

**HEALTH AND WELL-BEING BOARD  
NOVEMBER 2020****JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)  
ANNUAL SUMMARY 2020**

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**Board Sponsor**

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**Priorities**

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

**Groups of particular interest**

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

**Safeguarding**

Impact on Safeguarding Children	No
If yes please give details	

Impact on Safeguarding Adults	No
If yes please give details	

**Item for Decision, Consideration or Information**

Information and assurance

**Recommendations**

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

## Background

### JSNA Annual Summary

2. In light of the COVID-19 pandemic, this year's Joint Strategic Needs Assessment (JSNA) Annual Summary takes a different approach to previous reports.
3. The summary takes the form of a Health Impact Assessment of COVID-19 on the Worcestershire population. Health Impact Assessment is a decision-making tool that assesses the potential risks and benefits of a policy, programme or plan, or, in this case, the pandemic and the resulting policies, programmes or plans that arise from it.
4. We look at both the direct and indirect effects of COVID-19 on health and wellbeing and also consider its impact on the wide range of factors that influence people's health and wellbeing, for example, their social and economic environment.
5. Pre-pandemic indicators suggest that Worcestershire had generally good levels of health in comparison with England across measures such as life expectancy and healthy life expectancy. However, we know that inequalities still exist between the most and least deprived populations.
6. A selection of impacts of COVID are summarised in the 'key points' section below, and are available in full in the JSNA annual summary appendix. Each impact identified is assessed using the following broad framework, which is composed of the effect on health, likelihood of impact, intensity/severity of impact on health, and possible timing of impact.

Effect on health	
Positive/ Opportunity	Negative
Likelihood of impact	
Speculative	
Probable	
Confirmed	
Intensity/Severity of Impact on Health	
Minimal	
Moderate	
Major	
Possible Timing of Impact	
Short-term	
Medium-Long term	
Long-term	
Short, medium and long term	

### Key points:

#### Mental and physical health:

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

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

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

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

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

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

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

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

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

## **Wider determinants of health**

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

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

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

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

## **Education**

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

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

## **Communities, housing and homelessness**

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

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

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

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

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

- f) People with physical, sensory and learning disability challenges. This is a group who should be carefully considered in interventions, messages and support that is on offer, including provision of up-to-date easy-read and accessible information for people with learning disabilities. This should include information that people who are digitally excluded can access.
- g) Carers, gypsy Roma traveller communities and asylum seekers are all considered within the report, particularly giving consideration to the provision of information, and access to services which the whole population need access to during and beyond this pandemic.

## **Legal, Financial and HR Implications**

10. None

## **Privacy Impact Assessment**

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

## **Equality and Diversity Implications**

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

## **Contact Points**

### County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

### Specific Contact Points for this report

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## **Supporting Information**

- JSNA Annual Summary 2020 & health impact assessment table.

## **Background Papers**

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

Health and Wellbeing Strategy 2016-2021

[http://www.worcestershire.gov.uk/downloads/file/7051/joint\\_health\\_and\\_well-being\\_strategy\\_2016\\_to\\_2021](http://www.worcestershire.gov.uk/downloads/file/7051/joint_health_and_well-being_strategy_2016_to_2021)