Worcestershire Health and Well-being Board

Joint Strategic Needs Assessment

Annual Summary – Health Impacts of COVID-19

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

Table of Contents

Acknowledgements

The production of this report has been overseen by the Joint Strategic Needs Assessment (JSNA) Working Group and the Public Health Leadership Team.

Information Lead: Matthew Fung

Authors: Janette Fulton, Cameron Russell, Mike Rice, Jan Harvey, Nobith Miah, Katerina Thomas-Fernandez

The authors would like to thank all those who generously gave their time to provide evidence. Stakeholder organisations who have provided evidence for this report include:

- Herefordshire and Worcestershire Clinical Commissioning Group
- Worcestershire County Council
- Worcestershire Children First
- Worcester City Primary Care Network
- Worcester City Council
- Bromsgrove and Redditch Network
- Home Instead Senior Care
- Onside Advocacy
- Worcestershire Association of Carers
- YSS
- Healthwatch Worcestershire
- West Mercia Police and Crime Commissioner

Introduction

Strategic Needs Assessment in the Era of COVID-19

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

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

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

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

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

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

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

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

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

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

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

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

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

How to use this report

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

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

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

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

The pandemic so far

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

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

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

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

- people being deterred from seeking treatment for medical emergencies such as strokes or heart attacks
- planned treatment and screening being deferred or cancelled due to the demands of COVID-19 on services
- mental health problems and suicides
- heart problems from lack of activity
- the impact on health from increased unemployment and reduced living standards

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

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

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

---

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

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

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

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

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

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

- Essential groceries – a free, standardised weekly parcel of food and household essentials, and priority delivery slots with supermarkets;
- Medicines – arrangements to have medicines delivered to people's homes by local community pharmacies or their dispensing doctor;
- Social contact and basic needs – for example, emotional or social support such as people to talk to on the phone or via a computer.

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

Inequalities

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

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

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

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

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

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

- Being older
- Being male
- Living in a deprived area
- Being a member of a Black, Asian and Minority Ethnic (BAME) group

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

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

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

- Pre-existing disease
- Risk of exposure
- Experience of lockdown
- Changes in provision or access to health, social care and essential services
- Socio-economic status
- Socio-economic consequences
- Ethnicity[8]

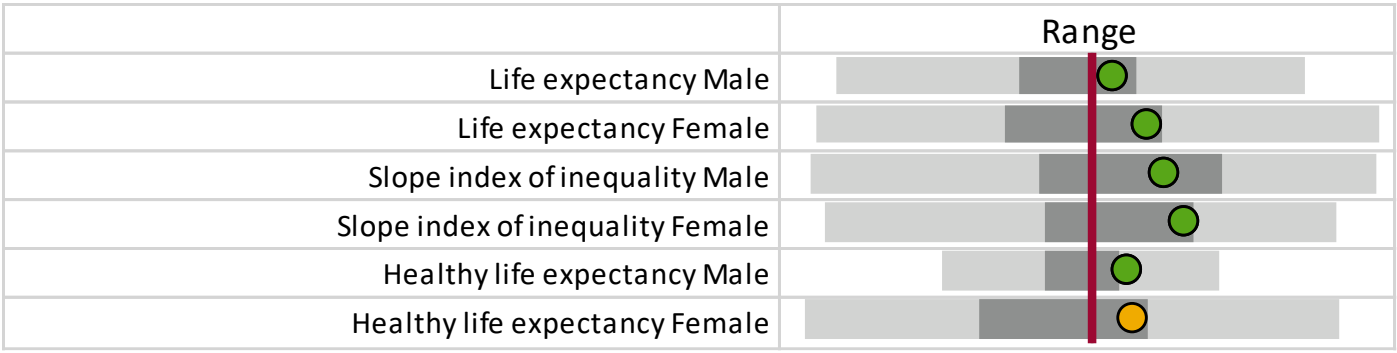
[8] Public Health England. Wider impacts of COVID-19 health needs assessment intelligence pack. Available at: https://www.gov.uk/guidance/phe-data-and-analysis-tools

Key Public Health Indicators (Pre-Pandemic)

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

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

Figure 1. Life Expectancy in Worcestershire



Source: Public Health England, Public Health Outcomes Framework. Key: Green=better than the national average, Orange=similar to the national average

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

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

The Worcestershire Response

Here2Help

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

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

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

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

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

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

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

- Several local voluntary and community sector organisations also supported with similar services vulnerable and shielding individuals in their communities.
- In a number of emergency situations, Worcestershire County Council (WCC) transport teams supported the collection and delivery of medication and the delivery of food parcels prepared by WCC.
- Here2Help also worked closely with District Council colleagues to make contact with shielded groups and deliver ‘safe and well’ checks to individuals who did not respond to repeated attempts to contact.
- A review of the six main categories of help-request, produced a number of smaller sub-categories and found that some ‘informal care needs’ were not being fulfilled due to friends and family isolating.
- Overall, over 80% of all respondents were "Very satisfied" or "Quite satisfied" with the Here2Help service, with almost two thirds of respondents stating that they were “Very satisfied”.

Local Outbreak Response

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

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

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

In addition, two new boards have been formed:

- A new multiagency COVID-19 Health Protection Board - to oversee outbreak management locally
- A member led Board - to focus on engaging with communities

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

Health and Wellbeing

Mental Health

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

Population Profile

In Worcestershire:

- In 2017 it was estimated that the prevalence of common mental health disorders in people 16 or over was 15%. This was lower than the national figure of 16.9%.
- Headline estimates of personal well-being from the Annual Population Survey (APS) for the year ending March 2020 (the year up to the beginning of lockdown) showed that people in Worcestershire had slightly higher life satisfaction and slightly lower levels of anxiety than national figures.
- In 2019/20 the proportion of adults 16 or over with a high self-reported anxiety score was estimated to be almost one in five (19.5%) and the proportion with a low self-reported happiness score was estimated to be almost one in ten (9.8%).[9]
- In 2018/19 there were 5,108 people with dementia recorded on GP practice registers. This was 0.8% of the registered population. The figure is similar to the national average.[10]
- In 2019 there were 51 deaths registered as suicide.
- Between 2017 and 2019 there were 164 suicides in Worcestershire. This is a rate of 10.5 per 100,000 population which is similar to the national rate.

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

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

National Findings

Good mental health is a vital part of being healthy.

Direct impacts of COVID-19 Illness on mental health

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

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

Indirect impacts of the pandemic on mental health

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

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

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

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

---

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

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

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

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

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

Effects of the pandemic for people living with dementia

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

- Communication may not be targeted to people living with dementia
- People with dementia may lack awareness of and be less able to report symptoms because of communication difficulties
- People with dementia who live in their own homes may already feel isolated
- Relatives and friends not being allowed to see a person in a care home could have a detrimental effect on residents with dementia

Suicide

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

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

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

---

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

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

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

Local Findings

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

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

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

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

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

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

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

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

Opportunities/Challenges for the Future

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

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

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

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

---

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

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

- Ensure information provided is accessible and repeatable
- Encourage all to be alert to the presence of signs and symptoms of the virus for people living with dementia ("look beyond words").
- Consider encouraging volunteer community groups, with appropriate expertise, to provide support for carers and people with dementia, particularly those living alone.
- Ensure care plans reflect the impact of self-isolation, including updated Lasting Power of Attorney documentation and advance directives.
- Promote the use of technology to help improve communication between families both at home and in care homes.

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

Indicators to Monitor

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

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

Physical Health

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

Population Profile

- On the overarching measures of health, life expectancy and healthy life expectancy (the number of years someone can expect to live in good health), Worcestershire performs relatively well. Life expectancy for males and females is 80 and 83.9 respectively. This is higher than the national average which is 79.6 for males and 83.2 for females.
- Healthy life expectancy is 65.6 years for males and 65.2 years for females. This is higher than the national average of 63.4 for males and similar to the national average of 63.9 for females.
- In Worcestershire, between 2016 and 2018 under 75 mortality rates for cardiovascular disease, cancer and respiratory disease were all better than the national rates. The rate of under 75 mortality from liver disease was similar to the national rate.[20]

National Findings

Direct Effects of COVID-19 Illness

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

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

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

---

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

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

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

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

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

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

Indirect Effects of the Pandemic on Physical Health

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

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

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

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

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

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

Opportunities/Challenges for the Future

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

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

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

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

Indicators to Monitor

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

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

High Risk Groups Including Those Who Are Clinically Extremely Vulnerable

Population Profile

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

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

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

National Findings

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

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

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

- They have one or more of conditions listed below, or
- Their doctor has added them to the Shielded Patient List because, based on their clinical judgement, they deem them to be at higher risk of serious illness if they catch the virus.

[28] World Health Organisation. Clinical Management of COVID-19, Interim Guidance. Geneva: World Health Organisation, 2020.
[29] Public Health England. Disparities in the risk and outcomes of COVID-19 Available at: https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes- .

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

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

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

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

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

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

Local Findings

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

Opportunities/Challenges for the Future

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

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

- Promote home based physical activity
- Support people to maintain a healthy balanced diet
- Promote information on when it is appropriate to undertake home repairs to maintain health and wellbeing during isolation
- Encourage people to use the internet safely to stay informed and connect with family and friends

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

Indicators to Monitor

- COVID-19 cases and deaths in people who are clinically extremely vulnerable
- Physical activity indicators
- Dietary indicators
- Indicators of wellbeing
- Falls indicators
- Here2Help requests (number and nature)

Diet and Physical Activity

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

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

Population Profile

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

- Around one in five (19.7%) of reception aged children and one third (32.9%) of children in year 6 were overweight or obese. The trend in reception age children has been downward
- Almost two thirds (65%) of adults are overweight or obese. This is higher than the national estimate of 62.3%
- 57.1% of the adult population are meeting the recommended '5 a day' on a usual day
- 43% children and young people are physically active. This is worse than the national estimate of 46.8%
- 69.3% of adults are physically active

National Findings

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

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

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

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

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

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

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

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

Local Findings

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

---

[32] Public Health England. Public Health Outcomes Framework.
[33] Public Health England. Supporting weight management services during the COVID-19 pandemic Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/915274/WMS_Report.pdf
[34] Office for National Statistic Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/COVID-19andthesocialimpactsongreatbritain/9october2020

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

Opportunities/Challenges for the Future

- It will be important to promote the importance of physical activity and good diet for maintaining health.
- Use of the planning system to promote healthy weight environments.

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

Indicators to monitor

- Estimates of physical activity
- The estimated prevalence of overweight and obesity in adults
- Results from the national child measurement programme (NCMP). Unfortunately, as a result of the school closures very few children were weighted and measured this year meaning an incomplete data set.

Alcohol and Tobacco Consumption

Population Profile

In Worcestershire:[35]

- There were 651 admission episodes per 100,000 population for alcohol related conditions (narrow definition) in 2018/19. This equates to 4,002 admission episodes. This rate was similar to the national one and the trend was static.
- It has been estimated that in 2019 just over one in ten (10.8%) of adults were smokers. This is lower than the national average of 13.9% but still equates to an estimated 51,283 adults.

National Findings

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

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

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

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

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

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

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

Local Findings

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

Opportunities/Challenges for the Future

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

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

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

Indicators to Monitor

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

---

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

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

Sexual Health

Population Profile

In Worcestershire:

- The teenage conception rate is below the national level at 14.6 per 1,000 compared to 16.7 per 1,000 nationally. It has been declining in line with the national trend.
- New Sexually Transmitted Infections (STI) diagnoses (excluding chlamydia aged less than 25) in 2019 were 467 per 100,000 population, well below the national level of 900 per 100,000.
- Chlamydia detection rates in 2019 were below the national average reflecting a low prevalence (1,488 per 100,000 aged 15-24 compared to 2,043 in England).
- The HIV late diagnosis rate was 48.6% in 2019. This is worse than the England level of 42.5%, but the difference was not statistically significant.

National Findings

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

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

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

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

Local Findings

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

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

Opportunities/Challenges for the Future

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

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

Indicators to Monitor

- STI testing rates
- STI Prevalence
- Teenage conceptions

Health, Wellbeing and Social Care Services

Population Profile

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

National Findings

Social Care

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

Quality of Care

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

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

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

- prevalence of infection in staff,
- care home practices such as more frequent use of bank or agency nurses or carers,
- regional differences (such as higher infection levels within care homes in London and the West Midlands),
- There is some evidence that in care homes where staff receive sick pay, there are lower levels of infection in residents.

The emotional toll on staff has been immense.

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

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

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

Unmet Need

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

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

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

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

The CQC have found that admissions to care homes fell.

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

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

Data and Intelligence

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

Local Variation

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

Market Fragility

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

Healthcare Waiting Lists

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

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

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

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

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

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

---

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

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

A&E Attendances

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

Mental Health Services

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

Local Findings

Locally it has been suggested that:

- There is a risk that patients will come to harm due to failure to present at the right time or due to long delays in both investigations and treatment.
- COVID-19 may change people's health seeking behaviour meaning there is an increase in self-care and use of alternative support, for example pharmacies and that this could help to relieve pressure on health and care services.
- Digital advancements and their application may have a mixed impact - technology to support LTC management, remote consultations etc potential negative impact for those that are digitally excluded.

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

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

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

---

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

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

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

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

Access to GP Services

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

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

Access to Hospital Services

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

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

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

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

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

Dental Services

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

Social Care

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

- The absence of face-to-face services delivered by social workers may have meant that safeguarding issues might not be picked up and have had a detrimental impact on someone's mental health and personal wellbeing
- Restrictive practices under COVID-19 may not have been in line with national guidance
- In some cases, PPE may not have been used correctly in provider settings
- An increasing number of people have wanted to avoid care home placements and this has meant higher levels or care at home which has put pressure on domiciliary care services and higher vacancies in the care home market
- It has been more difficult to complete assessments, care planning and reviews. For some people this has been done virtually but for other this is unsuitable. There have also been delays in accessing some healthcare services such as therapy assessments.
- Reduced access to families and health professionals whilst people are in care homes including those in Discharge to Assess beds. Where homes have had to restrict access often only phone or digital access is feasible. This doesn't work for everyone especially those with sensory impairments, dementia etc. Garden visits have been helpful but have also increased anxiety for some carers and service users.
- The Continuing Health Care process was suspended and this has meant people are not always in their permanent placement which leads to uncertainty and a possible second move

Opportunities/Challenges for the Future

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

- Nationally testing has focussed on people with COVID-19 symptoms however many individuals may have no or atypical symptoms
- Implementation of testing for rotating staff members
- Hospital discharge into care homes
- Surge planning
- Retention of staff (temporary staff may exacerbate the spread of COVID-19)
- Training on how to use PPE effectively
- Re-introduction of visitors safely

- Awareness of COVID-19 amongst residents of care facilities and communication of the implications of COVID-19 to residents of care facilities
- Access to technology remains an issue in residential settings – for example, no-touch technology is not in widespread use

Other opportunities and challenges highlighted by this work include:

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

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

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

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

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

Indicators to Monitor

- Indicators from the GP Patient Survey[46]
- Use of GP services
- A&E attendances
- Referral to treatment waiting times
- Patient Reported Outcome Measures
- Delayed transfers of care
- Cancer waiting times
- Emergency cancer presentations
- Cancer survival rates
- Hospital admissions for mental health conditions
- Improving access to psychological therapies (IAPT) indicators

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

Screening Services, Vaccinations and Services for Women and Children

Population Profile

In Worcestershire:

- The proportion of five-year olds that had received two doses of the MMR vaccination was 87.8% in 2018/19. This was higher than the national rate but lower than the national goal which was to achieve 90% coverage.
- The proportion of two-year olds who had received three doses of the DTaP/IPV/Hib vaccine was 95.2%. This was higher than the national rate of 94.2% and also higher than the national goal.
- Flu vaccine uptake in at risk individuals aged 6 months to 65 years (excluding pregnant women) was 52.5% in 2018/19. This was higher than the national figure of 48% uptake but lower than the national goal of achieving at least 55% coverage.
- Flu vaccine uptake in people aged 65 plus was 74.5% in 2018/19. This was higher than the national figure of 72% uptake but lower than the national goal of achieving at least 75% coverage.
- Breast cancer screening coverage in 2019 was 78.2%. This was better than the national average of 74.5% but the recent trend had been downwards.
- Cervical cancer screening coverage in females aged 25 to 49 years in 2019 was 74.9%. This was better than the national average of 69.8%.
- Cervical cancer screening coverage in females aged 50 to 64 years in 2019 was 78.3%. This was better than the national average of 76.2% but the recent trend had been downwards.
- Bowel cancer screening coverage in 2019 was 62.7%. This was better than the national average of 60.1%.

National Findings

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

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

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

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

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

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

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

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

Health and Social Care Workers

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

---

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

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

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

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

Cancer Screening

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

Local Findings

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

Opportunities/Challenges for the Future[52]

- Recovery plans should be put in place to account for the initial drop in vaccination counts observed.
- Clear messaging may be required that routine immunisation programmes continue despite the fact that physical distancing measures may be in place.
- It will be important to optimise the number of people taking up the flu vaccination including those that are newly eligible.
- At-risk people should be made aware of the risk of co-infection of influenza virus and SARS-CoV-2.
- Measures should be put in place to mitigate the risk of children missing their immunisation because of possible school closures, in order to maximise coverage and minimise influenza community transmission.

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

Indicators to monitor

- Immunisation and screening coverage
- Emergency presentations for cancer
- Cancer survival
- Under 75 mortality rates from cancer

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

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

Wider Determinants of Health

Deprivation

Population Profile

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

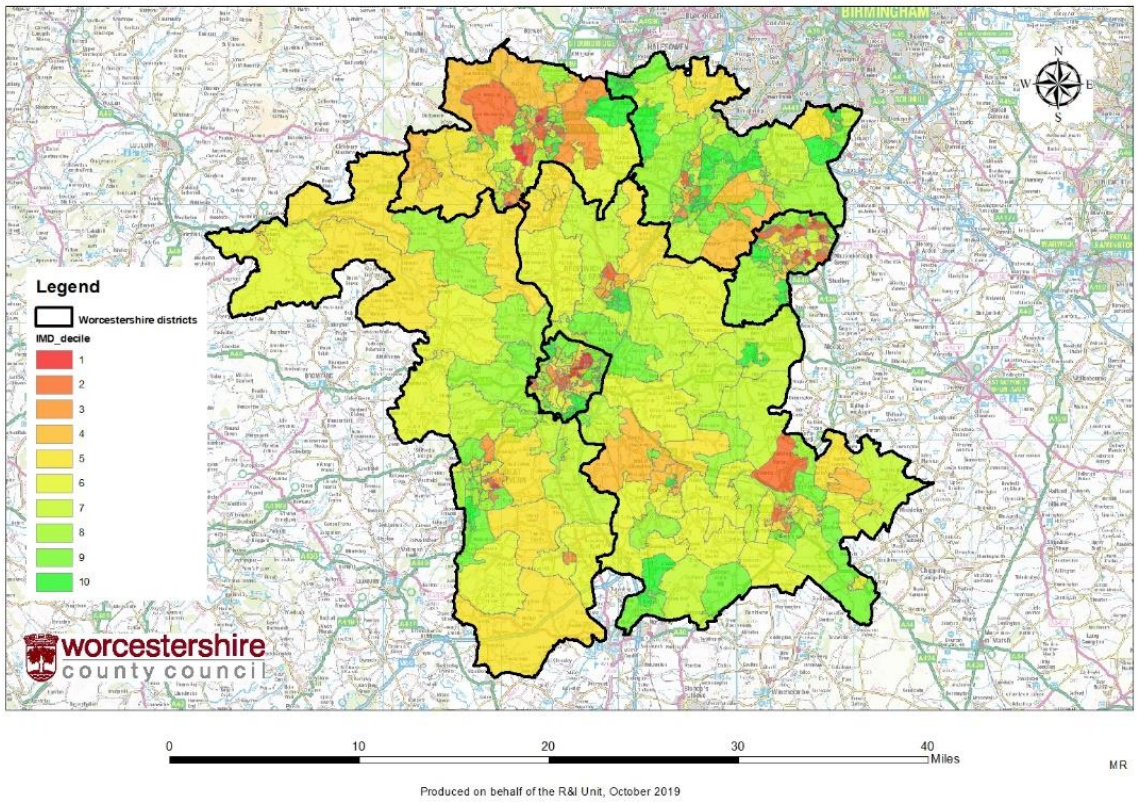
Overall, Worcestershire is not seen as a deprived area compared to England as a whole. However, there are still almost 28,000 residents in the county living in the top 10% of deprived areas in the country.

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

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

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

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

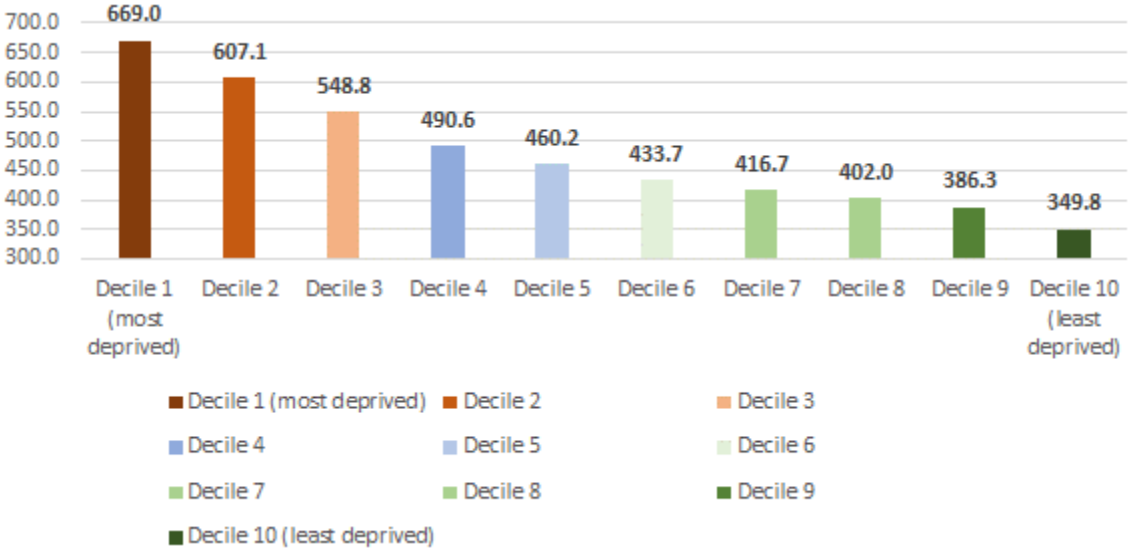


National Findings

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

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

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



Local Findings

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

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

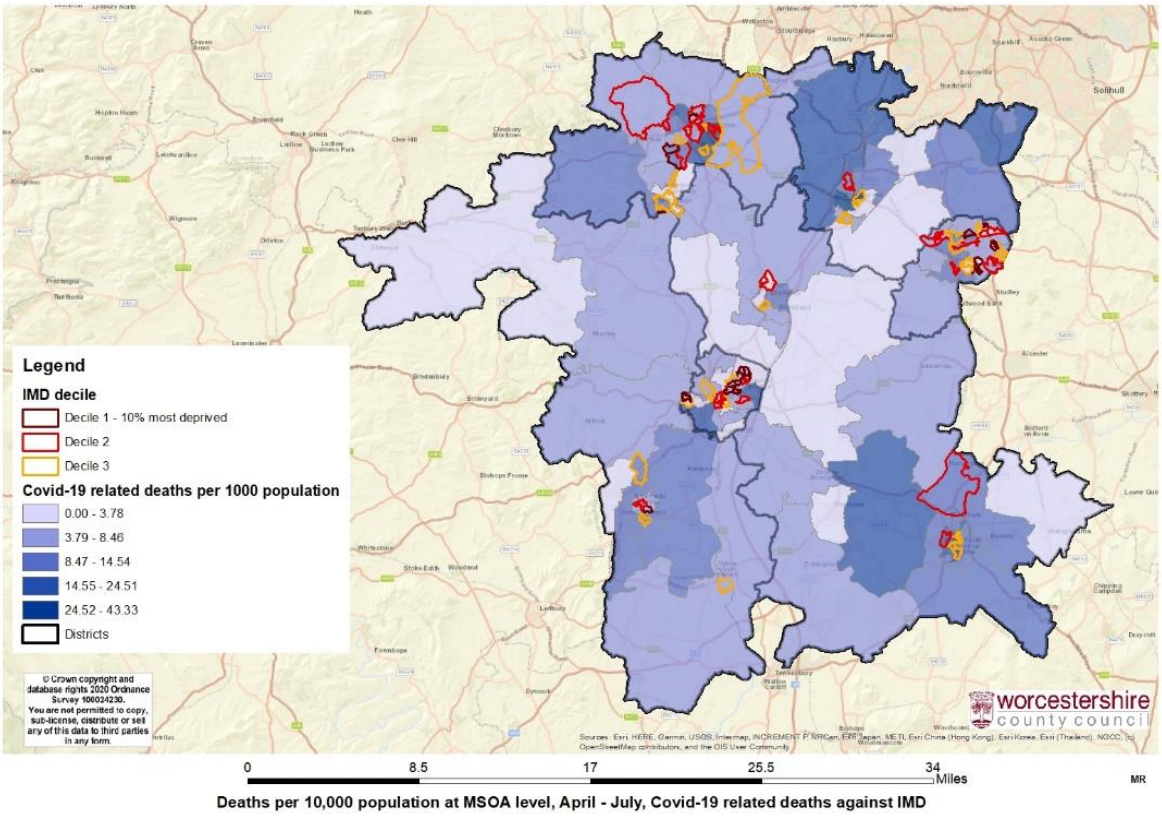
Figure 5 shows that MSOA's with a high proportion of COVID-19 related deaths per 10,000 population, on the whole, do not correspond with deprived areas. This is likely to be due to a lower proportion of older people, who are at higher risk, living in deprived areas, which tend to be urban in nature.

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

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

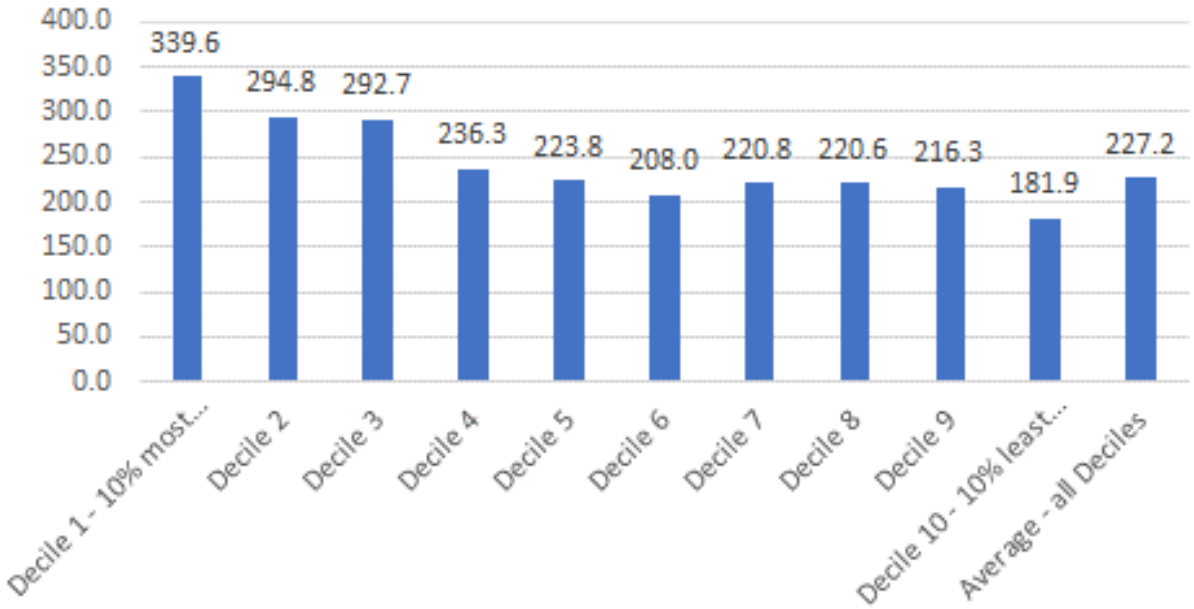
[54] Definition: MSOAs are a larger census geography made up of constituent LSOAs.

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



Deaths per 10,000 population at MSOA level, April - July, Covid-19 related deaths against IMD

Figure 6. Estimate of COVID-19-Related Deaths per 10,000 Population by deprivation (IMD Decile)



Opportunities/Challenges for the Future

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

Indicators to Monitor

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

Business and Economy

Population Profile

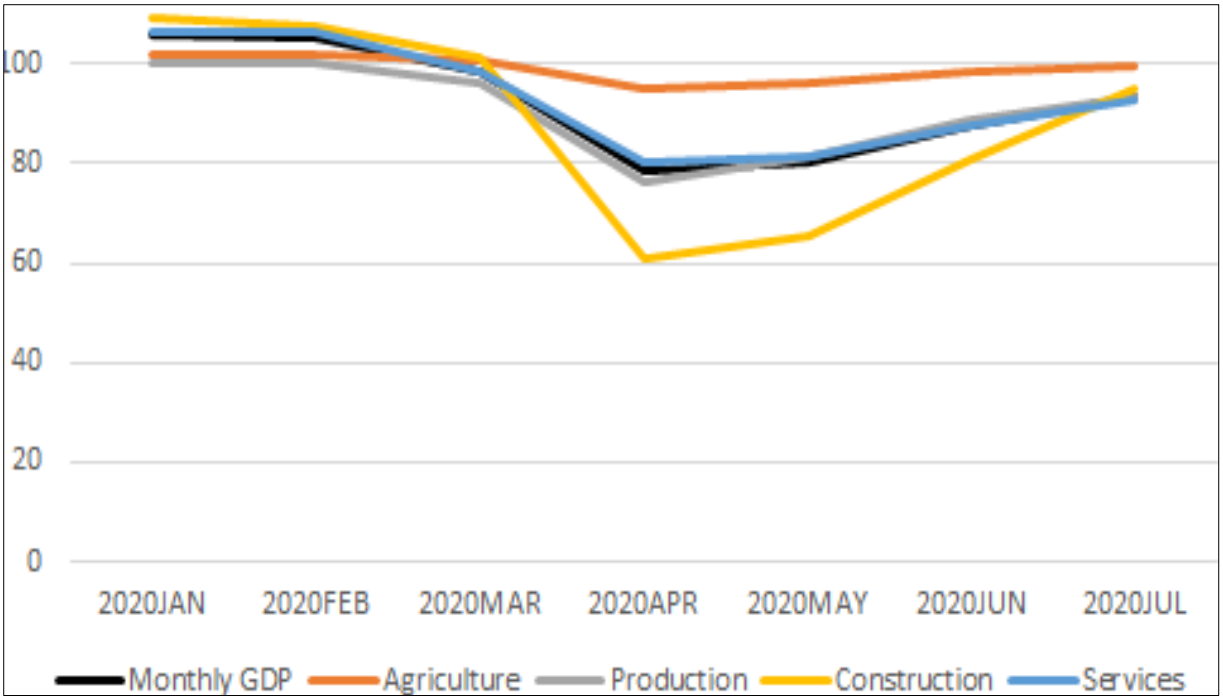
Worcestershire had a relatively strong economy before the effects of the COVID-19 pandemic. The proportion of unemployed people was lower than the national and regional averages, job density was on a par with national figures, whilst proportions of economically inactive people and workless households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

National Findings

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

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

Figure 7. Change in GDP Main Sectors



Source: Office for National Statistics

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

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

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

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

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

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

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

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

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

Source: Office for National Statistics

- Over a quarter of businesses in the Information and Communication industry have currently paused trading.
- Almost a fifth of businesses in the Arts, Entertainment and Recreation, and the Accommodation and Food Service Activities industries have paused trading, with

[59] * signifies percentage less than 1%

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

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

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

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

Source: Office for National Statistics

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

- Over 80% of businesses working in the Mining and Quarrying industry have seen their turnover decrease.
- Over two thirds of businesses working in the Accommodation and Food Service Activities, and the Arts, Entertainment and Recreation industries have seen their turnover decrease. Over a third of businesses in Arts, Entertainment and Recreation have seen their turnover decrease by over 50%.
- Over a half of businesses in Education, and in Administrative and Support Service Activities industries have also had lower turnover than expected.

Local Findings

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

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

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

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

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

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

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

Source: Worcestershire Business Centre

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

- 20% of respondents said that their business has been affected by business closure which is line with the national picture.
- Almost 70% of businesses responding cited a lack of cash flow was a key way in which the business has been affected.
- Over 50% of the businesses have been affected by temporary cessation.
- Access to customers in the UK was also reported as a significant key impact (141 businesses).
- Almost 70% of respondents have introduced new methods of working to mitigate the impact on the business. Only 6% cited new/alternative supply chains.

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

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

Opportunities/Challenges for the Future

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

Indicators to Monitor

- GDP by sector
- Number of employees and businesses in Worcestershire working in sectors particularly affected by COVID-19 related restrictions
- Number of local businesses temporarily closing or losing business
- Local business confidence.

Employment

Population Profile

In Worcestershire:

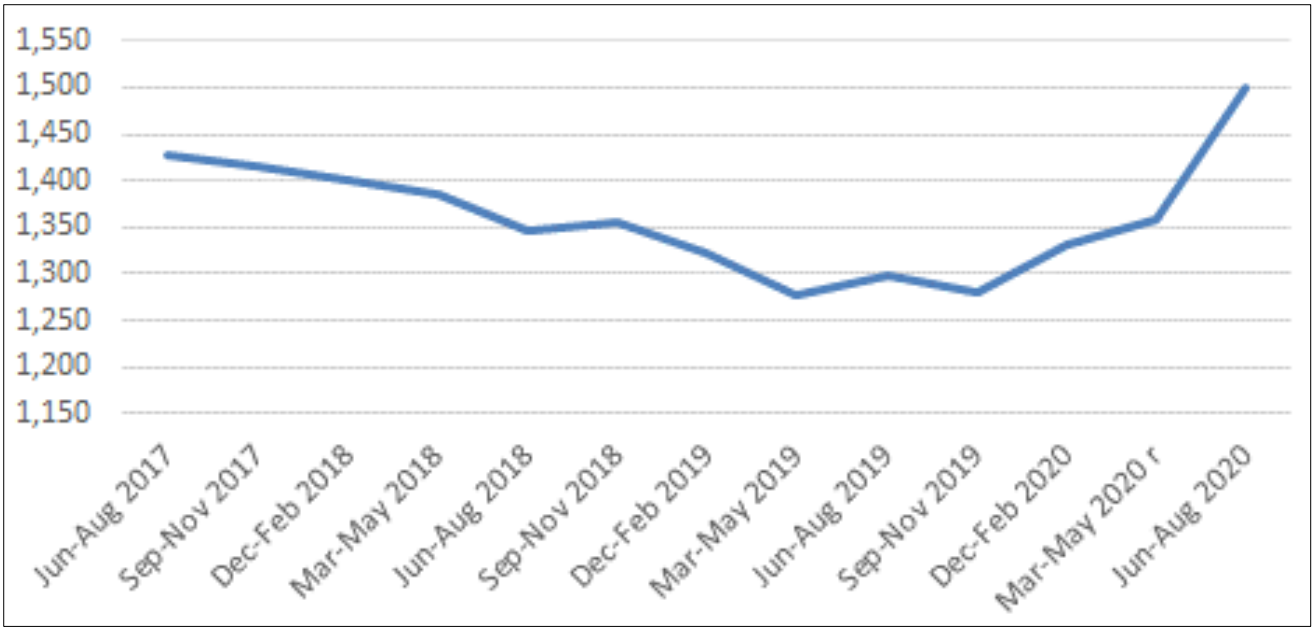
- Before the COVID-19 situation, the rate of unemployment claimants in the 16-64 age group was 2.3%
- Amongst young people aged 18-24 years the claimant count rate was higher at 3.8%

National Findings

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

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

Figure 11. Unemployment in people aged 16-64, Number in 1,000s (National)



Source: Office for National Statistics

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

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

[64] Office for National Statistics Available at: https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/bulletins/uklabourmarket/october2020

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

Local Findings

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

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

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

Source: Office for National Statistics

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

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

Figure 13. Take up of the Furlough Scheme in Worcestershire

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

Source: Office for National Statistics

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

Opportunities/Challenges for the Future

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

Indicators to Monitor

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

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

Working Conditions and Practices

Population Profile

- Figures from the Annual Population Survey (APS) 2019 indicate that among people living in the West Midlands region, just over 4% of employed people worked mainly from home in the January to December 2019 period before the COVID-19 pandemic. A further 21% indicated that they had worked at home at least some of the time in the previous week. National figures suggest that just over 5% of employees worked mainly from home in the UK, with almost 27% working from home at least some of the time in the previous week.[67]
- Local data from the Annual Population Survey 2019 suggests that almost 10% of employees in Worcestershire had received job related training in last 4 weeks, similar to the national average.

National Findings

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

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

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

Figure 14. Results from the Opinions and Lifestyle Survey

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

Source: Office for National Statistics

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

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

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

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

Local Findings

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

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

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

Opportunities/Challenges for the Future

- Ensuring/encouraging employees to keep using the new skills that they have learned in response to COVID-19 and for employers to use employees in their new roles.
- Encouraging working from home at least some of the time if beneficial to both businesses and employees in terms of work-life balance – it is recognised that not all employers experience better work/life balance or enjoy the adaptation to working from home.

Indicators to Monitor

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

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

Digital Media Use

Population Profile

- In January to February 2020, 96% of households in Great Britain had internet access, up from 93% in 2019 and 57% in 2006 when comparable records began.[70] 5% of adults in Great Britain have not used the internet in the last three months, with almost 90% using the internet daily or almost every day.
- 71% of people in Great Britain have used instant messaging services (e.g. Skype or WhatsApp) whilst 70% have used social networking (e.g. Facebook or Twitter, with a similar proportion reading online news, newspapers or magazines).
- In Worcestershire, according to ONS data on internet users[71], in 2019 just over 88% of people aged 16-plus had used the internet in the last three months, a slight decrease on the 2018 figure of just over 90%, and slightly lower than the national (90.8%) and regional (88.7%) averages.
- Just over 10% of residents in Worcestershire have not used the internet in the past three months.

National Findings

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

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

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

1. managing information: using a search engine to look for information, finding a website visited before or downloading or saving a photo found online.
2. communicating: sending a personal message via email or online messaging service or carefully making comments and sharing information online.

---

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

[71] Office for National Statistics Available at: https://www.ons.gov.uk/businessindustryandtrade/itandinternetindustry/datasets/internetusers

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

[73] The Lloyds Bank Available: https://www.lloydsbank.com/assets/media/pdfs/banking_with_us/whats-happening/LB-Consumer-Digital-Index-2018-Report.pdf

3. transacting: buying items or services from a website or buying and installing apps on a device.
4. problem solving: verifying sources of information online or solving a problem with a device or digital service using online help.
5. creating: completing online application forms including personal details or creating something new from existing online images, music or video.

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

- 58% of internet non-users were women
- Adults over the age of 65 years make up the largest proportion of the adult internet non-users, and over half of all adult internet non-users were over the age of 75 years in 2018
- 12% of those aged between 11 and 18 years reported having no internet access at home from a computer or tablet, while a further 60,000 reported having no home internet access at all
- 25% of those with a registered disability are offline compared with 6% of the rest of the UK. 56% of adult internet non-users were disabled, much higher than the proportion of disabled adults in the UK population as a whole
- As household income increases, so do levels of Basic Digital Skills. Households earning over £40,000 per year are 47% more likely to have full Basic Digital Skills

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

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

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

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

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

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

Local Findings

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

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

Opportunities/Challenges for the Future

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

Indicators to Monitor

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

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

Environment and Climate Change

Population Profile

In Worcestershire:

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

National Findings

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

Local Findings

Key points in September 2020 were:

- Walking and cycling was slightly higher than the baseline but lower than the April/May peak.
- The monitoring of walking and cycling has indicated a strong correlation with weather conditions, particularly strong impact of wet weather conditions on cycling levels seen locally and nationally.

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

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

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

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

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

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

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

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

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

Walking

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

Cycling

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

Road Traffic Casualties

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

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

Opportunities/Challenges for the Future

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

Indicators to monitor

- Active travel
- Air Quality

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

Education

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

Population Profile

- **Key Stage 1 (KS1):** Worcestershire has an equal or higher percentage of pupils reaching the expected standards for all four areas tested at KS1 level than the England average although lower than England for children who are eligible for free school meals.
- **Key Stage 2 (KS2):** Worcestershire had a lower percentage (63%) than the national average of 65% of pupils who reached the expected standards in reading, writing and mathematics in KS2 in 2019.
- **KS4 results (GCSEs):** Across the general population in Worcestershire a higher percentage (65.7%) achieved a grade 4 or above in English and Mathematics GCSEs than the average across England (64.9%). In the new grading system, students are graded 9 (highest) to 1 (lowest) where a grade 4 is equivalent to a 'C' in the previous scale.

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

National Findings

Disadvantage Gap

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

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

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

Local Findings

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

- COVID-19 has had an impact on children's holistic development and is likely to have an impact on their future educational achievement
- Being out of school has a greater impact for vulnerable learners
- Reduced take-up of early education and childcare entitlement is a risk to developmental experience and achieving physical/personal/social and emotional milestones.
- There are local measures in place to try and mitigate these impacts including access to Worcestershire GET SAFE team and funding of link workers.
- There has been provision of virtual education and access to Laptops and IT for home learning where this is needed. Plus extensive support to education settings for re-opening (part and full).
- Worcestershire Children First implemented a "Back to School" project In August which involved a social media campaign to reassure parents/children that measures had been put in place to keep children/staff safe and that schools were following guidance.

Opportunities/Challenges for the Future

Proposed interventions to counter the effect of COVID-19 on the disadvantage gap include catch-up premiums, tutoring programmes and support for remote learning.

The Education Endowment Foundation has published a support guide for schools with evidence-based approaches to catch up for all students. The principles that underpin effectiveness are: specific aims, parent involvement, school leadership and a whole school approach.[82]

Indicators to Monitor

- School readiness
- Academic achievement
- The gap between those children who receive free school meals and all children for the above measures
- Fortnightly DfE return on SEND demand, numbers with an EHCP plan etc
- SEND Improvement Dashboard quarterly indicators for health
- Take up and outcomes of the Worcestershire Children First 'Back to School
- Project'

Communities

Population Profile

In Worcestershire:

- The average life satisfaction score in 2019/20 was 7.71. This was similar to the national average of 7.66.[83]
- The average 'feeling the things you do in life are worthwhile' score in 2019/20 was 7.89. This was similar to the national average of 7.86.[84]

---

[82] Education Endowment Foundation. COVID-19 Support Guide for Schools. 10/09/20. Available at: https://educationendowmentfoundation.org.uk/COVID-19-resources/national-tutoring-programme/COVID-19-support-guide-for-schools/#nav-COVID-19-support-guide-for-schools1

[83] Answer to the Office for National Statistics Annual Population Survey question "Overall, how satisfied are you with your life nowadays?". Scored out of 10 with 10 meaning completely. Available at: https://www.ons.gov.uk/datasets/wellbeing-local-authority/editions/time-series/versions/3#id-dimensions

[84] Answer to the Office for National Statistics Annual Population Survey question "Overall, to what extent do you feel that the things you do in your life are worthwhile?" Scored out of 10 with 10 meaning completely. Available at: https://www.ons.gov.uk/datasets/wellbeing-local-authority/editions/time-series/versions/3#id-dimensions

- In 2018/19 the percentage of adult social care users who have as much social contact as they would like was 42%. This was similar to the national average.

Nationally in 2018/19 over a third (36%) of people volunteered formally (i.e. with a group, club or organisation) at least once. Over one in five (22%) people formally volunteered regularly (at least once a month) in that year.[85]

At a regional level, rates of formal volunteering were lower than the national average in the West Midlands, with 29% of people volunteering at least once in the last year. People living in rural areas were more likely to formally volunteer than those in urban areas (44% vs 34% at least once in the last year, and 29% vs 20% for regular volunteering).[86]

National Findings

Perceptions of unity within Britain are associated with higher average life satisfaction, happiness and feelings that things done in life are worthwhile as well as with checking on neighbours, feeling like the community is available to support you and thinking people are doing more to help others.

In April 2020 national findings from the weekly Office for National Statistics (ONS) Opinions and Lifestyle Survey were that people thought Britain would be more united after we have recovered from the pandemic, 46% of respondents vs 24% before the pandemic, however, by June 2020, this belief had declined to 28% of respondents.

Most people also expected that inequalities in society would remain. This expectation was broadly stable between April and June. There was only a small difference in the proportion of the population who thought that Britain was equal before the pandemic (19%) and the proportion who thought that it will be equal after we recover from the pandemic (22%).

But interestingly, in June, there was still a belief that we will be a kind nation after the pandemic, perhaps because of the many stories of individual kindness heard or experienced over this time.[87]

Since the outbreak of COVID-19, more than 750,000 volunteers have signed up to be NHS Volunteer Responders and there are reports of the voluntary sector being overwhelmed by offers of help.[88]

Indicators from the ONS Opinions and Lifestyle Survey covering the period at the peak of the pandemic and the lockdown measures (3rd to 13th April 2020) found that:[89]

---

[85] The UK Civil Society Almanac 2020.Available: https://data.ncvo.org.uk/
[86] UK CIVIL SOCIETY ALMANAC 2020 https://data.ncvo.org.uk/volunteering/demographics/#by-geography
[87] The Office for National Statistics. Unity and division in Great Britain: 24 April to 28 June 2020. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/unityanddivisioningreatbritain/24aprilto28june2020#main-points

[88] Public Health Institute Available at: https://www.ljmu.ac.uk/~/media/phi-reports/2020-07-direct-and-indirect-impacts-of-covid19-on-health-and-wellbeing.pdf
[89] Office for National Statistic. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/COVID-19andthesocialimpactsongreatbritain/23april2020

- 64% of respondents said other local community members would support them if they needed help during the pandemic
- 78% of respondents thought people are doing more to help others since the pandemic
- 63% of respondents had checked in on neighbours who might need help at least once in the last seven days
- 38% of respondents had gone shopping or done other tasks for neighbours

Local Findings

Key informants have speculated that community spirit has increased.

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

The Here2Help scheme was formulated directly as a community action response to the COVID-19 pandemic, therefore, no data is available for the period before the pandemic. Many volunteers and organisations involved in Here2Help will have been involved in volunteering before the pandemic.

Up to 17th September 2020:

- 1,288 individual volunteers registered to provide support to local residents through the Here2Help scheme
- 565 organisations registered to provide support to local residents through the Here2Help scheme. This figure includes 289 local, regional and national businesses, 94 voluntary organisations, 34 public sector organisations and 137 community groups.
- During the early stages of the pandemic and national lockdown, a number of community groups and Facebook groups were set up by residents to link up and provide support to others in their local area, whether that be a town or city, village or ward.
- A Healthwatch survey found that most respondents who had used the Here2Help scheme had found it helpful and the majority of comments about it were positive.

Opportunities/Challenges for the Future

- A key challenge is to seek ways to build on this response and to retain those that have volunteered in response to the COVID-19 pandemic.
- Healthwatch Worcestershire have found there was support for the Here2Help scheme carrying on beyond the pandemic.

Indicators to Monitor

- Number of volunteers
- Responses from resident surveys

Community Safety and Crime including Domestic Abuse

Population Profile

In Worcestershire:

- In 2018/19 the rate of violent offences reported per 1,000 population was 24.6. This was lower than the national figure of 27.8 but the trend has been upwards. Nationally this figure has also been rising.[90]
- In 2018/19 the rate of sexual offences reported per 1,000 population was 2.4. This was similar to the national figure of 2.5 but the trend has been upwards. Nationally this figure has also been rising.

Local Findings

Total Recorded Crime

Locally, Total Recorded Crime reduced significantly during the lockdown but has since increased, however, at the time of writing (October 2020) it remains below the average for the time of year.

Domestic Abuse

Following a reduction at the start of the lockdown period, reported domestic abuse offences increased following the easing of restrictions but are now (as of October 2020) at levels anticipated for the time of year.

Interestingly, local commentators have suggested that all Worcestershire domestic abuse support provision, and in particular, the help line have seen increasing referrals and raised risk levels. It has been speculated that the increase in referrals but not incidents reported to the police could be linked to the publicity campaigns which have been running locally and nationally.

Women's Aid have launched a live chat service and have produced some promotional material (videos etc) which may have contributed towards increases in referrals.

Locally, Services for children and young people have seen an increase in waiting lists due to being unable to deliver support through lockdown and providers have had to temporarily cease new referrals to work on the backlog of cases.

Refuge and safe house provision have been able to meet isolation requirements for COVID-19 but the pandemic has highlighted the need to consider the suitability of units for isolation.

Interventions have been delivered using virtual and digital platforms and it has been speculated that this may have had a negative effect.

[90] Public Health England. Wider Determinants of Health profile. Available at: https://fingertips.phe.org.uk/profile/wider-determinants/data#page/4/gid/1938133073/pat/6/par/E12000005/ati/202/are/E10000034/iid/11202/age/1/sex/4/cid/4/page-options/ovw-do-0_car-do-0

Other Crime

Antisocial behaviour peaked in April 2020 and the numbers have reduced since then, but they are still higher than usual. They are mainly classified as nuisance offences. There is no evidence that they are linked to children.

Hate crime increased in May, June and July, but has now returned to the average number of offences we would see this time of year. The majority remains race-related; there has been no change in the proportion. The number of offences in Q2 was similar to the number in Q2 last year.

There has been no evidence of an increase in Modern Slavery and Human Trafficking.

There was an increase in drug offences during the lockdown period but numbers in October 2020 were back within the normal range. This increase was mirrored across other forces so is unlikely to relate to any issues particular to Worcestershire. Factors might include it being easier for police officers on patrol to spot people that were not complying with lockdown rules as they were selling/buying drugs.

It has been speculated that there may have been an increase in the use of nitrous oxide as a recreational drug. However, it is possible that this is an issue of perception and increased reporting as people are using public spaces more and noticing discharged canisters.

Cyber-crime increased during lockdown. This was part of an on-going trend in increasing numbers which was accelerated during lockdown. COVID-19 creates emotional tension which may have led to additional vulnerability to scams.

There was a decrease in reported sexual offences in April 2020. They increased in the following months and are currently still slightly higher than the average for this point in the year (October 2020).

Providers of support services for victims of sexual offences have identified that some service users are more reluctant to take the offer of virtual support. Services such as counselling are also being impacted.

Services were struggling with providing support to children during lockdown virtually but are now slowly going back into schools. In addition, service providers are finding that clients are seeking support for COVID-19 related anxieties in addition to the reason for the original referral.

Radicalisation

It is likely that the isolation of lockdown may have marginalised vulnerable individuals making them more likely to spend time alone on the internet and therefore more susceptible to radicalisation. At the same time their exposure to the usual controls of education and other services may have decreased resulting in less reporting of concerns.

Courts

Courts have a significant backlog of cases due to court closures. Local service providers who are supporting victims are seeing increases in support required for these clients as well as clients disengaging in service.

Opportunities/Challenges for the Future

- Regarding refuge and safe house provision, the isolation requirements for COVID-19 have led to consideration of the need for more separate units of emergency accommodation.

Indicators to Monitor

- Drug related deaths
- Support services for victims of sexual offences - no. of referrals, engagement rates, positive outcomes achieved, length of time in service
- Court Services - lead in times for cases, no.'s of victims and witnesses being supported, court outcome data

Housing

For information on homelessness please see the Homelessness section on page 75.

Population Profile

In Worcestershire:

- One in ten (9.9%) of households experience fuel poverty. The figure for England is 10.3%
- Housing is slightly less affordable than for England as a whole. The ratio of median house price to median gross annual residence-based earnings is 8.2 compared to 8.0 nationally.

National Findings

Poor-quality housing has a large impact on health. This can be through the condition of homes, insecure tenure and/or wider neighbourhood characteristics.

The COVID-19 pandemic has exposed and amplified housing-related health inequalities.

The Centre for Ageing Better report Homes, Health and Covid-19 describes some of the observed and anticipated effects, including:[91]

- Social distancing measures have meant that many people are spending more time in homes that are hazardous, unsafe and lack security of tenure.
- Inadequate housing conditions, such as overcrowding, can also lead to increased risk of viral transmission. Overcrowded housing poses a significant health risk and is more common among ethnic minority groups including Bangladeshi, Pakistani and Black African households. People who live in homes where multiple generations are living together have been found to have poorer outcomes during the pandemic.
- Living in a cold, damp, home has a significant impact on health. In England, around one in five excess deaths during winter are attributed to cold housing. If social distancing measures continue into the winter months, the effects of fuel poverty on both physical and mental health may escalate.
- One of the major causes of death, injury and decline among older adults is falls in the home, often a result of inadequate adaptation and maintenance. Social distancing measures and financial insecurity may have exacerbated these risks by leading to essential works to the home being delayed, particularly for shielded households.
- The quality of the built environment is associated with mental and physical health outcomes. Living in an area with more green space is linked to reduced mortality from cardiovascular conditions. During lockdown, the effects from the lack of access to these spaces is already emerging.
- Groups in the population who are more likely to live in poor housing are often the same groups who are vulnerable to COVID-19 and other health conditions,

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

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

Opportunities/Challenges for the Future

- Levels of collaboration between health and housing are developing at the local level underpinned by a locally adopted national Memorandum of Understanding to maintain people's independence at home and reduce pressure on the NHS. Health and Wellbeing Boards, Local Strategic Housing Partnerships, Sustainability and Transformation Partnerships, and Integrated Care Systems should include housing as a focus.
- The poor state of existing homes should be addressed.
- Support should be focussed on those with the greatest risk of housing-related health inequalities. Older people, people with existing health conditions, those with lower incomes and people from ethnic minority groups are also often more vulnerable to COVID-19.
- Local and national government should consider the broader impact of shielding and lockdown on people's wellbeing.
- Promote information on when it is appropriate to undertake home repairs to maintain health and wellbeing during isolation
- Access to green space, face-to-face and digital social connections and local amenities varies significantly between communities and has an impact on people's physical and mental health.

Indicators to monitor

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

Homelessness

Population Profile

- In Worcestershire, there were 403 people who were accepted as homeless in the financial year 2019-2020.
- The rate of homelessness in Worcestershire is higher than the England average at 9.14 per 1,000 households compared to 5.94 per 1,000 households nationally.[92]

National Findings

Homeless people have a significantly poorer health outcome compared to the general population. The mean age at death of homeless people was 44 years for men, 42 years for women and 44 years for all persons between 2013 and 2017; in comparison, in the general population of England and Wales in 2017, the mean age at death was 76 years for men and 81 years for women.[93]

Homeless people are particularly susceptible to COVID-19 infection due to their lack of basic facilities such as an accessible means to wash hands regularly, close quarters/ crowded living in hostels and lack of outreach and support activities from the closure of public services such as libraries.

The negative impact of COVID-19 on the economy could lead to a rise in homelessness due to rent arrears. Many individuals nationally have suffered from sudden and severe reductions in income. Those who are self- and precariously employed have been particularly affected. This can lead to housing payment arrears which may ultimately result in evictions or foreclosures. The government have intervened with measures such as the furlough scheme, 3-month mortgage holidays and suspended eviction processes for 3 months. There is still a need for further intervention to provide greater home security for renters.

Local Findings

During the lockdown, the local authorities provided accommodation for a significant number of homeless individuals. This positively impacted rough sleepers in the short-term but concerns were raised about the sustainability of the use of temporary accommodation to house homeless individuals.

[92] Ministry of Housing, Communities & Local Government Available at: https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness

[93] The Office for National Statistics. Deaths of homeless people in England and Wales: 2013 to 2017. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsofhomelesspeopleinenglandandwales/2013to2017

Opportunities/Challenges for the Future

Significant partnership efforts have been made to support rough sleepers and develop proposals to manage the various Government funding streams being made available, with a longer-term attempt to provide more permanent housing and support solutions. A more permanent solution will be required. There are joint strategic housing planning arrangements currently being commissioned.

Indicators to Monitor

- Homelessness applications
- Number of rough sleepers

Urban/Rural Classification and Access to Green Space

Population Profile

- In mid-2019, almost three quarters (73.6%) of Worcestershire residents lived in areas classed as urban. Most in areas classified as "urban city and town" (Worcester City, Redditch, Kidderminster, Bromsgrove, Malvern, Evesham and Droitwich).
- One in five (20%) of the Bromsgrove population lived in an area classified as "urban major conurbation", in the areas bordering Birmingham.[94]

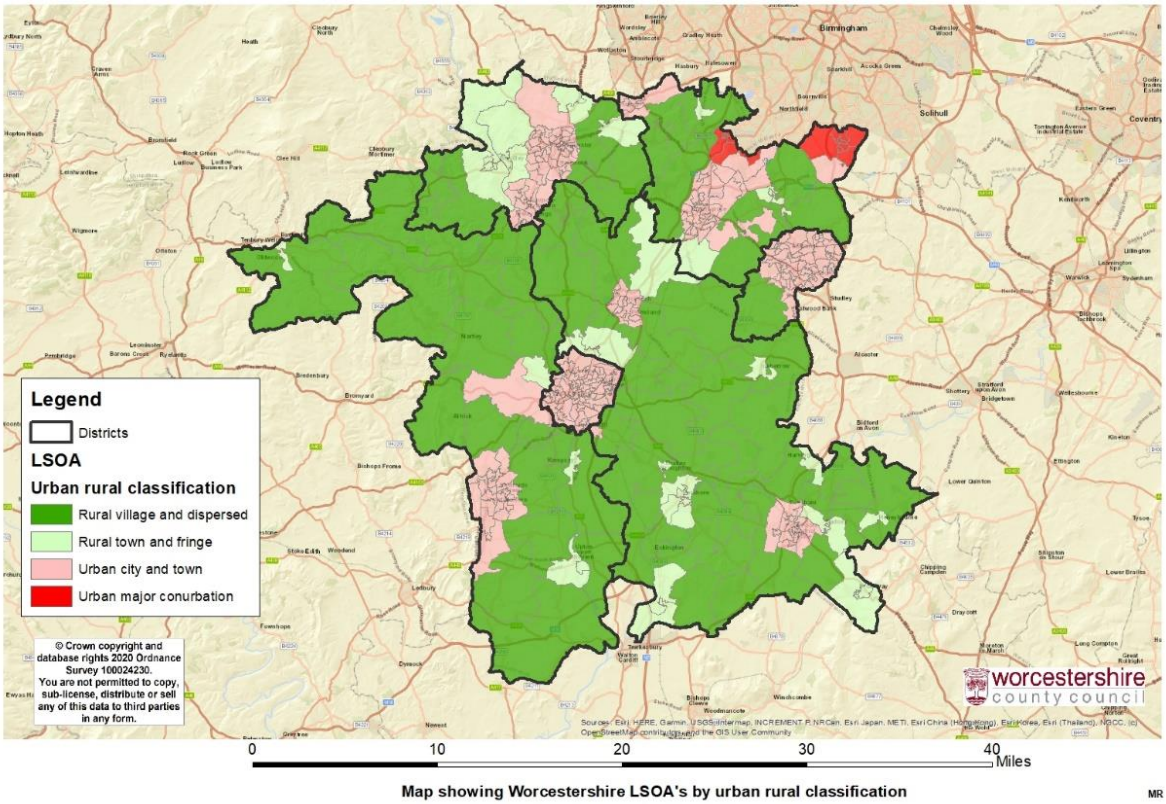
Figure 15. Population by Office for National Statistics Area Classification

Local Authority	Rural village and dispersed	Rural town and fringe	Urban city and town	Urban major conurbation	Total population
Bromsgrove	12.3%	6.4%	61.2%	20.0%	99,881
Malvern Hills	41.3%	10.6%	48.1%	0.0%	78,698
Redditch	1.6%	0.0%	98.4%	0.0%	85,261
Worcester	0.0%	0.0%	100.0%	0.0%	101,222
Wychavon	34.7%	23.5%	41.8%	0.0%	129,433
Wyre Forest	5.4%	15.3%	79.3%	0.0%	101,291
Worcestershire	**16.2%**	**10.2%**	**70.3%**	**3.4%**	**595,786**

Source: Office for National Statistics

[94] Office for National Statistics. Urban Rural Classification https://www.ons.gov.uk/methodology/geography/geographicalproducts/ruralurbanclassifications

Figure 16. 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.[95]
- In Worcestershire the average distance to the nearest park, public garden, or playing field is 440m. This is higher than the national average of 385m.[96]

National Findings

Urban vs Rural

For the period March to July 2020, the highest age-adjusted rate for deaths involving COVID-19 was in 'urban major conurbations' at 132.8 deaths per 100,000 population. This was higher than all other categories.

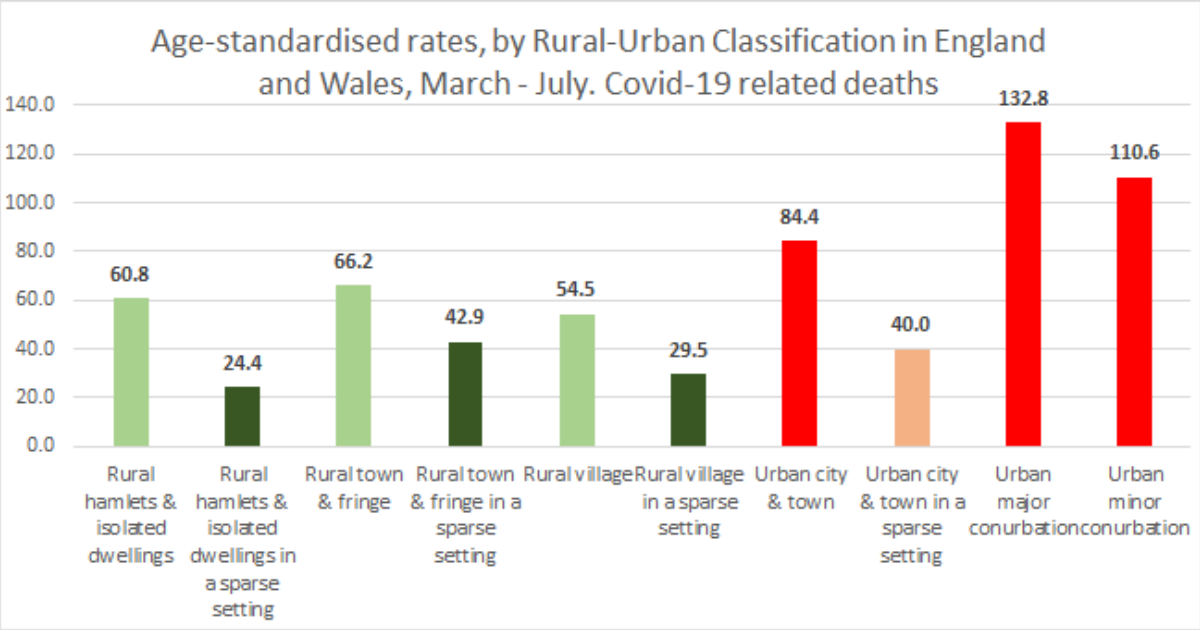
The next two highest rates were for 'urban minor conurbations' at 110.6 deaths per 100,000 population, and 'urban cities and towns' at 84.4 deaths per 100,000 population.

[95] Office for National Statistic. Available at: https://www.ons.gov.uk/economy/environmentalaccounts/datasets/accesstogardensandpublicgreenspaceingreatbritain

[96] Worcestershire County Council Research Team. Available at: https://www.worcestershire.gov.uk/info/20044/research_and_feedback

The lowest rates were all found in sparse settings; rural hamlets and isolated dwellings in a sparse setting had the lowest age-standardised mortality rate of 24.4 deaths per 100,000 population.[97]

Figure 17. Age-Adjusted COVID-19 Related Deaths by Urban/Rural Classification, England, March to July 2020



Source: Office for National Statistics

Access to Green Space

People spent far more time at home during lockdown which may play a role in exacerbating the health impacts of poor-quality housing. An estimated 12% of households in England have had no access to a private or shared garden during lockdown.

Although access to public parks is more evenly distributed, inequalities exist in access to good quality and safe public green space.[98]

Lockdown measures have caused huge changes in people's lifestyles and habits. At the time of writing Google mobility data shows that nationally there has been a sustained increase in people visiting parks.[99]

---

[97] Office for National Statistic. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsinvolvingcovid19bylocalareasanddeprivation/deathsoccurringbetween1marchand31july2020#rural-and-urban-areas

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

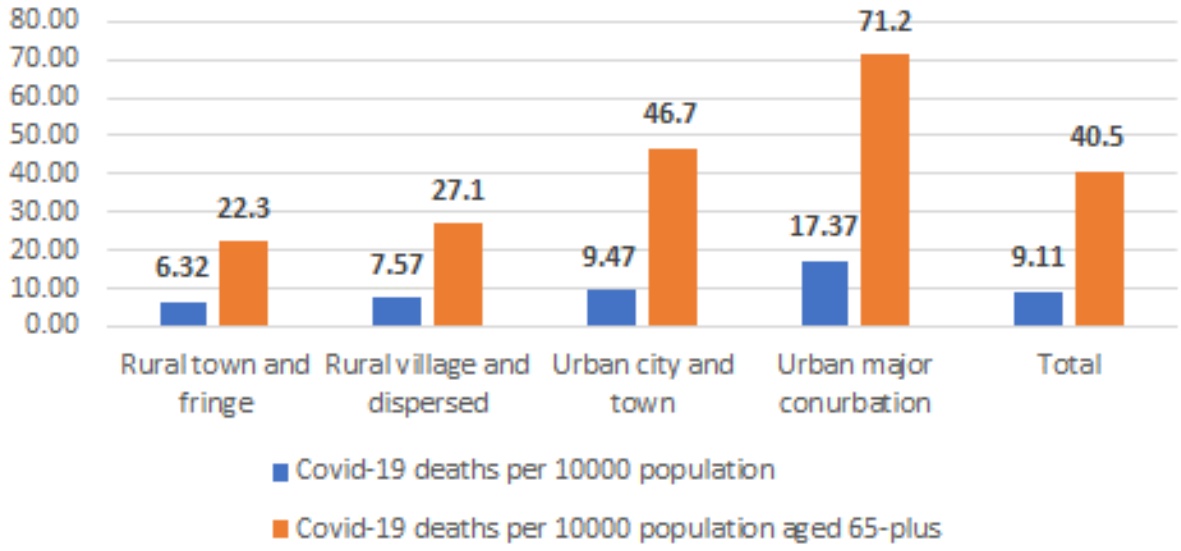
[99] Office for National Statistics. COVID-19 (COVID-19) in 10 charts. 24/09/20 Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/COVID-19covid19in10charts/2020-09-24

Local Findings

Urban vs Rural

An analysis of deaths by urban/rural classification within the county is possible.[100]

Figure 18. Estimated deaths by Urban/Rural Classification, Worcestershire, March to July 2020



Source: Office for National Statistics

COVID-19 related deaths per 10,000 population in urban areas may be higher, with estimated figures for deaths per 10,000 population higher in areas classified as “urban city and town” and especially high in “urban major conurbation” areas than more rural areas in the county.

Access to Green Space

Locally it was observed that more people were accessing the countryside. However, this had led to some tensions with the farming community.

Opportunities/Challenges for the Future

- Ensuring fair access to good quality public green space.

Indicators to Monitor

[100] By estimating the numbers of deaths per 10,000 for each LSOA by applying the parent MSOA rate. of death per 10,000 population to each of the constituent LSOA’s within that MSOA and then calculating an estimate for numbers of deaths per 10,000 for each LSOA.

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

Specific Population Groups

Mothers and Babies

Population Profile

In Worcestershire:[101]

- In 2019 there were 5,623 live births.
- In 2018/19 the proportion of deliveries to mothers from Black, Asian and Minority Ethnic (BAME) groups was 6.3%. This is lower than the national figure of 20.3% and equates to 340 deliveries.
- In 2018/19 the percentage of women who were obese at the time of the booking appointment with the midwife was 23.3%.
- In 2019 around 1 in 5 (21%) of live births were to mothers aged 35 or over. This equates to 1,206 deliveries.

National Findings

There is no evidence that pregnant women are more likely to get seriously ill from Covid-19 than women who are not pregnant. But pregnant women have been included in the list of people at moderate risk (clinically vulnerable) as a precaution.

It is possible for women to pass Covid-19 to their baby before they are born but generally, when this has happened, the babies have recovered.

There is no evidence that Covid-19 causes miscarriage or affects how babies develop in pregnancy.[102]

One study found the majority of women who did become severely ill were in their third trimester of pregnancy, emphasising the importance of social distancing for this group. The study also found pregnant women from black and ethnic minority backgrounds were more likely to be admitted to hospital for COVID-19. As were older pregnant women, those who are overweight or obese, and pregnant women who had pre-existing medical problems, such as high blood pressure and diabetes.[103]

Opportunities/Challenges for the Future

---

[101] Data from Public Health England Child and Maternal Health Profile and Office for National Statistics' Live births in England and Wales down to local authority local area. Available at: https://fingertips.phe.org.uk/profile/child-health-profiles and https://www.nomisweb.co.uk/ respectively.

[102] NHS. Pregnancy and COVID-19. Accessed 14/10/20. Available at: https://www.nhs.uk/conditions/COVID-19-COVID-19/people-at-higher-risk/pregnancy-and-COVID-19/

[103] Nuffield Department of Population Health. University of Oxford. What's New. 18 May 2020. Available at: https://www.npeu.ox.ac.uk/news/1963-pregnant-women-are-not-at-greater-risk-of-severe-COVID-19-than-other-women-but-most-of-those-who-have-problems-are-in-their-third-trimester

The following actions have been suggested in order to mitigate the impacts of Covid-19 on pregnant women who are at higher risk:

- Targeted advice to be given to vulnerable mothers to be
- Continuation of face to face antenatal care
- Continue to reflect and deliver NHS England Covid-19 specific information and practices for example exploring and discussing risk, vulnerability and care at the time of booking
- Involve more BAME women in maternity voices partnership to ensure effective communications approach
- All providers should record on maternity information systems the ethnicity of every woman, as well as other risk factors, such as living in a deprived area (postcode), co-morbidities, BMI and aged 35 years or over, to identify those most at risk of poor outcomes.

Indicators to Monitor

- Characteristics of pregnant women admitted to hospital with COVID-19

Children and Young People

The impact on childhood vaccinations is covered in the Screening Services, Vaccinations and Services for Women and Children section on page 38.

For more information about how children's education has been impacted please see the Education section on page 65.

Population Profile

- The latest available Office for National Statistics (ONS) population estimate makes Worcestershire home to 118,860 children and young people aged 0 to 17. This is nearly a fifth of the population.
- Results from the National Child Measurement Programme (NCMP):
    - 2018/19 saw the second successive annual decrease in the percentage of reception-age children who were classed as overweight (including obesity) in Worcestershire.
    - A lower percentage of Year 6 children were classed as overweight (including obesity) than nationally and this is a consistent finding.
    - There will be no results available for 2019/20 due to school closures, however, with many months of reduced physical activity for most children, the impact will be closely monitored.
- The rate of children in care in Worcestershire has been rising year on year to a point in 2019 where the rate is statistically significantly higher (71 per 10,000 children aged <18) than the national average (65 per 10,000).

- In addition, in 2018/19 in Worcestershire, 43.5% of looked after children had their emotional wellbeing identified as a cause for concern. This compares to 38.6% nationally.
- Worcestershire has a higher percentage of school pupils with special educational needs, 15.2% compared to 14.4% nationally.

National Findings

Children and young people are at low risk of illness and death from COVID-19 but are at high risk of adverse health impacts relating to the epidemic's wider socio-economic effects.

Early research suggests that the pandemic and subsequent measures are having significant impacts on the mental health of children and young people. This group are already at higher risk of developing mental health issues compared with adults. Children may be experiencing increased anxiety and stress about the virus, and school closures and social distancing measures have led to a loss of structure and social contact. Such circumstances, coupled with reductions in support services, could lead to a range of poor mental health outcomes.

Kooth, a digital mental health service for children and young people commissioned by the NHS, has released a report based on data from over 75,000 users aged 11–25 years. The report shows an increase in sleep issues (161%), loneliness (63%) and self-harm (27%) compared with the same period last year.

A review of 63 studies from previous pandemics, such as SARS in 2003, has demonstrated the potential for long-lasting effects. The length of time that children felt lonely predicted mental health problems up to 9 years later, particularly depression. Children who had experienced more extreme isolation, such as quarantine, were five times more likely to require support from mental health services and experienced higher levels of post-traumatic stress.[104]

Some positive impacts for children and young people have been suggested including:

- Reduced exposure to road traffic and road traffic collisions
- Reduced stress or anxiety associated with school including exams and bullying
- Greater awareness of infection prevention, control and vaccination
- Increased opportunity to spend time with family

[104] UK Parliament. POST. Rapid Response. Child and adolescent mental health during COVID-19 14/07/20. Available at: https://post.parliament.uk/child-and-adolescent-mental-health-during-COVID-19/

The Children's commissioner for England has raised a concern about the risk of criminal gangs recruiting children and young people whilst they are out of school.[105]

Local Findings

All aspects of children's services have been affected by COVID-19 and for a great many this period will have been very difficult and even traumatic. The ability of services to support children and families has been seriously impacted.

Key informants have raised the following impacts as being of potential concern for children and young people:

- Children at a higher risk of exploitation due to their availability
- Safeguarding issues not being picked up
- Effect of the isolation of children has wide ranging impacts including effects on their mental health and physical wellbeing through a lack of social interaction and reduction in physical activity. Parents have reported that their child's mental health/wellbeing worsened during lockdown. Social isolation and concerns about illness contributed. A local survey across Herefordshire and Worcestershire for children and young people in contact with mental health services and their parents found that 52% said their mental health and wellbeing was a little bit or a lot worse since the start of the COVID-19 outbreak.[106]
- Returning to an education setting has had an impact on a children's mental health and wellbeing. Anxiety levels have increased massively for individuals who had known anxiety issues pre-Covid and also for individuals who had no previous record of anxiety issues.
- Access to mental health services - CAHMS - impact on referral, assessment and support due to lockdown restrictions. Greater demand for service due to rise in children and young people's mental health due to COVID-19 pandemic.
- Access to education, health and care services for children/young people with Special Educational Needs and Disability (SEND) – the effect of the pandemic will have meant a delay or reduction is provision for health needs specific to this group of children. They are also at greater risk if isolated.
- Reduction in household income and financial stability causing poverty. With the effect on adults' job security and financial impacts following unexpected period off work with limited sick pay, children being at home more and having to pay for food and other expenses. The impact of poverty on children's long-term development is well documented especially on academic performance and family relationships.
- It is probable that food insecurity has been exacerbated and children are particularly vulnerable to this.

---

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

[106] Early Intervention Foundation, https://www.eif.org.uk/press-release/half-of-parents-concerned-about-pupils-mental-health-and-wellbeing-as-children-return-to-school

Opportunities/Challenges for the Future

Locally, there has been support for children available through a variety of routes, including social media campaigns, Here2Help helpline and partnership working with the voluntary sector i.e. Ready Steady Worcestershire and Holiday Hunger Project. There are also specific workstreams targeted at groups of children i.e. SEND improvement programme.

Indicators to Monitor

- Social Care fortnightly DfE data return
- GETSAFE Hub Hazards Profile data
- Child Sexual Exploitation (CSE) and children missing data:
    - CSE Identification (risk factor on contacts & Assessments)
    - CSE Experiencing/Vulnerable (taken from the Getafe Flags)
    - Children who go missing
    - Children who go missing whilst at risk of CSE
- Percentage of children seen for Choice Assessment within 8 weeks of CAMHs referral
- Here to help data
- Web hits on comms messages/links to activities
- Take up of free school meals
- Holiday Hunger data

Working Age People Including Key Workers

Population Profile

- Figures from Business Register and Employment Survey 2018 suggest[107] that there are approximately 900 people working in train, bus, taxi or water passenger transport in Worcestershire and 700 people working in private security activities, although not all of these will be security guards.

Key workers are defined as all critical workers who were able to access schools or educational settings during the peak of the first pandemic when schools were closed to the majority of children. They include:

- Those working in Health and Social Care, including doctors, nurses, midwives and other frontline health and social care staff.
- Those working in Education and childcare, including support and teaching staff, and social workers.
- Those working in key public services, including those running the justice system.
- Some local and national government workers, primarily those involved in delivering essential public services and those administrative occupations essential to the effective delivery of the COVID-19 response.
- Those involved in processing, producing, distributing, selling and delivering food, as well as other key goods including hygienic and veterinary medicines.
- Those involved in public safety and national security.
- Those involved in air, water, road and rail transport.
- Those involved in utilities, communication and financial services.

A full list and description of key workers is available from the gov.uk COVID-19 guidance

Figure 19. Number and proportion of key workers in Worcestershire, 2019

Area	Population	Percentage
Bromsgrove	18,000	38.7
Malvern Hills	10,000	32.2
Redditch	16,000	38.0
Worcester	16,000	30.8
Wychavon	22,000	38.9
Wyre Forest	14,000	33.1
Worcestershire	**96,000**	**35.5**
UK	**10,600,000**	**33.0**

Source: Office for National Statistics

[107] Office for national Statistics: https://www.nomisweb.co.uk/

In 2019, 10.6 million of those employed (33% of the total workforce) were in key worker occupations and industries. The largest group of those employed in key worker occupations worked in health and social care (31%)[108].

In Worcestershire an estimated 96,000 of those employed were in key worker occupations and industries, a slightly higher proportion than the national average at almost 36%. Proportions are slightly higher at a district level in Wychavon, Bromsgrove and Redditch.

National Findings

Occupation

Age-adjusted mortality rates for male security guards and related occupations were nearly four times higher than those for all men, whilst for taxi, cab, bus, and coach drivers the mortality rates were well over double. This is consistent with the conclusion that jobs with frequent and close public exposure (besides health and social care) carry a higher risk of COVID-19.[109]

Key Workers

The Office for National Statistics have reported that:[110]

- 15% of key workers were at moderate risk from the COVID-19 (COVID-19) because of a health condition. The most common health conditions reported were heart problems (6%), followed by chest and breathing problems (5%). Proportions at risk are similar among non-key workers, at 14%.
- 31% of key workers have children aged between 5 and 15 years; 16% have children aged 4 years or under.
- 14% of those in key public service occupations reported being able to work from home.
- 16% of key workers report travelling to work by public transport.

[108] Office for National Statistic. Available at: https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/articles/COVID-19andkeyworkersintheuk/2020-05-15#how-many-key-workers-are-in-your-area
[109] Covid-19 in the workplace. BMJ Editorial. Available at: https://www.bmj.com/content/370/bmj.m3577.short?rss=1&utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+bmj%2Frecent+%28Latest+from+BMJ%29
[110] Office for National Statistic. Available at: https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/articles/COVID-19andkeyworkersintheuk/2020-05-15

Opportunities/Challenges for the Future

- Ensuring key workers are safe, mentally and physically well, have childcare and family support, and able to continue their duties going forward as COVID-19 cases potentially increase in the future and in the wake of any further national or local restrictions.

Indicators to Monitor

- Mortality rates and infection rates by occupation, with specific attention on those in occupations that require frequent public exposure.
- Number of key workers testing positive for COVID-19
- Number of key workers able to access and do their job

Older People

Population Profile

- Just over one in ten (10.5%) of the population in Worcestershire is aged 75-plus. This proportion is slightly higher than the proportion in England as a whole (9%).[111]
- The proportion of people aged 65 plus and 85 plus are also higher in the county compared to national figures.
- Proportions of older people are higher in Malvern Hills, Bromsgrove and Wychavon.

[111] Office for National Statistics 2019 mid-year estimates

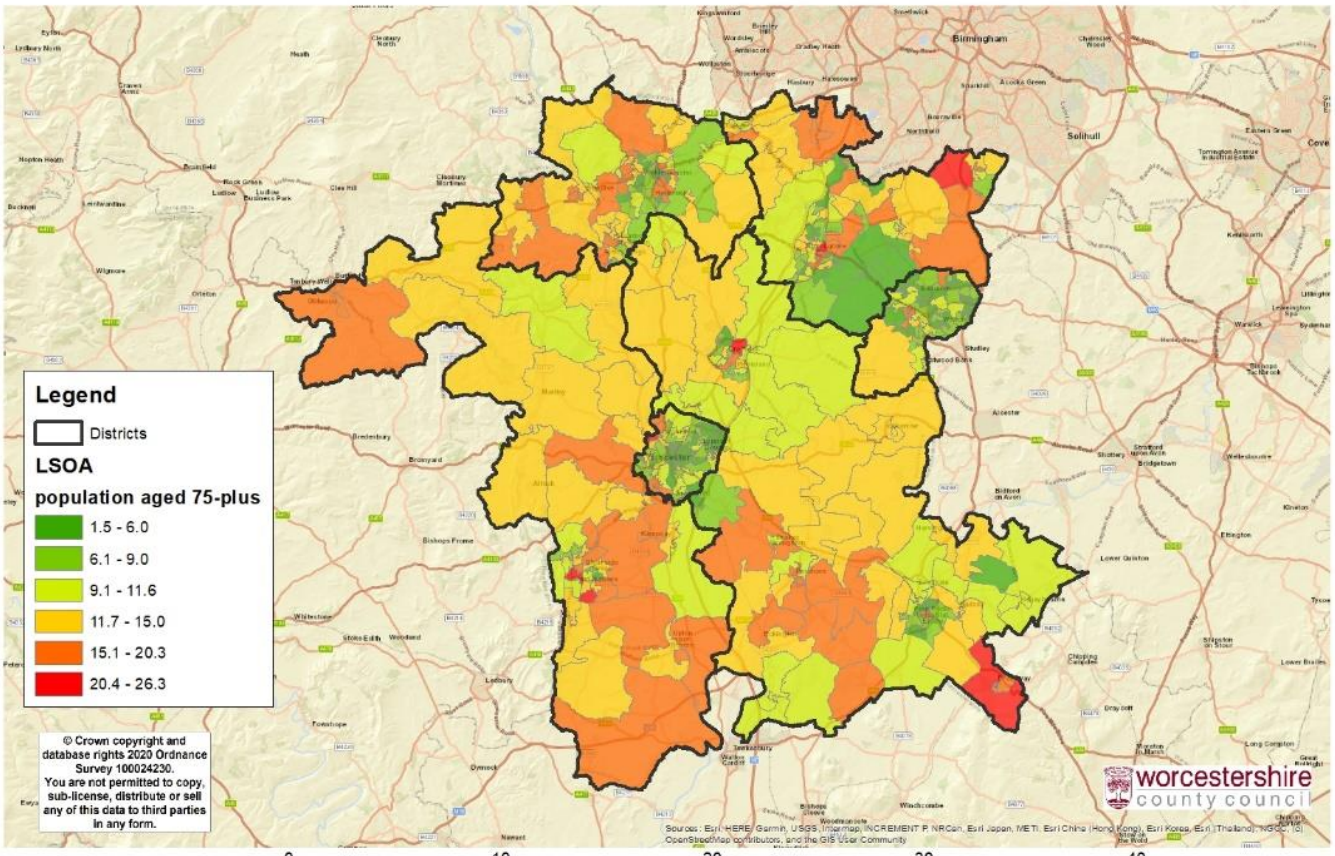
Figure 20. Numbers and Proportion of People in the Older Age Groups in Worcestershire and Worcestershire Districts

	Total Population	Proportion 65-plus	Proportion 75-plus	Proportion 85-plus
England	56,286,961	18.4%	8.5%	2.5%
Worcestershire	595,786	22.8%	10.5%	3.1%
Bromsgrove	99,881	22.7%	11.0%	3.4%
Malvern Hills	78,698	28.2%	13.5%	4.1%
Redditch	85,261	18.5%	7.4%	2.0%
Worcester	101,222	17.3%	8.0%	2.3%
Wychavon	129,433	25.1%	11.5%	3.4%
Wyre Forest	101,291	24.9%	11.4%	3.0%

Source: Office for National Statistics

Figure 21 shows areas where there is a relatively high proportion of people aged 75 plus. Areas where more than one in five of the population are in this age group are shown in red.

Figure 21. Proportion of the Population Aged 75 Plus



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.[112]

There is also a danger of isolation among older people due to a fear of going out.

According to the Office for National Statistics Opinions and Lifestyle Survey, in the seven days up to 4th October, over a third of respondents aged 70 and over indicated that they didn't leave their home, or left their home only for work, exercise, basic necessities or medical need, whilst almost a third of respondents aged 70-plus indicated that they felt "uncomfortable" or "very uncomfortable" about leaving their home due to the COVID-19 pandemic.[113]

Older people may be fearful of going to medical appointments or to obtain required medicines.

Responses to the Opinions and Lifestyle Survey also show that over a quarter of respondents aged 70 and over said that access to groceries, medication and essentials are being affected, with a similar proportion of respondents aged 70-plus stating their access to healthcare and treatment for non-COVID-19 (COVID-19) related issues is being affected.

Local Findings

Up to 13th October, Worcestershire has had 542 registrations of deaths where COVID-19 is listed as a cause of death. Of these deaths almost 80% were aged 75-plus.

Figure 22. Worcestershire Deaths where COVID-19 was listed as a cause

Age Group	Male	Female	Persons	% of deaths
<55	5	5	10	1.8%
55 - 64	17	14	31	5.7%
65 - 74	52	25	77	14.2%
75 - 84	97	77	174	32.1%
85 and over	109	141	250	46.1%
Total	**280**	**262**	**542**	
	51.7%	**48.3%**		

[112] Office for National Statistic. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/weeklyprovisionalfiguresondeathsregisteredinenglandandwales

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

Locally key informants have described older people becoming more socially isolated as a result of social distancing measures and being fearful of going out including to attend medical appointments.

They have also speculated that more people want to continue to live in their own homes rather than go into residential facilities.

Opportunities/Challenges for the Future

Promotion of the importance of physical activity including strength and balance exercises, for maintaining physical function and good mental health

Targeting of resources for physical activity to the needs of the most vulnerable older people, including those who may be at risk of falls to keep muscles, bones and joints strong

Access to healthcare among older people could be aided if services to become community based or members of the local community aided older people to get to and from medical appointments and/or obtain medical supplies.

Indicators to Monitor

- Hospital admissions due to COVID-19 in older people
- Number and proportion of COVID-19 deaths amongst older people
- Social Isolation: percentage of adult social care users aged 65 plus who have as much social contact as they would like
- Falls indicators

Those on a Low Income

Population Profile

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

National Findings

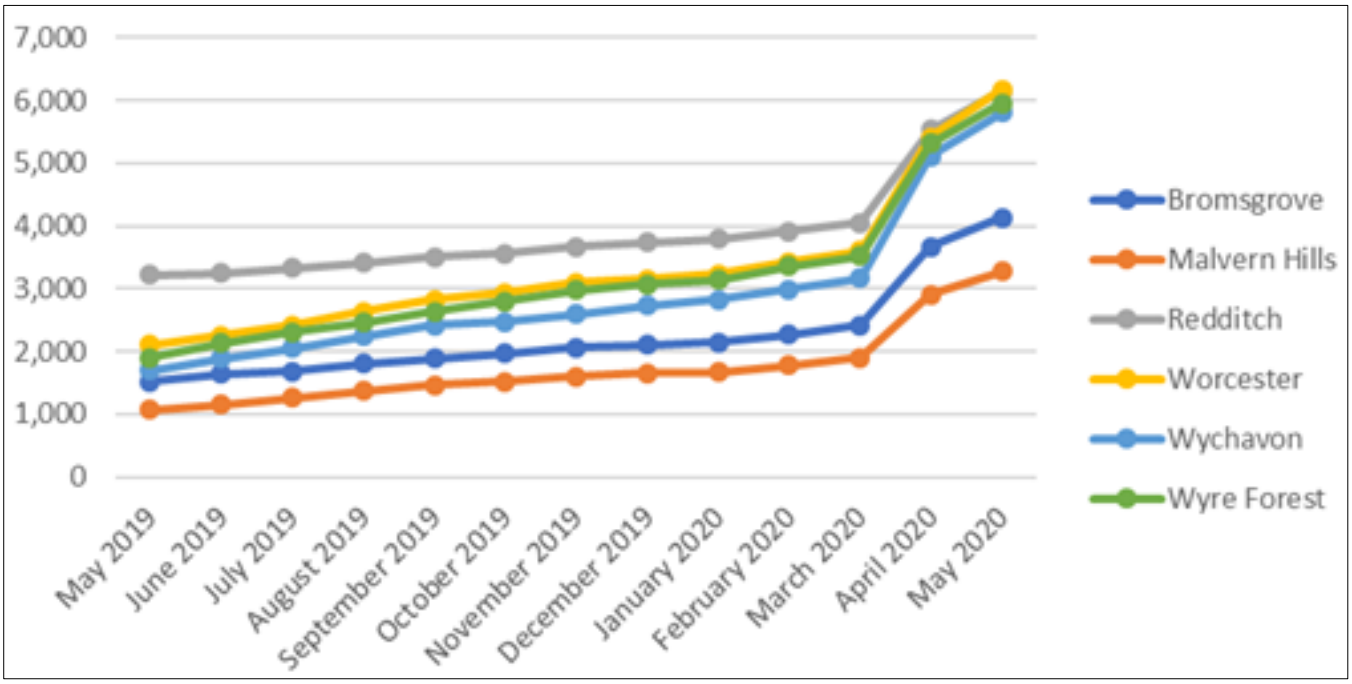
Nationally, death rates from COVID-19 in the most deprived areas have been more than double the least deprived areas.[114]

Over the three-month period between March 2020 and May 2020 (the most recent figures available), the number of households on Universal Credit increased by 57% and numbers of households with child dependants on Universal Credit increased by 34%.

Local Findings

Although data is only available up to May 2020, large increases in the number of households on Universal Credit have also occurred in Worcestershire since March. The number of households increased by 12,836 to 31,496 in May 2020. This is an increase of 69% compared with 57% nationally.

Figure 23. Households on Universal Credit; District Breakdown



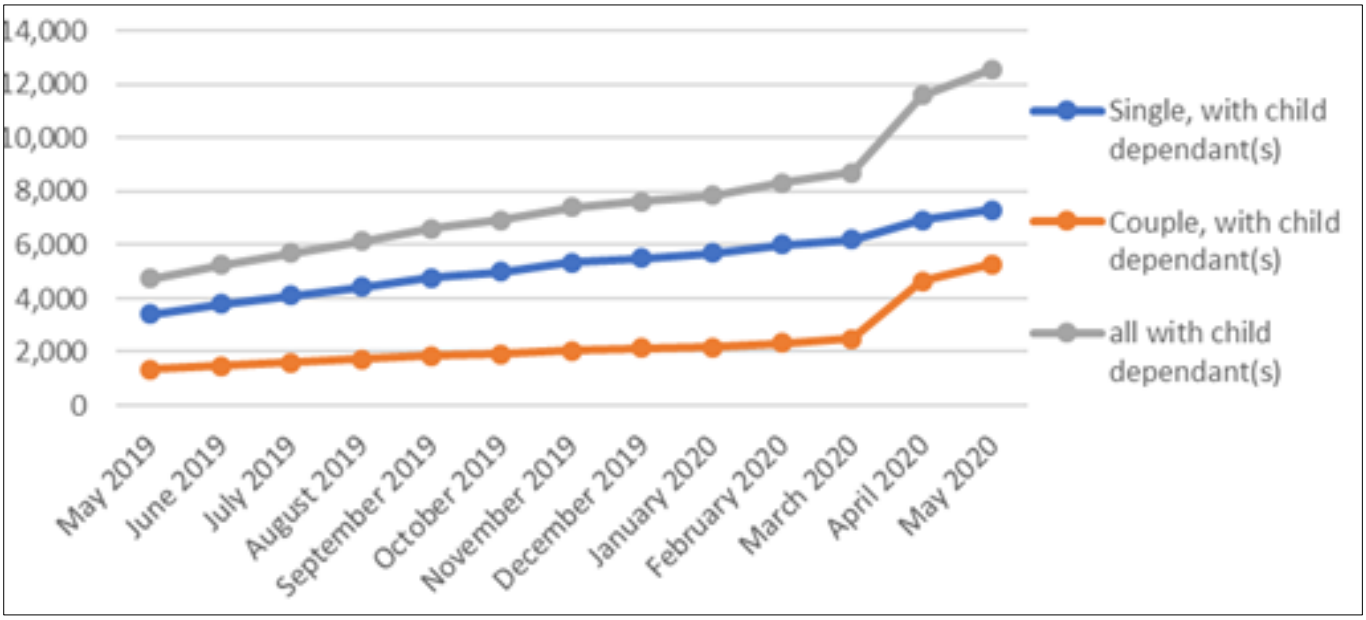
Although the impact of the roll-out of Universal Credit Full Service appears to have been reflected in the Claimant Count (those required to seek and be available for work) by the time of lockdown, this is not the case for Universal Credit claims as a whole, where the number of people and households was increasing prior to lockdown. This is because the Claimant Count also includes JSA, the legacy benefit which Universal Credit replaces, whereas the numbers on Universal Credit do not reflect reductions in those receiving

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

legacy benefits such as tax credits. Any assessment of increases in households on Universal Credit should therefore also consider reductions in those receiving legacy benefits such as tax credits.

Information on households on Universal Credit is available by family type. In Worcestershire Households on Universal Credit with child dependants have increased by 3,878 since March 2020 to 12,589 in May 2020, with most of the increase occurring in couple households. This increase of 45% compares with an increase nationally of 34%.

Figure 24. Households on Universal Credit with Child Dependents



It is probable that food insecurity has been exacerbated

Opportunities/Challenges for the Future

The following measures have been suggested to mitigate the impacts of COVID-19 on this group:[115]

- Target housing/financial information and support to the needs of the most vulnerable groups and those new to the system
- Target more intensive forms of help towards those least likely to be able to navigate the welfare claims process alone
- Ensure there are strong links with Department for Work and Pensions advice services

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

- Plan for additional demand in housing benefit services (where existing claimants may need to amend their circumstances as income levels change (e.g. self-employed) throughout the course/different phases of the pandemic
- Provide information directly to targeted employers to pass on to their staff, including on the potential impact on mental health of changing financial situations

Indicators to Monitor

- People and households claiming Universal Credit.

Black, Asian and Minority Ethnic (BAME) Groups

Population Profile

According to the (now somewhat dated) 2011 Census of Population, 7.6% of Worcestershire's population are of an ethnicity other than white British. This comprises 3.3% who are in other white groups and 4.3% in Asian, Black, Mixed or Other Ethnic groups. In comparison 14.6% of England's population has ethnicity other than white British.

Ethnic Group	Worcs %	Worcs number	England %	
All categories: Ethnic group	100.0%	566,169	100.0%	
White: Total	**95.7%**	**542,058**	**85.4%**	
White: English/Welsh/Scottish/Northern Irish/British	92.4%	522,922	79.8%	
Mixed/multiple ethnic group: Total	**1.2%**	**7,045**	**2.3%**	
Asian/Asian British: Total	**2.4%**	**13,741**	**7.8%**	
Black/African/Caribbean/Black British: Total	**0.4%**	**2,372**	**3.5%**	
Other ethnic group: Total	**0.2%**	**953**	**1.0%**	

National Findings

During the first wave of the pandemic the death rate from COVID-19 was higher among people of Black, Bangladeshi and Pakistani, Indian, and Other Ethnicity compared with those of White Ethnicity.

Nationally, the mortality rate from COVID-19 has been highest among black men. Even after accounting for other factors that are likely to affect the risk of exposure and dying once infected, the rate of death involving COVID-19 among black males was twice as great as comparable white males.

Black males between the ages of 9 and 64 years died at a rate of 47 per 100,000 in the population, compared with 10 per 100,000 White males. The mortality rate among Black

females was also over four times higher than that of White women, at nearly 25 deaths per 100,000 in the population.[116]

Occupation, co-existing disease and obesity are important factors which may have influenced these findings. When other co-existing diseases are included the difference in the risk of death in hospitalised patients between ethnic groups is greatly reduced.[117]

Local Findings

A survey of the general public conducted by Healthwatch Worcestershire in collaboration with the NHS and Worcestershire County Council found that more respondents in the 'white other' group found it difficult to keep up to date with information about keeping themselves and others safe compared with 'White British' respondents.

Family, friends and neighbours and social media were more frequently being used as an information source by people who defined themselves as 'White Other' compared to 'White British' respondents. Online information sources were rated as less helpful by people in the 'White Other' group than by 'White British' respondents.

Of respondents who said that they, or the person they cared for/supported, had additional communication needs (n=163) 44% had not been able to find information and advice in the formats or languages needed.

Significantly more respondents in the 'White Other' group (13%) told said they had additional communication needs in comparison with 'White British' respondents (7%).

Opportunities/Challenges for the Future

Nationally, Public Health England have recommended the following actions:

- Improve ethnicity data collection and recording including collection of ethnicity data at death certification
- Support community participatory research
- Improve access, experience and outcomes of NHS, local government and integrated care systems by BAME communities
- Accelerate the development of culturally competent occupational risk assessment tools
- Fund, develop and implement culturally competent COVID-19 education and prevention campaigns
- Accelerate efforts to target culturally competent health promotion and disease prevention programmes

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

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

- Ensure that COVID-19 recovery strategies actively reduce inequalities caused by the wider determinants of health
- Continue to draw on language and translation services. Ensuring a responsive translation when necessary.

Indicators to Monitor

- Hospital admissions due to COVID-19 in BAME people

People with Physical, Sensory or Learning Disability Challenges

Population Profile

- Data from the last census in 2011 showed 101,492 or 17.9% of the Worcestershire population had a long-term health problem or disability.[118]
- In 2018/19 in Worcestershire, 2,915 people were recorded as having a learning disability on GP Practice registers. This is 0.5% of the population.

National Findings

People with Disabilities

A provisional analysis by the Office for National Statistics found that disabled people[119] aged nine and over made up almost six out of ten COVID-19 deaths between March and July. Both males and females aged nine and over had higher age-adjusted mortality rates than those that were non-disabled.

Males who were disabled and limited a lot in their day-to-day activities had an overall age-standardised COVID-19 mortality rate of 240.8 deaths per 100,000 (non-disabled: 84.2 deaths per 100,000). Females who were disabled had an age-standardised COVID-19 mortality rate of 169.9 deaths per 100,000 (non-disabled: 44.4 deaths per 100,000).[120]

The American Centers for Disease Control and Prevention (CDC) have suggested some people with disabilities might be at a higher risk of infection or severe illness because of

[118] The definition is a long-term health problem or disability that limits a person's day-to-day activities, and has lasted, or is expected to last, at least 12 months. Public Health England. Public Health Profiles. Available at: https://fingertips.phe.org.uk/search/disability#page/1/gid/1/pat/6/par/E12000005/ati/102/are/E10000034/iid/90408/age/1/sex/4/cid/4/tbm/1/page-options/ovw-do-0_car-do-0

[119] People are counted as disabled if they said their daily activities were limited a little or limited a lot by a health problem or disability lasting or expected to last at least 12 months.

[120] The Office for National Statistics. COVID-19 (COVID-19) roundup. 24/09/20. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/COVID-19covid19roundup/2020-03-26

their underlying medical conditions. On their website they state the following groups might be at increased risk of becoming infected or having unrecognized illness:[121]

1) People who have limited mobility or who cannot avoid coming into close contact with others who may be infected, such as direct support providers and family members

2) People who have trouble understanding information or practicing preventive measures, such as hand washing and social distancing

3) People who may not be able to communicate symptoms of illness

The ONS have also examined the way that the COVID-19 pandemic is impacting on loneliness in different groups. In two reports looking at the impact on adults with disabilities, it was found that they were significantly more likely than adults without disabilities to report spending too much time alone; 35% of adults with disabilities reported this compared to 20% of adults without disabilities. Adults with disabilities also more frequently reported that their wellbeing had been affected through feeling lonely in the last seven days (49%) in May 2020 compared with April 2020 (30%) and they were more likely to report this concern than adults without disabilities (29%).[122]

Autism and Learning Disabilities

The 2019 Learning Disabilities Mortality Review found that people with learning disabilities are more likely to experience ill health, reduced life expectancy and die from avoidable medical causes than the general population.

The National Autistic Society published a report in September 2020 based on the feedback from 4,000 people with Autism during June and July. They found that nine out of ten people with Autism worried about their mental health during lockdown, 85% said that their anxiety levels got worse and they were seven times more likely to experience chronic loneliness than the general population. These findings suggest that the pandemic increased the health inequalities that already existed.[123]

Local Findings

A survey conducted by Healthwatch Worcestershire, the NHS and Worcestershire County Council found that people with hearing impairments who lip read reported having difficulties when masks are worn. The survey also found challenges for people with sight impairments in maintaining social distancing when they required guiding.

Healthwatch Worcestershire has also conducted a learning disability and autism survey. Of the 84 people who completed the survey 37% said they had been able to find information that was easy to understand. Some had found telephone or video

---

[121] Centres for Disease Control and Prevention. People with Disabilities. 14/10/20. Available at: https://www.cdc.gov/COVID-19/2019-ncov/need-extra-precautions/people-with-disabilities.html

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

[123] COVID-19 Learning Disability and Autism Report. September 2020. Available from: https://worcestershirecc.sharepoint.com/sites/external/publichealth/Shared%20Documents/JSNA%20summary%202020/Evidence%20Reports/COVID-19%20Learning%20Disability%20and%20Autism%20Report%20v1.0%20(002).pdf?CT=1602765243177&OR=ItemsView

consultations with the GP practice difficult and thought that a support worker or carer would have to do most of the talking for them. This might mean it was more difficult to have a private conversation.

Most respondents had experienced a change in their support during COVID-19. Respondents described having less support and difficulties being able to access support via support groups, day services, voluntary work, college and regular activities.

Opportunities/Challenges for the Future

There is a need for up-to-date easy-read and accessible information for people with learning disabilities. This should include information that people who are digitally excluded can access.

Indicators to Monitor

- COVID-19 Deaths amongst disabled people

Carers

Population Profile

From the 2011 census, the most up to date figures available, there are almost 64,000 people in Worcestershire providing some level of unpaid care to relatives or friends, representing over 11% of the population.

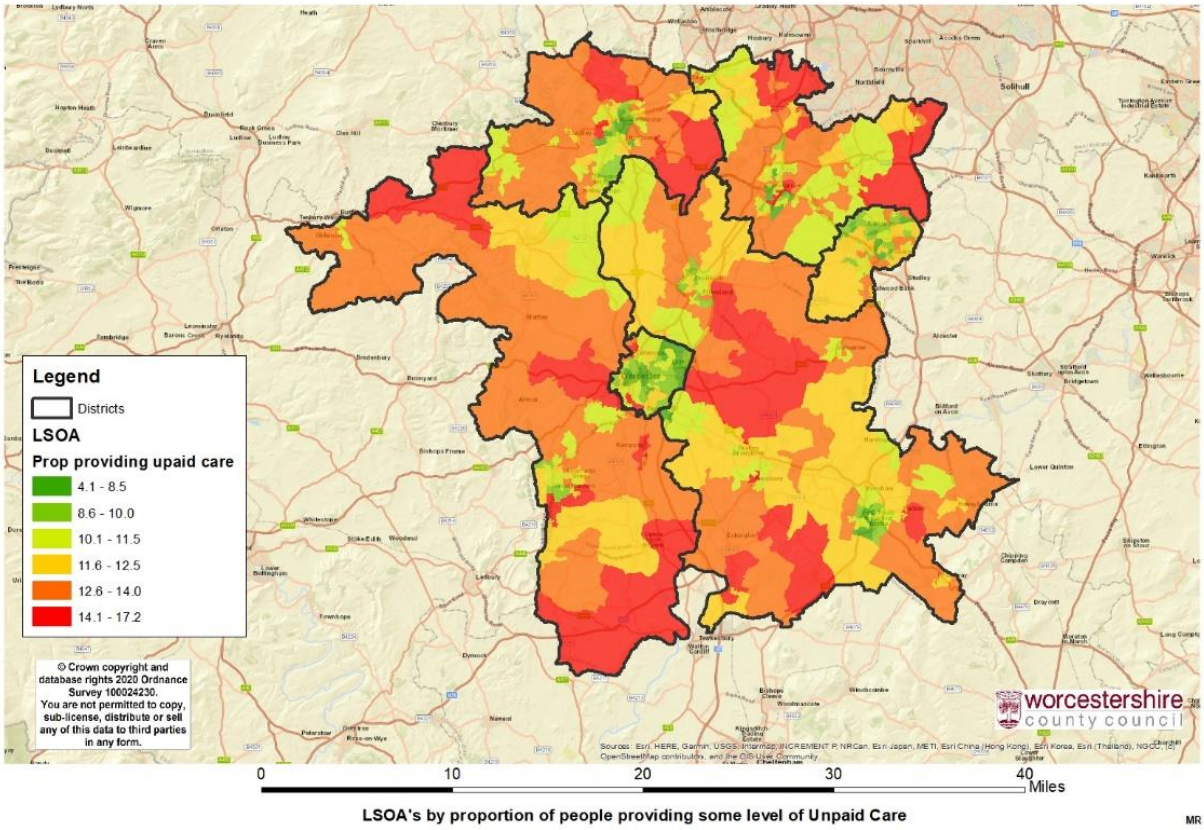
Almost 14,000 of these provide 50 or more hours of unpaid care per week. Proportions of people giving some level of unpaid care are slightly higher in Malvern Hills and Bromsgrove than in other districts.

Figure 25. Providers of unpaid care, 2011 Census

	Bromsgrove	Malvern Hills	Redditch	Worcester	Wychavon	Wyre Forest	Worcestershire
Provides 1 to 19 hours unpaid care a week	7,723	6,543	5,559	6,386	9,225	7,086	42,522
Provides 20 to 49 hours unpaid care a week	1,304	1,000	1,176	1,187	1,418	1,360	7,445
Provides 50 or more hours unpaid care a week	2,174	1,847	2,154	2,075	2,791	2,677	13,718
Provides some unpaid care	11,201	9,390	8,889	9,648	13,434	11,123	63,685
Proportion of people providing some unpaid care	12.0%	12.6%	10.6%	9.8%	11.5%	11.4%	11.2%
Total population	**93,637**	**74,631**	**84,214**	**98,768**	**116,944**	**97,975**	**566,169**

There are high proportions of people providing unpaid care in several rural areas across Malvern Hills, Wyre Forest, Wychavon and Bromsgrove, as well in more urban areas on the outskirts of Worcester City and in areas of Bromsgrove town and Kidderminster.

Figure 26. Proportion of People Providing Unpaid Care



National Findings

Indicators from the Opinions and Lifestyle Survey for the week ending 4th October 2020 suggest that 3% of people have had their access to paid or unpaid care being affected by the COVID-19 virus. This rises to 5% among those people with an underlying health condition.

Indicators from the same survey also suggest that 8% of people have had their caring responsibilities being affected by the COVID-19 situation. This rises to 11% among females.[124]

The Office for National Statistics Opinions and Lifestyle Survey has been collecting people's experiences from the start of lockdown. Between 3rd April and 10th May 2020, 79% of adults said they were very or somewhat worried about the effect that COVID-19 (COVID-19) was having on their life and 11% of these said their caring responsibilities had been affected by the pandemic.

Almost half (47%) who said their caring responsibilities had been affected said they were unable to care for someone they usually supported, for example, by being unable to spend as much time as they would like with them or being unable to travel to them. Nearly 15%

[124] The Office for National Statistics Opinions and Lifestyle Survey. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/COVID-19andthesocialimpactsongreatbritain/9october2020

also said they had to organise remote support for someone vulnerable and 9% said that paid support had reduced.[125]

In April, around one-third (32%) of adults who reported giving help or support, were helping someone who they did not help before the pandemic. One-third (33%) also reported giving more help to people they helped previously.[126]

Local Findings

A survey of the general public conducted by Healthwatch Worcestershire in collaboration with the NHS and Worcestershire County Council found that more people who are carers found it difficult to keep up to date with information about keeping themselves and others safe compared to other respondents.

Feedback from local support services for carers has identified the following impacts on carers:

- Feelings of increased isolation,
- Carers unwilling or unable to access respite/carer breaks,
- Prolonged anxiety,
- Anxiety about the health and safety of loved ones in care homes and frustration and concern at not being able to see them,
- Having to give up work to take on caring responsibilities,
- Carers concerned about having care workers in to provide homecare, so carrying out moving and handling/personal care tasks on their own without support,

For young carers in particular the following concerns were highlighted:

- More families in need of financial support,
- Young carers turned away from supermarkets,
- Young carers struggling to cope with a return to normality. Fear of passing virus on to vulnerable family members, but also fear of having to re-engage with peers and build friendship groups. Some young carers have been reclusive even after the rules were relaxed.
- Anxiety about transition to high school

[125] The Office for National Statistics Opinions and Lifestyle Survey. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/morepeoplehavebeenhelpingothersoutsidetheirhouseholdthroughtheCOVID-19covid19lockdown/2020-07-09

[126] The Office for National Statistics Opinions and Lifestyle Survey. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/morepeoplehavebeenhelpingothersoutsidetheirhouseholdthroughtheCOVID-19covid19lockdown/2020-07-09

Opportunities/Challenges for the Future

Work is continuing to identify appropriate mitigations.

Indicators to Monitor

- Levels of unpaid care
- Indicators from the Personal Social Services Survey of Adult Carers in England.[127]
- Carers using respite breaks

Immigrants, Asylum Seekers and Refugees

Population Profile

- Between mid-2018 and mid-2019 it is estimated that 2,542 people came from abroad to live in Worcestershire for a period of at least 12 months.
- During the same period, it is estimated that 1,562 Worcestershire residents left the UK to live abroad for at least 12 months.
- Between mid-2016 and mid-2017 it is estimated that 944 people made short-term visits to Worcestershire - defined as a visit of between three and twelve months for work or study.
- In 2019 it was estimated that there were 40,000 non-UK born people living in Worcestershire. However, the uncertainty around this estimate is plus or minus 12,000 people, meaning it could be as low as 28,000 or as high as 52,000.
- In Worcestershire in 2019, 33 refugees were resettled under the Vulnerable Persons Resettlement Scheme (VPRS)
- As of 31st March 2019, there were seven asylum seekers in receipt of section 95 support from Worcestershire district councils.

National Findings

Immigrants are at much higher risk of COVID-19 infection than the native born. This is due to a range of vulnerabilities including poverty, overcrowded housing and jobs where physical distancing is difficult.

Immigrants are often in a more vulnerable position in the labour market due to less stable employment conditions and lower seniority. They are over-represented in sectors most affected by the pandemic to date.

School closures and distance learning put children of immigrants at a disadvantage as their parents tend to have fewer resources to help them with their homework. The

[127] NHS Digital. Personal Social Services Survey of Adult Carers. Available at: https://digital.nhs.uk/data-and-information/publications/statistical/personal-social-services-survey-of-adult-carers/england-2018-19

Organisation for Economic Co-operation and Development (OECD) has found that 40% of native-born children of immigrants do not speak their host countries language at home. They are also less likely to have access to IT at home or a quiet place to study.

With growing unemployment and the role of international travel in the spread of the virus, there is a risk of a backlash of public opinion against immigrants.[128]

Vulnerable migrants may not know how the healthcare system works, what healthcare they are entitled to and whether they are eligible for government support.

Other barriers to accessing healthcare include the fear of being charged and the fear that their data will be shared with other authorities.

Some vulnerable migrants will face additional barriers in accessing public information because of language barriers and lack of access to technology.

There is potential for some groups to access information from unreliable sources or from countries where information is not relevant here.[129]

Opportunities/Challenges for the Future

Measures to mitigate health inequalities in this group are:[130]

- Where possible, make guidance available in multiple languages, and promote awareness of rights of access to healthcare services
- Raise awareness of resources for health professionals and community hubs to support migrant patients and clarifying the entitlements to free and chargeable NHS services.
- NHS services provided for the investigation, diagnosis and treatment for COVID-19 are free of charge, irrespective of immigration status.
- As well as translated guidance, videos with spoken guidance can help where there are issues with illiteracy in first languages (some languages are primarily oral). Audio-only guidance can be shared easily among communities.

[128] The Organisation for Economic Co-operation and Development (OECD). What is the impact of the COVID-19 pandemic on immigrants and their children? October 2020. Available at: http://www.oecd.org/coronavirus/policy-responses/what-is-the-impact-of-the-covid-19-pandemic-on-immigrants-and-their-children-e7cbb7de/

[129] Refugee and asylum seeker patient health toolkit. BMA guidance. Available at: https://www.bma.org.uk/advice-and-support/ethics/refugees-overseas-visitors-and-vulnerable-migrants/refugee-and-asylum-seeker-patient-health-toolkit

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

Indicators to Monitor

- Number of COVID-19 cases by ethnicity NB this will only partially cover the immigrant population because the data also includes native-born people with an ethnic minority background

Gypsy Roma Traveller Communities

Population Profile

Gypsy, Roma and Traveller (GRT) communities' experiences some of the poorest health outcomes, including:[131]

- significantly lower life expectancy (a study in Leeds found the difference was 28 years)
- higher maternal and infant mortality (The All Ireland Traveller health study found that the infant mortality rate for Travellers in Ireland was almost four times higher than in the general population)
- higher rates in GRT children of accidental injury and infections; high rates of accident and emergency department attendance; low/variable uptake of childhood immunisations; significantly increasing risk of vaccine preventable disease
- poor dental health, high unmet need and low dental registration

Local Findings

A key informant has highlighted the following as adverse effects of COVID-19 on gypsies and travellers:

- lockdown meant the closure of places that they relied upon for water and cleaning purposes for example, leisure centres, churches and petrol stations.
- worsening of already poor access to healthcare
- social distancing may have increased the prevalence of mental health problems - already high in this population

[131] NHS. Improving uptake and delivery of health services to reduce health inequalities experienced by Gypsy, Roma, and Traveller people. Available at: https://www.england.nhs.uk/ltphimenu/improving-access/improving-uptake-and-delivery-of-health-services-to-reduce-health-inequalities-experienced-by-gypsy-roma-and-traveller-people/

Opportunities/Challenges for the Future

It has been suggested that provision of more permanent traveller sites could help with the problems highlighted.

The following interventions have been judged by the NHS to be acceptable and feasible methods to improve uptake and delivery of health services and thereby reduce health inequalities for GRT people:[132]

- Develop minimum standards of courtesy for all health service personnel including first points of contact e.g. receptionists, helpline staff
- Simplify GP and dentist registration, for example by allowing c/o addresses, flexible requirements for proof of address; and develop less punitive approaches to dealing with non-attendance or arriving late for appointments;
- Introduce literacy help cards throughout NHS (cards that can be presented to front line staff or receptionists to ask for discreet help with form-filling etc.) and provide alternatives to written information;
- Enhance GRT people's health literacy: e.g. awareness of health service-user rights, tips on how to communicate with healthcare professionals and confidence to ask questions
- Provide flexible services e.g. flexible times/'drop-in' services/multiple access routes, one-stop shop
- Use engagement with routine maternity and child health services to deliver wider health messages, especially relating to child oral health
- Increase collaborative working with those that already have trusted relationships with GRT communities, e.g. third sector organisations.

[132] NHS. Improving uptake and delivery of health services to reduce health inequalities experienced by Gypsy, Roma, and Traveller people. Available at: https://www.england.nhs.uk/ltphimenu/improving-access/improving-uptake-and-delivery-of-health-services-to-reduce-health-inequalities-experienced-by-gypsy-roma-and-traveller-people/

Looking Ahead - What Might the Future Bring?

Winter Pressure[133]

Seasonal flu happens every year and is a key driver of pressure on the NHS and deaths.

In winter 2017/18 influenza levels were high and this led to the deferral of all elective inpatient and outpatient NHS care in England throughout January.

Most cases of flu occur between December and March.

This year the flu season is likely to coincide with COVID-19. Those most at risk of flu will also be most at risk from COVID-19. It is not possible to predict how severe the flu season will be or how the transmission of SARS-CoV-2 might change in colder weather.

However, there are four other coronaviruses[134] that cause the 'common cold' and these tend to spread in winter like the flu virus.

Flu and COVID-19 have similar symptoms so cases of influenza are likely to put pressure on the COVID-19 test, trace and isolate system. Improved rapid point of care diagnostics will be important. Four influenza tests that deliver results in around 30 minutes are already available and the UK government has announced purchase agreements for two COVID-19 tests that give results in 90 minutes.

Flu immunisation works but the extent to which it reduces cases and NHS demand depends on a number of factors including vaccine availability, effectiveness[135], how many people are immunised and the timing of the immunisation.

Locally flu vaccination coverage varies between groups. People aged under 65 with health conditions and pregnant women are at risk but coverage in these groups is only about half in contract to coverage in the over 65s which is almost three quarters.

It is likely that international demand for flu vaccine will outstrip supply the UK government has stated that it has secured additional supplies.

---

[133] UK Parliament. POST. Rapid Response. Influenza immunisation programme, NHS winter pressure and COVID-19. August 2020. Available at: https://post.parliament.uk/influenza-immunisation-programme-nhs-winter-pressure-and-COVID-19/?utm_source=POST&utm_campaign=02c008039d-EMAIL_CAMPAIGN_2020_07_20_04_41_COPY_01&utm_medium=email&utm_term=0_5928a699a4-02c008039d-103823078&mc_cid=02c008039d&mc_eid=a2898d8a66

[134] CDC, The Human Coronavirus: 229E [alpha COVID-19], NL63 [alpha COVID-19], OC43 [beta COVID-19] and HKU1 [beta COVID-19] Available at: https://www.cdc.gov/coronavirus/types.html

[135]CDC, Different strains of flu exist. The strains used in annual vaccines are selected in advance of the influenza season and in some cases the strains circulating in the population do not match those used in the vaccine. Available at : https://www.cdc.gov/flu/prevent/vaccine-selection.htm

Immunity[136]

The latest research suggests that antibodies to SARS-CoV-2 can be detected in recovered patients for up to 2-3 months after symptoms.

It is not yet clear whether infection with any of the four coronaviruses which cause the common cold lead to any protection to SARS-CoV-2 and, if so, how long it would last.

Vaccination[137]

The UK Government secured early access to 340 million doses of six different COVID-19 vaccine candidates. It is still unknown whether any of them will be able to protect from SARS-CoV-2. In case of a successful vaccine candidate, supply may be initially constrained and therefore priority groups need to be defined.

Public Finances

The lockdown has caused deep damage to public finances and the wider economy. The social and economic consequences of the crisis will have an impact on the population's health and mental wellbeing and risk deepening inequalities further.

[136] UK Parliament. POST. Rapid Response. Immunity to COVID-19: August update. Available at: https://post.parliament.uk/immunity-to-COVID-19-august update/?utm_source=POST&utm_campaign=02c008039d-

[137] UK Parliament. POST. Rapid Response. COVID-19 vaccines: Immunisation and prioritisation of eligible groups. 27 August, 2020. Available at: https://post.parliament.uk/COVID-19-vaccines-immunisation-and-prioritisation-of-eligible-groups/?utm_source=POST&utm_campaign=02c008039d-EMAIL_CAMPAIGN_2020_07_20_04_41_COPY_01&utm_medium=email&utm_term=0_5928a699a4-02c008039d-103823078&mc_cid=02c008039d&mc_eid=a2898d8a66

Opportunities and Challenges for the Future

Public Health England, the Local Government Association and the Association of Directors of Public Health have produced a detailed document which describes actions that can be taken at a local level to mitigate the effects of COVID-19 on health inequalities. This is available at: https://www.local.gov.uk/sites/default/files/documents/COVID-19%20Suggestions%20for%20mitigating%20the%20impact%20on%20health%20inequalities%20at%20a%20local%20level%20%282%29.pdf

Evidence Gaps

As the pandemic is a relatively new phenomenon there is a shortage of data to describe its effects.

During the course of this work the collection of ethnicity data and, in particular, ethnicity data relating to deaths and maternity has been highlighted as an evidence gap.

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

Nationally, as a consequence of social care's hugely diverse and independent provision, there has been a lack of quality and timely service data and intelligence.

Further Information and Feedback

This report has been written with guidance and support from the Joint Strategic Needs Assessment (JSNA) Working Group. We welcome your comments and questions - please do contact us.

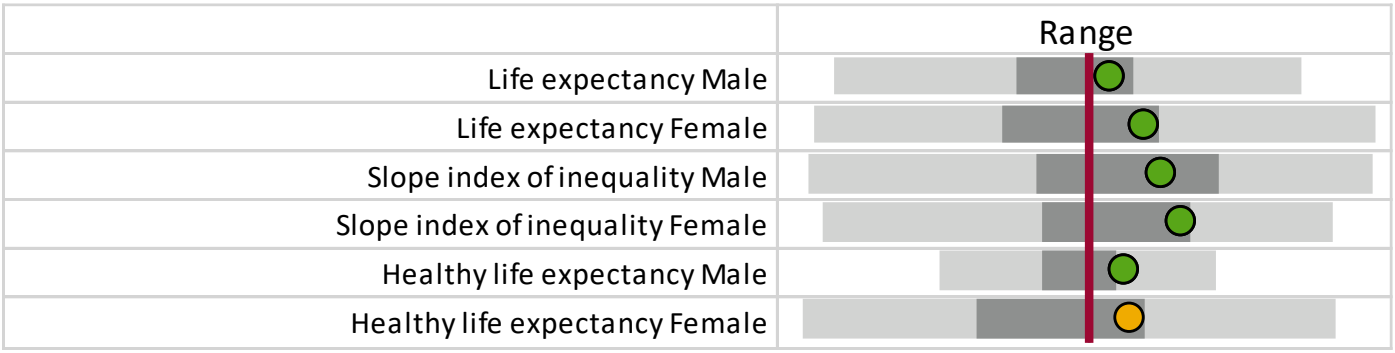
This document can be provided in alternative formats such as large print, audio recording or Braille.

Contact for comments, questions and alternative formats:

Janette Fulton, Tel: 01905 843359, Email: **jfulton@worcestershire.gov.uk**

Appendix 1: Key Public Health Indicators

Overarching Indicators

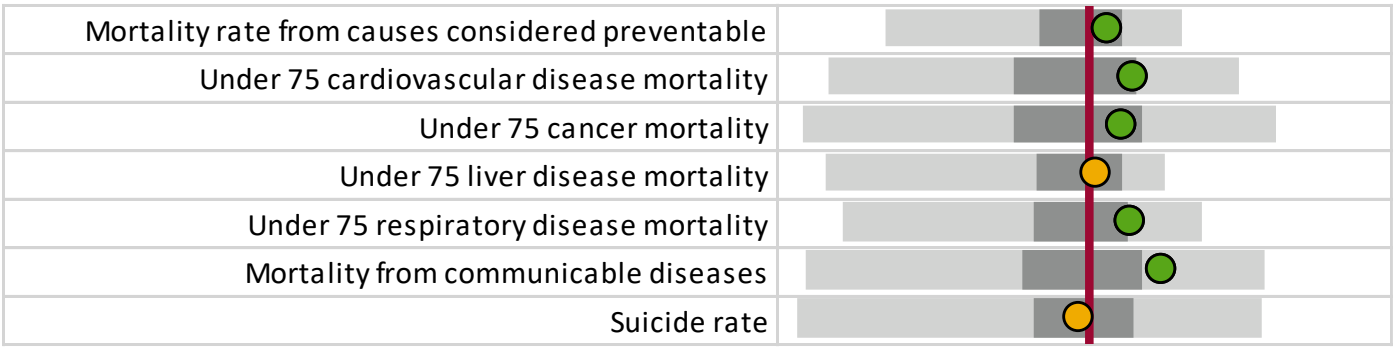


Source: Public Health England (PHOF)

				Worcestershire		England		
	Sex	Age	Period	Count	Value	Value	Worst	Best
Life expectancy	Male	All ages	2016 - 18	-	80.0	79.6	74.5	83.9
Life expectancy	Female	All ages	2016 - 18	-	83.9	83.2	79.5	87.0
Slope index of inequality	Male	All ages	2016 - 18	-	8.1	9.5	15.2	3.8
Slope index of inequality	Female	All ages	2016 - 18	-	5.4	7.5	13.8	1.8
Healthy life expectancy	Male	All ages	2016 - 18	-	65.6	63.4	53.3	71.9
Healthy life expectancy	Female	All ages	2016 - 18	-	65.2	63.9	54.2	72.2

Source: Public Health England (PHOF)

Mortality

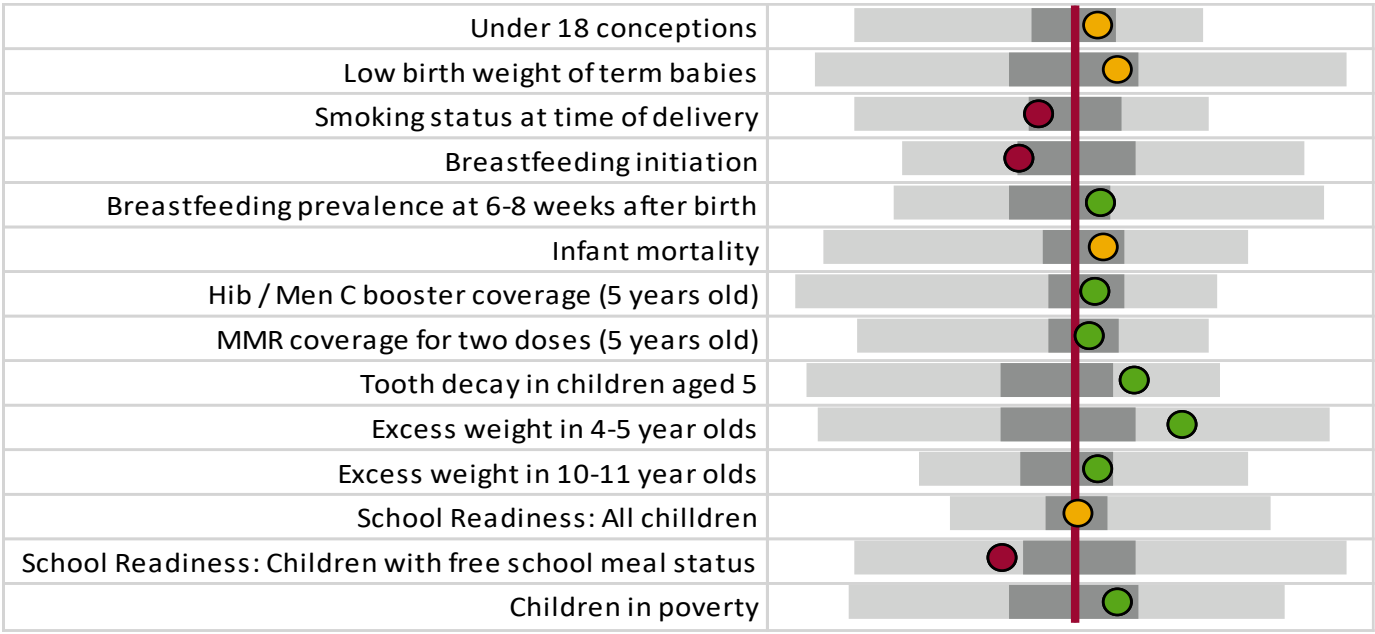


Source: Public Health England (PHOF)

				Worcestershire		England		
	Sex	Age	Period	Count	Value	Value	Worst	Best
Mortality rate from causes considered preventable	Persons	All ages	2016 - 18	3,255	169.0	180.8	318.0	118.9
Under 75 cardiovascular disease mortality	Persons	<75 yrs	2016 - 18	1,119	63.0	71.7	124.6	41.8
Under 75 cancer mortality	Persons	<75 yrs	2016 - 18	2,237	126.0	132.3	190.3	94.8
Under 75 liver disease mortality	Persons	<75 yrs	2016 - 18	310	18.1	18.5	45.1	11.0
Under 75 respiratory disease mortality	Persons	<75 yrs	2016 - 18	508	28.0	34.7	76.1	16.1
Mortality from communicable diseases	Persons	All ages	2016 - 18	177	8.9	11.3	20.9	5.4
Suicide rate	Persons	10+ yrs	2017 - 19	164	10.5	10.1	19.0	4.9

Source: Public Health England (PHOF)

Children and Young People

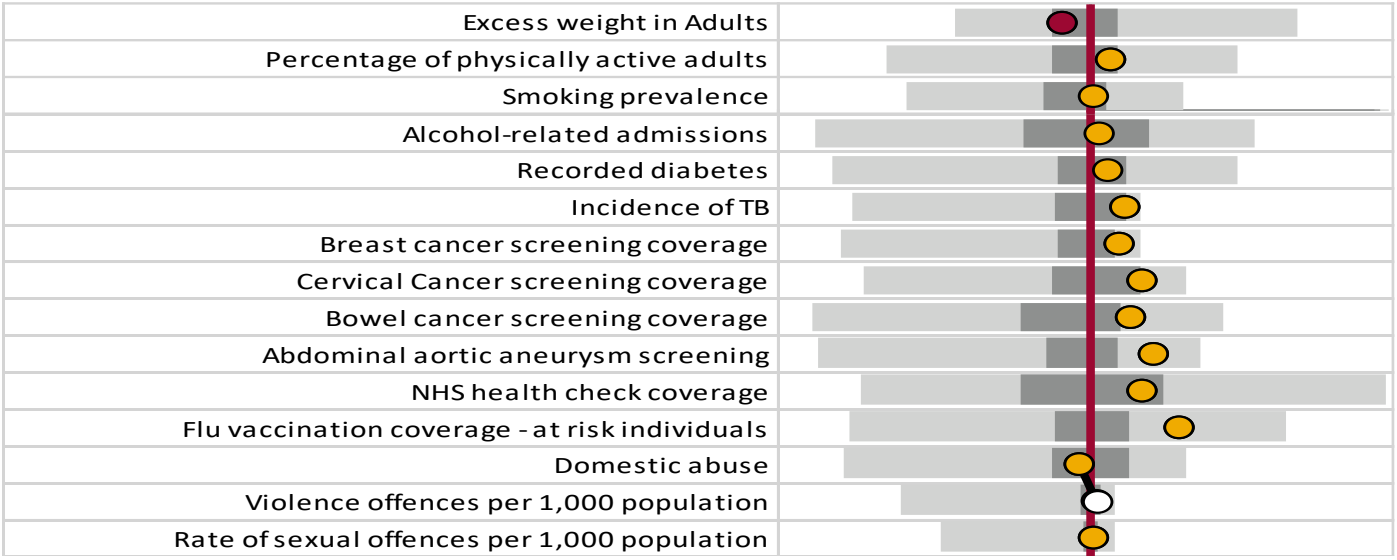


Source: Public Health England (PHOF)

				Worcestershire	England			
	Sex	Age	Period	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 weeks gestational age at birth	2018	129	2.6	2.9	4.6	1.0
Smoking status at time of delivery - current method	Female	All ages	2018/19	708	13.1	10.6	25.7	1.6
Breastfeeding initiation	Persons	Newborn	2018/19	3,210	59.6	67.4	43.6	98.7
Breastfeeding prevalence at 6-8 weeks after birth	Persons	6-8 weeks	2018/19	2,823	49.6	46.2	21.3	80.1
Infant mortality	Persons	<1 yr	2016 - 18	61	3.5	3.9	8.2	1.0
Hib / Men C booster coverage (5 years old)	Persons	2 yrs	2018/19	5,731	91.7	90.4	71.2	100.0
MMR coverage for two doses (5 years old)	Persons	5 yrs	2018/19	5,737	87.8	86.4	64.1	100.0
Tooth decay in children aged 5	Persons	5 yrs	2019/20	-	17.5	23.4	50.9	8.7
Excess weight in 4-5 year olds	Persons	4-5 yrs	2018/19	1,170	19.7	22.6	29.7	15.6
Excess weight in 10-11 year olds	Persons	10-11 yrs	2018/19	1,939	32.9	34.3	44.9	22.6
School Readiness: All chilldren	Persons	5 yrs	2018/19	4,493	72.0	71.8	63.1	85.1
School Readiness: Children with free school meal status	Persons	5 yrs	2018/19	402	51.5	56.5	41.4	75.0
Children in poverty	Persons	0-19 yrs	2016	16,250	14.1	17.0	32.5	2.8

Source: Public Health England (PHOF)

Adult Health

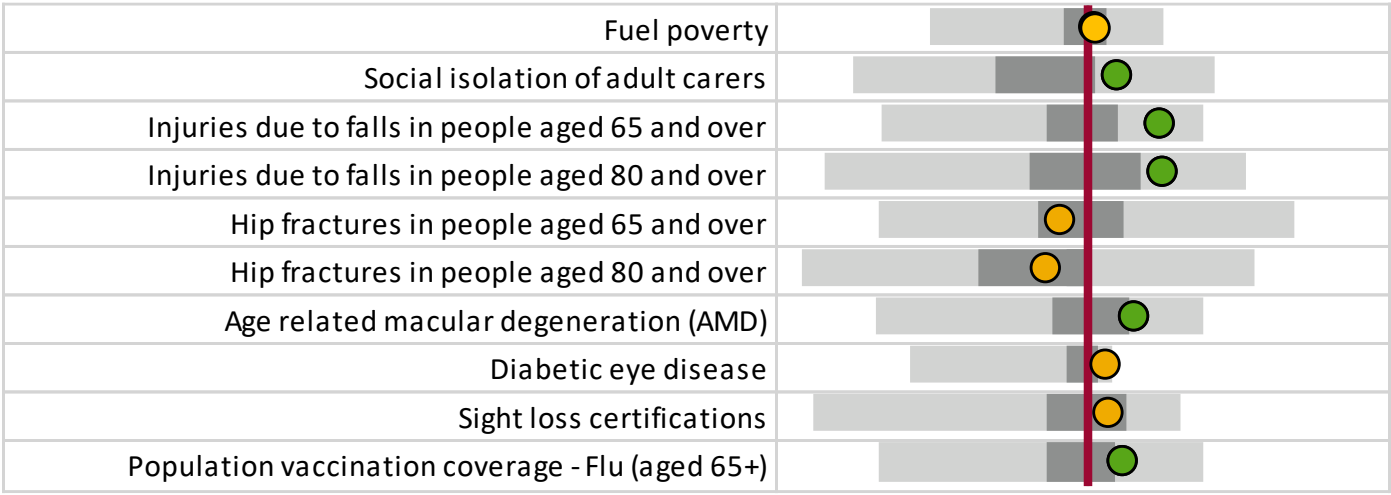


Source: Public Health England (PHOF)

				Worcestershire		England		
	Sex	Age	Period	Count	Value	Value	Worst	Best
Excess weight in Adults	Persons	18+ yrs	2018/19	-	65.1	62.3	75.9	41.7
Percentage of physically active adults	Persons	19+ yrs	2018/19	-	69.3	67.2	46.7	82.0
Smoking prevalence	Persons	18+ yrs	2019	51,283	14.7	14.9	27.4	8.8
Alcohol-related admissions	Persons	All ages	2018/19	4,002	651.3	663.7	1,126.9	389.4
Recorded diabetes	Persons	17+ yrs	2018	-	80.1	78.0	43.3	97.5
Incidence of TB	Persons	All ages	2016 - 18	60	3.4	9.2	49.3	0.7
Breast cancer screening coverage	Female	53-70 yrs	2019	57,029	78.2	74.5	40.8	81.1
Cervical Cancer screening coverage	Female	25-49 yrs	2019	69,685	74.9	69.8	46.8	79.4
Bowel cancer screening coverage	Persons	60-74 yrs	2019	64,325	62.7	60.1	41.3	69.0
Abdominal aortic aneurysm screening	Male	65	2018/19	3,206	87.5	81.3	53.7	92.3
NHS health check coverage	Persons	40-74 yrs	2015/16 - 19/20	86,282	48.2	41.3	10.2	80.8
Flu vaccination coverage - at risk individuals	Persons	6 months-64 yrs	2019/20	36,049	50.7	44.9	28.7	58.1
Domestic abuse	Persons	16+ yrs	2018/19	-	29.1	27.4	60.7	14.7
Violence offences per 1,000 population	Persons	All ages	2018/19	14,469	24.6	27.8	156.0	11.8
Rate of sexual offences per 1,000 population	Persons	All ages	2018/19	1,387	2.4	2.5	12.7	0.9

Source: Public Health England (PHOF)

Older People



Source: Public Health England (PHOF)

				Worcestershire		England		
	Sex	Age	Period	Count	Value	Value	Worst	Best
Fuel poverty	Persons	Persons	2018	25,145	9.9	10.2	20.9	5.2
Social isolation of adult carers	Persons	18+	2018/19	170	38.4	35.5	11.7	48.1
Injuries due to falls in people aged 65 and over	Persons	65+ yrs	2018/19	2,320	1,730.2	2,197.5	3,591.9	1,430.2
Injuries due to falls in people aged 80 and over	Persons	80+ yrs	2018/19	1,600	4,554.0	5,542.7	9,105.5	3,409.9
Hip fractures in people aged 65 and over	Persons	65+ yrs	2018/19	790	586.5	558.4	771.7	350.4
Hip fractures in people aged 80 and over	Persons	80+ yrs	2018/19	565	1,609.6	1,489.2	2,262.9	1,041.3
Age related macular degeneration (AMD)	Persons	65+ yrs	2018/19	110	82.6	112.3	256.2	34.1
Diabetic eye disease	Persons	12+ yrs	2018/19	10	2.0	3.1	15.2	1.5
Sight loss certifications	Persons	All ages	2018/19	227	38.3	43.4	117.8	18.9
Population vaccination coverage - Flu (aged 65+)	Persons	65+ yrs	2019/20	101,963	74.8	72.4	58.3	80.1

Source: Public Health England (PHOF)

Appendix 2: Impact Tables