giving more help to people they helped previously (https://www.ons.gov.uk/peoplepopulationandcommun ity/healthandsocialcare/conditionsanddiseases/article s/morepeoplehavebeenhelpingothersoutsidetheirhous eholdthroughthecoronaviruscovid19lockdown/2020-07-09).	Work is continuing to identify appropriate mitigations	Census of Population 2011 GP Patients Survey Carers List Survey of Adult Carers in England
	Caring role (unpaid)	Increased isolation for people who have been shielding/caring for someone who has been shielding	Negative	Confirmed	Moderate	Short-term	Feedback from carers to local support services and research by Carers UK indicates some are feeling increased isolation	Proactive calls to carers	Percentage of adult carers who have as much social contact as they would like (Survey of Adult Carers in England)
	Caring role (unpaid)	Carers unable or unwilling to access respite/carer breaks leading to increased carer stress and anxiety	Negative	Confirmed	Moderate	Short-term	Feedback from carers to local support services	Work is continuing to identify appropriate mitigations	Carers using respite breaks, Feelings of stress (Survey of Adult Carers in England)
	Caring role (unpaid)	Prolonged anxiety - carers being very anxious both about their own health and ability to care, and keeping the person they care for safe	Negative	Confirmed	Moderate	Short-term	Feedback from carers to local support services	Work is continuing to identify appropriate mitigations	Measures of wellbeing (Survey of Adult Carers in England)

Caring role (unpaid)	Anxiety about the health and safety of loved ones in care homes; frustration and concern at not being able to see them; breakdown of important family relationships (e.g. where the person in the care home has dementia); impact on wellbeing of the person in the care home	**Negative**	**Confirmed**	**Moderate**	**Short-term**	Feedback from carers to local support services	Work is continuing to identify appropriate mitigations	Carer-reported quality of life score (Survey of Adult Carers in England)
Income	The financial impact of people giving up work to take on caring roles	**Negative**	**Possible**	**Moderate**	**Long-term**	Feedback from carers to local support services.	Work is continuing to identify appropriate mitigations	Financial difficulties (Survey of Adult Carers in England)
Caring role (unpaid)	Carers concerned about having care workers in to provide homecare, so carrying out moving and handling/personal care tasks on their own without support	**Negative**	**Probable**	**Major**	**Short-term**	Feedback from carers to local support services.	Work is continuing to identify appropriate mitigations	
Income	More families needed financial support	**Negative**	**Confirmed**	**Moderate**	**Short-term**	Feedback from local support services for young carers	Work is continuing to identify appropriate mitigations	
Availability of food	Young carers turned away from supermarkets and discriminated against as they are children and 'should not be out of their house'.	**Negative**	**Confirmed**	**Moderate**	**Short-term**	Feedback from local support services for young carers	Work is continuing to identify appropriate mitigations	
Social Anxiety	Young carers struggling to cope with a return to normality. Fear of passing virus on to vulnerable family members, but also fear of having to re-engage with peers and build friendship groups. Some young carers have been reclusive even after the rules were relaxed.	**Negative**	**Confirmed**	**Moderate**	**Short-term**	Feedback from local support services for young carers	Work is continuing to identify appropriate mitigations	
Transition to High School	Increased anxiety about transition to high school	**Negative**	**Confirmed**	**Moderate**	**Short-term**	Feedback from local support services for young carers	Work is continuing to identify appropriate mitigations	

	Caring role (unpaid)	Ability to give unpaid care to others	**Negative**	**Probable**	**Major**	**Short-term**	The ONS Opinions and Lifestyle Survey has been collecting people's experiences from the start of lockdown. Between 3 April and 10 May 2020, 79% of adults said they were very or somewhat worried about the effect that coronavirus (COVID-19) was having on their life and 11% of these said their caring responsibilities had been affected by the pandemic. Almost half (47%) who said their caring responsibilities had been affected said they were unable to care for someone they usually supported, for example, by being unable to spend as much time as they would like with them or being unable to travel to them. Nearly 15% also said they had to organise remote support for someone vulnerable and 9% said that paid support had reduced (https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/morepeoplehavebeenhelpingothersoutsidetheirhouseholdthroughthecoronaviruscovid19lockdown/2020-07-09)	Work is continuing to identify appropriate mitigations	Levels of unpaid care
Children and Young People	Criminality	Young people at greater risk of recruitment to criminal gangs	**Negative**	**Speculative**	**Moderate**	**Short-term**	A report by the Children's Commissioner for England states that there is a "real risk" of criminal gangs recruiting young people out of school during the lockdown. However, as part of a BBC news report it has been speculated that the control measures could help teenagers caught up in drug violence turn their lives around (https://www.ljmu.ac.uk/~/media/phi-reports/2020-07-direct-and-indirect-impacts-of-covid19-on-health-and-wellbeing.pdf)	Work is continuing to identify appropriate mitigations	
	Safeguarding	Safeguarding issues not being picked up (hidden)	**Negative**	**Probable**	**Moderate**	**Short-term**	There are concerns that child abuse may be going unreported during lockdown. For children already living in difficult circumstances, access to the safety net of support and supervision of professionals from schools, health and social care is reduced by lockdown and school closures (https://www.ljmu.ac.uk/~/media/phi-reports/2020-07-direct-and-indirect-impacts-of-covid19-on-health-and-wellbeing.pdf)	Work is continuing to identify appropriate mitigations	
	Access to mental health services	CAHMS - impact on referral, assessment and support due to lockdown restrictions. Greater demand for service due to rise in children and young people's mental health due to COVID-19 pandemic.	**Negative**	**Speculative**	**Major**	**Short-term**	A survey for the Early Intervention Foundation by Ipsos MORI highlights parents' concern for their children's mental health and wellbeing as they return to school, often for the first time since March. The survey also showed parents' strong desire for schools to do more to support pupils to cope at this time (https://www.eif.org.uk/blog/parents-are-concerned-about-the-mental-wellbeing-of-children-returning-to-school-and-they-want-schools-to-help)	Partnership working with CCG on protocols. Partnership working with CCG on protocols	Percentage of children seen for Choice Assessment within 8 weeks of CAMHs referral

Requirement to 'Stay at home' and closure of social spaces	Lack of social interaction and reduction in physical activity impacting on children and young people's mental and physical wellbeing	Negative	Confirmed	Major	Short-term	Parents reporting their child's mental health/ wellbeing worsened during lockdown. Social isolation and concerns about illness contributing. A local survey across Herefordshire and Worcestershire for children and young people in contact with mental health services and their parents found that 52% said their mental health and wellbeing was a little bit or a lot worse since the start of the coronavirus outbreak.	Communications - online activities Partnership working with the voluntary sector i.e. Ready Steady Worcestershire Here 2 Help Corporate approach/model to wellbeing	Here to help data? Web hits on comms messages/links to activities
Access to education, health and care services for children/ young people with Special Educational Needs and Disability	Delay or reduction in provision for health needs specific to individual SEND Children with SEND at greater risk if isolated due to COVID-19	Negative	Speculative	Uncertain	Short-term	Highlighted as a concern by local childrens services	SEND Improvement programme - facilitating partnership working SEND Improvement programme - facilitating partnership working	Fortnightly DfE return on SEND demand, numbers with an EHCP plan etc SEND Improvement Dashboard quarterly indicators for health
Reduction in household Income and financial stability causing poverty and poor diet.	Effect on adults job security and financial impacts of unexpected periods off work with limited sick pay, children being at home more and having to pay for food and other expenses. Changes to provision of free school meals/vouchers causing poverty, hunger, diet	Negative	Probable	Uncertain	Short-Medium term	Impacts of poverty on children's long-term development are well documented – especially on academic performance and family relationships. In Worcestershire the unemployment claimant count increased by 11,200 between March and August 2020.	free school meal provision in school or vouchers Holiday hunger Project (WCF and partnerships) Here2Help free school meal provision in school or vouchers Holiday hunger Project (WCF and partnerships) Here2Help	Take up of free school meals Holiday Hunger data Here 2 Help data
Time with the family	Increased opportunity to spend time with family	Positive/ Opportunity	Probable	Moderate	Short-term	Information from a key informant		

Early intervention	Ability of services to support children and families has been seriously affected	Negative	Confirmed	Moderate	Short-term	The Local Government Association (LGA) has raised concerns that vulnerable children are missing out on vital support during the COVID-19 crisis, warning that some councils are seeing up to a 50% decline in referrals of children to social care. Research by the Early Intervention Foundation with heads of early intervention and help services, head teachers and practitioners highlights the biggest challenges may be yet to come. There was a widespread assumption among the participants that there would be a significant spike in early help and social care referrals once the social distancing and lockdown measures are eased (https://www.ljmu.ac.uk/~/media/phi-reports/2020-07-direct-and-indirect-impacts-of-covid19-on-health-and-wellbeing.pdf)	Commissioners should note impacts and ensure services are designed and/or reconfigured to provide sufficient mitigation.	
Adverse Childhood Experiences (ACEs)	Children experiencing adverse childhood experiences including domestic abuse, parental conflict and substance misuse due to household isolation	Negative	Probable	Major	Short-Medium term	A signal from the GETSAFE dashboard has been seen locally and there have been more requests for information on domestic abuse	Safeguarding and Social Care COVID-19 service protocols. Here 2 Help Safeguarding and Social Care COVID-19 service protocols. Here 2 Help	Social Care fortnightly DfE data return GETSAFE Hub Hazards Profile data CSE and children missing data: -CSE Identification (risk factor on contacts & Assessments) -CSE Experiencing/Vulnerable (taken from the Getafe Flags) -Children who go missing -Children who go missing whilst at risk of CSE
Return to education	Effect of return to education on mental health, wellbeing and anxiety.	Unclear	Possible	Uncertain	Short-term	National survey data re: parents' concern for pupils' mental health and wellbeing – especially returning to school. 51% of parents were concerned about their child's mental health or wellbeing. In addition to the Impact on mental wellbeing of children, local services are seeing an impact on parents/young people as well with a number of cases where the mental health has been severely affected by lockdown and they have become more reclusive or anxiety about returning to school/college for themselves or their children has increased massively. This is a mix of individuals who had known anxiety issues pre-COVID-19 but also now there are individuals who we have no record of previous anxiety issues.	Worcestershire Children First 'Back to School Project'. Commissioners to note impacts and ensure services are designed and/or reconfigured to provide sufficient mitigation against impact.	Take up and outcomes of 'Back to School' project

Communities	Social Cohesion	A feeling that the country will be more united and kinder once we have recovered from the pandemic	**Positive/ Opportunity**	**Possible**	**Moderate**	**Medium-Long term**	In April 2020 findings from the weekly Office for National Statistics (ONS) Opinions and Lifestyle Survey were that people thought Britain would be more united after we have recovered from the pandemic, 46% of respondents vs 24% before the pandemic. However, by June 2020, this belief had declined to 28% of respondents. Most people also expected that inequalities in society would remain. This expectation was broadly stable between April and June. There was only a small difference in the proportion of the population who thought that Britain was equal before the pandemic (19%) and the proportion who thought that it will be equal after we recover from the pandemic (22%). But interestingly, in June, there was still a belief that we will be a kind nation after the pandemic, perhaps because of the many stories of individual kindness heard or experienced over this time	Work is continuing to identify appropriate mitigations	
	Civic Participation	Increased civic participation including increased volunteering and the formation of new volunteer groups	**Positive/ Opportunity**	**Confirmed**	**Moderate**	**Short-term**	Up to 17/09/2020 there were: - 1288 individual volunteers registered to provide support to local residents through the Here2Help scheme - 565 organisations registered to provide support to local residents through the Here2Help scheme. This figure includes 289 local, regional and national businesses, 94 voluntary organisations, 34 public sector organisations and 137 community groups. During the early stages of the pandemic and national lockdown, a number of community groups and Facebook groups were set up by residents to link up and provide support to others in their local area, whether that be a town or city, village or ward.	Seek ways to build on this response	Number of volunteers
Community Safety and Crime including Domestic Abuse	Domestic abuse	Increase in domestic abuse	**Negative**	**Possible**	**Major**	**Short-term**	Following a reduction at the start of the lockdown period, reported domestic abuse offences increased following the easing of restrictions but are now (as of October 2020) at levels anticipated for the time of year. Interestingly, local commentators have suggested that all Worcestershire domestic abuse support provision, and in particular, the help line have seen increasing	Joint work with housing and domestic abuse services to map increase in referrals, review accomodation and implement some digital solutions. Review of accommodation and support provision. Complete needs assessment for implementation of domestic abuse bill. Future joint planning and commissioning to meet needs across Police and Crime Commissioner,	Domestic abuse referrals. Crime statistics for domestic abuse. Admissions to A&E, CIN and CP data/referrals for homelessness linked to domestic abuse
	Domestic abuse	Intervention has been delivered using virtual and digital platforms	**Negative**	**Speculative**	**Uncertain**	**Short-term**	Speculation by a key informant	Commissioners should note impacts and ensure services are designed and/or reconfigured to provide sufficient mitigation.	
	Accommodated in domestic abuse refuge or safe house	Units may not necessarily be suitable for isolation	**Negative**	**Confirmed**	**Moderate**	**Uncertain**	Information from a key informant	Provision of separate units of accomodation	

Theme	Impact	Nature	Likelihood	Severity	Timescale	Commentary	Recommendation	Data source
Overall crime	Decrease in crime	Positive/ Opportunity	Probable	Moderate	Short-term	Locally, Total Recorded Crime reduced significantly during the lockdown but has since increased, however, at the time of writing (October 2020) it remains below the average for the time of year.	Crime Data	Crime statistics
Antisocial behaviour	Increase in antisocial behaviour	Negative	Probable	Moderate	Short-term	Antisocial behaviour peaked in April 2020 and the numbers have reduced since then, but they are still higher than usual. They are mainly classified as nuisance offences. There is no evidence that they are linked to children.	Police Data	Crime data for antisocial behaviour
Hate crime	Increase in hate crime	Negative	Probable	Moderate	Short-term	Hate crime increased in May, June and July, but has now returned to the average number of offences we would see this time of year. The majority remains race-related; there has been no change in the proportion. The number of offences in Q2 was similar to the number in Q2 last year	Commissioners should note impacts and ensure services are designed and/or reconfigured to provide sufficient mitigation.	Crime data for hate crime
Use of Nitrous Oxide	Increase in the use of Nitrous Oxide	Negative	Speculative	Minimal	Short-term	It has been speculated that there may have been an increase in the use of nitrous oxide as a recreational drug. However, it is possible that this is an issue of perception and increased reporting as people are using public spaces more and therefore noticing discharged canisters	Continued messaging about the health harms of nitrous oxide	Hospital admissions, treatment referrals
Drug Abuse	Increase in drugs related offences	Negative	Probable	Moderate	Short-term	There was an increase in drug offences during the lockdown period but numbers in October 2020 were back within the normal range. This increase was mirrored across other forces so is unlikely to relate to any issues particular to Worcestershire. Factors might include it being easier for police officers on patrol to spot people that were not complying with lockdown rules as they were selling/buying drugs	Commissioners should note impacts and ensure services are designed and/or reconfigured to provide sufficient mitigation.	Drug related deaths
Fraud	Increase in cyber crime	Negative	Confirmed	Moderate	Short-term	Cyber-crime increased during lockdown. This was part of an on-going trend in increasing numbers which was accelerated during lockdown. COVID-19 creates emotional tension which may have led to additional vulnerability to scams	Continued messaging	Referrals to Action Fraud
Radicalisation	The protection that social and community networks provide against radicalisation is reduced by social distancing	Negative	Possible	Moderate	Medium-term	A key informant has highlighted that the isolation of lockdown: 1. Marginalises vulnerable individuals, making them more susceptible to radicalisation and more likely to spend time alone on the internet. 2. Decreases their exposure to the usual controls	Front line worker awareness	Reports in to channel

Page 202	Sexual Offences	Reduction in reported sexual offences	**Positive/ Opportunity**	**Possible**	**Moderate**	**Short-term**	There was a decrease in reported sexual offences in April 2020. They increased in the following months and are currently still slightly higher than the average for this point in the year (October 2020). Providers of support services for victims of sexual offences have identified that some service users are more reluctant to take the offer of virtual support. Services such as counselling are also being impacted. Services were struggling with providing support to children during lockdown virtually but are now slowly going back into schools. In addition, service providers are finding that clients are seeking support for COVID-19 related anxieties in addition to the reason for the original referral.	Commissioners should note impacts and ensure services are designed and/or reconfigured to provide sufficient mitigation.	Crime statistics, support services for victims of sexual offences - no. of referrals, engagement rates, positive outcomes achieved, length of time in service
	Drug Abuse	Increase in adult referrals for drug treatment requiring advice and support for recovery	**Negative**	**Confirmed**	**Moderate**	**Short-term**	Local services are seeing Increasing referrals for high risk problems, particularly homeless people	Joint work with services to map increase in referrals, review accomodation and implement some digital solutions. Established Recovery group to review progress meets weekly. Successful bid for accommodation and support to MHCLG to prevent homelessness	Homelessness data, NDTMS, A&E and hospital admissions, drug related deaths, CIN/CP referrals for parents linked to drug/alcohol use
	Support from specialist providers for victims of sexual offences	Reduction in face to face support from specialist providers	**Negative**	**Confirmed**	**Moderate**	**Short-term**	Service providers have identified that some service users are more reluctant to take the offer of virtual support. Services such as counselling are also being impacted. Services were struggling with providing support to children during lockdown virtually but are now slowly going back into schools. In addition, service providers are finding that clients are seeking support for COVID related anxieties in addition to reason for original referral.	Some face to face sessions are being carried out but only if there is a specific and urgent need, and where it is safe to do so. Service providers are finding creative and safe ways to offer support. Providers are looking at long term ways to offer the support in a safe space in person.	No. of referrals, engagement rates, positive outcomes achieved, length of time in service
	Criminal Justice	Backlog in court cases being held	**Negative**	**Confirmed**	**Moderate**	**Short-term**	Courts have a significant backlog of cases due to court closures. Local service providers who are supporting victims are seeing increases in support required for these clients as well as clients disengaging in service.	A variety of options are being explored, along with weekly CJS update calls between partners.	Lead in times for cases, no.'s of victims and witnesses being supported, court outcome data
Deprivation	Level of deprivation	Higher rates of Covid-19 cases and deaths in deprived areas	**Negative**	**Possible**	**Major**	**Short-term**	Nationally, death rates from COVID-19 in the most deprived areas have been more than double the least deprived areas. There is some evidence that this is also the case locally with higher rates of death per 10,000 population in deprived areas in Worcestershire in the March - July period.	Continued protection of the vulnerable cohort via wearing facemasks, social distancing, handwashing. etc Potential for higher scale local lockdowns or certain measures if cases continue to rise.	Case and mortality rates in deprived areas
Diet and Physical Activity	Physical activity	The COVID-19 pandemic affecting the exercise routine of residents	**Negative**	**Possible**	**Moderate**	**Short-term**	Indicators from the Opinions and Lifestyle Survey suggest that 23% of people have had their regular exercise routine affected due to the Covid-19 outbreak (https://www.ons.gov.uk/releases/coronavirusandthesocialimpactsongreatbritain4september2020)	It will be important to promote the importance of physical activity for maintaining health	People using leisure facilities including leisure centres

Category	Aspect	Description	Effect	Likelihood	Magnitude	Duration	Evidence/Notes	Mitigation/Action	Indicators
	Lifestyle/behaviour	An increased awareness of weight could mean people taking more care of themselves	**Positive/ Opportunity**	**Speculative**	**Moderate**	**Short-term**	Suggestion from a key informant.	Build on this awareness and promote the importance of physical activity and good diet for maintaining health	People using leisure facilities including leisure centres; Estimates of physical activity; the estimated prevalence of overweight and obesity
	Physical activity	Increased walking and cycling	**Positive/ Opportunity**	**Speculative**	**Moderate**	**Short-medium term**	The pedestrian data from Diglis Bridge Worcester shows that currently walking levels are on par with the same week in 2019. Both Worcestershire and National data shows that there is a direct correlation in cycling levels and weather. There has been a steady decline in cycling since lockdown ended. Storms Ellen and Francis in mid to late August can be seen to have had a direct impact on cycling levels.	Promote the importance of physical activity for maintaining health. Use of the planning system to promote healthy weight environments	Estimates of physical activity
	Diet and nutrition	Increased eating	**Negative**	**Probable**	**Major**	**Short, medium and long term**	Societal changes required to manage the coronavirus may have promoted weight gain. This is due to the adverse impact on socio-economics, physiological health and the metabolic impact of elevated stress, emotional eating and physical inactivity. The pandemic has reduced access to weight management support and many people living with obesity have used food to manage their emotions during the COVID-19 lockdown. COVID-19 has adversely impacted self-reported dietary and physical activity behaviours in many people (Public Health England. Supporting weight management services during the COVID-19 pandemichttps://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/915274/WMS_Report.pdf)	Promote the importance of good diet for maintaining health including promotion of the Eatwell Guide. Use of the planning system to promote healthy weight environments	Estimated prevalence of overweight and obesity in adults and the results from the National Child Measurement Programme (NCMP)
Digital Media Use	Better / transferable digital media and internet use skills	Increase of digital media use and social media in response to the Covid-19 pandemic	**Positive/ Opportunity**	**Possible**	**Moderate**	**Medium-term**	The early days of the Covid-19 pandemic saw increases in media consumption behaviour in the UK. In particular, the Covid-19 Media Behaviours Report in March 2020 suggested that 40% of respondents were using social media more, a third were using Facebook more and 28% were using WhatsApp more. Ofcom's annual Online Nation report suggested that during the height of the lockdown adults were spending a record 4 hours a day online on average, whilst twice as many were using video calls to keep in touch during the lockdown (https://www.prweek.com/article/1677915/bbc-sky-guardian-most-trusted-news-brands-thanks-coronavirus-coverage)	Work is continuing to identify appropriate mitigations	Number of people online, and with access to the internet; number of people accessing social media.

Education	Closure of education settings	Children at higher risk of exploitation due to availability Impact on holistic development Future educational achievement on holistic needs including health Greater impact on vulnerable learners being out of school	**Negative**	**Probable**	**Major**	**Short-term**		Access to Worcestershire GET SAFE team, funding of link workers Education and Early Help Protocol Provision of virtual education and access to Laptops & IT for home learning. Support to education settings for re-openings (part and full) Continued development of the get safe partnership, Transformational projects on child exploitation Education and Early Help Protocol Provision of virtual education and access to Laptops & IT for home learning. Support to education settings for re-openings (part and full)	GET SAFE KPIs DfE return for education (weekly school attendance, early years provision open/closed, Vulnerable children data)
	Reduced take up of early education and childcare entitlement	Risk to developmental experience and achieving physical/personal/social and emotional milestones.	**Negative**	**Probable**	**Uncertain**	**Short-term**	Some settings were closed for a period from March 2020.	Continual funding of placements through COVID-19 Appointment of Early Years Strategic Lead within WCF/WCC and development of the Early Years Strategy	Early years funding placement data, EYFS profile data
Employment	Unemployment	Increase in unemployment, increase in people signing up for Universal Credit and Job Seekers Allowance	**Negative**	**Confirmed**	**Major**	**Short-Medium term**	In Worcestershire between March and August 2020 the claimant count increased by 11,285 to 19,590 people. In August 2020 5.5% of the working age population were unemployed - this is an increase of 3.3% from August 2019. Young people and men have been particularly impacted.	Local measures to protect jobs especially in vulnerable and key industries. Supporting businesses to lower closures and / or impact of Covid meaning staff layoffs. Supporting newly-redundant people back to work via job club, re-training programmes, etc.	Unemployment Claimant Count, Universal Credit Claims
Environment and Climate Change	Transport-related air quality, noise, sedentary lifestyles, access to health and other key services and facilities.	Modal shift to active and sustainable travel modes, delivering reduced transport-related noise, improved ambient air quality, improved levels of physical activity and improved access to key services and facilities for all.	**Positive/ Opportunity**	**Speculative**	**Major**	**Short, medium and long term**	The evidence suggests that the impact of COVID-19 on Worcestershire's transport choices have been transitory and it is unlikely that there will be long-term benefits derived from behavioural changes as a result of this pandemic. Indeed, it is now likely that we will see even greater reliance on the car for even more trips (particularly shorter distance trips) with further increases in sedentary lifestyles, leading to a further deterioration in local health outcomes.	Invest in infrastructure, services and promotion of active and sustainable travel modes to encourage permanent modal shift away from single-occupancy car use. Invest in infrastructure, services and promotion of active and sustainable travel modes to encourage permanent modal shift away from single-occupancy car use.	Air Quality, traffic volumes (particularly peak flows).
	Transport-related air quality, noise, sedentary lifestyles, access to health and other key services and facilities.	Increased reliance on the private car as the principal means of delivering access to services, even for short trips.	**Negative**	**Probable**	**Moderate**	**Short, medium and long term**	The evidence suggests that the impact of COVID-19 on Worcestershire's transport choices have been transitory and it is unlikely that there will be long-term benefits derived from behavioural changes as a result of this pandemic. Indeed, it is now likely that we will see even greater reliance on the car for even more trips (particularly shorter distance trips) with further increases in sedentary lifestyles, leading to a further deterioration in local health outcomes.	Invest in infrastructure, services and promotion of active and sustainable travel modes to encourage permanent modal shift away from single-occupancy car use. Invest in infrastructure, services and promotion of active and sustainable travel modes to encourage permanent modal shift away from single-occupancy car use.	Air Quality, traffic volumes (particularly peak flows).

Gypsys and Travellers	Lack of sanitation	Gypsies and Travellers who live on unauthorised encampments no longer had access to places they relied upon for water and cleaning purposes due to closure of leisure centres, churches and petrol	**Unclear**	**Confirmed**	**Uncertain**	**Short-term**	Provided as evidence from a key informant	Provision of more permanent traveller sites	
	Access to healthcare	Gypsies and Travellers who live on unauthorised encampments already have poor access to healthcare and CV-19 may have made this even worse	**Unclear**	**Probable**	**Uncertain**	**Short-term**	Gypsy, Roma and Traveller (GRT) communities' already experience some of the poorest health outcomes, including: significantly lower life expectancy, higher maternal and infant mortality, higher rates in GRT children of accidental injury and infections; high rates of accident and emergency department attendance; low/variable uptake of childhood immunisations; significantly increasing risk of vaccine preventable disease, poor dental health, high unmet need and low dental registration It is highly likely that COVID 19 has exacerbated this	Provision of more permanent traveller sites	
	Mental Health	Gypsies and Travellers already have a high prevalence of mental health conditions and social distancing may have made this worse	**Negative**	**Probable**	**Moderate**	**Short-term**	Information from a key informant	Provision of more permanent traveller sites	
Health, Wellbeing and Social Care Services	Self Care	Increase in self-care and the use of alternative support for example pharmacies	**Positive/Opportunity**	**Possible**	**Moderate**	**Short, medium and long term**	Suggestion from a key informant	Build upon increasing self-care and alternative forms of support, for example, pharmacies, to reduce pressures on health and care services	Use of GP services
	Healthcare access	Digital advancements/application of digital - technology to support long term condition management, remote consultations etc *also potential negative (digital exclusion)	**Unclear**	**Probable**	**Moderate**	**Short, medium and long term**	Suggestion from a key informant.	This is possibly an opportunity for services to be delivered more efficiently and may be more convenient for people who have access to digital technology. Ensure increased use of telephone, video and online health services does not disadvantage individuals or re-enforce existing health inequalities and digital exclusion.	Indicators from the GP Patient Survey
	Support to live independently	People struggling to get support to live independently. Carers not able to attend or person did not want them to. Family members isolating or working too much to support. Volunteers returning to work.	**Negative**	**Probable**	**Moderate**	**Short-term**	Calls received by the Here2Help line	Commissioners to note impacts and ensure services are designed and/or reconfigured to provide sufficient mitiagation against impact.	Referrals and calls to Here2Help and the Access Centre

Absence of face to face services delivered by social workers	Face to face support often highlights safeguarding and is key to determining a persons mental health and personal wellbeing. Safeguarding issues may be missed.	**Negative**	**Probable**	**Major**	**Short-term**	Information from a key informant	Facilitate return to face to face working by key health and social care professionals.
Availability & Quality of Care	Restrictive practice under Covid-19 not always in line with national guidance within provider settings	**Negative**	**Confirmed**	**Moderate**	**Short-term**	Information from a key informant	Issues addressed on a case by case basis. Guidance provided. Regular communications with providers - following changes to guidance.
Availability & Quality of Care	PPE not used correctly in provider settings	**Negative**	**Confirmed**	**Minimal**	**Short-term**	Information from a key informant	Managed via CCG, WCC and safeguarding processess. Monitoring in place
Support to live indpendently	An increasing number of people have wanted to avoid care home placements and this has resulted in higher levels of care at home - increased pressure on the domiciliary care market and higher vacancies in care home market	**Positive/ Opportunity**	**Probable**	**Uncertain**	**Short-term**	Locally there are more people with a higher level of domiciliary care at home and lower admissions in care settings	Review provision for the future and work with comissioners on best value services at home, increase Direct payments. Seek ways to build on this response
Support to live indpendently	It has been more difficult to complete full detailed assessments and care planning for people under covid conditions, or review their care. This has been done virtually wherever possible but for some people with dementia for example, this is not feasible. Delays in accessing some health care services such as therapy assessments.	**Unclear**	**Probable**	**Moderate**	**Short-term**	Locally reviews have been delayed.	Start to review covid cases and review in person with full PPE where required. However won't be able to review those in care settings unless critical still due to lockdown measures. Seek ways to build on this response

Social isolation Reduced access to support	Reduced access to families and health professionals whilst in people are in care homes including those in Discharge to Assess beds. Where homes have had to restrict access often only phone or digital access is feasible. This doesn't work for everyone especially those with sensory impairments, dementia etc. Garden visits have been helpful but have also increased anxiety for some carer and service users	**Negative**	**Probable**	**Uncertain**	**Short-term**	Feedback from staff and families, media coverage	Keep visitor access under review
Social environments	People in supported living and extra care facilities have had their social environment reduced through lockdown. Impact on people's health and mental wellbeing. Led to some non-compliance with Covid-19 rules in places.	**Negative**	**Confirmed**	**Uncertain**	**Short-term**	Information from a key informant	Commissioners to note impacts and ensure services are designed and/or reconfigured to provide sufficient mitiagation against impact.
Uncertaintly about where someone will live and additional movement between placements	Continuing Health Care process suspended during COVID-19 has meant people are not always in their permanent placement leading to uncertainty and a possible second move	**Unclear**	**Speculative**	**Uncertain**	**Short-term**	Information from a key informant	People receiving COVID funding as an interim. Restoration of CHC process now in place
Access to paid or unpaid care	The COVID-19 outbreak affecting access to paid and unpaid care for some residents	**Negative**	**Probable**	**Major**	**Short-term**	National data indicated that people across all age groups are affected	Commissioners to note impacts and ensure services are designed and/or reconfigured to provide sufficient mitiagation against impact.

Access to healthcare	Decreased access to healthcare and the risk that patients will come to harm due to failure to present at the right time or due to long delays in both investigations and treatment. Secondary care services were suspended when the first wave of COVID-19 hit. Care for long term conditions disrupted.	**Negative**	**Confirmed**	**Major**	**Short-term**	At the end of August 2020, the percentage of patients waiting 18 weeks or less to start consultant-led treatment was 47.9%. In total 38,444 patients. By comparison, at the end of August 2019, 80.1% of patients were waiting 18 weeks or less to start consultant-led treatment, equating to 37,204 patients (NHS England and NHS Improvement: monthly RTT data for Worcestershire Acute Hospital Trust. August 2020. Available from: https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times). Social prescribers have described increasing referrals of people on the waiting list for surgery in pain.	Commissioners to note impacts and ensure services are designed and/or reconfigured to provide sufficient mitiagation against impact. Support for people who are digitally excluded (as service delivery changes)	Delayed transfers of care, referral to treatment waiting times, Patient reported outcome measures
Cancer Screening and Treatment	Screening in effect paused and reduced treatment activity in some areas	**Negative**	**Probable**	**Moderate**	**Short-term**	Nationally, at the start of the pandemic preventative services including cancer screening were in effect suspended. Although screening was not officially stopped in England, the move to having the majority of GP appointments delivered online plus lack of local lab capacity meant that many appointments were cancelled or invitations not sent this is likely to contribute to delayed cancer diagnoses (Findings of the Health & Equity in Recovery Plans Working Group. Direct and indirect impacts of COVID-19 on health and wellbeing. Rapid Evidence Review. July 2020. Available at: https://www.ljmu.ac.uk/~/media/phi-reports/2020-07-direct-and-indirect-impacts-of-covid19-on-health-and-wellbeing.pdf)	Commissioners to note impacts and ensure services are designed and/or reconfigured to provide sufficient mitiagation against impact.	Emergency presentations for cancer, Cancer survival, Under 75 mortality rates from cancer
Mental Health Services	Increases in urgent and emergency cases	**Negative**	**Possible**	**Moderate**	**Short-term**	Findings of the Health & Equity in Recovery Plans Working Group. Direct and indirect impacts of COVID-19 on health and wellbeing. Rapid Evidence Review. July 2020. Available at: https://www.ljmu.ac.uk/~/media/phi-reports/2020-07-direct-and-indirect-impacts-of-covid19-on-health-and-wellbeing.pdf	Commissioners to note impacts and ensure services are designed and/or reconfigured to provide sufficient mitiagation against impact.	Hospital admissions for mental health conditions
Mental Health Services	Falls in routine appointments	**Negative**	**Possible**	**Moderate**	**Short-term**	Findings of the Health & Equity in Recovery Plans Working Group. Direct and indirect impacts of COVID-19 on health and wellbeing. Rapid Evidence Review. July 2020. Available at: https://www.ljmu.ac.uk/~/media/phi-reports/2020-07-direct-and-indirect-impacts-of-covid19-on-health-and-wellbeing.pdf	Commissioners to note impacts and ensure services are designed and/or reconfigured to provide sufficient mitiagation against impact.	Improving access to psychological therapies indicators

	Health seeking for urgent care	Reduction in accident and emergency department attendance	**Negative**	**Confirmed**	**Moderate**	**Short-term**	Worcestershire Acute Trust saw a drastic reduction in A&E attendences in April 2020 compared to April 2019. A reduction of around half. By September 2020 the figures were nearer normal but still lower by 14%. Nationally the drop was most pronounced in those aged 0-6 (findings of the Health & Equity in Recovery Plans Working Group. Direct and indirect impacts of COVID-19 on health and wellbeing. Rapid Evidence Review. July 2020. Available at: https://www.ljmu.ac.uk/~/media/phi-reports/2020-07-direct-and-indirect-impacts-of-covid19-on-health-and-wellbeing.pdf)	Commissioners to note impacts and ensure services are designed and/or reconfigured to provide sufficient mitiagation against impact.	A&E attendances
High Risk Groups Including Those Who Are Clinically Extremely Vulnerable	COVID-19 Infection	People with certain medical conditions are at very high risk of severe illness and death from COVID-19	**Negative**	**Confirmed**	**Major**	**Short-term**	People who are defined as clinically extremely vulnerable are at very high risk of severe illness from coronavirus (Department of Health and Social Care and Public Health England. Guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19. Accessed 15th October 2020. Available at: https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19#Clinically)	Ensure people who are defined as clinically extremely vulnerable receive the right communications at the right time in order to keep themselves safe.	COVID-19 cases and deaths in people who are clinically extremely vulnerable
	Shielding	Staying at home has led to a reduction in physical activity and changes in diet	**Negative**	**Speculative**	**Moderate**	**Short-term**	Public Health England's suggestions on how to mitigate the adverse impacts in this group include: •Promote home based physical activity •Support people to maintain a healthy balanced diet (Public Health England, Local Government Association and the Association of Directors of Public Health. COVID-19 Suggestions for mitigating the impact on health inequalities at a local level. Available at: https://www.local.gov.uk/sites/default/files/documents/COVID-19%20Suggestions%20for%20mitigating%20the%20impact%20on%20health%20inequalities%20at%20a%20local%20level%20%282%29.pdf)	Promote home based physical activity and support people to maintain a healthy balanced diet	Physical activity and dietary indicators
	Shielding	Staying at home has increased social isolation and loneliness	**Negative**	**Possible**	**Moderate**	**Short-term**	A key informant has highlighted	Encourage people to use the internet safely to stay informed and connect with family and friends	Indicators of wellbeing; Here2Help requests (number and nature)
	Shielding	Disempowerment of people with long-term conditions	**Negative**	**Speculative**	**Moderate**	**Short-term**	A key informant has highlighted	Commissioners should note impacts and ensure services are designed and/or reconfigured to provide sufficient mitigation.	Here2Help requests (number and nature)
Homelessnes s	Homelessnes s	Increase in homelessness due to housing payment arrears and loss of accommodation	**Negative**	**Possible**	**Moderate**	**Short-term**	Information from a key informant	Work is continuing to identify appropriate mitigations	Number of homelessness applications, Number of rough sleepers

							Information from Key Informant	To build upon the work done so far	Total initial assessments, households assessed as owed a prevention duty, households owed a relief duty
	Living conditions	Significant number of homeless people housed during lockdown	**Positive/ Opportunity**	**Confirmed**	**Moderate**	**Short-term**	Information from Key Informant	To build upon the work done so far	Total initial assessments, households assessed as owed a prevention duty, households owed a relief duty
Housing	Poor Quality Housing	Increased time at home during lockdown may make health impacts of poor-quality housing worse	**Negative**	**Possible**	**Moderate**	Short-term	Findings of the Health & Equity in Recovery Plans Working Group. Rapid Evidence Review. July 2020. Available at: https://www.ljmu.ac.uk/~/media/phi-reports/2020-07-direct-and-indirect-impacts-of-covid19-on-health-and-wellbeing.pdf	Work is continuing to identify appropriate mitigations	Fuel poverty, Tenure, Housing affordability
	Increased falls risk	Social distancing measures and financial insecurity may have exacerbated the risk of falls by leading to essential works to the home being delayed, particularly for shielded households	**Negative**	**Speculative**	**Moderate**	Short-term	Finding of the Centre for Ageing Better report. Homes, Health and COVID-19. Available at: https://www.ageing-better.org.uk/sites/default/files/2020-09/Homes-health-and-COVID-19.pdf	Work is continuing to identify appropriate mitigations	Falls in the home
	Built environment	Impact of Covid 19 determined by quality of built environment	**Unclear**	**Probable**	**Moderate**	Short-term		Work is continuing to identify appropriate mitigations	Fuel poverty, Tenure, Housing affordability
	Overcrowded housing	Impact exacerbated during lockdown and social distancing measures	**Negative**	**Possible**	**Moderate**	Short-term		Work is continuing to identify appropriate mitigations	Tenure, Housing affordability
Low Income	Income	Increase of people on Universal Credit due to Covid-19 affecting jobs and income	**Negative**	**Confirmed**	**Major**	**Short-Medium term**	In Worcestershre there have been large increases since March in the number of households on Universal Credit, increasing by 12,836 to 31,496 in May 2020. This is an increase of 69% compared with 57% nationally.	Work is continuing to identify appropriate mitigations	Number of people on UC
	Loss of income	Unable to heat home, reliance on food banks, potential loss of home	**Negative**	**Confirmed**	**Major**	**Short-Medium term**	Although data is only available up to May 2020, large increases in the number of households on Universal Credit have also occurred in Worcestershire since March. The number of households increased by 12,836 to 31,496 in May 2020. This is an increase of 69% compared with 57% nationally	•Target housing/financial information and support to the needs of the most vulnerable groups and those new to the system •Target more intensive forms of help towards those least likely to be able to navigate the welfare claims process alone •Ensure there are strong links with Department for Work and Pensions advice services •Plan for additional demand in housing benefit services (where existing claimants may need to amend their circumstances as income levels change (e.g. self- employed) throughout the course/different phases of the pandemic	Universal Credit Claimants, Unemployment claimants, Numbers using foodbank

Mental Health	Suicide	Higher rates of suicide particularly in deprived areas	Negative	Speculative	Major	Short-Medium term	Nationally higher rates of suicide have been evident in more deprived areas, most notably among men in their 40's and 50's. The impact of the pandemic, both economically and emotionally is a major concern for suicide prevention. The latest ONS figures show that there were over 700,000 fewer people on payroll during lockdown, and the most deprived local areas have been affected the most, in terms of mortality. Additionally, almost one in five adults (19.2%) were likely to be experiencing some form of depression during the COVID-19 pandemic in June 2020; almost double the number before the pandemic (July 2019 to March 2020).	Ensuring mental health resources are available and can be accessed, and vulnerable people are aware of what is on offer. Commissioners to note impacts and ensure services are designed and/or reconfigured to provide sufficient mitigation against impact.	Rates of suicide
Mental Health	Well-being	The COVID-19 pandemic affecting the well-being of residents (boredom, loneliness, anxiety, stress)	Negative	Probable	Major	Short, medium and long term	Indicators from the Opinions and Lifestyle Survey suggest that 39% of people said their well-being has been affected (for example, boredom, loneliness, anxiety and stress), rising to 46% among females, and 52% among people with any specific health condition (https://www.ons.gov.uk/releases/coronavirusandthesocialimpactsongreatbritain4september2020). A Healthwatch Worcestershire survey aimed at the general public found that one in five (20%) of respondents said that COVID-19 was having a great deal or a lot of impact on their mental health and emotional wellbeing and just over a quarter (26%) reported it was having a moderate impact	Commissioners to note impacts and ensure services are designed and/or reconfigured to provide sufficient mitigation against impact.	Mental health, Personal wellbeing estimates from the Annual Population Survey
	Bereavement	Bereavement caused by death of a family member, friend or colleague from COVID-19	Negative	Confirmed	Moderate	Short-Medium term	Information from a key informant	Commissioners to note impacts and ensure services are designed and/or reconfigured to provide sufficient mitigation against impact.	
	Low mood, depression and anxiety	Increase in common mental health conditions	Negative	Possible	Major	Short-Medium term	Information from a key informant. Increase in referrals for those requiring input from mental health, befriending and lifestyle advice	More prompt support available via healthy minds. Commissioners to note impacts and ensure services are designed and/or reconfigured to provide sufficient mitigation against impact.	Referrals to social prescribing, nature of refferals, Prevalence of common mental health disorders, improving access to psychological therapies indicators

Group	Issue	Description	Impact	Likelihood	Severity	Timeframe	Evidence	Mitigation	Monitoring
	Social Isolation and Loneliness	Loss of social contact. Loss of access to community based support and activities, for example, Dementia Cafes and PLUS (isolation support) ceased face to face access during lockdown.	Negative	Possible	Major	Short-term	Information from a key informant and Social Prescribers reporting an increase in referrals for those requiring input from mental health, befriending and lifestyle advice. Health & Equity in Recovery Plans Working Group. Direct and indirect impacts of COVID-19 on health and wellbeing. Rapid Evidence Review. July 2020. Available at: https://www.ljmu.ac.uk/~/media/phi-reports/2020-07-direct-and-indirect-impacts-of-covid19-on-health-and-wellbeing.pdf	More prompt support available via healthy minds. New community groups, more mental health specialists, availability of technology, engagement with religious organisations where ethnic minorities are likely to turn for welfare. Commissioners to note impacts and ensure services are designed and/or reconfigured to provide sufficient mitigation against impact.	Referrals for anxiety and stress via GP, Referrals to Healthy Minds, Referrals to social prescribing, nature of refferals
	Access to advocacy services	During lockdown access to vulnerable people with mental health conditions was limited. Residential homes and wards were locked down and telephone contact was not always possible. This placed individuals at risk.	Negative	Confirmed	Uncertain	Short-term	Information from a key informant	Commissioners to note impacts and ensure services are designed and/or reconfigured to provide sufficient mitigation against impact.	Referral to advocacy support when someone is discharged from a mental health ward
Migrants, Asylum Seekers and Refugees	Access to healthcare and health information	Vulnerable migrants may experience language barriers or lack of access to technology. They may also access information from other countries which may not be relevant in the UK.	Negative	Probable	Moderate	Short-term	The Organisation for Economic Co-operation and Development (OECD). What is the impact of the COVID-19 pandemic on immigrants and their children? October 2020. Available at: http://www.oecd.org/coronavirus/policy-responses/what-is-the-impact-of-the-covid-19-pandemic-on-immigrants-and-their-children-e7cbb7de/. Refugee and asylum seeker patient health toolkit. BMA guidance. Available at: https://www.bma.org.uk/advice-and-support/ethics/refugees-overseas-visitors-and-vulnerable-migrants/refugee-and-asylum-seeker-patient-health-toolkit	•Where possible, make guidance available in multiple languages, and promote awareness of rights of access to healthcare services •Raise awareness of resources for health professionals and community hubs to support migrant patients and clarifying the entitlements to free and chargeable NHS services •As well as translated guidance, videos with spoken guidance can help where there are issues with illiteracy in first languages (some languages are primarily oral). Audio-only guidance can be shared easily among communities.	
	COVID-19 Infection	Immigrants are at higher risk of COVID-19 infection and death because of poverty, overcrowding and jobs where physical distancing is difficult.	Negative	Probable	Moderate	Short-term	The Organisation for Economic Co-operation and Development (OECD). What is the impact of the COVID-19 pandemic on immigrants and their children? October 2020. Available at: http://www.oecd.org/coronavirus/policy-responses/what-is-the-impact-of-the-covid-19-pandemic-on-immigrants-and-their-children-e7cbb7de/. Refugee and asylum seeker patient health toolkit. BMA guidance. Available at: https://www.bma.org.uk/advice-and-support/ethics/refugees-overseas-visitors-and-vulnerable-migrants/refugee-and-asylum-seeker-patient-health-toolkit	NHS services provided for the investigation, diagnosis and treatment for COVID-19 are free of charge, irrespective of immigration status.	COVID-19 cases by ethnicity NB will only partially cover this group

Mothers and Babies	Covid-19 Infection	Pregnant women from BAME groups more likely to be admitted to hospital with COVID-19	Negative	Probable	Major	Short-term	Confirmed increase in hospital admissions during pregnancy. Coupled with the extensive evidence that BAME women have a poorer experience and poorer outcomes during pregnancy it is necessary to ensure greater protection during the pandemic (https://www.npeu.ox.ac.uk/news/1963-pregnant-women-are-not-at-greater-risk-of-severe-covid-19-than-other-women-but-most-of-those-who-have-problems-are-in-their-third-trimester)	Targeted advice to BAME pregnant women. Continuation of face to face antenatal care. Involve more BAME women in maternity voices partnership to ensure effective communications approach. Ensure all providers record on maternity information systems the ethnicity of every woman, as well as other risk factors, such as living in a deprived area (postcode), co-morbidities, BMI and aged 35 years or over, to identify those most at	Ensure all providers record on maternity information systems the ethnicity of every woman, as well as other risk factors, such as living in a deprived area (postcode), co-morbidities, BMI and
	Covid-19 Infection	Older pregnant women, those who are overweight or obese, and pregnant women who had pre-existing medical problems, such as high blood pressure and diabetes, are more likely to be admitted to hospital with the infection	Negative	Probable	Major	Short-term	Confirmed increase in hospital admissions during pregnancy (https://www.npeu.ox.ac.uk/news/1963-pregnant-women-are-not-at-greater-risk-of-severe-covid-19-than-other-women-but-most-of-those-who-have-problems-are-in-their-third-trimester)	Targeted advice to vulnerable mothers to be, continuation of face to face antenatal care, continue to reflect and deliver NHS England Covid-19 specific information and practices. Ensure all providers record on maternity information systems risk factors, such as living in a deprived area (postcode), co-morbidities, BMI and aged 35 years or over, to identify those most at risk of poor outcomes. A revised Standard Operating Procedure has been shared with all community midwives to explore and discuss risk, vulnerability and care at the time of booking.	Ensure all providers record on maternity information systems the ethnicity of every woman, as well as other risk factors, such as living in a deprived area (postcode), co-morbidities, BMI and aged 35 years or over, to identify those most at risk of poor outcomes
Older People	Housing	More people want to continue to live in their own homes rather than going into residential facilities	Positive/Opportunity	Speculative	Moderate	Short-term	Information from Key Informant	Promotion of the importance of physical activity including strength and balance exercises, for maintaining physical function and good mental health. Targeting of resources for physical activity to the needs of the most vulnerable older people, including those who may be at risk of falls to keep muscles, bones and joints strong. Access to healthcare among older people could be aided if services to become community based or members of the local community aided older people to get to and from medical appointments and/or obtain medical supplies.	
	Access to healthcare	Fearful of going to medical appointments	Negative	Probable	Moderate	Short-term	Information from Key Informant	Services to become community based with more people doing them	Hospital Admissions
	COVID-19 Infection	Higher rates of COVID-19 related death among older people	Negative	Confirmed	Major	Short-term	Higher rates of death observed nationally with notably higher rates among 75-plus and 85-plus age ranges	Continued protection of the vulnerable cohort via wearing facemasks, social distancing, handwashing. Etc. Commissioners to note impacts and ensure services are designed and/or reconfigured to provide sufficient mitiagation against impact. Potential for higher scale local lockdowns or certain measures if cases continue to rise. The need for the elderly to self isolate may also need to be re-introduced	Death rates and number of cases among older people

							Information/Source	Mitigation	Indicator
	Social Isolation and Loneliness	Social isolation as a result of lockdown and social distancing measures. Older people fearful of going out.	Negative	Possible	Moderate	Short-term	Information from Key Informants	Commissioners to note impacts and ensure services are designed and/or reconfigured to provide sufficient mitigation against impact.	Social Isolation: percentage of adult social care users aged 65 plus who have as much social contact as they would like
People with Physical, Sensory or Learning Disability Challenges	Social isolation	Lack of access to support e.g. support groups, day services, voluntary work, college and regular activities. Lockdown and shielding measures restrict social contact for a group that is already vulnerable to loneliness.	Negative	Probable	Moderate	Short-term	Most respondents to a Healthwatch Worcestershire learning disability and autism survey had experienced a change in their support during COVID-19. Respondents described having less support and difficulties being able to access support via support groups, day services, voluntary work, college and regular activities. In two reports looking at the impact on adults with disabilities, it was found that they were significantly more likely than adults without disabilities to report spending too much time alone; 35% of adults with disabilities reported this compared to 20% of adults without disabilities. Health & Equity in Recovery Plans Working Group. Direct and indirect impacts of COVID-19 on health and wellbeing. Rapid Evidence Review. July 2020. Available at: https://www.ljmu.ac.uk/~/media/phi-reports/2020-07-direct-and-indirect-impacts-of-covid19-on-health-and-wellbeing.pdf	Work is continuing to identify appropriate mitigations	
	Access to support services	Lack of access to support e.g. support groups, day services, voluntary work, college and regular activities	Negative	Probable	Moderate	Short-term	Most respondents to a Healthwatch Worcestershire learning disability and autism survey had experienced a change in their support during COVID-19. Respondents described having less support and difficulties being able to access support via support groups, day services, voluntary work, college and regular activities.	Work is continuing to identify appropriate mitigations	
	COVID-19 Infection	Some people with disability may be more at risk of becoming infected or having unrecognized illness	Negative	Probable	Moderate	Short-term	Some people with disabilities might be at a higher risk of infection or severe illness because of their underlying medical conditions. The following groups might be at increased risk of becoming infected or having unrecognized illness: 1) People who have limited mobility or who cannot avoid coming into close contact with others who may be infected, such as direct support providers and family members 2) People who have trouble understanding information or practicing preventive measures, such as hand washing and social distancing 3) People who may not be able to communicate symptoms of illness (https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-disabilities.html)	Work is continuing to identify appropriate mitigations	

	Death from COVID-19	Higher age-adjusted mortality rates in disabled people	Negative	Probable	Major	Short-term	An analysis by the Office for National Statistics found that disabled people aged nine and over made up almost 6 out of 10 COVID-19 deaths between March and July. Both males and females aged nine and over had higher age-adjusted mortality rates than those that were non-disabled. (https://www.ons.gov.uk/peoplepopulationandcommun	Work is continuing to identify appropriate mitigations	
Physical Health	COVID-19 Infection	People experiencing a prolonged and relapsing course of the illness	Negative	Confirmed	Moderate	Short-term	There is growing evidence that a number of people who initially experience only mild to moderate COVID-19 disease are experiencing a prolonged and relapsing course of the illness - a condition that has been termed 'Long-Covid' (Health & Equity in Recovery Plans Working Group. Direct and indirect impacts of COVID-19 on health and wellbeing. Rapid Evidence Review. July 2020. Available at: https://www.ljmu.ac.uk/~/media/phi-reports/2020-07-direct-and-indirect-impacts-of-covid19-on-health-and-wellbeing.pdf)	Post-covid services should provide joined up care for physical and mental health. Promotion of the NHS 'Your Covid Recovery' online service. Available at: https://www.yourcovidrecovery.nhs.uk/. Commissioners should note impacts and ensure services are designed and/or reconfigured to provide sufficient mitigation.	People accessing services for Long Covid
	COVID-19 Infection	Patients who have required ventilation due to COVID-19 may develop Post-Intensive Care Syndrome (PICS) - an amalgamation of persistent physical, cognitive and psychological impairments	Negative	Confirmed	Moderate	Short-term	Patients who have required ventilation due to COVID-19 may develop Post-Intensive Care Syndrome (PICS) - an amalgamation of persistent physical, cognitive and psychological impairments following prolonged ventilation. A significant proportion of all patients, across all ages, admitted to an Intensive Care Unit (ICU) requiring mechanical ventilation go on to develop PICS. Although, data on this topic hasn`t been collected yet for COVID-19 patients, it is reasonable to assume that the number of people with PICs is going to increase (Jaffri U.A. and Jaffri A. Post-Intensive care syndrome and COVID-19: crisis after a crisis? Heart Lung. June 2020. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7301100/)	Post-covid services should provide joined up care for physical and mental health. Promotion of the NHS 'Your Covid Recovery' online service. Available at: https://www.yourcovidrecovery.nhs.uk/. Commissioners should note impacts and ensure services are designed and/or reconfigured to provide sufficient mitigation.	People with Post-Intensive Care Syndrome (PICS)
	Access to information	Information about COVID-19 and what actions to take changes rapidly. People with learning disabilities may not have access to easy read/accessible information	Negative	Probable	Moderate	Short-medium term	Healthwatch Worcestershire has conducted a learning disability and autism survey. Of the 84 people who completed the survey 37% said they had been able to find information that was easy to understand.	There is a need for up-to-date easy-read and accessible information for people with learning disabilities. This should include information that people who are digitally excluded can access.	

	COVID-19 Infection	A small number of children have been identified who have developed a significant systemic inflammatory response following COVID-19 infection.	Negative	Confirmed	Minimal	Short-term	Children and infants typically experience a mild illness. However, a small number of children have been identified who have developed a significant systemic inflammatory response following COVID-19 infection (Royal College of Paediatrics and Child Health. Guidance: Paediatric multisystem inflammatory syndrome temporally associated with COVID-19. London: Royal College of Paediatrics and Child Health; 2020)	Early recognition by paediatricians and specialist referral including to critical care is essential	Children with Paediatric Multisystem Inflammatory syndrome (PIMS)
Screening Services, Vaccinations and Services for Women and Children	Immunisation for childhood diseases	Reduction in take up of childhood immunisations	Negative	Probable	Moderate	Short-term	A search of local primary care data showed there has been a reduction in the take up of immunisations in eligible children	Targeted catch up programme with primary care and school immunisation programme. Media campaign to promote childhood immunisations. Maintain media campaign to promote immunisations, whole system approach.	Primary care data on immunisation
Sexual Health	Sexually Transmitted Infections	Adverse effects due to reduced service delivery	Negative	Probable	Moderate	Short-term	In May 2020 it was reported that nationally 54% of UK sexual health services had closed, and 38% of sexual health staff had been moved to work in other parts of the NHS (Health and Social Care Inquiry on delivering core NHS and care services during the pandemic and beyond, Joint submission by the British Association for Sexual Health and HIV (BASHH) and the British HIV Association (BHIVA) May 2020)	Ensuring adequate local provision of sexual health services during COVID-19, particularly for key vulnerable groups, will be a challenge. However, the increased use of remote and online services is an opportunity to change the way that services are delivered.	Sexually transmitted infection rates, Sexually transmitted infection prevalence
	Sexually Transmitted Infections	Reduced sexual activity may have positive effect on STI spread	Positive/ Opportunity	Possible	Minimal	Short-term	Speculation by the British Association for Sexual Health and HIV (BASHH) and the British HIV Association (BHIVA) in their submission to the Health and Social Care Inquiry on delivering core NHS and care services during the pandemic and beyond.		Sexually transmitted infection testing rates, Sexually transmitted infection prevalence, Teenage conceptions
	Sexually Transmitted Infections	Increased testing at home/use of online services	Positive/ Opportunity	Probable	Moderate	Uncertain	The lockdown has led to increased testing at home/use of online services - this may be more effective and efficient for some population groups (Health and Social Care Inquiry on delivering core NHS and care services during the pandemic and beyond, Joint submission by the British Association for Sexual Health and HIV (BASHH) and the British HIV Association (BHIVA) May 2020)	Build on the increased use of remote and online services as an opportunity to change the way that services are delivered whilst ensuring that vulnerable groups can still access services.	Sexually Transmitted Infection Testing rates
	Contraception	Difficulty obtaining long acting contraception	Negative	Possible	Moderate	Short-term	Highlighted by a key informant	Ensure adequate local provision of sexual health services during COVID-19	
Urban/Rural Classification and Access to Green Space	Access to green space	Lack of access to green space for people without a private garden	Negative	Confirmed	Moderate	Short-term		Work is continuing to identify appropriate mitigations	
	Access to green space	Increasing numbers of people accessing public green space	Positive/ Opportunity	Possible	Moderate	Short-term	Lockdown measures have caused huge changes in people's lifestyles and habits. At the time of writing Google mobility data shows that nationally there has been a sustained increase in people visiting parks	Work is continuing to identify appropriate mitigations	

	Type of area someone lives in (urban vs rural)	Higher rates of death and number of Covid-19 cases among people in more urban areas	**Negative**	**Probable**	**Major**	**Short-term**	Local analysis shows Covid-related deaths per 10,000 population in urban areas may be higher than more rural areas in the county.	Continued protection of the vulnerable cohort via wearing facemasks, social distancing, handwashing. etc Potential for higher scale local lockdowns or certain measures if cases continue to rise.	Mortality rates and number of cases in urban compared to rural areas
Working Age People Including Key Workers	Covid-19 Infection	Higher age-adjusted mortality rates in certain occupations	**Negative**	**Probable**	**Major**	**Short-term**	Nationally, age standardised mortality rates for male security guards and related occupations were nearly four times higher than those for all men of working age, while for taxi, cab, bus, and coach drivers the age standardised mortalities were well over double (Covid-19 in the workplace. BMJ Editorial. Available at: https://www.bmj.com/content/370/bmj.m3577.short?rss=1&utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+bmj%2Frecent+%28Latest+from+BMJ%29)	Persuading members of public who use transport and areas protected by security guards adhere to guidance on social distancing, facemasks etc to limit risk to workers	Mortality rates and infection rates by occupation, with specific attention on those in occupations that require frequent public exposure.
	Work environment	Impact of the pandemic on health and care staff	**Negative**	**Possible**	**Moderate**	**Short-Medium term**	Information from a key informant	Ensuring key workers are safe, mentally and physically well, have childcare and family support, and able to continue their duties going forward as COVID-19 cases potentially increase in the future and in the wake of any future further national or local restrictions	Health and care workers testing positive for COVID-19 and number of health and care staff able to access and do their job
Working Conditions and Practices	Better work life balance	Homeworking; new hobbies and interests as a result of having more time	**Positive/ Opportunity**	**Possible**	**Moderate**	**Short, medium and long term**	Increasing referrals to social prescribing		Referrals to social prescribing, nature of refferals

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worcestershire
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AGENDA ITEM 8

HEALTH AND WELL-BEING BOARD
17 NOVEMBER 2020

DEVELOPING A NEW JOINT HEALTH AND WELLBEING STRATEGY

Board Sponsor
Dr Kathryn Cobain

Author
Rachael Leslie Consultant in Public Health

	(Please click below then on down arrow)
Priorities	
Mental health & well-being	Yes
Being Active	Yes
Reducing harm from Alcohol	Yes
Other (specify below)	

Safeguarding

Impact on Safeguarding Children	No
If yes please give details	
Impact on Safeguarding Adults	No
If yes please give details	

Item for Decision, Consideration or Information
Consideration

Recommendation

1. **The Health and Well-being Board is asked to:**
   a) **Note the progress made in the development of a new Joint Health and Wellbeing Strategy**
   b) **To agree the proposed focus and approach**

Background

2. Worcestershire Health and Wellbeing Board is responsible for overseeing the development and delivery of a new Joint Health and Wellbeing Strategy (JHWS). The existing JHWS concludes in March 2021.

3. Statutory guidance (2013) states that a JHWS should explain the priorities that the Health and Wellbeing Board (HWB) have set to meet the needs identified in the Joint Strategic Needs Assessment (JSNA). Strategies will be unique to each area with no mandated format or timescale and should set a small number of strategic priorities.

4.   The refreshed Joint Strategic Needs Assessment (JSNA) and a new CYP strategy are also in development, with clear links to the development of the JHWS.

5.   A number of other strategies in Worcestershire focus on Health and Wellbeing, including local plans to deliver the NHS Long Term Plan. The development of the JHWS will consider the content of these plans to ensure synergy and avoid duplication.

6.   The new JHWS will be developed using evidence and community insight. Strategy development steering groups and reference groups have been established with membership including health partners, District Councils, Elected Members and Voluntary and Community sector partners.

Method

7.   A time line is in place, which will see the JHWS strategy being developed alongside the Children's and Young Peoples strategy, with a publication date of September 2021. This would enable time to develop and consult on the strategy. There is a requirement to consider any democratic processes that may take place through this time line.

8.   A scoping exercise has been completed with various groups, including the Health Improvement Group (HIG) and the Integrated Commissioning Executive Officers (ICEOG). This provided initial input through reviewing the achievements and challenges in delivering the existing JHWS, and suggestions for strategy development and proposals for strategy delivery.

9.   There has been a wealth of previous engagement and consultation around health and wellbeing with various communities in Worcestershire, this is being gathered and summarised. This enables an understanding of which communities have already described what is important to their health and wellbeing and identifies other population groups to target for further engagement.

10. Between October 2020 and January 2021, community and stakeholder engagement will focus on identifying what the priorities are for health and wellbeing in communities. The protected characteristics identified in the Equality Act (2010) will be taken into consideration to ensure robust engagement and consultation.

Strategy Delivery

11. Initial scoping has considered a longer term strategy, up to 20 years that has a progressive focus with action plans every 5 years. This would enable ambitious, long term goals for health improvement to be made, assets to be developed and a sustainable approach to reducing health inequalities.

12. The Health Improvement Group (HIG) brings together the District Councils and Partners to deliver the JHWS locally. Membership and engagement have often been cited in biannual reports to the Health and Wellbeing Board, there is an opportunity to refresh the Terms of Reference of the HIG to support delivery of a new JHWS.

13. Initial scoping has also supported the connection of funding from the Public Health Ring Fenced Grant (PHRFG) to the new JHWS to enable the delivery alongside robust methods for measuring progress and outcomes.

Next steps

14. A priority workshop will held in February 2021 with findings themed and reported back to the Health and Wellbeing Board in February 2021.

15. The strategy will be drafted in spring 2021 and the draft strategy will be presented to forums and groups as part of formal consultation.

Legal, Financial and HR Implications

1. Allocation of funds from the PHRFG to engagement and consultation processes.
2. Allocation of funds from the PHRFG to deliver the strategy (to be confirmed)

Equality and Diversity Implications

An Equality Impact Analysis will be completed on the method and development of the new strategy.

Contact Points

County Council Contact Points
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Specific Contact Points for this report
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Supporting Information

- Statutory guidance on joint strategic needs assessments and joint health and wellbeing strategies (2013) https://www.gov.uk/government/publications/jsnas-and-jhws-statutory-guidance

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HEALTH AND WELL-BEING BOARD
17 NOVEMBER 2020

Children and Young People's Strategic Partnership Update

Board Sponsors
Catherine Driscoll – Chief Executive, Worcestershire Children First
Kathryn Cobain – Director of Public Health, Worcestershire County Council

Author
Children & Young People's Strategic Partnership

(Please click below
then on down arrow)

Priorities	
Mental health & well-being	Yes
Being Active	Yes
Reducing harm from Alcohol	Yes
Other (specify below)	
Outcomes for children and young people across Worcestershire	

Safeguarding

Impact on Safeguarding Children	Yes
If yes please give details	
CYPP Ultimate Outcome 1 – Are Safe from Harm	
Impact on Safeguarding Adults	No
If yes please give details	

Item for Decision, Consideration or Information
Information and assurance

Recommendation

1. The Health and Well-being Board is asked to note for information the summary of the Review of Worcestershire's Children & Young People's Plan 2017-2021 Ultimate Outcomes and an update on consultation and actions to refresh the plan for 2021 onwards.

Background

2.   The Children and Young People's Strategic Partnership (CYP SP) has been established to develop and help implement Worcestershire's Children and Young People's Plan (CYPP), and further support and underpin the all age Joint Health and Wellbeing Strategy.

3.   The partnership is a sub-group of Worcestershire's Health and Wellbeing Board (see Appendix B) and has been tasked to bring together senior/strategic leaders from agencies and organisations to take a whole-system response to improving outcomes for children and young people. The Partnership has the required oversight of the Troubled Families Programme, SEND and Education Strategy and our approach to Prevention and Early Intervention including emotional well-being and mental health. The Partnership has been focusing on the 11 priorities outlined in the Children and Young People's Plan (CYPP). Future priorities will be discussed as part of the consultation to refresh the plan. The Partnership will act to provide the local oversight and governance as the children and young people's workstream of the NHS Sustainability & Transformation Plan (STP). The intention is this workstream will also reflect the priorities for the NHS Long Term Plan going forward for children and young people.

4.   The Partnership has met on six occasions since its first meeting on 19th October 2018 with regular attendance from children's system representatives including; Heart of Worcestershire College, West Mercia Police and the Deputy Police & Crime Commissioner, Worcestershire Health & Care Trust, District Councils, Voluntary & Community Sector, WCC and WCF officer. The CYPP is chaired by the CMR a councillor who chairs a local Children's Trust.

5.   The following is a summary of the review of the Children and Young People's Plan (CYPP) 2017 – 2021 Ultimate Outcomes

CYPP Ultimate Outcome 1: Are safe from harm

6.   By the end of 18/19 the number of children & young people with a repeat Child Protection plan had reduced to 16% which is below that of Statutory Neighbours (SN) and England averages. The positive trend continued in 19/20, falling to 14%. The stability of placements for children in care has been positively affected by the introduction of 'Consolidation Meetings'; the number of children experiencing three or more placements in a 12-month period is currently well below SN and England averages. Care proceedings are concluded within the 26 week time frame.

CYPP Ultimate Outcome 2: Reach their full potential

7.   98.8% of Early Years providers in Worcestershire are now judged good or outstanding (September 2019), which is above the national average of 96% and the take up of funded places for two-year-olds is currently 70%, compared to a national average of 68%. Similarly, there is a 99% take-up of funding for three-and-four-year-old children compared to a national average of 94%.

8.   In 2019 at the end of the Early Years Foundation Stage the percentage of children who reach a Good Level of Development (GLD) is just above the National figure, having demonstrated accelerated improvement over that achieved Nationally. The rate of improvement for those whose families claim free school meals was also slightly faster than that seen nationally, resulting in a figure above National average. However, despite a 3% increase, this remains 4% below the National figure. Outcomes for children with an Education, Health and Care Plan (EHCP) or Statement of Special Educational Needs and/or Disabilities (SEND) have improved at a faster rate than seen nationally, from below to above National averages.

9. For 2019 in Key Stage One, the proportion of pupils reaching the expected standard in each individual subject – reading (75%), writing (69%) and mathematics (76%) matched National figures. However, outcomes for disadvantaged children are below those of the group Nationally over time, with an 8% gap in reading and 12% gap in writing whilst attainment was nearly on a par in mathematics. The focus going forward continues to be ensuring disadvantaged boys' literacy is addressed.

10. For 2019 in Key Stage Two, 62.1% of children achieved the expected standard in Reading, Writing and Maths, which represents an increase of 1.1% compared to 2018. Worcestershire remains below National (64.8%) but the gap has narrowed from 4.1% in 2017 to 2.7% in 2019. The rates of progress pupils are making between the ages of 7 and 11 are improving per subject but not quickly enough and compare poorly with those seen nationally in each subject area. In terms of outcomes for children with special educational needs (SEN), attainment has shown a decrease in literacy and a slight increase in numeracy. However, 2019 outcomes in reading are below national and significantly so in writing and mathematics. Attainment for EHCP / Statemented pupils has increased in writing and for all subjects, rising significantly in reading and mathematics. Most of these measures are now above the national rate for this group.

11. At Key Stage 4 The proportion of children achieving at a least pass grade 4 or above in English and Mathematics is notably above the National figure. Outcomes for disadvantaged students are well below those for this group Nationally. However, the Progress 8 measure compares favourably with that nationally for this group, suggesting that the group of students concerned made gains over time since Year 6. For students with special educational needs and those with an EHCP, average attainment 8 scores are below National average. Progress 8 scores for these groups are above and broadly in line with National average respectively.

12. Performance at A Level is below National average, despite an increase in the average point score entry for the 2019 cohort. Technical level performance in Sixth Forms averaged a low distinction and the average point score entry for compares well with that of all local authorities. The average point score entry for Applied General Studies was broadly similar to that seen Nationally.

13. In 2020, KS1 and KS2 SATs, phonics and multiplication tests were cancelled and KS4 and KS5 outcomes were based on Teacher Assessment. Performance tables are suspended for the 2019 to 2020 academic year and no school will be judged on data based on exams and assessments from 2020. Until the new data release is available, all those working with schools, including Ofsted and DfE regional teams, should refer to the 2019 data. In light of this situation Worcestershire County Council and WCF supported the decision along with Worcestershire Association of Secondary Head Teachers not to require schools to share their KS4 and KS5 outcomes with WCC or to publish their results.

CYPP Ultimate Outcome 3: Make a positive contribution in their communities

14. The Schools Health Education Unit (SHEU) have been commissioned to deliver a Health Related Behaviours Questionnaire which will allow for comparison against similar Local Authorities. There have been very positive responses from head teachers to participate in the school survey which will be delivered in March/April 2020. The survey data will contribute to the development of School Health Profiles.

15. The most recent published data on First Time Entrants (FTEs) to the justice system is for the period October 2018 to September 2019. More recent data has not been published by the Ministry of Justice (MoJ) due to their Covid-19 contingency plans.

16. The number of Worcestershire young people receiving a formal justice system disposal in the year Oct 18 to Sep 19 was 113. This represents a reduction of 54% since the year Oct 14 to Sep 15 when there were 244 FTEs. The rate of FTEs per 100,000 youth population in Worcestershire for the period Oct 18 to Sep 19 was 217, which was similar to the rate for England at 216.

17. A revised joint decision making process for out of court disposals was implemented in Worcestershire at the end of 2019. This process widens the scope to offer informal disposals, where appropriate, for initial offending and involves key partner agencies, including social care, in the decision making process. This new process should have the effect of responding to young people's needs and risks appropriately in order to reduce the likelihood of further offending whilst also reducing the number of those young people receiving formal justice system disposals, and hence further reducing the number of FTEs.

CYPP Ultimate Outcome 4: Live happy, healthy and fun filled lives

18. Overall many health outcomes have improved but persistent inequalities appear to be widening. Smoking status at the time of delivery is 3% above the National figure for England and breastfeeding initiation is 8% below. However, hospital admissions in most categories are below the National figure and reflect an improving trend. Infant mortality rates are mostly similar to those Nationally and the child mortality rate has declined. Figures indicate a reduction in the MMR vaccination rate - the Health protection subgroup receives information on this, and an action plan is in place. The percentage of Looked After Children (LAC) who are up to date with childhood immunisations, generally, is lower than the National average. In Reception and Year 6, 20% and 33% of children respectively have excess weight. However, this is slightly below the National figure. The number of families, children and young people living in deprived localities has increased over the last five years. The income deprivation affecting children index has increased over the last 5 years.

19. Feedback from children, young people and parent/carers (to March 2020) reflects a high level of satisfaction with the Child and Adolescent Mental Health Service (CAMHS) across the County, including praise for supportive & knowledgeable staff, views and worries being taken seriously and skills-based techniques to maintain progress. Positive qualitative themes have been identified as: 'being listened to', a 'multi-disciplinary' approach and 'support to the family as a whole'. Negative themes related to continuity and consistency between the Community Eating Disorder Service (CEDS) and CAMHS, and flexibility with appointment times.

20. A timetable to refresh the plan has been developed – supporting information APPENDIX A. Partnership representatives have contributed feedback from their work with families to inform themes for engagement on the new plan. A collaborative approach is being taken alongside the refresh of the Health & Wellbeing Strategy.

Legal, Financial and HR Implications

21. The legal, financial and HR implications of delivery of outcomes rests with responsible commissioners and providers but will be reviewed as the plan develops.

Privacy Impact Assessment

21. N/A

Equality and Diversity Implications

THE COUNCIL MUST, DURING PLANNING, DECISION-MAKING AND IMPLEMENTATION, EXERCISE A PROPORTIONATE LEVEL OF DUE REGARD TO THE NEED TO:

- ELIMINATE UNLAWFUL DISCRIMINATION, HARASSMENT AND VICTIMISATION AND OTHER CONDUCT PROHIBITED BY THE EQUALITY ACT 2010
- ADVANCE EQUALITY OF OPPORTUNITY BETWEEN PEOPLE WHO SHARE A PROTECTED CHARACTERISTIC AND THOSE WHO DO NOT
- FOSTER GOOD RELATIONS BETWEEN PEOPLE WHO SHARE A PROTECTED CHARACTERISTIC AND THOSE WHO DO NOT

23. The refresh of the CYP Plan will undergo screening for Equality & Diversity Implications.

Contact Points

County Council Contact Points
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Supporting Information – Available online

- Appendix A – proposed timetable to refresh the Children and Young People's Plan 2021 onwards

- Appendix B CYP SP Governance Diagram

- Appendix C Terms of Reference

- Appendix D Children & Young People's Plan 2017 - 2021

Proposed Timetable to Refresh the Children & Young People Plan 2021 onwards

Timetable	Activity	Notes
March 2020	CYPSP Board meeting postponed due to COVID-19. Actions placed on hold temporarily.	
June 2020	Revised proposed timetable to refresh CYPP presented to CYPSP Board members Scoping for Social Media campaign – Keith Beech/ Olly Wills/ Alan Smith Scoping for VIRTUAL Engagement in Libraries & Learning	CYPSP Board meeting 18th June 2020
July 2020	Feedback/ comments on Questions from CYPSP Planning for VIRTUAL Engagement with Voluntary & Community partners	
August 2020	Further feedback sought from CYPSP partners on themes for Questions Scoping for collaboration with Public Health alongside refresh of the Health & Well Being Strategy	
September 2020	Scoping for survey questions – Claire Bloss Planning for collaboration with Public Health alongside refresh of the Health & Well Being Strategy	CYPSP Board meeting Thursday 24th September 2020 To feedback on themes and agree questions.
October 2020	• Planning for Social Media campaign: • Internal – Yammer, OurSpace, FirstSpace, Council Catch-up, Organisational newsletters • External – Twitter, Instagram, Facebook, Planning for VIRTUAL Engagement in Libraries & Learning Planning for VIRTUAL Engagement with Elected members *Planning for VIRTUAL Engagement with Organisations from "Early Help in Your Community" events – food banks, bereavement counselling (if not taken part in Voluntary & Community Sector event 22/10/20)*	

Timetable	Activity	Notes
November 2020	Social media campaign begins VIRTUAL Engagement in Libraries & Learning VIRTUAL Engagement with Elected members Planning for VIRTUAL Engagement WITH Health & Social Care partners Planning for Engagement with District Councils, Parish & Town Councils (Resident Viewpoint surveys carried out in September) Planning for VIRTUAL Engagement with West Mercia Police Planning for VIRTUAL Engagement with children, young people & parents, including young carers - link with Participation Team: • Make Your Mark survey by British Youth Council also taking place in November • Youth Cabinet input Provisional VIRTUAL Engagement with Voluntary & Community Sector partners – jointly hosted event with Young Voices (delayed from 22/10/20) *VIRTUAL Engagement with Organisations from "Early Help in Your Community" events – food banks, bereavement counselling (if not taken part in Voluntary & Community Sector event 22/10/20)*	
December 2020	VIRTUAL Engagement with Health & Social Care partners • WCF Early Help Services – EIFS/TFS, Social Care • Worcestershire Health & Care NHS Trust (WHCT), Worcestershire Acute Hospitals NHS Trust WAHT) VIRTUAL Engagement with District Councils, Parish & Town Councils (Resident Viewpoint surveys carried out in September) Planning for VIRTUAL Engagement with Schools & Colleges VIRTUAL Engagement with children & parents – Participation Team, digital media (link with social media campaign), Youth groups, Young carers,	
	2021	

Timetable	Activity	Notes
January 2021	VIRTUAL Engagement with Schools & Colleges VIRTUAL Engagement with West Mercia Police – Youth Independent Advisory group, Youth Justice system, Safer schools	CYPSP Board meeting Thursday 10th December 2020 To advise general feel from engagement so far
February 2021	Social media campaign ends Begin to collate and analyse Engagement responses	
March 2021	Continue to collate and analyse Engagement responses	CYPSP Board meeting Tuesday 16th March 2021 To provide board with Engagement responses and propose any changes to themes PURDAH – local elections in May
April 2021	Complete collation and analysis of remaining Engagement responses Draft new plan for 2021 onwards	PURDAH – local elections in May
May 2021	Board members/Partners review draft plan & comment	Local elections - PURDAH
June 2021	Make final amendments to plan based on comments 15/6/2021 present final plan to Board members at CYPSP meeting for sign off. This date is the legally required deadline for submission of papers to the Overview & Scrutiny Policy Board (OSPB). The new CYPP would need to be sent to them on the same day to be included in the June meeting. 23/6/2021 present the CYPP to the Overview & Scrutiny Policy Board (OSPB).	CYPSP Board meeting Tuesday 15th June 2021 Overview & Scrutiny Policy Board (OSPB) meeting Wednesday 23rd June 2021 (legal deadline for agenda & papers to be published is Tuesday 15th June – same day as the CYPSP meeting)

Timetable	Activity	Notes
July 2021	Present the CYPP to the Health & Wellbeing Board (HWBB) meeting. Sheena Jones will convene a HWBB meeting in early July so that the CYPP can be submitted ahead of Cabinet on 22/7/2021. (Papers due on 8/7/2021). Present the CYPP to Cabinet on 22/7/2021.	HWBB early July Cabinet 22/7/2021
August	NO DEMOCRATIC PROCESS MEETINGS	
September 2021	Present the CYPP to the Council meeting on 9/9/2021.	CYPSP Board meeting Tuesday 7th September 2021

Timeline for democratic process to approve CYPP 2021 onwards

Date	Meeting
15/6/2021	CYPSP Board
23/6/2021	Overview & Scrutiny Policy Board (OSPB)
Early July 2021	Health & Wellbeing Board (HWBB) – additional meeting to be convened
22/7/2021	Cabinet (papers due 8/7/21)
9/9/2021	Full Council

Children & Young People's Strategic Partnersip Governance Model

HEALTH & WELLBEING BOARD

CHILDREN & YOUNG PEOPLE'S STRATEGIC PARTNERSHIP

Links to other Worcestershire partnerships:
Safeguarding Partnerships
Safer Communities Board
Community Safety Partnerships
Sustainability and Transformation Partnership
Local Enterprise Boards
Strategic Housing Board

SOCIAL CARE SERVICE IMPROVEMENT

SEND IMPROVEMENT BOARD

EDUCATION STRATEGY

EARLY HELP PARTNERSHIP

COMMUNICATIONS/LOCAL EVENTS/NETWORKING/PARTICIPATION/ENGAGEMENT/SYSTEMS CHANGE/WORKFORCE/LOCAL OFFER

Supporting...
Children and Families

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Children and Young People's Strategic Partnership

Terms of Reference 2018

Subject to Annual Review

Draft October 2018

1. Purpose

The Children and Young People's Strategic Partnership has been established to develop and help implement Worcestershire's Children and Young People's Plan (CYPP), and further support and underpin the all age Joint Health and Wellbeing Strategy.

The partnership is a sub-group of Worcestershire's Health and Wellbeing Board and has been tasked to bring together senior/strategic leaders from agencies and organisations to take a whole-system response to improving outcomes for children and young people. The Partnership will have specific oversight required of the Troubled Families Programme, SEND Strategy and our approach to Prevention and Early Intervention.

2. Scope

The scope of The Partnership is defined by section 10 of the Children Act. *The local authority is under a duty to make arrangements to promote cooperation between itself and organisations and agencies to improve the wellbeing of local children. This co-operation should exist and be effective at all levels of an organisation, from strategic level through to operational delivery[1].*

The approach of The Partnership is the added value that can be achieved not through monitoring business as usual activity but through developing effective partnership working and the efficiency of how partners work together as a *whole system.* Partnership members are *systems' leaders*, collectively accountable for the impact of the system as a whole and not just for the individual priorities of their own organisations.

The Partnership has agreed to focus on 11 priorities outlined in the CYPP:

1. Help children live in safe and supportive families and communities
2. Promote safe, healthy and positive relationships
3. Support children to have the best start in life and be ready for learning
4. Provide access to a quality and appropriate education/learning experience for all
5. Prepare young people for adult life

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[1] Working Together to Safeguard Children, A guide to inter-agency working to safeguard and promote the welfare of children (July 2018)

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6. Improve outcomes for our most vulnerable children and young people
7. Increase young people's voice in community life, participation and engagement in developing services
8. Increase access to safe and affordable activities and places to go outside of school
9. Increase physical activity and healthy eating
10. Improve social, emotional mental health & wellbeing outcomes
11. Support young people, parents and carers to overcome the barriers to sustained employment

3. Principles and Responsibilities

The Partnership will operate in accordance with the following principles, keeping children, young people and families at the heart of everything we do:

- Creating a health promoting environment
- Encouraging and enabling people to take responsibility for themselves their families and their communities
- Providing clear information and advice
- Commissioning prevention services (based on evidence of effectiveness and within funding available)
- Ensuring services are targeted to the people who would benefit the most

4. Membership

Membership of the Strategic Partnership Board will represent those agencies or organisations which have significant strategic influence over the wellbeing of children, young people and families. These are:

Name	Role	Organisation
Catherine Driscoll	Chief Executive (Director of Children's Services)	WCF
Andy Roberts	Cabinet Member Representative (Children & Families)	WCC
Kathryn Cobain	Interim Director of Public Health	WCC
Avril Wilson	Director of Adult Services	WCC
Sarah Wilkins	Director for Education & Early Help	WCF
Liz Altay	Public Health Consultant	WCC

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Nick Wilson	Assistant Director, Education & Skills	WCC
Helen Hey	Early Help Partnership Manager	Worcestershire County Council
Judith Willis	Head of Community Services	Redditch & Bromsgrove Borough & District Councils
Lloyd Griffiths	Corporate Director, Homes & Communities	Worcester City Council
Ian Miller	Chief Executive Officer	Wyre Forest
Fran Oborski	Chair – Children's Trust	Wyre Forest
Stephen Gabriel	Joint Head of Housing and Communities	Malvern & Wychavon
Susan Harris	Director of Partnerships	Worcestershire Health and Care Trust
Lucy Noon Mari Gay	Director of Corporate Affairs Chief Operating Officer R&B CCG	Worcestershire CCGs
Sarah Smith	Director of Strategy	Worcestershire Acute Trust
Nathan Travis	Chief Fire Officer	Herefordshire and Worcestershire Fire and Rescue Authority
Emma Whitworth	Detective Chief Inspector	West Mercia Police
Keith Barham	Head of Service	West Mercia Youth Offending
Ann Williams	Senior Employer & Partnership Lead	Department of Work and Pensions
David Snell	Headteacher, Middle Schools	Alvechurch Middle School
	Primary/First Schools	
Deb Rattley	Headteacher, Special Schools	Chadsgrove Special School & Sports College
Julia Breakwell	Assistant Principal Information Systems and Student Experience	Heart of Worcestershire College
Michael Hunter	Chair of Worcestershire Voices	Voluntary Community Sector
Judy Chadwick	Skills & Investment Group Manager	Local Enterprise Partnership

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Tracey Onslow	Deputy Police & Crime Commissioner	West Mercia PCC
Geoff Taylor-Smith	Chair	Redditch Community Wellbeing Group
John Godwin	Chair	Bromsgrove Community Wellbeing Theme Group

Board members should be at Director or equivalent level and have the authority, remit and resource to act as a systems leader. They should be able to speak, make decisions and where appropriate commit resources to the work of the Partnership, on behalf of their organisation/sector.

The Partnership should make arrangements to maintain links with other relevant bodies and organisations not specifically represented on the Board but who still have a significant role to play in the children's/families' agenda such as the wider community and voluntary sector, provider organisations and adult services.

The Partnership will be chaired initially by the Director of Public Health, A Vice-Chair will be appointed from amongst the Board membership.

Expectations of Board members:

- Represent and speak on behalf of their agency, while also, through their Board membership, accepting a dual collective responsibility for the whole of the children's system

- Actively commit to championing the role of the Board and delivering its collective responsibilities; this should be evidenced within their own organisations and when attending other partnership meetings

- Appropriately communicating Board discussions / decisions throughout their own organisations

- Members representing a number of agencies (for example in the case of district, borough and city councils and CCGs) should establish suitable feedback, consultation and communication arrangements with component organisations, ensuring concerns are raised and addressed

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- Proactively support the work of the Partnership and be prepared to either lead or support agreed activity/action

- Attend meetings unless non-attendance is unavoidable, in which case a substitute should be nominated who has sufficient authority and understanding to make an active contribution to the meeting

- Agree in advance with the Chair, additional attendees at meetings beyond the agreed membership

- Advise the Partnership in advance of any proposed or likely changes to their provision of services, their ability to fulfil their remits or functions, or of any identified risks, to enable a collective discussion about potential impact

- Commit to provide information that is requested and agreed to be provided, including that needed to enable the Board to collate and analyse data to inform the performance framework

Any instances of a Board member not complying with these expectations will be raised by the Chair with their agency at the highest level

5. The Plan

The Children and Young People's Strategic Plan ('The Plan') is a multi-agency plan agreed by the members of the Children and Young People's Strategic Partnership. It sets out the outcomes and a set of priorities, how these will be achieved and the intended difference these will make to children and young people. The Plan has been informed by an extensive process of engagement and consultation not only with children and young people but also parents and carers and those who work with and for children and young people. It will continue to be informed by performance information and local intelligence about key issues of concern on a county and locality basis.

The plan is a document, periodically updated and supported by key identified action plans, which focus on activity that needs to be undertaken at a strategic level and locality level. An aligned performance management framework will be used to monitor progress and the impact.

6. Funding

The delivery of the Children and Young People's Plan at county or locality level will be through member agencies using, aligning or combining existing resources or through

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seeking additional funding through, for example, social finance or grants. It is expected that all agencies will make contribution in kind to the Partnership, including enabling their staff the time to attend and support meetings and to contribute to the activity required to implement the Plan.

7. Sub-Groups

The Board does not have a standing sub-group structure, it may however establish sub-groups or task and finish groups as deemed necessary for the delivery of the Plan, any group established should have a 'named sponsor' on the Board.

8. Frequency of meetings

Meetings will be held four times per year. Dates of meetings will be set a year in advance.

9. Administration of meetings

Agendas and supporting documents will be issued electronically at least one week before the meeting. All member agencies should proactively contribute to setting the agenda. Minutes will be produced and circulated within two weeks of the meeting. Worcestershire County Council will provide administrative support for the Board.

10. Accountability

The Children and Young People's Strategic Partnership will be accountable to the Health and Wellbeing Board with reporting frequency to be determined by the Health and Wellbeing Board.
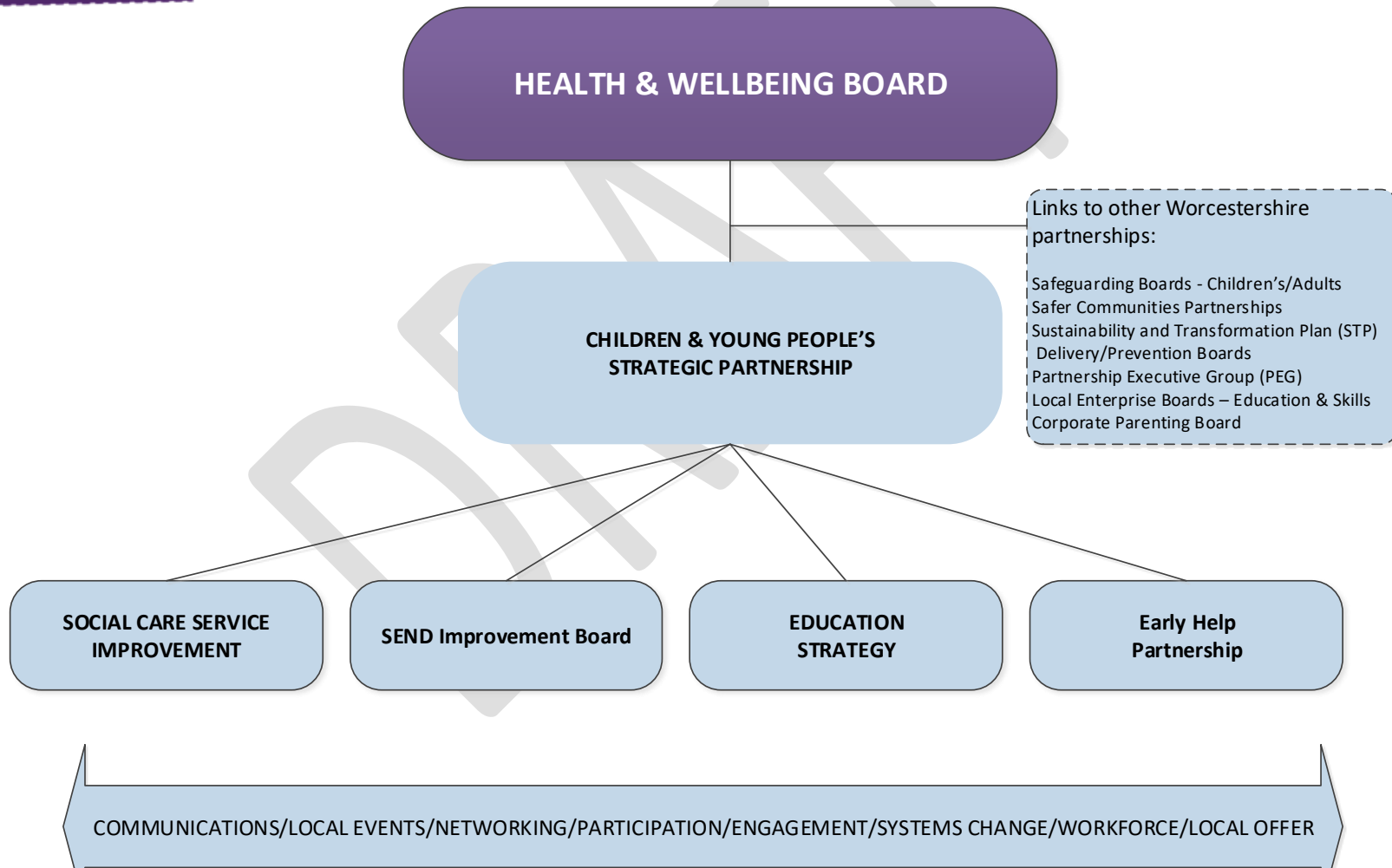
The Partnership is not directly accountable to any other partnerships, but appropriate alignment will be sought with the plans and strategies of other relevant partnerships. This will occur through the Partnership establishing an effective influencing and advisory role in relation to other partnerships; through it taking into account other strategic frameworks and plans when setting its own Plan; and through the Partnership consulting with these other partnerships when establishing its Plan and on other relevant matters.

The Partnership does not have any powers to direct member agencies or other organisations however, member agencies of the Children and Young People's Strategic Partnership Board will be accountable to the Health & Wellbeing Board for acting in accordance with the agreed principles and responsibilities, including for delivering the Children and Young People's Plan. The Chair of the Partnership will raise at a senior level any concerns the Partnership has about actions of members or other organisations which are not effectively contributing to the wellbeing of children and young people.

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Worcestershire Children
At the heart of everything we do

Supporting...
Children and Families

Children & Young People's Plan and Troubled Families Governance Model

HEALTH & WELLBEING BOARD

CHILDREN & YOUNG PEOPLE'S STRATEGIC PARTNERSHIP

Links to other Worcestershire partnerships:

Safeguarding Boards - Children's/Adults
Safer Communities Partnerships
Sustainability and Transformation Plan (STP) Delivery/Prevention Boards
Partnership Executive Group (PEG)
Local Enterprise Boards – Education & Skills
Corporate Parenting Board

SOCIAL CARE SERVICE IMPROVEMENT

SEND Improvement Board

EDUCATION STRATEGY

Early Help Partnership

COMMUNICATIONS/LOCAL EVENTS/NETWORKING/PARTICIPATION/ENGAGEMENT/SYSTEMS CHANGE/WORKFORCE/LOCAL OFFER

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Worcestershire Children and Young People

At the heart of everything we do

Worcestershire's Children and Young People's Plan

2017 - 2021

Find out more online:
www.worcestershire.gov.uk/CYPP

This plan is owned by all agencies working with children, young people and families in Worcestershire

We will:

The plan will set expectations around the way all agencies will work ✓

Build on and add value to existing plans and will change over time to respond to need ✓

Focus on key priorities and success measures ✓

Clarify our collective ambition and aspirations for **all** children and young people ✓

Provides a framework for all agencies and organisations working with children, young people and families to make the necessary impact to improve lives

- **Listen to, hear and understand** children, young people and families

- **Find strengths and build on positives** to help **people help themselves**

- **Prioritise partnerships** – to improve outcomes, doing things with people, instead of to them, for them or doing nothing

- **Focus on adding value**, Keep asking is anyone better off? Is anyone worse off?

- Be **brave** enough to always do the right thing for children and young people

Our vision is for Worcestershire to be a wonderful place for all children and young people to grow up

Ultimate Outcomes	Our Priorities	What are we going to do?	How we'll know if we've made a difference
Are safe from harm	1. Help children live in safe and supportive families and communities (homes and places) 2. Promote safe, healthy and positive relationships	• Actively embed the children and young people plan's shared values within all agencies • Improve safeguarding services • Reform services for children with special education needs and disabilities	Decrease in the number of children and young people with a repeat child protection plan Increase in the percentage and timeliness of children who are looked after that are in permanent homes (placements)
Reach their full potential	3. Support children to have the best start in life and be ready for learning 4. Provide access to a quality and appropriate education/learning experience for all 5. Prepare young people for adult life 6. Improve outcomes for our most vulnerable children and young people	• Break the cycle of families continuing to need/rely on specialist services • Tackle the gaps in education system/provision that prevent children and young people from accessing full time education	Increase in the percentage of children with a good level of development in early years Improve educational outcomes and positive destinations for all children and young people Decrease in achievement gaps at all stages
Make a positive contribution in their communities	7. Increase young people's voice in community life, participation and engagement in developing services 8. Increase access to safe and affordable activities and places to go outside of school	• Strengthen the focus on prevention and early intervention within all aspects of the children and young people's plan • Strengthen the social, emotional and mental health offer	Surveys of children and young people's views: are they having fun and having a positive influence in their communities? Decrease in the number of first time entrants into the youth justice system
Live healthy, happy and fun filled lives	9. Increase physical activity and healthy eating 10. Improve social, emotional mental health & well-being outcomes 11. Support young people, parents and carers to overcome the barriers to sustained employment	• Secure partnerships that support delivery of our priorities and use public money wisely	Increase in children, young people and parental satisfaction with emotional well-being or mental health services Improvement of health outcomes and closing of inequalities gap

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Our Partnership:

All District Councils | Clinical Commissioning Groups | Department of Work and Pensions (West Mercia District) | Early Years Settings | Employers | Hereford and Worcester Fire and Rescue Service

Local Enterprise Board (Business and Skills Sector) | Public Health | Schools and College | Training Providers | Voluntary and Community Sector | West Mercia Police | Worcestershire Acute Hospital Trust

Worcestershire Children's Safeguarding Board | Worcestershire County Council | Worcestershire Health and Care Trust

What you told us is important?

Sleep because I dream

Being good and staying out of trouble

Just had a baby girl, she is the most important thing in my life

People being less harsh and being nice

Being appreciated and having an equal opportunity

That I'm able to access support and a club that supports my needs

Being given the opportunities to achieve the same as everyone else, not being defined by my post code

If learning is more fun

Family, friends, phone, PS4, cricket bat and ball, hockey ball and stick

My family as they are everything

Some responses from Children and Young People to our survey.