

Agenda

Health and Well-Being Board

Tuesday, 16 November 2021, 2.00 pm
County Hall, Worcester

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Health and Well-Being Board
Tuesday, 16 November 2021, 2.00 pm, Council Chamber,
County Hall

Membership

Full Members (Voting):

Cllr Karen May (Chairman)	Cabinet Member for Health and Well-being
Simon Adams	Managing Director, Healthwatch Worcestershire
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
Paula Furnival	Strategic Director for People
Julie Grant	NHS England
Cllr Adrian Hardman	Cabinet Member for Adult Social Care
Dr A Kelly (Vice Chairman)	CCG Clinical Director for Mental Health and Well-being
Cllr Andy Roberts	Cabinet Member for Children and Families
Tina Russell	Worcestershire Children First
Dr Ian Tait	NHS Herefordshire and Worcestershire CCG
Simon Trickett	NHS Herefordshire and Worcestershire CCG

Associate Members

Supt Steph Brighton	West Mercia Police
Cllr Lynn Denham	South Worcestershire District Councils
Kevin Dicks	District Local Housing Authorities
Sarah Dugan	Worcestershire Health & Care Trust
Cllr Nyear Nazir	North Worcestershire District Councils
Jo Newton	Worcestershire Acute Hospital Trust
Jonathan Sutton	Voluntary and Community Sector

Agenda

Item No	Subject	Presenter	Page No
1	Apologies and Substitutes		
2	Declarations of Interest		
3	Public Participation <i>Members of the public wishing to take part should</i>		

Agenda produced and published by the Assistant Director for Legal and Governance, County Hall, Spetchley Road, Worcester WR5 2NP

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All the above reports and supporting information can be accessed via the Council's website

Date of Issue: Monday, 8 November 2021

Item No	Subject	Page No
	<i>notify Legal and Democratic Services 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 on the day before the meeting (in this case 9.00am on 15 November 2021). Enquiries can be made through the telephone number/e-mail address listed in this agenda and on the website.</i>	
4	Confirmation of Minutes	1 - 8
5	JSNA Annual Summary	Matt Fung 9 - 226
6	JHWS Action Plans	Dr Kathryn Cobain 227 - 232
7	PCN Priorities	Dr Jonathan Wells 233 - 252
8	ICEOG Annual Update	Simon Trickett 253 - 258
9	2021/22 Better Care Fund	Simon Trickett and Paula Furnival 259 - 264
10	Future Meeting Dates Public meetings (All Tuesday at 2pm) <ul style="list-style-type: none"> • 15 February 2022 • 24 May 2022 • 27 September 2022 • 15 November 2022 Private Development meetings (All Tuesday at 2pm) <ul style="list-style-type: none"> • 25 January 2022 • 29 March 2022 • 21 June 2022 • 18 October 2022 	

Webcasting

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Minutes of the Health and Well-Being Board**Council Chamber, County Hall****Tuesday, 28 September 2021, 2.00 pm**

Present:

Cllr Karen May (Chairman), Simon Adams, Dr Kathryn Cobain, Carole Cumino, Cllr Lynn Denham, Kevin Dicks, Sarah Dugan, Dr Anthony Kelly (Vice Chairman), Jo Newton, Cllr Andy Roberts, Dr Ian Tait and Simon Trickett

Also attended:

Elizabeth Griffiths; Public Health Consultant, WCC – for item 6
Hannah Perrott, Assistant Director for Communities, WCC – for item 7
Dr Tanya Richardson, Public Health Consultant, WCC – for item 7
Jack Lyons-Wainwright, Mental Health Lead, Hereford and Worcestershire CCG – for item 8

611 Apologies and Substitutes

Apologies had been received from Louise Bramble, Paula Furnival, Julie Grant, Cllr. Adrian Hardman, Cllr. Nyear Nazir, Tina Russell and Jonathan Sutton.

Carole Cumino attended for Jonathan Sutton.

612 Declarations of Interest

None

613 Public Participation

None

614 Confirmation of Minutes

The minutes of the previous meeting held on 20 July 2021 were agreed to be a correct record of the meeting and were signed by the Chairman.

615 Governance Review

Dr Kathryn Cobain summarised the positive engagement with the Local Government Association (LGA) for the Health and Well-being Board governance review. Over 40 stakeholder interviews were held, with valuable insight and evidence collated and presented back to members. Time would now be spent considering how the Health and Well-being Board would seek to position itself, align with and support Integrated Care System (ICS) development.

It was proposed that future development sessions would be used to continue with the governance review work.

RESOLVED that the Health and Well-being Board:

- a) **Noted progress on the governance review; and**
- b) **Agreed the planned board development to implement recent Local Government Association (LGA) findings.**

616 Engagement approach - Mental Wellbeing and Joint Health and Wellbeing Strategy Consultation

It had previously been agreed by the Board that the Joint Health and Well-being Strategy (JHWS) would have an overarching theme of mental well-being. However, Elizabeth Griffiths, Public Health Consultant, explained that there was little evidence about the current situation, considering the impact of COVID-19 on mental well-being, therefore it was an opportune time to ask communities how their mental health had been affected and gather further information so that action plans could be created.

The intention was for an engagement team to run a formal consultation from January to March 2022, following which, proposals would be developed for the JHWS to be launched in the summer of 2022. It was therefore proposed that the existing JHWS be extended to cover the consultation period prior to the new strategy.

In the ensuing discussion the following points were made:

- It was discussed whether January to March was the best time for a consultation, but it was agreed that there could be difficulties with other times of year
- The District Councils had been expecting the consultation before Christmas, so there was concern that the delay would have a knock-on effect on other strands of work. In reply, there was an assurance that the County Council was not putting off other work and progress with the JSNA would continue. The Health and Care Trust agreed that its work on the Mental Health Strategy would continue but it would need to ensure that the work in different areas of the system was synchronised
- Members of the Board were pleased that there was more conversation around mental health rather than mental illness
- Members were pleased with the proactive approach but cautioned that it needed to be realistic with what could be offered, for example an increase in staffing

- The Acute Trust wished to ensure that all staff were considered in the consultation. It was agreed that the mental health of the work force as well as the community needed to be considered
- The consultation needed to engage with 'hard to reach' groups and it was suggested that staff links to communities should be used
- Healthwatch confirmed it would be willing to work with the Health and Well-being Board and the County Council on the consultation and reaching people who did not usually contribute to consultations or lived in 'health hotspots'.

RESOLVED that the Health and Well-being Board:

- a) endorsed and supported the proposed year long conversation on mental wellbeing;**
- b) approved the revised timetable for the Joint Health and Wellbeing Strategy (JHWS) implementation; and**
- c) in light of the above, approved a short-term extension to the existing JHWS.**

617 Integrated Wellbeing Offer and Here2Help

Dr Tanya Richardson introduced the Integrated Wellbeing Offer (IWO), explaining that it aimed to reduce inequalities and empower people to live well by giving them all the information on the determinants of health. Work had started pre-Covid-19, prior to the establishment of the Here2Help programme, and the County Council was now continuing the work, leveraging recent learning. A multi-agency Steering Group had been established, co-chaired by the Director of Public Health and a voluntary sector representative.

It was noted that in the past there had been frustration that organisations did not work better together across the system, but Worcestershire was now moving forward and was in a better position, creating a whole system approach, to make a difference for individuals.

The Integrated Service Directory had been launched that day, helping to connect people to their own community-based solutions, and Here2Help would be the front door to well-being, allowing people to help themselves rather than rely on a medical model. It was acknowledged that engagement worked well in Redditch and best practice should be rolled out around the county. However, it was recognised that the project needed long term sustainable funding.

A District Councillor felt that what was on offer was tremendous but noted that accessing everything online was difficult for many people. In the past local libraries were an excellent resource to access information but some of the more deprived areas of the County no longer had libraries or equivalent facilities. The Chair noted that a new project called 'Clent Connect' had seen a

local community create a parish room providing advice, help and support directly within the local community.

Members of the Board agreed that digital exclusion was a concern, but the IWO was a fantastic scheme and could be delivered more quickly than the Primary Care agenda.

RESOLVED that the Health and Well-being Board:

- a) noted the progress made in developing an Integrated Well-being Offer for Worcestershire;
- b) noted the plans for the future development of Here2Help; and
- c) agreed to receive a more detailed update on progress in early 2022.

618 Mental Health and Wellbeing Strategy

Jack Lyons-Wainwright, Mental Health Lead at Herefordshire and Worcestershire CCG, explained that engagement with partners on the all age Mental Health and Wellbeing Strategy had begun 2 years previously and 5 key priorities had been developed:

- a) Accessible services
- b) Integrated services
- c) Community empowerment
- d) Person-centred services
- e) Prevention and self-care

The priorities aligned with the NHS Long Term Plan and aimed to complement the Herefordshire and Worcestershire Integrated Care System and the Joint Health and Well-being Strategy. Delivery of the Mental Health and Wellbeing strategy would be overseen by the Mental Health Collaborative Committee. A three-year high level plan had been produced with detailed action plans to follow.

The Mental Health and Well-being Strategy had been approved by Worcestershire Integrated Commissioning Executive Officers Group (ICEOG) and the ICS Partnership Board, but still needed to be submitted to the Herefordshire Health and Wellbeing Board.

Health and Well-being Board Members discussed the Mental Health and Wellbeing strategy and had various questions:

- With regard to mental health teams in schools, one Board Member raised a concern that the Mental Health and Well-being Strategy did not specifically include Worcester, despite it having some areas of high deprivation. He wished to endorse the project as a pilot rather than it being part of the full strategy. It was explained that in 3 years there would be a refresh and a move towards 100% coverage. As an early implementer there were rules around having a mix of settings around

the County, but there was clarity on the next few phases. It was felt that the document needed to be clearer on the intent of having mental health teams in all schools

- It was suggested that the way the document was written needed to be reviewed and whether it was a completed strategy or a living document
- It was queried whether the criminal justice system had been involved in the development of the Mental Health and Wellbeing strategy, as it was known that people involved in the criminal justice system were more likely to have mental health issues. It was confirmed that the police would be represented on the Collaborative Committee and would be engaged in the delivery of the strategy. It was agreed that as the criminal justice system was not specifically referenced, the strategy should be amended to detail the full engagement which was intended with the police and fire services.
- The acute trust welcomed the strategy but asked how it would work regarding place. Each organisation had different roles to play in a Mental Health Strategy
- It was felt that there should be more focus on locality rather than looking at national data and that an executive summary would be useful
- The Director of Public Health offered that partners could work together with regards to the presentation of the document as there was an opportunity to align the Mental Health and Wellbeing Strategy with other work. The strategy was being developed across the system and would be delivered through places and would report back to the Health and Well-being Board.

RESOLVED that the Health and Well-being Board:

a) considered the ICS Mental Health and Wellbeing Strategy and requested that certain amendments be made; and

b) that an updated report be brought back to the Board in the New Year for approval.

619 Director of Public Health Annual Report

The Chairman paid tribute to the previous Chairman of the Health and Well-being Board, John Smith, and the work he carried out for the Board and the support he had given the Director of Public Health.

The Director of Public Health explained that her annual report reflected on what had been achieved over the past year. Lives had changed dramatically due to Covid-19 but there had been some positive impacts such as strong partnership working and the focus on Primary Care and prevention.

The next Annual Report would be produced earlier in the year and would focus on what needed to be provided, how prevention could be prioritised and how to reach the 'hidden population'.

The Chair thanked the Director of Public Health, her team and the partners around the table for the work they had done in dealing with the pandemic.

Board members made various comments:

- It was felt that help was needed from secondary care to enable primary care to move towards prevention activities. The community was needed to deliver support and help to engage those who were traditionally hard to reach
- GPs needed to be co-collaborators with the voluntary and community sector and the community so that more 'win win' situations could be identified
- It was queried why there had not been more work targeted at hearing loss as it affected so many people. The CCG responded that some work had been done in that area
- There was a need to build resilient communities and some changes in behaviour needed to be encouraged and would help to prevent problems later on; for example, support with hearing loss could help to prevent dementia, and taking action on various conditions which were preventable could have a beneficial effect on mental health.
- It was suggested that future Board development sessions could be used to consider prevention areas.

RESOLVED that the Health and Well-being Board:

- a) noted and supported the findings of the 2020/21 Director of Public Health Annual Report; and
- b) agreed to endorse the recommendations stated within.

620 Covid-19 Health Protection Board Quarterly Report (July and August of Q2 2021) : Delivering Worcestershire's Outbreak Control Plan

COVID-19 had not gone away; the Health Protection Board was still in operation, now meeting every other month and actively approving and monitoring use of the Contain Outbreak Management Fund. There remained a 7-day response Local Outbreak Response Team, which had recently focussed efforts on support to schools in managing the rising number of COVID-19 cases. The Health Protection Sub- group still met, looking wider than COVID-19 but also reviewing progress with vaccination rates which were at good levels.

RESOLVED that the Health and Well-being Board noted the delivery of Worcestershire's Outbreak Control Plan (OCP), the arrangements for governance and the current situation of Local Outbreak Response Team operation.

621 2020/21 Better Care Fund (BCF) Budget Quarter 1 Update

There had been an increased allocation to the Better Care Fund (BCF) and budgets had been increased to the Integrated Equipment Store and the Discharge to Assess Pathway.

RESOLVED that the Health and Well-being Board noted the forecast break-even position for the financial year 2021/22 as at the end of Quarter 1.

622 Herefordshire and Worcestershire Learning from Lives and Deaths - People with Learning Disabilities (HW LeDeR) Annual Report 2020/21

The Director of Public Health commended the work done by Rachael Skinner, Associate Director of Nursing and Quality, CCG, and presented to the Health and Well-being Board. She recognised that there were some practical issues with health checks for people with learning disabilities and engagement with ‘Speak Easy Now’ would continue.

A JSNA had been undertaken a few years ago as it was agreed that this group needed a specific response and health needs should be identified before they became a crisis.

RESOLVED that the Health and Well-being Board noted the HW LeDeR Annual Report for 2020/21, noted the intention to develop a LeDeR Strategy during 2021 and agreed to receive an annual update on progress against agreed priorities.

623 Future Meeting Dates

The next public meeting would take place on 16 November 2021.

The meeting ended at 3.40pm.

Chairman

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HEALTH AND WELL-BEING BOARD 16 NOVEMBER 2021

JOINT STRATEGIC NEEDS ASSESSMENT ANNUAL SUMMARY 2021

Board Sponsor

Dr Kathryn Cobain

Author

Matthew Fung, Public Health Consultant

Priorities

Mental health & well-being	Yes
Being Active	Yes
Reducing harm from Alcohol	Yes
Other (specify below)	

Safeguarding

Impact on Safeguarding Children If yes please give details	No
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Impact on Safeguarding Adults If yes please give details	No
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Item for Decision, Consideration or Information

Consideration

Recommendation

1. The Health and Well-being Board (HWB) is asked to note:
 - a) the wide-ranging consequences of COVID-19, and disproportionate impact on those most deprived in Worcestershire;
 - b) previous progress against Joint Health and Well-being Strategy (JHWS) indicators and need for careful selection of new JHWS indicators;
 - c) the proposed changes and direction of travel of the JSNA as a result of the LGA review; and
 - d) support exploring how a Worcestershire Observatory could provide a way forward

Background

2. The Joint Strategic Needs Assessment (JSNA) enables the health and wellbeing board, relevant members of the board and partners to understand and take steps to improve health and wellbeing across Worcestershire. The JSNA requires a collaborative and joined up approach, which is owned, developed and used by members of the HWBB.

3. Last year's JSNA annual summary focussed on the health impacts of COVID-19, which set out a very detailed assessment of these impacts, a theme which continues into this year's annual summary (see Appendices **A and B**).
4. Worcestershire generally has good health and wellbeing, with life expectancy and healthy life expectancy significantly better than England. Mortality across a number of indicators and measures are also much better in Worcestershire than England.
5. Despite this, there are some measures which are persistently worse than England including excess weight in adults, alcohol related admissions, breastfeeding initiation, smoking status in pregnancy, school readiness and hip fractures.

COVID-19

6. COVID-19 has had far reaching impacts, but these have not been felt equally with those who are the *least* privileged *most* affected. For example, deprivation is linked to higher likelihood of a positive test, higher likelihood to die from COVID-19, and reduced likelihood to be vaccinated against COVID-19.
7. Furthermore, three key groups negatively affected by the pandemic nationally and locally are older people, those most deprived and children and young people.
8. COVID-19 has also exacerbated existing health inequalities such as those relating 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.
9. One emerging impact of COVID-19 is the change in life expectancy at birth which has reduced across England. Reductions of up to 1.2 years are noted across Redditch, Wychavon and Wyre Forest for males and females, and Worcester City for females.
10. Mental health and wellbeing has worsened during the pandemic (such as anxiety, bereavement and grief, as well as the impact of long COVID), but is improving with restrictions easing. There are however wider impacts of the pandemic which are not fully known and may have significant medium-long term impacts. It is important to note that mental health issues have not been felt equally across Worcestershire.
11. Access to health services has been affected through changes to service provision and access to health seeking behaviours. Nationally in 2020, around six million fewer patients sought treatment than in 2019, which may affect future population need, particularly where treatment is preventative. This extends to lower rates of childhood immunisations and possible declines in screening programme uptake such as cervical screening.

Review of previous HWBB strategy indicators

12. Indicators from the previous JHWS are provided in the accompanying presentation provided at **Appendix A**. Progress has been made across some domains such as ‘% of children classified as overweight or obese’, and ‘% of those in treatment who successfully completed treatment’.

13. Some indicators have shown a deterioration such as ‘% of physically active children and young people, and ‘alcohol related hospital admissions’, whilst a number of other indicators have remained either amber or green.

14. It is noted that a number of indicators had been discontinued during the time of the previous JHWS, and therefore, careful selection of indicators is needed for the new JHWS to ensure future relevance. Up to date local indicators in addition to national indicators are recommended.

Local Government Association review and JSNA strategic direction

15. The Worcestershire JSNA was considered or commented upon as part of the HWB’s recent governance review, facilitated by the LGA. This highlighted a number of positive points including well researched, resonates with economic recovery and that the JSNA is good on specific topic areas. From the review, suggestions were made by the LGA to help the JSNA process develop further, including:

- increased district level input and analysis with data and intelligence from all partners;
- a stronger focus on wider determinants and an asset approach;
- creating a more living ‘asset-based’ resource to inform other strategies across the system;
- being the core assessment for Worcestershire, that is truly seen as a joint needs assessment, rather than selective areas of health needs assessments;
- to be recognised as the one overarching assessment for Worcestershire, whereby strategies and plans flow from this; and
- to ensure there is clear alignment between the refreshed JHWS and the Integrated Care Strategy flowing from the JSNA.

16. To this end, a Worcestershire Observatory is proposed to form the basis of response to LGA recommendations (as shown in slide 16 of Appendix A). It is recognised that no single organisation can make this a successful endeavour and re-commitment from HWB to collaborate on the JSNA is essential. The existing JSNA working group will continue to operationally drive the JSNA forward, whilst refocusing on local need, incorporating qualitative insight, establishing more self-service data tools, and using automation where possible will begin to reframe the Worcestershire’s JSNA offer. Strengthening of links between the JSNA and emerging population health management approaches also present new opportunities to do things differently in Worcestershire.

Legal, Financial and HR Implications

17. There are no legal, financial or HR implications arising from this report. Any future financial implications with regard to procurement of a new self-service data system will be considered by Worcestershire County Council as required.

Privacy Impact Assessment

18. There is no required privacy impact assessment at this stage.

Equality and Diversity Implications

19. 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

County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

Specific Contact Points for this report

Name: Matthew Fung, Public Health Consultant

Tel: 01905 845040

Email: mfung@worcestershire.gov.uk

Supporting Documents

- JSNA annual summary 2021 presentation (**Appendix A**)
- JSNA annual summary 2021 (**Appendix B**)
(Both documents available in colour on the websites)

In the opinion of the proper officer (in this case the Director of Public Health) there are no background papers relating to the subject matter of this report.

JSNA Annual Summary 2021

Page 13

Matthew Fung
Consultant in Public Health

Worcestershire overarching measures

Life expectancy and healthy life expectancy
Worcestershire performs relatively well compared with England

Between 2016 and 2018 under 75 mortality rates for cardiovascular disease, cancer and respiratory disease were all better than England rates

Persistently red indicators:
Excess weight in adults, alcohol related admissions, breastfeeding initiation, smoking status in pregnancy, school readiness, hip fractures.

Mental health challenges, relating to unemployment, bereavement, long COVID, inequalities in mental health and wellbeing

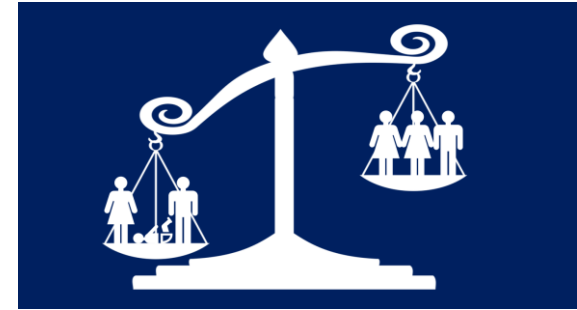
Education and academic challenges: school readiness, academic achievement particularly for most deprived children

Health, care and preventative service access challenges: most deprived people, ethnic groups.

COVID-19

- COVID-19 has had far reaching impacts and consequences
- Service disruption could mean those with poor health having to live with poor health for longer
- Inequalities prior to COVID-19 have been exacerbated due to COVID-19
- Three groups have been severely affected as below (noting that within each group, ethnic groups and those

Page 15



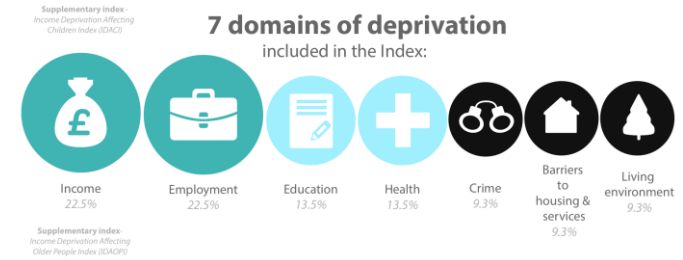
Children and young people



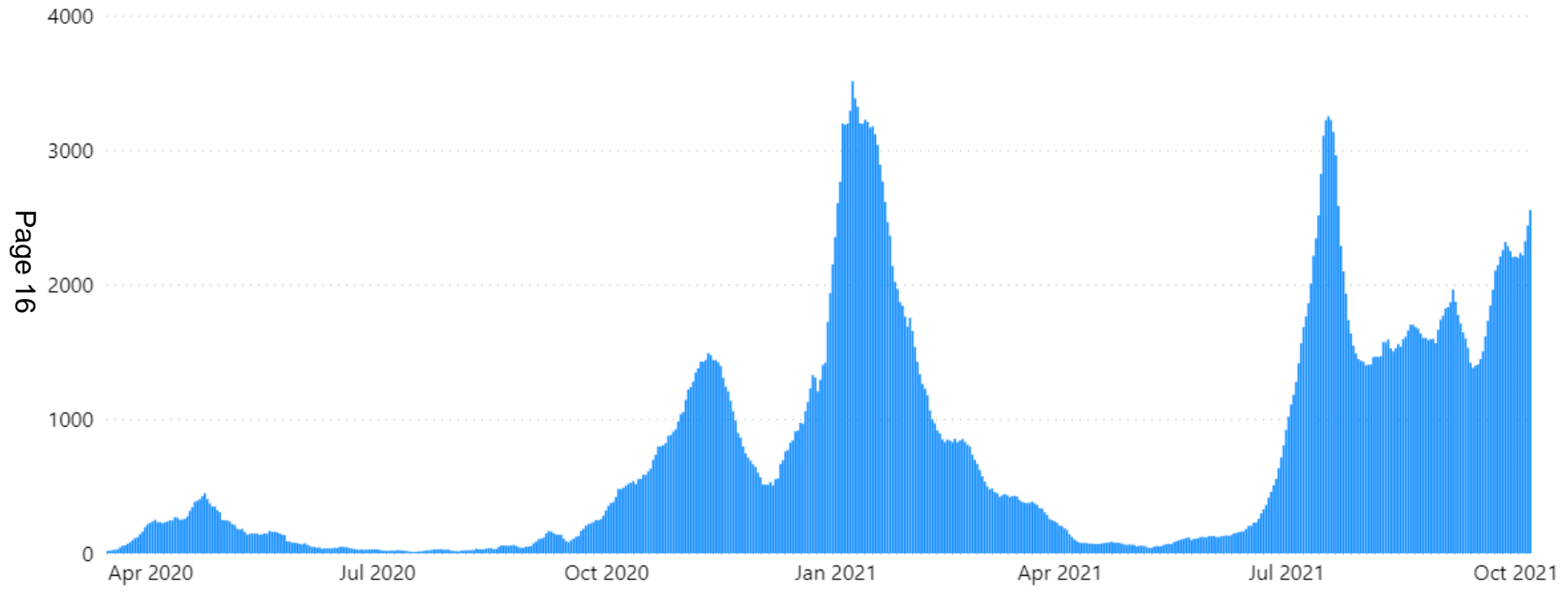
Older people



Deprived



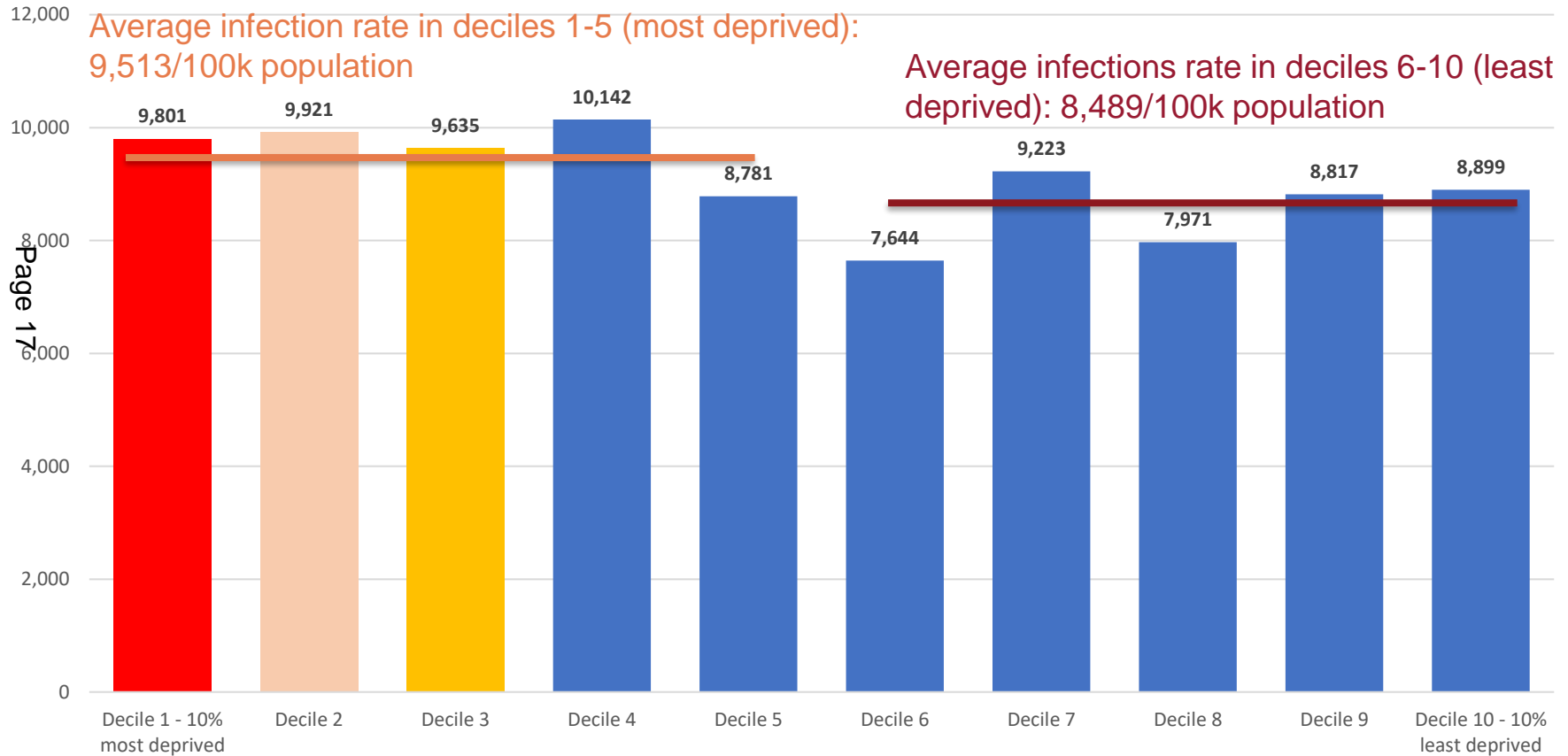
Worcestershire Covid-19 daily cases



COVID infection and impact has not been uniformly distributed across people, communities and groups in Worcestershire.

Inequalities in COVID infection

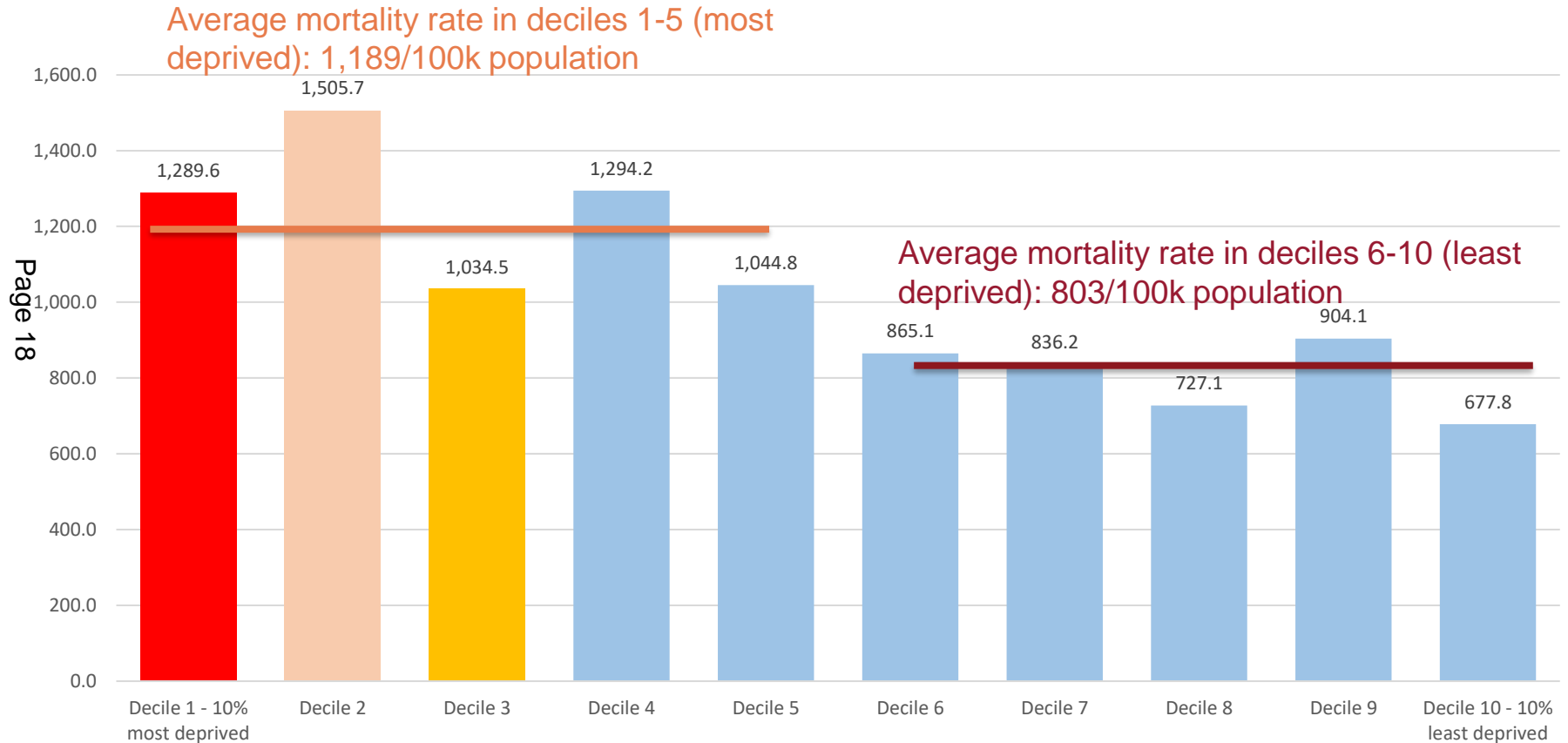
Cases per 100,000 population by deprivation in Worcestershire, up to 7th September 2021



More deprived = more likely to test positive

Inequalities in COVID mortality

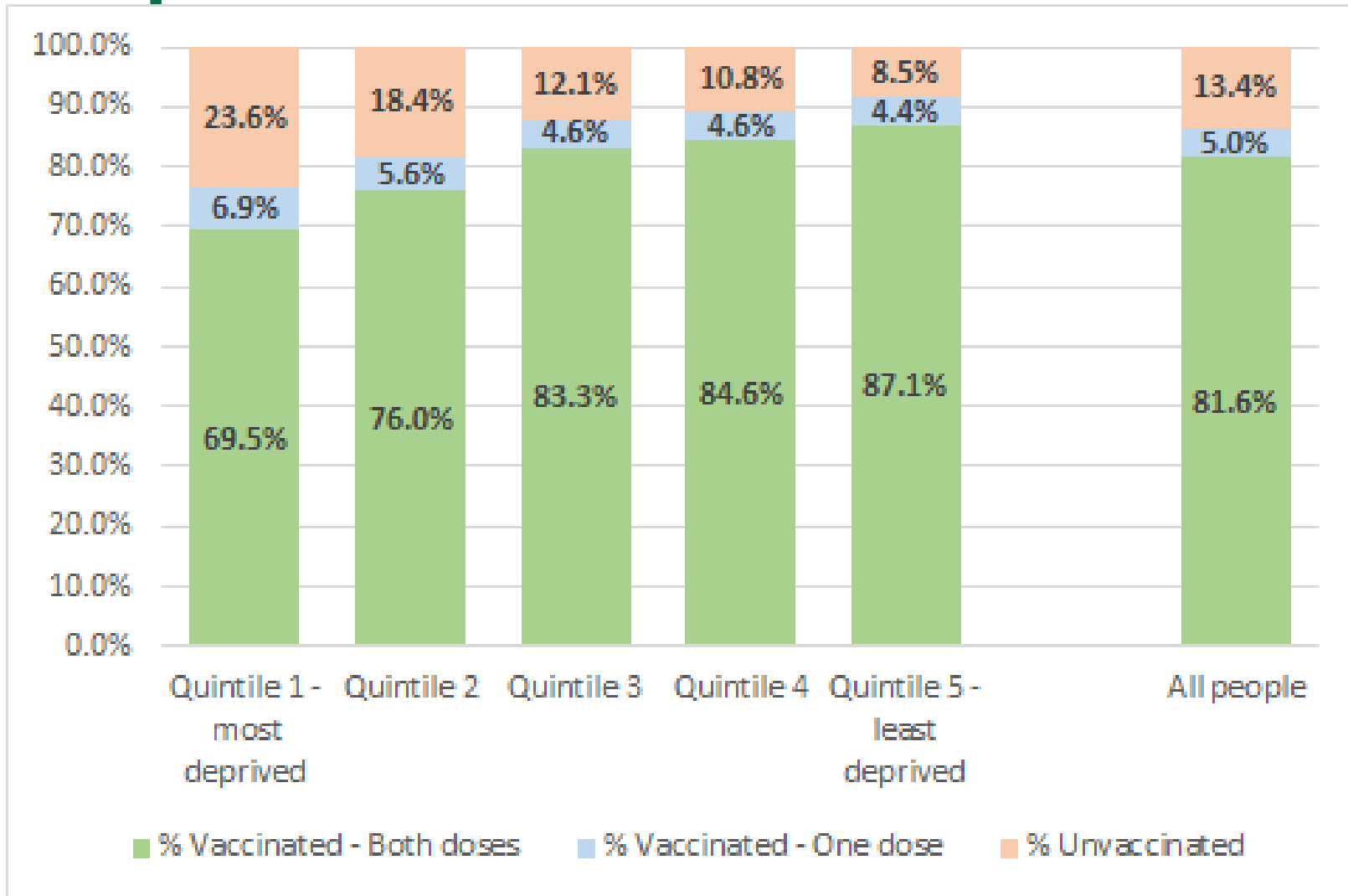
Deaths where underlying cause of death was due to Covid-19 per 100,000 population aged 65-plus in Worcestershire by IMD decile



More deprived = significantly more likely to die with/of COVID-19

Inequalities in vaccination

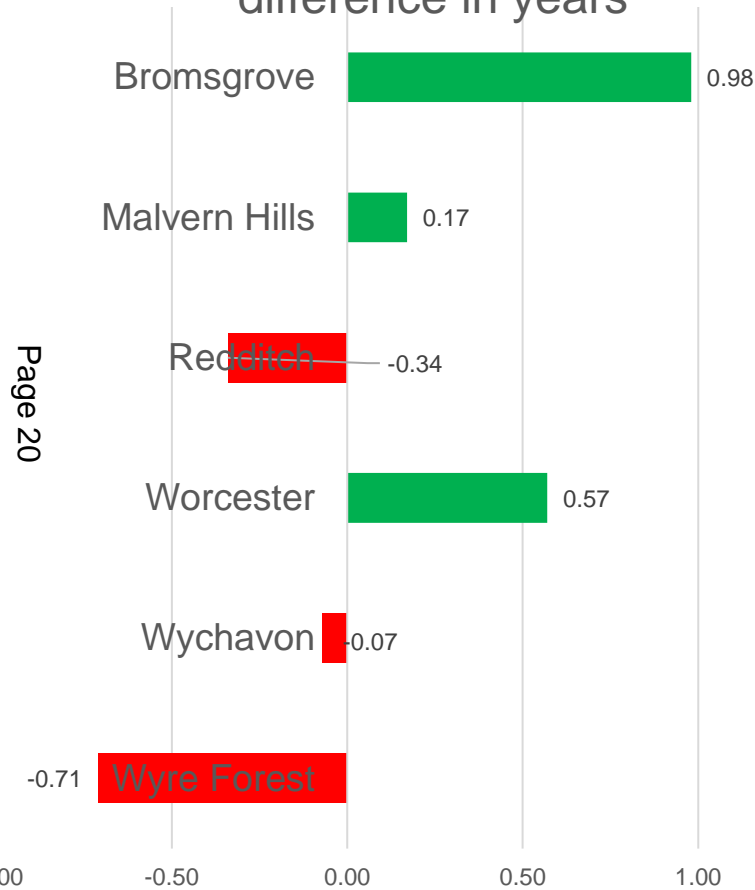
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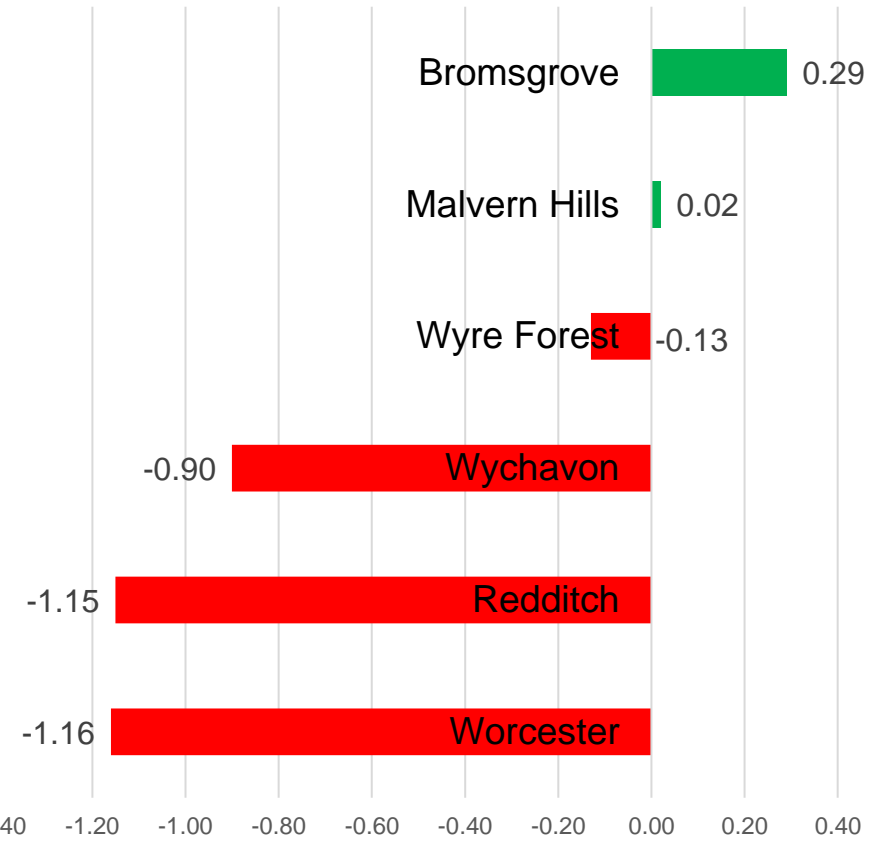
More deprived = less likely to be vaccinated

Local life expectancy changes (2015/17 to 2018/20)

Male life expectancy at birth - difference in years










Female life expectancy at birth - difference in years










REVIEW OF PREVIOUS HWBB PLAN







Mental health and wellbeing throughout life

Performance Indicator	Measurement R/A/G at baseline	R/A/G latest period	Recent trend	
Hospital admissions as a result of self-harm (10-24)	PHOF	409/100,000 (2015/16)	355.9/100,000 (2019/20)	
Referral to Child and adolescent secondary mental health services	PHOF	3,470 per 100,000 (2017/18)	4,186 per 100,000 (2018/19)	
Satisfaction with life measure (low satisfaction)- National wellbeing Survey	PHOF	3.3% (2014/15)	4.7% (2019/20)	
% of adult social care users who have as much social contact as they would like	PHOF	45% (2015/16)	49.6% (2019/20)	
Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate	Adult Social Care Outcomes Framework	66.4% (2015/16)	68% (2017/18)	
School readiness; all children achieving a good level of development at the end of reception as a % of all eligible children by free school meal status	PHOF	49.5% (2015/16)	51.5% (2018/19)	
Diagnosis rate for people with dementia	PHOF	61% (2017)	50.5% (2021)	

Being active at every age

Performance Indicator	Measure			Recent trend
	ment	R/A/G at baseline	R/A/G latest period	
Age standardised mortality rate from all cardio-vascular diseases under 75 years of age	PHOF	67.4 per 100,000 (2013-15)	64 per 100,000(2017-19)	
% of reception children classified as overweight or obese	PHOF	22.9% (2012/13)	19.7% (2018/19)	
% of children year 6 classified as overweight or obese	PHOF	33.2% (2013/14)	32.9% (2018/19)	
% of adults classified as "inactive"	PHOF	20.9% (2015/16)	20.6% (2019/20)	
% physically active children and young people	PHOF – WAY survey	45.1% (2017/18)	43% (2018/19)	
% adults walking for travel at least three days per week	PHOF	17.1% (2015/16)	16.6% (2018/19)	
% adults cycling for travel at least three days per week	PHOF	1.5% (2015/16)	2.0% (2018/19)	

Reducing harm from alcohol at all ages

Performance Indicator	Measurement	R/A/G at baseline	R/A/G latest period	Recent trend
% of all those in treatment who successfully completed treatment	PHOF	26% (2015/16)	47.30% (2019/2020)	
Admission episodes for alcohol-specific conditions	PHOF	449/100,000 (2013/14)	487 per 100,000 (2019/20)	
Persons admitted to hospital due to alcohol – related conditions (broad).	PHOF	1,941 / 100,000 (2015/16)	2,165 / 100,000 (2018/19)	
Age standardised mortality rate from liver disease in those under 75 years of age	Public Health Outcomes Framework (PHOF)	17.1 / 100,000 (2012-14)	18.3 per 100/000 (2017-2019)	
Alcohol-specific hospital admissions - under 18 year olds	PHOF	30.4 / 100,000 (2013/14 - 2015/16)	33.9 per 100,000 (2017/18 - 2019/20)	
Persons admitted to hospital due to alcohol – related conditions (narrow)	PHOF	624 / 100,000 (2015/16)	651 / 100,000 (2018/19)	

WHAT NEXT FOR THE JSNA?

LGA review Feedback from stakeholders:



- 'The JSNA has been carefully researched, is full of useful data but is underused'
- Resonates with economic assessment
- Good re: Covid 19 and health impact assessment
- Good on specific topic areas
- Brought health into housing & Primary Care debates
- Political dialogue can get in way of JSNA driving strategy
- Not seen as the overarching assessment of Place driving strategies
- It doesn't tell you the 'so what'
- Seen as health and very traditional

JSNA suggestions



'Living' asset based resource to inform all strategies

Needs focus on wider determinants and asset approach

Increase district level input and analysis

Data and intelligence from all partners to be recognised as the one overarching assessment for Worcestershire, strategies and plans should flow from this

Get it right to be the core assessment for Worcestershire and that it is truly seen as a Joint needs assessment rather than bits of health needs assessments.

Ensure that there is clear alignment between the refreshed JHWBS and the Integrated Care Strategy flowing from the JSNA

DATA



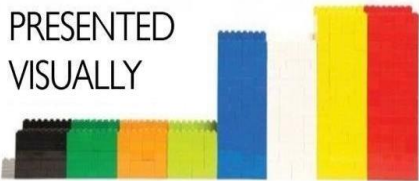
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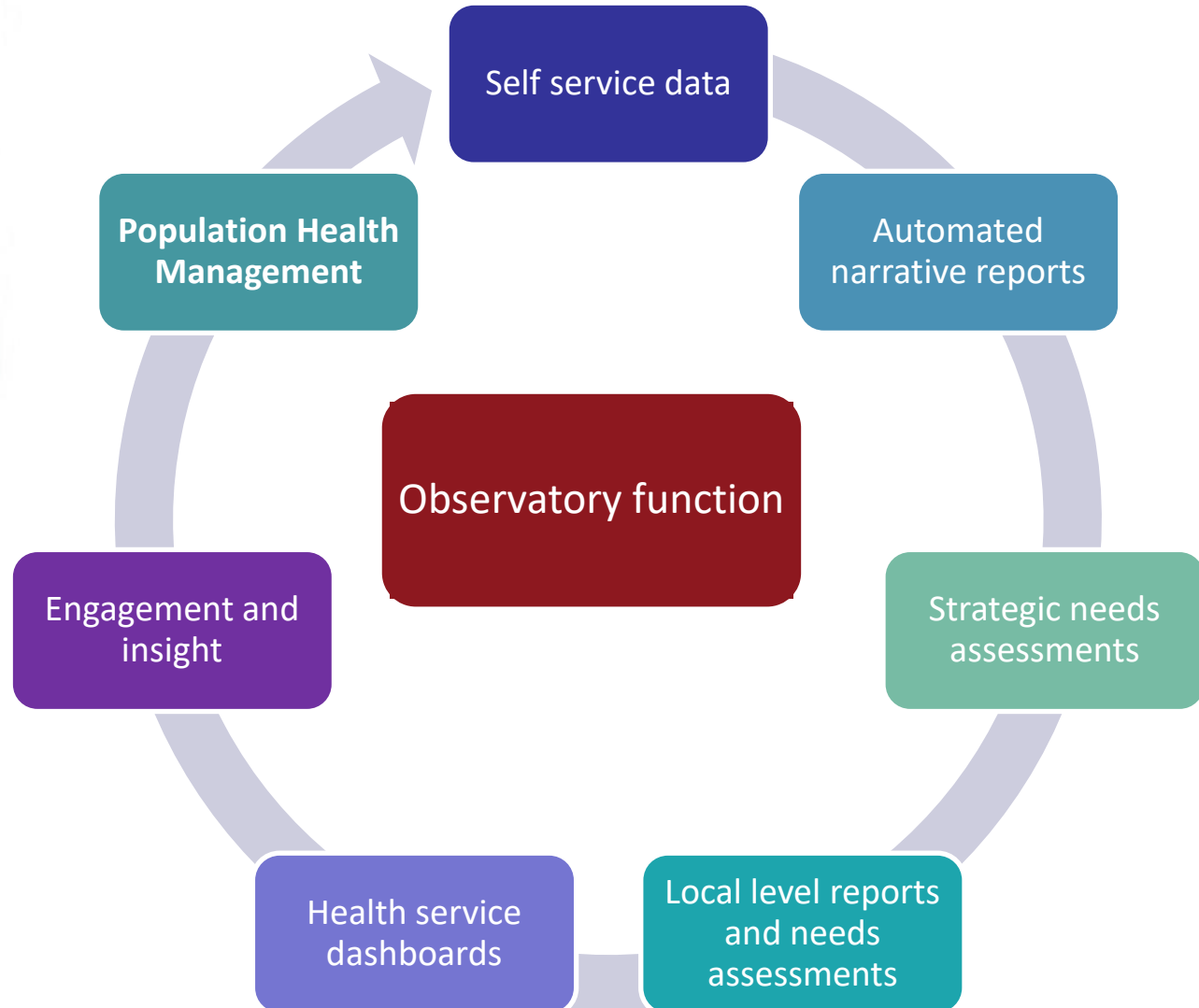


EXPLAINED WITH A STORY



Page 28

What does this mean in practice?



Recommendations

- 1. Support setting up a Worcestershire observatory which includes a new JSNA approach**
- 2. Commit to PHM being an integrated part of the JSNA process**
- 3. Note the previous progress against HWBB strategy indicators & need for careful selection of new HWBB indicators**
- 4. Note the wide ranging consequences of COVID-19, and disproportionate impact on the most deprived people.**

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Worcestershire Health and Wellbeing Board

Joint Strategic Needs Assessment Annual Summary 2021

Update on the Health and Wellbeing Impacts of COVID-19

Version: 0.1
Date: November 2021
Review Date: November 2022

Contents

Update on the Health and Wellbeing Impacts of COVID-19.....	1
Acknowledgements	4
Executive Summary	5
Introduction	10
The Pandemic so Far	10
What Might the Future Bring?	12
COVID-19 Vaccination	15
Inequalities	20
Key Public Health Indicators	27
Mortality and Life Expectancy.....	27
The Worcestershire Response.....	29
Mental Health.....	31
Physical Health	37
Diet and Physical Activity	41
Alcohol and Tobacco Consumption	43
Sexual Health	46
Access to Social Care Services	49
Access to Health Services.....	53
Screening Services, Vaccinations and Services for Women and Children	58
Wider Determinants of Health	62
Deprivation	62
Business and Economy	68
Employment.....	80
Working Conditions and Practices	85
Digital Media Use.....	88
Environment, Transport and Road Traffic Casualty Accidents	92
Education.....	95

Social Mobility	97
Communities.....	99
Community Safety and Crime (including Domestic Abuse)	101
Housing	107
Homelessness	109
Urban/Rural Classification and Access to Green Space	111
Specific Population Groups	116
People at High Risk From COVID-19.....	116
Mothers and Babies	121
Children and Young People	123
Working Age People Including Key Workers	129
Older People	132
Those on a Low-Income	137
Minority Ethnic Groups	140
People with Physical, Sensory or Learning Disability Challenges and People with Autism	146
Carers.....	151
Immigrants, Asylum Seekers and Refugees	154
Gypsy, Roma, and Traveller Communities	156
Further Information and Feedback	158
Appendix 1: Key Public Health Indicators	159
Appendix 2: Impact Tables	164

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DRAFT

Executive Summary

The aim of this report is to improve knowledge and understanding of the wide-ranging impacts of COVID-19, both direct and indirect, 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.

This is an update of a report published in November 2020.

There have now been three waves of the pandemic in England with the third wave being driven by the emergence of the more transmissible Delta variant, which at the time of writing (September 2021), is the dominant variant in England.

There will be significant challenges to public health over the coming months with COVID-19, the return of seasonal viruses and service backlogs.

Inequalities

In Worcestershire, as has been seen nationally, 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.

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

Locally, several ethnic groups have had high numbers of cases and data suggests a strong relationship between death from COVID-19, older age, and male sex. There is also some evidence of a relationship between deprivation and death from COVID-19 in the older age group (65-plus) and that the death rate may have been higher in urban areas. Unfortunately, local data on the ethnicity of those who have died is incomplete meaning this analysis was not possible.

In Worcestershire, someone's COVID-19 vaccination status has been highly associated with their level of deprivation, as measured by where they live, and several ethnic groups have a lower uptake.

Immediate and Future Risks to Health

Physical Health

At the time of writing (1st September 2021) there have been 52,506 confirmed cases of COVID-19 and 1,237 deaths within 28 days of a positive COVID-19 test in Worcestershire. Across the course of the pandemic (up to 20th August 2021) there have been 1,198 deaths from all causes over and above what would be expected.

The ONS state that estimates of the prevalence of post-acute symptoms of coronavirus (long covid) range from 3-12% of those previously infected.

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. Nationally, there were 6 million people who did not seek treatment in 2020 and this could mean that more people live with poor health for longer, whilst also seeing a reduction in life expectancy.

Mental Health

Evidence from multiple studies during the pandemic indicates that psychological distress and levels of common mental health symptoms rose as cases of COVID-19 increased and restrictions were introduced and declined as they eased. Key risks for Mental Health include financial strain, lower educational attainment and living in a deprived area. Unemployment disproportionately increased rates of anxiety and depression (physical health also affected).

There are likely to be factors which will continue to challenge mental health and wellbeing. These include:

- Rising unemployment during the pandemic and potential loss of income as the furlough scheme ends
- Delayed impacts of bereavement including complicated grief and secondary mental health problems
- The uncertain impact of prolonged symptoms following COVID-19 infection (Long covid)

Healthy Lifestyles

Alcohol

In July 2021 Public Health England (PHE) published a report on the trends in alcohol consumption and harm. The findings show an increase in total alcohol-specific deaths, driven by an unprecedented annual increase in alcoholic liver disease deaths above levels seen pre-pandemic.

Despite pubs, clubs and restaurants closing for approximately 31 weeks during the national lockdowns, the total amount of alcohol released for sale during the pandemic was still similar to the pre-pandemic years which suggests people were drinking more at home.

Those people who typically bought the most alcohol pre-pandemic bought a lot more once the first lockdown happened. The PHE report states that there was a 58.6% increase nationally in the proportion of the population drinking at increasing risk and higher risk levels between March 2020 and March 2021.

Tobacco

National findings on tobacco consumption are somewhat conflicting. Whilst there is some evidence that COVID-19 may have encouraged smokers to quit, a nationwide survey of 2,000 current smokers found that nearly half (45%) had been smoking more since the first lockdown began. Most worryingly, data from the monthly UCL Smoking Toolkit Study indicated a large increase in smoking among the under-35s since the pandemic began – up from 18% in 2019 to 24% now.

Physical Activity

Nationally, a reduction in physical activity levels has been seen, particularly for people in lower socioeconomic and ethnic minority groups. Data on the impact of the pandemic on obesity is not yet available.

Sexual Health

There has been a reduced demand for sexual health services during the pandemic. This may have been influenced by compliance with social distancing measures and changes in risk perception and behaviour but may also indicate undetected infections. The full impact on infection transmission and long-term health outcomes will take time to emerge and evaluate.

Access to Health Services

Public Health England state that changes in service provision and patterns of health seeking behaviour have meant that there is a consistent pattern of reduced contact with health services over the pandemic period. These reductions in contact may result in missed opportunities to provide preventative treatment and support, long-term health complications or an increase in deaths in the future.

Screening and Vaccination

Locally, a key informant has stated that primary care data shows there has been a reduction in the take-up of childhood immunisations. There is an early indication of a decline in cervical cancer screening rates in Worcestershire (although data is hard to interpret as it relates to a 3.5 year time period).

Wider Determinants of Health/Social Determinants of Health

Unemployment

Comparisons with March 2020, prior to the impact of the pandemic, show that despite decreases in recent months, the claimant count in Worcestershire has increased by 5,850 or 70%. This is similar to the national average, but higher than the regional average. Enhancements to Universal Credit, as part of the UK government's response to the coronavirus, meant 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.

Education

Nationally, experiences of teaching and learning during the pandemic were diverse, but disadvantage and deprivation appear to be associated with less effective learning and greater overall learning losses.

Research by the ONS found that remote learners in more deprived schools covered relatively less material than their in-class peers between April 2020 to June 2021.

Due to the pandemic formal assessments in all Key Stages were cancelled for academic years 2019/20 and 2020/21 and children were awarded predicted grades. Therefore, the Local Authority has been unable to collect and analyse end of Key Stage data in the usual way.

Community

Throughout the COVID-19 pandemic, a large volume of spontaneous volunteering has been seen as local communities come together to support each other.

A survey of residents (the Viewpoint Panel) included the question "In the last 12 months, have you given unpaid help to any group, club or organisation supporting activities or services in your local area?" - 48% yes in June 2019, 44% yes in September 2020 - September 2021 responses are currently being analysed.

Worcestershire districts ran a consistent set of five COVID-19 recovery questions within their own surveys in the Autumn of 2020. They received 3,535 valid responses. Responses included many positive comments on community action/cohesion. For example, 26% of respondents said they were more likely to communicate/check up on neighbours post-restrictions versus 3% less likely.

Homelessness

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 and lack of supply of affordable housing for the longer term. Some councils are continuing to house rough sleepers under a voluntary everyone-in and many still have the original cohort in temporary accommodation awaiting longer-term housing solutions.

Recommendations

To mitigate the negative effects of the pandemic on health and wellbeing the following recommendations are made:

- Partners need a relentless focus on prevention, health inequalities and tackling the social determinants of health
- Partners should implement a comprehensive, ambitious, and energetic drive to tackle the social determinants of health at system level
- Places, with their Primary Care Networks (PCNs) and communities, should be the central building blocks to deliver on prevention
- Early years support should be a priority – including the redeployment of updated models of support, with enhanced digital offers and more focus on community assets, peer support and positive mental health in families
- Support mental health in the workplace.
- Develop a comprehensive model of asset-based community development
- Deploy these models first in areas where people are facing high barriers to health and wellbeing

- Continue to develop health and wellbeing champion networks and MECC type initiatives
- Expand health improvement programmes, making sure these provide single access to both healthy living support and wider help, for example, debt advice
- Align the environmental and health prevention and improvement agendas at place and system level to bring mutual opportunities and make best use of resources

DRAFT

Introduction

The aim of this report is to improve knowledge and understanding of the wide-ranging impacts of COVID-19, both direct and indirect, 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. It is an update of a report published in November 2020.

We have 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.

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. Further work is needed to identify the best way to mitigate the impacts described.

As the situation continues to evolve, 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.

The Pandemic so Far

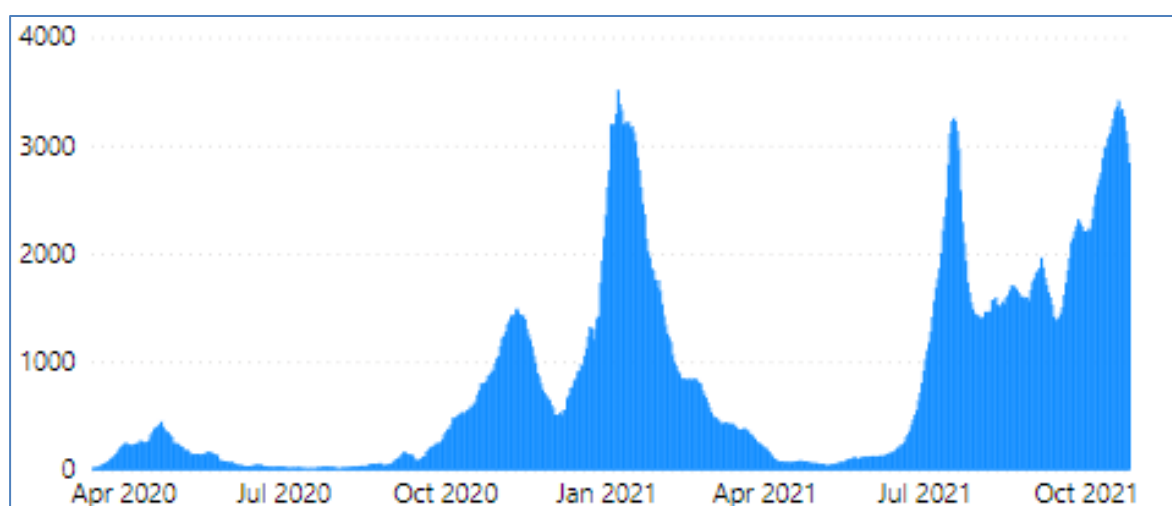
The first laboratory-confirmed cases of COVID-19 in Worcestershire were on 9th March 2020 and the first confirmed COVID-19 related death occurred on 20th March 2020.

At the time of writing (1st September 2021) there have been 52,506 confirmed cases of COVID-19 and 1,237 deaths within 28 days of a positive COVID-19 test in Worcestershire.¹

There have been three waves of the pandemic in England. Whilst there is no strict definition for when a wave starts and ends, the ONS defines it using the reproduction rate (R), the growth rate and the positivity rate. Using the ONS definition, the waves used in this analysis are as follows: Wave 1 started in March 2020 and ran until the end of May 2020, the second started in September 2020 with an initial peak in mid-November after which infection levels decreased before rising again in December following the emergence of the Alpha variant. This wave peaked in January 2021 and ended at the end of April 2021. The R value rose above 1 in June 2021 and we are still in this third wave. The third wave has been driven by the emergence of the more transmissible Delta variant which at the time of writing (September 2021) is the dominant variant in England.

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

Figure 1. Rolling number of 7-day cases by date Worcestershire (1/11/21)



Source: Worcestershire JSNA Website

There were 521 deaths mentioning COVID-19 on the death certificate between 1st March and mid-June 2020 (Wave 1) and 840 deaths between September 2020 and mid-May 2021 (Wave 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, across the course of the pandemic (up to 20th August 2021), in Worcestershire, there have been 1,198 deaths over and above what would be expected. 60% of these occurred in the first wave, however, 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 over the first twelve months of the pandemic has been carried out on local data.

We took the twelve-month period from March 2020 to February 2021 and looked at deaths where they exceeded the five-year average and analysed this in a variety of ways. The analysis shows a similar pattern to the national one, with a 20% increase in overall deaths compared to the annual average over the previous five years.

Most of these excess deaths had COVID-19 listed as their main cause, however, increases were also seen in deaths attributable to ischaemic heart disease, diabetes, some cancers and nervous system degenerative diseases. As has been noted nationally,

older age groups were hit hardest with the 70 and over age-group accounting for nearly 90% of the excess deaths in that twelve-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 reluctant to contact 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 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 and avoiding face-to-face contact.

On the 30th June 2020, there were approximately 20,100 people on the shielded list in Worcestershire. Over the following 9 months, and following scientific advice, additional 'at risk' populations were included in the shielding list resulting in a list of over 39,000 people.

The shielding programme has now ended in England. This means that people who were previously considered clinically extremely vulnerable (CEV) will not be advised to shield in the future or follow specific national guidance.²

At the time of writing Worcestershire is in a third wave of COVID-19. There are currently no national restrictions and COVID-19 continues to have a significant impact.

People aged 50 years and over, care home residents, frontline health and social care workers, and those aged 16 to 49 years with specific underlying health conditions will be offered a booster vaccine.

All young people aged 12 to 15 will soon be offered a first dose of a COVID-19 vaccine.

Variants of concern continue to be identified.

The most up-to-date data on COVID-19 cases, hospitalisations and deaths can be found on the JSNA website [here](#).

What Might the Future Bring?

Association of the Directors of Public Health (ADPH) Statements

In October 2021, Jim McManus, Interim President, Association of Directors of Public Health said:

"As the nights draw in and cases rise faster, we would encourage everyone to continue to play their part in keeping themselves and their family, friends, and colleagues as safe as possible.

Five simple things can help see us through the winter and prevent more disruptive measures:

² Department of Health and Social Care and Public Health England. Guidance for people previously considered clinically extremely vulnerable from COVID-19. Updated 28 September 2021. Available [here](#).

- *ensuring buildings are well ventilated,*
- *wearing a face covering on public transport and in crowded, indoor settings,*
- *regular hand washing,*
- *high uptake of vaccinations for COVID and flu and*
- *hybrid working wherever possible.*

The winter will be challenging for individuals, communities, businesses and public services and we urge the government to look seriously at, and consult on, the exact measures and most appropriate timing of Plan B. We need to tread carefully as lockdowns and complacency are extremes we need to avoid.”

This follows a statement issued in September 2021 in response to the government’s Autumn and Winter COVID Plan. In it the ADPH say:

“There are reasons to be cautiously optimistic that the worst of the pandemic is behind us. However, there will be significant challenges to public health over the coming months with COVID-19, the return of seasonal viruses and service backlogs.

The Association of Directors of Public Health support confirmation of a universal vaccination offer for 12-15 year olds, providing another tool to reduce transmission in schools and limit the consequences of missed education, the impact of which has disproportionately fallen on those children living in areas of enduring transmission and from poorer backgrounds. Boosters and a concerted flu vaccination drive will also help protect older and more vulnerable groups.

These efforts should be matched with a renewed campaign to vaccinate the millions of people who are yet to take up the offer. Hand washing, face coverings in crowded places, well ventilated settings, working from home where possible, regular testing and then isolating positive cases and robust international travel measures provide valuable layers of defence.

We have said throughout the last 18 months that there is no magic bullet to ending this pandemic. But, taken together, resourced properly, and implemented effectively, these actions will continue to make a difference. COVID-19 remains a serious public health threat - maintaining simple measures will give us the best chance of achieving what everyone wants: saving lives and keeping our society, public services and economy open throughout the autumn and winter.”

Duration of Protection of COVID-19 Vaccines

A Scientific Advisory Group for Emergencies (SAGE) report dated 9th September 2021 states:

“Real world effectiveness data has consistently shown high levels of protection of COVID-19 vaccines against clinical disease, above all against severe disease outcomes such as hospitalisation and mortality. Protection against severe disease appears to be maintained with variants of concern, including the Delta variant currently in circulation in the UK.

COVID-19 vaccines have been in use for approximately 9 months in the UK. Initially a 3-week interval between doses of the Pfizer vaccine was used, however, this was changed to a recommendation for an extended (12 week) interval for all vaccines early on in the

programme. Therefore, some of the earliest vaccinated groups will have now received their full course of vaccination up to 6 months ago.

Immunogenicity data suggests that antibody titres wane relatively rapidly following two doses of vaccine. Emerging data also suggests that protection against infection is beginning to wane, though this may also be related to the emergence of the Delta variant. This has been seen most notably in Israel where a 3-week schedule was used and where the longest follow-up data is available.

Overall, the results indicate that there is waning of efficacy against symptomatic disease with both the Pfizer and AstraZeneca vaccines from approximately 10 weeks after the second dose. This is most evident in older adults.

There is some indication of waning against hospitalisation from 15 weeks after the second dose, in particular among recipients of the AstraZeneca vaccine, though this waning appears to be predominantly in clinical risk groups. This is a broad group of clinical conditions including those who are immunosuppressed, where faster waning may be predicted. Nevertheless, protection against hospitalisation remains high throughout the follow-up period and even within clinical risk groups, efficacy against hospitalisation at 15-20 weeks is 75-90% with the AstraZeneca vaccine and over 90% with the Pfizer vaccine.

Finally, those aged 80 years and older who received the Pfizer vaccine within a 3-week interval between doses showed a greater degree of waning compared to the broader 65+ age group who had a 20+ week interval between doses though further analysis is needed to understand this difference.”

Public Finances

The pandemic has caused deep damage to public finances and the wider economy.

Nationally, there has been a substantial increase in borrowing that has led to a sharp increase in public sector net debt which currently stands at 97.6% of GDP, the highest ratio since the 98.3% recorded in March 1963.³

In Summary

Although the rollout of vaccines means that risks posed by COVID-19 will gradually reduce, the virus, in different forms, will be with us for years to come. Continuing to tackle this, and reduce its impact on people facing health inequalities, will be a key task long into the future.

³ The Office for National Statistics. UK Economy Latest. 21st September 2021. Available [here](#).

COVID-19 Vaccination

Research has shown that COVID-19 vaccines help:

- reduce the risk of getting seriously ill or dying from COVID-19
- reduce the risk of catching or spreading COVID-19
- protect against COVID-19 variants

The first dose usually gives some protection from 3 or 4 weeks after administration, but two doses are needed for stronger and longer-lasting protection.⁴

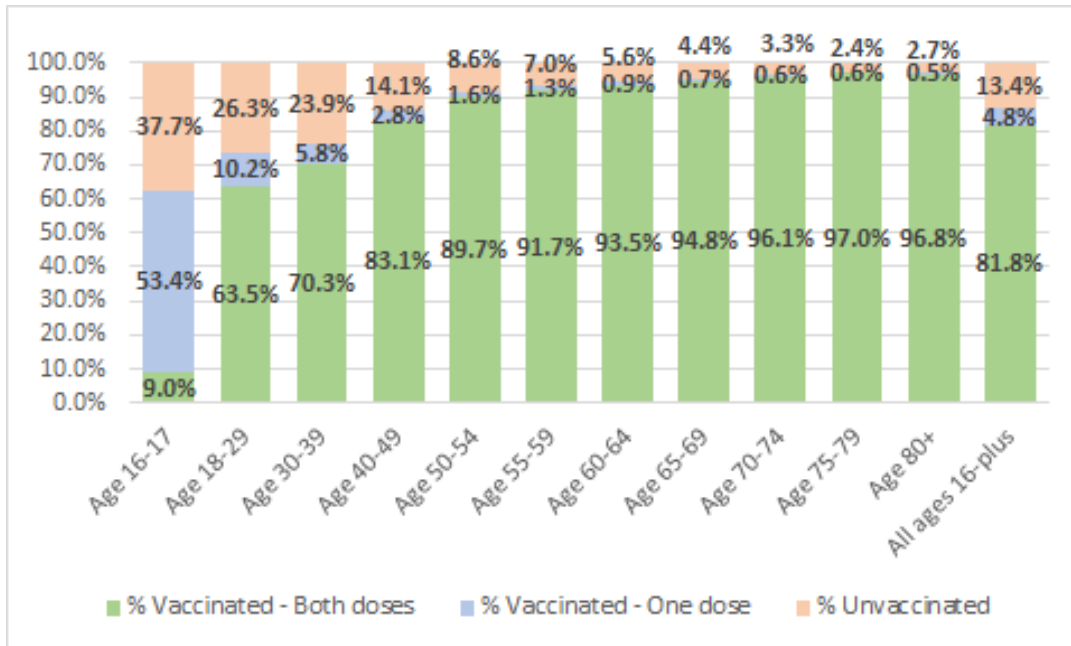
Table 1 and Figure 2 show the vaccination status of all patients aged over 16 registered with a GP in a Worcestershire Primary Care Network (PCN) up to 28th September 2021.

Table 1. Vaccination status of all people registered with Worcestershire GP practices aged 16-plus, as at 28th September

Age Groups	% Vaccinated - Both doses	% Vaccinated - One dose	% Unvaccinated
Age 16-17	9.0%	53.4%	37.7%
Age 18-29	63.5%	10.2%	26.3%
Age 30-39	70.3%	5.8%	23.9%
Age 40-49	83.1%	2.8%	14.1%
Age 50-54	89.7%	1.6%	8.6%
Age 55-59	91.7%	1.3%	7.0%
Age 60-64	93.5%	0.9%	5.6%
Age 65-69	94.8%	0.7%	4.4%
Age 70-74	96.1%	0.6%	3.3%
Age 75-79	97.0%	0.6%	2.4%
Age 80+	96.8%	0.5%	2.7%
All ages 16-plus	81.8%	4.8%	13.4%

⁴ <https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/coronavirus-vaccine/>

Figure 2. Vaccination status of all people registered with Worcestershire GP practices aged 16-plus, as at 28th September

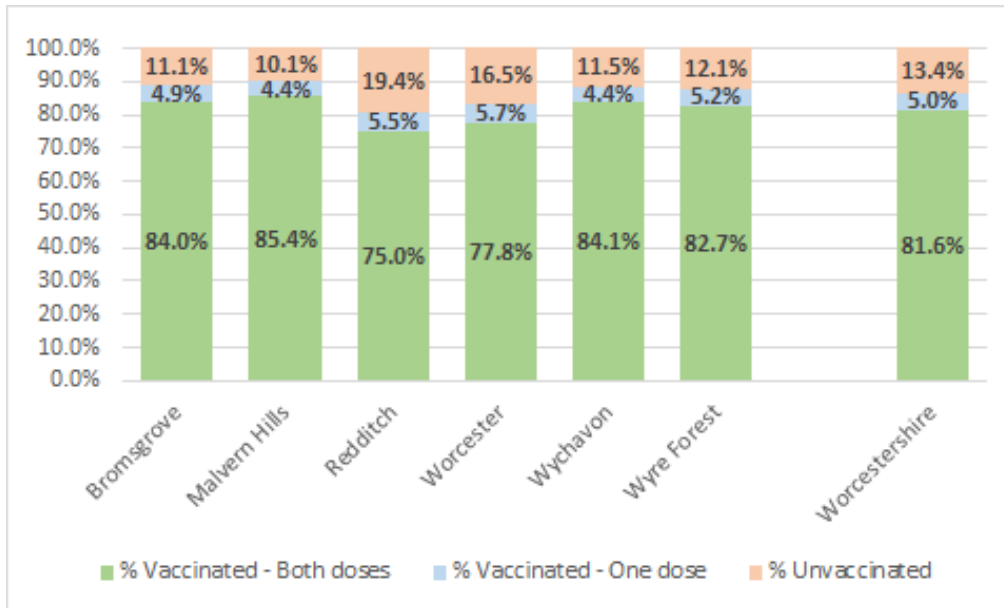


Vaccination: Key Points

- At the end of September 2021 almost 82% of all people aged 16-plus registered with a Worcestershire GP practice have been vaccinated with both doses of the vaccine. Just over 13% are unvaccinated.
- Over 96% of people aged 65-plus have received both doses of the vaccine – just over 3% of the 65-plus age group are unvaccinated.
- The unvaccinated proportion increases among younger people. Over a third of people aged 16-17 are unvaccinated. Please note that this age group has only been eligible for the vaccine since 4th August 2021.
- Just under 24% of people aged 30-39 registered with Worcestershire GP’s are unvaccinated, with the proportion rising to 26% among the 18-29 age group.

District breakdowns for all adults aged 16-plus are shown in Figure 3. Again, the graph shows all those that are registered in GP surgeries in each district.

Figure 3. Vaccination status of all people registered with Herefordshire & Worcestershire GP practices by district of residence



- Redditch and Worcester have the lowest proportion of people aged 16-plus vaccinated with both doses, at 75% in Redditch, and almost 78% in Worcester.
- Redditch has the highest proportion of people aged 16-plus unvaccinated, at over 19%. Over 16% of the 16-plus cohort in Worcester City are unvaccinated.
- Bromsgrove, Malvern Hills, and Wychavon have the highest proportion of people vaccinated with both jabs, and the lowest proportion unvaccinated.

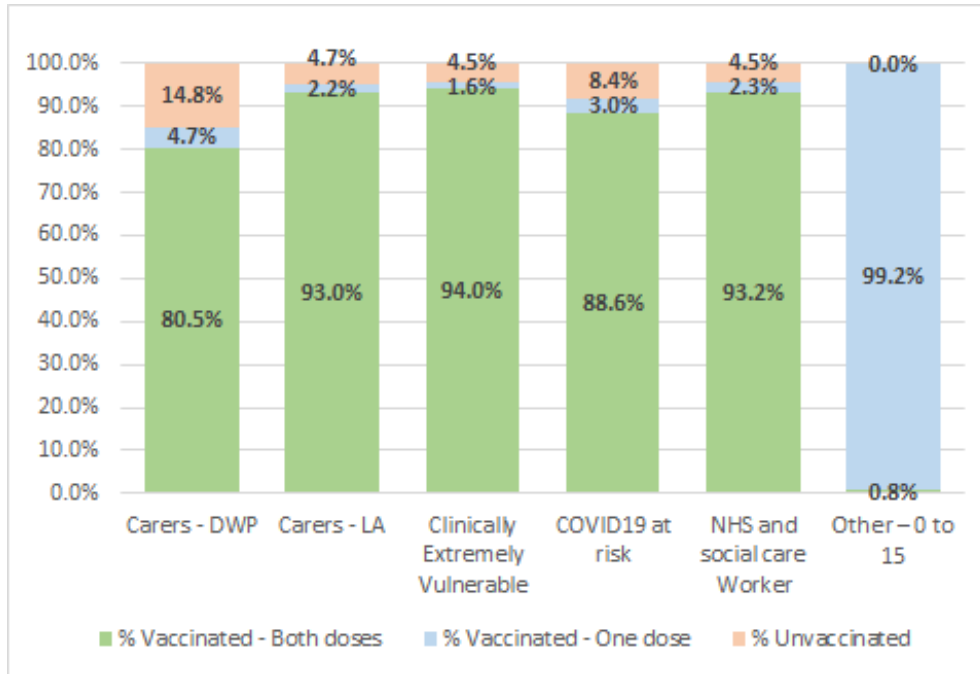
The vaccination status of various priority groups in Worcestershire is shown in Table 2.

Table 2. Vaccination status of all people registered with Worcestershire GP's, priority groups

Priority Groups	% Vaccinated - Both doses	% Vaccinated - One dose	% Unvaccinated
Carers - DWP	80.5%	4.7%	14.8%
Carers - LA	93.0%	2.2%	4.7%
Clinically Extremely Vulnerable	94.0%	1.6%	4.5%
COVID19 at risk	88.6%	3.0%	8.4%
NHS and social care Worker	93.2%	2.3%	4.5%

Other – 0 to 15	0.8%	99.2%	0.0%
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Figure 4. Vaccination status of all people registered with Worcestershire GP practices, priority groups



Note: Carers - DWP are defined as individuals who are carers known to Department of Work and Pensions as notified by NHS D. Carers - LA are defined as individuals who are carers known to a Local Authority. Sourced from data collection from 151 Local Authorities through SDCS collection (149 successful returns). The data provided was a mix of Carers that the LA knew about directly or were looked after through voluntary organisations associated with the LA.

Vaccination: Key Points

- 94% of the clinically extremely vulnerable group have received both doses of the vaccine, with less than 5% of this group unvaccinated.
- Over 88% of the COVID-19 at risk group have received both doses of the vaccine, with just under 9% of this group unvaccinated.
- Almost 15% of DWP carers are unvaccinated, with just over 80% double-jabbed.
- Some children aged 12 to 15 who have a higher risk of getting seriously ill from COVID-19 or who live with someone at high risk of catching it have been vaccinated. Of these, less than 1% have been vaccinated with both doses.

Between March and June 2021 Healthwatch Worcestershire conducted a survey about COVID-19 vaccination.⁵ There were 357 respondents of whom 182 expressed concern about the vaccine. Key questions that Healthwatch wanted to explore were:

- What concerns people have?
- If there are any practical difficulties that may stop them having the vaccine?
- How people find their information about the COVID-19 vaccine?

The top three concerns identified through the survey were: safety, long-term effects, and blood clots. Amongst younger people (18-29-year-olds) fertility was also a concern.

The top practical difficulty that respondents chose that might stop them from receiving the vaccine was 'location - preference for vaccination at their local GP', with half of respondents choosing this option. Other factors chosen were:

- Appointment times – unable to attend during working hours (19%)
- Online booking – preference for telephone booking (17%)
- Language barriers – during booking and/or when receiving the vaccine (17%)
- Access – no viable transport options to reach the vaccination site (17%)
- Distance – vaccination clinic is too far from where they live (14%)

When asked where they found their information about the vaccine, the most popular source was official websites such as the NHS and Government (68%). This was followed by friends and relatives (40%). Respondents from Black and Asian ethnic backgrounds reported friends and relatives as the most popular source of information (59%). This was followed by official websites (44%) and community groups/religious organisations (30%).

⁵ Healthwatch Worcestershire. COVID-19 Summary Report. July 2021. Available [here](#).

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. 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

A report from the Nuffield foundation found that COVID-19 has exacerbated existing inequalities for those in the poorest 10% of earnings distribution, some ethnic minority groups and children facing food insecurity. The pandemic has also put a spotlight on unequal housing and living conditions, with one in five children from a low-income household living in overcrowded housing during the spring 2020 lockdown compared to 3% in high-income households.

National Findings

Public Health England have developed a tool to monitor the direct impacts of COVID-19 on health inequalities (CHIME). The tool is available [here](#). National results from CHIME are summarised below:

- Across the course of the pandemic in England, cumulative hospital admission and COVID-19 mortality rates were higher for males than females.
- Hospital admission and COVID-19 mortality rates increased with age, with the highest rates in those aged 85 and over.
- Hospital admissions and COVID-19 deaths have varied by region.
- Over the course of the pandemic to July 2021, the Asian ethnic group had the highest confirmed case rate
- The highest cumulative admission and COVID-19 mortality rates were in the Asian and Black groups.
- Inequality in COVID-19 mortality and hospital admissions between the Black and White groups was greater at the peak of the first wave
- However, inequality in COVID-19 mortality and hospital admissions between the Asian and White groups was greater at the peak of the second wave
- There was a gradient in confirmed case rates, hospital admissions and COVID-19 mortality by level of deprivation: the impact of the pandemic to date increased with each increase in level of deprivation

- Inequalities in COVID-19 mortality and hospital admissions by deprivation were slightly lower in the peak of the second wave than the first
- The impact of the pandemic has been greatest on those living in the most densely populated areas.
- Regarding vaccine uptake, there is little difference between men and women but large inequalities between other population groups. Differences have been seen by ethnicity, English language proficiency, country of birth, religion, deprivation, and region.

Mental Health

Mental Health is one area where COVID-19 is likely to have exacerbated existing inequalities. Nationally, the ONS has found that over the period 21st July to 15th August 2021 the following groups are more likely to report depression:

- Younger adults
- Women
- Disabled
- Clinically Extremely Vulnerable (CEV) adults
- Adults who reported being unable to afford an unexpected expense of £850
- Unemployed adults
- Adults living in the most deprived areas of England

Of adults experiencing some form of depression, almost three-quarters (74%) reported that the coronavirus pandemic was affecting their wellbeing; this compared with around one in three (32%) adults with no or mild depressive symptoms.

Pregnancy

Evidence suggests that pregnant women from an ethnic minority group, may be more likely to be admitted to hospital if they get COVID-19.

Long covid

Long covid prevalence is highest in women, adults aged 50 to 69 years, people with a pre-existing health condition, and those with signs of a high viral load at the time of infection.

Waiting Lists

Research indicates that the impact of lengthening waiting lists during the pandemic has not been felt equally across the population: between April 2020 and July 2021 the waiting list increased by 38% for the most affluent fifth of the population, whilst the increase was 55.2% for those living in the fifth most deprived areas. Also, on average, a patient living in one of the most deprived areas is 1.8 times more likely to experience a wait of more than one year, relative to those in the least deprived areas of the country.

Physical Activity

Nationally, there has been a reduction in physical activity levels particularly in people from lower socioeconomic and Black and Asian groups.

Education

The impact of missed education has disproportionately fallen on those children living in areas of enduring transmission and from poorer backgrounds.

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.

Experiences of teaching and learning during the pandemic were diverse, but disadvantage and deprivation appear to be most associated with less effective learning and overall learning losses.

Research by the ONS found that remote learners in more deprived schools covered relatively less material than their in-class peers between April 2020 to June 2021.

They also found that according to teacher assessments pupils working from home covered less material than their peers in the classroom. This gap was wider for primary school pupils than secondary school pupils. Younger pupils' learning was more dependent on parental involvement than older pupils.

Digital Inclusion

In an increasingly digital age, those who are not engaging effectively with the digital world are at risk of being left behind.

The pandemic has exacerbated the digital divide, with lockdown having a greater effect on people who are digitally excluded.

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.

Housing

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, including older people, people with existing health conditions, those with lower incomes and people from ethnic minority groups.

Occupation

The Office for National Statistics has reported that:

- When looking at broad groups of occupations, men who worked in caring, leisure and other service occupations (258 deaths) had among the highest rates of death involving COVID-19, with 64.1 deaths per 100,000 males.
- In women, caring, leisure and other service occupations (460 deaths) had among the highest rates of death involving COVID-19 when looking at broad occupational groups, with 27.3 deaths per 100,000 females.

Disability

Research conducted by the Policy Lab to identify the experiences of disabled people during the COVID-19 pandemic found that COVID-19 has created additional barriers. The uncertainty in relation to COVID-19 guidelines, the availability of health services and transport options were highlighted. Other key findings of the research were:

- During the pandemic, participants felt increased levels of shame and guilt about their 'disabled' identities and the needs that accompany them.
- Participants found the challenging rules around COVID-19 difficult to understand and follow across different areas of their lives.
- COVID-19 presented new challenges for some of the participants in terms of living independently, reducing their ability to choose suitable support options.
- Participants have experienced pandemic-related delays and disruptions to their routine healthcare appointments. Waiting times have also grown.
- However, some participants also stated that the lockdowns provided them an opportunity to assess their level of independence and find new ways to negotiate living arrangements.

Learning Disabilities

People with learning disabilities are more likely to have other physical health problems such as obesity and diabetes, and certain kinds of learning disability, such as Down's syndrome, can make people more vulnerable to respiratory infections, which can increase their risk of dying from COVID-19.

In November 2020, Public Health England published the report COVID-19 deaths of people identified as having learning disabilities. They found 451 per 100,000 people registered as having a learning disability died with COVID-19 between 21st March and 5th June, a death rate which was 4.1 times higher than the general population after adjusting for other factors such as age and sex.

But as not all deaths in people with learning difficulties are registered on these databases, researchers estimated the real rate may have been as high as 692 per 100,000 or 6.3 times higher.

COVID-19 pandemic has highlighted the impact of health inequalities and deficiencies in the provision of care of people with learning disabilities, with rates of their deaths being more than those of others'. Of particular concern are the significant inequalities in the experiences of people from minority ethnic groups.

People with learning disabilities are likely to have had difficulty recognising symptoms of COVID-19, or following government advice about getting tested, self-isolation, social distancing and infection prevention and control, the report says. It may also be more difficult for people caring for them to recognise the onset of symptoms if these cannot be communicated.

Autism

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.

Immigrants

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 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.

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.

Gypsy, Roma, and Traveller (GRT) communities

Gypsy, Roma, and Traveller (GRT) communities' experiences some of the poorest health outcomes, including:

- 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
- 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

Local Findings

- Overall, in 2020, the age standardised mortality rate due to COVID-19 has been lower in Worcestershire than for England as a whole (for both sexes). In Worcestershire it was 96.6 per 100,000 population versus 126.6 per 100,000 population in England.⁶
- Several ethnic groups have had high numbers of cases. These include: Any other Black/African/Caribbean group, Other ethnic groups, African, Any other Asian background, Indian, Any other Mixed Background, Pakistani.
- Local data suggests a strong relationship between mortality due to COVID-19, older age and male sex. In 2020 more males than females died due to COVID-19 (364 males vs 323 females).⁷ Unfortunately, local data on the ethnicity of those who have died is incomplete.
- As has been noted nationally, older age groups were hit hardest with the 70 and over age group accounting for nearly 90% of the excess deaths in that twelve-month period.
- Local data also suggests that there is a relationship between deprivation and death from COVID-19 in the older age group (65-plus). In this age group the rate of death due to COVID-19 was higher in the most deprived areas compared to the least deprived areas.
- In Worcestershire, COVID-19 deaths per 100,000 population do seem to be higher in urban than in rural areas, with rates particularly high in the “Urban Major Conurbation” classification. The relationship is even stronger in the 65-plus population (almost 92% of all COVID-19 deaths).
- Considering the deprivation profile of the county; people who were previously classed as Clinically Extremely Vulnerable (CEV) were more likely to live in deprived areas: 25% of the CEV list lived in areas in the 30% most deprived nationally (IMD 2019), compared to 21% of the Worcestershire population.
- In Worcestershire someone’s COVID-19 vaccination status is highly associated with their level of deprivation as measured by where they live.
- Several ethnic groups have a lower uptake in vaccinations than is seen among the wider population. Relatively high percentages of people aged 16-plus are unvaccinated in the following ethnic groups: Other ethnic groups, Mixed White and Black Caribbean ethnic groups, African ethnic groups, Other White backgrounds, Caribbean ethnic groups, Arab ethnic group (although it is noted there are very few people in this ethnic group living in Worcestershire) and Pakistani or Pakistani British ethnic groups.
- 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

⁶ The Office for National Statistics. Deaths due to COVID-19, England and Wales: 2020. Available [here](#).

⁷ The Office for National Statistics. Deaths due to COVID-19, England and Wales: 2020. Available [here](#).

difficulties because they did not have access to or were unable to use the internet, smart phones, or computers.

In summary, although the rollout of vaccines means that risks posed by COVID-19 will gradually reduce, the virus, in different forms, will be with us for years to come. Continuing to tackle this, and reduce its impact on people facing health inequalities, will be a key task long into the future.

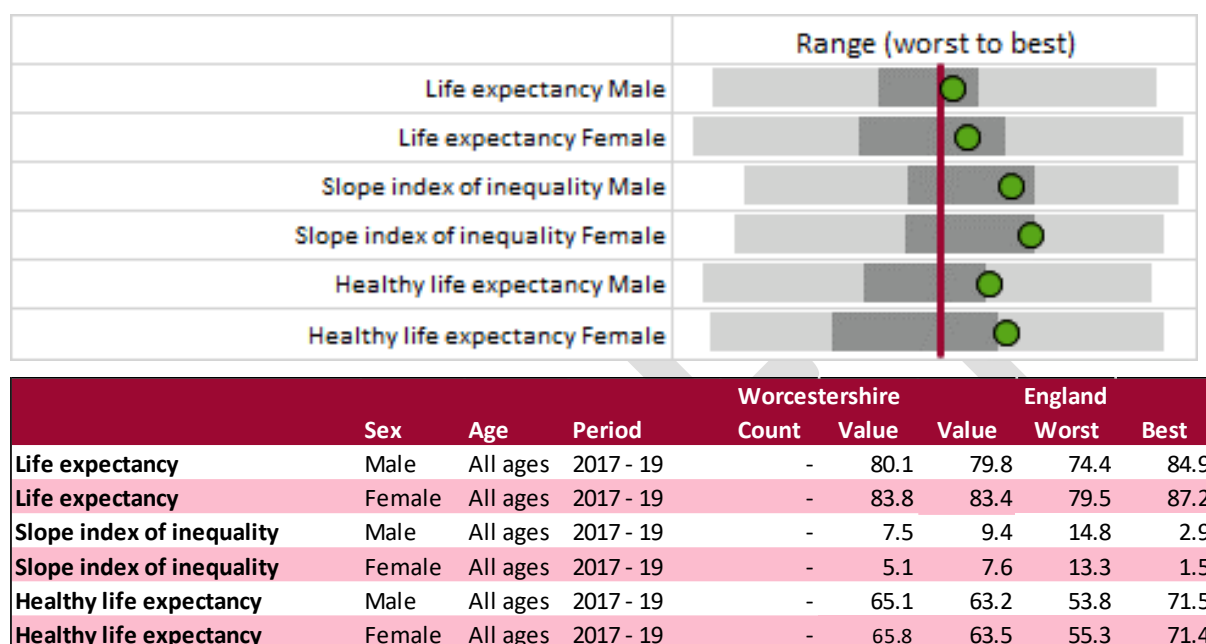
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Key Public Health Indicators

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 of pre-pandemic data indicates that Worcestershire generally has good levels of public health as shown by life expectancy indicators:

Figure 5. Life Expectancy in Worcestershire, years (2017-19)



Source: Public Health England, Public Health Outcomes Framework. Key: Green=better than the national average. N.B. the slope index of inequality is the estimated difference in years of life expectancy between the most and least deprived areas.

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

Mortality and Life Expectancy

Nationally, the coronavirus pandemic led to a far greater number of deaths in total and a higher rate of death in 2020 compared with recent years. It affected male mortality more than female mortality, which is why life expectancy estimates for females are unchanged from 2015 to 2017, at 82.9 years, but estimates for males have fallen back to levels reported for 2012-14, at 79 years. This is the first time there has been a decline when comparing non-overlapping time periods since the series began in the early 1980s.

However, levels of mortality in 2020 were unusually high and these life expectancy estimates rely on the assumption that the level of mortality over the period 2018 to 2020 will continue for the rest of someone's life. They do not mean that a baby born in 2018 to 2020 is going to live a shorter life. To get a better estimate of this we need to consider how mortality, and therefore life expectancy, will improve into the future. It will be several years before we understand the impact, if any, of coronavirus on this.⁸

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⁸ Office for National Statistics. Has the Coronavirus pandemic caused life expectancy in the UK to fall? 23rd September 2021. Available [here](#).

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.

The Here2Help service is now evolving and is available for both residents and organisations to access information, advice, tools, guidance, and local support available to them or others in the local community.

A Here2Help Community Services Directory has been developed and enables Worcestershire residents to search for local support and services such as mental health and wellbeing, financial advice, assistance and supplies, volunteering opportunities, recreation activities and much more.

More information on Here2Help Worcestershire is available [here](#).

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

In September 2021, The Worcestershire Local Outbreak Response Team (LORT) continues to work with partners to prevent and respond to outbreaks and incidents of COVID-19 in Worcestershire.

The LORT now has a dedicated Team and has been in operation since July 2020. In the first year of operation the LORT has:

- Dealt with 2,105 situations which includes 982 Education settings, 621 ASC settings, 326 workplace settings and 176 other settings (i.e. homeless, children homes etc)
- Received and responded to 911 enquiries
- Undertaken 2,937 risk assessments
- Dealt with 7,950 positive or suspected cases
- Received and sent over 35,437 emails
- Received over 5,000 telephone calls

As well as supporting settings in outbreak the LORT has been involved in answering queries and concerns, delivery of surge testing, managing variants of concern and developing and delivering proactive strategies.

Recovery Work

The COVID Recovery Plan sets out Worcestershire County Council's (WCCs) key priorities to drive recovery with a clear focus on 'getting Worcestershire back on its feet' and learning to live with COVID-19. It will focus on the immediate actions that WCC needs to take and/or modifying the approach to meet the demands of the new-normal.

The plan will continue to be updated and built into the Council's five-year Corporate Plan (2022-27) when that is refreshed and published in 2022.

The plan has six areas of focus. It is believed that by taking proactive action against these priorities we will make progress in tackling the impact of COVID-19 felt by our communities. There are six areas of focus:

1. Promote physical and mental health and wellbeing
2. Children and young people's education recovery
3. Job-creation, training, and support for businesses
4. Health care and protection for vulnerable groups
5. Good quality housing
6. Our workforce and ways of working

Each of the priorities has a series of key goals sitting beneath it which in turn have a series of actions planned to help meet the goal. A set of indicators sit under each goal to monitor progress against actions. Due to the wide-ranging focus of the plan over 100 indicators are being monitored.

Mental Health

For information on the mental health impacts of COVID-19 on Children and Young People please see the

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Children and Young People section on page 123.

A separate Mental Health Needs Assessment is currently in production and this work will provide more detail on this topic.

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 2018 and 2020 the suicide rate was 10.5 per 100,000 population. This is similar to the national rate of 10.4 per 100,000 population.

Currently available data on the prevalence of mental health problems does not cover the period of the pandemic. Caution is needed when reviewing locally available data on referral rates and activity within mental health services as this is confounded by pandemic disruption. Furthermore, it is possible that the full extent of the impact of the pandemic on mental health will not be seen until at least several years have elapsed.

Reasons for this include:

- There may be suppressed demand from the start of the pandemic when people were more likely to remain at home and may have avoided health services. This may feed back into the system as a greater degree of normality resumes
- There continues to be pressure on routine health services and this may impact on peoples' threshold to seek help or their perception of what is available

⁹ Personal wellbeing 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

- Mental health problems can develop over longer periods from stressors currently being felt from the pandemic and this may lead to future presentations linked to current factors
- Some of the important impacts on the wider determinants of mental health are still developing, in particular, the impacts on employment which have so far been mitigated to some extent by the furlough scheme

The Centre for Mental Health has produced a forecast model to estimate the potential growth in demand for mental health services over the next three to five years. This is based on research determined estimates of the prevalence of clinically significant mental health symptoms and adjusted according to an expectation that around a quarter of those with such symptom would seek professional support.

The last update to this model was released in May 2021. The striking headline figures are a predicted increase of 8.5 million adults and 1.5 million children in England requiring support for their mental health over the next three to five years. However, it is noted that their estimates have been gradually revised down. Estimates used may reflect findings in the first few weeks and months of the pandemic.¹¹ Studies tracing the trajectories of these symptoms in the national population note a subsequent decline with most agreeing that they remain above the best estimate of pre-pandemic baseline.¹²

The model is applied to the local population in an upcoming Mental Health Needs Assessment but is considered perhaps most useful in exploring the impact of more specific circumstances, such as new mental health need arising during recovery from COVID-19 infection.

National Findings

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-19.¹³

A study undertaken in the USA followed up the records of 236,739 people diagnosed with COVID-19 over a 6-month period for diagnoses of psychiatric and neurological problems. The study also included those with an influenza diagnosis and those with another respiratory tract infection. Mental health diagnoses were slightly more common in those with a diagnosis of COVID-19 than the other groups and this increased with the severity of their illness. 8.7% of patients received their first diagnosis of a mental health problem whilst others saw a recurrence of a previous problem (24%). Anxiety was the most common first diagnosis (7.1% first, 17.4% any) whilst psychosis was least common first diagnosis (0.4% first, 1.4% any). Generalisability may be limited by the location of this

¹¹ [Covid-19 and the nation's mental health: May 2021 | Centre for Mental Health](#)

¹² [RESULTS | COVID Social Study 3d9db5_3f7d3afa25684dab8f80b7c3be6b0fd3.pdf \(filesusr.com\)](#)

¹³ 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>

study though it does employ the same diagnostic approach as used in UK mental health services.¹⁴

A UK based study confirmed that those who had been infected with COVID-19 were more likely to experience common mental health symptoms. The strength of this association declined during the first few months of the pandemic. The authors concluded that the experience of having the virus, which might include worrying about infecting others and being perceived negatively as not having followed lockdown guidance, was likely to be a more important contributor than the direct effect of the infection.¹⁵

A further concern are reports of prolonged symptoms in those recovering from COVID-19. Whilst this remains an area of active research, it is likely that supporting people experiencing prolonged symptoms will involve a multidisciplinary approach that might need to draw upon mental health expertise.¹⁶ More information on 'Long covid' can be found in

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¹⁴ Taquet M. et al. 6-month neurological and psychiatric outcomes in 236,379 survivors of COVID-19: a retrospective cohort study using electronic health records. *The Lancet Psychiatry*. May 2021. Available [here](#).

¹⁵ Chandola T. et al. The mental health impact of COVID-19 and lockdown-related stressors among adults in the UK Published online by Cambridge University Press: 07 December 2020. Available [here](#).

¹⁶ NICE. Guideline NG188. COVID-19 rapid guideline: managing the long-term effects of COVID-19. Available [here](#).

Physical Health section of this report (page 37).

Excess bereavement

The pandemic has given rise to above average mortality rates and these can be expressed as excess deaths. So far, across the course of the pandemic (up to 20th August 2021), in Worcestershire, there have been 1,198 deaths over and above what would be expected. With excess deaths come excess bereavements and on average it is considered that up to 5 people are significantly impacted for each death. Not only is the absolute number of people bereaved higher, but bereavement experiences are likely to have been adversely impacted by the pandemic through the nature of deaths due to COVID-19, restrictions on visiting towards the end of life, and significant restrictions on funerals during the early part of the pandemic.

Whilst bereavement and grief are not mental health problems, a proportion of people in normal circumstances will continue to experience significant difficulties and disruption more than 6 months after the death. This is termed “complicated grief” and is estimated to occur in 10-20% of cases.

Most people do not require any formal bereavement support but the majority do benefit from support from close friends and family. This may have been interrupted during the pandemic giving rise to a recent observation in a survey of people bereaved during the pandemic that they had higher than expected levels of support needs and reported difficulties in accessing informal and formal bereavement support.

Depression in Adults¹⁷

Around 1 in 6 (17%) adults experienced some form of depression in summer 2021 (21 July to 15 August); this is a decrease since early 2021 (21% during 27 January to 7 March) but is still above levels before the coronavirus (COVID-19) pandemic (10%).

Rates of depressive symptoms peaked earlier in 2021 before falling to 17% at the end of March (31 March to 4 April); since then, levels have been largely stable.

Over the period 21 July to 15 August 2021:

- Younger adults and women were more likely to experience some form of depression, with around 1 in 3 (32%) women aged 16 to 29 years experiencing moderate to severe depressive symptoms, compared with 20% of men of the same age.
- Disabled (36%) and clinically extremely vulnerable (CEV) adults (28%) were more likely to experience some form of depression than non-disabled (8%) and non-CEV adults (16%).
- Around 3 in 10 (29%) adults who reported being unable to afford an unexpected expense of £850 experienced some form of depression, compared with around 1 in 10 (11%) adults who were able to afford this expense.
- Unemployed adults (31%) were twice as likely to experience some form of depression than those who were employed or self-employed (15%).

¹⁷ The Office for National Statistics. Coronavirus and depression in adults, Great Britain: July to August 2021. Available [here](#).

- Around 1 in 4 (24%) adults living in the most deprived areas of England experienced some form of depression; this compared with around 1 in 8 (12%) adults in the least deprived areas of England.
- Of adults experiencing some form of depression, almost three-quarters (74%) reported that the coronavirus pandemic was affecting their well-being; this compared with around one in three (32%) adults with no or mild depressive symptoms.

Suicide

The impact of the pandemic, both economically and emotionally, is a major concern for suicide prevention.

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 100,000.¹⁸

Eating Disorders

An eating disorder is a mental health condition where a person uses the control of food to cope with feelings and other situations. Unhealthy eating behaviours may include eating too much or too little or worrying about their weight or body shape. Anyone can get an eating disorder, but teenagers between 13 and 17 are mostly affected. With treatment, most people can recover from an eating disorder.¹⁹

A BBC investigation found that nationally the number of people with eating disorders ending up in hospital has risen during the pandemic. Data obtained from NHS Digital showed the number of under-20s admitted over the past year topped 3,200 - nearly 50% higher than in 2019-20.²⁰

Presentations to Primary Care

National literature indicated a decline in mental health presentations to primary care during the initial lockdown which may be expected given the "Stay at Home" messaging during this time.²¹

¹⁸ Office for National Statistics. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2019registrations>

¹⁹ NHS website. Overview – Eating Disorders. Available at: <https://www.nhs.uk/mental-health/feelings-symptoms-behaviours/behaviours/eating-disorders/overview/> Accessed 8th September 2021.

²⁰ BBC. Eating disorders: The terrible impact of the pandemic on the young. News Article. 22nd July 2021. Available at: <https://www.bbc.co.uk/news/health-57908556>

²¹ Carr M. J. et al. Effects of the COVID-19 pandemic on primary care-recorded mental illness and self-harm episodes in the UK: a population-based cohort study. The Lancet Public Health. 11th January 2021. Available [here](#).

Local Findings

Locally, 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.

There is ongoing work on a local project exploring the emerging evidence of the impacts of the pandemic on mental health. As part of this, data is being gathered on the experiences of local mental health services.

Opportunities/Challenges for the Future

Evidence from multiple studies during the pandemic indicate that psychological distress and levels of common mental health symptoms rose in the population as cases increased and restrictions were introduced or reintroduced and declined as they eased. As restrictions continue to ease, some of these pressures are likely to ease and support improvements in the mental health.

However, there are likely to be factors which will continue after the easing of restrictions that will continue to challenge mental health and wellbeing and these include:

- Rising unemployment arising during the pandemic and potential loss of income as the furlough scheme ends
- Delayed impacts of bereavement including complicated grief and secondary mental health problems
- The uncertain impact of prolonged symptoms following COVID-19 infection ("Long COVID")

People need to be encouraged to seek help and supported before they reach crisis point. The public needs more information about the availability of mental health services and how to access them.

Opportunities arising from the pandemic may include:

- Building on examples of increased community cohesion seen early in the pandemic to tackle social isolation and loneliness
- Refocusing on tackling inequalities in mental health and wellbeing, particularly where these may have widened
- Continuing to build individual and community resilience to mitigate against further pandemic shocks
- Leveraging digital technologies to improve access to health services and other supports whilst ensuring that it is employed appropriately such as to avoid risks of digital exclusion and marginalisation

Possible mitigations specifically for people with dementia include:²²

- 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").

²² 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>

- 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 wellbeing 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
- Indicators relating to the wider determinants of mental health including employment

Physical Health

For information on cancer screening please see the Screening Services, Vaccinations and Services for Women and Children section on page 58.

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.²³

National Findings

Direct Effects of COVID-19 Illness

The main symptoms of coronavirus (COVID-19) are:²⁴

- a high temperature – this means you feel hot to touch on your chest or back (you do not need to measure your temperature)
- a new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)
- a loss or change to your sense of smell or taste – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal

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.

²³ 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>

²⁴ NHS. Main symptoms of coronavirus (COVID-19). September 2021. Available [here](#).

Post-Acute Symptoms of Coronavirus (Long covid)

The ONS state that estimates of the prevalence of post-acute symptoms of coronavirus (long COVID) range from 3-12% of those previously infected depending on the approach used.

Among Coronavirus Infection Survey participants with COVID-19, 3.0% experienced any of 12 common symptoms continuously for a period of at least 12 weeks from infection.

The 12 symptoms comprise: fever, headache, muscle ache, weakness/tiredness, nausea/vomiting, abdominal pain, diarrhoea, sore throat, cough, shortness of breath, loss of taste, and loss of smell.

An estimated 11.7% of study participants with COVID-19 would describe themselves as experiencing long COVID 12 weeks after infection based on self-classification rather than reporting one of the 12 common symptoms. Fatigue was the most common symptom reported as part of individuals' experience of long COVID (58% of those with self-reported long COVID), followed by shortness of breath (42%), muscle ache (32%), and difficulty concentrating (31%).

Irrespective of the approach used, long COVID prevalence was highest in women, adults aged 50 to 69 years, people with a pre-existing health condition, and those with signs of a high viral load at the time of infection.

Children are less likely than adults to report ongoing COVID-19 symptoms. The Schools Infection Survey jointly led by the London School of Hygiene & Tropical Medicine, Public Health England and the Office for National Statistics found that just over one-in-three school staff members (35.7%) and just over one-in-ten (12.3%) secondary school pupils, surveyed in England, who said they had a confirmed coronavirus (COVID-19) infection reported experiencing ongoing symptoms for more than four weeks.²⁵

Post-Intensive Care Syndrome (PICS)

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.²⁶

Children and Infants

Children and infants typically experience a mild illness. However, a small number of children have been identified who have developed a significant inflammatory response

²⁵ The Schools Infection Survey jointly led by the London School of Hygiene & Tropical Medicine, Public Health England and the Office for National Statistics. Available [here](#).

²⁶ 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/>

known as Paediatric Multisystem Inflammatory syndrome (PIMS) following COVID-19 infection.^{27,28}

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.

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²⁷ Levin M. Childhood multisystem inflammatory syndrome: a new challenge in the pandemic. *New England Journal of Medicine*. 2020; DOI. 10.1056/NEJMe2023158.

²⁸ 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.²⁹
- 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

²⁹ 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/>

Diet and Physical Activity

Information on access to green space and transport choices is included in Environment, Transport, and Road Traffic Casualties on page 92 and the Urban/Rural Classification and Access to Green Space section on page 111.

Population Profile

In Worcestershire it is estimated:³⁰

- Around one in five (19.7%) of reception aged children and one third (32.9%) of children in year 6 are overweight or obese in 2018/19.
- 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 are no results for childhood obesity 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.
- Almost two thirds (65.4%) of adults are overweight or obese. This is higher than the national estimate of 62.8% (2019/20).
- 57.2% of the adult population are meeting the recommended '5 a day' on a usual day. This is similar to the national figure of 55.4% (2019/20).
- 67.7 % of adults are estimated to be physically active. This is similar to the national figure of 66.4% (2019/20).
- 43% children and young people are physically active. This is worse than the national estimate of 46.8% (2018/19).

NB These figures do not yet reflect the impact of the pandemic.

National Findings

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

Nationally, there has been a reduction in physical activity levels particularly in Black and Asian groups and lower socioeconomic groups. Data on the impact of the pandemic on obesity is not yet available.³¹

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

For discussion of the effects of the pandemic on older people's physical activity levels please see page 134.

³⁰ Public Health England. Public Health Outcomes Framework.

³¹ Public Health England. Health Profile for England. Available [here](#). Accessed 29th September 2021.

An England-wide survey of over 5,000 adults found that 80% of people aged over 18 have made the decision to change their lifestyle in 2021 with 7 in 10 adults saying that they are motivated to make healthier lifestyle changes due to coronavirus (COVID-19).³²

Local Findings

The effect of the pandemic 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.

Worcestershire districts ran a consistent set of five COVID-19 recovery questions within their own surveys in the Autumn of 2020. They received 3,535 valid responses. 28% of respondents said they would be more likely to take daily exercise when restrictions were no longer in place compared 5% who said they would be less likely.

Worcestershire County Council, like other local authorities, is required to take part in the National Child Measurement Programme (NCMP). This is a programme that measures the height and weight of children in Reception class (aged 4 to 5) and year 6 (aged 10 to 11), to assess overweight and obesity levels in children within primary schools.

Unfortunately, because of the school closures very few children were weighed and measured in 2020 meaning an incomplete data set.

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

- The estimated prevalence of overweight and obesity in adults
- Results from the National Child Measurement Programme (NCMP)
- Estimates of the proportion of people eating the recommended '5 a day' portions of fruit and vegetables
- Estimates of physical activity

³² <https://www.gov.uk/government/news/seven-in-10-adults-are-motivated-to-get-healthier-in-2021-due-to-covid-19>

Alcohol and Tobacco Consumption

Population Profile

In Worcestershire:³³

- There were 544 admission episodes per 100,000 population for alcohol related conditions (narrow definition) in 2019/20. This equates to 3,404 admission episodes. This rate is worse than the rate for England which is 519 per 100,000 population.
- In 2019 there were 34.6 deaths from alcohol-related conditions per 100,000 population. This was similar to the national rate of 35.7 deaths per 100,000 population.
- 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.
- In 2019 people in routine and manual occupations were more likely to smoke than those in other occupations. They had 2.75 times the odds of smoking.

NB These figures do not yet reflect the impact of the pandemic.

National Findings

Alcohol

In July 2021 Public Health England published a report on the trends in alcohol consumption and harm. The findings show an increase in total alcohol-specific deaths, driven by an unprecedented annual increase in alcoholic liver disease deaths above levels seen pre-pandemic. Despite pubs, clubs and restaurants closing for approximately 31 weeks during the national lockdowns, the total amount of alcohol released for sale (meaning that tax has been paid and it is available to be bought) during the pandemic was still similar to the pre-pandemic years which suggests people were drinking more at home.

Data from a consumer purchasing panel show that in shops and supermarkets just over 12.6 million extra litres of alcohol were sold in the financial year 2020 to 2021 compared to 2019 to 2020. This is a 24.4% increase.

Those people who typically bought the most alcohol pre-pandemic bought a lot more once the first lockdown happened. When adult buyers were split into 5 equal sized groups based on their level of purchasing in the 2 years before the first lockdown, the heaviest buying group increased their buying by 5.3 million litres of alcohol compared to 2019 to 2020 (an increase of 14.3%). This accounted for 42% of the total increase in alcohol purchasing, rising to 68.3% of the total increase when including the top 2 heaviest buying quintiles.³⁴

³³ Public Health England. Public Health Outcomes Framework. Available at: <https://fingertips.phe.org.uk/search/alcohol#page/0/gid/1/pat/6/par/E1200004/ati/302/cid/4/page-options/ovw-do-0>

³⁴ Public Health England. Research and Analysis. Monitoring alcohol consumption and harm during the COVID-19 pandemic: summary. 15th July 2021. Available [here](#).

The report states that there has been a 58.6% increase nationally in the proportion of the population drinking at increasing risk and higher risk levels between March 2020 and March 2021.

Tobacco

There is some evidence that COVID-19 may have encouraged smokers to quit. Public Health England state there has been an increase in the number of people trying to quit smoking during the pandemic with over a third of smokers attempting to quit in the 3 months up to June 2021.³⁵

A new nationwide survey of 2,000 current smokers has found that nearly half (45%) have been smoking more since the first lockdown began. Key reasons reported are due to being bored in the lockdowns (43%) or the COVID-19 pandemic making them more anxious (42%). Data from the monthly UCL Smoking Toolkit Study indicates a large increase in smoking among the under-35s since the pandemic – up from 18% in 2019 to 24% now.³⁶

Local Findings

In Worcestershire, alcohol related and alcohol specific mortality rates, at 48.4 per 100,000 and 10.6 per 100,000 respectively, remain lower than or equivalent to national rates (46.5 per 100,000 and 10.9 per 100,000).

Alcohol related hospital admission rates in Worcestershire, in line with national trends, have been rising for over a decade, with an increased rate of increase in recent years, currently standing at 651 per 100,000 as compared with 664 per 100,000.

The most recent estimate is that there are 5,156 dependent drinkers in Worcestershire, of which only around 20% are engaged with structured treatment services, a slightly higher proportion than nationally.

Between April 2020 and March 2021, 910 service users accessed structured alcohol treatment in Worcestershire. 45.2% of these successfully completed treatment and did not re-present again for further treatment within 6 months. This is significantly better than the national average of 37.9%.

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

³⁵ Public Health England. Health Profile for England. Available [here](#). Accessed 29th September 2021.

³⁶ Public Health England. Smokers encouraged to take part in Stoptober, as they report smoking more during pandemic. Press release. 20th September 2021. Available [here](#).

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

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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.

Changes to the Pre-Pandemic Population Profile

- New Sexually Transmitted Infections (STI) diagnoses (excluding chlamydia aged less than 25) in 2020 were 311 per 100,000 population, well below the national level of 619 per 100,000. The diagnosis rate fell by about a third compared to 2019 both in Worcestershire and England.
- Chlamydia detection rates in 2020 fell compared to 2019 were below the national average reflecting a low prevalence (1,097 per 100,000 aged 15-24 compared to 1,420 in England).

National Findings

According to research by Public Health England, the pandemic has had adverse impact on the delivery of sexual health services:³⁷

- 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. Between March and May 2020, there was a reduction in various sexual health services including: consultations undertaken by sexual health services (SHSs) and specialised HIV services; testing for viral hepatitis; testing for HIV and STI; vaccination of gay, bisexual and other men who have sex with men (MSM); diagnoses of viral hepatitis, HIV and STIs; and hepatitis C (HCV) treatment initiations
- A resurgence in HIV, STIs and hepatitis tests and diagnoses, and an increase in hepatitis C virus (HCV) treatment initiations, were observed from June 2020, following the easing of national lockdown restrictions. This reflects a partial recovery in service provision and demand. Nevertheless,

³⁷ The impact of the COVID-19 pandemic on prevention, testing, diagnosis and care for sexually transmitted infections, HIV and viral hepatitis in England, 15/12/2020. Available here: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/943657/Impact_of_COVID-19_Report_2020.pdf

numbers of consultations, vaccinations, tests, diagnoses, and treatment initiations in the summer of 2020 were considerably lower than in corresponding months in 2019.

- Innovation in service delivery such as online or tele-consultations for HIV and hepatitis, STI and blood-borne virus (BBV) self-sampling kits, and expanded community outreach testing and linkage to care for HCV, has happened at pace during 2020 and 2021. 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.
- While this has enabled access to services during the COVID-19 response, there is a critical need to evaluate the impact of these changes on health inequalities. Of particular concern, HCV testing through traditional venues may not have reached those in greatest need and, while HIV and STI testing was accessed by those with high likelihood of infection, some population groups were under-represented.

Diagnoses of sexually transmitted infections (STIs) in England decreased in 2020 by 32% compared to 2019.³⁸

In summary, the measures taken to control the COVID-19 pandemic resulted in a drop in the number of people accessing sexual health services.

Reduced demand for these services during this time may have been influenced by compliance with social distancing measures and changes in risk perception and behaviour but may also indicate undetected infections.

The full impact on infection transmission and long-term health outcomes will take time to emerge and evaluate.³⁹

Local Findings

Difficulty in obtaining long acting reversible contraception (LARC) has been highlighted as a potential problem by a key informant. This appears to be borne out by data which shows lower rates of GP prescribed LARC in the Midlands in 2020/21 compared to the previous three years.

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.

³⁸ STI rates remain a concern despite fall in 2020 - GOV.UK (www.gov.uk). Available here <https://www.gov.uk/government/news/sti-rates-remain-a-concern-despite-fall-in-2020>

³⁹ Public Health England. Health Profile for England. Available here <https://www.gov.uk/government/publications/health-profile-for-england-2021> Accessed 29th September 2021.

Indicators to Monitor

- STI testing rates
- STI Prevalence
- Teenage conceptions
- Service delivery

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Access to Social Care Services

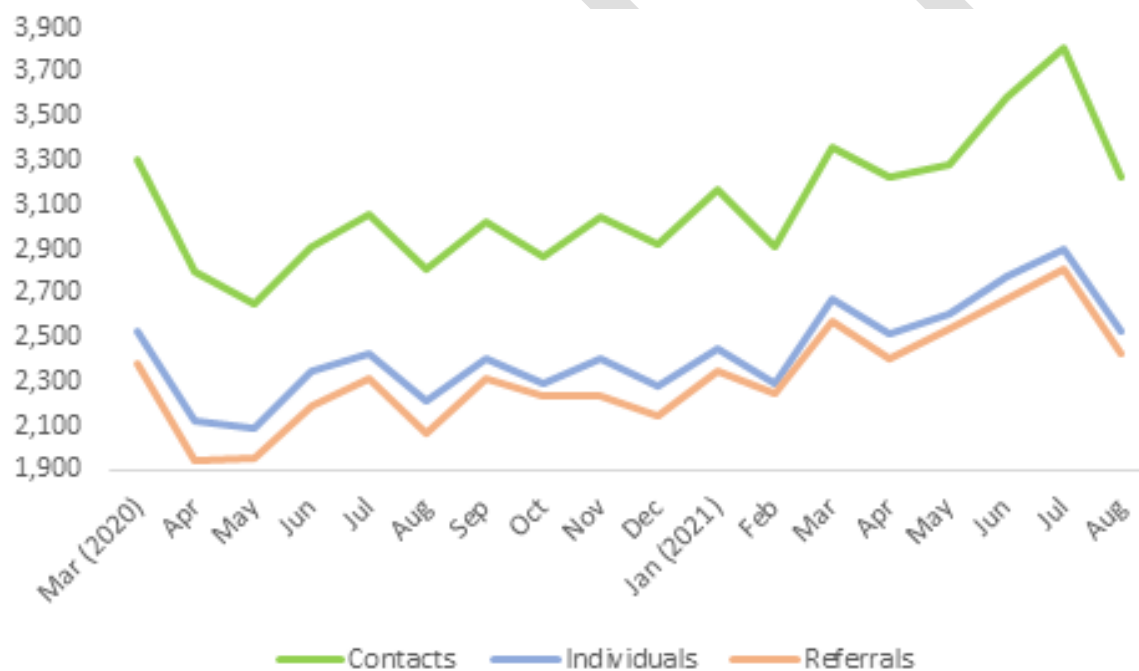
Population Profile

Adult Social Care encompasses services for older people, individuals with a physical disability, individuals with a learning disability and individuals requiring mental health care.

Individuals may receive care in a care home, at home, or receive a 'direct payment' to purchase their own care. Alternatively, individuals may receive support to live independently. Packages of care are funded by Worcestershire County Council (WCC) following a financial assessment or they are paid for on a self-funding basis.

During March 2020 WCC received 3,310 contacts regarding 2,524 individuals resulting in 2,387 referrals. Lower numbers for each were recorded for the subsequent 11 months. March 2021 saw an increase (3,359 contacts for 2,676 individuals and 2,570 referrals) which was sustained in the following months (April to August).

Figure 6. Number of contacts received regarding individuals and the resulting adult social care referrals – March 2020 to August 2021



This data suggests the pandemic suppressed demand for social care services for almost a year before a 'bounce back' was experienced.

National Findings

COVID-19 has had, and is likely to continue to have, significant impacts on access to Social Care. In the early stages of the pandemic ADASS (the Directors of Adult Social Care) reported fewer people made requests for support.^[1] More recent data from ADASS highlights a rebound in demand with an estimated 300,000 people awaiting social care assessments, care and support or reviews.^[2] This follows a period where service use fell due to staffing disruptions, reduced demand from those using services because of fears

about infection and the closure of some services such as day centres due to social distancing measures.

Care Homes

Admissions to care homes were particularly affected, with a reported one-third fall in people arriving with public funding (and a much larger fall in self-funders).^[3] The chief executive of the Care Quality Commission (CQC), Ian Trenholme, told the Public Accounts Committee in April 2021 that care home closures had slowed during 2020 and the first quarter of 2021, with the result that there were around 1,000 more beds in the market than might otherwise have been expected.^[4] The reduction in admissions and the number of deaths in care homes due to COVID-19 (39,017)^[5] has resulted in almost one-third of care home beds being vacant. Time-limited COVID-19 government grant funding to care homes and other providers is reported to have prevented or delayed some care home closures and there have been fewer contract hand-backs to local authorities by domiciliary care providers.^[6] From 11 November 2021, anyone working or volunteering in a care home will need to be fully vaccinated against coronavirus (COVID-19), unless exempt.^[7] The legislation does not apply to other social care settings nor to the health sector and is likely to exacerbate existing workforce shortages being experienced across social care.

Other Social Care Provision

The impact of COVID-19 on elements of social care provision other than care homes have been equally as profound, although less well documented. In July 2020 The Health Foundation reported excess deaths amongst individuals receiving domiciliary care was above that in care homes.^[8] The BMJ reported in England from 10 April to 8 May 2020, deaths of recipients of domiciliary care were 2.7 times the three year average for that period.^[9] COVID-19 has heightened the challenges already faced by the domiciliary care sector before the outbreak (long work hours, low minimum wage and limited opportunities for career advancement leading to staff shortages).

The ADASS Activity Survey^[10] from June 2021 reported,

- The closure and unavailability of some services (such as day services) has led to increased numbers of people seeking support for other social care services
- Increased numbers of people seeking support for mental ill health, domestic abuse and safeguarding, and homelessness
- Social care services are providing care and support to increased numbers of people who have not been admitted to or who are being discharged from hospital.

Local Findings

Care Homes

Amongst care homes in Worcestershire with 11 or more beds, the number of deaths from 10th April 2020 to 31st March 2021 notified to CQC involving COVID-19 was 473.^[11] Approximately half the notifications (234) were made to the 30th June 2020 with a further 176 notifications from 1st January to 31st March 2021. During this period the proportion of care home residents in Worcestershire who had received one dose of a COVID-19 vaccine went from less than 3% to 95%. By mid-July the same proportion had received a second dose.^[12] In common with residents, care home employees were included in the

Joint Committee on Vaccination and Immunisation's Priority 1 group for vaccination. Nationally, take-up of the vaccine has been lower amongst care home staff than residents. A situation mirrored in Worcestershire where 78% of care home staff had received two doses of the vaccine by the end of July.^[13]

Day Services

At the end of March 2020 individual day services undertook a risk assessment before deciding to remain open or to close. The majority closed or offered an alternative outreach or digital offer. After the first lockdown was lifted services updated their risk assessments with some reopening with a reduced or adapted service to comply with Government advice. Many of these services continued to operate during subsequent lockdowns.

Most day services are now fully reopened although there have been temporary closures due to outbreaks of COVID-19. Some services have reported a reduction in attendees as some people have chosen not to return, which has impacted on provider finances. Day service providers in Worcestershire have largely managed to adapt their business models to start to meet the significant changes brought about by COVID-19, and have been able to keep running, providing support to people with care and support needs. Day services are adapting to new ways of working, expanding and adapting their offers to meet changing needs.

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 of 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

Sources:

^[1] [Adass](#)

^[2] [Adass](#)

^[3] [Social Care 360 \(kingsfund.org.uk\)](https://www.kingsfund.org.uk)

^[4] [Parliamentlive.tv - Public Accounts Committee](#)

^[5] [Microsoft Power BI](#)

^[6] [adass-activity-survey-2021-cpdf.pdf](#)

^[7] [Vaccination of people working or deployed in care homes: operational guidance - GOV.UK \(www.gov.uk\)](#)

^[8] [Adult social care and COVID-19: Assessing the impact on social care users and staff in England so far | The Health Foundation](#)

^[9] [Covid-19: excess all cause mortality in domiciliary care | The BMJ](#)

^[10] [adass-activity-survey-2021-cpdf.pdf](#)

^[11] [Microsoft Power BI](#)

^[12]

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1010128/covid_vaccination_2021-08-12.ods

^[13]

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1010128/covid_vaccination_2021-08-12.ods

Access to Health Services

National Findings⁴⁰

Public Health England state that changes in service provision and patterns of health seeking behaviour have meant that there is a consistent pattern of reduced contact with health services over the pandemic period.

New cancer diagnoses between April and December 2020 were 16% lower than in the same months in 2019.

Since March 2020, the percentage of people with dementia in receipt of a care plan review declined each month to 39.4% in January 2021, compared with more than 70% in previous years.

These reductions in contact may result in missed opportunities to provide preventative treatment and support, long-term health complications or an increase in deaths in the future.

Hospital Contact

Data on admissions to hospital during the pandemic for causes other than COVID-19 can help to understand the potential broader impacts of the pandemic on future health. For a wide range of reasons for admission or diagnoses, data show that nationally there is a generally consistent pattern of reduced admissions from April to December 2020 compared with a baseline showing the average for the equivalent period across 2018 and 2019.

Nationally, overall emergency and elective admissions were reduced for both males and females, and for all age groups, ethnic groups, and deprivation groups. These patterns were also observed for Accident and Emergency (A&E) attendances and outpatient appointments.

GP Consultations

There is evidence of a reduction in GP consultations, particularly in the first wave of the pandemic, and a shift to undertaking consultations remotely. Survey data collected during the period 6th May 2020 to 26th January 2021 show that of those people reporting that they had a worsening health condition in the preceding 7 days, around half reported that they had not sought advice for their condition. The most common reason for not doing so was to avoid putting pressure on the NHS, followed by concerns about catching COVID-19.

Mental Health Services

According to a national report, delivery of Improving Access to Psychological Therapies (IAPT) services is currently above pre-pandemic levels with 12.1% more referrals entering treatment in April 2021 compared with February 2020. This pattern of reduced referrals at the outbreak of the pandemic, recovering over time to exceed pre-pandemic levels is common across other mental health services.⁴¹

⁴⁰ Public Health England. Health Profile for England. Available [here](#).

⁴¹ Department of Health and Social Care (DHSC) and the Office of National Statistics (ONS) Direct and indirect health impacts of Covid-19 in England (Short Paper). Available at <https://www.gov.uk/government/publications/dhsc-direct-and-indirect-health-impacts-of-covid-19-in-england-short-paper-9-september-2021>

Healthcare Waiting Lists

Analysis by the Nuffield Trust found that during the pandemic the waiting list for elective care has increased rapidly from a low of 3.9 million in May 2020 to 5.6 million people in July 2021, the highest number since records began. In July 2021, 64% of admitted patients nationally started treatment within 18 weeks of referral for elective treatment. This represents a recovery from a low of 47% in July 2020, but is some way below pre-pandemic levels of 86.5% (April 2019). The waiting list may continue to rise while elective activity levels remain lower than before the onset of the pandemic.

They also found that waiting times for elective treatment vary considerably by specialty. In July 2021, no specialty met the target for 92% of patients to start treatment within 18 weeks of referrals. The specialties with the lowest proportion of patients waiting less than 18 weeks in July 2021 were ear, nose, and throat (59%), oral surgery (59%) and trauma and orthopaedics (61%). This compared to 91% of patients in elderly medicine. The percentage of patients waiting less than 52 weeks to start treatment follows a similar pattern, ranging from 99.7% for elderly medicine to 89% for plastic surgery.⁴²

Research indicates that the impact of lengthening waiting lists during the pandemic has not been felt equally across the population: between April 2020 and July 2021 the waiting list increased by 38% for the most affluent fifth of the population, whilst the increase was 55.2% for those living in the fifth most deprived areas. Also on average a patient living in one of the most deprived areas is 1.8 times more likely to experience a wait of more than one year if you, relative to those in the least deprived areas of the country.⁴³

The King's fund has concluded that:

"Prior to Covid-19, the NHS was routinely missing key performance targets and England was experiencing a slow increase in waiting times as supply failed to keep up with demand. Rising waiting times are not a problem the pandemic has created; it is one that it has accelerated and exacerbated. To create a sustained fall in waiting times, the NHS needs to both meet the ongoing increases in demand generated by an aging population and, for a period, increase activity over and above underlying demand to reduce the backlog. Given there was insufficient capacity to meet demand growth prior to Covid-19, it will take time to build up capacity such that it can both catch-up with demand (which will stop waiting getting any worse) and also have sufficient additional capacity to reduce the backlog."⁴⁴

Summary

The reduced admissions, GP consultations, A&E attendances and health seeking behaviour observed during this period may be a factor in an increase in deaths at home. They may also represent missed opportunities to provide secondary prevention treatment to patients, such as blood pressure and cholesterol control, and may also result in an increase in long-term health complications.

⁴² <https://www.nuffieldtrust.org.uk/resource/treatment-waiting-times> (September 2021)

⁴³ Tackling the elective backlog – exploring the relationship between deprivation and waiting times | The King's Fund (kingsfund.org.uk)

⁴⁴ The King's Fund submission to the Health and Social Care Select Committee inquiry into clearing the backlog caused by the pandemic | The King's Fund (kingsfund.org.uk)

Local Findings

Locally it has been suggested that:

1. 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.
2. 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.
3. 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 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

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

At the end of August 2019, 80.1% of the 32,704 patients on the waiting list were waiting 18 weeks or less to start consultant-led treatment. By the end of August 2020, this proportion had dropped significantly to 47.9% of the 38,444 patients on the waiting list. By the end of August 2021, the percentage of patients waiting 18 weeks or less to start consultant-led treatment had recovered slightly to 53.8%, albeit of a larger total waiting list of 54,636 ⁴⁵

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

In April 2020, at the height 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. In August 2021 there were 17,322 attendances, similar to the August 2019 level of 17,470 attendances, indicative of a return to normal levels.

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.

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Opportunities/Challenges for the Future

Opportunities and challenges highlighted by this work include:

- 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 Survey⁴⁶
- 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

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 following pre-pandemic measures indicated that screening and vaccination rates were typically above national levels:

- The proportion of five-year olds that had received two doses of the MMR vaccination was 88.8% in 2019/20. This was higher than the national rate of 86.8% 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 95.7%. This was higher than the national rate of 93.8% and higher than the national goal.
- Flu vaccine uptake in at risk individuals aged 6 months to 65 years (excluding pregnant women) was 50.7% in 2019/20. This was higher than the national figure of 44.9% uptake but lower than the national goal of achieving at least 55% coverage.
- Flu vaccine uptake in people aged 65 plus was 74.8% in 2019/20. This was higher than the national figure of 72.4% uptake but lower than the national goal of achieving at least 75% coverage.
- Breast cancer screening coverage in March 2020 was 77.5%. This was better than the national average of 74.1% but the recent trend had been downwards.
- Cervical cancer screening coverage in females aged 25 to 49 years in March 2020 was 75.2%. This was better than the national average of 70.2%.
- Cervical cancer screening coverage in females aged 50 to 64 years in March 2020 was 78.6%. This was better than the national average of 76.1%.
- Bowel cancer screening coverage in March 2020 was 66.3%. This was better than the national average of 63.8%.

This indicator partly covers the pandemic period:

- The number of health checks in the 5 years ending March 2021 was 68,870 (38.5%, England=33.4%), compared with 86,282 (48.2%) in the 5 years ending March 2020. This fall was due to much of the programme being suspended in 2020/21.

National Findings

As demonstrated by the reduction in MMR (measles, mumps, rubella) vaccine coverage, childhood vaccinations were also interrupted during the pandemic while flu vaccination coverage was considerably higher than previous years.⁴⁷

A Public Health England report found that, overall, decreased vaccination coverage compared to 2019 levels has continued throughout the pandemic, though the size of the decrease in vaccine coverage is increasingly smaller from January 2021 onwards.

⁴⁷ Public Health England. Health Profile for England. Available [here](#). Accessed 29th September 2021.

The vaccine coverage data has pointed towards a sustained decrease in children receiving routine childhood immunisations in both 2020 and 2021 compared to 2019. Since April 2020, fewer infants have completed the full course of 3 Hexavalent vaccines (DTaP/IPV/Hib/HepB), by 6 months of age, and fewer children have received MMR1 (first dose MMR in children aged 12 to 18 months) by 18 months of age.

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 to ensure social distancing measures were maintained within GP practices.⁴⁸

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.⁴⁹

The list of those eligible for a free flu vaccination has been expanded in 2021 to include the following groups:

- all children aged 2 to 15 (but not 16 years or older) on 31 August 2021
- those aged 6 months to under 50 years in clinical risk groups
- pregnant women
- those aged 50 years and over
- those in long-stay residential care homes
- carers
- close contacts of immunocompromised individuals
- frontline health and social care staff⁵⁰

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%.⁵¹

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

⁴⁸ Public Health England. Impact of COVID-19 on routine childhood immunisations: early vaccine coverage data to August 2021 in England. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1026360/hr1721_chldhd-vc2.pdf

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 Department for Health and Social Care, National flu immunisation programme 2021 to 2022 letter. Available at <https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan/national-flu-immunisation-programme-2021-to-2022-letter>

⁵¹ 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-

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.⁵²

Health checks

National reporting on the health check programme was stood down in 2020/21 as Primary care resources were reprioritised during the pandemic.

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.

There is some early indication of the extent of the decline in cervical cancer screening rates in Worcestershire, with the coverage for 50-64 year olds declining from 78.6% to 77.5% between Q4 of 2019/20 and Q4 of 2020/21. It is however difficult to interpret the change as the data relates to screening over a 5.5 year time period. For 25-49 year olds there was a larger decline over the same period from 75.5% to 73.2% (this data relates to screening over a 3.5 year time period).⁵³

Opportunities/Challenges for the Future⁵⁴

- 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 even though 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.
- As the health checks programme is restarted, an opportunity to reinvigorate the programme to better meet the needs of vulnerable and most impacted communities

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

⁵² 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>

⁵³ Cervical Screening Programme - Coverage Statistics [Management Information]. <https://digital.nhs.uk/data-and-information/publications/statistical/cervical-screening-programme/cervical-screening-programme-coverage-statistics-management-information#top>

⁵⁴ Public Health Institute <https://www.ljmu.ac.uk/~media/phi-reports/2020-07-direct-and-indirect-impacts-of-covid19-on-health-and-wellbeing.pdf>

- Emergency presentations for cancer
- Cancer survival
- Under 75 mortality rates from cancer
- Health checks coverage

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Wider Determinants of Health

Deprivation

Population Profile

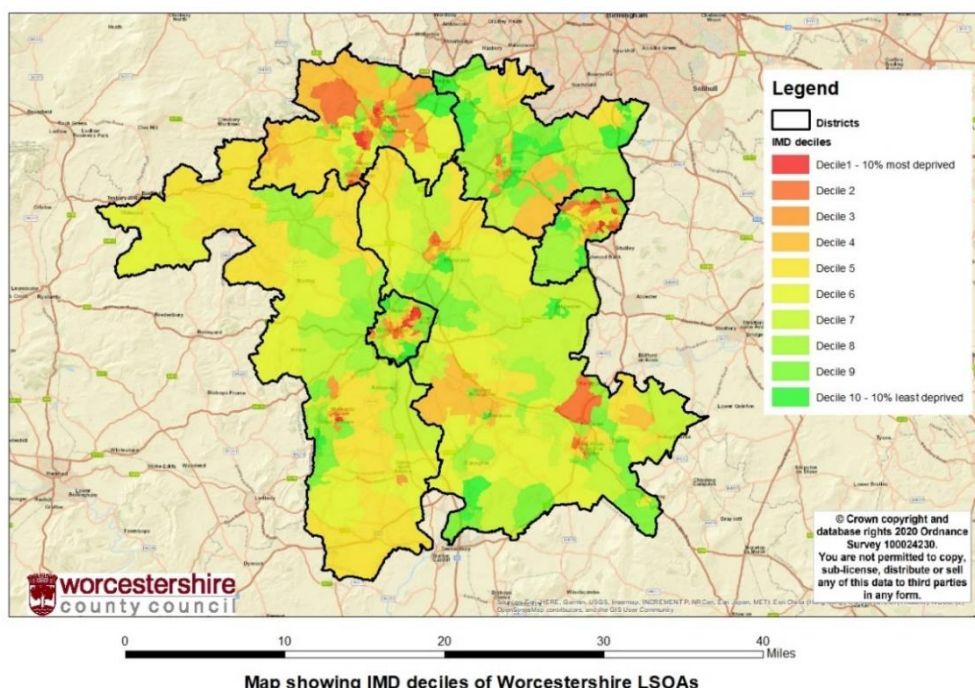
The Index of Multiple Deprivation (IMD) is the official measure of relative deprivation in England. The IMD is based on 39 separate indicators, organised across seven distinct domains of deprivation which are combined and weighted to calculate the IMD 2019. These domains are: Income, Employment, Education, Skills and Training, Health and Disability, Crime, Barriers to Housing and Services and Living Environment. The IMD ranks every Lower-layer Super Output Area (LSOA) in England from 1 (the most deprived area) to 32,844 (the 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 who live in one of the top 10% of deprived areas in the country. 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 England, whilst just over 20% are living in places categorised as being within the top 30% most deprived areas in England.

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

Figure 7. Deprivation in Worcestershire; areas in red are more deprived



National Findings

COVID-19 has had a proportionally higher impact on the most deprived areas of England.

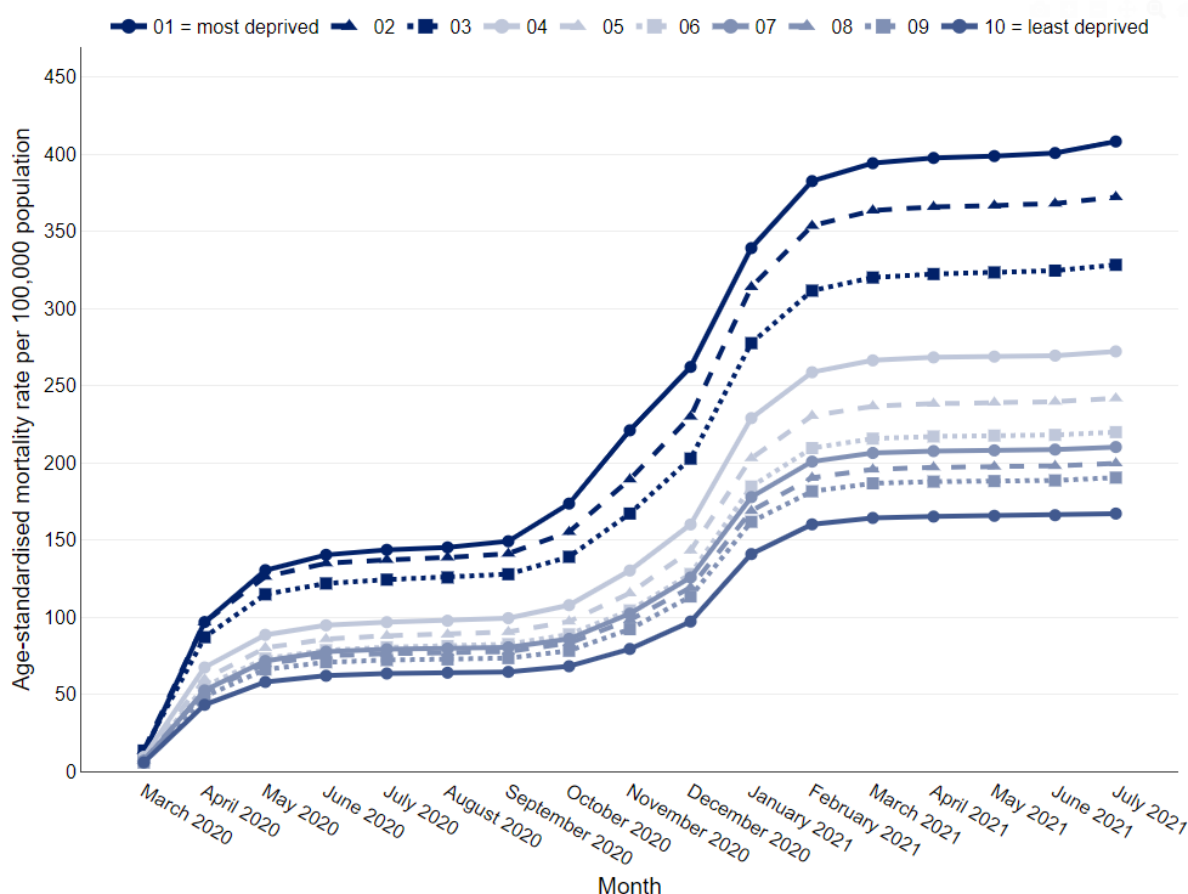
There was a gradient in confirmed case rates, hospital admissions and COVID-19 deaths by level of deprivation: the impact of the pandemic to date increased with each increase in level of deprivation.

Across the pandemic to date, the cumulative admission rate for the most deprived in England was 3.0 times the rate for the least deprived and the mortality rate over this period was 2.4 times higher.

The level of inequality was narrower for confirmed cases, but the rate for the most deprived was still 1.5 times that for the least deprived.⁵⁵

There was a difference in case rates among households from lower socio-economic backgrounds than in more affluent ones during the second wave. In the third wave, there was little difference.⁵⁶

Figure 8. Cumulative age-standardised mortality rate per 100,000 population, for deaths involving COVID-19 in England by deprivation decile, March 2020 to July 2021

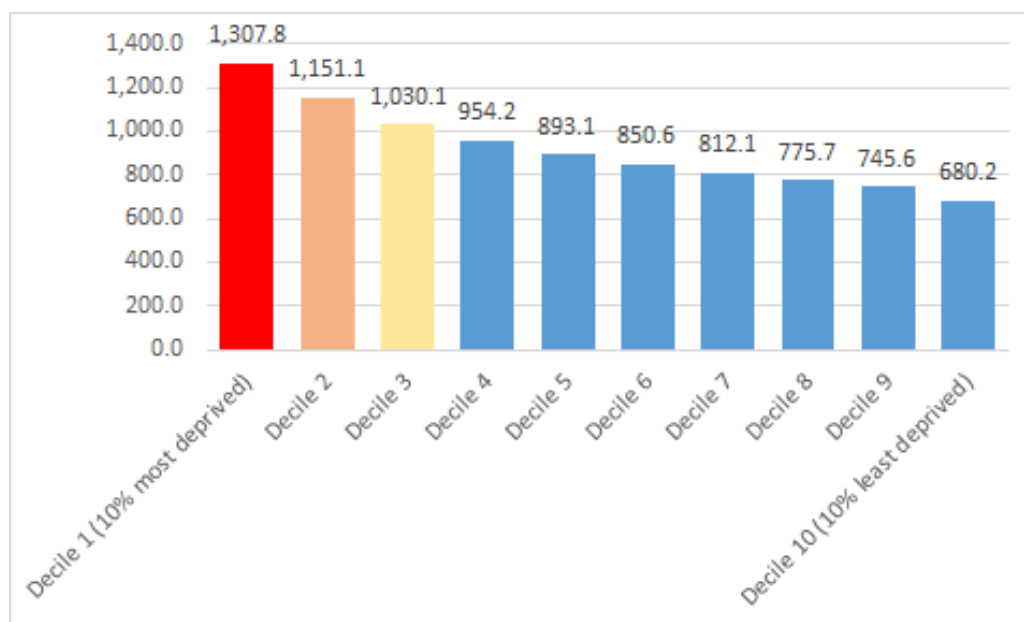


Source: Office for National Statistics

⁵⁵ Public Health England. CHIME Tool. Main Messages. Available [here](#).

⁵⁶ [Coronavirus \(COVID-19\) latest insights - Office for National Statistics \(ons.gov.uk\)](#)

Figure 9. Age-standardised mortality rates for deaths in which COVID-19 was the underlying cause, England and Wales, up to April 2021



Source: Office for National Statistics

Local Findings

COVID-19 Cases

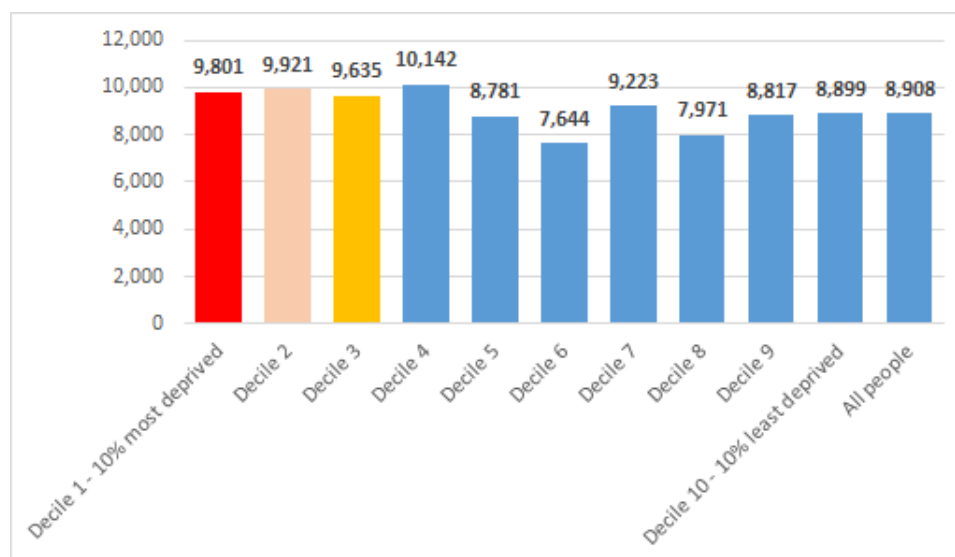
Cases within Worcestershire since the beginning of the pandemic by level of deprivation are shown in Figure 10.

The relationship between number of cases per 100,000 population and level of deprivation is not clear cut as level of deprivation is not the only factor that affects the level of cases. For example, Decile 1, representing the most deprived 10% of areas, does not have the highest level of cases per 100,000 population in Worcestershire.

However, the number of cases in Deciles 1-4, representing the top 40% most deprived areas, is higher than that seen in Worcestershire as a total, and deciles 1-4 are all higher than any of the deciles between 5 and 10.

The highest level of cases per 100,000 population is actually in Decile 4, although deciles 2, 1, and 3 are the next highest in the list in order.

Figure 10. COVID-19 cases per 100,000 population in Worcestershire by IMD decile, up to 7th September 2021



COVID-19 Deaths

COVID-19 deaths can also be analysed by IMD decile. Deaths are included if they have an 'underlying cause of death' coded to COVID-19.

Analysis of all-age COVID-19 deaths per 100,000 population does not reveal any trend that those in deprived areas have higher rates compared to those in non-deprived areas.

However, a trend can be seen if deaths per 100,000 of the 65-plus population are considered. In this age group the rate of death due to COVID-19 was higher in the most deprived areas compared to the least deprived areas (Figure 12).

It should be noted that in Worcestershire almost 92% of deaths where the underlying cause was due to COVID-19 were in people aged 65-plus.

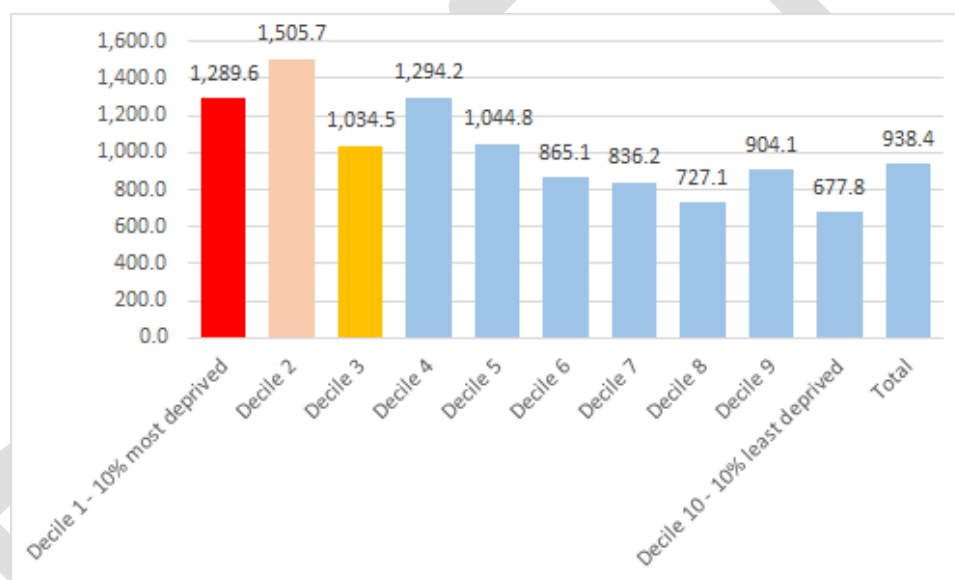
It is notable that more deprived areas do have a higher rate per 100,000 population aged 65-plus than other areas. Rates are particularly high in deciles 1 and 2, representing the most 20% deprived areas. Rates are lower in decile 3 but still higher than rates for the whole of Worcestershire.

Figure 11. Deaths where underlying cause of death was due to COVID-19 per 100,000 population in Worcestershire by IMD decile

IMD Decile	Deaths	Population	Deaths per 100,000 population	Population 65-plus	Deaths per 100,000 population 65-plus
Decile 1 - 10% most deprived	44	27,955	157.4	3,412	1,289.6
Decile 2	118	47,939	246.1	7,837	1,505.7

Decile 3	83	47,433	175.0	8,023	1,034.5
Decile 4	122	40,327	302.5	9,427	1,294.2
Decile 5	187	80,170	233.3	17,898	1,044.8
Decile 6	153	67,595	226.3	17,685	865.1
Decile 7	127	63,534	199.9	15,188	836.2
Decile 8	143	79,291	180.3	19,666	727.1
Decile 9	167	77,421	215.7	18,472	904.1
Decile 10 - 10% least deprived	105	64,121	163.8	15,492	677.8
Total	1,249	595,786	209.6	133,100	938.4

Figure 12. Deaths where underlying cause of death was due to Covid-19 per 100,000 population aged 65-plus in Worcestershire by IMD decile



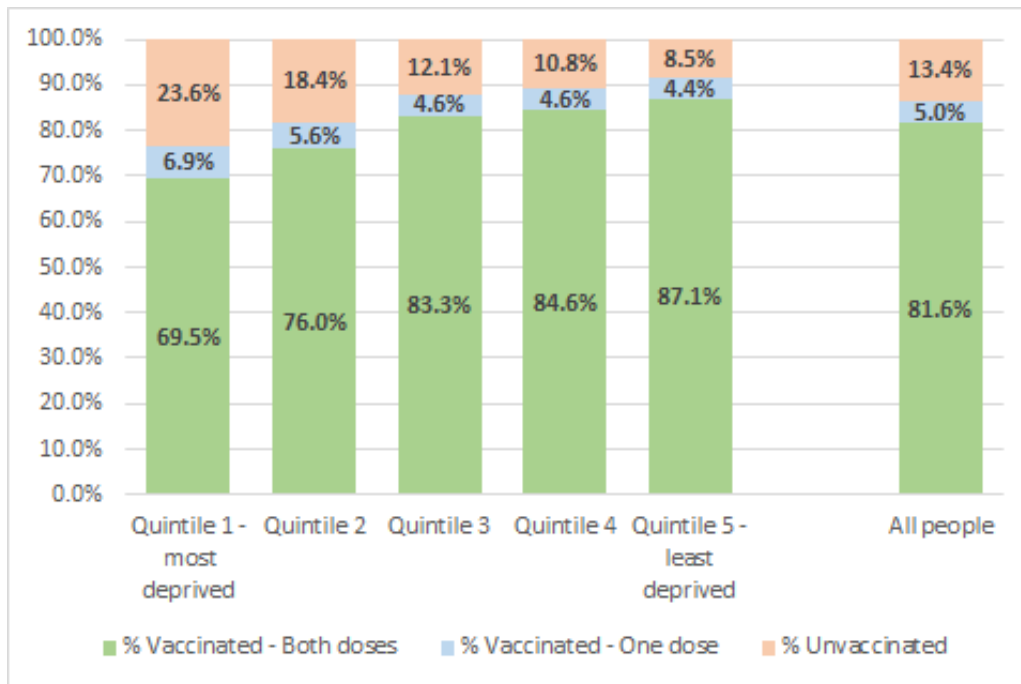
COVID-19 Vaccination

In Worcestershire vaccination status is highly dependent on level of deprivation. Figure 13 shows vaccination status of people aged 16-plus registered with Worcestershire GP's by IMD quintile.

Up to the end of September 2021, over 23% of people aged 16-plus registered with Worcestershire GP's in Quintile 1, representing the most 20% of deprived areas, are unvaccinated. This is compared to just over 13% of people aged 16-plus as a whole, and less than 9% of those living in the 20% least deprived areas (Quintile 5).

Less than 70% of the 16-plus population have received their second dose in the most deprived 20% of areas. This compares to almost 82% of people in registered with all Worcestershire GP's, and over 87% of people in Quintile 5.

Figure 13. Vaccination status in Worcestershire by IMD decile up to 28th September



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

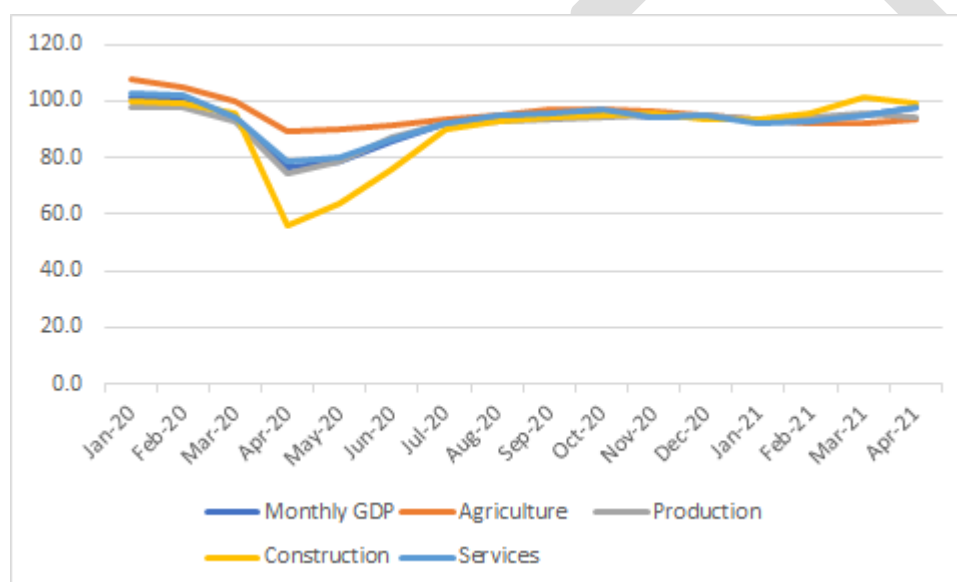
Population Profile

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.⁵⁷

National Findings

Nationally, in early 2020 construction was initially the sector affected most by the coronavirus (COVID-19) pandemic before recovering strongly. However, construction has fallen for three of the past four months while services has continued its more gradual recovery, while remaining below its February 2020 level.

Figure 14. Change in GDP Main Sectors



Source: Office for National Statistics

Data for August 2021 was published on 13th October 2021 and shows GDP 0.8% below February 2020.

In terms of main sectors, the GDP in the construction sector fell by over 40% between February and April but has since recovered and is currently slightly below the February figure. 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 July⁵⁸.

⁵⁷ NOMIS official labour market statistics
<https://www.nomisweb.co.uk/reports/lmp/la/1941962825/report.aspx>

⁵⁸ Office for National Statistics.
<https://www.ons.gov.uk/economy/grossdomesticproductgdp/bulletins/gdpmonthlyestimateuk/april2021>

The Agriculture Sector has seen the biggest downturn long-term. The agriculture sector is 9% lower than was seen in the February 2020 figures.

The production sector remains at more than 1% below pre-pandemic levels, whilst the Services sector has seen a recent upturn since January as more consumer-facing services have re-opened in line with the easing of coronavirus restrictions and more pupils have returned to onsite lessons but remains over 1 % below the February 2020 figure.

Table 3. Monthly GDP based on GVA (Gross Value Added)

	Percentage difference Feb 2020 – Aug 2021
Total GVA at basic prices	-0.8%
Agriculture, forestry and fishing	-9.1%
Total production industries	-1.3%
Mining & quarrying	-4.9%
Manufacturing	-2.3%
Electricity gas, steam and air	2.9%
Water supply, sewerage etc	5.2%
Construction	-1.4%
Total service industries	-0.6%
Wholesale and retail: repair of motor vehicles and motorcycles	2.1%
Transport and storage	-6.1%
Accommodation and food service activities	2.7%
Information and Communication	1.4%
Financial and insurance activities	-0.6%
Real estate activities	-1.4%
Professional, scientific and technical activities	-1.7%
Administrative and support service activities	-9.3%
Public administration and defence	2.5%
Education	-3.6%
Human health and social work activities	8.5%
Arts, entertainment and recreation	-0.8%
Other service activities	-18.3%

Activities of households as employers, undifferentiated goods and services

-8.5%

Source: Office of National Statistics

The most recent figures in August 2021 show that there are still notable decreases across many services since February 2020, including “Other service activities”, “Administrative and support service activities”, “Agriculture, forestry and fishing” and “Activities of households as employers, undifferentiated goods and services”. The Accommodation and Food Services and Arts, Entertainment and Recreation services have seen notable recoveries in the past four months.

According to the Business Insights and Conditions Survey data the percentage of businesses currently trading was 90% in late September 2021. This figure has remained broadly stable since late June 2021, following an increase from 71% seen in January 2021.

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Figure 15. Business Insights and Conditions Survey: Trading

Industry/Size Band	Currently trading and has been for more than the last two weeks	Started trading within the last two weeks after a pause in trading	Paused trading but intends to restart in the next two weeks	Paused trading and does not intend to restart in the next two weeks	Has permanently ceased trading
Manufacturing	88.8%	[c]	4.3%	3.3%	2.6%
Water Supply, Sewerage, Waste Management And Remediation Activities	100.0%	0.0%	0.0%	0.0%	0.0%
Construction	89.9%	1.4%	4.0%	4.0%	[c]
Wholesale And Retail Trade; Repair Of Motor Vehicles And Motorcycles	92.3%	0.0%	2.9%	3.2%	1.6%
Transportation And Storage	82.3%	[c]	5.8%	2.7%	9.1%
Accommodation And Food Service Activities	91.8%	3.4%	[c]	1.6%	3.1%
Information And Communication	85.2%	1.2%	[c]	10.9%	1.9%
Real Estate Activities	86.3%	0.0%	0.0%	4.6%	9.1%
Professional, Scientific And Technical Activities	84.9%	1.5%	[c]	7.0%	6.1%
Administrative And Support Service Activities	83.9%	1.9%	2.5%	5.9%	5.8%
Education	91.0%	0.0%	8.7%	[c]	0.0%
Human Health And Social Work Activities	100.0%	0.0%	0.0%	0.0%	0.0%
Arts, Entertainment And Recreation	90.6%	2.4%	2.4%	2.7%	1.9%
Other Service Activities	93.4%	6.6%	0.0%	0.0%	0.0%
All Businesses	88.3%	1.3%	2.3%	4.7%	3.4%

Source: Office for National Statistics

- Almost 11% of businesses in the Information and Communication industry have currently paused trading. These businesses in this industry do not intend to restart in the next two weeks.
- High proportions of businesses (over 8%) have also currently paused trading in the Education, Transportation and Storage, Administrative and Support Service, and Construction industries
- Over 9% of businesses in Transportation and Storage, and Real Estate Activities have permanently ceased trading. Proportions that have permanently ceased trading are also high (over 5%) in the Professional, Scientific and Technical Activities, and the Administrative And Support Service Activities industries.

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Figure 16. Business Insights and Conditions Survey: Turnover

Industry/Size Band	Profits have increased	Profits have stayed the same	Profits have decreased by up to 20%	Profits have decreased by between 20% and 50%	Profits have decreased by more than 50%	Not sure	N/A
Manufacturing	3.9%	53.5%	12.2%	14.3%	7.4%	5.8%	2.4%
Water Supply, Sewerage, Waste Management And Remediation Activities	21.9%	22.4%	6.1%	23.7%	0.0%	25.7%	0.0%
Construction	1.0%	47.5%	12.8%	8.3%	4.0%	18.2%	6.7%
Wholesale And Retail Trade; Repair Of Motor Vehicles And Motorcycles	6.2%	40.6%	16.0%	7.4%	7.8%	17.0%	3.3%
Transportation And Storage	3.6%	56.2%	6.0%	8.1%	4.9%	5.6%	15.3%
Accommodation And Food Service Activities	6.9%	26.2%	27.6%	16.6%	7.0%	13.2%	1.7%
Information And Communication	7.2%	58.9%	5.1%	8.7%	8.6%	8.2%	3.2%
Real Estate Activities	1.1%	53.1%	16.0%	6.9%	[c]	11.7%	10.6%
Professional, Scientific And Technical Activities	2.8%	55.9%	10.0%	9.1%	7.4%	7.8%	6.0%
Administrative And Support	4.7%	43.4%	12.0%	13.4%	6.7%	10.0%	10.0%

Service Activities							
Education	0.0%	33.3 %	3.8%	30.6%	20.1%	10.0 %	1.7%
Human Health And Social Work Activities	1.0%	45.6 %	5.6%	9.3%	13.2%	12.0 %	13.3 %
Arts, Entertainment And Recreation	2.7%	28.4 %	6.8%	6.9%	15.3%	12.4 %	27.5 %
Other Service Activities	6.6%	8.7%	28.5%	14.5%	20.2%	21.3 %	0.0%
All Businesses	4.9%	45.7 %	12.8%	10.3%	7.6%	12.1 %	6.4%

Source: Office for National Statistics

Trends from Business Insights and Conditions Survey reports⁵⁹ suggest that the percentage of businesses currently trading was 90% in late September 2021. This figure has remained broadly stable since late June 2021, following an increase from 71% seen in January 2021.

Over a quarter 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. Over 6% have said that their expected turnover has decreased by more than 50%. Less than 7% said their expected turnover has increased.

- Almost a half of businesses working Other Service Activities have seen their turnover decrease.
- Over a third of businesses working in the Manufacturing industries have seen their turnover decrease, whilst the figure is over 30% among businesses working in the Wholesale And Retail Trade; Repair Of Motor Vehicles And Motorcycles industry, Accommodation and food service activities, and Arts, entertainment and recreation.
- Over 13% of businesses working in Other service activities have seen their expected turnover decrease by over 50%, whilst the figure is over 7% of businesses in Manufacturing, and in the Education sector.

Local Findings

Table 4. Coronavirus Job Retention Scheme (CJRS) furloughed employments in Worcestershire, August 2021

Area	Employments furloughed	Eligible employments	Take-up rate
Bromsgrove	2,100	42,800	5%
Malvern Hills	1,400	30,300	4%
Redditch	2,000	39,800	5%
Worcester	1,800	48,200	4%
Wychavon	2,300	56,400	4%
Wyre Forest	1,800	41,100	4%
Worcestershire	11,400	258,600	4%
West Midlands	119,000	2,424,300	5%
England	1,118,700	23,881,800	5%

Source - HMRC coronavirus (COVID-19) statistics, gov.uk

- 11,400 employments were furloughed in Worcestershire as at 31st August 2021. The August figures are provisional and may be revised due to late and amended claims. This represents a take-up rate of 4%, slightly lower than the regional and national rates.

⁵⁹ [Business insights and impact on the UK economy - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/business/bis/articles/businessinsightsandimpactontheukconomy)

- The proportion of employees furloughed is highest in Bromsgrove and Redditch at 5%.

Table 5. Coronavirus Job Retention Scheme (CJRS) furloughed employments in Worcestershire by Sector, August 2021

Sector	Bromsgrove	Malvern	Redditch	Worcester	Wychavon	Wyre Forest	Worcs
Manufacturing	330	200	730	330	350	290	2,230
Construction	180	90	100	70	160	160	750
Wholesale and retail; repair of motor vehicles	310	210	250	260	380	320	1,730
Transportation and storage	100	50	130	90	140	90	610
Accommodation and food services	170	130	110	270	220	170	1,060
Information and communication, Finance and insurance, Real estate	170	110	90	100	140	90	700
Professional and scientific and technical	230	170	110	160	260	150	1,080
Administrative and support services	270	150	270	230	250	190	1,370
Health and social work	70	60	50	70	70	70	390
Arts, entertainment and recreation	110	50	90	80	120	90	540
Other service activities	120	70	60	100	70	110	530
Other	90	60	50	60	100	60	410

Source - HMRC coronavirus (COVID-19) statistics, gov.uk

- 2,230 employments were furloughed in Worcestershire on 31 August 2021 in the Manufacturing sector. Over 700 of these were in Redditch.

- Wholesale and retail; repair of motor vehicles (over 1,700) and Administrative and support services (almost 1,400) also had high numbers of employments furloughed.

The Coronavirus Job Retention Scheme ended on 30 September 2021. Some employers with workers on furlough may find they cannot afford to keep them on when furlough ends. Many forecasters, including the Bank of England, are expecting a small rise in unemployment. Some sectors are still seriously disrupted, and some furloughed workers in these areas may potentially lose their jobs. The sectors with high numbers still furloughed at the end of August in Worcestershire would seem to be the most under threat of a rise in local areas.

Self-Employment Income Support Scheme (SEISS)

Table 6. Self-Employment Income Support Scheme (SEISS) in Worcestershire

Area	Total potentially eligible population	Total no. of claims made	Total no. of claims made for higher grant	Total no. of claims made for lower grant	Take-Up Rate
Bromsgrove	4,600	1,200	900	300	27%
Malvern Hills	4,800	1,000	800	300	22%
Redditch	3,800	1,300	900	400	35%
Worcester	4,500	1,400	1,000	400	31%
Wychavon	7,200	1,900	1,400	500	26%
Wyre Forest	5,100	1,500	1,100	400	29%
Worcestershire	29,900	8,400	6,100	2,300	28%
West Midlands	260,000	83,000	58,000	25,000	32%
UK	3,369,000	1,092,000	778,000	315,000	33%

Source - HMRC coronavirus (COVID-19) statistics, gov.uk

- By 15 September, 8,400 of the potentially eligible population in Worcestershire (28%) had claimed a fifth SEISS grant, slightly below the national take-up rate of 33%.
- 6,100 claims were made for the higher grant which can be claimed by individuals who have seen a decline in turnover of 30% or more.
- Take up rate in Worcestershire was particularly high in Redditch (35%) and Worcester (31%)

A survey undertaken by the Herefordshire and Worcestershire Chamber of Commerce⁶⁰ and released in July 2021 suggest that

- 39% of businesses have experienced an increase in cash flow this quarter, compared to 27% in Q1. Government economic support and increase in trade are two factors as to why cash flow for businesses across Herefordshire and Worcestershire has increased significantly over the past three months. However, more than 40% of businesses advised cash flow had remained the same and 21% reported a decline in cash flow. Government economic support packages such as the Job Retention Scheme and grants to support business costs helped firms with cash flow, however many firms were unable to qualify for support which saw an increase in businesses using their own cash flow to help the maintain costs of their business.
- Investment plans for machinery and training have improved from the previous quarter, from 24% (Q1 2021) to 31% (Q2 2021). Factors which have caused an increase in investment plans this quarter are increased sales and trade for firms which have reopened since the easing of national lockdowns. Members across Herefordshire and Worcestershire are seeing positive signs of an economic recovery in the local market which is helping to stimulate increased investment in training, machinery and equipment.
- 51% of businesses have attempted to recruit in Q2 compared to 38% in Q1. Half of businesses reported they would try and recruit over the next three months, which represents how resilient the local employment market is across both regions, despite the challenges of Covid-19. The Quarterly Economic Survey reports 82% of businesses who have attempted to recruit are doing so for full time roles.
- Business confidence in turnover has improved from the previous quarter. 72% of businesses expect their turnover over the next 12 months to increase compared to 59% last quarter. Members reported during the QES the increase in confidence in turnover was due to increased trading following the latest lockdown easing which saw the return of non-essential retail in April 2021. Furthermore, the return of the hospitality sector in May 2021 helped provided a much-needed boost to the local and regional economy. 60% of businesses expect their profitability over the next 12 months to increase compared to 50% in Q1. Increase in profitability was due to increased sales and orders from business and customers, which has helped stimulate a bounce back in the local economy

The Kickstart Scheme⁶¹ provides funding to create new jobs for 16 to 24-year-olds on Universal Credit who are at risk of long-term unemployment. Employers of all sizes can apply for funding which covers:

- 100% of the National Minimum Wage (or the National Living Wage depending on the age of the participant) for 25 hours per week for a total of 6 months
- associated employer National Insurance contributions
- minimum automatic enrolment pension contributions

⁶⁰ [QES Q2-2021-spreads-1.pdf \(hwchamber.co.uk\)](#)

⁶¹ [Kickstart Scheme - GOV.UK \(www.gov.uk\)](#)

Table 7. Approved employers and job placements in the Kickstart scheme in Worcestershire as at 1st September 2021

	Total number of employers approved	Total number of placements approved	Job starts through WCC gateway
Bromsgrove	13	32	6
Malvern Hills	13	37	4
Redditch	30	110	14
Worcester	64	195	56
Wychavon	22	96	7
Wyre Forest	33	69	22
Other	50	179	19
Worcestershire Total	225	718	128

- In Worcestershire, 225 employers have been approved for funding through the Kickstart scheme. Over 700 placements have been approved, with 128 job starts for 16-24 year olds in the county so far.
- Worcester has the most number of placements approved, at almost 200.

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.

Since then, the claimant count has fallen and currently stands at just over 1.6 million in the UK.

The claimant count in England has increased by 102% since the pre-pandemic levels in March 2020, whilst the number of claimants aged 18-24 in England has doubled.

Figure 17. Claimant count rate in England, March 2020 – May 2021

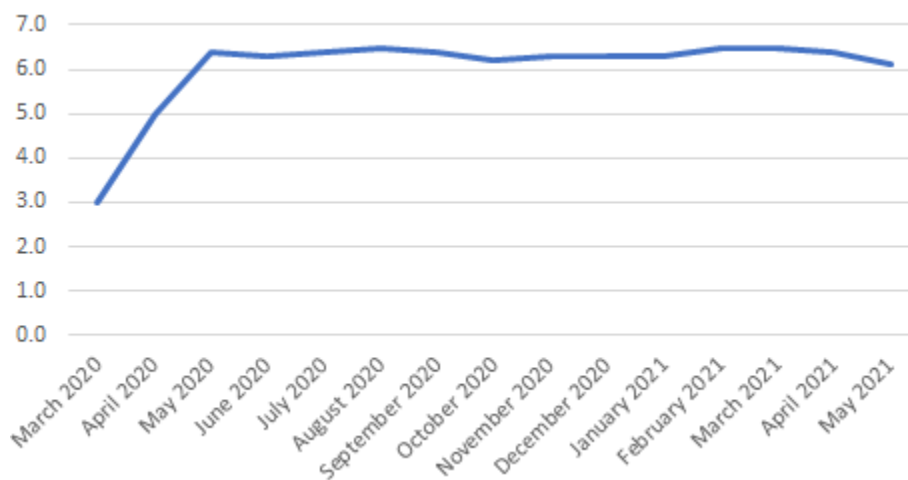
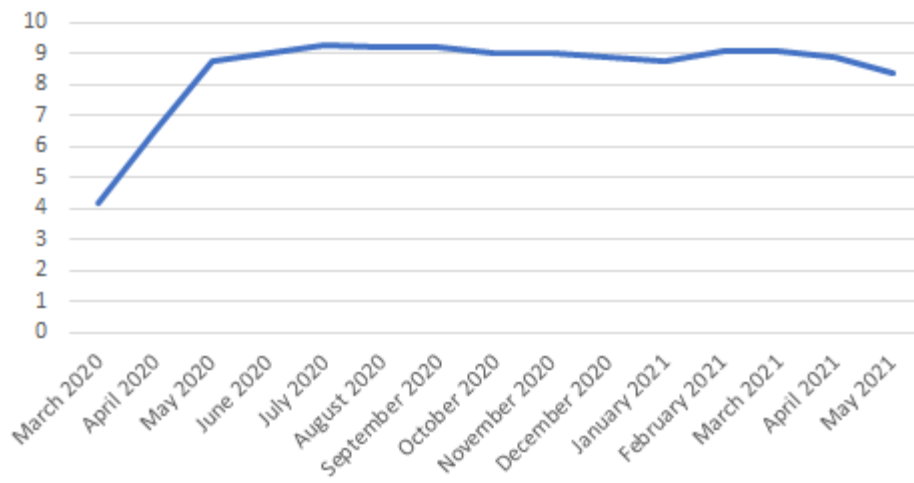


Figure 18. Claimant count rate for 18–24-year-olds in England, March 2020 – May 2021



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Table 8. Claimant Count in Worcestershire in September 2021, all people

Area	Claimant Count	Rate	change on last month	change since March 2020	% change since March 2020
Bromsgrove	2,100	3.6%	10	935	80%
Malvern Hills	1,575	3.5%	-20	650	70%
Redditch	2,495	4.8%	-70	960	63%
Worcester	2,880	4.5%	-85	1,100	62%
Wychavon	2,525	3.3%	-65	1,205	91%
Wyre Forest	2,580	4.4%	-55	1,000	63%
Worcestershire	14,155	4.0%	-295	5,850	70%
West Midlands	233,045	6.1%	-3,875	78,695	55%
England	1,785,985	5.1%	-52,820	722,480	68%

Source - ONS

- The claimant count in Worcestershire⁶² decreased in September 2021 by 295 to 14,155.
- The claimant count rate for Worcestershire is 4.0%, lower than the regional (6.1%) and national (5.1%) figures.
- Rates are particularly high in Redditch (4.8%), Worcester (4.5%) and Wyre Forest (4.4%).
- Comparisons with March 2020, prior to the impact of the pandemic, show that despite decreases in recent months, the claimant count has increased by 5,850 or 70%. This is similar to the national average, but notably higher than the regional average.
- Increases since March 2020 are particularly high in Wychavon, at 91%, although it is noted that this is from a low base and the rate in Wychavon is still the lowest in the county.
- Enhancements to Universal Credit as part of the UK government's response to the coronavirus 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.

⁶² Most up to date claimant count information can be downloaded from [Information on the Worcestershire Economy | Information on the Worcestershire Economy | Worcestershire County Council](#) web page.

Table 9. Claimant Count in Worcestershire in September 2021, people aged 18-24

Area	Claimant Count (18-24)	Rate (18-24)	change on last month	change since March 2020	% change since March 2020
Bromsgrove	370	6.2%	-25	155	72%
Malvern Hills	285	6.5%	5	105	58%
Redditch	440	7.4%	-20	130	42%
Worcester	510	5.0%	-25	190	59%
Wychavon	435	5.5%	-5	175	67%
Wyre Forest	455	6.9%	-5	145	47%
Worcestershire	2,500	6.1%	-70	905	57%
West Midlands	40,780	7.8%	-1,145	12,875	46%
England	308,045	6.5%	-10,620	110,315	56%

Source - ONS

- The number of claimants aged 18-24 in Worcestershire decreased by 70 to 2,500 in September 2021.
- The claimant count rate among 18–24-year-olds in Worcestershire is 6.1%, lower than the national (6.5%) and regional (7.8%) figures.
- Claimant count rate among 18-24's is particularly high in Redditch (7.4%) and Wyre Forest (6.9%)
- Comparisons with March 2020, prior to the impact of the pandemic, show that the number of claimants aged 18-24 increased by 905 or 57%, higher than the regional average but comparable to the national average.
- Increases since March 2020 are particularly high in Bromsgrove (72%) and Wychavon (67%).

Opportunities/Challenges for the Future

- Support for the unemployed to help find work

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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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.⁶³
- 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 Coronavirus and the social impacts on Great Britain, 8 October 2021⁶⁴, in the week ending the 3rd October, 22% of people said that their work had been affected due to the COVID-19 pandemic. This compares to 60% who said their work had been affected in the week ending 13th April 2020, around the peak of the pandemic and during full lockdown.

29% of respondents indicated that they have worked from home because of the COVID-19 pandemic over the past 7 days, compared to 50% in April 2020. 22% Stated that their work was being affected by the Covid-19 pandemic, whilst 12% said their household finances were being affected.

Results from the Annual Population Survey⁶⁵ released by ONS suggest that just over a quarter (25.9%) of people had worked at home at some point in the week before they responded to the survey. This compares with 12.4% of workers in 2019.

ONS findings⁶⁶ suggest that

- People who completed any work from home did 6.0 hours of unpaid overtime on average per week in 2020, compared with 3.6 hours for those that never work from home.
- Homeworkers were more likely to work in the evenings compared with those who worked away from home in September 2020.

⁶³Office for National Statistics Available at:

<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/COVID-19andhomeworkingintheuklabourmarket/2019#regions-of-homeworkers>

⁶⁴ [Coronavirus and the social impacts on Great Britain - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/coronavirusandthesocialimpactsongreatbritain)

⁶⁵

<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/datasets/homeworkingintheuklabourmarket>

⁶⁶

<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/labourproductivity/articles/homeworkinghoursrewardsandopportunitiesintheuk2011to2020/2021-04-19>

- The sickness absence rate for workers doing any work from home was 0.9% on average in 2020, compared with 2.2% for those who never worked from home in their main job.

A survey from British Chamber of Commerce⁶⁷ shows that two thirds (66%) of businesses surveyed were offering remote working to employees. The data, from a survey of over 900 businesses conducted in April 2021, shows nearly three quarters of businesses expect to have at least one employee working remotely over the coming year.

As more offices and places of work open up as restrictions ease, it is likely that most offices will look very different and working practices will change as employers make changes to ensure places of work are Covid-secure. National guidance on doing risk assessments, social distancing, cleaning, hygiene and handwashing, ventilation and air conditioning, working from home and helping vulnerable workers is available⁶⁸.

A report released by ONS in August 2021⁶⁹ suggests that the shift towards working from home seen during the COVID-19 pandemic may help enable older workers to remain in the labour market for longer.

Early exit of older workers from the UK labour market, between the age of 50 years and prior to State Pension age (SPA), can negatively impact an individual's future financial security and is also detrimental to the wider economy.

Previous research has shown that flexible working is a factor in enabling older workers to remain in the labour market for longer; in June and July 2020, older workers working entirely from home were more likely to say they were planning to retire later compared with those not working from home.

The proportion of older workers who are planning to work from home following the coronavirus (COVID-19) pandemic is higher than the proportion who worked from home prior to the pandemic, suggesting any benefit may continue going forward.

Characteristics of those who exit the labour market early and older workers who did not switch to working from home during the pandemic were similar; they tend to have poorer health, lower wellbeing, live in deprived areas and have lower or no qualifications.

Working from home has not been an option for all; while it may help some older workers stay in the labour market for longer it may also entrench existing inequalities.

⁶⁷ <https://hwchamber.co.uk/survey-shows-major-sectoral-differences-in-how-firms-have-adopted-flexible-working-practices-during-the-pandemic/>

⁶⁸ <https://www.hse.gov.uk/coronavirus/working-safely/index.htm>

⁶⁹ [Living longer: impact of working from home on older workers - Office for National Statistics \(ons.gov.uk\)](#)

Local Findings

Table 10. Working from home statistics by Local Authority, 2019 and 2020

	2019	2020	2019	2020
	Work at home in the week prior to interview	Work at home in the week prior to interview	Ever work at home	Ever work at home
Bromsgrove	15.7	33.0	42.9	41.7
Malvern Hills	21.1	42.8	38.5	48.9
Redditch	6.3	21.0	19.8	24.1
Worcester	9.2	22.2	30.2	38.4
Wychavon	13.7	26.0	25.8	37.9
Wyre Forest	18.1	13.9	30.3	30.0
Worcestershire	13.6	25.9	30.8	36.7

Source – Annual Population Survey

Note - Shaded estimates are based on a small sample size. This may result in less precise estimates, which should be used with caution.

The Annual Population Survey suggests that in Worcestershire, over a quarter of employed people had worked at home in the week prior to the interview in 2020. This compares to less than 14% the previous year. Proportions that had worked from home in the previous week were particularly high in Malvern Hills and Bromsgrove, but low in Wyre Forest.

Almost 37% of employed people in Worcestershire indicated that they had worked at home at some stage. This is an increase from 31% the previous year. Proportions are particularly high in Malvern Hills and Bromsgrove, and low in Redditch and Wyre Forest.

Worcestershire districts ran a consistent set of five COVID-19 recovery questions within their own surveys in the Autumn of 2020. They received 3,535 valid responses. 29% of respondents said they were more likely to work remotely when restrictions lifted compared to 5% less likely.

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

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, recent data⁷¹ released in April 2021 by the ONS on internet users suggests that in 2020 almost 93% of residents in Worcestershire have used the internet in the past three months, an increase on the previous year (just under 89%). This is slightly higher than the national (just over 92%) and regional (just under 91%) averages.
- Just over 7% 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 goods⁷².

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 UK Consumer Digital Index 2021⁷³ suggests that the last 12 months and the COVID-19 pandemic has significantly changed the way in which people in the UK have interacted with the Internet. Compared to last year, on average people are spending more time online; shopping, interacting and using technology.

- There has been a significant increase in those who are using the Internet, now 95%, up from 92% last year. Data from the ONS also shows a substantial year-on-year decrease among households without Internet access (from 7% to 4%). It is estimated that 1.5 million more people are now online.

⁷⁰ Office for National Statistics Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/householdcharacteristics/homeinternetandsocialmediausage/bulletins/internetaccesshouseholdsandindividuals/2020>

⁷¹ [Internet users - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/peoplepopulationandcommunity/householdcharacteristics/homeinternetandsocialmediausage/articles/exploringtheuksdigitaldivide/2019-03-04#what-is-the-pattern-of-digital-exclusion-across-the-uk)

⁷² Office for National Statistics Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/householdcharacteristics/homeinternetandsocialmediausage/articles/exploringtheuksdigitaldivide/2019-03-04#what-is-the-pattern-of-digital-exclusion-across-the-uk>

⁷³ https://www.lloydsbank.com/assets/media/pdfs/banking_with_us/whats-happening/210513-lloyds-consumer-digital-index-2021-report.pdf

- Internet usage has increased on average by 13 hours per week. The pandemic has not just encouraged new people online, it has also meant that those who were already online are more invested in it than ever before. More than half (55%) of the online population has increased their internet usage throughout the pandemic.
- Compared to last year, people are making far more computing related purchases (52% vs. 37% in 2020), streaming online entertainment (49% vs. 44%) and using mobile banking (65% vs. 59%).
- The proportion of people carrying out key online activities such as email, shopping, learning and accessing local council information online has increased due to the restrictions during the pandemic.
- 29% believe they have improved their digital skills in lockdown
- Those aged 60+ have made large increases in their digital engagement
- However, over one-third of UK benefit claimants have Very Low digital engagement, showing there is still a disparity in digital usage for some deprived groups.
- Nine-in-ten people plan to continue with their new online activities in the future.

The Essential Digital Skills report⁷⁴ is based on data collected to help understand if people would be able to do a range of tasks in either a work setting or in their personal lives.

These are grouped into six questions: Foundation, Communicating, Handling Information, Transacting, Problem Solving and Being safe and Legal online.

To achieve the Foundation skill, you must be able to complete all of the seven 'tasks' included in this question.

To achieve any of the skills in a 'Life' context you only need to be able to complete one tasks from that skill question in your personal life, but you also must have the Foundation skill. If you have all five Life skills (as well as Foundation, you are classed as having 'Life EDS'. Across all five skills there are a total of 29 Life Tasks.

If you are employed, for each of the Life skills you have achieved, you are then able to achieve the equivalent work skill question, by being able to complete one task from that skill question in your working environment. As with Life EDS, if you can complete all five Work skills then you have achieved Work EDS. Across all five skills there are a total of 12 Work tasks.

The Essential Skills database table⁷⁵ shows that

- 84% of people in the UK people who achieved all 7 Foundation Skills in 2020, compared to 81% in 2019.

⁷⁴ https://www.lloydsbank.com/assets/media/pdfs/banking_with_us/whats-happening/ipsos-mori-essential-digital-skills-technical-document.pdf

⁷⁵ <https://www.lloydsbank.com/banking-with-us/whats-happening/consumer-digital-index/essential-digital-skills.html>

- 78% of people achieved the Full Life EDS in 2020, the same proportion as in 2019, and;
- 48% of people achieved the Full Work EDS in 2020, slightly higher than the 47% in 2019.

The early days of the COVID-19 pandemic saw increases in media consumption behaviour in the UK. In particular, the COVID-19 Media Behaviours Report⁷⁶, 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.

Updated figures⁷⁷ from surveys during 4th - 6th June 2021, traditional media has remained the most-used source of news and information about the coronavirus, used by more than eight in ten people (82%). However, most social media users (82%) said that they had seen banners, pop-ups and upfront notices about the coronavirus from official sources, such as health organisations or the Government, either each time, most times or sometimes when they used social media. 30% of people stated that they had used social media to access information about the pandemic, and 9% had shared information on the pandemic via social media posts.

Ofcom's annual Online Nation report⁷⁸ 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.

The Updated Online Nation report⁷⁹ released in June 2021 suggested that the population were more dependent than ever on online services for entertainment, shopping, keeping in touch, getting information, home working and home schooling. By the end of the year, about 94% of UK homes had internet access, up from about 89% in 2019. And an average of 3 hours 37 minutes a day were spent on smartphones, tablets and computers (nine minutes more than in 2019) as well as an average of 1 hour 21 minutes a day watching online services such as Netflix and BBC iPlayer on television sets (24 minutes more than in 2019). In September 2020, UK internet users spent nearly four times as much time on smartphones (an average of 2 hours 19 minutes a day) than they did on computers (37 minutes).

However, the pandemic has also exacerbated the digital divide, with lockdown having a greater effect on people who are digitally excluded. Six per cent of households don't have home internet access, and 14% of adults access the internet only infrequently. Older people are less likely to have home internet access (18% of over-64s do not have access), but so too are those in lower socio-economic households (11%). People who rely on a mobile phone for internet access might struggle to work or learn from home or complete online forms – this represents 10% of all adults, and 18% of adults in lower socio-economic households. Even among those who do have access to the internet, 5% say they are not

⁷⁶ PRWeek. Available at: <https://www.prweek.com/article/1677915/bbc-sky-guardian-most-trusted-news-brands-thanks-COVID-19-coverage>

⁷⁷ [Covid-19 news and information: consumption and attitudes - Ofcom](#)

⁷⁸ Ofcom Available at: <https://www.ofcom.org.uk/about-ofcom/latest/media/media-releases/2020/uk-internet-use-surges>

⁷⁹ [Online Nation 2021 report \(ofcom.org.uk\)](#)

confident in using it, again with higher proportions among over-64s (9%) and those in lower socio-economic households (10%).

Local Findings

Over 97% of premises in Worcestershire can now receive 'superfast' broadband download speeds of greater than 30 megabits per second (Mbps). This is an increase from 49% of premises ten years ago⁸⁰.

Looking forward, the UK Government has committed to working with industry to target a minimum of 85% gigabit-capable coverage by 2025 but will seek to accelerate rollout further to get as close to 100% as soon as possible⁸¹.

This commitment should mean at least 85% of premises in the UK having the option to sign-up to services with download speeds of 1,000Mbps. These upgraded services will most likely be delivered via full fibre technology (also known as fibre to the premises or fibre to the home). The gigabit capability target will be delivered by commercial infrastructure deployments and a subsidised deployment programme known as 'Project Gigabit'. This new Government funded programme aims to ensure the 'hardest-to-reach' premises, often in rural areas, also gain access to gigabit services. In March 2021, Worcestershire was announced as one of the first areas to benefit from 'Project Gigabit'⁸².

Worcestershire's full fibre coverage has already increased from 3% to 15% in the 24 months from July 2019 to July 2021. And 'gigabit capable' infrastructure (which includes full fibre) has increased from 3% to 40% in the same time period. Further deployment of full fibre in Worcestershire by commercial infrastructure providers is expected to increase rapidly in the next three years alongside deployment via Project Gigabit⁸³.

Worcestershire districts ran a consistent set of five COVID-19 recovery questions within their own surveys in the Autumn of 2020. They received 3,535 valid responses. Of the respondents 38% said they were more likely to shop online when restrictions lifted versus 7% who said they were less likely.

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.

⁸⁰ [Broadband Coverage and Speed Test Statistics for Worcestershire \(thinkbroadband.com\)](https://www.thinkbroadband.com/2021/07/22/broadband-coverage-and-speed-test-statistics-for-worcestershire/)

⁸¹ [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/947250/20201222 - Planning for Gigabit Delivery in 2021_V2.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/947250/20201222_-_Planning_for_Gigabit_Delivery_in_2021_V2.pdf)

⁸² [Government launches new £5bn 'Project Gigabit' - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/government-launches-new-5bn-project-gigabit) and [Worcestershire to benefit from 'Project Gigabit' launch | Worcestershire County Council](https://www.worcestershire.gov.uk/news/project-gigabit-launch)

⁸³ [Broadband Coverage and Speed Test Statistics for Worcestershire \(thinkbroadband.com\)](https://www.thinkbroadband.com/2021/07/22/broadband-coverage-and-speed-test-statistics-for-worcestershire/)

Environment, Transport and Road Traffic Casualty Accidents

Population Profile

In Worcestershire:

- In 2018/19 the percentage of adults walking or cycling for travel at least three days a week was 16.6% and 2.0% respectively. These are **worse** than the national average of 22.7% and 3.1%.
- In 2019 the number of people killed or seriously injured (KSI) on Worcestershire's roads was 46.0 per billion vehicle miles travelled. This was **better** than the national average of 89.7.
- Between 2017 and 2019 the rate of children KSI on Worcestershire's roads was 9.5 per 100,000 population. This was **better** than the national rate of 18.0.
- In 2019 the annual concentration of human-made fine particulate matter at the Worcestershire level, adjusted to account for population exposure, was 8.4 µg/m³.
- The trends for the above indicators could not be calculated.

Source: Public Health England, Public Health Profiles

National Findings

The ONS have stated that with more people staying at home last year, household greenhouse gas emissions dropped by 10% in 2020.

There was a sharp reduction in personal travel, including commuting to work and this drove household greenhouse gas emissions down by 16 million tonnes of CO₂ equivalent compared with the year before.

While more people were staying at home using more energy for heating in the winter or cooling in the summer, these additional emissions were more than offset by the drop in travel emissions.

Air quality also improved in 2020, with decreases in levels of pollutants such as PM₁₀ (7.7% drop), carbon monoxide (6.3%) benzene (6.1%) and PM_{2.5} (6%).⁸⁴

Local Findings

Local findings at the beginning of September 2021 were:

Traffic Flow

Traffic flow in Worcestershire is currently 98% of pre COVID-19 levels.

The hourly traffic flow profiles are now more closely aligned with pre lockdown since the reopening of schools. During the restrictions and school closures there was a distinct impact on the AM peak with PM peak being less affected.

The highest rates of increase in traffic flow occurred following the easing of lockdown (PM announcements 10th and 13th May 2020) which encouraged construction and manufacturing workers to return and allowed travel for exercise purposes. There has

⁸⁴ Office for National Statistics. COVID-19 restrictions cut household emissions. 21st September 2021. Available [here](#).

then followed a gradual increase, and, even with the reopening of schools no sudden rise in daily traffic flow volumes has occurred. The key significant change due to the reopening of schools is the AM peak and associated congestion.

Walking

The pedestrian data from Diglis Bridge Worcester shows that walking levels are dropping down, this may be linked to combination of cooler weather and Sabrina Bridge being closed for improvement works.

Cycling

The reopening of Sabrina footbridge in early 2021 significantly increased cycle flows at the Pitchcroft cycle counter.

Road Traffic Casualty Accidents

Casualty accident rates for October 2020 were estimated at 32% lower compared to the 3 year average for October 2017-19. The last 6 months has indicated the significant impact of congestion on injury accident rates

Opportunities/Challenges for the Future

Creating an environment where people actively choose to walk and cycle as part of everyday life can have a significant impact on public health and may reduce inequalities in health. It is an essential component of a strategic approach to increasing physical activity and may be more cost-effective than other initiatives that promote exercise, sport, and active leisure pursuits.

More walking and cycling also has the potential to achieve related policy objectives:

- supports local businesses and promotes vibrant town centres
- provides a high-quality, appealing public realm
- reduces car travel, air pollution, carbon dioxide emissions and congestion
- reduces road danger and noise
- increases the number of people of all ages out on the streets, making public spaces seem more welcoming and providing opportunities for social interaction and children's play
- provides an opportunity for everyone, including people with impairments, to experience and enjoy the outdoor environment.⁸⁵

Most road traffic collisions are preventable and can be avoided through improved education, awareness, road infrastructure and vehicle safety.⁸⁶

⁸⁵ Public Health England. Public Health Outcomes Framework. Percentage of Adults walking for travel at least three days per week. Indicator Definition. Available at: <https://fingertips.phe.org.uk/search/walking#page/6/gid/1/pat/6/par/E12000005/ati/102/are/E10000034/iid/93439/age/164/sex/4/cat/-1/ctp/-1/cid/4/tbm/1> Accessed 15th September 2021

⁸⁶ Public Health England. Public Health Outcomes Framework. Killed or Seriously Injured on England's Roads. Indicator Definition. Available at: <https://fingertips.phe.org.uk/search/KSI#page/6/gid/1/pat/6/par/E12000005/ati/102/are/E10000034/iid/93754/age/1/sex/4/cat/-1/ctp/-1/cid/4/tbm/1/page-options/car-do-0> Accessed 15th September 2021.

There is clear evidence that particulate matter has a significant contributory role in mortality and especially in cardiopulmonary mortality.⁸⁷

Indicators to monitor

- Active travel (percentage of adults walking or cycling for travel at least three days a week)
- Killed or Seriously Injured (KSI) on England's Roads (All-age and Children)
- Air Quality (Fine Particulate Matter)

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⁸⁷ Public Health England. Public Health Outcomes Framework. Air Pollution: fine particulate matter. Indicator Definition. Available at: <https://fingertips.phe.org.uk/search/Air#page/6/gid/1/pat/6/par/E12000005/ati/102/are/E10000034/iid/92924/age/-1/sex/-1/cat/-1/ctp/-1/cid/4/tbm/1/page-options/car-do-0> Accessed 15th September 2021

Education

For information on how the pandemic has affected children and young people in a broader sense please see Children and Young People section on page 123.

Population Profile

Key Stage 1 (KS1) and Key Stage 2 (KS2): No new data has been recorded since the last summary which stated the following:

- 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.

Based on predicted grades:

- Key Stage 4 results (GCSEs): Worcestershire had a lower Attainment 8 score⁸⁸ than the England average in the 2019 to 2020 academic year. The Average Attainment 8 Score is a way of measuring how well children do in Key Stage 4, which they usually finish when they are 16 years old. It measures pupils' results in 8 GCSE-level qualifications.⁸⁹

At KS2 and KS4 children who qualify for free school meals in Worcestershire are achieving lower levels of attainment than non-eligible pupils. This is also the case for England.

National Findings

During the Spring and Summer 2020 terms teaching and learning was largely remote. By the Autumn term, schools and colleges reopened so that learning could once again be face-to-face. However, COVID-safe restrictions and social distancing in schools and colleges meant that often, individual students or student 'bubbles' had to self-isolate and continue their learning remotely. At the start of the 2021 Spring term, England went back into a national lockdown, and learning was predominantly remote again. By March 2021, most students could return to school. For most students, their learning has suffered to at least some degree and learning losses appear to be most prevalent in maths and literacy.

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. Experiences of teaching and learning during the pandemic were diverse, but disadvantage and deprivation appear to be most associated with less effective learning and overall learning losses.⁹⁰

⁸⁸ Attainment 8 measures the achievement of a pupil across 8 qualifications including mathematics (double weighted) and English (double weighted). Each individual grade a pupil achieves is assigned a point score, which is then used to calculate a pupil's Attainment 8 score. Polarity: High is good.

⁸⁹ GOV.UK. Explore Education Statistics. Academic Year 2019/20 Key stage 4 performance. Available [here](#).

⁹⁰ Ofqual. Learning during the pandemic: review of research from England. July 2021. Available [here](#).

Research by the ONS found that remote learners in more deprived schools covered relatively less material than their in-class peers between April 2020 to June 2021.

They also found that according to teacher assessments pupils working from home covered less material than their peers in the classroom. This gap was wider for primary school pupils than secondary school pupils. Younger pupil's learning was more dependent on parental involvement than older pupils.⁹¹

Local Findings

Due to the pandemic formal assessments in all Key Stages were cancelled for academic years 2019/20 and 2020/21 and children were awarded predicted grades. The Local Authority has been unable to collect and analyse end of Key Stage data in the usual way.

Opportunities/Challenges for the Future

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.

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.⁹²

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

⁹¹ Office for National Statistics. Impact on education. 24th September 2021. Available [here](#).

⁹² 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>

Social Mobility

Social mobility is about ensuring the opportunities open to a young person are not dependent on the economic and social position they were born into. High levels of social mobility mean that people from all backgrounds can access the opportunities suited to their talents and aspirations.⁹³

National Findings

The Social Mobility Commission is an independent advisory non-departmental public body established under the Life Chances Act 2010 as modified by the Welfare Reform and Work Act 2016. It has a duty to assess progress in improving social mobility in the UK and to promote social mobility in England. In July 2021 they published 'State of the Nation 2021: Social Mobility and The Pandemic'.⁹⁴ Key findings of the report were that:

- The number of children in poverty in England has risen by around 500,000 since 2012, yet England is the only nation in the UK without a strategy to address Child Poverty
- By autumn 2020, disadvantaged pupils in primary school were a total of seven months behind their more privileged peers. By this point, COVID-19 had already increased the attainment gap by 0.5-1 month on top of the existing gap. This is the equivalent of erasing between a third and two-thirds of the last decade's progress on closing the educational attainment gap.
- 30% of all children in England live in poverty, a much higher rate than either Scotland or Northern Ireland, but roughly equal with Wales.
- In the north-east of England, child poverty rates have risen sharply by around 11 percentage points in five years (from 25% to 37%). They are now close to the London rate of 38%.
- People from working class backgrounds are slowly becoming more upwardly mobile – 33% of people from working class backgrounds were in professional jobs in 2014 rising to 39% in 2020.
- But those from privileged backgrounds are also benefiting from the expansion in professional jobs. 62% of those in professional jobs are from privileged backgrounds, compared to 39% from working class backgrounds.

Opportunities/Challenges for the Future

The most locally relevant recommendations from the Social Mobility Commission include:

- Increasing the number of social homes
- Expand Family Hubs (currently 150 hubs across the country), which aim to provide targeted early intervention support; target them in disadvantaged communities; embed lessons learned from similar initiatives, such as using hubs to connect families to multi-agency programmes and offers

⁹³ The Sutton Trust. Our Cause. Available [here](#).

⁹⁴ The Social Mobility Commission. State of the Nation 2021: Social Mobility and The Pandemic. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1003977/State_of_the_nation_2021_-_Social_mobility_and_the_pandemic.pdf Accessed 7th September 2021.

- Close the disadvantage gaps in apprenticeships: ensure that those from low socio-economic backgrounds get access to what should be one of the country's premier routes to better social mobility. Use the levy to provide more Traineeships and Level 2-4 apprenticeships, and to move higher level apprenticeships into social mobility cold-spots. The levy should no longer be used as an alternative route for degree qualifications for more privileged staff
- Provide affordable access to devices and networks so everyone can engage in 21st century education and employment systems
- Ensure everyone is equipped with the essential digital skills for life (as defined by the Department for Education): Ensure every child leaves school with these skills; include training and assessment of these skills in relevant apprenticeship programmes

For employers:

- Know your workforce: Ask the key question to determine the socio-economic diversity of your workforce - 'What was the main occupation of your main household earner when you were aged about 14?' – then benchmark your performance against national and industry figures
- Widen your talent pool: Target schools and further education colleges in social mobility coldspots for outreach activity; recruit for skills and potential over qualifications and 'polish'; move senior, professional roles and high-level apprenticeships into cold-spots
- Support employees to 'get on': research consistently finds that those from lower socio-economic backgrounds face progression gaps

For a list of more comprehensive resources, employers can visit www.socialmobilityworks.org

Communities

Population Profile

In Worcestershire:

- The average life satisfaction score in 2019/20 was 7.71. This was similar to the national average of 7.66.⁹⁵
- 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 7.86.⁹⁶
- 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.⁹⁷
- 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).⁹⁸

Local Findings

Throughout the COVID-19 pandemic, a large volume of spontaneous volunteering has been seen as local communities come together to support each other.

A survey of residents (the Viewpoint Panel) included the question "In the last 12 months, have you given unpaid help to any group, club or organisation supporting activities or services in your local area?" - 48% yes in June 2019, 44% yes in September 2020 - September 2021 responses are currently being analysed.

Worcestershire districts ran a consistent set of five COVID-19 recovery questions within their own surveys in the Autumn of 2020. They received 3,535 valid responses. Responses included many positive comments on community action/cohesion. For example, 26% of respondents said they were more likely to communicate/check up on neighbours post restrictions versus 3% less likely.

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.

⁹⁵ 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>

⁹⁶ 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>

⁹⁷ The UK Civil Society Almanac 2020. Available: <https://data.ncvo.org.uk/>

⁹⁸ UK CIVIL SOCIETY ALMANAC 2020 <https://data.ncvo.org.uk/volunteering/demographics/#by-geography>

- 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

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Community Safety and Crime (including Domestic Abuse)

Population Profile

- In 2019/20 there were 15,957 violent offences recorded in Worcestershire. This is a rate of 26.9 per 1,000 population. This was lower than the national figure of 29.5 but the local trend has been upwards. Nationally the figure has also been rising.⁹⁹
- In 2019/20 there were 1,439 sexual offences recorded in Worcestershire. This is a rate of 2.4 per 1,000 population. The rate was similar to the national figure of 2.5. Locally the recent trend has been static.

National Findings

Crime in England and Wales: Year Ending March 2021

Patterns of crime in the year ending March 2021, have been significantly affected by the Covid-19 pandemic.¹⁰⁰

- The Telephone Crime Survey for England and Wales (TCSEW) indicated a 36% increase in fraud and computer misuse offences compared with the year ending March 2019.
- The largest decreases in recorded crime were seen during the three-month period that coincided with the first national lockdown, with a 19% decrease in April to June 2020.
- The total number of violent crimes decreased by 28% compared with the year ending March 2019.
- The number of homicides decreased by 16% to 600 offences
- There was a 14% decrease in the number of police recorded offences involving firearms
- There was a 15% fall in offences involving knives or sharp instruments, driven by substantial decreases in periods coinciding with national lockdowns.

COVID-19 and Domestic Abuse

The COVID-19 crisis has laid bare the lack of protection for victims and survivors of domestic abuse and demonstrated the urgent need for coordinated action to meet their needs.

The Office for National Statistics (ONS) report that nationally, in mid-May 2020, there was a 12% increase in the number of domestic abuse cases referred to victim support and between April and June 2020, there was a 65% increase in calls to the

⁹⁹ 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

¹⁰⁰ [Crime in England and Wales - Office for National Statistics \(ons.gov.uk\)](#)

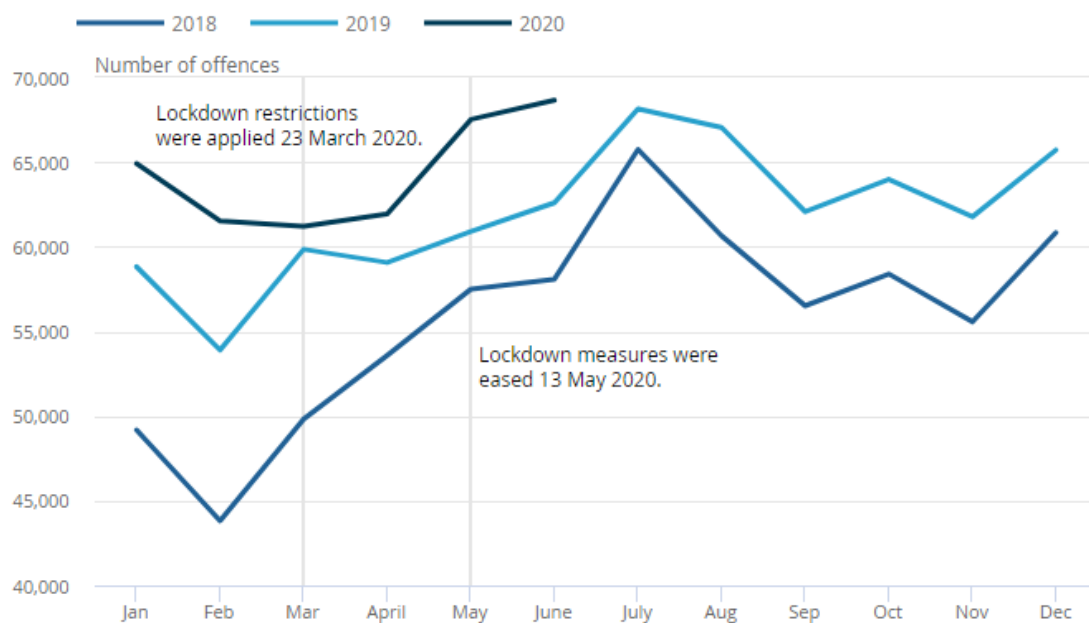
National Domestic Abuse Helpline, when compared to the first three months of that year.¹⁰¹

Nationally, during the COVID-19 pandemic, in the period March to June 2020, the police recorded 259,324 offences flagged as domestic abuse-related. This was a 7% increase from 242,413 in the same period in 2019 and an 18% increase from 218,968 in 2018.

Recorded domestic abuse has been increasing in recent years which makes drawing conclusions about the effect of the pandemic harder.

Figure 19 Domestic abuse from 2018-2020 in England and Wales (including lockdowns)¹⁰²

Total number of offences (excluding fraud) flagged as domestic abuse-related, by month, January 2018 to June 2020, England and Wales (excluding GMP)



Source: Office for National Statistics

The number of offences flagged as domestic abuse-related increased between April and June 2020, with the largest month-on-month increase (9%) between April and May 2020. This coincides with the easing of lockdown measures from May 2020, when it may have been safer for victims to contact the police.

¹⁰¹

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwalesoverview/november2020>

¹⁰² [Domestic abuse during the coronavirus \(COVID-19\) pandemic, England and Wales - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwalesoverview/november2020)

Inequalities for Domestic Abuse victims

- Many victims of domestic abuse present with multiple needs and therefore require holistic packages of support.
- 25% of domestic abuse victims are males.
- Help with financial, legal and parenting support as well as safe accommodation needs are essential to ensure that service users can sustain their accommodation.
- Successful outcomes are achieved with multi-agency approaches. Information sharing needs to be improved further to ensure clients not only receive support with housing but also with improving their personal circumstances and health and wellbeing.
- Many present with mental health issues arising from drug misuse, alcohol misuse, rent arrears. More specialist help needed.
- Service users from protected characteristics face additional barriers to accessing services. More should be done to address the barriers faced by those from marginal groups.

Local Findings

Crime in Worcestershire

In Worcestershire the total recorded offences (excluding fraud) for the year ending Q1 2021 was 35,366. This was a rate of 59.13 per 1,000 population.

The top five crimes in Worcestershire in the year ending Q4 2020 were:

1. Violence against the person - without injury offences recorded
2. Stalking and harassment offences recorded
3. Violence against the person - with injury offences recorded
4. Criminal damage and arson offences recorded
5. Shoplifting offences recorded

The top five crimes in Worcestershire in the last equivalent period (year ending Q4 2019)

1. Violence against the person - without injury offences recorded
2. Violence against the person - with injury offences recorded
3. Criminal damage and arson offences recorded
4. Stalking and harassment offences recorded
5. Other theft offences recorded

Source: LG Inform and Office for National Statistics

South Worcestershire April to June 2021

- There were a total of 5,141 recorded offences, in South Worcestershire, which accounted for a quarter of all offences in West Mercia.
- Offences have increased by 23% (n = 962) when comparing to the last quarter and increased by 15% (n = 672) when comparing to the same months of 2020.
- The highest offence group continued to be violence without injury (n = 1,584, 31%). This was followed by other crimes against society (n = 839, 16.32%).
- On examining individual offences, common assault and battery recorded the largest volume of offences (n = 639, 12.4%).
- Recorded crime was heavily concentrated in Cathedral ward, which accounted for almost one third of offences in the Worcester City district and the largest offence rates per 1,000 population at 60.1.
- The rate per 1,000 population has increased by 62% in comparison to the last quarter which is likely to be attributed to relaxation of COVID-19 restrictions (it is important to note that this was during early stages of the COVID-19 lockdown) which heavily impacted on the opportunities available to commit crime.
- In Wychavon, Evesham North ward recorded the highest offence rate per 1,000 population at 28.9.

Source: South Worcestershire Community Safety Partnership

North Worcestershire April to June 2021

- North Worcestershire recorded 4,203 offences between 1 February and 30 April 2021.
- Violence without injury recorded the largest volume of offences (n = 1,269, 30%) and had 4.4 offences per 1,000 population.
- The majority of offences have seen an increase this quarter which is highly likely due to COVID-19 restrictions easing further and the introduction to the 'Roadmap Out Of Lockdown' commencing 8 March 2021.
- Redditch recorded 15.9 offences per 1,000 people, which is the highest across the districts, however accounted for 32% of all crime. Whereas Wyre Forest accounted for 37% of total crime and recorded 15.2 offences per 1,000 population.
- Blakebrook and Habberley South ward accounted for the most recorded offences and incidents at 29.3 offences per 1,000

Source: North Worcestershire Community Safety Partnership

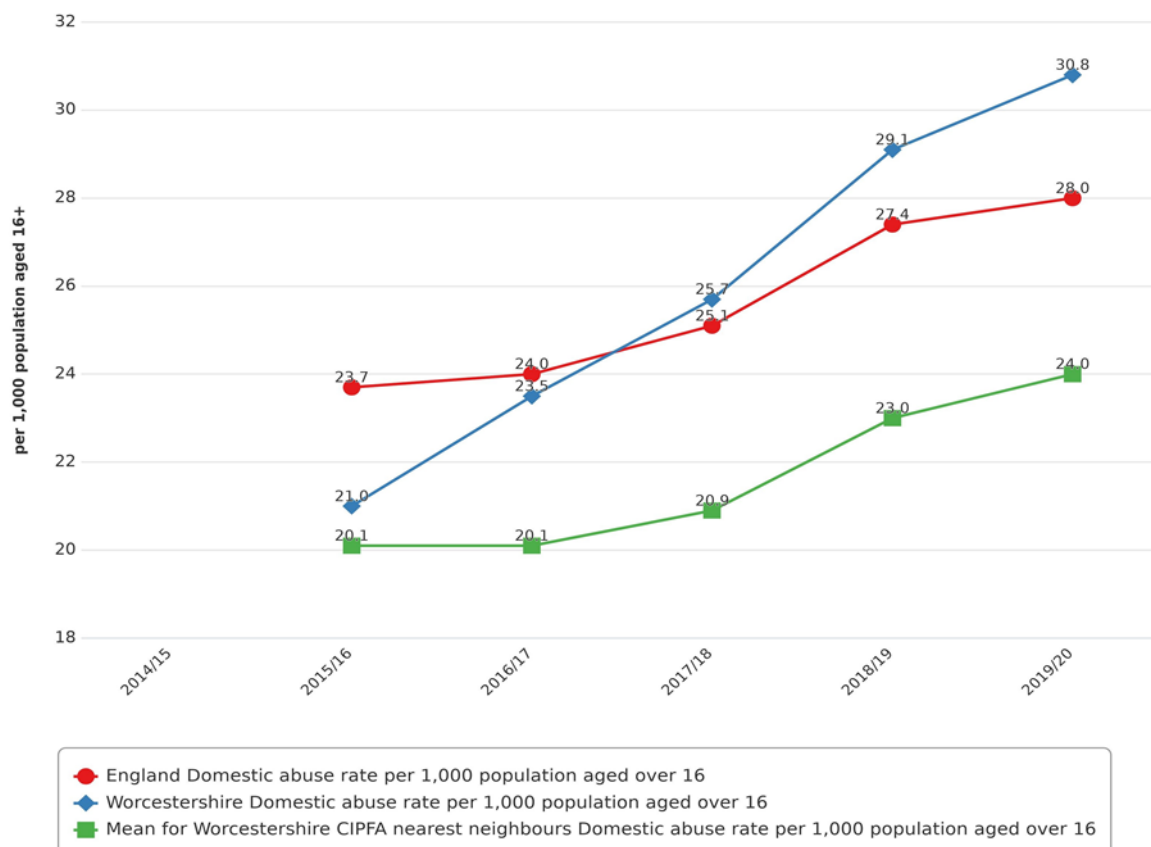
Abuse in Worcestershire

In 2020/21 there were 4,138 domestic abuse crimes reported to the police, 1,070 reports of stalking and 277 incidents of coercive control. This led to 11,265 DASH risk assessments between February 2020 and January 2021.

There was one domestic abuse related homicide in Worcestershire in this time.

Figure 8 shows that between 2015 and 2020 the rate of recorded domestic abuse in Worcestershire has followed an increasing trend. The rate of increase has been higher than both nationally and the average for similar local authorities.

Figure 20. Domestic abuse rates in Worcestershire and England from 2015-2020



Source: Office for National Statistics

Domestic abuse rate per 1,000 population over 16 (2019/20) for Worcestershire

Period	Domestic abuse rate per 1,000 population aged over 16			
	Ratio per 1,000			
	Worcestershire	Minimum for Worcestershire CIPFA nearest neighbours	Mean for Worcestershire CIPFA nearest neighbours	Maximum for Worcestershire CIPFA nearest neighbours
2019/20	30.8	17.4	24.0	31.5

Source: Public Health England

In North Worcestershire, 490 offences had included classification of domestic abuse between 1 February 30th April 2021.

South Worcestershire recorded 977 domestic abuse offences and 603 crimes incidents.

In comparison to the previous period, January to March 2021, domestic abuse offences increased by 22% and crimes incidents increased by 19%. These increases suggest that domestic abuse offences are returning to pre-COVID-19 levels.

Domestic abuse in South Worcestershire was most prevalent in Worcester City at 19.07 per 1,000 population and Warndon recording the largest volume of domestic abuse offences and incidents.

Substance Misuse and Drug Related Deaths

In Worcestershire, between April 2020 and March 2021, 1,180 services users accessed treatment for opiate dependency and of those 5.9% successfully completed treatment achieving abstinence and did not re-present within 6 months. This is better than the national average of 5.7%. This data does not include the increasing numbers of service users maintaining improvements in their treatment journey through substitute prescribing, accessing recovery services to improve their health, wellbeing, employment opportunities and community integration.

The drug related death rate (expressed as a three-year rolling average for 2018-2020) was 4.2 per 100,000, significantly lower than the national average of 5 per 100,000 and 5.3 per 100,000.

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

For information on homelessness please see the Homelessness section on page 109.

Population Profile

In Worcestershire:

- 14.4% of households experience fuel poverty in 2019. The figure for England is 13.4%¹⁰³
- In 2019 housing was slightly less affordable than for England as a whole. The ratio of median house price to median gross annual residence-based earnings is 8.04 compared to 7.88 nationally.¹⁰⁴
- In 2019/20 there were 1,892 emergency hospital admissions as a result of falls per 100,000 compared to 2,222 per 100,000 in England. There has been no significant change in the Worcestershire value.¹⁰⁵
- In England, earnings increased proportionally more than house prices in 2020, making housing slightly more affordable with a ratio of median house price to median gross annual residence-based earnings of 7.84.
- In Worcestershire however in 2020 affordability had decreased with a ratio of median house price to median gross annual residence-based earnings of 8.4.
- It is not possible to use these data to examine the effect COVID-19 has had on housing affordability as the latest earnings data available used in this period are as at April 2020.¹⁰⁶
- The share of households in fuel poverty in England is projected to fall from 13.4 per cent of households (3.18 million) in 2019 to 12.5 per cent (3.00 million) in 2021 under the LILEE metric.
- Between 2019 and 2021, the pandemic affected the incomes of a large number of households. However, because incomes are compared to the median, there was only a slight increase in the overall share of low income households to 26.2 per cent in 2021.¹⁰⁷

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.

¹⁰³ BEIS Annual Fuel Poverty Statistics in England 2021 (2019 Data) [Annual fuel poverty statistics report: 2021 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/annual-fuel-poverty-statistics-report-2021)

¹⁰⁴ ONS Dataset House price to residence-based earnings ratio. 2020
House price to residence-based earnings ratio - Office for National Statistics (ons.gov.uk)

¹⁰⁵ Reference. Emergency Hospital Admissions in people age 65 and over (2019/20) HES
<https://fingertips.phe.org.uk/>

¹⁰⁶ ONS Dataset House price to residence-based earnings ratio. 2020
House price to residence-based earnings ratio - Office for National Statistics (ons.gov.uk)

¹⁰⁷ BEIS Annual Fuel Poverty Statistics in England 2021 (2019 Data) Annual fuel poverty statistics report: 2021 - GOV.UK (www.gov.uk)

The Centre for Ageing Better report Homes, Health and Covid-19 describes some of the observed and anticipated effects, including:¹⁰⁸

- Social distancing measures meant that many people were 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.
- 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.
- One of the major causes of death, injury and decline among older adults is falls in the home. 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.
- 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, including older people, people with existing health conditions, those with lower incomes and people from ethnic minority groups.

The English Housing Survey conducted an additional Household Resilience study in June/July 2020 with follow up in Nov/Dec 2020.¹⁰⁹ This found that:

- Mortgage arrears have returned to pre-pandemic level, following a significant increase in June-July 2020.
- Private rental arrears remain higher than they were pre-pandemic.
- Over the course of the pandemic, the proportion of social renters in arrears has not changed.
- Overcrowding has increased, particularly in the private rented sector.
- Outright owners report increased loneliness and their personal wellbeing has declined.

Indicators to monitor

- Fuel Poverty
- Tenure
- Housing affordability
- Green space
- Falls (in the home)

¹⁰⁸ Homes, Health and COVID-19, Centre for Ageing Better, Available at: <https://www.ageing-better.org.uk/publications/homes-health-and-covid-19>

¹⁰⁹ MHCLG English Housing Survey Household Resilience Study, Wave 2 November-December 2020 [Household Resilience Study: Wave 2 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/534212/English_Housing_Survey_Household_Resilience_Study_Wave_2_November-December_2020.pdf)

Homelessness

Population Profile

- In Worcestershire, there were 2,290 households approached the Councils as homeless or potentially homeless in the financial year 2020/2021.
- Of these 1,260 were secured accommodation at either the prevention or relief stage and 252 were owed the statutory housing duty (the “main duty”).
- 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.
- The rate of rough sleeping (based on a count from a single night) has declined in the past year in Worcestershire from 44 people in 2019/2020 to 36 in 2020/21.

National Findings

Homeless rough sleepers 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.¹¹⁰

Rough sleepers and single homeless households 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, the removal of the £20 top up to Universal Credit, the end of furlough and the removal or protection to prevent evictions and repossessions 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 rent arrears which may ultimately result in evictions or foreclosures.

Local Findings

The nature of homelessness has changed over time and with the Homelessness Reduction Act with a higher percentage of single homeless households approaching the Councils than families across the county.

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 and lack of supply of affordable housing for the longer term. Some councils are continuing to house rough sleepers under a voluntary everyone-in and

¹¹⁰ ONS, available at <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsofhomelesspeopleinenglandandwales/2013to2017>

many still have the original cohort in temporary accommodation awaiting longer-term housing solutions.

Opportunities/Challenges for the Future

There is a need for further intervention to provide greater home security for renters and those with mortgages and these issues are highlighted in the Council's individual Covid Recovery Plans.

Significant partnership efforts have been made to support homeless households and rough sleepers and deliver on the outcomes required by the Rough Sleeper Initiative round 4 funding that the Councils received. The Homelessness Taskforce for example brings partners together to support the Council's role in reducing rough sleeping and tackling wider homelessness.

Government funding streams such as RS14 have been made available but are very short term (only for 1 year) and require substantial resources to put bids together. Longer term funding is required if more permanent solutions are to be found.

The six councils are currently developing a new Homelessness and Rough Sleeping Strategy and across the county a Housing Strategy has been developed that covers a wide range of housing, health and economic issues including homelessness.

Indicators to Monitor

- Initial approaches, numbers of households where prevention or relief duty ended with a positive outcome, cases where main duty owed.
- 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.¹¹¹

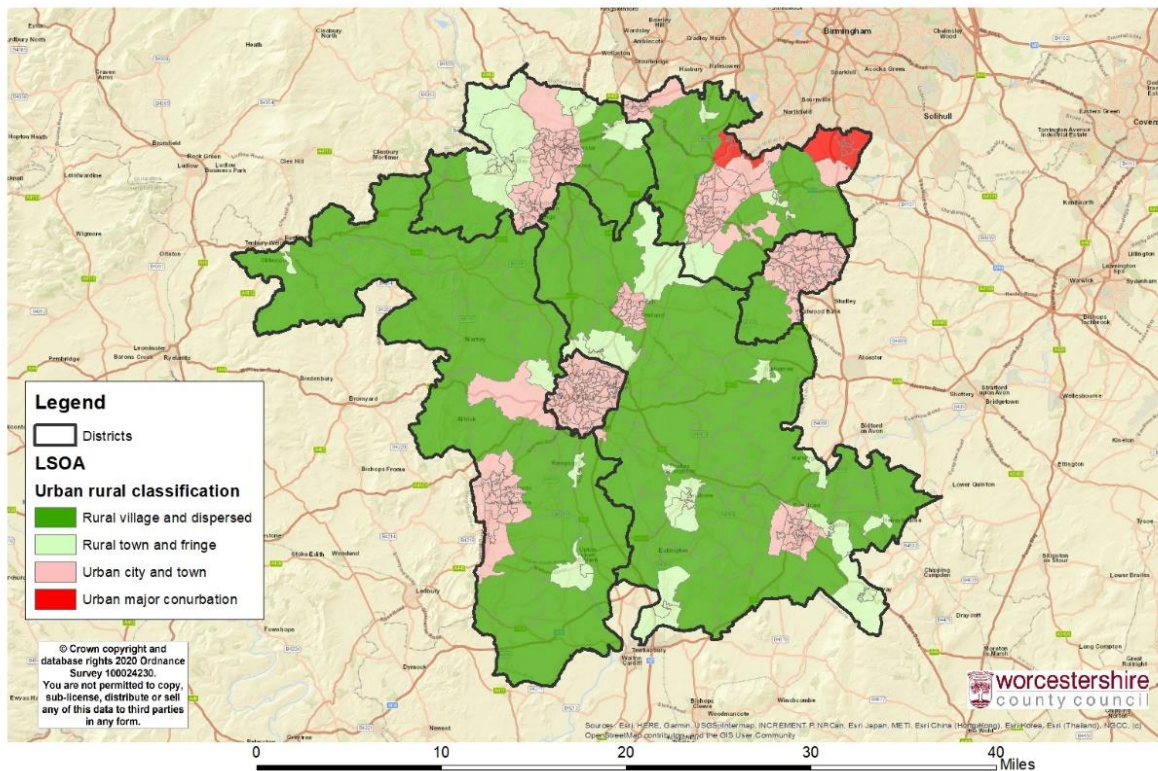
Figure 21. Population by Office for National Statistics Area Classification

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

¹¹¹ Office for National Statistics. Urban Rural Classification
<https://www.ons.gov.uk/methodology/geography/geographicalproducts/ruralurbanclassifications>

Figure 22. Urban Rural Classifications



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.¹¹²

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.¹¹³

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.

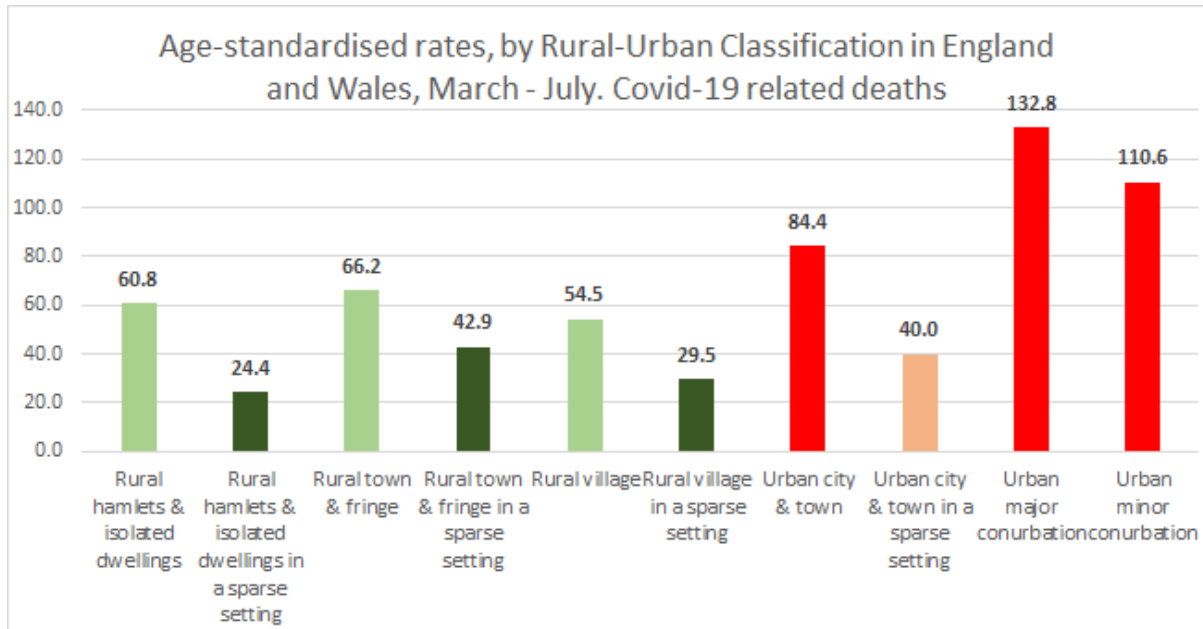
The next two highest rates were for 'urban minor conurbations' at 110.6 deaths per 100,000 population, and 'urban cities and towns' at 84.4 deaths per 100,000 population.

¹¹² Office for National Statistic. Available at: <https://www.ons.gov.uk/economy/environmentalaccounts/datasets/accesstogardensandpublicgreenspaceingreatbritain>

¹¹³ 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.¹¹⁴

Figure 23. Age-Adjusted COVID-19 Related Deaths per 100,000 population 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.¹¹⁵

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.¹¹⁶

Local Findings

Urban vs Rural COVID-19 Cases

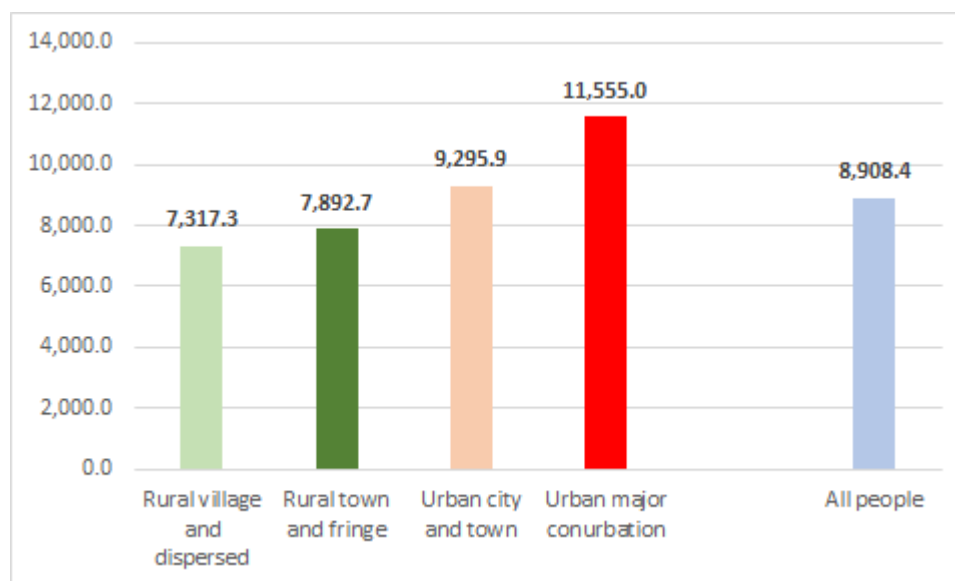
The total number of cases in Worcestershire since the beginning of the pandemic can be analysed by urban/rural classification.

¹¹⁴ Office for National Statistic. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsinvolvedbylocalareasanddeprivation/deathsoccurringbetween1marchand31july2020#rural-and-urban-areas>

¹¹⁵ 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-covid-19-on-health-and-wellbeing.pdf>

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>

Figure 24. Cases by Urban / Rural Classification per 100,000 population, Worcestershire, up to 7th September, LSOA level



The national pattern of lower number of cases per 100,000 population in rural areas, particularly sparse rural areas, is also true in Worcestershire. Areas classified as rural have lower numbers of cases per 100,000 population than urban areas, and those in the “Urban major conurbation” areas (in the north of Bromsgrove district bordering Birmingham) have notably higher cases per 100,000 population than other urban rural classifications.

Urban vs Rural COVID-19 Deaths

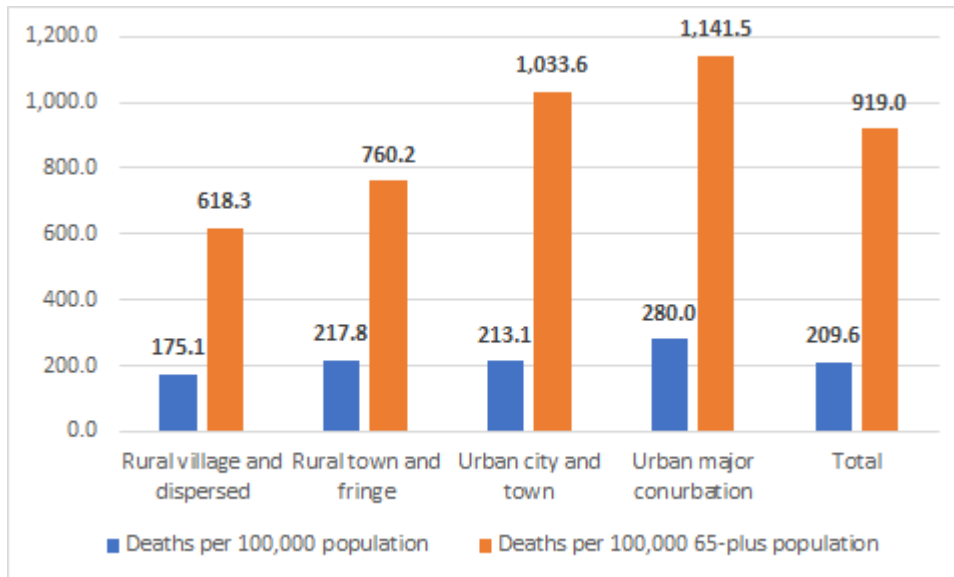
An analysis of deaths by urban/rural classification within the county is possible. Deaths are included if they have an ‘underlying cause of death’ coded to COVID-19.

Table 11. Deaths where COVID-19 was the underlying cause per 100,000 population by Urban/Rural Classification in Worcestershire, up to 31st July 2021

Rural/Urban Classification	Deaths	Population	Deaths per 100,000 population	Population 65-plus	Deaths per 100,000 65-plus population
Rural village and dispersed	169	96,538	175.1	27,335	618.3
Rural town and fringe	132	60,600	217.8	17,363	760.2
Urban city and town	892	418,648	213.1	86,302	1,033.6
Urban major conurbation	56	20,000	280.0	4,906	1,141.5
Total	1,249	595,786	209.6	135,906	919.0

In Worcestershire, COVID-19 deaths per 100,000 population do seem to be higher in urban than in rural areas, with rates particularly high in the “Urban Major Conurbation” classification. The relationship is even stronger in the 65-plus population (almost 92% of all COVID-19 deaths). See Figure 25.

Figure 25. Deaths where COVID-19 was the underlying cause per 100,000 population by Urban/Rural Classification in Worcestershire, up to 31st July 2021



Access to Green Space

Earlier in the pandemic it was observed that more people were accessing the countryside and that 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

- Access to green space
- Use of Country Parks
- Rates of death and number of cases in urban compared to rural areas

Specific Population Groups

People at High Risk From COVID-19

Coronavirus can make anyone ill but for some the risk is higher. Although people are no longer being called Clinically Extremely Vulnerable (CEV), some who were previously considered CEV are still considered at high risk from COVID-19. As of 22nd October 2021, the NHS website states:

“You're considered at high risk from COVID-19 if:

- *your doctor or specialist advises you're at high risk due to a condition or treatment*
- *you're having targeted cancer treatments that can affect the immune system (such as protein kinase inhibitors or PARP inhibitors)*
- *you have blood or bone marrow cancer (such as leukaemia, lymphoma or myeloma)*
- *you've had a bone marrow or stem cell transplant in the past 6 months, or are still taking immunosuppressant medicine*
- *you've been told by a doctor you have a severe lung condition (such as cystic fibrosis, severe asthma or severe COPD)*
- *you have a condition that means you have a very high risk of getting infections (such as SCID or sickle cell)*
- *you're taking medicine that makes you much more likely to get infections (such as high doses of steroids or immunosuppressant medicine)*
- *you have a serious heart condition and are pregnant*
- *you have a problem with your spleen or your spleen has been removed (splenectomy)*
- *you're an adult with Down's syndrome*
- *you're an adult who is having dialysis or has severe (stage 5) long-term kidney disease*

This list may not include everyone who is at high risk from COVID-19 and may change as we learn more about the virus.”¹¹⁷

It is still of interest to analyse the data on those that were previously classified as CEV.

Population Profile

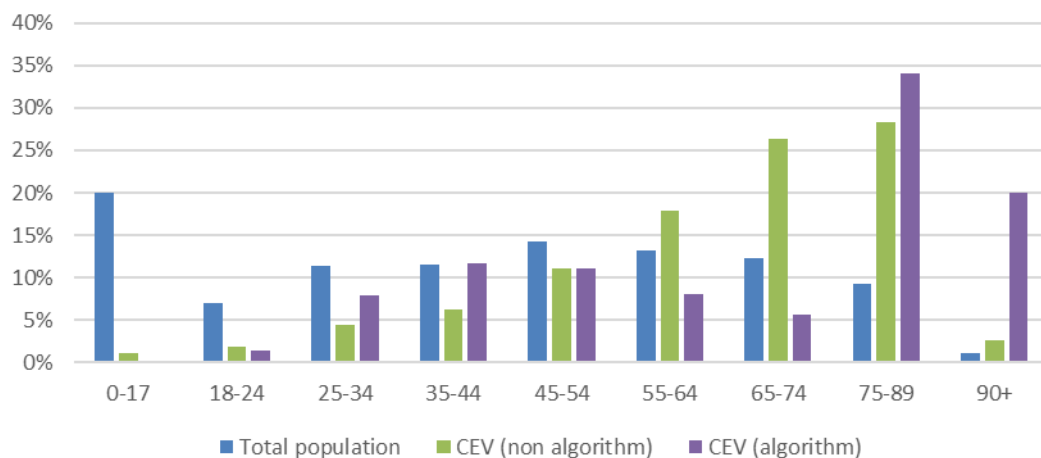
In Worcestershire, in June 2021, there were 34,195 people classed as Clinically Extremely Vulnerable (CEV). This represents 6% of the Worcestershire population.

With age a major factor in determining risk, it is unsurprising that the people who were classed as CEV were generally older, and this is particular true for those placed on the list through the use of the QCovid population risk assessment algorithm¹¹⁸: 20% of that cohort were over 90 years of age and a further 34% aged 75-89.

¹¹⁷ NHS Website. Who is at high risk from coronavirus (COVID-19). Available [here](#).

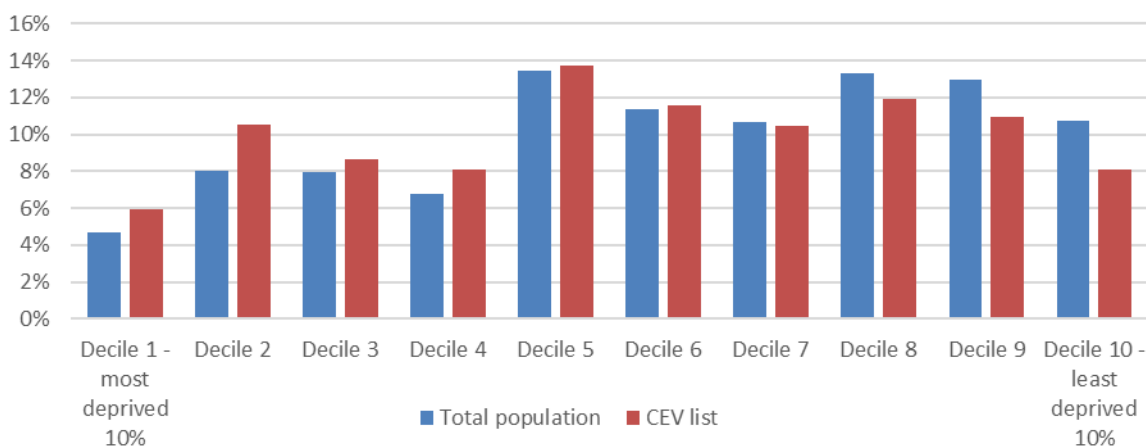
¹¹⁸ The QCovid population risk assessment algorithm

Figure 26. Age of Shielding List Compared to Total Population (Worcestershire)

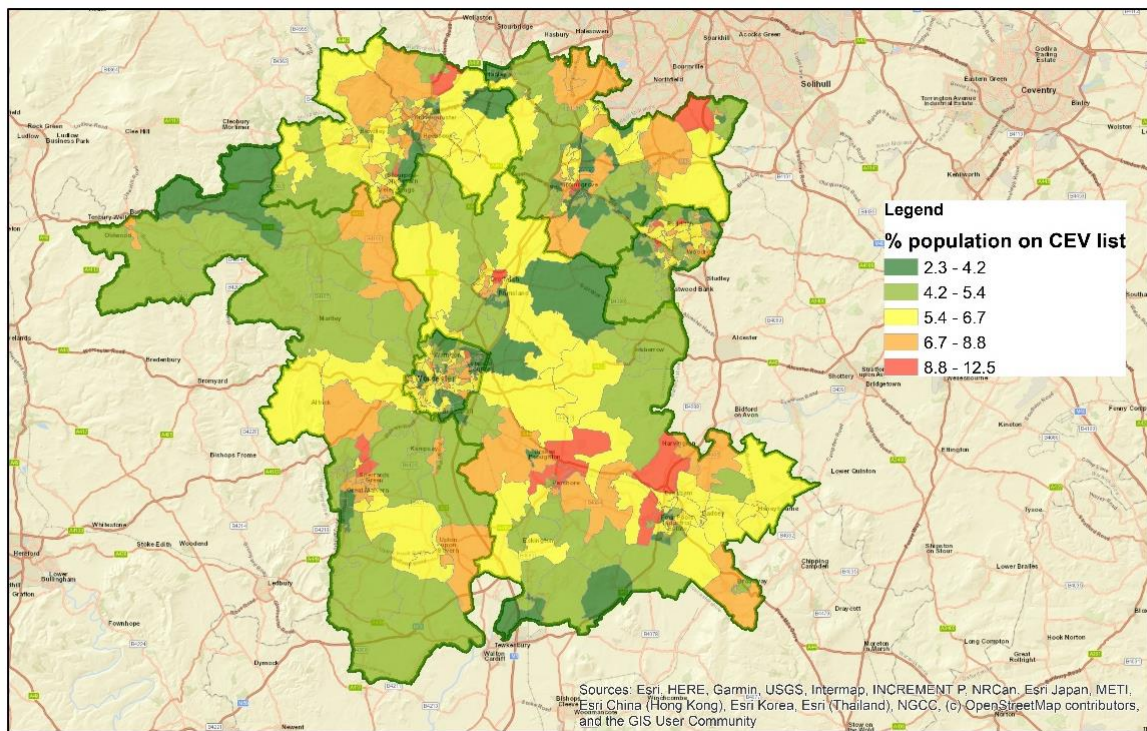


Considering the deprivation profile of the county; people who were classed as CEV were more likely to live in deprived areas: 25% of the CEV list lived in areas in the 30% most deprived nationally (IMD 2019), compared to 21% of the Worcestershire population.

Figure 27. IMD Decile of Shielding List Against Total Population



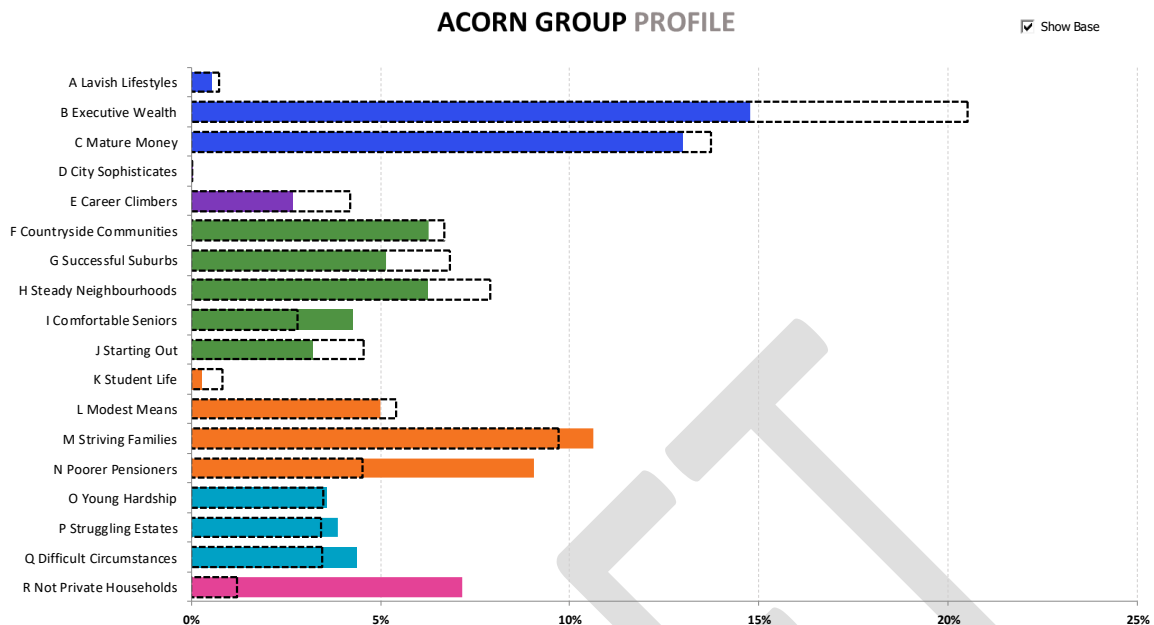
The map below shows the proportion of the population of each LSOA that were classed as CEV (between 2.3% and 12.5% depending on location).



Worcestershire: June 2021 CEV list snapshot

The Acorn profile of the people who would be classed as CEV reflects this relationship with age and deprivation: older and less affluent groups being over-represented when compared to the Worcestershire population (shown as dotted lines). Group R (Not Private Households) is also significantly over-represented with large numbers being in inactive communal populations (such as care homes). However, the largest groups within the cohort are in the Affluent Achiever category: Executive Wealth and Mature Money.

Figure 28. Acorn Profiling: CEV vs General Population



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When looking at the Wellbeing Acorn profile, as risk is largely determined by health factors those types with the poorest health are most over-represented when compared to the Worcestershire population as a whole. However, it is worth noting that the largest single group is the relatively healthy, Relishing Retirement.

National Findings

A team of researchers, led by the University of Oxford, studied the anonymised health records of more than 8 million people using GP records, hospital records and mortality data from late January 2020 to April 2020 (the first wave of the coronavirus pandemic in the United Kingdom). They used this information to create QCovid®. QCovid® is a tool that estimates someone’s combined risk of catching coronavirus and being admitted to hospital and their combined risk of catching coronavirus and dying.

Results showed that things such as age, sex assigned at birth, height and weight (used to calculate body mass index (BMI)), ethnicity and some medical conditions increased risk relating to coronavirus.

The top ten risk factors in order of their approximate order of impact on coronavirus outcomes were in the first wave: ¹¹⁹

- Age
- Body mass index (BMI)

¹¹⁹ NHS Digital. Coronavirus (COVID-19) risk assessment. Available at: <https://digital.nhs.uk/coronavirus/risk-assessment>. Accessed 6th September 2021.

- Down's syndrome
- Chemotherapy grade C
- Chronic kidney disease stage 5 with transplant
- Chronic kidney disease stage 5 with dialysis
- Chronic kidney disease stage 5
- Sickle cell disease, HIV or severe immunodeficiency
- Type 1 diabetes
- Type 2 diabetes (including other forms such as gestational diabetes)

Opportunities/Challenges for the Future

Ensure people who are at high risk from COVID-19 receive the right communications at the right time to keep themselves safe.

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

Mothers and Babies

Population Profile

In Worcestershire:¹²⁰

- In 2019 there were 5,623 live births. This is a rate of 57.2 per 1,000 females aged 15 to 44 years which is similar to the national average. Both locally and nationally the trend has been downward.
- In 2019/20 the proportion of deliveries to mothers from Black, Asian and Minority Ethnic (BAME) groups was 6.4%. This is lower than the national figure of 20.5% and equates to 325 deliveries.
- In 2018/19 the percentage of women who were obese at the time of the booking appointment with the midwife was 23.3%. This was similar to the national rate.
- 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

Pregnant women are at no higher risk of catching COVID-19 than others and very unlikely to get seriously ill if they do. However, pregnant women are in the moderate risk (clinically vulnerable) group as a precaution.

Although it's very rare for pregnant women to become seriously ill if they get COVID-19, it may be more likely later in pregnancy. If this happens, there's a small chance the baby may be born early or they may be advised to give birth earlier than their due date.

While the chances of having a stillbirth are low, there is some emerging evidence that the risk may be higher if pregnant women have COVID-19 at the time of birth.

Pregnant women are advised to follow advice to stop the spread of COVID-19 throughout their pregnancy. Especially when they are more than 28 weeks pregnant (3rd trimester). Pregnant women can also have the COVID-19 vaccine.

Evidence suggests that pregnant women from an ethnic minority group, may be more likely to be admitted to hospital if they get COVID-19.

It is possible for COVID-19 to pass to a baby before it is born but the NHS state that when this has happened, the babies have got better.

There is no evidence COVID-19 causes miscarriage or affects how a baby develops in pregnancy.¹²¹

Preliminary data from the health profile for England suggests the proportion of babies born with low birthweight and the infant mortality rate has not changed significantly since the start of the pandemic.

¹²⁰ 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.

¹²¹ NHS Website. Pregnancy and coronavirus (COVID-19). Available [here](#).

Opportunities/Challenges for the Future

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 women from ethnic minorities 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 58.

For more information about how children's education has been impacted please see the Education section on page 95.

Population Profile

- The latest available Office for National Statistics (ONS) population estimate makes Worcestershire home to 119,353 children and young people aged 0 to 17. This is nearly a fifth of the population.
- Prior to 2020 the rate of children in care in Worcestershire had been rising year on year to a point in 2019 where the rate was statistically significantly higher (71 per 10,000 children aged <18) than the national average (65 per 10,000). However, 2020 data showed a rate similar to the national average at 69 per 10,000. This equated to 820 children in care.¹²²
- In 2019/20, in Worcestershire, 37.9% of Children Looked After had their emotional wellbeing identified as a cause for concern. This was similar to the national rate of 37.4%.¹²³
- Worcestershire has a higher percentage of school pupils with special educational needs (SEN), 15.2% compared to 14.4% nationally.¹²⁴

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.

The pandemic has had a profound effect on the life of young people, through isolation and interruptions to education.

Evidence on reported experiences of mental health, including wellbeing and symptoms, suggests that some children and young people's mental health and wellbeing has been substantially impacted due to and during the pandemic. Between March and September 2020, some coped well as life satisfaction only slightly reduced and happiness was relatively stable. Between September 2020 and January 2021, there was a decline in wellbeing and increased anxiety was a key impact. As restrictions eased in March 2021, children appeared to have experienced a reduction in mental health symptoms as seen in both parents/carers reporting and child self-reporting data. Recently published evidence has shown that from the start of the pandemic through to March 2021 there was an increase in children with special educational needs and disabilities (SEND) experiencing worsening mental health. This includes higher levels of anxiety, feeling unhappy and being more isolated.

Comparable data on child obesity or child development are not available for the pandemic period, but there is evidence of a reduction in physical activity and that children who started

¹²² Public Health England. Public Health Profiles.

¹²³ Public Health England. Public Health Profiles.

¹²⁴ Public Health England. Public Health Profiles.

school in Autumn 2020 needed additional developmental support compared with children in previous years.

The hospital admission rate for extraction of teeth due to dental decay in children reduced in 2020 and in children up to the age of 5 was half that seen in previous years. This may indicate that more children are living with severe dental decay as a result.¹²⁵

A report from the Nuffield foundation found that COVID-19 has exacerbated existing inequalities for those in the poorest 10% of earnings distribution, some ethnic minority groups and children facing food insecurity. The pandemic has also put a spotlight on unequal housing and living conditions, with one in five children from a low-income household living in overcrowded housing during the spring 2020 lockdown compared to 3% in high-income households. It is not yet clear whether COVID-19 will be one element in the early life of the current group of under-fives or the defining factor in those children's lives and beyond.¹²⁶

Local Findings

A Healthwatch Worcestershire survey aimed at Children and Young People and exploring mental health and wellbeing was undertaken between December 2020 and January 2021. It received 262 responses with the majority in the age range of 13-19 years old. The survey found that 74% of respondents felt their emotional wellbeing and mental health had been worse during the pandemic and of these 30% considered it was a lot worse. They highlighted concerns about the safety of friends and family during the pandemic as well the impact of disruption on their education. However, a smaller proportion did indicate some positive changes during the pandemic including feeling under less pressure with school work and having time to dedicate to their own self-care. Similar to the survey above, they indicated deficiencies in the information available to them about accessing support for emotional wellbeing.¹²⁷

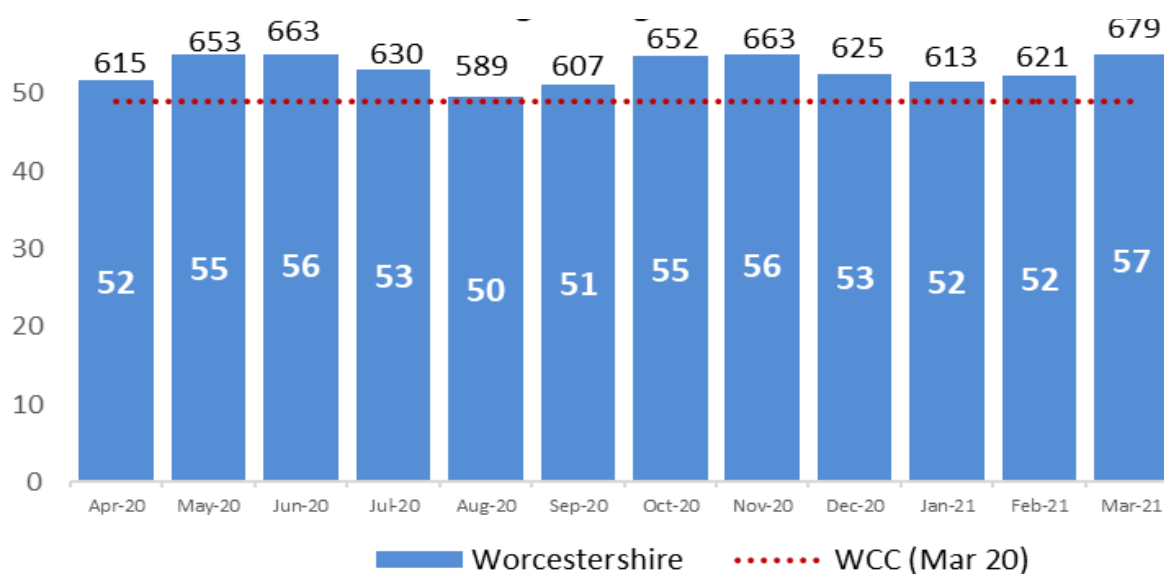
Figure 29 shows that from April 2020 to March 2021 in Worcestershire the number of Children in Need was consistently higher than in March 2020. The average rate for the year was 53.5 children per 10,000. This is higher than for 2019/20 where the average rate was 45 per 10,000 children.

¹²⁵ Public Health England. Health Profile for England. Available [here](#).

¹²⁶ Nuffield Foundation. Changing patterns of poverty in early childhood. Impact of COVID-19. September 2021. Available [here](#).

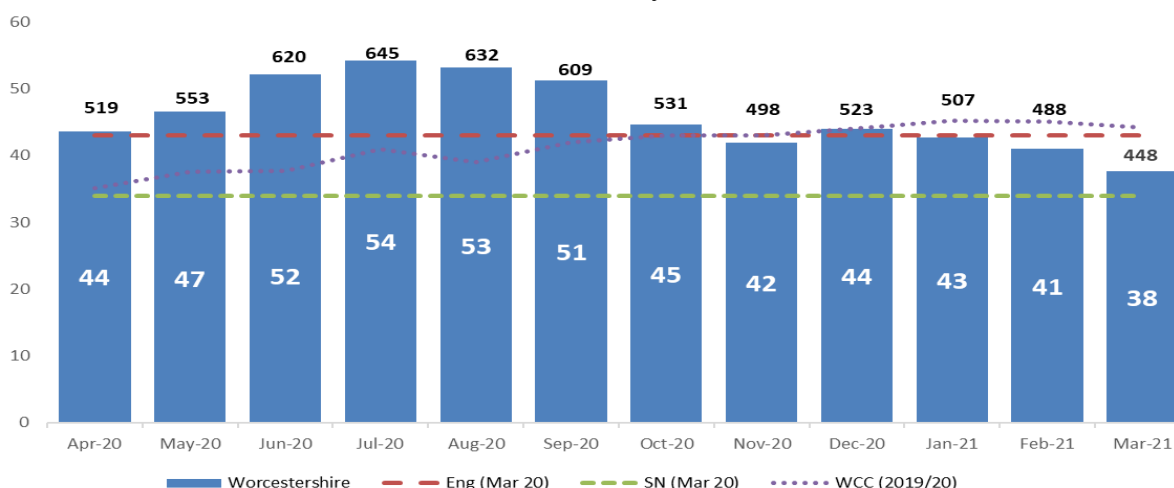
¹²⁷ Healthwatch Worcestershire. COVID-19 Young People's Emotional Wellbeing Report. March 2021. Available [here](#).

Figure 29. Children in Need per 10,000 under 18s - Local Definition, 2020/21



The impact of the pandemic on the rate of child protection plans can be seen in Figure 30. Worcestershire Children First state that the rise in child protection numbers from May to December 2020 is reflective of the decision taken not to close child protection cases during the first part of the pandemic. They state that this reflects a time when they were unable to do the same level of quality, direct work, with children, young people or their parents and a time when there was a significant absence of the supporting partnerships for them to safely “step down” families. A key factor was also the inconsistent attendance of vulnerable children at schools. When this work resumed, within COVID protocols, an associated reduction in child protection plans was seen.

Figure 30. Child Protection Plans, rate per 10,000 under 18s



The pandemic has led to a rise in contacts to the Family Front Door. The top three risk factors at the end of assessment were found to be domestic violence, mental health, and alcohol misuse relating to a parent/carer. In 2019/20 alcohol misuse ranked 6th.

Figure 31. Family Front Door - Contacts by Source, 2020/21

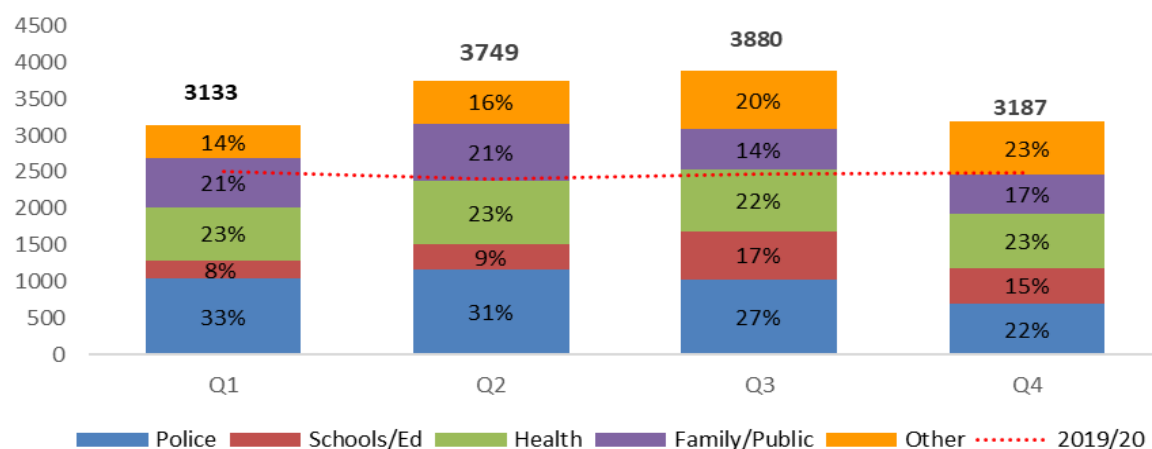


Figure 32. Family Front Door, Top Ten Risk Factors at End of Assessment

Relates to	Risk Factor	2020/21		2019/20	
		Rank	%	Rank	%
Parent/Carer	Domestic Violence	1	36%	1	34%
Parent/Carer	Mental Health	2	35%	2	32%
Parent/Carer	Alcohol Misuse	3	18%	6	14%
Child	Mental Health	4	17%	5	14%
Parent/Carer	Drug Misuse	5	12%	7	13%
Child	Emotional Abuse	6	12%	4	19%
Child	Learning Disability	7	9%	16	5%
Child	Domestic Violence	8	8%	8	11%
Child	Physical Abuse	9	8%	13	6%
Child	Neglect	10	8%	9	10%

Children with Disabilities

Providing support to families to children with disabilities and their families early and proportionately has been part of development work by Worcestershire Children First, recognising that support through community and overnight short breaks is different to the social work child in need planning where there are concerns with regards to parental skills and capacity. Data shows an increasing number of children with disabilities supported at the lower level from an average of 250 during 18/19 to an average of 300 by 20/21.

Children Looked After

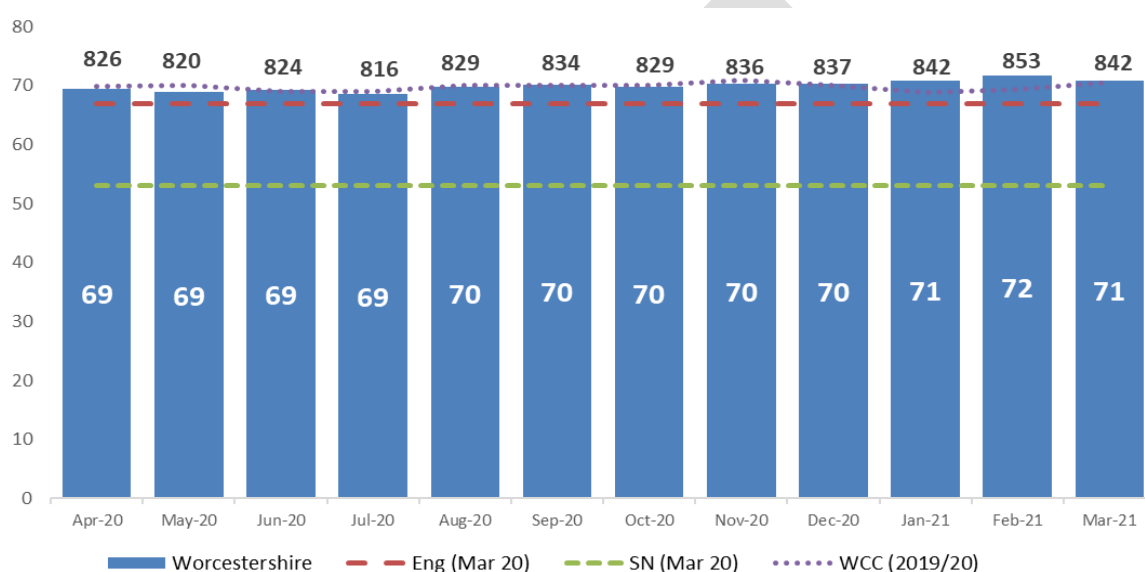
In Worcestershire, the number of Children Looked After has been relatively stable over the past three years.

During 2020/21 there were 182 new starts to care and 154 children and young people ceasing care. In 2019/20 this was 220 new and 218 ceases. Worcestershire Children

First state that this shows the success of work to prevent care through effective child protection/pre proceedings and Strengthening Families First interventions (Edge of Care team). The new entrants 2020/21 include a rise in unaccompanied children from 5% in 2019/20 up to 8% in 2020/21.

Worcestershire Children First state that the reduction on ceases is both reflective of the 2020/21 in-year delays during the pandemic on timeliness and safe-permanency planning through the courts and for those young people exiting care to permanency, semi-independent living, and rehabilitation. However, despite the challenges as noted, the data on those ceasing care does compare favourably to the national and regional picture.

Figure 33. Children Looked After, rate per 10,000 under 18s, 2020/21



Opportunities/Challenges for the Future

The Nuffield Foundation suggest tackling early childhood poverty requires six elements:¹²⁸

- **A multi-dimensional approach** that reflects the range of socioeconomic risks and intersecting needs faced by families with young children.
- **A financial bedrock for families** with young children living on a low income, through improved social security benefits and access to employment, which takes account of the care needs of the under-fives.
- Greater attention and investment in **policies to support parental mental health and parenting** from the earliest stage of a child’s life.
- Harnessing effective national and **local approaches to address concentrations of poverty and deprivation.**

¹²⁸ Nuffield Foundation. Changing patterns of poverty in early childhood. Impact of COVID-19. September 2021. Available [here](#).

- A better understanding of the relative effectiveness (and costs) of different policies in improving children's outcomes over the medium and longer terms.
- **Developing a greater consensus**, not only across political divides, but also at a societal level, on the measures and investment required to address child poverty now and in the future.

Worcestershire Children First state that the growth of the children in need cohort represents the development of their service to provide early help and support to families enabling them to care for their own children well. This continues to be a focus for 2021/22 with a key priority in their business plan being the development of multidisciplinary wrap around services to families on the edge of care or child protection who have been identified through social work assessment of children in need.

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

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.

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 34. 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

Figures from Business Register and Employment Survey 2018 suggest¹²⁹ 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.

¹²⁹ Office for national Statistics: <https://www.nomisweb.co.uk/>

National Findings

Occupation

The Office for National Statistics have reported that:¹³⁰

- When looking at broad groups of occupations, men who worked in caring, leisure and other service occupations (258 deaths) had among the highest rates of death involving COVID-19, with 64.1 deaths per 100,000 males.
- In women, caring, leisure and other service occupations (460 deaths) had among the highest rates of death involving COVID-19 when looking at broad occupational groups, with 27.3 deaths per 100,000 females.
- Men (79.0 deaths per 100,000 males; 150 deaths) and women (35.9 deaths per 100,000 females; 319 deaths) who worked in social care occupations had statistically significantly higher rates of death involving COVID-19 when compared with rates of death involving COVID-19 in the population among those of the same age and sex.
- Almost three in four of the deaths involving COVID-19 in social care occupations (347 out of 469 deaths; 74.0%) were in care workers and home carers, with 109.9 deaths per 100,000 males (107 deaths) and 47.1 deaths per 100,000 females (240 deaths).
- Men who worked in healthcare occupations had a statistically higher rate of death involving COVID-19 (44.9 deaths per 100,000 males; 190 deaths) when compared with the rate of COVID-19 among men of the same age in the population; the rate among women who worked in healthcare occupations (17.3 deaths per 100,000 females; 224 deaths) was statistically similar to the rate in the population.
- Looking at specific healthcare occupations, nurses had statistically significantly higher rates of death involving COVID-19 when compared with the rate of COVID-19 among those of the same age and sex in the population, with 79.1 deaths per 100,000 males (47 deaths) and 24.5 deaths per 100,000 females (110 deaths); nursing auxiliaries and assistants also had elevated rates of death involving COVID-19.
- Rates of death involving COVID-19 in men and women who worked as teaching and educational professionals, such as secondary school teachers, were not statistically significantly raised when compared with the rates seen in the population among those of the same age and sex.
- This analysis does not prove conclusively that the observed rates of death involving COVID-19 are necessarily caused by differences in occupational exposure; rates were adjusted for age, but not other factors such as ethnic group and place of residence.

¹³⁰ Office for National Statistics. Coronavirus (COVID-19) related deaths by occupation, England and Wales: deaths registered between 9 March and 28 December 2020. 25th January 2021. Available at: [Coronavirus \(COVID-19\) related deaths by occupation, England and Wales - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/coronavirus/articles/20210125-coronavirus-related-deaths-by-occupation-england-and-wales)

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 (not being hospitalised, ill, or having to self-isolate, etc)

DRAFT

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%).¹³¹

- 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.

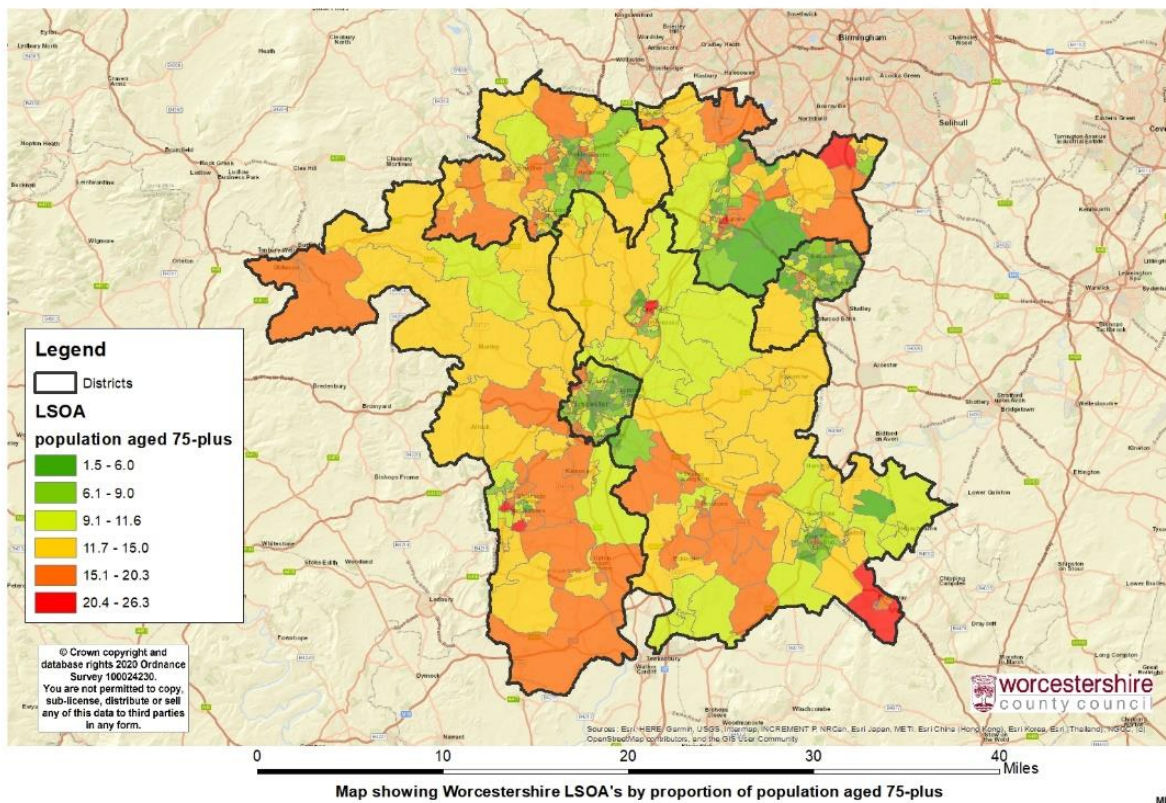
Figure 35. Numbers and Proportion of People in the Older Age Groups in Worcestershire and Worcestershire Districts

	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

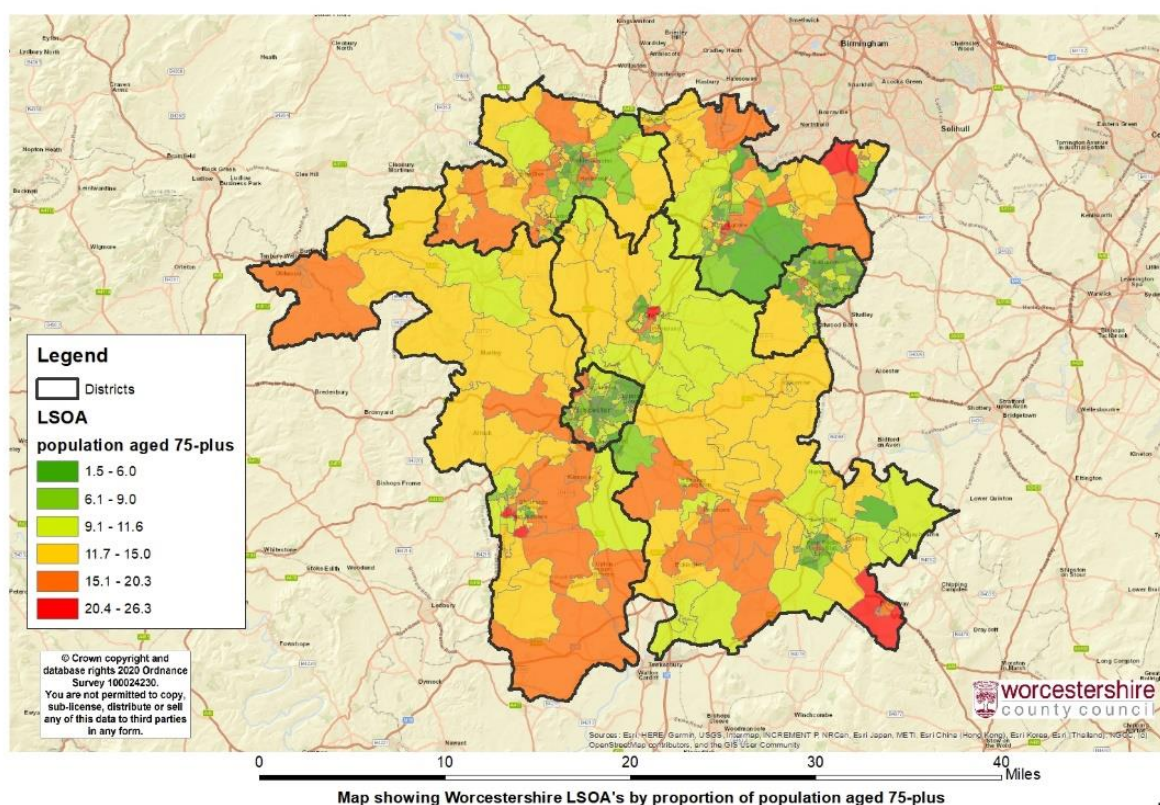
¹³¹ Office for National Statistics 2019 mid-year estimates

Figure 36. Proportion of the Population Aged 75 Plus



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 36. Proportion of the 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

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.¹³²

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

¹³² Office for National Statistic. Available at:

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/weeklyprovisionalfiguresondeathsregisteredinenglandandwales>

days up to 19th September 2021, a quarter of respondents aged 70-plus indicated that they felt “uncomfortable” or “very uncomfortable” about leaving their home due to the COVID-19 pandemic.¹³³

Older people may be fearful of going to medical appointments or to obtain required medicines. A majority (59%) of those aged over 70 in the Opinions and Lifestyle Survey stated that access to healthcare and treatment for non-coronavirus related issues is being affected.

Research by Public Health England¹³⁴ has indicated various detrimental impacts on physical health of older people during the pandemic, for example:

- 32% of older people were inactive (did either no activity or less than 30 minutes of moderate activity per week) between March to May 2020. This has increased from 27% in the corresponding period in 2019
- Average duration of strength and balance activity decreased from 126 to 77 minutes per week in March to May 2020 compared to the corresponding period in 2019
- Around 50% of older adults with a worsening healthcare condition have not sought medical advice about it during the pandemic
- As a result of lower levels of strength and balance activity, modelling suggests that 110,000 more older people (an increase of 3.9%) are projected to have at least one fall per year as a result of reduced strength and balance activity during the pandemic

Local Findings

Up to 29th September 2021, Worcestershire has had 1,433 registrations of deaths where COVID-19 is listed as a cause of death. Of these deaths almost 80% were aged 75-plus.

Figure 36. Worcestershire Deaths where COVID-19 was listed as a cause

Age Group	Male	Female	Persons	% of deaths
<55	20	15	35	1.8%
55 - 64	50	36	86	5.7%
65 - 74	127	77	204	14.2%
75 - 84	282	211	493	32.1%
85 and over	285	330	615	46.1%
Total	764	669	1433	
% of deaths	53.3%	46.7%		

¹³³ Office for National Statistic. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/coronavirusandthesocialimpactsongreatbritain/10september2021>

¹³⁴ Public Health England, Wider impacts of COVID-19 on physical activity, deconditioning and falls in older adults. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1010501/HEM_T_Wider_Impacts_Falls.pdf

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 and increased availability of strength and balance activity for older adults, involving a gradual increase in activity in order to reduce falls risk and to enable safe and confident participation on other forms of exercise and physical activity.

Identifying locally which older adults have reduced their levels of physical activity during the COVID-19 pandemic, with a focus on populations where the largest reductions are likely to be found. The largest reductions in strength and balance activity identified in the national PHE report '*Wider impacts of COVID-19 on physical activity*'¹³⁴ were seen in males aged 65 to 74 and females aged 65 to 84.

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. Ensuring that physical activity recovery measures reach those who stand to benefit most from them, including older adults who shielded, with multimorbidity, with dementia, in social care settings and from more deprived backgrounds.

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

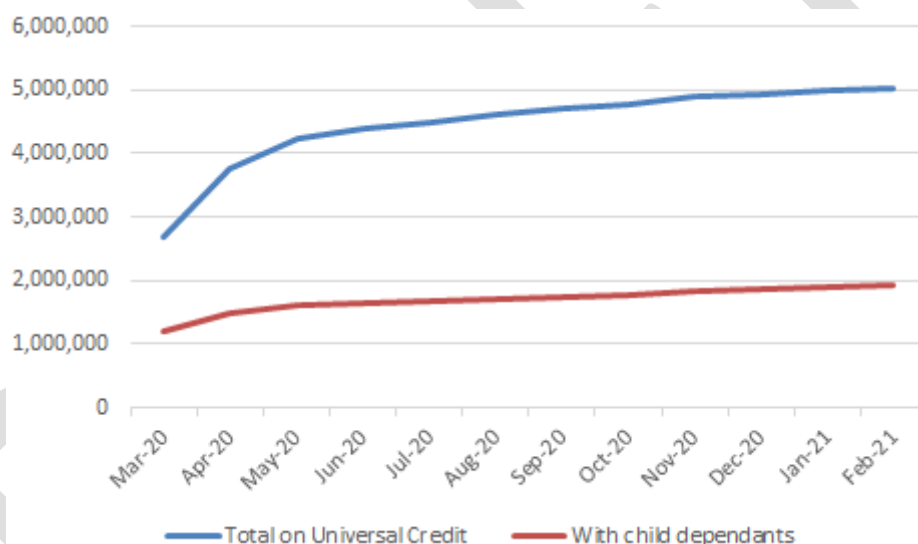
In February 2020, before the COVID-19 pandemic, there were over 17,700 households receiving Universal Credit. Over 8,300 of these households had dependent children

National Findings

Nationally, death rates from COVID-19 in the most deprived areas have been more than double the least deprived areas.¹³⁵

Over the period between March 2020 and February 2021 (the most recent figures available), the number of households on Universal Credit in Great Britain increased by almost 87%, and numbers of households with child dependants on Universal Credit increased by over 58%.

Figure 37. Households on Universal Credit in Great Britain, March 2020 - February 2021

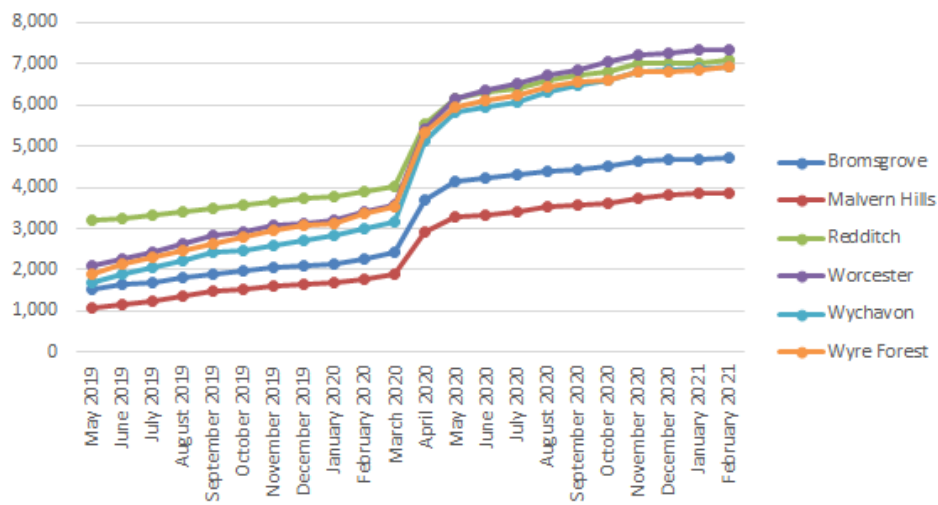


Local Findings

Data is now available up to February 2021. There have been large increases in the number of households on Universal Credit in Worcestershire since March 2020, with a notable increase in March to May 2020, and a steady increase since. The number of households on Universal Credit in Worcestershire has increased by over 18,000 since March 2020 to stand at almost 37,000 households in February 2021. This is an increase of almost 98% compared with 87% nationally.

¹³⁵ 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>

Figure 38. Households on Universal Credit, District Breakdown



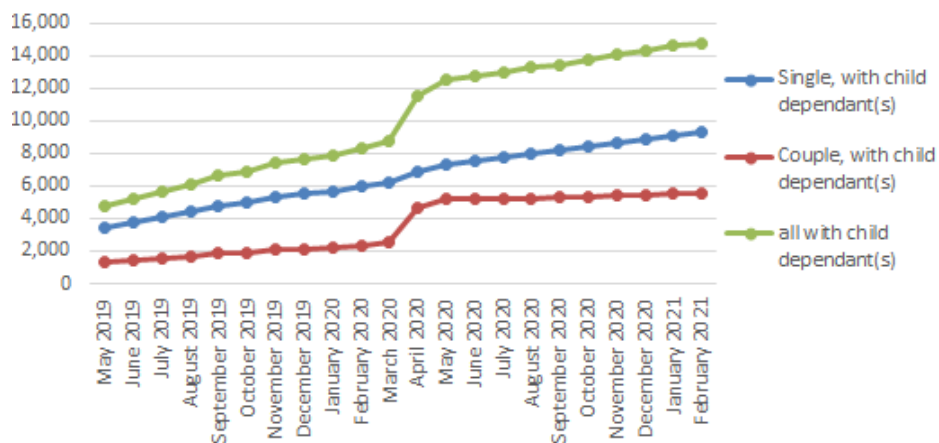
Source: Office for National Statistics

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 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.

Numbers of households on Universal Credit is particularly high in Redditch, Worcester, Wychavon and Wyre Forest.

Information on households on Universal Credit is available by family type. In Worcestershire households on Universal Credit with child dependants have increased by almost 6,100 since March 2020 to over 14,800 in February 2021. This increase of 70% compares with an increase nationally of 58%.

Figure 39. Households on Universal Credit with Child Dependents



Source: Office for National Statistics

Opportunities/Challenges for the Future

The following measures have been suggested to mitigate the impacts of COVID-19 on this group:¹³⁶

- 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)
- 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.

¹³⁶ 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>

Minority Ethnic Groups

Population Profile

Worcestershire has a lower percentage of the population who are of an ethnicity other than White British than England as a whole. According to the 2011 Census of Population, 7.6% of Worcestershire's population are of an ethnicity other than White British. In comparison 14.6% of England's population has ethnicity other than White British.

This comprises 3.3% who are in the 'Other White' groups and 4.3% in Asian, Black, Mixed or Other Ethnic groups.

Figure 40. Pre-Pandemic Population Profile - Ethnicity

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%

Source: Office for National Statistics

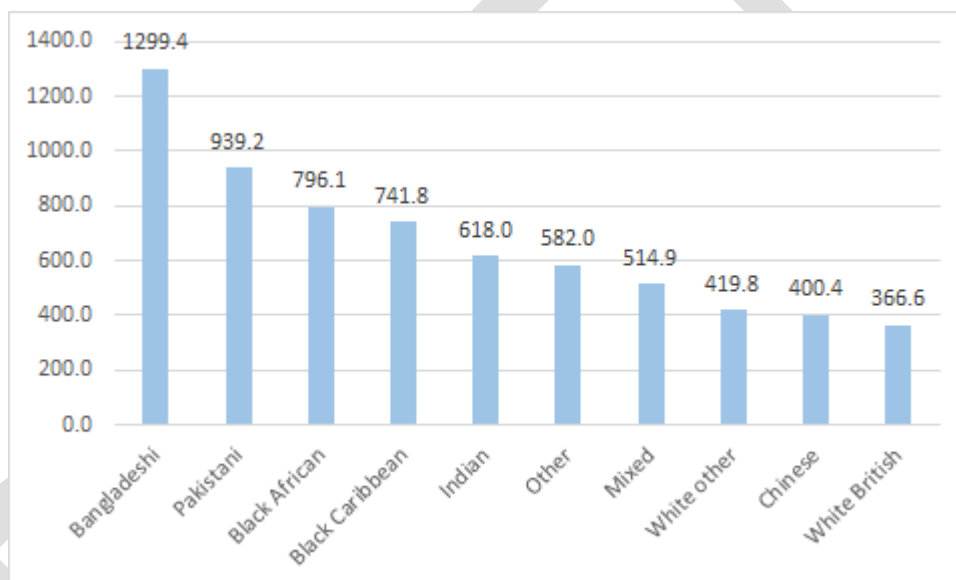
National Findings

- During the first wave of the pandemic (24th January 2020 to 11th September 2020), people from all ethnic minority groups (except for women in the Chinese or "White Other" ethnic groups) had higher rates of death involving the coronavirus compared with the White British population.
- The rate of death involving COVID-19 was highest for the Black African group (3.7 times greater than for the White British group for males, and 2.6 greater for females), followed by the Bangladeshi (3.0 for males, 1.9 for females), Black Caribbean (2.7 for males, 1.8 for females) and Pakistani (2.2 for males, 2.0 for females) ethnic groups.
- In the second wave of the pandemic (from 12 September 2020 onwards), the differences in COVID-19 mortality compared with the White British population increased for people of Bangladeshi and Pakistani ethnic backgrounds; the Bangladeshi group had the highest rates, 5.0 and 4.1 times greater than for White British males and females respectively.
- Whilst males and females of Black Caribbean and Black African background remained at elevated risk in the second wave, the relative risk compared with White British people was reduced compared with the first wave.
- Adjusting for location, measures of disadvantage, occupation, living arrangements and pre-existing health conditions accounted for a large

proportion of the excess COVID-19 mortality risk in most ethnic minority groups; however, most Black and South Asian groups remained at higher risk than White British people in the second wave even after adjustments.¹³⁷

More recent findings have shown that the highest age-standardised COVID-19 case rates during the first part of the third wave (between 23rd May 2021 and 25th July 2021) has been among the White British population. This is in contrast to the second wave, from 1 September 2020 to 22 May 2021, during which case rates were highest among the Pakistani and Bangladeshi ethnic groups. Case rates were higher among people born outside the UK in the second wave, while third wave case rates were higher among people born in the UK.¹³⁸

Figure 41. Age-standardised mortality rates per 100,000 male deaths involving COVID-19 for those aged 30 to 100 years by ethnic group, England: 24th January 2020 to 31st March 2021



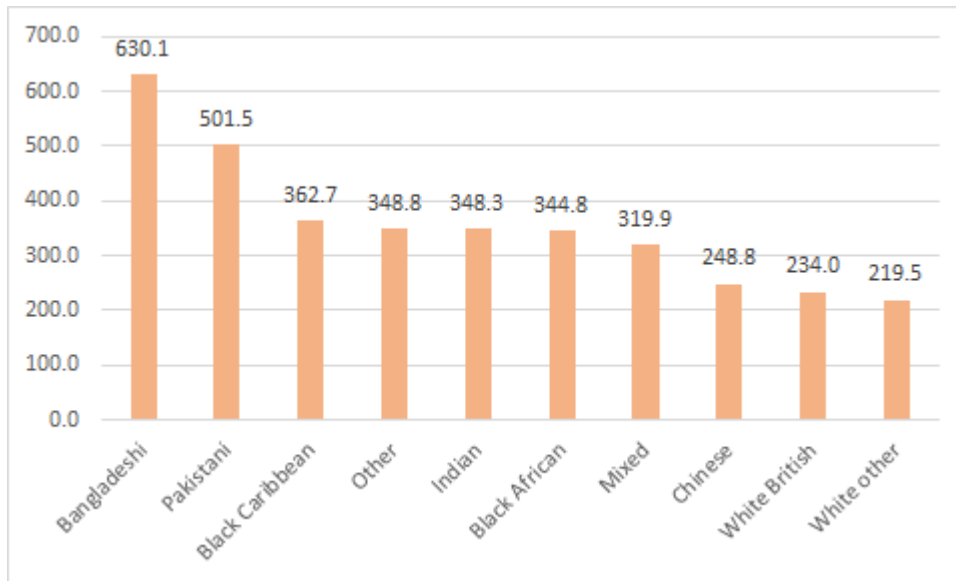
- Mortality rates among males involving COVID-19 are highest in England among the Bangladeshi ethnic group, at almost 1,300 per 100,000 population.
- Rates are also high among the Pakistani (over 900 per 100,000 population), Black African (almost 800 per 100,000 population), and Black Caribbean (over 700 per 100,000 population) ethnic groups.
- Rates among males are lowest in the White British ethnic group, at almost 400 per 100,000 population.

¹³⁷

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/updatingethniccontrastsindeathsinvolvingthecoronaviruscovid19englandandwales/24january2020to31march2021>

¹³⁸ Office for National Statistics. September 2021. [Coronavirus \(COVID-19\) latest insights - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/coronavirus/latest-insights).

Figure 42. Age-standardised mortality rates per 100,000 female deaths involving COVID-19 for those aged 30 to 100 years by ethnic group, England: 24th January 2020 to 31st March 2021



- Mortality rates among females involving COVID-19 are highest in England among the Bangladeshi ethnic group, at over 600 per 100,000 population.
- Rates are also high among the Pakistani ethnic group, at over 500 per 100,000 population.
- Rates among males are lowest in the 'White Other' ethnic group, at over 200 per 100,000 population. Rates among the White British ethnic group were slightly higher but still low compared to other ethnicities.

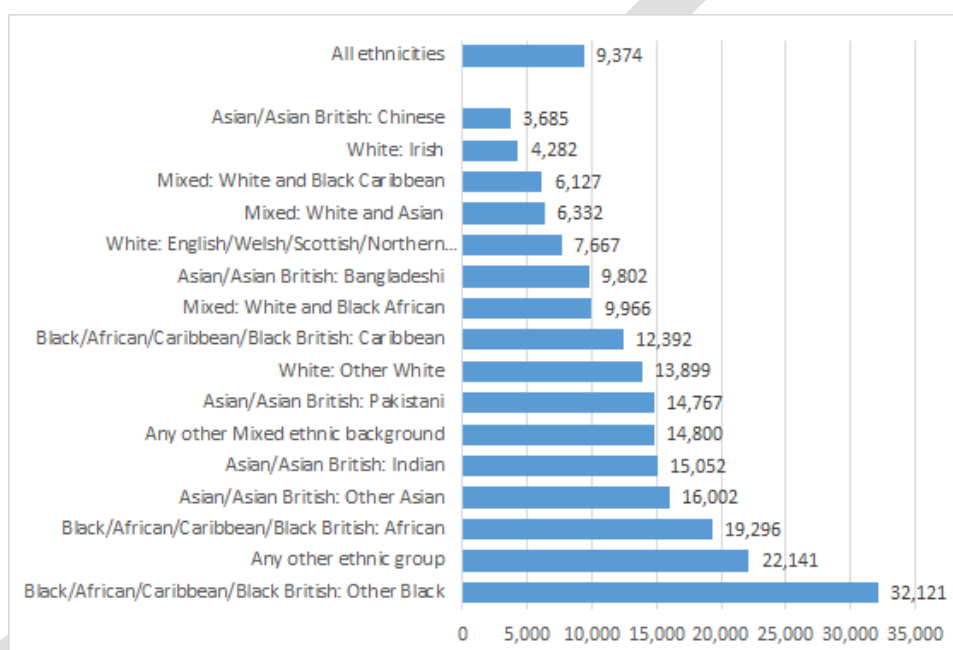
Local Findings

In Worcestershire, several ethnic groups have had high numbers of cases. These include:

- Any other Black/African/Caribbean group

- Other ethnic groups
- African
- Any other Asian background
- Indian
- Any other Mixed Background
- Pakistani

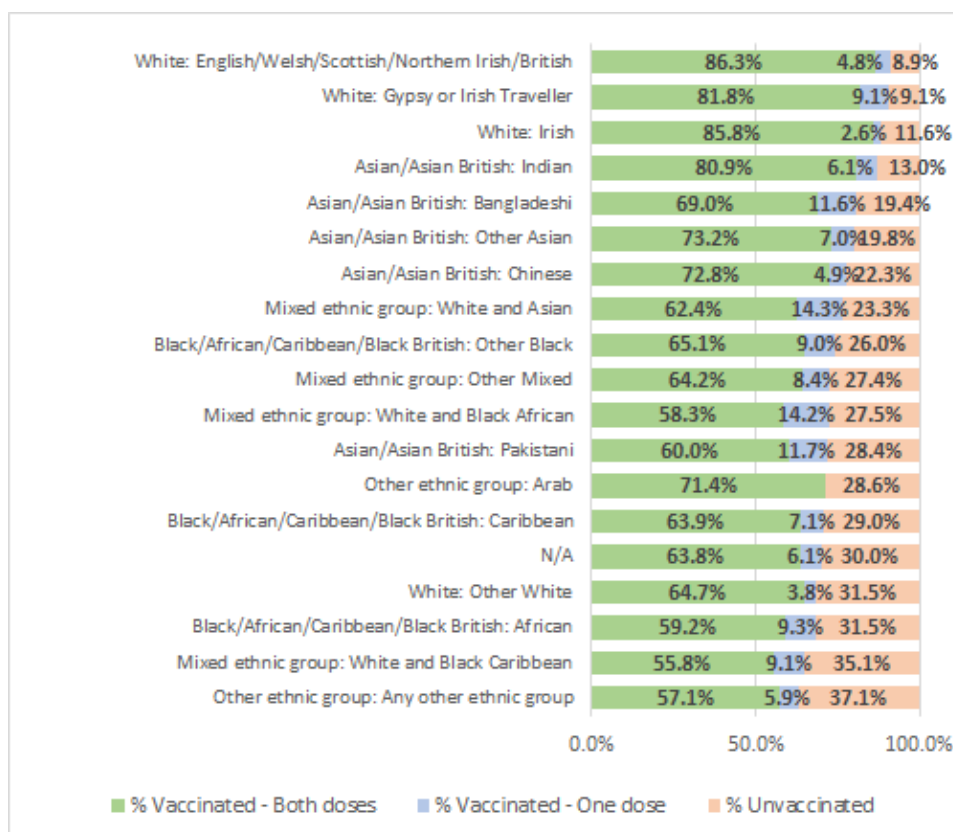
Figure 43. Cases in Worcestershire per 100,000 population by ethnic group (beginning of the pandemic up to 7th September 2021)



In addition, several ethnic groups have a lower uptake in vaccinations than is seen among the wider population. Relatively high percentages of people aged 16-plus are unvaccinated in the following ethnic groups:

- Other ethnic groups,
- Mixed White and Black Caribbean ethnic groups
- African ethnic groups,
- Other White backgrounds
- Caribbean ethnic groups
- Arab ethnic group (although it is noted there are very few people in this ethnic group living in Worcestershire.
- Pakistani or Pakistani British ethnic groups,

Figure 44. Vaccine status of people aged 16-plus in Worcestershire up to 28th September



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.¹³⁹

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:

¹³⁹ <https://www.healthwatchworcestershire.co.uk/wp-content/uploads/2020/09/Covid-19-Survey-Final-Report-Vs-1.0.pdf>

- 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 ethnic minority 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
- Continue to draw on language and translation services. Ensuring a responsive translation when necessary.

Indicators to Monitor

- Cases, hospital admissions and deaths due to COVID-19 by ethnic group
- Vaccination uptake by ethnic group

People with Physical, Sensory or Learning Disability Challenges and People with Autism

The Equality Act 2010 defines disability as a physical or mental impairment that has a 'substantial' and 'long term' negative effect on a person's ability to do normal activities.¹⁴⁰ 'Substantial' is more than minor or trivial, e.g. it takes much longer than it would usually to complete a daily task like getting dressed. 'Long-term' means 12 months or more, e.g. a breathing condition that develops as a result of a lung infection. A disability can arise from a wide range of impairments which can be:¹⁴¹

- sensory impairments, such as those affecting sight or hearing; impairments with fluctuating or recurring effects such as rheumatoid arthritis, myalgic encephalitis (ME), chronic fatigue syndrome (CFS), fibromyalgia, depression and epilepsy
- progressive, such as motor neurone disease, muscular dystrophy, and forms of dementia; auto-immune conditions such as systemic lupus erythematosus (SLE)
- organ specific, including respiratory conditions, such as asthma, and cardiovascular diseases, including thrombosis, stroke and heart disease
- developmental, such as autistic spectrum disorders (ASD), dyslexia and dyspraxia
- learning disabilities¹⁴²
- mental health conditions with symptoms such as anxiety, low mood, panic attacks, phobias, or unshared perceptions; eating disorders; bipolar affective disorders; obsessive compulsive disorders; personality disorders; post-traumatic stress disorder, and some self-harming behaviour
- mental illnesses, such as depression and schizophrenia; produced by injury to the body, including to the brain

Population Profile

- Data from the last census showed that in 2011 101,492 or 17.9% of the Worcestershire population had a long-term health problem or disability.¹⁴³

¹⁴⁰ [Definition of disability under the Equality Act 2010 - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

¹⁴¹ [Equality Act 2010 Guidance \(publishing.service.gov.uk\)](http://publishing.service.gov.uk)

¹⁴² The term 'learning disability' can be defined as:

- A significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence); with
- A reduced ability to cope independently (impaired social functioning); which started before adulthood (18 years) with a lasting effect on development

It covers a range of disabilities including Downs Syndrome and chromosomal disorders, but does not include specific 'learning difficulties' such as dyslexia. Many people with a learning disability have additional health, sensory and mobility problems, and a number have additional mental health problems.

¹⁴³ 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

- 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

Research conducted by the Policy Lab to identify the experiences of disabled people during the COVID-19 pandemic found that COVID-19 has created additional barriers.¹⁴⁴ The uncertainty in relation to COVID-19 guidelines, the availability of health services and transport options were highlighted. Other key findings of the research were:

- During the pandemic, participants felt increased levels of shame and guilt about their 'disabled' identities and the needs that accompany them.
- Participants found the challenging rules around COVID-19 difficult to understand and follow across different areas of their lives.
- COVID-19 presented new challenges for some of the participants in terms of living independently, reducing their ability to choose suitable support options.
- Participants have experienced pandemic-related delays and disruptions to their routine healthcare appointments. Waiting times have also grown.
- However, some participants also stated that the lockdowns provided them an opportunity to assess their level of independence and find new ways to negotiate living arrangements.

In February 2021, in Great Britain:¹⁴⁵

- A larger proportion of disabled people (78%) than non-disabled people (69%), said they were worried (very or somewhat) about the effect that the coronavirus was having on their life; for disabled people this proportion was lower than in September 2020 (83%).
- Disabled people more often indicated coronavirus had affected their life than non-disabled people in ways such as their health (35% for disabled people, compared with 12% for non-disabled people), access to healthcare for non-coronavirus related issues (40% compared with 19%), wellbeing (65% compared with 50%) and access to groceries, medication and essentials (27% compared with 12%).

A report by the Health Foundation¹⁴⁶ explored the disproportionate impact the pandemic has had on disabled people.

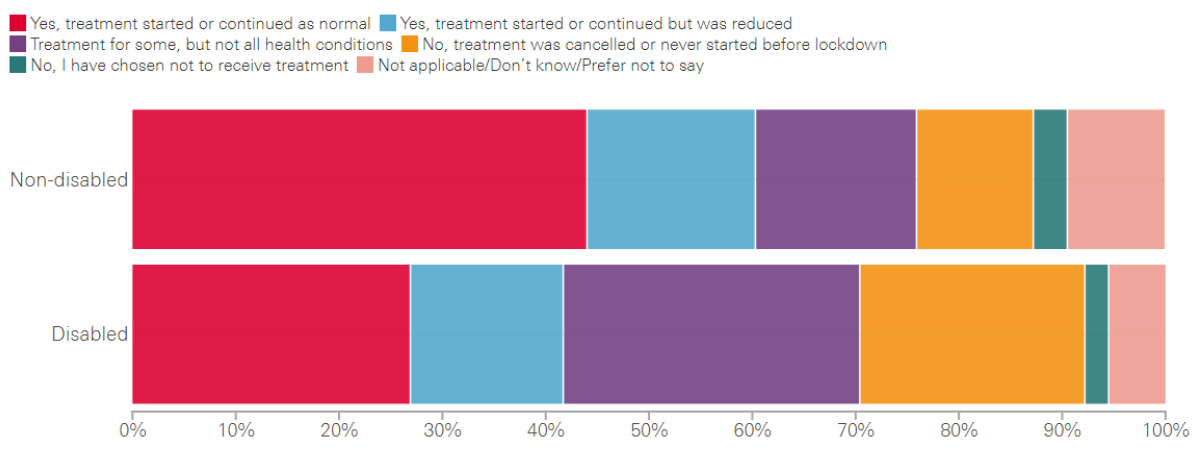
Disabled people have been more likely to have had their treatment disrupted during the pandemic.

¹⁴⁴ [The lived experience of disabled people during the COVID-19 pandemic - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

¹⁴⁵ Office for National Statistics. Coronavirus and the social impacts on disabled people in Great Britain: February 2021.

¹⁴⁶ [The forgotten crisis: exploring the disproportionate impact of the pandemic on disabled people - The Health Foundation](https://www.healthfoundation.org.uk)

Figure 45. Access to medical care for disabled and non-disabled people



Source: ONS Opinions and Lifestyle Survey

- Studies suggest that social care support reduced and social care plans also declined generally during the pandemic and this impacted disabled people adversely.
- Lack of face to face provision and unsuitability of virtual support, compounded by digital exclusion, affected disabled children and adults.
- Access to food was compromised for some disabled people when supermarkets prioritised the ‘clinically extremely vulnerable’ at the expense of making adjustments for disabled people more generally. This meant, for instance that blind people were refused online slots even though they found it impossible to navigate shopping in person without getting too close to other shoppers and breaching distancing rules. The medical categorisation seemed to replace the (legally required) commitment to making reasonable adjustments.
- Disabled people have also experienced worse mental health.

Learning Disabilities

People with learning disabilities are more likely to have other physical health problems such as obesity and diabetes, and certain kinds of learning disability, such as Down’s syndrome, can make people more vulnerable to respiratory infections, which can increase their risk of dying from COVID-19.

In November 2020, Public Health England published the report COVID-19 deaths of people identified as having learning disabilities.¹⁴⁷ They found 451 per 100,000 people registered as having a learning disability died with COVID-19 between 21st March and 5th June, a death rate which was 4.1 times higher than the general population after adjusting for other factors such as age and sex.

¹⁴⁷ [People with learning disabilities had higher death rate from COVID-19 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/people-with-learning-disabilities-had-higher-death-rate-from-covid-19)

But as not all deaths in people with learning difficulties are registered on these databases, researchers estimated the real rate may have been as high as 692 per 100,000 or 6.3 times higher.

Deaths were also spread much more widely across the age spectrum among people with learning disabilities, with far greater mortality rates in younger adults, compared to the general population. The death rate for people aged 18 to 34 with learning disabilities was 30 times higher than the rate in the same age group without disabilities, researchers found.

Among people with learning disabilities, the rate of COVID-19 deaths for adults in residential care was higher than the rates of COVID-19 deaths of adults with learning disabilities generally. This difference is likely in part to reflect the greater age and disability in people in residential care.

In June 2020, the Care Quality Commission (CQC) published national data on all deaths notified to them between 10th April and 15th May from providers registered with CQC who provide care to people with a learning disability and/or autism (including providers of adult social care, independent hospitals and in the community) and where the person who died was indicated to have a learning disability on the death notification form.¹⁴⁸ Between 10th April and 15th May 2020, 386 people who were receiving care from learning disability and/or autism services died. In the same period last year 165 people died. This represented a 134% increase. 206 were as a result of suspected and/or confirmed COVID-19 as notified by the provider and 180 were not related to COVID-19.¹⁴⁹

Autism

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.¹⁵⁰

Local Findings

In Worcestershire, all deaths for people with Learning Disabilities are reviewed by the local LeDeR team on a quarterly basis. A report provides an update on the progress and impact made across Herefordshire and Worcestershire during the period covering 1st April 2020 to 31st March 2021. This includes the initial and subsequent peaks in the number of cases of the COVID-19 pandemic and some of the consequential implications of 'lockdown'. Key Findings:

- In Worcestershire, the number of notifications fell overall during 2019-2020. During the first quarter of 2020-21 the pandemic impacted mortality across the

¹⁴⁸ [CQC publishes data on deaths of people with a learning disability | Care Quality Commission](#)

¹⁴⁹ [SN07058.pdf \(parliament.uk\)](#)

¹⁵⁰ 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=ItemView](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=ItemView)

UK and the number of notifications in Worcestershire was almost equal to the total number of notifications for the whole of the preceding year.

Inequalities

- COVID-19 pandemic has highlighted the impact of health inequalities and deficiencies in the provision of care of people with learning disabilities, with rates of their deaths being more than those of others'. Of particular concern are the significant inequalities in the experiences of people from minority ethnic groups.
- People with learning disabilities¹⁵¹ are likely to have had difficulty recognising symptoms of COVID-19, or following government advice about getting tested, self-isolation, social distancing and infection prevention and control, the report says. It may also be more difficult for people caring for them to recognise the onset of symptoms if these cannot be communicated.

Opportunities/Challenges for the Future

In December 2020, as part of a COVID-19 impact inquiry The Health Foundation brought together disabled people, academics, and policy experts to explore disabled people's perspectives and experiences of the pandemic, and to help identify opportunities to better support disabled people now and in the future.¹⁵²

Recommendations that emerged were:

- Improve digital inclusion
- Improve support for disabled children and their families
- Increase inclusive working environments and opportunities for flexible working
- A universal commitment to greater equality for disabled people

Indicators to Monitor

- COVID-19 deaths amongst people who have disabilities

¹⁵¹ [People with learning disabilities had higher death rate from COVID-19 - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

¹⁵² [COVID-19 impact inquiry - The Health Foundation](#)

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.

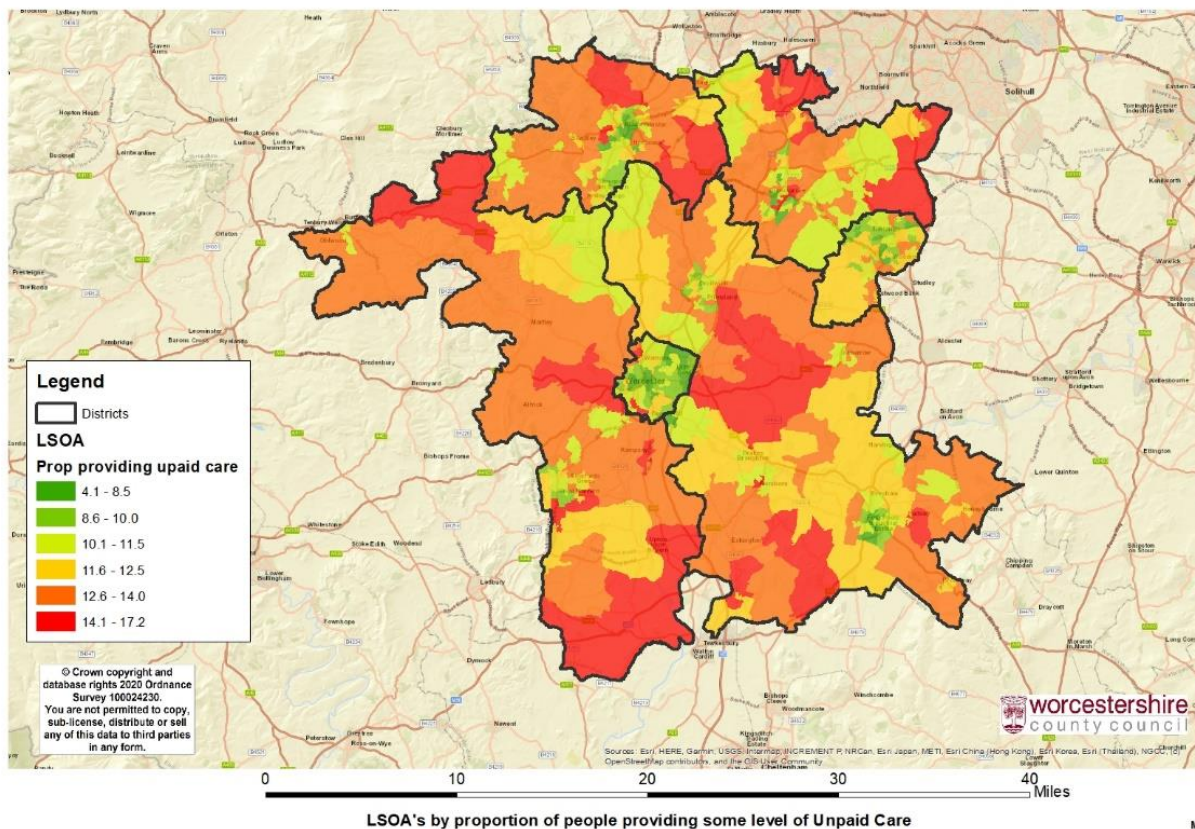
Figure 46. Providers of unpaid care, 2011 Census

	Bromsgrove	Malvern Hills	Redditch	Worcester	Wychavon	Wyre Forest	Worcs
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

Source: Office for National Statistics

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 47. Proportion of People Providing Unpaid Care



National Findings

The Office for National Statistics' Opinions and Lifestyle Survey for the week ending 25th April 2021^[1] explored the impact of COVID-19 on the lifestyle of unpaid carers.

Unpaid carers were more likely to avoid physical contact with others when outside the household (92%) compared with non-carers (88%), although a lower proportion (65%) of unpaid carers stated that they had avoided contact with older people or other vulnerable people because of the pandemic compared with non-carers (71%).

The majority of unpaid carers (63%) were worried ("very worried" or "somewhat worried") about the effects that the coronavirus pandemic was having on their life; this proportion was higher than non-carers (56%). In addition, more unpaid carers than non-carers indicated that coronavirus had affected:

- life events (for example, weddings and funerals) (44% unpaid carers compared with 40% non-carers)
- work (30% compared with 26%)
- access to healthcare and treatment for non-coronavirus-related issues (30% compared with 20%)
- health (16% compared with 13%)

- caring responsibilities (16% compared with 3%)
- access to groceries, medication and essentials (15% compared with 10%).

^[1] [Coronavirus and the social impacts on unpaid carers in Great Britain - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

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.¹⁵³
- Carers using respite breaks

¹⁵³ 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>

Immigrants, Asylum Seekers and Refugees

Population Profile

- Between mid-2019 and mid-2020 it is estimated that 2,452 people came from abroad to live in Worcestershire for a period of at least 12 months.
- During the same period, it is estimated that 1,237 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 2020 it was estimated that there were 51,000 non-UK born people living in Worcestershire. However, the uncertainty around this estimate is plus or minus 14,000 people, meaning it could be as low as 37,000 or as high as 65,000
- Over 100 refugees have been re-settled throughout Worcestershire since 2016

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 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.¹⁵⁴

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.

¹⁵⁴ 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/>

There is potential for some groups to access information from unreliable sources or from countries where information is not relevant here.¹⁵⁵

Local Findings

Through the pandemic the Worcestershire County Council Resettlement Team has worked to educate the people they support, ensure children returned to school and that families had their COVID-19 vaccine.

Educational material on COVID-19 and the COVID-19 vaccination was provided in other languages where necessary and the team worked with families to access technology and teach them how to use it. This in turn empowered them to gain greater knowledge and understanding.

Opportunities/Challenges for the Future

Measures to mitigate health inequalities in this group are:¹⁵⁶

- 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.

Community groups can be used to ensure refugees are accessing the resources available to them. They are well-placed to encourage people to read or watch information.

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

¹⁵⁵ 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>

¹⁵⁶ 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>

Gypsy, Roma, and Traveller Communities

Population Profile

- Within Worcestershire there are 110 families who live on seven authorised sites

National Findings

Gypsy, Roma and Traveller (GRT) communities' experiences some of the poorest health outcomes, including:¹⁵⁷

- 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

The Gypsy Service Team at Worcestershire County Council looks after seven residential traveller sites and deals with unauthorised encampments on County Council owned land.

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

¹⁵⁷ 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 people in the GRT community access healthcare and other support services (this is a challenge for those on unauthorised encampments).

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:¹⁵⁸

- 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.

¹⁵⁸ 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/tphimenu/improving-access/improving-uptake-and-delivery-of-health-services-to-reduce-health-inequalities-experienced-by-gypsy-roma-and-traveller-people/>

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:

Matthew Fung, Tel: 01905 845040, Email: mfung@worcestershire.gov.uk

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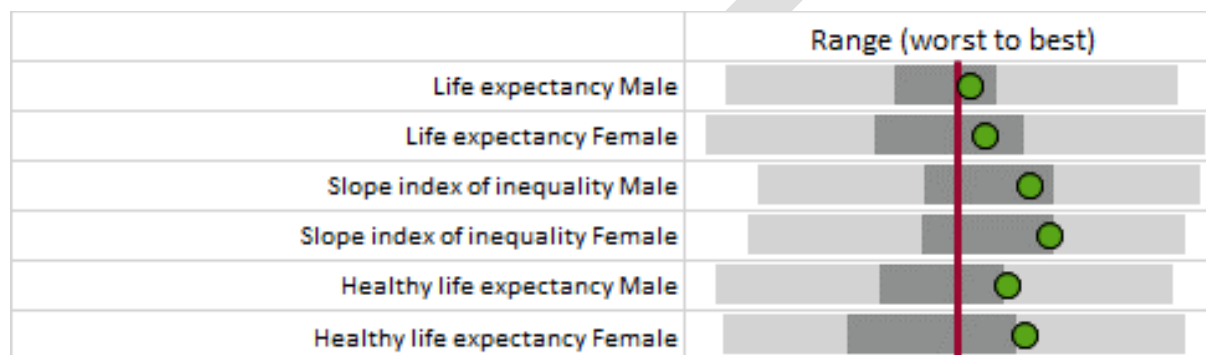
Appendix 1: Key Public Health Indicators

Key to charts



Green=better than the national average, Orange=similar (not statistically significantly different) to the national average, Red=worse than the national average

Overarching Indicators

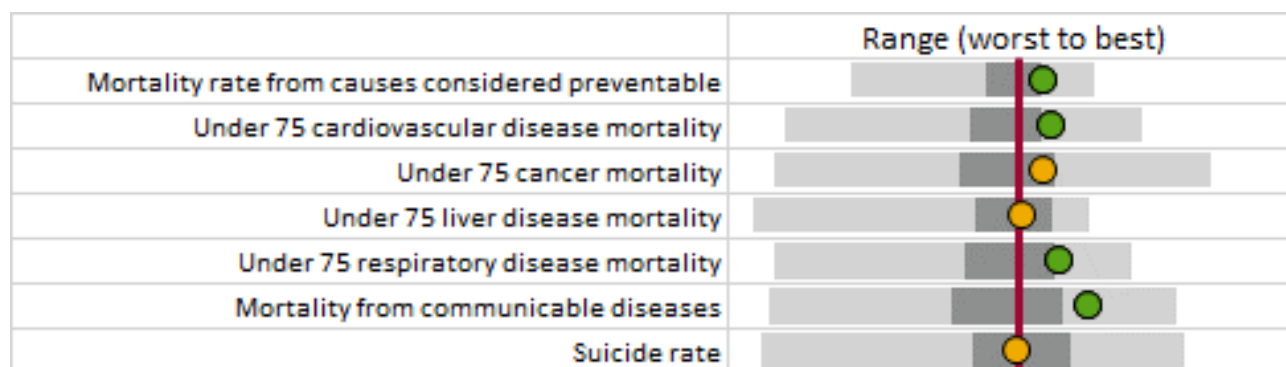


Source: Public Health England (PHOF)

	Sex	Age	Period	Worcestershire		England		
				Count	Value	Value	Worst	Best
Life expectancy	Male	All ages	2017 - 19	-	80.1	79.8	74.4	84.9
Life expectancy	Female	All ages	2017 - 19	-	83.8	83.4	79.5	87.2
Slope index of inequality	Male	All ages	2017 - 19	-	7.5	9.4	14.8	2.9
Slope index of inequality	Female	All ages	2017 - 19	-	5.1	7.6	13.3	1.5
Healthy life expectancy	Male	All ages	2017 - 19	-	65.1	63.2	53.8	71.5
Healthy life expectancy	Female	All ages	2017 - 19	-	65.8	63.5	55.3	71.4

Source: Public Health England (PHOF)

Mortality

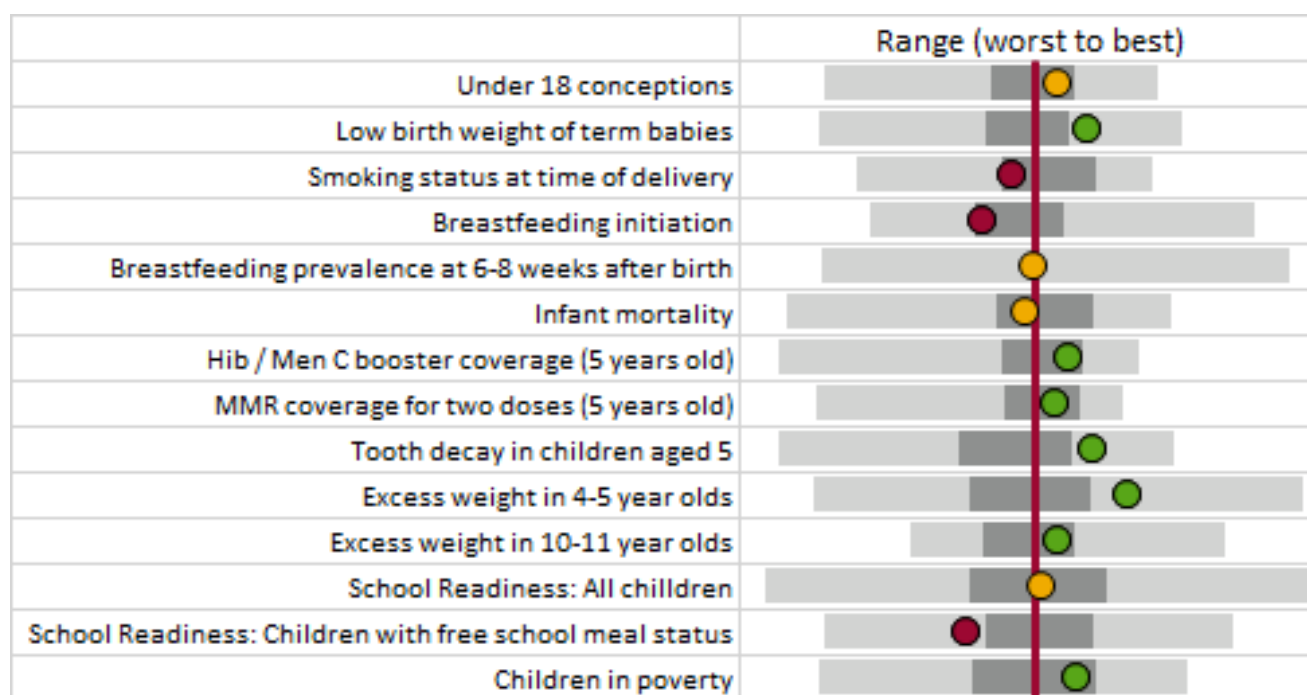


Source: Public Health England (PHOF)

	Sex	Age	Period	Worcestershire Count	Worcestershire Value	England Value	England Worst	England Best
Mortality rate from causes considered preventable	Persons	All ages	2017-19	2,206	125.2	142.4	265.2	88.0
Under 75 cardiovascular disease mortality	Persons	<75 yrs	2017-19	1,150	64.0	70.5	121.6	43.6
Under 75 cancer mortality	Persons	<75 yrs	2017-19	2,228	124.1	129.2	182.4	87.4
Under 75 liver disease mortality	Persons	<75 yrs	2017-19	316	18.3	18.5	47.5	10.8
Under 75 respiratory disease mortality	Persons	<75 yrs	2017-19	498	27.1	34.2	78.8	13.9
Mortality from communicable diseases	Persons	All ages	2017-19	178	8.7	11.2	20.3	5.5
Suicide rate	Persons	10+ yrs	2018-20	164	10.5	10.4	18.8	5.0

Source: Public Health England (PHOF)

Children and Young People

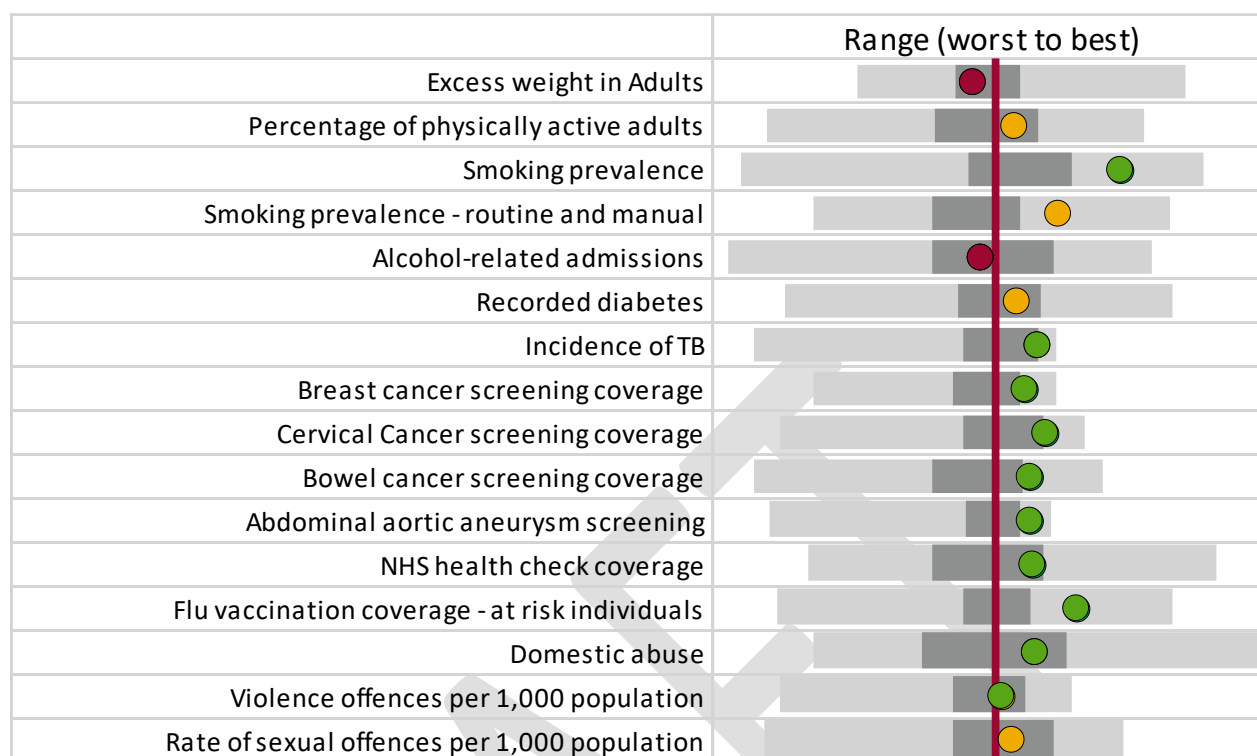


Source: Public Health England (PHOF)

	Sex	Age	Period	Worcestershire		England		
				Count	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 week:	2019	113	2.3	2.9	5.2	1.3
Smoking status at time of delivery %	Female	All ages	2019/20	626	12.2	10.4	23.1	2.1
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	2019/20	2,686	47.7	48.0	25.0	75.0
Infant mortality rate	Persons	<1 yr	2017-19	71	4.1	3.9	7.5	2.0
Hib / Men C booster coverage % (5 years old)	Persons	2 yrs	2019/20	5,472	92.8	90.5	72.2	97.9
MMR coverage for two doses (5 years old)	Persons	5 yrs	2019/20	5,748	88.8	86.8	63.2	96.1
Tooth decay in children aged 5	Persons	5 yrs	2018/19	-	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	14.0
Excess weight in 10-11 year olds	Persons	10-11 yrs	2018/19	1,939	32.9	34.3	43.3	20.8
School Readiness: All children	Persons	5 yrs	2018/19	4,493	72.0	71.8	63.1	80.6
School Readiness: Children with free school meal status	Persons	5 yrs	2018/19	402	51.5	56.5	41.4	70.5
Children in poverty	Persons	0-19 yrs	2016	16,250	14.1	17.0	32.5	6.3

Source: Public Health England (PHOF)

Adult Health

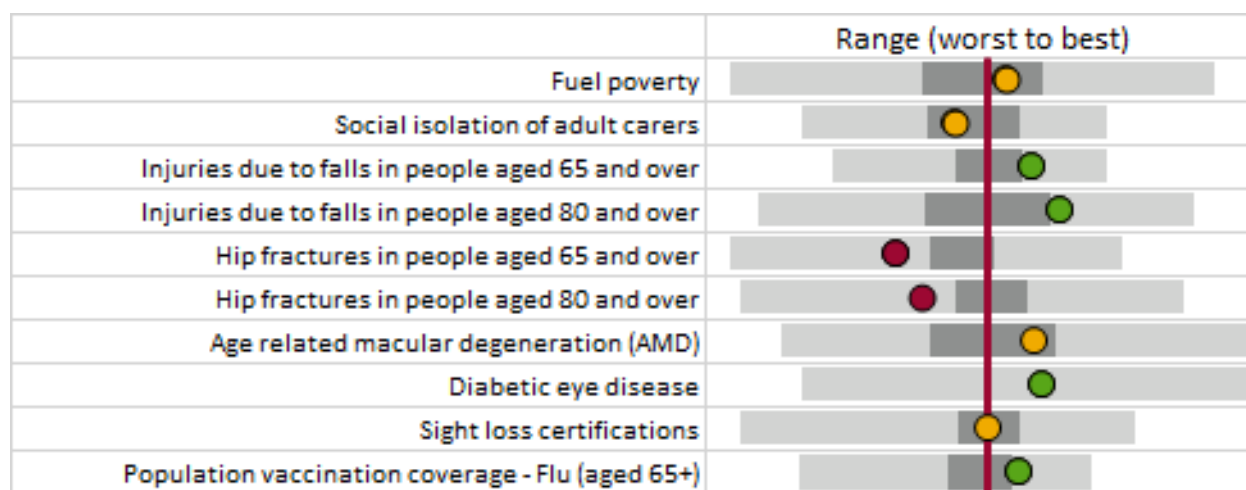


Source: Public Health England (PHOF)

	Sex	Age	Period	Worcestershire		England		
				Count	Value	Value	Worst	Best
Excess weight in Adults %	Persons	18+ yrs	2019/20	-	65.4	62.8	78.3	41.6
Percentage of physically active adults	Persons	19+ yrs	2019/20	-	67.7	66.4	49.4	77.3
Smoking prevalence %	Persons	18+ yrs	2019	51,570	10.8	14.9	23.4	8.0
Smoking prevalence - routine and manual	Persons	18+ yrs	2019	-	18.6	23.2	36.8	10.3
Alcohol-related admissions rate per 100,000	Persons	All ages	2019/20	4,002	544.0	519.0	917.0	286.0
Recorded diabetes %	Persons	17+ yrs	2018	-	80.1	78.0	54.3	97.5
Incidence of TB	Persons	All ages	2017-19	56	3.2	9.2	45.0	0.2
Breast cancer screening coverage	Female	53-70 yrs	2020	57,144	77.5	74.5	54.1	81.1
Cervical Cancer screening coverage	Female	25-49 yrs	2020	70,552	75.5	70.2	46.2	80.1
Bowel cancer screening coverage	Persons	60-74 yrs	2020	68,067	66.3	63.8	45.8	71.7
Abdominal aortic aneurysm screening	Male	65 yrs	2019/20	2,869	82.3	76.1	34.1	86.5
NHS health check coverage	Persons	40-74 yrs	2016/17-2020/21	68,890	38.5	33.4	5.4	66.1
Flu vaccination coverage - at risk individuals	Persons	6 months	2019/20	36,049	50.7	44.9	28.7	58.1
Domestic abuse	Persons	16+ yrs	2019/20	-	30.8	28.0	14.4	61.3
Violence offences per 1,000 population	Persons	All ages	2019/20	15,957	26.9	27.8	67.9	13.6
Rate of sexual offences per 1,000 population	Persons	All ages	2019/20	1,439	2.4	2.5	5.1	1.1

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	10.3	16.1	5.2
Social isolation of adult carers	Persons	18+	2018/19	105	28.7	32.5	11.7	45.7
Injuries due to falls in people aged 65 and over	Persons	65+ yrs	2019/20	2,615	1,892.0	2,222.0	3,394.0	1,325.0
Injuries due to falls in people aged 80 and over	Persons	80+ yrs	2019/20	1,755	4,852.0	5,644.0	8,227.0	3,348.0
Hip fractures in people aged 65 and over	Persons	65+ yrs	2019/20	925	667.0	527.0	912.0	326.0
Hip fractures in people aged 80 and over	Persons	80+ yrs	2018/19	645	1,783.0	1,534.0	2,466.0	807.0
Age related macular degeneration (AMD)	Persons	65+ yrs	2019/20	122	89.8	105.4	174.8	16.4
Diabetic eye disease	Persons	12+ yrs	2019/20	10	2.3	2.9	5.0	-
Sight loss certifications	Persons	All ages	2019/20	247	41.5	41.4	96.9	8.7
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)

Appendix 2: Impact Tables

The impact tables provide quick reference to the impacts of COVID-19 that have been identified in a summarised and tabulated format. 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.

Understanding the Tables

Detailed description of the impacts is further explained as follows:

Effect on Health

Term	Meaning
Positive	Impacts that are considered to improve health or provide an opportunity to do so
Negative	Impacts that are considered to diminish health
Unclear	Impacts with a mixed impact on health or the direction of impact is currently unknown

Likelihood of Impact

Term	Meaning
Confirmed	Strong direct evidence that the effect is happening locally
Probable	Good direct evidence that the effect is happening locally
Possible	Weak direct evidence, for example, evidence of the effect nationally but impact yet to be confirmed locally
Speculative	No direct evidence but impact suggested by a key contact

Intensity/Severity of Impact on Health:

Term	Meaning
Major	Significant in intensity, quality or extent Significant or important enough to be worthy of attention, noteworthy
Moderate	Average in intensity, quality or degree
Minimal	Of a minimum amount, quantity or degree, negligible
Uncertain	Intensity/Severity uncertain

Possible Timing of Impact

Term	Meaning
Short Term	Impact seen/to be seen in 0-1 year
Medium Term	Impact to be seen in 1-5 years
Long Term	Impact to be seen in greater than 5 years
Uncertain	Timing of impact uncertain

COVID-19 IMPACT TABLES

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 accommodation 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 Page 199	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/monthlygdpandmainsectorstofourdecimalsplaces)	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/coronavirusandkeyworkersintheuk/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/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/morepeoplehavebeenhelpingothersoutsidetheirhouseholdthroughthecoronaviruscovid19lockdown/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)
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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 need 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 Page 203	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.	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	<p>Parents reporting their child's mental health/ wellbeing worsened during lockdown. Social isolation and concerns about illness contributing.</p> <p>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.</p>	<p>Communications - online activities</p> <p>Partnership working with the voluntary sector i.e. Ready Steady Worcestershire</p> <p>Here 2 Help Corporate approach/model to wellbeing</p>	<p>Here to help data?</p> <p>Web hits on comms messages/links to activities</p>
Access to education, health and care services for children/ young people with Special Educational Needs and Disability	<p>Delay or reduction in provision for health needs specific to individual SEND</p> <p>Children with SEND at greater risk if isolated due to COVID-19</p>	Negative	Speculative	Uncertain	Short-term	Highlighted as a concern by local children's services	<p>SEND Improvement programme - facilitating partnership working</p> <p>SEND Improvement programme - facilitating partnership working</p>	<p>Fortnightly DfE return on SEND demand, numbers with an EHCP plan etc</p> <p>SEND Improvement Dashboard quarterly indicators for health</p>
Reduction in household income and financial stability causing poverty and poor diet.	<p>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</p>	Negative	Probable	Uncertain	Short-Medium term	<p>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.</p>	<p>free school meal provision in school or vouchers</p> <p>Holiday hunger Project (WCF and partnerships)</p> <p>Here2Help free school meal provision in school or vouchers</p> <p>Holiday hunger Project (WCF and partnerships)</p> <p>Here2Help</p>	<p>Take up of free school meals</p> <p>Holiday Hunger data</p> <p>Here 2 Help data</p>
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	<p>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.</p> <p>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</p>	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	<p>Up to 17/09/2020 there were:</p> <ul style="list-style-type: none"> 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. <p>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.</p>	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	<p>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.</p> <p>Interestingly, local commentators have suggested that all Worcestershire domestic abuse support provision, and in particular, the help line have seen increasing</p>	Joint work with housing and domestic abuse services to map increase in referrals, review accommodation 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 accommodation	

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: -Marginalises vulnerable individuals, making them more susceptible to radicalisation and more likely to spend time alone on the internet. - Decreases their exposure to the usual controls	Front line worker awareness	Reports to channel

	Sexual Offences	Reduction in reported sexual offences	Positive/ Opportunity	Possible	Moderate	Short-term	<p>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).</p> <p>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.</p> <p>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.</p>	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 accommodation 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

	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 pandemic https://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).

Gypsies 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	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 mitigation against impact.	Referrals and calls to Here2Help and the Access Centre
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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 processes. Monitoring in place	
Support to live independently	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 commissioners on best value services at home, increase Direct payments. Seek ways to build on this response	
Support to live independently	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 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 mitigation against impact.	
Uncertainty 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 mitigation 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 mitigation 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 mitigation 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 mitigation 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 mitigation 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 attendances 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 mitigation 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: <ul style="list-style-type: none"> • 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)
Homelessness	Homelessness	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

	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
Income	Income	Increase of people on Universal Credit due to Covid-19 affecting jobs and income	Negative	Confirmed	Major	Short-Medium term	In Worcestershire 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	<ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • plan for additional demand in housing benefit services (where existing claimants may need to amend their circumstances as income levels 	Universal Credit Claimants, Unemployment claimants, Numbers using foodbank

								change (e.g. self- employed) throughout the course/different phases of the pandemic	
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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
	Wellbeing	The COVID-19 pandemic affecting the wellbeing 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 wellbeing 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 referrals, Prevalence of common mental health disorders, improving access to psychological therapies indicators

	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 referrals
	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 Page 220	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	<ul style="list-style-type: none"> • 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 mitigation 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

	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	

JSNA Annual Summary - Health Impacts of CV19

	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?rs=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 referrals

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HEALTH AND WELL-BEING BOARD

16 NOVEMBER 2021

JOINT HEALTH AND WELL-BEING STRATEGY 2016-2021 UPDATE

Board Sponsor

Councillor Karen May, Cabinet Member with Responsibility for Health and Well-being

Author

Dr Kathryn Cobain, Director of Public Health

Priorities

Mental health & well-being	Yes
Being Active	Yes
Reducing harm from Alcohol	Yes
Other (specify below)	

Safeguarding

Impact on Safeguarding Children If yes please give details	No
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Impact on Safeguarding Adults	No
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Item for Decision, Consideration or Information

Information and assurance

Recommendation

1. **The Health and Well-being Board (HWB) is asked to:**
 - a) **note the actions taken in the last 12 months to deliver the Joint Health and well-being Strategy (JHWS) 2016-2021 priorities;**
 - b) **continue to ensure that each partner represented plays an active role in the JHWS implementation; and**
 - c) **note the progress relating to the overarching theme for the new JHWS; “Better mental health and emotional wellbeing”, supported by healthy living at all stages in life, safe and healthy homes, and good jobs.**

Background

2. The JHWS 2016-2021 identified three overarching priorities to achieve the vision that: *Worcestershire residents are healthier, live longer and have a better quality of life especially those communities and groups with the poorest health outcomes:*

1. Being Active at Every Age
2. Good Mental Health and Well-being Throughout Life
3. Reducing Harm from Alcohol at all Ages.

3. At its meeting on 28 September 2021, the HWB approved a short-term extension of the JHWS to Summer 2022.
4. In 2017, detailed action plans were developed for each priority, which together focussed on preventing and tackling the main causes of avoidable disease. The intention being that sustained progress could improve health and wellbeing, and in the longer term, reduce pressures on the health and social care system. Annual updates against the plans have been presented to the Health Improvement Group.
5. This report provides a summary of key activities against each priority over the last year. Further county-wide initiatives continue to contribute to the action plans and complement the activity reported herein. Furthermore, the HIG has not met in some months to enable reporting of the district actions in support of the priorities.
6. The HWB agenda item, JSNA Annual Summary, further provides an overview of the performance indicators relating to the JHWS 2016-2021 priorities.
7. Overall, progress has been made in each of the priority areas. However, COVID-19 has impacted on delivery of some services, with a number being adapted, for example, lifestyle and health checks where face to face appointments were not possible for a period of time.

Principles

8. Six key principles underline the JHWS 2016-2021, which have shaped the actions taken against each priority as set out below:
 - **Working in partnership** – brought to the forefront during the pandemic, partnership working across the system has flourished, including increased engagement and joint working with Districts. Initiatives such as the Mental Health Concordat, Integrated Well-being Offer and development of the Integrated Care System showcase the benefits of this approach.
 - **Empowering individuals and families to take responsibility and improve their own health and well-being** – Worcestershire's Here2Help service enables and empowers individuals and families to support themselves. A self-management approach is a key component of the lifestyle and health check services, encouraging positive behavioural changes.
 - **Taking Local action** – the creation of Worcestershire's Asset Based Community Development (ABCD) team supports and enables local areas to take action supported by each of the district councils.
 - **Taking actions that we know will work** – Public Health practice is guided by the evidence of what works and of local need.
 - **Involving people** – Public Health is establishing an Engagement team and will be capturing evidence of local needs and views through a series of activities such as community focus groups, ethnographic study and in-depth questionnaires. This will contribute to system-wide public involvement with Healthwatch, ABCD and Health and Well-being 'Now We Are Talking'.

Being Active at Every Age

Walking for Health, via the countryside centre

9. Worcestershire's Walking for Health accredited scheme has been in operation for nine years. It supports Worcestershire's network of free, volunteer led health walks, helping people lead a more active lifestyle. Prior to the pandemic, there were 37 walking groups with 43 walks held weekly and 11-monthly. The number of walks running at present are not up to these pre-pandemic levels, but steadily increasing.

Behavioural Change and Lifestyle Support

10. Recognising the growing burden of lifestyle related ill-health and disease, Worcestershire Public Health supports a lifestyle and behaviour change service delivered through the County's 10 Primary Care Networks. This service supports people to adopt healthier lifestyle behaviours, whilst offering referrals and signposting to support services and self-help. This links to social prescribing and peer led community-based support for health and wellbeing.

11. In addition, recognising the impact of the pandemic on access to physical activity and healthy foods, Public Health has implemented a Slimming World voucher programme for at risk groups. It has further commissioned a strength and balance programme to support increased physical activity in older adults.

Good Mental Health and Well-being Throughout Life

Communication and promotion

12. Various campaigns have been launched to raise awareness of mental health and the support available, including the Public Health England's 'Every Mind Matters' campaign linking to a suite of online resources, and the 'Now We're Talking' art campaign', led by the Health and Care NHS Trust to spread positivity whilst highlighting available mental health support, targeting men in need to access the Worcestershire Healthy Minds Service.

Integrated Well-Being Offer (IWO)

13. As reported to the HWB at its meeting on 28 September 2021, the Here2Help programme, set up in 2020, has supported those in need, including those with poor mental health and well-being or feelings of loneliness during the COVID-19 pandemic. Development of the IWO is underway, which aims to empower people to live well, by addressing the factors that influence their health and well-being and building their capability to be independent, resilient and maintain good well-being for themselves and those around them. It will move beyond focusing on single issues and take a holistic and person-centred approach, addressing the psychosocial determinants of health behaviour. It will augment the collective response to early intervention and prevention to meet people's needs across the life course, improve health and well-being and address inequalities.

14. An ABCD approach has been initiated in the districts, identifying areas where it can be of value, particularly around distinctive 'community building'. Work paused

due to COVID-19 in 2020, but more recently districts have made progress developing a strategic 'asset-based approach' to service delivery and commencing recruitment of Community Builder roles.

15. Although the ABCD approach does not work to predetermined outcomes per se, there is a wealth of evidence suggesting that it has a significant impact on mental wellbeing through facilitating better social connections and creating more welcoming and inclusive communities. In this way it becomes a key enabler to the 'Being Well in Worcestershire' ambition of 'building resilient and thriving communities, utilising local strengths and assets'. Work is currently in progress to pilot the approach through the Redditch District Collaborative.

Mental Health Needs Assessment

16. A Mental Health Needs Assessment is being conducted with initial findings feeding into the JSNA, and findings that will further inform the development of the new JHWS, priorities of the new Mental Health Provider Collaborative, and the Mental Health Inequalities Board Action Plan. The assessment is being used to inform a better understanding of the impact of the pandemic on mental wellbeing (including the disproportionate impact on vulnerable groups); common mental disorders, severe and enduring mental illness and crisis service demand.

Prevention Concordat for Better Mental Health

17. In April 2020, the HWB became a signatory of the Concordat and made a commitment to work together to prevent mental health problems and promote good mental health through local action. The Action Plan was updated in March 2021 to reflect the impact of COVID-19 and describes plans in progress relating to understanding local needs and assets; working together, taking action for prevention and promotion, reducing health inequalities and measuring outcomes.

Children and Young People's mental health

18. Mental Health Support teams now work in selected schools to provide early intervention on mental health and emotional wellbeing issues, with a dedicated Education Mental Health Practitioner attached to each school. This enables one-to-one appointments, drop-in sessions and group interventions to build emotional wellbeing, resilience and coping skills. Schools can access training for to help improve how they responded to the emotional impact of the pandemic on students and staff. Selected schools are also able to access funding for training a senior leader for mental health. A gap analysis has identified schools that have not received an intervention, allowing future local funding opportunities to be targeted.

Loneliness and Isolation Partnership

19. The Loneliness and Isolation Partnership reconvened in December 2020 in recognition of the higher importance of loneliness due to the pandemic. The Worcestershire Action Plan was updated for 2021-22 with key outcomes including the launch of the 'Stay Connected Pledge' - a commitment by local organisations to ensure activities are inclusive, welcoming and connect people.

Suicide Prevention

20. The Suicide Prevention Steering Group has a focus on highlighting local experiences of the impact of the pandemic, identifying local emerging areas of need around mental health and promoting local wellbeing services. The group is feeding into the Suicide Prevention Strategy refresh for 2021.

21. The Herefordshire and Worcestershire Suicide Prevention Programme began work in December 2020 with a focus on reducing suicides in middle-aged men. Community workshops and stakeholder events have been held to inform key workstreams. Its 'Now We're Talking Acting Together to Prevent Suicide' campaign was launched in September 2021. The programme is running two community pilots; around male wellbeing in Redditch, and in the construction industry across both counties. A community training offer has been devised and a dedicated team is working closely with community partners, Primary Care Networks and ICS colleagues.

Reducing Harm from Alcohol

Worcestershire Substance Misuse Oversight Group

22. The Worcestershire Substance Misuse Oversight Group provides oversight and strategic support for the coordination of health, well-being, criminal justice, and community safety outcomes in relation to reducing alcohol and drug related harms in Worcestershire. The group reports to the Community Safety Board and ensures effective communication and joint working arrangements between stakeholders to deliver reductions and increase in visible recovery in Worcestershire.

Worcestershire Alcohol and Drugs Strategy

23. Work has commenced on drafting a new five-year Worcestershire Alcohol and Drugs Strategy, which will be accompanied by a Partnership Outcomes Framework. Progress against strategic priorities will be monitored by the Substance Misuse Oversight Group, Safer Communities Board and the HWB as required.

24. The new strategy includes an increased focus on supporting recovery from dependency on alcohol and other drugs, including employment and housing. Work has commenced on a County Council Supported Housing Needs Assessment, identifying any gaps in provision of supported housing, and informing the a Supported Housing Plan for Worcestershire. Similarly, work has commenced on an Employability Support Needs Assessment for vulnerable groups, including people recovering from dependency on alcohol and other drugs, and new partnership arrangements are being forged with the Department for Work and Pensions to take forward the recommendations of the needs assessment.

Children and Young People

25. Here4YOUth, Worcestershire's young person's alcohol and drug service, continued to provide telephone and digital interventions throughout the pandemic including advice, support and guidance for children and young people affected by parental alcohol abuse. From August 2021 the service was able to recommence face-to-face appointments via walk and talks, at home, school, college or other community venues. Middle and secondary schools were offered free training by the Alcohol Education Trust including a physical teaching pack for use in special schools.

Blue Light Initiative

26. The Worcester and Redditch Blue Light projects (a national initiative to develop alternative approaches and care pathways for drinkers with complex needs who are not in contact with treatment services) came to a halt at the start of the pandemic. However, this pause provided an opportunity to evaluate the projects, which were found to have achieved good outcomes and reduced demand on public services. Further support is now being provided to Districts who are planning to implement local Blue Light projects.

Legal, Financial and HR Implications

27 Legal, funding and HR implications are considered at project level when progress the various initiatives detailed within this report.

Privacy Impact Assessment

28. There are no privacy issues to report.

Equality and Diversity Implications

29. Equality Relevance Screening and Impact Assessments are carried out in respect each action as delivered. The report has no recommendation with implications for consideration.

Contact Points

County Council Contact Points

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Specific Contact Points for this report

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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:

http://www.worcestershire.gov.uk/downloads/file/7884/worcestershire_health_and_well-being_board_-_joint_health_and_well-being_strategy_2016-21

HEALTH AND WELL-BEING BOARD

16 NOVEMBER 2021

PRIMARY CARE NETWORK PRIORITIES 2021/22

Board Sponsor

Councillor Karen May, Cabinet Member with Responsibility for Health and Well-being

Author

Dr Jonathan Wells, Clinical Director, Kingfisher Primary Care Network, Redditch

Priorities

Mental health & well-being	Yes
Being Active	Yes
Reducing harm from Alcohol	Yes
Other (specify below)	

Safeguarding

Impact on Safeguarding Children If yes please give details	No
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Impact on Safeguarding Adults	No
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Item for Decision, Consideration or Information

Information and assurance

Recommendation

- 1. The Health and Well-being Board (HWB) is asked to note the contents of the attached Worcestershire Primary Care Networks (PCNs) prioritisation 'plan on a page' 2021/22.**

Background

2. Worcestershire PCN comprises:
 - Bromsgrove and District
 - Kingfisher (Redditch town)
 - Nightingale
 - Wyre Forest Health Partnership
 - Wyre Forest Network of Independent Practices
 - Malvern Town
 - Pershore & Upton
 - Vale of Evesham
 - Droitwich, Ombersley and Rurals
 - Worcester City

PCN priorities

3. The PCNs have each reviewed their emerging priorities, the approach to the development of these priorities and to partnership working. In addition, PCNs have considered key messages in relation to their demographic, focusing on population health and inequalities. These have been collated and are presented at **Appendix A** to the Health and Well-being Board for information purposes.

Legal, Financial and HR Implications

4. There are no legal, funding or HR implications resulting from this report

Privacy Impact Assessment

5. There are no privacy issues to report.

Equality and Diversity Implications

6. The report has no recommendation with implications for consideration.

Contact Points

County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

Specific Contact Points for this report

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**Worcestershire PCN Priorities
and a closer look at
Redditch District Collaborative**

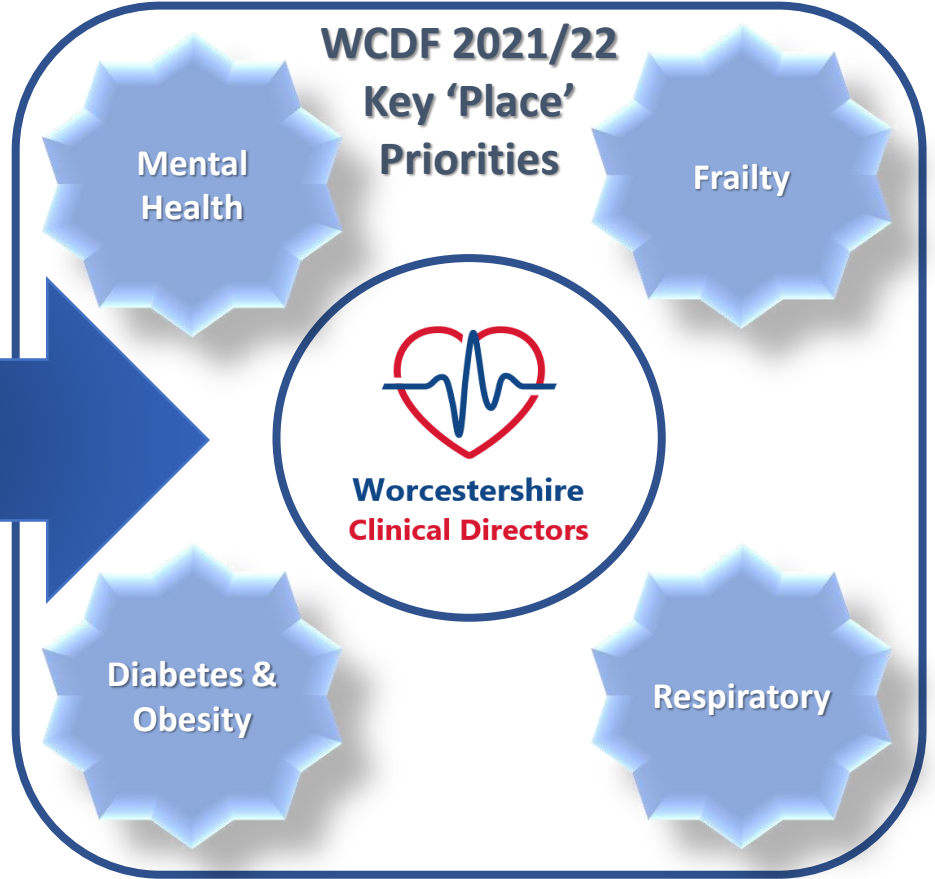
Worcestershire PCNs 'at a glance' – 10 x PCNs – 1 x Worcestershire CD Forum

Prioritisation Plan 'on a page' – 2021/22

Worcestershire PCN priorities in common:

- General practice sustainability and resilience;
- Optimising workforce opportunities via ARRS;
- Optimising space/premises;
- Building meaningful and sustainable relationships with partners with a focus upon population health and health inequalities – improving our 'local offer' for local people.

Worcestershire PCNs:
BaD
Kingfisher
Nightingales
WFNIP
WFHP
Malvern Town
Pershore & Upton
Vale of Evesham
D, O & The Rurals
Worcester City



Page 236

Key 'District' Priorities via DCs

District Collaborative arrangements emerging across localities to provide an effective platform for local partnership working and to progress local priority focus.

Bromsgrove District Collaborative – Bromsgrove and District PCN

Key messages in relation to demographic challenge/population health/health inequalities

- Registered Population for Bromsgrove and District PCN: 77,700
- Bromsgrove has a higher proportion of residents aged 85+ than the rest of Worcestershire
- There are areas that are relatively deprived, one LSOA is in the most deprived 20% nationally
- 13.70% depression prevalence
- Air Quality is poor & causes 4.7% of all mortality
- Early years - child development 61.3% first feed breastmilk compared to England rate of 67.4%
- Obesity 65% of adults overweight or obese, 65.4% Worcestershire

Approach to developing partnerships and priorities

- Developing Bromsgrove District Collaborative, with local partners including PHE, Council, VCS and Acute Trust
- Working in collaboration with District Council
- Developing stronger partnerships with assets in priority areas/postcodes

Emerging PCN priorities

- Obesity, Pre-diabetes, Diabetes and Physical Activity – improving lifestyle interventions and working with local partners to develop these
- Early years – improving advice and guidance for parents in more deprived areas

Redditch District Collaborative – Kingfisher PCN and Nightingales PCN

Key messages in relation to demographic challenge/population health/health inequalities

- Registered populations: 101,877 (Kingfisher 59,676, Nightingales 42,201)
- Redditch had the highest average deprivation score of the districts in Worcestershire in 2019
- 5 LSOAs in most deprived 10% nationally
- Redditch common MH disorder prevalence = 170/100k = the highest prevalence of all districts in Worcestershire
- 13.3% and 16.2% depression prevalence (significantly higher than England - 11.6%)
- Suicide is a significant cause of death in young adults, and is seen as an indicator of underlying rates of mental ill-health.
- Obesity (65.8% of adults overweight or obese, 65.1% Worcestershire).

Approach to developing partnerships and priorities

- Partnerships are evolving via Redditch District Collaborative (RDC)
- Working in collaboration with District Council, WCC, VCS, WHCT and WAHT
- Mapping and optimising the assets available at a Redditch level in relation to priority areas

Emerging PCN priorities

‘Operationalising the Integrated Wellbeing Offer for Redditch’

Initial RDC priorities:

- Mental Health and Wellbeing
- Obesity
- Frailty (includes optimising Frailty Teams across both PCNs)

Wyre Forest District Collaborative – WFHP PCN and WFNIP PCN

Key messages in relation to demographic challenge/population health/health inequalities

- Registered populations: 115,255 (WFHP 73,000, WFNIP 42,255)
- Significant pockets of deprivation compared to rest of county
- Obesity and Diabetes major issue
- Homelessness a rising issue and deaths related to drug overdose highest in the ICS
- High levels of mental health need- Depression prevalence one of the highest in the country
- Children and young people mental health is an increasing issue
- Larger proportion of older adults and increased number with long term conditions that ICS average

Approach to developing partnerships and priorities

- Working with local VCS organisations, district council and public health colleagues to address local concerns – including homelessness and covid vaccination take-up
- Formation of Wyre Forest Collaborative

Emerging PCN priorities

- Mental health – collaborative working
- Obesity, Prediabetes and Diabetes – improved lifestyle intervention, proactive approach
- Frailty – development of neighbourhood teams – urgent care response and holistic approach
- Targeted homelessness approach

Wychavon and Malvern Hills District Collaborative – Malvern Town PCN

Key messages in relation to demographic challenge/population health/health inequalities

- A combined patient population of 38,716
- Above average patient aging population above average life expectancy
- Within top 50% of least deprived areas
- The highest condition prevalence rates are hypertension, obesity & depression
- Highest LTC rates identified via GP survey are hypertension and arthritis
- Lifestyle behaviours better than national average except for % of adults classified as overweight or obese which is higher
- Personal wellbeing scores show an increase in anxiety levels (as per national avg) and a decrease in happiness, life satisfaction (below the national avg)

Approach to developing partnerships and priorities

Via Wychavon & Malvern Hills District Collaborative:

- Enhanced health and wellbeing
 - Increase park runs/kids run
 - Mobile health hub in Health Bus
- Homelessness/Rough Sleepers
 - Housing first pilot/no 2nd night out initiative/Housing Advisors at practices

Emerging PCN priorities

- To establish a PCN Frailty Team (building upon existing EHCH model)
- Enhanced health and wellbeing
 - Strengthen PCN Care Navigators links with VCS
 - Optimise WCC Health Hubs via PCN staff

Wychavon and Malvern Hills District Collaborative – Pershore & Upton PCN

Key messages in relation to demographic challenge/population health/health inequalities

- A combined patient population of 32,794
- Above average patient aging population above average life expectancy
- Within top 50% of least deprived areas
- The highest condition prevalence rates are hypertension, obesity & depression
- Lifestyle behaviours better than national average except for % of adults classified as overweight or obese which is higher
- Personal wellbeing scores shows the population to be less anxious, happier and satisfied.

Approach to developing partnerships and priorities

Via Wychavon & Malvern Hills District Collaborative:

- Enhanced health and wellbeing
 - Increase park runs/kids run
 - Mobile health hub in Health Bus
- Homelessness/Rough Sleepers
 - Housing first pilot/no 2nd night out initiative/Housing Advisors at practices

Emerging PCN priorities

- To provide a mental health service for milder mental health issues via a PCN Psychotherapist (for bookable counselling, CBT and urgent appointments).
- Enhanced health and wellbeing
 - Strengthen PCN Care Navigators links with VCS
 - Optimise WCC Health Hubs via PCN staff

Wychavon and Malvern Hills District Collaborative – Vale of Evesham PCN

Key messages in relation to demographic challenge/population health/health inequalities

- A combined patient population of 61,946
- 45% of patient population above 50 years old, 20% is 19 or younger
- Within top 50% of least deprived areas
- The highest condition prevalence rates are hypertension, obesity & depression
- Conception rates for under 18s less than national but higher rate of under 18 conceptions leading to abortion
- Lifestyle behaviours better than national average except for obesity
- Mental Health issues registered as LTCs slightly less than national average except Alzheimer's
- Personal wellbeing scores shows population to be less anxious, happier and satisfied.

Approach to developing partnerships and priorities

Via Wychavon & Malvern Hills District Collaborative:

- Enhanced health and wellbeing
 - Increase park runs/kids run
 - Mobile health hub in Health Bus
- Homelessness/Rough Sleepers
 - Housing first pilot/no 2nd night out initiative/Housing Advisors at practices

Emerging PCN priorities

- A frailty service that is preventative, proactive and reactive to patients' needs
- Enhanced health and wellbeing
 - Strengthen PCN Care Navigators links with VCS
 - Optimise WCC Health Hubs via PCN staff

Wychavon and Malvern Hills District Collaborative – Droitwich, Ombersley & The Rurals PCN

Key messages in relation to demographic challenge/population health/health inequalities

- A combined population of 49,933
- Above avg patient aging population
- Within top 40% of least deprived areas
- The highest condition prevalence rates are hypertension, obesity & depression
- Lifestyle behaviours better than national average except for obesity. Alcohol consumption in under 18s has increased
- Mental health issues registered as LTCs appear slightly less than national average
- Personal wellbeing scores shows population to be less anxious, happier and satisfied

Approach to developing partnerships and priorities

Via Wychavon & Malvern Hills District Collaborative:

- Enhanced health and wellbeing
 - Increase park runs/kids run
 - Mobile health hub in Health Bus
- Homelessness/Rough Sleepers
 - Housing first pilot/no 2nd night out initiative/Housing Advisors at practices

Emerging PCN priorities

- A frailty service that is preventative, proactive and reactive to patients' needs
- Enhanced health and wellbeing
 - Strengthen PCN Care Navigators links with VCS
 - Optimise WCC Health Hubs via PCN staff

Worcester City District Collaborative – Worcester City PCN

Key messages in relation to demographic challenge/population health/health inequalities

- A combined patient population of 126,215
- A relatively young population with a third being 19 or younger (22%), and only 18% over 60 yrs
- Within bottom 40% of least deprived areas
- Highest prevalence rates for health conditions are for depression, hypertension and obesity
- Lifestyle behaviours are better than national avg except for obesity & physical activity
- Mental health issues registered as depression is 2nd most prevalent condition. A mental health condition as LTC appears notably higher across the PCN (18.1%, compared to 11% in England).
- Personal wellbeing scores across Worcester shows people to be less anxious, happier, satisfied with their lives and feeling worthwhile.

Approach to developing partnerships and priorities

Via Worcester City District Collaborative:

- Supporting Diabetes project, addressing barriers (and effective alternatives to) gym membership
- Diabetes UK tour bus
- Rough Sleepers
- Drug and alcohol misuse

Emerging PCN priorities

- Diabetes and Obesity service which offers a programme of group consultations which will be supported by a dietician, GP and Specialist Nurse as well as offering free leisure services and healthy food options from local supermarkets

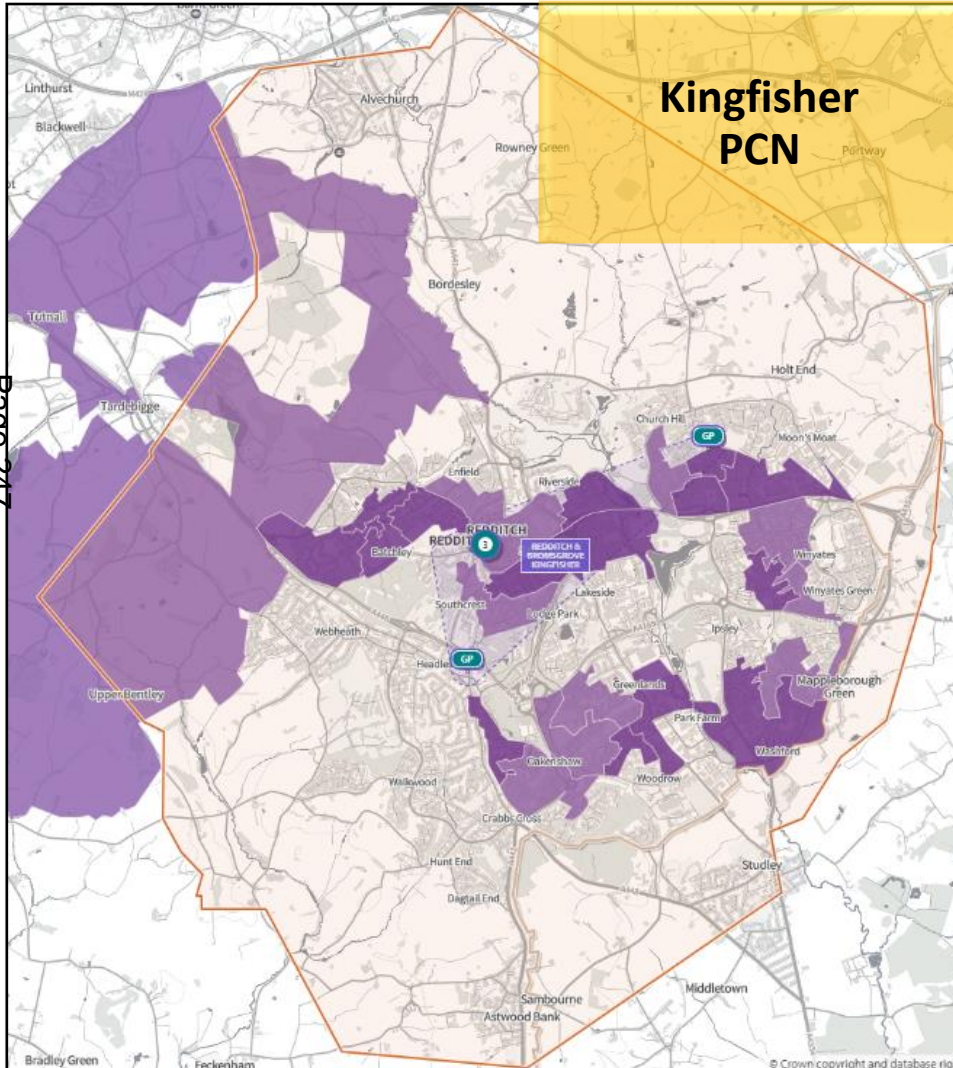
Redditch District Collaborative

Background headlines:

- The RDC concept originated early 2021 – primarily between Redditch PCNs, District Council and Public Health
- Built upon effective working relationships over many years and mutual respect
- In recognition of effective collaborative working across local partners in Redditch in response to the pandemic – we are ‘better together’
- Long standing and effective relationships across local partners and a mutual desire to improve local services
- To establish a platform recognised by the Worcestershire system in order to attract and secure additional investment and opportunities for Redditch
- The first RDC meeting of local partners was in March 2021



Redditch District Collaborative – geographical coverage and registered patients

Page 247



Orange shading shows combined contractual boundaries of the PCN's constituent practices

The colours represent the quintiles:

-  33.26 to 92.73: 55 areas
-  21.56 to 33.25: 75 areas

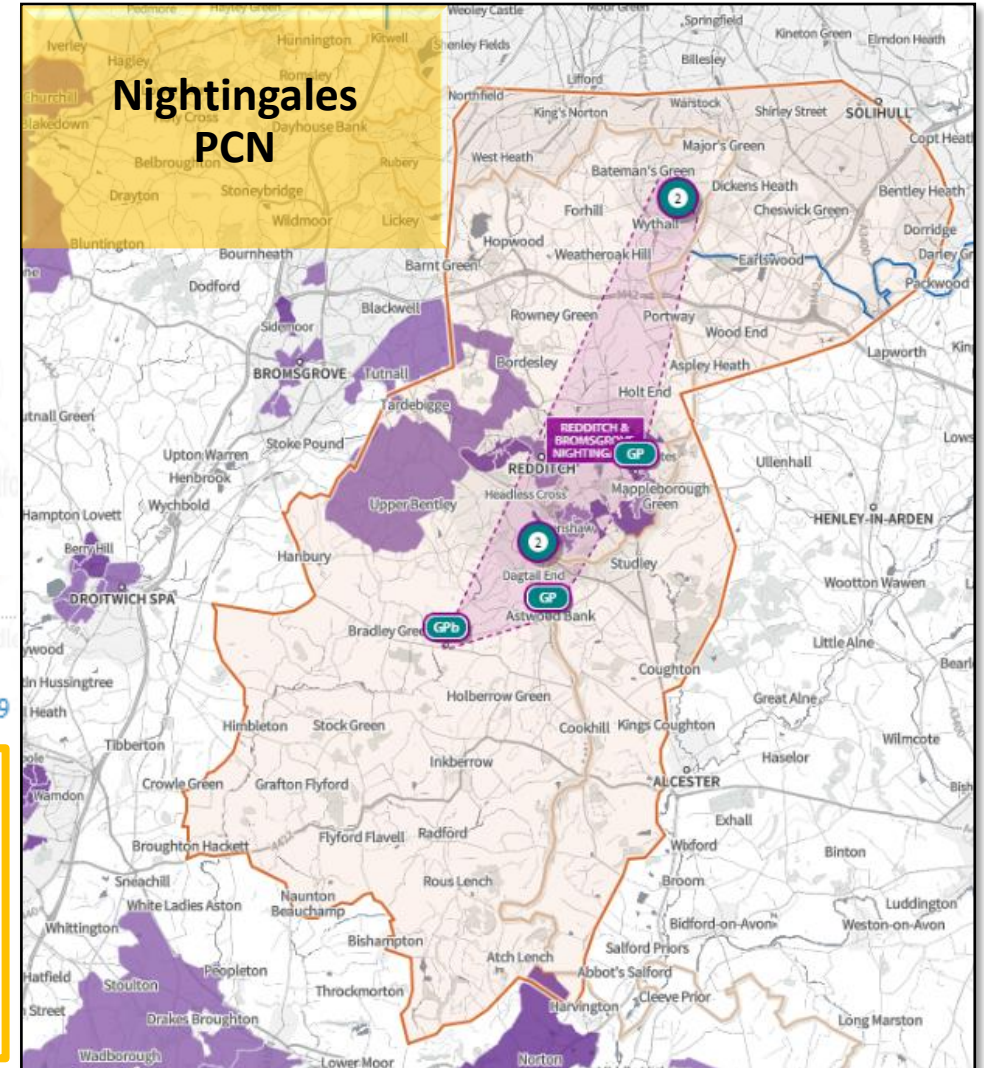
Data

Population mid-2015: 766,436
 English Indices of Deprivation 2019:
www.gov.uk/.../indices-of-deprivation-2019

Kingfisher registered pts: 59,682

Nightingales registered pts: 42,155

Proportion living in most deprived 20% areas nationally: 29.2%
 rank =1 (where 1=most deprived, 16= least deprived).



Proportion living in most deprived 20% areas nationally: 14.7%
 rank =5 (where 1=most deprived, 16= least deprived).

Redditch District Collaborative – membership

PCNs

- Jonathan Wells (Kingfisher CD)
- Rich Burling (Kingfisher CD)
- Sally Hetherington (Nightingales CD)
- Andrea Guest (K PCN Director)
- Sam Hill (N General Manager)
- Linda Pratt (Lead PM Kingfisher)
- Claire Gould (Lead PM Nightingales)

Redditch District Council

- Kevin Dicks
Chief Executive Officer
- Helen Broughton
Redditch Partnership and VCS Grants Manager

HWCCG

- Lynda Dando
Director of Primary Care

Worcestershire County Council

- Liz Altay
Public Health Consultant
- Paula Furnival
Strategic Director of People
- Kerry McCrossan
Service Manager
- Cezar Sarbu
Operations and Integration Manager
- Louise West
Lead Commissioner – Communities and Partnership

VCS

- Mel Smith
Service Manager & Deputy CEO
Worcestershire Association of Carers (WAC)
- Gary Roskell
CEO Bromsgrove and Redditch Network (BARN)

HWHCT

- Sue Harris
Executive Director of Strategy and Partnerships
- Rob Cunningham
Associate Director – Integrated Community Services

WAHT

- David Brocklebank
Clinical Director
- Robin Snead
Deputy COO
- Lisa Peaty
Deputy Director of Strategy

Redditch District Collaborative – Key Principles



Utilise the collective resources across all sectors to address Redditch Health & Wellbeing Inequalities



Secure a greater understanding of key determinants of poor health/wellbeing outcomes for the people of Redditch

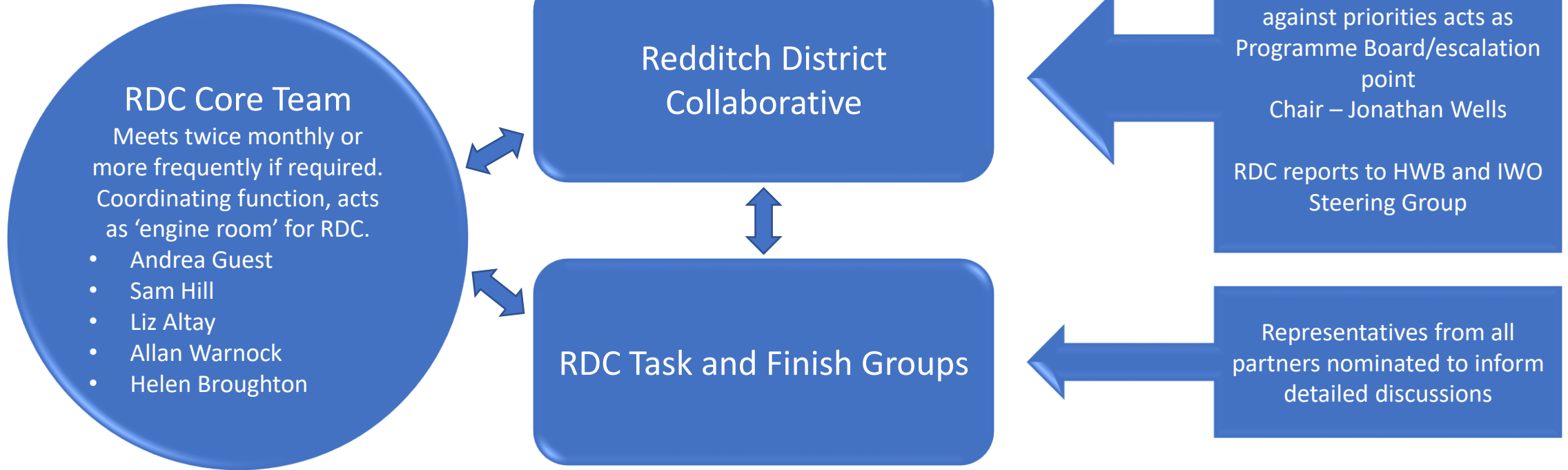


Tackle the root causes through prevention & better use of Community Assets

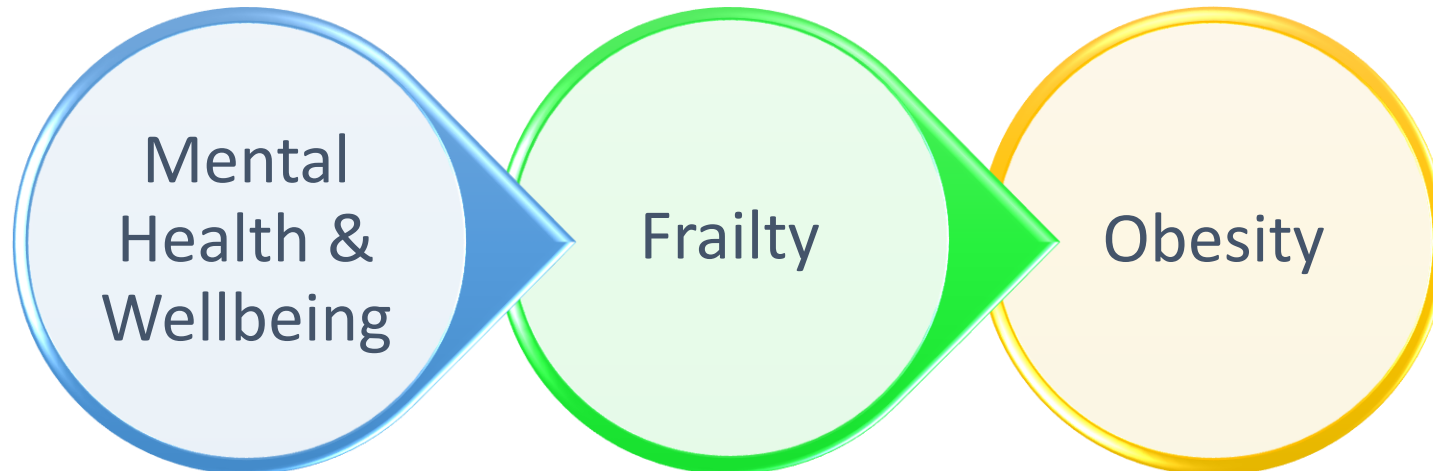


Nurture a culture which facilitates escalation at 'place' level when things aren't working

Overarching RDC Governance



Initial RDC priority focus areas:



Operationalising the Integrated Wellbeing Offer for Redditch

An Integrated Wellbeing Offer empowers people to live well, by addressing the factors that influence their health and wellbeing and building their capability to be independent, resilient and maintain good wellbeing for themselves and those around them

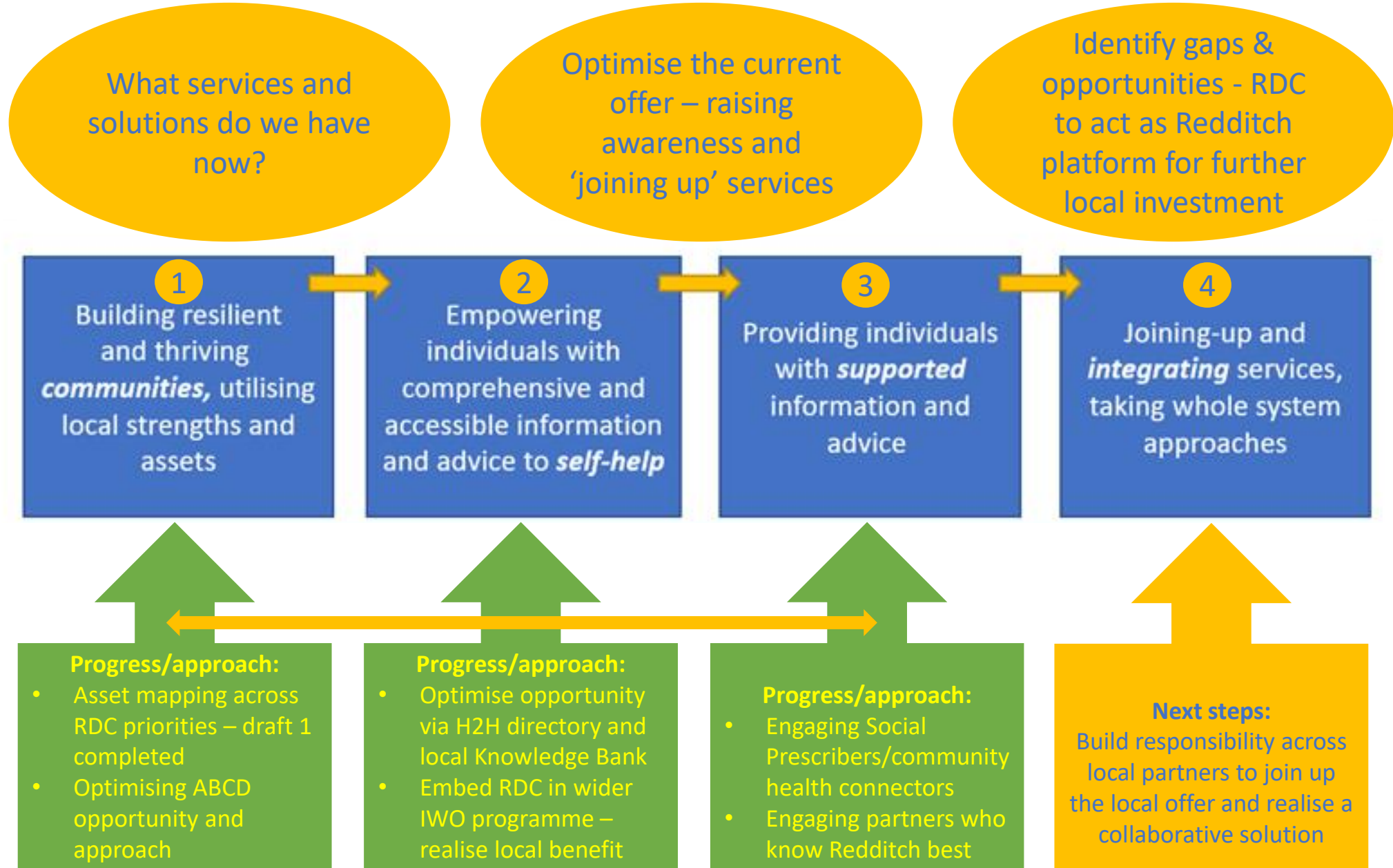
We can achieve this by;



Built upon the **principles** of; evidence of need, tackling health inequalities, prevention, co-production, asset-based approaches, and personalisation

System **enablers**; governance and linkages with ICS and LTP, collaborative commissioning, cultural change and new ways of working

Progress against our 4 Redditch IWO building blocks...



HEALTH AND WELL-BEING BOARD

16 NOVEMBER 2021

WORCESTERSHIRE INTEGRATED COMMISSIONING EXECUTIVE OFFICERS GROUP (ICEOG) UPDATE

Board Sponsor

Councillor Karen May, Cabinet Member with Responsibility for Health and Well-being

Author

Simon Trickett, Chief Executive Officer at NHS Herefordshire and Worcestershire Clinical Commissioning Group (CCG)

Priorities

Mental health & well-being	No
Being Active	No
Reducing harm from Alcohol	No
Other: Commissioning	

Safeguarding

Impact on Safeguarding Children	No
Impact on Safeguarding Adults	No

Item for Decision, Consideration or Information

Information and assurance

Recommendation

1. The Health and Well-being Board is asked to note the contents of this report.

Background

2. The purpose of ICEOG is to progress the integration of NHS, social care, public health and related services for the benefit of Worcestershire residents through the development of strategies, working with delegated budgets, across adults and children's services. This is in the context of the Integrated Care System, Joint Strategic Needs Assessment, Joint Health and Well-being Strategy and other relevant strategic plans across Worcestershire County Council (WCC) and CCG. It further ensures effectiveness, safety and improved experience of services commissioned under the Section 75 Agreement.

ICEOG Update

3. The following provides a brief update on activity for the period April 2021 to end of September 2021. In particular, giving an overview of the impact of the COVID-19 pandemic, the current position, funding, and direction of travel.

Children's Services

4. ICEOG re-established the Worcestershire Children and Young People's Joint Commissioning Group this year, with membership of the CCG, Children's Services, Adults Service and Public Health. The group co-ordinate the joint commissioning of services within the Section 75 commissioning agreement between the CCG and Local Authority

5. Commissioners have focussed on Autism Diagnostic Service for Children and Young People, known as Umbrella Pathway, access to Mental Health support, and provision to support Speech, Language and Communication Need. An overview of each is set out below. The pandemic restrictions negatively impacted on the needs of the younger population in these areas and the services responded through a range of offers to continue to provide support to children during lockdowns and the subsequent reopening of schools.

6. Autism Diagnostic Service – Umbrella Pathway provided by Herefordshire and Worcestershire Health and Care Trust (HWHCT)

- The key clinical tool to support the assessment requires face-to-face administration to be considered valid. This was paused during the periods of lockdown and school closure.
- Non-recurrent additional investment of £104,374 has supported a redesign of the pathway to ensure all long waiters complete the pathway, a total of 550 children and young people were referred prior to 1st April 2021.
- All new referrals will now complete the diagnostic process within six months, the commissioned standard for the service.

7. Mental Health support

- In response to COVID-19 and the resulting restrictions, HWHCT expanded their current support to provide a 24/7 telephone helpline. This provided a single number for anyone with a mental health concern to contact for advice, reassurance and signposting. The number of calls received doubled compared to the same period the previous year.
- The specialist Child and Adolescent Mental Health Service saw a 25% increase in demand. An increase in acuity has been noted with more young people experiencing significant and urgent mental health issues.
- Additional investment has been provided this year to increase the support available at times of crisis and expand the CYP Eating Disorder service.

8. Speech, Language and Communication Needs

- The Speech and Language Therapy Service provided by HWHCT continues to meet the commissioned access target of a maximum of 18-weeks.
- Worcestershire Children First has commissioned for education-based support and outreach for early years language development to ensure a consistency of access across the county.
- The Joint Commissioning Group is reviewing the current pathway from Early Years to Adulthood. This includes universal support through to specialist health and education.

Adult Service / discharge pathways

9. Discussion on the discharge pathways have been running within Worcestershire for some time.

10. Work on rebalancing the movement of patients/residents between the various parts of the health and care system has been severely challenged during the pandemic and it is largely through 2021/22 that firm project planning has been possible, with significant progress made to date, made possible by ICEOG's agreement to provide an additional £4m of funding to support the transformation, including for the Worcestershire Integrated Community Equipment Services (WCES) run via HWHCT.

11. Pleasingly, progress to date is significant and has been achieved through all partners working closely to achieve the best outcomes possible. Highlights are below
Community hospitals in the county continue to deliver Pathway 2.

a) £4m funding agreed by ICEOG

b) Pathway 1:

i. Demand profile agreed.

ii. WCC and HWHCT commenced recruitment for additional capacity in late spring/summer 2021. To date across both organisations there has been successful recruitment to 60% of new vacancies, including vacancies created by turnover. There continues to be positive results in a challenging jobs market.

iii. External providers engaged to cover shortfall whilst recruitment takes place

iv. Additional home care block contracts in place to provide additional cover during winter months (to 10 January 2022) to absorb additional pressure

v. WCC seeking to commission wrap-around care service

c) Pathway 3:

i. Demand profile agreed

ii. HWHCT preparing to repurpose 21 community hospital beds for P3 DTA patients (from 1 December 2021 – CCG preparing service specification)

iii. WCC preparing to commission P3 beds for complex needs DTA patients (service specification agreed)

d) Other changes:

i. Delivery vehicles replaced, additional equipment and staff for WCES to improve service efficiency

ii. Review of Onward Care Team operating model undertaken and being implemented

12. The HWB is advised that continued programme progress remains under risk in the approach to winter months due to the on-going fragility of the pandemic recovery, usual general winter pressures and the NHS elective recovery plan.

13. Additionally, recruitment and retention has been highlighted nationally for both home care and residential care and local system and providers are struggling in this regard.

14. The system has agreed a number of initiatives that will help to mitigate risks, provide insight into system process improvements and, at the same time, enable further long terms decisions regarding integrated working to be taken:

- a) Development of an Integrated Intermediate Care service as a pilot, led by an Associate Director and with full system buy-in at the executive level. Review of impact to take place via ICEOG January 2022 in order to determine next steps towards long term approach
- b) Perfect week planned for 8 November 2021
- c) Virtual ward to be established

15. Plans and progress have been monitored by NHSI/E and the most recent visit highlights some strong areas of best practice which are being used across other regions to assist their programmes of work.

16. Key outstanding issues at the time of writing this report are the ability to provide occupational therapy support to the programme of work. This is being addressed by additional recruitment of Occupational Therapists into the Neighbourhood Teams, a key component of Pathway 1 delivery and made possible by the investment that has been secured into Pathway 1 provision.

17. In addition Therapy support currently provided to bed based care in the Acute Trust is under review. The intention is to shift resource to better support the 'Discharge to Assess' model of conducting therapy assessment in people's familiar home environments.

Public Health

18. Commissioning services through a Section 75 enables collaborative commissioning, further delivery of integrated services and shared health and wellbeing objectives. ICEOG agreed priorities for inclusion in the Section 75 are Integrated Care and Wellbeing, Children and Young People and Prevention Services. In preparation for the emerging integrated care system a number of Public Health services have been moved into the Section 75 this year where there is benefit for the health and care system, and to better enable joint commissioning to improve outcomes. These services are NHS Health Checks, Prevention and Early Intervention Service for Children Young People and Families, Lifestyle Services and the Sexual Health Service.

19. To help mitigate the disproportionate impact of Covid-19 additional funding to jointly commission support has been added to the Section 75. This has provided an additional emotional health and wellbeing service for some schools, a new online counselling support for adults and enhanced speech, language and communication provision for some of our very young children as preparation for school.

Section 75 Agreement

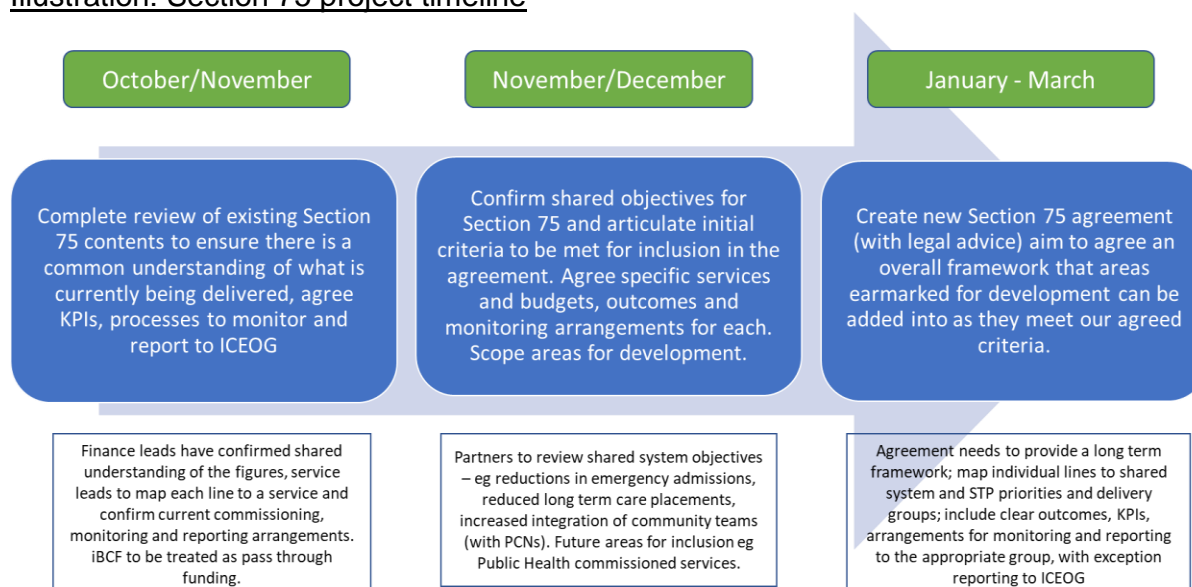
20. The aim of the Section 75 Agreement is to provide a framework for partners to pool and align resources to support the achievement of shared objectives. It is agreed between WCC and CCG through their appropriate governance structures. The associated budget and service information relating to each service area is included and should be clear, agreed and fully transparent.

21. ICEOG agreed to undertake a review of the various elements within the Section 75 agreement during 2021/22 – it has not been reviewed since 2013 and, as the health and care system moves forward the integration agenda, it now seems timely to ensure the agreement remains fit for purpose and covers the required areas.

22. In the new and emerging system structures, responsibility for the delivery of shared financial and strategic objectives sits with the system wide Programme Boards, linking closely with the place-based structures.

23. An MOU and project plan has been drawn up and agreed by partners, and teams from both organisations are working together to deliver the revised document (see diagram below).

Illustration: Section 75 project timeline



24. At the time of writing this report, the legal document has been drafted and the individual service schedules are nearing completion. The aim is for full legal assessment and agreement on the document for the end of calendar year 2021, with final governance checks and sign-off of the revised document in January 2022.

Integrated Care System

25. Legislation is currently passing through Parliament to put Integrated Care Systems on a legal footing. The changes will have implications on the governance and operations of ICEOG, which will be worked through in the coming months. In short the CCG is being dissolved and it's legal duties, functions and staff will transfer to a new NHS Statutory Body called an Integrated Care Board. There will need to be a process applied over the coming months to move contractual agreements across from the CCG to the ICB.

26. The ICB and Local Authorities that provide social care will be legally required to establish a new Integrated Care Partnership, which will have a single duty to create an Integrated Care Strategy. Future work of ICEOG will need to be shaped and managed in the context of this new strategy. It is not anticipated that the new strategy will take effect until 01 April 2023, as 2022/23 will be a transitional year and the ICP will not be formed until after the year has commenced.

27. Alongside these changes, local partners working through the ICS Executive Forum have agreed to develop new Place-Based structures which will take ownership for the planning and delivery of services on the ground. Initially these

structures (locally based on the geographical footprint of the county council) will take shadow responsibility for prioritising service delivery initiatives. However, in time they will evolve to take a legal form that enables them to receive a delegated capitated budget from the ICB. These changes may not be fully implemented until 2023/24 or even 2024/25, but they will form the basis for the future joining up of budgets and joint planning of services that ICEOG currently manages.

28. The key change will be that commissioning will be based around achievement of target outcomes for a given capitated budget, rather than detailed service specifications defined by the commissioner. Financial allocations from strategic commissioner will also be made through aggregated routes to partnerships rather than individual funding streams to separate providers.

29. These changes will potentially affect all service area – physical, mental and social care across the whole life course from birth through to end of life.

Legal, Financial and HR Implications

30. The Section 75 budget includes a number of funding streams such as the Better Care Fund, Improved Better Care Fund, Disabled Facilities Grants and contributions from WCC, the CCG and Public Health for jointly commissioned and jointly delivered services. There is a separate agenda item for the health and Wellbeing Board updating on the Better Care Fund.

31. The total budget relating to the Section 75 Agreement is £143.9m, which includes £4m additional growth funding which has been allocated towards increases in and improvements for Pathway support.

32. As part of the Hospital Discharge Programme WCC has claimed £2.7m between April and September to support those clients who have been discharged from hospital to support the acute pathways.

Privacy Impact Assessment

33. This are no privacy issues.

Equality and Diversity Implications

34. An Equality Relevance Screening is completed in respect initiatives and projects prior to commencement and during implementation. This report provides a general update on related activity, with no relevance proposal for screening.

Contact Points

County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

Specific Contact Points for this report

Simon Trickett, Chief Executive Officer, NHS Herefordshire and Worcestershire CCG

The Coach House | John Comyn Drive | Perdiswell | Worcester | WR3 7NS.

01905 681999

HEALTH AND WELL-BEING BOARD

16 November 2021

2021/22 Better Care Fund (BCF) P6 Budget Monitoring & 2021/22 BCF Plan

Board Sponsor

Paula Furnival & Simon Trickett

Author

Richard Stocks – Senior Finance Business Partner

Priorities

Mental health & well-being
 Being Active
 Reducing harm from Alcohol
 Other (specify below)

(Please click below
 then on down arrow)

Yes

Yes

No

Safeguarding

Impact on Safeguarding Children
 If yes please give details

No

Impact on Safeguarding Adults
 If yes please give details

Yes

The Better Care Fund supports the safe and appropriate discharge of patients from the Acute and Community Hospitals.

Item for Decision, Consideration or Information

Information and assurance

Recommendation

The Health and Well-being Board is asked to note the 2021/2022 Period 6 Better Care Fund Budget monitoring position, and the upcoming requirement to agree the 2021/22 BCF annual plan, in line with national requirements.

Background

1. HWB's are required:
 - to ensure that use of the mandatory funding contributions (Clinical Commissioning Group (CCG) minimum contribution, improved Better Care Fund (iBCF) grant and the Disabled Facilities Grant) has been agreed in writing, and that the national conditions are met; and
 - provide an end of year reconciliation to Departments and NHS England/Improvement, confirming that the national conditions have been met, total spend from the mandatory funding sources and a breakdown of agreed spending on social care from the CCG minimum contribution.

2. The national conditions for the BCF in 2021/22 are that:
 - Plans covering all mandatory funding contributions have been agreed by the HWB and minimum contributions are pooled in a section 75 agreement (an agreement made under section 75 of the NHS Act 2006).
 - The contribution to social care from the CCG via the BCF is agreed and meets or exceeds the minimum expectation – which is derived by applying the percentage increase in the national CCG contribution to the BCF.
 - Spend on CCG commissioned out of hospital services meets or exceeds the minimum ringfence; and
 - CCGs and local authorities confirm compliance with the above conditions to their Health and Wellbeing Boards.

Funding Contributions – 2021/22

3. *CCG Minimum Contribution* - In line with national guidance, the 2021/22 Better Care Fund for Worcestershire demonstrated 5.5% growth on the CCG's Minimum Contribution (£2.3 million), giving a total value of the BCF of £66,525,499, as shown in **Table 1**. The budget is marginally higher (£0.2m) than the budget reported to the Health and Wellbeing Board on 28 September 2021 due to confirmation that Worcestershire is receiving growth of 5.5% rather than the 5.3% expected. Details of the BCF schemes and forecast year end outturn can be seen at **Appendix A**.

Table 1 – BCF Allocation for 2021/22 compared to 2020/21

Funding Contributions	Year			
	20/21	21/22	Movement	%
	£	£	£	
CCG Minimum Contributions	39,613,250.00	41,896,797.00	2,283,547.00	5.5%
Disabled Facilities	6,163,577.00	6,163,577.00	-	0.0%
*iBCF	18,465,125.00	18,465,125.00	-	0.0%
BCF Total	64,241,952.00	66,525,499.00	2,283,547.00	

* Including £2.38m "Winter Pressures" allocation

4. There has been no inflation applied to the *Improved Better Care Fund* (iBCF) which is allocated to local authorities for 2021/22 and remains at £18.5m. The Health and Well Being Board are asked to note that in line with national guidance issued in 2020/21 the Council has re-classified the Winter Pressures funding of £2.38m as part of the iBCF.

5. *Disabled Facilities Grant* - This Grant has been passported to District Councils in accordance with the national allocated amounts as set out in **Table 2**.

Table 2 – DFG Allocations per District Council for 2021/22

District Council	£
Bromsgrove	1,036,273
Malvern Hills	682,875
Redditch	952,377
Worcester	780,221
Wychavon	1,251,934
Wyre Forest	1,459,897
TOTAL	6,163,577

2021/22 BCF Period 6 Forecast Outturn

6. The 2021/22 BCF forecast outturn is currently reporting breakeven against the budget (£66,525,499), with further detail on a scheme-by-scheme basis at **Appendix 1**.

2021/22 BCF Annual plan

7. Health and Wellbeing Board, in line with national guidance are required to approve the BCF annual plan, with a submission date of 16 November. At the time of writing this report, the annual plan is being completed by Health and Social care colleagues and a full copy of the submission will be communicated to HWBB in due course.
8. The 2021/22 BCF plan consists of;
- ❖ A narrative plan detailing the priorities for 2021/22, governance arrangements, the approach to integration as well as Equality and Health inequalities
 - ❖ A completed planning template detailing planned BCF expenditure & income, confirmation that national conditions are met and ambitions and plans for performance against BCF national metrics
9. The financial element of the plan to be submitted identifies the budget and corresponding expenditure totalling £66.5m which is consistent with the figures within this report and confirms the marginal increase in allocation of budget which had been previously reported to, and agreed by, the Health & Wellbeing Board as part of the budget setting process.

Legal, Financial and HR Implications

10. The spending plans for the Better Care Fund must be agreed by the Health and Wellbeing Board, which took place at its meeting on 28th September 2021, and reporting to Health and Wellbeing Board on a quarterly basis is deemed to follow good practice guidelines.

11. The BCF is a ring-fenced grant. It has been agreed that any over- or underspend will be jointly attributable to Herefordshire and Worcestershire CCG and the County Council.
12. There are no HR implications within this report

Privacy Impact Assessment

13. Non arising directly from this report

Equality and Diversity Implications

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

Contact Points

County Council Contact Points

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Background Papers

Report to Health and Wellbeing Board on 28 September 2021

APPENDIX 1

BETTER CARE FUND Period 6 monitoring

Scheme	Funding Split			Total BCF budget for 2021/22	Forecast Outturn 2021/22
	BCF	iBCF	DFG		
Revenue Schemes from CCG contributions (stay in CCG)					
General Rehab Beds	12,399,850	0	0	12,399,850	12,399,850
Intermediate Beds	1,792,767	0	0	1,792,767	1,792,767
Neighbourhood Teams	6,359,242	0	0	6,359,242	6,359,242
Onward Care Team	692,140	0	0	692,140	692,140
Worcestershire IP Unit- Pathway 2	4,032,602	0	0	4,032,602	4,032,602
Total CCG contributions staying in CCG ledger	25,276,601	0	0	25,276,601	25,276,601
Funding transfer from CCGs to Local Authority					
Pathway 1(UPI)	3,700,837	0	0	3,700,837	3,700,837
Contingency	310,193	0	0	310,193	310,193
Contribution to Pathway 1 Call Centre Admin Costs (WCC)	100,000	0	0	100,000	100,000
Rapid Response Social Work Team	370,800	1,263	0	372,063	372,063
Pathway 3 (SPOT DTA)	1,826,225	719,894	0	2,546,119	2,546,119
External placement contingency (Winter Pressures)	0	758,548	0	758,548	758,548
Worcestershire Step-down Unit	185,000	0	0	185,000	185,000
ASWC in Community Hospitals, Resource Centres and DtA Beds- Onward Care Team	286,275	0	0	286,275	286,275
Carers	1,158,022	101,978	0	1,260,000	1,260,000
Implementation of the Care Act - additional demand for Home Care	2,178,997	298,942	0	2,477,939	2,477,939
LD Complex Cases	803,500	0	0	803,500	803,500
WCES	1,162,000	0	0	1,162,000	1,162,000
Winter Pressures Contingency	0	504,000	0	504,000	504,000
Disabled Facilities Grant	0	0	6,163,577	6,163,577	6,163,577
Contribution towards Community reablement	242,000	0	0	242,000	242,000
GP attached Social Workers	310,400	0	0	310,400	310,400
Total Scheme Funding from CCGs to Local Authority	12,634,249	2,384,625	6,163,577	21,182,451	21,182,451
20/21 Recurrent Growth	1,702,403			1,702,403	1,702,403
21/22 Growth	2,283,543			2,283,543	2,283,543
iBCF		16,080,500		16,080,500	16,080,500
Total Funding Transfer from CCGs to Local Authority	16,620,196	18,465,125	6,163,577	41,248,898	41,248,898
TOTAL BCF	41,896,797	18,465,125	6,163,577	66,525,499	66,525,499

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