

Worcestershire Health and Well-being Board

Joint Strategic Needs Assessment

Executive Summary

Health Impacts of COVID-19

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About this report

This Health Impact Assessment of COVID-19 in Worcestershire is in two parts:

- An Executive Summary – this report
- A Main Report – available from the Worcestershire Joint Strategic Needs Assessment Website:
https://www.worcestershire.gov.uk/info/20122/joint_strategic_needs_assessment

This executive summary highlights some key findings from the full report. For more in-depth information please refer to the main report.

COVID-19 impacts have been summarised in a table which is appended to this summary.

Acknowledgements

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Thank you to all those who 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

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Introduction

Strategic Needs Assessment in the era of COVID-19

This year's Joint Strategic Needs Assessment (JSNA) Annual Summary takes the form of an assessment of the health and well-being impacts of COVID-19 on the Worcestershire population.

The aim of the report is to highlight the wide-ranging impact of COVID-19 on people's health and well-being and to begin to identify actions to mitigate negative impacts and build upon positive impacts.

As well as the direct impact of the virus on health, the report also looks at how the pandemic has impacted the other factors that influence people's health and well-being, for example, their social and economic environment.

We have used a variety of evidence to identify impacts ranging from national reports to information from key informants. Some of the impacts described are speculative and provided to spark further investigation and discussion rather than being definitive.

Further work is necessary to identify the best ways to mitigate the impacts described.

The impact of COVID-19 is significant and may extend well beyond the short-term.

This summary represents the situation at the time of writing. We are planning to update the assessment frequently as more evidence is available.

However, now is the right time to take stock and begin to plan for the future. We hope that this assessment is a good starting point.

Key Health Measures

Worcestershire generally has good levels of health. Both male and female life expectancy is better than the national average. However, some indicators are worse than the national average, these include:

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

The pandemic so far

In Worcestershire, the first laboratory confirmed cases of COVID-19 were on the 9th March 2020 and the first death occurred on the 20th March 2020. At the peak of the first

wave of the virus in April 2020, there were approximately 20 deaths each day over and above the 17 expected for the time of year.

Up to the 2nd October 2020 there had been 725 deaths from all causes over and above what would be expected.¹

Initial analysis of the excess deaths seen in the first wave of the disease showed that just over 30% did not have COVID-19 listed as their main cause increases were seen in deaths attributable to dementia, heart disease, cancers and other non-COVID respiratory disease.

More of these excess deaths occurred outside of hospital which may support the view that in the early days of the pandemic people were reluctant to contact health services for non-COVID issues.

During the first wave of the pandemic the local authority created Here2Help in partnership with the district councils and several community and voluntary sector organisations. This service was designed to offer support to all those self-isolating, including those not on the shielded list. The service provides advice, signposting to community groups, volunteer matching, food and supplies, medicines, referrals to mental health and well-being services and to adult or children's social care.

The local authority has also published a local outbreak response plan and a local outbreak response team (LORT) has been formed.

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

Not everyone has felt the impact of COVID-19 equally

The greatest impacts of COVID-19 have fallen on those who are the least privileged. COVID-19 has made the existing differences in health between groups worse.

Age is the single most important risk factor for death from COVID-19. People aged 80 or over are 70 times more likely to die than those under 40².

Public Health England list the main characteristics associated with dying from COVID-19 as:

- Being older
- Being male

¹ Office for National Statistics (ONS)

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deaths-involving-covid-19-by-local-areas-and-deprivation/deaths-occurring-between-1-march-and-31-july-2020>

² 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

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

Locally there is a strong relationship between death due to COVID-19 and age and some relationship between higher death rates and the level of deprivation. In Worcestershire more males than females have died due to COVID-19. Local data on the ethnicity of those who have died is incomplete.

COVID-19 related inequalities are likely to be related to:³

- 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
- Ethnicity⁴

Worcestershire compares better than England in most aspects of deprivation, however, there are still almost 28,000 residents in the county living in the top 10% of deprived areas in the country.

Worcester City is the district that has most Lower Super Output Areas (LSOA's)⁵ within the top 10% most deprived areas (eight). Redditch and Wyre Forest districts have the most LSOA's within the top 30% most deprived areas (21 and 20 respectively).

If the population aged 65-plus is taken into account, local analysis suggests that COVID-19 related deaths may be higher in the more deprived areas of Worcestershire (for further detail please see the deprivation section of the main report).

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>

³ 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>

⁴ 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>

⁵ Lower Super Output Areas are a small-area geography used for the Census

Mental and Physical Health

Most people with COVID-19 develop a mild or moderate illness but approximately 15% develop severe disease that requires oxygen support and 5% have critical disease.

Common symptoms of COVID-19 are high temperature and/or a new continuous cough and/or 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.

A number of people who initially experience a mild or moderate COVID-19 disease go on to have a prolonged and relapsing course of the illness – a condition that has been termed ‘Long COVID’.

Patients who required ventilation may go on to develop Post Intensive Care Syndrome (PICS) a mixture of physical, cognitive and psychological impairments and although children typically experience COVID-19 as a mild illness, a small number can develop a significant inflammatory response known as Paediatric Multisystem Inflammatory syndrome (PIMS) following infection.^{6,7,8,9,10}

Anxiety and depression appear to be common among people hospitalised for COVID-19 and patients who require admission to critical care can develop Post-traumatic Stress Disorder (PTSD).¹¹

The ‘Shielded Patients List’ includes people classified as clinically extremely vulnerable because they have one or more of a number of specified conditions or their doctor deems them to be at higher risk if they catch COVID-19. Locally, there were around 21,225 people on the shielding list in October 2020.

⁶ 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

⁷ 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

⁸ 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/>

⁹ Levin M. Childhood multisystem inflammatory syndrome: a new challenge in the pandemic. New England Journal of Medicine. 2020; DOI. 10.1056/NEJMe2023158.

¹⁰ 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.

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>

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.

The impact of the pandemic, both economically and emotionally is a major concern for suicide prevention. Men and people who live in less affluent areas are at higher risk of suicide. We will not know whether the pandemic has affected suicide rates nationally until the UK-wide statistics are released in 2021.

A local survey conducted by Healthwatch Worcestershire found people under 44, carers, people with disabilities and people from the 'White Other' ethnic group were more likely to report COVID-19 was having a great deal or a lot of impact on their mental health. 8% of respondents (170 people) 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.¹²

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

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.

There are numerous ways the pandemic is impacting on people's physical and mental health indirectly - through complex mechanisms. Some of the main effects may come through altered access to health and care services but changes to the economic and social environment are very significant too.

Diet, Physical Activity, Alcohol and Tobacco Consumption

COVID-19 has adversely impacted self-reported dietary and physical activity behaviours in many people.¹³

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.

¹² 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>

¹³ 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

Locally, the effect of lockdown on people's physical activity, diet and weight is as yet unclear. It has been speculated that some people may have taken more care of themselves but conversely some may have had a poorer diet and been more sedentary. It is probable that food insecurity has been exacerbated.

Lockdown may have polarised consumption of alcohol. 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.¹⁴

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

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.¹⁵

Sexual Health

Nationally, 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 impact vulnerable people the most.¹⁶

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

Health and Care Services

Social 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

¹⁴ 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>

¹⁵ 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

¹⁶ 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>

receiving domiciliary care (fewer of these were directly attributed to COVID-19). The emotional toll on staff has been immense.

The Kings Fund state that 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 and family visits were suspended.

Only a small number of Care Quality Commission (CQC) inspections were carried out.

Nationally COVID-19 has increased the unmet need for social care. 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.

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

Locally, the following impacts were noted:

- Absence of face to face services caused concern about safeguarding issues not being picked, up and detrimental impact on people's mental health and wellbeing
- Pressure on care at home services because an increasing number of people wanted to avoid care home placement. This also led to higher vacancies in the care home market.
- Difficulty in completing care assessments, planning and reviews
- Restricted access to family and health professionals for those living in care homes
- The Continuing Health Care process was suspended

Healthcare

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.

A local survey conducted by Healthwatch Worcestershire found that many people had chosen not to access services. The same survey also found that some respondents had found a switch to telephone and video appointments positive, but others stated that they had experienced difficulties because they did not have access to technology such as the internet or smart phones.

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

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.

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

A local informant has stated that primary care data shows there has been a reduction in the take up of childhood immunisations.

Suspension of preventative services including cancer screening at the start of the pandemic is likely to lead to a delay in cancer diagnosis for some.

Dental Services

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

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.

Economy, Employment and Income

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 well-being and risk deepening inequalities further.

Worcestershire had a relatively strong economy before the pandemic. The proportion of unemployed people was lower than the national and regional averages. Job density was on a par with national figures and the proportions of economically inactive people and workless households were lower than national and regional averages.¹⁷

¹⁷ NOMIS official labour market statistics
<https://www.nomisweb.co.uk/reports/lmp/la/1941962825/report.aspx>

Figure 1 shows national changes in GDP for different sectors of the economy between February and July 2020 covering the first wave of the pandemic. Also shown are how many employees and businesses are involved in these sectors within Worcestershire.

The table shows that all sectors of the economy suffered a decline over this period. However, some sectors were more effected than others. Sectors experiencing a 25% or more decline were accommodation and food services, Arts entertainment and recreation and Human health and social work activities.

Figure 1. Impact of changes in GDP for employment and businesses 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

The COVID-19 Job Retention Scheme furloughed over 92,000 jobs representing a third of Worcestershire's total employment in August 2020. The district level proportions of furloughed positions are fairly even, although proportions are slightly higher in Redditch and Wyre Forest than in other districts.

In September 2020 the claimant count was 3.3 percentage points higher than in September 2019. Amongst the working-age population, the unemployment rate stood at 5.5%. Young people have been particularly badly affected by this increase.

Before the COVID-19 situation, the rate of unemployment claimants in the 16-64 age group was 2.3% compared to current rate at 5.5%

- Amongst young people aged 18-24 years the claimant count rate was higher at 3.8% and has increased to 9.4% since the pandemic
- Wyre Forest is the worst affected with 3.9% percentage points increase in claimant count since last year.

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 following measures have been suggested to mitigate the impacts of COVID-19 on people with a low income:

- Target housing/financial information and support to the needs of the most vulnerable groups and those new to the system
- Target more intensive forms of help towards those least likely to be able to navigate the welfare claims process alone
- Ensure there are strong links with Department for Work and Pensions advice services
- Plan for additional demand in housing benefit services (where existing claimants may need to amend their circumstances as income levels change (e.g. self-employed) throughout the course/different phases of the pandemic
- Provide information directly to targeted employers to pass on to their staff, including on the potential impact on mental health of changing financial situations

Digital Media Use

The early days of the COVID-19 pandemic saw increases in media consumption behaviour in the UK.

In an increasingly digital age, those who are not engaging effectively with the digital world are at risk of being left behind. This is often termed 'Digital Exclusion'.

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.

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.

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.

Transport Choice

In Worcestershire, during lockdown, traffic flow dropped to a low of 34% of pre-lockdown levels. At the time of writing (September 2020) traffic flow was at 92% of pre-lockdown levels.

Local evidence suggests that in September 2020 walking and cycling in Worcestershire were slightly higher than the baseline but lower than the April/May 2020 peak.

The impact of COVID-19 on Worcestershire's transport choices may have been transitory and we may 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.

Education

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:

- 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.

Community

The vast majority of impacts identified through this Health Impact Assessment have been potentially negative to people's health and wellbeing. However, community is one area for which positive impacts have been suggested.

Key informants have speculated that community spirit has increased and throughout the COVID-19 pandemic, a large volume of spontaneous volunteering has been seen as local communities come together to support each other.

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.

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.

Housing

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

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

Homelessness

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

Urban/rural areas and access to green space

COVID-19 related deaths per 100,000 population in urban areas may be higher, with estimated figures for deaths per 100,000 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.

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

Specific Population Groups

Mothers and Babies

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.¹⁸

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.¹⁹

¹⁸ NHS. Pregnancy and COVID-19. Accessed 14/10/20. Available at: <https://www.nhs.uk/conditions/COVID-19-people-at-higher-risk/pregnancy-and-COVID-19/>

¹⁹ 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>

Children and Young People

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.

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 well-being through a lack of social interaction and reduction in physical activity. Parents have reported that their child's mental health/well-being 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 well-being was a little bit or a lot worse since the start of the COVID-19 outbreak.²⁰
- Returning to an education setting has had an impact on a children's mental health and well-being. 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 in 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.

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.

²⁰ Early Intervention Foundation, <https://www.eif.org.uk/press-release/half-of-parents-concerned-about-pupils-mental-health-and-well-being-as-children-return-to-school>

Working Age People

Jobs with frequent and close public exposure (besides health and social care) carry a higher risk of COVID-19. Nationally, age-adjusted death 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.

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 is a key challenge.

Older People

Age is the biggest risk factor for severe illness and death caused by COVID-19. 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.

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.

A key challenge for the future will be to promote the importance of physical activity including strength and balance exercises, for maintaining physical function and good mental health for older people and the targeting resources for physical activity to the needs of the most vulnerable.

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

Black, Asian and Minority Ethnic (BAME) Groups

7.6% of Worcestershire's population are of an ethnicity other than white British compared to England's 14.6% and of significance 4.3% of Worcestershire's ethnic group is of Black, Asian and Minority Ethnic (BAME) Groups. The group is disproportionately affected from COVID-19 and Public Health England have recommended the following actions:

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

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

People with Physical, Sensory or Learning Disability Challenges

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

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.

Carers

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/carers 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

Immigrants, Asylum Seekers and Refugees

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 over-represented in job sectors most affected by the pandemic to date.

Gypsy Roma Traveller Communities

Gypsy, Roma and Traveller (GRT) communities' experiences some of the poorest health outcomes. The lockdown has meant the closure of places that they relied upon for water and cleaning purposes for example, leisure centres, churches and petrol stations. There is need for closer contact and connection with the group by authorities in order to provide services particularly health.

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 by Worcestershire County Council's Public Health Team with guidance and support from the Joint Strategic Needs Assessment 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: Impact Tables

The impact tables provide quick reference to the impacts of COVID-19 that have been identified in a summarised and tabulated format. The tables use specific terminology to describe impacts. Their effect on health status is classified as positive or negative when possible. An initial assessment of their likelihood, severity and timing is also made. This assessment is likely to be refined as more evidence becomes available.

Understanding the Tables

Detailed description of the impacts is further explained as follows:

Effect on Health

Term	Meaning
Positive	Impacts that are considered to improve health or provide an opportunity to do so
Negative	Impacts that are considered to diminish health
Unclear	Impacts with a mixed impact on health or the direction of impact is currently unknown

Likelihood of Impact

Term	Meaning
Confirmed	Strong direct evidence that the effect is happening locally
Probable	Good direct evidence that the effect is happening locally
Possible	Weak direct evidence, for example, evidence of the effect nationally but impact yet to be confirmed locally
Speculative	No direct evidence but impact suggested by a key contact

Intensity/Severity of Impact on Health:

Term	Meaning
Major	Significant in intensity, quality or extent Significant or important enough to be worthy of attention, noteworthy
Moderate	Average in intensity, quality or degree
Minimal	Of a minimum amount, quantity or degree, negligible
Uncertain	Intensity/Severity uncertain

Possible Timing of Impact

Term	Meaning
Short Term	Impact seen/to be seen in 0-1 year
Medium Term	Impact to be seen in 1-5 years
Long Term	Impact to be seen in greater than 5 years
Uncertain	Timing of impact uncertain

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Table 1: Alcohol and Tobacco Consumption

Section Heading	Determinant of Health/ Wellbeing	Description of COVID-19 Impact	Effect on Health (Positive/ Negative/ Unclear)	Likelihood of impact	Intensity/Severity of Impact on Health	Possible Timing of Impact	Rationale	Mitigation or Action	Outcomes or Indicators to Monitor
Alcohol and Tobacco Consumption	Alcohol intake	Increase in alcohol intake	Negative	Probable	Moderate	Short-term	A survey of over 2,000 people commissioned by Alcohol Change UK found more than a quarter of current and former drinkers thought they had drunk more during lockdown. Heavier drinkers were more likely to say they had increased the amount they drank. https://alcoholchange.org.uk/blog/2020/drinking-in-the-UK-during-lockdown-and-beyond . Local services are seeing increasing referrals for high risk problems, particularly homeless people	Joint work with services to map increase in referrals, review accommodation and implement some digital solutions. Established Recovery group to review progress meets weekly. Successful bid for accommodation and support to MHCLG to prevent homelessness	Number of alcohol users in treatment, treatment completion without presentation, Alcohol related A&E and hospital admissions, CIN/CP referrals for parents linked to drug/alcohol use
	Smoking	Increased motivation for smokers to quit and stay smoke free	Positive/ Opportunity	Possible	Major	Short, Medium and Long term	Data from the UCL Smoking Toolkit Study show that in England in 2020 there has been an increase of nearly a quarter (22%) in quit attempts compared to 2019 and an increase of almost two-thirds in the quitting success rate from 14% to 23%, the highest since at least 2007	Using the population's increased awareness of health and wellbeing to continue a drive towards healthy living including a renewed focus on stop smoking and switching to harm reducing devices.	Smoking prevalence and differences in smoking prevalence between groups

Table 2: Black, Asian and Minority Ethnic (BAME) Groups

Section Heading	Determinant of Health/ Wellbeing	Description of COVID-19 Impact	Effect on Health (Positive/ Negative/ Unclear)	Likelihood of impact	Intensity/Severity of Impact on Health	Possible Timing of Impact	Rationale	Mitigation or Action	Outcomes or Indicators to Monitor
Black, Asian and Minority Ethnic (BAME) Groups	Access to information	Difficulties with keeping up to date with information about keeping themselves and others safe	Negative	Probable	Moderate	Short-term	A survey of the general public conducted by Healthwatch Worcestershire in collaboration with the NHS and Worcestershire County Council found that more respondents in the 'white other' group found it difficult to keep up to date with information about keeping themselves and others safe compared with 'White British' respondents. Significantly more respondents in the 'White Other' group (13%) said they had additional communication needs in comparison with 'White British' respondents (7%)	Continue to draw on language and translation services. Ensuring a responsive translation when necessary.	
	Ethnicity	BAME groups at greater risk of infection and more vulnerable to severe illness and death from Covid-19	Negative	Probable	Major	Short-term	During the first wave of the pandemic the death rate from COVID-19 was higher among people of Black, Bangladeshi and Pakistani, Indian, and other ethnicity compared with those of White ethnicity. Nationally, the mortality rate from COVID-19 has been highest among black men. Even after taking into account other factors that are likely to affect risk of exposure and dying once infected the rate of death involving COVID-19 among black males was twice as great as comparable white males.	Continued protection against Covid-19 by use of facemasks, social distancing, handwashing, etc Nationally, Public Health England have recommended the following actions: Improve ethnicity data collection and recording including collection of ethnicity data at death certification Support community participatory research Improve access, experience and outcomes of NHS, local government and integrated care systems by BAME communities Accelerate the development of culturally competent occupational risk assessment tools Fund, develop and implement culturally competent COVID-19 education and prevention campaigns Accelerate efforts to target culturally competent health promotion and disease prevention programmes Ensure that COVID-19 recovery strategies actively reduce inequalities caused by the wider determinants of health	Mortality rates and number of Covid-19 cases among non-White ethnic groups

Table 3: Business and Economy

Section Heading	Determinant of Health/ Wellbeing	Description of COVID-19 Impact	Effect on Health (Positive/ Negative/ Unclear)	Likelihood of impact	Intensity/Severity of Impact on Health	Possible Timing of Impact	Rationale	Mitigation or Action	Outcomes or Indicators to Monitor
Business and Economy	Strength of the Economy	Decline in GDP across all sectors due to lockdown restrictions and slow recovery	Negative	Probable	Major	Short, medium and long term	Nationally, the economy in terms of the GDP shrunk by around one quarter between February and April. Between May and July it recovered somewhat but remained smaller than before the pandemic, at around a 12% decrease on February's figures. At the time of writing the most recent economic figures showed more signs of recovery, retail sales are above pre-pandemic levels and there was a large take up of the eat out to help out scheme in August (https://www.ons.gov.uk/economy/grossdomesticproductgdp/datasets/monthlygdpandmainsectorstofourdecimispaces)	Supporting businesses working in most vulnerable industries.	GDP by sector, number of employees and businesses in Worcestershire working in sectors particularly affected by any future Covid-19 related restrictions are due to slow recovery, number of local businesses temporarily closing or losing business, local business confidence.
	Better transferable skills	People taking on new skills, responsibilities and working practices since the Covid-19 pandemic	Positive/ Opportunity	Possible	Moderate	Short, medium and long term	Among those who had a paid job or did casual work for payment, over 60% have had to work in new ways. About a quarter of workers have indicated that they have had to use new equipment, with similar proportions saying they have had to learn new skills and experience have had to take on new responsibilities (https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/coronavirusandthesocialimpactsongreatbritain/25september2020).	Ensuring / encouraging employees to keep using the new skills that they have learned in response to Covid-19 and for employers to use employees in their new roles. Encouraging working from home at least some of the time if beneficial to both businesses and employees in terms of work-life balance – it is recognised that not all employers experience better work / life balance or enjoy the adaptation to working from home.	Proportion of people working from home; proportion of people learning new skills, taking apprenticeships, or working in new ways.
	Inability to work amongst key workers	Key workers being unable to work due to accessibility issues, contracting Covid-19 or having symptoms and unable to get a timely, nearby test, lacking childcare or being at risk due to being in a vulnerable group.	Negative	Probable	Major	Short-term	The ONS has reported that: 15% of key workers were at moderate risk from coronavirus (COVID-19) because of a health condition. The most common health conditions reported were heart problems (6%), followed by chest and breathing problems (5%). Proportions at risk are similar among non-key workers, at 14%. 31% of key workers have children aged between 5 and 15 years; 16% have children aged 4 years or under. 14% of those in key public service occupations reported being able to work from home. (https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/articles/coronavirusandkeyworkersintheuk/2020-05-15)	Ensuring key workers are safe, mentally and physically well, have childcare and family support, and able to continue their duties going forward as Covid-19 cases potentially increase in the future and in the wake of any future further national or local lockdowns. WCF to continue to support children of key workers where educational settings need to close.	Number of key workers testing positive for Covid-19, number of key workers able to access and do their job
	Better work/life balance	New working practices	Positive/ Opportunity	Possible	Moderate	Short, medium and long term	According to the Opinions and Lifestyle Survey (COVID- 19 module), 16 to 20 September among those who had a paid job or did casual work for payment, over 60% have had to work in new ways. In April approximately 20% of respondents had been asked to work from home. However, it is recognised that not all employees experience better work / life balance or enjoy the adaptation to working from home.	Ensuring / encouraging employees to keep using the new skills that they have learned in response to Covid-19 and for employers to use employees in their new roles. Encouraging working from home at least some of the time if beneficial to both businesses and employees in terms of work-life balance – it is recognised that not all employees experience better work / life balance or enjoy the adaptation to working from home.	Proportion of people working from home

Table 4: Carers

Section Heading	Determinant of Health/ Wellbeing	Description of COVID-19 Impact	Effect on Health (Positive/ Negative/ Unclear)	Likelihood of impact	Intensity/Severity of Impact on Health	Possible Timing of Impact	Rationale	Mitigation or Action	Outcomes or Indicators to Monitor
Carers	Caring role (unpaid)	Having more caring responsibilities for example caring for older relatives	Negative	Probable	Moderate	Short-term	In April, around one-third (32%) of adults who reported giving help or support, were helping someone who they did not help before the pandemic. One-third (33%) also reported giving more help to people they helped previously (https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/morepeoplehavebeenhelpingothersoutsidetheirhouseholdthroughthecoronaviruscovid19lockdown/2020-07-09).	Work is continuing to identify appropriate mitigations	Census of Population 2011 GP Patients Survey Carers List Survey of Adult Carers in England
	Caring role (unpaid)	Increased isolation for people who have been shielding/caring for someone who has been shielding	Negative	Confirmed	Moderate	Short-term	Feedback from carers to local support services and research by Carers UK indicates some are feeling increased isolation	Proactive calls to carers	Percentage of adult carers who have as much social contact as they would like (Survey of Adult Carers in England)
	Caring role (unpaid)	Carers unable or unwilling to access respite/carer breaks leading to increased carer stress and anxiety	Negative	Confirmed	Moderate	Short-term	Feedback from carers to local support services	Work is continuing to identify appropriate mitigations	Carers using respite breaks, Feelings of stress (Survey of Adult Carers in England)
	Caring role (unpaid)	Prolonged anxiety - carers being very anxious both about their own health and ability to care, and keeping the person they care for safe	Negative	Confirmed	Moderate	Short-term	Feedback from carers to local support services	Work is continuing to identify appropriate mitigations	Measures of wellbeing (Survey of Adult Carers in England)
	Caring role (unpaid)	Anxiety about the health and safety of loved ones in care homes; frustration and concern at not being able to see them; breakdown of important family relationships (e.g. where the person in the care home has dementia); impact on wellbeing of the person in the care home	Negative	Confirmed	Moderate	Short-term	Feedback from carers to local support services	Work is continuing to identify appropriate mitigations	Carer-reported quality of life score (Survey of Adult Carers in England)
	Income	The financial impact of people giving up work to take on caring roles	Negative	Possible	Moderate	Long-term	Feedback from carers to local support services.	Work is continuing to identify appropriate mitigations	Financial difficulties (Survey of Adult Carers in England)

Section Heading	Determinant of Health/ Wellbeing	Description of COVID-19 Impact	Effect on Health (Positive/ Negative/ Unclear)	Likelihood of impact	Intensity/Severity of Impact on Health	Possible Timing of Impact	Rationale	Mitigation or Action	Outcomes or Indicators to Monitor
Carers	Caring role (unpaid)	Carers concerned about having care workers in to provide homecare, so carrying out moving and handling/personal care tasks on their own without support	Negative	Probable	Major	Short-term	Feedback from carers to local support services.	Work is continuing to identify appropriate mitigations	
	Income	More families needed financial support	Negative	Confirmed	Moderate	Short-term	Feedback from local support services for young carers	Work is continuing to identify appropriate mitigations	
	Availability of food	Young carers turned away from supermarkets and discriminated against as they are children and 'should not be out of their house'.	Negative	Confirmed	Moderate	Short-term	Feedback from local support services for young carers	Work is continuing to identify appropriate mitigations	
	Social Anxiety	Young carers struggling to cope with a return to normality. Fear of passing virus on to vulnerable family members, but also fear of having to re-engage with peers and build friendship groups. Some young carers have been reclusive even after the rules were relaxed.	Negative	Confirmed	Moderate	Short-term	Feedback from local support services for young carers	Work is continuing to identify appropriate mitigations	

Section Heading	Determinant of Health/ Wellbeing	Description of COVID-19 Impact	Effect on Health (Positive/ Negative/ Unclear)	Likelihood of impact	Intensity/Severity of Impact on Health	Possible Timing of Impact	Rationale	Mitigation or Action	Outcomes or Indicators to Monitor
Carers	Transition to High School	Increased anxiety about transition to high school	Negative	Confirmed	Moderate	Short-term	Feedback from local support services for young carers	Work is continuing to identify appropriate mitigations	
	Caring role (unpaid)	Ability to give unpaid care to others	Negative	Probable	Major	Short-term	The ONS Opinions and Lifestyle Survey has been collecting people's experiences from the start of lockdown. Between 3 April and 10 May 2020, 79% of adults said they were very or somewhat worried about the effect that coronavirus (COVID-19) was having on their life and 11% of these said their caring responsibilities had been affected by the pandemic. Almost half (47%) who said their caring responsibilities had been affected said they were unable to care for someone they usually supported, for example, by being unable to spend as much time as they would like with them or being unable to travel to them. Nearly 15% also said they had to organise remote support for someone vulnerable and 9% said that paid support had reduced (https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/morepeoplehavebeenhelpingothersoutsidetheirhouseholdthroughthecoronaviruscovid19lockdown/2020-07-09)	Work is continuing to identify appropriate mitigations	Levels of unpaid care

Table 5: Children and Young People

Section Heading	Determinant of Health/ Wellbeing	Description of COVID-19 Impact	Effect on Health (Positive/ Negative/ Unclear)	Likelihood of impact	Intensity/Severity of Impact on Health	Possible Timing of Impact	Rationale	Mitigation or Action	Outcomes or Indicators to Monitor
Children and Young People	Criminality	Young people at greater risk of recruitment to criminal gangs	Negative	Speculative	Moderate	Short-term	A report by the Children's Commissioner for England states that there is a "real risk" of criminal gangs recruiting young people out of school during the lockdown. However, as part of a BBC news report it has been speculated that the control measures could help teenagers caught up in drug violence turn their lives around (https://www.ljmu.ac.uk/~media/phi-reports/2020-07-direct-and-indirect-impacts-of-covid19-on-health-and-wellbeing.pdf)	Work is continuing to identify appropriate mitigations	
	Safeguarding	Safeguarding issues not being picked up (hidden)	Negative	Probable	Moderate	Short-term	There are concerns that child abuse may be going unreported during lockdown. For children already living in difficult circumstances, access to the safety net of support and supervision of professionals from schools, health and social care is reduced by lockdown and school closures (https://www.ljmu.ac.uk/~media/phi-reports/2020-07-direct-and-indirect-impacts-of-covid19-on-health-and-wellbeing.pdf)	Work is continuing to identify appropriate mitigations	
	Access to mental health services	CAHMS - impact on referral, assessment and support due to lockdown restrictions. Greater demand for service due to rise in children and young people's mental health due to COVID-19 pandemic.	Negative	Speculative	Major	Short-term	A survey for the Early Intervention Foundation by Ipsos MORI highlights parents' concern for their children's mental health and wellbeing as they return to school, often for the first time since March. The survey also showed parents' strong desire for schools to do more to support pupils to cope at this time (https://www.eif.org.uk/blog/parents-are-concerned-about-the-mental-wellbeing-of-children-returning-to-school-and-they-want-schools-to-help)	Partnership working with CCG on protocols. Partnership working with CCG on protocols	Percentage of children seen for Choice Assessment within 8 weeks of CAMHs referral
	Requirement to 'Stay at home' and closure of social spaces	Lack of social interaction and reduction in physical activity impacting on children and young people's mental and physical wellbeing	Negative	Confirmed	Major	Short-term	Parents reporting their child's mental health/ wellbeing worsened during lockdown. Social isolation and concerns about illness contributing. A local survey across Herefordshire and Worcestershire for children and young people in contact with mental health services and their parents found that 52% said their mental health and wellbeing was a little bit or a lot worse since the start of the coronavirus outbreak.	Communications - online activities Partnership working with the voluntary sector i.e. Ready Steady Worcestershire Here 2 Help Corporate approach/model to wellbeing	Here to help data. Web hits on comms messages/links to activities
	Access to education, health and care services for children/ young people with Special Educational Needs and Disability	Delay or reduction in provision for health needs specific to individual SEND Children with SEND at greater risk if isolated due to COVID-19	Negative	Speculative	Uncertain	Short-term	Highlighted as a concern by local children's services	SEND Improvement programme - facilitating partnership working SEND Improvement programme - facilitating partnership working	Fortnightly DfE return on SEND demand, numbers with an EHCP plan etc SEND Improvement Dashboard quarterly indicators for health

Section Heading	Determinant of Health/ Wellbeing	Description of COVID-19 Impact	Effect on Health (Positive/ Negative/ Unclear)	Likelihood of impact	Intensity/Severity of Impact on Health	Possible Timing of Impact	Rationale	Mitigation or Action	Outcomes or Indicators to Monitor
Children and Young People	Reduction in household income and financial stability causing poverty and poor diet.	Effect on adults' job security and financial impacts of unexpected periods off work with limited sick pay, children being at home more and having to pay for food and other expenses. Changes to provision of free school meals/vouchers causing poverty, hunger, diet	Negative	Probable	Uncertain	Short-Medium term	Impacts of poverty on children's long-term development are well documented – especially on academic performance and family relationships. In Worcestershire the unemployment claimant count increased by 11,200 between March and August 2020.	free school meal provision in school or vouchers Holiday hunger Project (WCF and partnerships) Here2Help free school meal provision in school or vouchers Holiday hunger Project (WCF and partnerships) Here2Help	Take up of free school meals Holiday Hunger data Here 2 Help data
	Time with the family	Increased opportunity to spend time with family	Positive/ Opportunity	Probable	Moderate	Short-term	Information from a key informant		
	Early intervention	Ability of services to support children and families has been seriously affected	Negative	Confirmed	Moderate	Short-term	The Local Government Association (LGA) has raised concerns that vulnerable children are missing out on vital support during the COVID-19 crisis, warning that some councils are seeing up to a 50% decline in referrals of children to social care. Research by the Early Intervention Foundation with heads of early intervention and help services, head teachers and practitioners highlight the biggest challenges may be yet to come. There was a widespread assumption among the participants that there would be a significant spike in early help and social care referrals once the social distancing and lockdown measures are eased (https://www.ljmu.ac.uk/~media/phi-reports/2020-07-direct-and-indirect-impacts-of-covid19-on-health-and-wellbeing.pdf)	Commissioners should note impacts and ensure services are designed and/or reconfigured to provide sufficient mitigation.	

Section Heading	Determinant of Health/ Wellbeing	Description of COVID-19 Impact	Effect on Health (Positive/ Negative/ Unclear)	Likelihood of impact	Intensity/Severity of Impact on Health	Possible Timing of Impact	Rationale	Mitigation or Action	Outcomes or Indicators to Monitor
Children and Young People	Adverse Childhood Experiences (ACEs)	Children experiencing adverse childhood experiences including domestic abuse, parental conflict and substance misuse due to household isolation	Negative	Probable	Major	Short-Medium term	A signal from the GETSAFE dashboard has been seen locally and there have been more requests for information on domestic abuse	Safeguarding and Social Care COVID-19 service protocols Here 2 Help Safeguarding and Social Care COVID 19 service protocols Here 2 Help	Social Care fortnightly DfE data return GETSAFE Hub Hazards Profile data CSE and children missing data: -CSE Identification (risk factor on contacts & Assessments) -CSE Experiencing/Vulnerable (taken from the Getafe Flags) -Children who go missing -Children who go missing whilst at risk of CSE
	Return to education	Effect of return to education on mental health, wellbeing and anxiety.	Unclear	Possible	Uncertain	Short-term	National survey data re: parents' concern for pupils' mental health and wellbeing – especially returning to school. 51% of parents were concerned about their child's mental health or wellbeing. In addition to the Impact on mental wellbeing of children, local services are seeing an impact on parents/young people as well with a number of cases where the mental health has been severely affected by lockdown and they have become more reclusive or anxiety about returning to school/college for themselves or their children has increased massively. This is a mix of individuals who had known anxiety issues pre-COVID-19 but also now there are individuals who we have no record of previous anxiety issues.	Worcestershire Children First 'Back to School Project'. Commissioners to note impacts and ensure services are designed and/or reconfigured to provide sufficient mitigation against impact.	Take up and outcomes of 'Back to School' project

Table 6: Communities

Section Heading	Determinant of Health/ Wellbeing	Description of COVID-19 Impact	Effect on Health (Positive/ Negative/ Unclear)	Likelihood of impact	Intensity/Severity of Impact on Health	Possible Timing of Impact	Rationale	Mitigation or Action	Outcomes or Indicators to Monitor
Communities	Social Cohesion	A feeling that the country will be more united and kinder once we have recovered from the pandemic	Positive/ Opportunity	Possible	Moderate	Medium-Long term	In April 2020 findings from the weekly Office for National Statistics (ONS) Opinions and Lifestyle Survey were that people thought Britain would be more united after we have recovered from the pandemic, 46% of respondents' vs 24% before the pandemic. However, by June 2020, this belief had declined to 28% of respondents. Most people also expected that inequalities in society would remain. This expectation was broadly stable between April and June. There was only a small difference in the proportion of the population who thought that Britain was equal before the pandemic (19%) and the proportion who thought that it will be equal after we recover from the pandemic (22%). But interestingly, in June, there was still a belief that we will be a kind nation after the pandemic, perhaps because of the many stories of individual kindness heard or experienced over this time	Work is continuing to identify appropriate mitigations	
	Civic Participation	Increased civic participation including increased volunteering and the formation of new volunteer groups	Positive/ Opportunity	Confirmed	Moderate	Short-term	Up to 17/09/2020 there were: - 1288 individual volunteers registered to provide support to local residents through the Here2Help scheme - 565 organisations registered to provide support to local residents through the Here2Help scheme. This figure includes 289 local, regional and national businesses, 94 voluntary organisations, 34 public sector organisations and 137 community groups. During the early stages of the pandemic and national lockdown, a number of community groups and Facebook groups were set up by residents to link up and provide support to others in their local area, whether that be a town or city, village or ward.	Seek ways to build on this response	Number of volunteers

Table 7: Community Safety and Crime including Domestic Abuse

Section Heading	Determinant of Health/ Wellbeing	Description of COVID-19 Impact	Effect on Health (Positive/ Negative/ Unclear)	Likelihood of impact	Intensity/Severity of Impact on Health	Possible Timing of Impact	Rationale	Mitigation or Action	Outcomes or Indicators to Monitor
Community Safety and Crime including Domestic Abuse	Domestic abuse	Increase in domestic abuse	Negative	Possible	Major	Short-term	Following a reduction at the start of the lockdown period, reported domestic abuse offences increased following the easing of restrictions but are now (as of October 2020) at levels anticipated for the time of year. Interestingly, local commentators have suggested that all Worcestershire domestic abuse support provision, and in particular, the help line has seen increasing	Joint work with housing and domestic abuse services to map increase in referrals, review accommodation and implement some digital solutions. Review of accommodation and support provision. Complete needs assessment for implementation of domestic abuse bill. Future joint planning and commissioning to meet needs across Police and Crime Commissioner,	Domestic abuse referrals. Crime statistics for domestic abuse. Admissions to A&E, CIN and CP data/referrals for homelessness linked to domestic abuse
	Domestic abuse	Intervention has been delivered using virtual and digital platforms	Negative	Speculative	Uncertain	Short-term	Speculation by a key informant	Commissioners should note impacts and ensure services are designed and/or reconfigured to provide sufficient mitigation.	
	Accommodated in domestic abuse refuge or safe house	Units may not necessarily be suitable for isolation	Negative	Confirmed	Moderate	Uncertain	Information from a key informant	Provision of separate units of accommodation	
	Overall crime	Decrease in crime	Positive/ Opportunity	Probable	Moderate	Short-term	Locally, Total Recorded Crime reduced significantly during the lockdown but has since increased, however, at the time of writing (October 2020) it remains below the average for the time of year.	Crime Data	Crime statistics
	Antisocial behaviour	Increase in antisocial behaviour	Negative	Probable	Moderate	Short-term	Antisocial behaviour peaked in April 2020 and the numbers have reduced since then, but they are still higher than usual. They are mainly classified as nuisance offences. There is no evidence that they are linked to children.	Police Data	Crime data for antisocial behaviour
	Hate crime	Increase in hate crime	Negative	Probable	Moderate	Short-term	Hate crime increased in May, June and July, but has now returned to the average number of offences we would see this time of year. The majority remains race-related; there has been no change in the proportion. The number of offences in Q2 was similar to the number in Q2 last year	Commissioners should note impacts and ensure services are designed and/or reconfigured to provide sufficient mitigation.	Crime data for hate crime
	Use of Nitrous Oxide	Increase in the use of Nitrous Oxide	Negative	Speculative	Minimal	Short-term	It has been speculated that there may have been an increase in the use of nitrous oxide as a recreational drug. However, it is possible that this is an issue of perception and increased reporting as people are using public spaces more and therefore noticing discharged canisters	Continued messaging about the health harms of nitrous oxide	Hospital admissions, treatment referrals
	Drug Abuse	Increase in drugs related offences	Negative	Probable	Moderate	Short-term	There was an increase in drug offences during the lockdown period but numbers in October 2020 were back within the normal range. This increase was mirrored across other forces so is unlikely to relate to any issues particular to Worcestershire. Factors might include it being easier for police officers on patrol to spot people that were not complying with lockdown rules as they were selling/buying drugs	Commissioners should note impacts and ensure services are designed and/or reconfigured to provide sufficient mitigation.	Drug related deaths

Section Heading	Determinant of Health/ Wellbeing	Description of COVID-19 Impact	Effect on Health (Positive/Negative/Unclear)	Likelihood of impact	Intensity/Severity of Impact on Health	Possible Timing of Impact	Rationale	Mitigation or Action	Outcomes or Indicators to Monitor
Community Safety and Crime including Domestic Abuse	Fraud	Increase in cyber crime	Negative	Confirmed	Moderate	Short-term	Cyber-crime increased during lockdown. This was part of an on-going trend in increasing numbers which was accelerated during lockdown. COVID-19 creates emotional tension which may have led to additional vulnerability to scams	Continued messaging	Referrals to Action Fraud
	Radicalisation	The protection that social and community networks provide against radicalisation is reduced by social distancing	Negative	Possible	Moderate	Medium-term	A key informant has highlighted that the isolation of lockdown: 1. Marginalises vulnerable individuals, making them more susceptible to radicalisation and more likely to spend time alone on the internet. 2. Decreases their exposure to the usual controls	Front line worker awareness	Reports in to channel
	Sexual Offences	Reduction in reported sexual offences	Positive/ Opportunity	Possible	Moderate	Short-term	There was a decrease in reported sexual offences in April 2020. They increased in the following months and are currently still slightly higher than the average for this point in the year (October 2020). Providers of support services for victims of sexual offences have identified that some service users are more reluctant to take the offer of virtual support. Services such as counselling are also being impacted. Services were struggling with providing support to children during lockdown virtually but are now slowly going back into schools. In addition, service providers are finding that clients are seeking support for COVID-19 related anxieties in addition to the reason for the original referral.	Commissioners should note impacts and ensure services are designed and/or reconfigured to provide sufficient mitigation.	Crime statistics, support services for victims of sexual offences - no. of referrals, engagement rates, positive outcomes achieved, length of time in service
	Drug Abuse	Increase in adult referrals for drug treatment requiring advice and support for recovery	Negative	Confirmed	Moderate	Short-term	Local services are seeing Increasing referrals for high risk problems, particularly homeless people	Joint work with services to map increase in referrals, review accommodation and implement some digital solutions. Established Recovery group to review progress meets weekly. Successful bid for accommodation and support to MHCLG to prevent homelessness	Homelessness data, NDTMS, A&E and hospital admissions, drug related deaths, CIN/CP referrals for parents linked to drug/alcohol use
	Support from specialist providers for victims of sexual offences	Reduction in face to face support from specialist providers	Negative	Confirmed	Moderate	Short-term	Service providers have identified that some service users are more reluctant to take the offer of virtual support. Services such as counselling are also being impacted. Services were struggling with providing support to children during lockdown virtually but are now slowly going back into schools. In addition, service providers are finding that clients are seeking support for COVID related anxieties in addition to reason for original referral.	Some face to face sessions are being carried out but only if there is a specific and urgent need, and where it is safe to do so. Service providers are finding creative and safe ways to offer support. Providers are looking at long term ways to offer the support in a safe space in person.	No. of referrals, engagement rates, positive outcomes achieved, length of time in service
	Criminal Justice	Backlog in court cases being held	Negative	Confirmed	Moderate	Short-term	Courts have a significant backlog of cases due to court closures. Local service providers who are supporting victims are seeing increases in support required for these clients as well as clients disengaging in service.	A variety of options are being explored, along with weekly CJS update calls between partners.	Lead in times for cases, no.'s of victims and witnesses being supported, court outcome data

Table 8: Deprivation

Section Heading	Determinant of Health/ Wellbeing	Description of COVID-19 Impact	Effect on Health (Positive/ Negative/ Unclear)	Likelihood of impact	Intensity/Severity of Impact on Health	Possible Timing of Impact	Rationale	Mitigation or Action	Outcomes or Indicators to Monitor
Deprivation	Level of deprivation	Higher rates of Covid-19 cases and deaths in deprived areas	Negative	Possible	Major	Short-term	Nationally, death rates from COVID-19 in the most deprived areas have been more than double the least deprived areas. There is some evidence that this is also the case locally with higher rates of death per 10,000 population in deprived areas in Worcestershire in the March - July period.	Continued protection of the vulnerable cohort via wearing facemasks, social distancing, handwashing, etc Potential for higher scale local lockdowns or certain measures if cases continue to rise.	Case and mortality rates in deprived areas

Table 9: Diet and Physical Activity

Section Heading	Determinant of Health/ Wellbeing	Description of COVID-19 Impact	Effect on Health (Positive/ Negative/ Unclear)	Likelihood of impact	Intensity/Severity of Impact on Health	Possible Timing of Impact	Rationale	Mitigation or Action	Outcomes or Indicators to Monitor
Diet and Physical Activity	Physical activity	The COVID-19 pandemic affecting the exercise routine of residents	Negative	Possible	Moderate	Short-term	Indicators from the Opinions and Lifestyle Survey suggest that 23% of people have had their regular exercise routine affected due to the Covid-19 outbreak (https://www.ons.gov.uk/releases/coronavirusandthesocialimpactsongreatbritain4september2020)	It will be important to promote the importance of physical activity for maintaining health	People using leisure facilities including leisure centres
	Lifestyle/behaviour	An increased awareness of weight could mean people taking more care of themselves	Positive/Opportunity	Speculative	Moderate	Short-term	Suggestion from a key informant.	Build on this awareness and promote the importance of physical activity and good diet for maintaining health	People using leisure facilities including leisure centres; Estimates of physical activity; the estimated prevalence of overweight and obesity in adults; results from the national child measurement
	Physical activity	Increased walking and cycling	Positive/Opportunity	Speculative	Moderate	Short-medium term	The pedestrian data from Diglis Bridge Worcester shows that currently walking levels are on par with the same week in 2019. Both Worcestershire and National data shows that there is a direct correlation in cycling levels and weather. There has been a steady decline in cycling since lockdown ended. Storms Ellen and Francis in mid to late August can be seen to have had a direct impact on cycling levels.	Promote the importance of physical activity for maintaining health. Use of the planning system to promote healthy weight environments	Estimates of physical activity
	Diet and nutrition	Increased eating	Negative	Probable	Major	Short, medium and long term	Societal changes required to manage the coronavirus may have promoted weight gain. This is due to the adverse impact on socioeconomics, physiological health and the metabolic impact of elevated stress, emotional eating and physical inactivity. The pandemic has reduced access to weight management support and many people living with obesity have used food to manage their emotions during the COVID-19 lockdown. COVID-19 has adversely impacted self-reported dietary and physical activity behaviours in many people (Public Health England. Supporting weight management services during the COVID-19 pandemic https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/915274/WMS_Report.pdf)	Promote the importance of good diet for maintaining health including promotion of the Eatwell Guide. Use of the planning system to promote healthy weight environments	Estimated prevalence of overweight and obesity in adults and the results from the National Child Measurement Programme (NCMP)

Table 10: Digital Media Use

Section Heading	Determinant of Health/ Wellbeing	Description of COVID-19 Impact	Effect on Health (Positive/ Negative/ Unclear)	Likelihood of impact	Intensity/Severity of Impact on Health	Possible Timing of Impact	Rationale	Mitigation or Action	Outcomes or Indicators to Monitor
Digital Media Use	Better / transferable digital media and internet use skills	Increase of digital media use and social media in response to the Covid-19 pandemic	Positive/ Opportunity	Possible	Moderate	Medium-term	The early days of the Covid-19 pandemic saw increases in media consumption behaviour in the UK. In particular, the Covid-19 Media Behaviours Report in March 2020 suggested that 40% of respondents were using social media more, a third were using Facebook more and 28% were using WhatsApp more. Ofcom's annual Online Nation report suggested that during the height of the lockdown adults were spending a record 4 hours a day online on average, whilst twice as many were using video calls to keep in touch during the lockdown (https://www.prweek.com/article/1677915/bbc-sky-guardian-most-trusted-news-brands-thanks-coronavirus-coverage)	Work is continuing to identify appropriate mitigations	Number of people online, and with access to the internet; number of people accessing social media.

Table 11: Education

Section Heading	Determinant of Health/ Wellbeing	Description of COVID-19 Impact	Effect on Health (Positive/ Negative/ Unclear)	Likelihood of impact	Intensity/Severity of Impact on Health	Possible Timing of Impact	Rationale	Mitigation or Action	Outcomes or Indicators to Monitor
Education	Closure of education settings	Children at higher risk of exploitation due to availability Impact on holistic development Future educational achievement on holistic needs including health Greater impact on vulnerable learners being out of school	Negative	Probable	Major	Short-term		Access to Worcestershire GET SAFE team, funding of link workers Education and Early Help Protocol Provision of virtual education and access to Laptops & IT for home learning. Support to education settings for re-openings (part and full) Continued development of the get safe partnership, Transformational projects on child exploitation Education and Early Help Protocol Provision of virtual education and access to Laptops & IT for home learning. Support to education settings for re-openings (part and full)	GET SAFE KPIs DfE return for education (weekly school attendance, early years provision open/closed, Vulnerable children data)
	Reduced take up of early education and childcare entitlement	Risk to developmental experience and achieving physical/personal/social and emotional milestones.	Negative	Probable	Uncertain	Short-term	Some settings were closed for a period from March 2020.	Continual funding of placements through COVID-19 Appointment of Early Years Strategic Lead within WCF/WCC and development of the Early Years Strategy	Early years funding placement data, EYFS profile data

Table 12: *Employment*

Section Heading	Determinant of Health/ Wellbeing	Description of COVID-19 Impact	Effect on Health (Positive/ Negative/ Unclear)	Likelihood of impact	Intensity/Severity of Impact on Health	Possible Timing of Impact	Rationale	Mitigation or Action	Outcomes or Indicators to Monitor
Employment	Unemployment	Increase in unemployment, increase in people signing up for Universal Credit and Job Seekers Allowance	Negative	Confirmed	Major	Short-Medium term	In Worcestershire between March and August 2020 the claimant count increased by 11,285 to 19,590 people. In August 2020 5.5% of the working age population were unemployed - this is an increase of 3.3% from August 2019. Young people and men have been particularly impacted.	Local measures to protect jobs especially in vulnerable and key industries. Supporting businesses to lower closures and / or impact of Covid meaning staff layoffs. Supporting newly-redundant people back to work via job club, re-training programmes, etc.	Unemployment Claimant Count, Universal Credit Claims

Table 13: Environment and Climate Change

Section Heading	Determinant of Health/ Wellbeing	Description of COVID-19 Impact	Effect on Health (Positive/ Negative/ Unclear)	Likelihood of impact	Intensity/Severity of Impact on Health	Possible Timing of Impact	Rationale	Mitigation or Action	Outcomes or Indicators to Monitor
Environment and Climate Change	Transport-related air quality, noise, sedentary lifestyles, access to health and other key services and facilities.	Modal shift to active and sustainable travel modes, delivering reduced transport-related noise, improved ambient air quality, improved levels of physical activity and improved access to key services and facilities for all.	Positive/ Opportunity	Speculative	Major	Short, medium and long term	The evidence suggests that the impact of COVID-19 on Worcestershire's transport choices have been transitory and it is unlikely that there will be long-term benefits derived from behavioural changes as a result of this pandemic. Indeed, it is now likely that we will see even greater reliance on the car for even more trips (particularly shorter distance trips) with further increases in sedentary lifestyles, leading to a further deterioration in local health outcomes.	Invest in infrastructure, services and promotion of active and sustainable travel modes to encourage permanent modal shift away from single-occupancy car use. Invest in infrastructure, services and promotion of active and sustainable travel modes to encourage permanent modal shift away from single-occupancy car use.	Air Quality, traffic volumes (particularly peak flows).
	Transport-related air quality, noise, sedentary lifestyles, access to health and other key services and facilities.	Increased reliance on the private car as the principal means of delivering access to services, even for short trips.	Negative	Probable	Moderate	Short, medium and long term	The evidence suggests that the impact of COVID-19 on Worcestershire's transport choices have been transitory and it is unlikely that there will be long-term benefits derived from behavioural changes as a result of this pandemic. Indeed, it is now likely that we will see even greater reliance on the car for even more trips (particularly shorter distance trips) with further increases in sedentary lifestyles, leading to a further deterioration in local health outcomes.	Invest in infrastructure, services and promotion of active and sustainable travel modes to encourage permanent modal shift away from single-occupancy car use. Invest in infrastructure, services and promotion of active and sustainable travel modes to encourage permanent modal shift away from single-occupancy car use.	Air Quality, traffic volumes (particularly peak flows).

Table 14: Gypsy's and Travellers

Section Heading	Determinant of Health/ Wellbeing	Description of COVID-19 Impact	Effect on Health (Positive/ Negative/ Unclear)	Likelihood of impact	Intensity/Severity of Impact on Health	Possible Timing of Impact	Rationale	Mitigation or Action	Outcomes or Indicators to Monitor
Gypsy's and Travellers	Lack of sanitation	Gypsies and Travellers who live on unauthorised encampments no longer had access to places they relied upon for water and cleaning purposes due to closure of leisure centres, churches and petrol station toilets.	Unclear	Confirmed	Uncertain	Short-term	Provided as evidence from a key informant	Provision of more permanent traveller sites	
	Access to healthcare	Gypsies and Travellers who live on unauthorised encampments already have poor access to healthcare and CV-19 may have made this even worse	Unclear	Probable	Uncertain	Short-term	Gypsy, Roma and Traveller (GRT) communities' already experience some of the poorest health outcomes, including: significantly lower life expectancy, higher maternal and infant mortality, higher rates in GRT children of accidental injury and infections; high rates of accident and emergency department attendance; low/variable uptake of childhood immunisations; significantly increasing risk of vaccine preventable disease, poor dental health, high unmet need and low dental registration It is highly likely that COVID 19 has exacerbated this	Provision of more permanent traveller sites	
	Mental Health	Gypsies and Travellers already have a high prevalence of mental health conditions and social distancing may have made this worse	Negative	Probable	Moderate	Short-term	Information from a key informant	Provision of more permanent traveller sites	

Table 15: Health, Wellbeing and Social Care Services

Section Heading	Determinant of Health/ Wellbeing	Description of COVID-19 Impact	Effect on Health (Positive/ Negative/ Unclear)	Likelihood of impact	Intensity/Severity of Impact on Health	Possible Timing of Impact	Rationale	Mitigation or Action	Outcomes or Indicators to Monitor
Health, Wellbeing and Social Care Services	Self-Care	Increase in self-care and the use of alternative support for example pharmacies	Positive/ Opportunity	Possible	Moderate	Short, medium and long term	Suggestion from a key informant	Build upon increasing self-care and alternative forms of support, for example, pharmacies, to reduce pressures on health and care services	Use of GP services
	Healthcare access	Digital advancements/application of digital - technology to support long term condition management, remote consultations etc *also, potential negative (digital exclusion)	Unclear	Probable	Moderate	Short, medium and long term	Suggestion from a key informant.	This is possibly an opportunity for services to be delivered more efficiently and may be more convenient for people who have access to digital technology. Ensure increased use of telephone, video and online health services does not disadvantage individuals or re-enforce existing health inequalities and digital exclusion.	Indicators from the GP Patient Survey
	Support to live independently	People struggling to get support to live independently. Carers not able to attend or person did not want them to. Family members isolating or working too much to support. Volunteers returning to work.	Negative	Probable	Moderate	Short-term	Calls received by the Here2Help line	Commissioners to note impacts and ensure services are designed and/or reconfigured to provide sufficient mitigation against impact.	Referrals and calls to Here2Help and the Access Centre
	Absence of face to face services delivered by social workers	Face to face support often highlights safeguarding and is key to determining a person's mental health and personal wellbeing. Safeguarding issues may be missed.	Negative	Probable	Major	Short-term	Information from a key informant	Facilitate return to face to face working by key health and social care professionals.	
	Availability & Quality of Care	Restrictive practice under Covid-19 not always in line with national guidance within provider settings	Negative	Confirmed	Moderate	Short-term	Information from a key informant	Issues addressed on a case by case basis. Guidance provided. Regular communications with providers - following changes to guidance.	
Availability & Quality of Care	PPE not used correctly in provider settings	Negative	Confirmed	Minimal	Short-term	Information from a key informant	Managed via CCG, WCC and safeguarding processes. Monitoring in place		

Section Heading	Determinant of Health/ Wellbeing	Description of COVID-19 Impact	Effect on Health (Positive/ Negative/ Unclear)	Likelihood of impact	Intensity/Severity of Impact on Health	Possible Timing of Impact	Rationale	Mitigation or Action	Outcomes or Indicators to Monitor
Health, Wellbeing and Social Care Services	Support to live independently	An increasing number of people have wanted to avoid care home placements, and this has resulted in higher levels of care at home - increased pressure on the domiciliary care market and higher vacancies in care home market	Positive/ Opportunity	Probable	Uncertain	Short-term	Locally there are more people with a higher level of domiciliary care at home and lower admissions in care settings	Review provision for the future and work with commissioners on best value services at home, increase Direct payments. Seek ways to build on this response	
	Support to live independently	It has been more difficult to complete full detailed assessments and care planning for people under COVID conditions or review their care. This has been done virtually wherever possible but for some people with dementia for example, this is not feasible. Delays in accessing some health care services such as therapy assessments.	Unclear	Probable	Moderate	Short-term	Locally reviews have been delayed.	Start to review COVID cases and review in person with full PPE where required. However, won't be able to review those in care settings unless critical still due to lockdown measures. Seek ways to build on this response	
	Social isolation Reduced access to support	Reduced access to families and health professionals whilst in care homes including those in Discharge to Assess beds. Where homes have had to restrict access often only phone or digital access is feasible. This doesn't work for everyone especially those with sensory impairments, dementia etc. Garden visits have been helpful but have also increased anxiety for some carer and service users	Negative	Probable	Uncertain	Short-term	Feedback from staff and families, media coverage	Keep visitor access under review	

Section Heading	Determinant of Health/ Wellbeing	Description of COVID-19 Impact	Effect on Health (Positive/ Negative/ Unclear)	Likelihood of impact	Intensity/Severity of Impact on Health	Possible Timing of Impact	Rationale	Mitigation or Action	Outcomes or Indicators to Monitor
Health, Wellbeing and Social Care Services	Social environments	People in supported living and extra care facilities have had their social environment reduced through lockdown. Impact on people's health and mental wellbeing. Led to some non-compliance with Covid-19 rules in places.	Negative	Confirmed	Uncertain	Short-term	Information from a key informant	Commissioners to note impacts and ensure services are designed and/or reconfigured to provide sufficient mitigation against impact.	
	Uncertainty about where someone will live and additional movement between placements	Continuing Health Care process suspended during COVID-19 has meant people are not always in their permanent placement leading to uncertainty and a possible second move	Unclear	Speculative	Uncertain	Short-term	Information from a key informant	People receiving COVID funding as an interim. Restoration of CHC process now in place	
	Access to paid or unpaid care	The COVID-19 outbreak affecting access to paid and unpaid care for some residents	Negative	Probable	Major	Short-term	National data indicated that people across all age groups are affected	Commissioners to note impacts and ensure services are designed and/or reconfigured to provide sufficient mitigation against impact.	
	Access to healthcare	Decreased access to healthcare and the risk that patients will come to harm due to failure to present at the right time or due to long delays in both investigations and treatment. Secondary care services were suspended when the first wave of COVID-19 hit. Care for long term conditions disrupted.	Negative	Confirmed	Major	Short-term	At the end of August 2020, the percentage of patients waiting 18 weeks or less to start consultant-led treatment was 47.9%. In total 38,444 patients. By comparison, at the end of August 2019, 80.1% of patients were waiting 18 weeks or less to start consultant-led treatment, equating to 37,204 patients (NHS England and NHS Improvement: monthly RTT data for Worcestershire Acute Hospital Trust. August 2020. Available from: https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times). Social prescribers have described increasing referrals of people on the waiting list for surgery in pain.	Commissioners to note impacts and ensure services are designed and/or reconfigured to provide sufficient mitigation against impact. Support for people who are digitally excluded (as service delivery changes)	Delayed transfers of care, referral to treatment waiting times, Patient reported outcome measures

Section Heading	Determinant of Health/ Wellbeing	Description of COVID-19 Impact	Effect on Health (Positive/ Negative/ Unclear)	Likelihood of impact	Intensity/Severity of Impact on Health	Possible Timing of Impact	Rationale	Mitigation or Action	Outcomes or Indicators to Monitor
Health, Wellbeing and Social Care Services	Cancer Screening and Treatment	Screening in effect paused and reduced treatment activity in some areas	Negative	Probable	Moderate	Short-term	Nationally, at the start of the pandemic preventative services including cancer screening were in effect suspended. Although screening was not officially stopped in England, the move to having the majority of GP appointments delivered online plus lack of local lab capacity meant that many appointments were cancelled or invitations not sent this is likely to contribute to delayed cancer diagnoses (Findings of the Health & Equity in Recovery Plans Working Group. Direct and indirect impacts of COVID-19 on health and wellbeing. Rapid Evidence Review. July 2020. Available at: https://www.ljmu.ac.uk/~media/phi-reports/2020-07-direct-and-indirect-impacts-of-covid19-on-health-and-wellbeing.pdf)	Commissioners to note impacts and ensure services are designed and/or reconfigured to provide sufficient mitigation against impact.	Emergency presentations for cancer, Cancer survival, Under 75 mortality rates from cancer
	Mental Health Services	Increases in urgent and emergency cases	Negative	Possible	Moderate	Short-term	Findings of the Health & Equity in Recovery Plans Working Group. Direct and indirect impacts of COVID-19 on health and wellbeing. Rapid Evidence Review. July 2020. Available at: https://www.ljmu.ac.uk/~media/phi-reports/2020-07-direct-and-indirect-impacts-of-covid19-on-health-and-wellbeing.pdf	Commissioners to note impacts and ensure services are designed and/or reconfigured to provide sufficient mitigation against impact.	Hospital admissions for mental health conditions
	Mental Health Services	Falls in routine appointments	Negative	Possible	Moderate	Short-term	Findings of the Health & Equity in Recovery Plans Working Group. Direct and indirect impacts of COVID-19 on health and wellbeing. Rapid Evidence Review. July 2020. Available at: https://www.ljmu.ac.uk/~media/phi-reports/2020-07-direct-and-indirect-impacts-of-covid19-on-health-and-wellbeing.pdf	Commissioners to note impacts and ensure services are designed and/or reconfigured to provide sufficient mitigation against impact.	Improving access to psychological therapies indicators
	Health seeking for urgent care	Reduction in accident and emergency department attendance	Negative	Confirmed	Moderate	Short-term	Worcestershire Acute Trust saw a drastic reduction in A&E attendances in April 2020 compared to April 2019. A reduction of around half. By September 2020 the figures were nearer normal but still lower by 14%. Nationally the drop was most pronounced in those aged 0-6 (findings of the Health & Equity in Recovery Plans Working Group. Direct and indirect impacts of COVID-19 on health and wellbeing. Rapid Evidence Review. July 2020. Available at: https://www.ljmu.ac.uk/~media/phi-reports/2020-07-direct-and-indirect-impacts-of-covid19-on-health-and-wellbeing.pdf)	Commissioners to note impacts and ensure services are designed and/or reconfigured to provide sufficient mitigation against impact.	A&E attendances

Table 16: High Risk Groups Including Those Who Are Clinically Extremely Vulnerable

Section Heading	Determinant of Health/ Wellbeing	Description of COVID-19 Impact	Effect on Health (Positive/ Negative/ Unclear)	Likelihood of impact	Intensity/Severity of Impact on Health	Possible Timing of Impact	Rationale	Mitigation or Action	Outcomes or Indicators to Monitor
High Risk Groups Including Those Who Are Clinically Extremely Vulnerable	COVID-19 Infection	People with certain medical conditions are at very high risk of severe illness and death from COVID-19	Negative	Confirmed	Major	Short-term	People who are defined as clinically extremely vulnerable are at very high risk of severe illness from coronavirus (Department of Health and Social Care and Public Health England. Guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19. Accessed 15th October 2020. Available at: https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-COVID-19#Clinically)	Ensure people who are defined as clinically extremely vulnerable receive the right communications at the right time in order to keep themselves safe.	COVID-19 cases and deaths in people who are clinically extremely vulnerable
	Shielding	Staying at home has led to a reduction in physical activity and changes in diet	Negative	Speculative	Moderate	Short-term	Public Health England's suggestions on how to mitigate the adverse impacts in this group include: Promote home based physical activity Support people to maintain a healthy balanced diet (Public Health England, Local Government Association and the Association of Directors of Public Health. COVID-19 Suggestions for mitigating the impact on health inequalities at a local level. Available at: https://www.local.gov.uk/sites/default/files/documents/COVID-19%20Suggestions%20for%20mitigating%20the%20impact%20on%20health%20inequalities%20at%20a%20local%20level%20%282%29.pdf)	Promote home based physical activity and support people to maintain a healthy balanced diet	Physical activity and dietary indicators
	Shielding	Staying at home has increased social isolation and loneliness	Negative	Possible	Moderate	Short-term	A key informant has highlighted	Encourage people to use the internet safely to stay informed and connect with family and friends	Indicators of wellbeing; Here2Help requests (number and nature)
	Shielding	Disempowerment of people with long-term conditions	Negative	Speculative	Moderate	Short-term	A key informant has highlighted	Commissioners should note impacts and ensure services are designed and/or reconfigured to provide sufficient mitigation.	Here2Help requests (number and nature)

Table 17: Homelessness

Section Heading	Determinant of Health/ Wellbeing	Description of COVID-19 Impact	Effect on Health (Positive/ Negative/ Unclear)	Likelihood of impact	Intensity/Severity of Impact on Health	Possible Timing of Impact	Rationale	Mitigation or Action	Outcomes or Indicators to Monitor
Homelessness	Homelessness	Increase in homelessness due to housing payment arrears and loss of accommodation	Negative	Possible	Moderate	Short-term	Information from a key informant	Work is continuing to identify appropriate mitigations	Number of homelessness applications, Number of rough sleepers
	Living conditions	Significant number of homeless people housed during lockdown	Positive/ Opportunity	Confirmed	Moderate	Short-term	Information from Key Informant	To build upon the work done so far	Total initial assessments, households assessed as owed a prevention duty, households owed a relief duty

Table 18: Housing

Section Heading	Determinant of Health/ Wellbeing	Description of COVID-19 Impact	Effect on Health (Positive/ Negative/ Unclear)	Likelihood of impact	Intensity/Severity of Impact on Health	Possible Timing of Impact	Rationale	Mitigation or Action	Outcomes or Indicators to Monitor
Housing	Poor Quality Housing	Increased time at home during lockdown may make health impacts of poor-quality housing worse	Negative	Possible	Moderate	Short-term	Findings of the Health & Equity in Recovery Plans Working Group. Rapid Evidence Review. July 2020. Available at: https://www.ljmu.ac.uk/~media/phi-reports/2020-07-direct-and-indirect-impacts-of-covid19-on-health-and-wellbeing.pdf	Work is continuing to identify appropriate mitigations	Fuel poverty, Tenure, Housing affordability
	Increased falls risk	Social distancing measures and financial insecurity may have exacerbated the risk of falls by leading to essential works to the home being delayed, particularly for shielded households	Negative	Speculative	Moderate	Short-term	Finding of the Centre for Ageing Better report. Homes, Health and COVID-19. Available at: https://www.ageing-better.org.uk/sites/default/files/2020-09/Homes-health-and-COVID-19.pdf	Work is continuing to identify appropriate mitigations	Falls in the home
	Built environment	Impact of Covid 19 determined by quality of built environment	Unclear	Probable	Moderate	Short-term		Work is continuing to identify appropriate mitigations	Fuel poverty, Tenure, Housing affordability
	Overcrowded housing	Impact exacerbated during lockdown and social distancing measures	Negative	Possible	Moderate	Short-term		Work is continuing to identify appropriate mitigations	Tenure, Housing affordability

Table 19: Low Income

Section Heading	Determinant of Health/ Wellbeing	Description of COVID-19 Impact	Effect on Health (Positive/ Negative/ Unclear)	Likelihood of impact	Intensity/Severity of Impact on Health	Possible Timing of Impact	Rationale	Mitigation or Action	Outcomes or Indicators to Monitor
Low Income	Income	Increase of people on Universal Credit due to Covid-19 affecting jobs and income	Negative	Confirmed	Major	Short-Medium term	In Worcestershire there have been large increases since March in the number of households on Universal Credit, increasing by 12,836 to 31,496 in May 2020. This is an increase of 69% compared with 57% nationally.	Work is continuing to identify appropriate mitigations	Number of people on UC
	Loss of income	Unable to heat home, reliance on food banks, potential loss of home	Negative	Confirmed	Major	Short-Medium term	Although data is only available up to May 2020, large increases in the number of households on Universal Credit have also occurred in Worcestershire since March. The number of households increased by 12,836 to 31,496 in May 2020. This is an increase of 69% compared with 57% nationally	Target housing/financial information and support to the needs of the most vulnerable groups and those new to the system Target more intensive forms of help towards those least likely to be able to navigate the welfare claims process alone Ensure there are strong links with Department for Work and Pensions advice services Plan for additional demand in housing benefit services (where existing claimants may need to amend their circumstances as income levels change (e.g. self- employed) throughout the course/different phases of the pandemic	Universal Credit Claimants, Unemployment claimants, Numbers using foodbank

Table 20: **Mental Health**

Section Heading	Determinant of Health/ Wellbeing	Description of COVID-19 Impact	Effect on Health (Positive/ Negative/)	Likelihood of impact	Intensity/Severity of Impact on Health	Possible Timing of Impact	Rationale	Mitigation or Action	Outcomes or Indicators to Monitor
Mental Health	Suicide	Higher rates of suicide particularly in deprived areas	Negative	Speculative	Major	Short-Medium term	Nationally higher rates of suicide have been evident in more deprived areas, most notably among men in their 40's and 50's. The impact of the pandemic, both economically and emotionally is a major concern for suicide prevention. The latest ONS figures show that there were over 700,000 fewer people on payroll during lockdown, and the most deprived local areas have been affected the most, in terms of mortality. Additionally, almost one in five adults (19.2%) were likely to be experiencing some form of depression during the COVID-19 pandemic in June 2020; almost double the number before the pandemic (July 2019 to March 2020).	Ensuring mental health resources are available and can be accessed, and vulnerable people are aware of what is on offer. Commissioners to note impacts and ensure services are designed and/or reconfigured to provide sufficient mitigation against impact.	Rates of suicide
	Well-being	The COVID-19 pandemic affecting the well-being of residents (boredom, loneliness, anxiety, stress)	Negative	Probable	Major	Short, medium and long term	Indicators from the Opinions and Lifestyle Survey suggest that 39% of people said their well-being has been affected (for example, boredom, loneliness, anxiety and stress), rising to 46% among females, and 52% among people with any specific health condition (https://www.ons.gov.uk/releases/coronavirusandthesocialimpactsongreatbritain4september2020). A Healthwatch Worcestershire survey aimed at the general public found that one in five (20%) of respondents said that COVID-19 was having a great deal or a lot of impact on their mental health and emotional wellbeing and just over a quarter (26%) reported it was having a moderate impact	Commissioners to note impacts and ensure services are designed and/or reconfigured to provide sufficient mitigation against impact.	Mental health, Personal wellbeing estimates from the Annual Population Survey

Section Heading	Determinant of Health/ Wellbeing	Description of COVID-19 Impact	Effect on Health (Positive/ Negative/ Unclear)	Likelihood of impact	Intensity/Severity of Impact on Health	Possible Timing of Impact	Rationale	Mitigation or Action	Outcomes or Indicators to Monitor
Mental Health	Bereavement	Bereavement caused by death of a family member, friend or colleague from COVID-19	Negative	Confirmed	Moderate	Short-Medium term	Information from a key informant	Commissioners to note impacts and ensure services are designed and/or reconfigured to provide sufficient mitigation against impact.	
	Low mood, depression and anxiety	Increase in common mental health conditions	Negative	Possible	Major	Short-Medium term	Information from a key informant. Increase in referrals for those requiring input from mental health, befriending and lifestyle advice	More prompt support available via healthy minds. Commissioners to note impacts and ensure services are designed and/or reconfigured to provide sufficient mitigation against impact.	Referrals to social prescribing, nature of referrals, Prevalence of common mental health disorders, improving access to psychological therapies indicators
	Social Isolation and Loneliness	Loss of social contact. Loss of access to community-based support and activities, for example, Dementia Cafes and PLUS (Isolation support) ceased face to face access during lockdown.	Negative	Possible	Major	Short-term	Information from a key informant and Social Prescribers reporting an increase in referrals for those requiring input from mental health, befriending and lifestyle advice. Health & Equity in Recovery Plans Working Group. Direct and indirect impacts of COVID-19 on health and wellbeing. Rapid Evidence Review. July 2020. Available at: https://www.ljmu.ac.uk/~media/phi-reports/2020-07-direct-and-indirect-impacts-of-covid19-on-health-and-wellbeing.pdf	More prompt support available via healthy minds. New community groups, more mental health specialists, availability of technology, engagement with religious organisations where ethnic minorities are likely to turn for welfare. Commissioners to note impacts and ensure services are designed and/or reconfigured to provide sufficient mitigation against impact.	Referrals for anxiety and stress via GP, Referrals to Healthy Minds, Referrals to social prescribing, nature of referrals
	Access to advocacy services	During lockdown access to vulnerable people with mental health conditions was limited. Residential homes and wards were locked down and telephone contact was not always possible. This placed individuals at risk.	Negative	Confirmed	Uncertain	Short-term	Information from a key informant	Commissioners to note impacts and ensure services are designed and/or reconfigured to provide sufficient mitigation against impact.	Referral to advocacy support when someone is discharged from a mental health ward

Table 21: Migrants, Asylum Seekers and Refugees

Section Heading	Determinant of Health/ Wellbeing	Description of COVID-19 Impact	Effect on Health (Positive/ Negative/ Unclear)	Likelihood of impact	Intensity/Severity of Impact on Health	Possible Timing of Impact	Rationale	Mitigation or Action	Outcomes or Indicators to Monitor
Migrants, Asylum Seekers and Refugees	Access to healthcare and health information	Vulnerable migrants may experience language barriers or lack of access to technology. They may also access information from other countries which may not be relevant in the UK.	Negative	Probable	Moderate	Short-term	The Organisation for Economic Co-operation and Development (OECD). What is the impact of the COVID-19 pandemic on immigrants and their children? October 2020. Available at: http://www.oecd.org/coronavirus/policy-responses/what-is-the-impact-of-the-covid-19-pandemic-on-immigrants-and-their-children-e7cbb7de/ . Refugee and asylum seeker patient health toolkit. BMA guidance. Available at: https://www.bma.org.uk/advice-and-support/ethics/refugees-overseas-visitors-and-vulnerable-migrants/refugee-and-asylum-seeker-patient-health-toolkit	Where possible, make guidance available in multiple languages, and promote awareness of rights of access to healthcare services Raise awareness of resources for health professionals and community hubs to support migrant patients and clarifying the entitlements to free and chargeable NHS services As well as translated guidance, videos with spoken guidance can help where there are issues with illiteracy in first languages (some languages are primarily oral). Audio-only guidance can be shared easily among communities.	
	COVID-19 Infection	Immigrants are at higher risk of COVID-19 infection and death because of poverty, overcrowding and jobs where physical distancing is difficult.	Negative	Probable	Moderate	Short-term	The Organisation for Economic Co-operation and Development (OECD). What is the impact of the COVID-19 pandemic on immigrants and their children? October 2020. Available at: http://www.oecd.org/coronavirus/policy-responses/what-is-the-impact-of-the-covid-19-pandemic-on-immigrants-and-their-children-e7cbb7de/ . Refugee and asylum seeker patient health toolkit. BMA guidance. Available at: https://www.bma.org.uk/advice-and-support/ethics/refugees-overseas-visitors-and-vulnerable-migrants/refugee-and-asylum-seeker-patient-health-toolkit	NHS services provided for the investigation, diagnosis and treatment for COVID-19 are free of charge, irrespective of immigration status.	COVID-19 cases by ethnicity NB will only partially cover this group

Table 22: Mothers and Babies

Section Heading	Determinant of Health/ Wellbeing	Description of COVID-19 Impact	Effect on Health (Positive/ Negative/ Unclear)	Likelihood of impact	Intensity/Severity of Impact on Health	Possible Timing of Impact	Rationale	Mitigation or Action	Outcomes or Indicators to Monitor
Mothers and Babies	Covid-19 Infection	Pregnant women from BAME groups more likely to be admitted to hospital with COVID-19	Negative	Probable	Major	Short-term	Confirmed increase in hospital admissions during pregnancy. Coupled with the extensive evidence that BAME women have a poorer experience and poorer outcomes during pregnancy it is necessary to ensure greater protection during the pandemic (https://www.npeu.ox.ac.uk/news/1963-pregnant-women-are-not-at-greater-risk-of-severe-covid-19-than-other-women-but-most-of-those-who-have-problems-are-in-their-third-trimester)	Targeted advice to BAME pregnant women. Continuation of face to face antenatal care. Involve more BAME women in maternity voices partnership to ensure effective communications approach. Ensure all providers record on maternity information systems the ethnicity of every woman, as well as other risk factors, such as living in a deprived area (postcode), co-morbidities, BMI and aged 35 years or over, to identify those most at risk of poor outcomes	Ensure all providers record on maternity information systems the ethnicity of every woman, as well as other risk factors, such as living in a deprived area (postcode), co-morbidities, BMI and aged 35 years or over, to identify those most at risk of poor outcomes
	Covid-19 Infection	Older pregnant women, those who are overweight or obese, and pregnant women who had pre-existing medical problems, such as high blood pressure and diabetes, are more likely to be admitted to hospital with the infection	Negative	Probable	Major	Short-term	Confirmed increase in hospital admissions during pregnancy (https://www.npeu.ox.ac.uk/news/1963-pregnant-women-are-not-at-greater-risk-of-severe-covid-19-than-other-women-but-most-of-those-who-have-problems-are-in-their-third-trimester)	Targeted advice to vulnerable mothers to be, continuation of face to face antenatal care, continue to reflect and deliver NHS England COVID- 19 specific information and practices. Ensure all providers record on maternity information systems risk factors, such as living in a deprived area (postcode), co-morbidities, BMI and aged 35 years or over, to identify those most at risk of poor outcomes. A revised Standard Operating Procedure has been shared with all community midwives to explore and discuss risk, vulnerability and care at the time of booking.	Ensure all providers record on maternity information systems the ethnicity of every woman, as well as other risk factors, such as living in a deprived area (postcode), co-morbidities, BMI and aged 35 years or over, to identify those most at risk of poor outcomes

Table 23: Older People

Section Heading	Determinant of Health/ Wellbeing	Description of COVID-19 Impact	Effect on Health (Positive/ Negative/ Unclear)	Likelihood of impact	Intensity/Severity of Impact on Health	Possible Timing of Impact	Rationale	Mitigation or Action	Outcomes or Indicators to Monitor
Older People	Housing	More people want to continue to live in their own homes rather than going into residential facilities	Positive/ Opportunity	Speculative	Moderate	Short-term	Information from Key Informant	Promotion of the importance of physical activity including strength and balance exercises, for maintaining physical function and good mental health Targeting of resources for physical activity to the needs of the most vulnerable older people, including those who may be at risk of falls to keep muscles, bones and joints strong Access to healthcare among older people could be aided if services to become community based or members of the local community aided older people to get to and from medical appointments and/or obtain medical supplies.	
	Access to healthcare	Fearful of going to medical appointments	Negative	Probable	Moderate	Short-term	Information from Key Informant	Services to become community based with more people doing them	Hospital Admissions
	COVID-19 Infection	Higher rates of COVID-19 related death among older people	Negative	Confirmed	Major	Short-term	Higher rates of death observed nationally with notably higher rates among 75-plus and 85-plus age ranges	Continued protection of the vulnerable cohort via wearing facemasks, social distancing, handwashing. Etc. Commissioners to note impacts and ensure services are designed and/or reconfigured to provide sufficient mitigation against impact. Potential for higher scale local lockdowns or certain measures if cases continue to rise. The need for the elderly to self isolate may also need to be re-introduced	Death rates and number of cases among older people
	Social Isolation and Loneliness	Social isolation as a result of lockdown and social distancing measures. Older people fearful of going out.	Negative	Possible	Moderate	Short-term	Information from Key Informants	Commissioners to note impacts and ensure services are designed and/or reconfigured to provide sufficient mitigation against impact.	Social Isolation: percentage of adult social care users aged 65 plus who have as much social contact as they would like

Table 24: People with Physical, Sensory or Learning Disability Challenges

Section Heading	Determinant of Health/ Wellbeing	Description of COVID-19 Impact	Effect on Health (Positive/ Negative/ Unclear)	Likelihood of impact	Intensity/Severity of Impact on Health	Possible Timing of Impact	Rationale	Mitigation or Action	Outcomes or Indicators to Monitor
People with Physical, Sensory or Learning Disability Challenges	Social isolation	Lack of access to support e.g. support groups, day services, voluntary work, college and regular activities. Lockdown and shielding measures restrict social contact for a group that is already vulnerable to loneliness.	Negative	Probable	Moderate	Short-term	Most respondents to a Healthwatch Worcestershire learning disability and autism survey had experienced a change in their support during COVID-19. Respondents described having less support and difficulties being able to access support via support groups, day services, voluntary work, college and regular activities. In two reports looking at the impact on adults with disabilities, it was found that they were significantly more likely than adults without disabilities to report spending too much time alone; 35% of adults with disabilities reported this compared to 20% of adults without disabilities. Health & Equity in Recovery Plans Working Group. Direct and indirect impacts of COVID-19 on health and wellbeing. Rapid Evidence Review, July 2020. Available at: https://www.ljmu.ac.uk/~media/phi-reports/2020-07-direct-and-indirect-impacts-of-covid19-on-health-and-wellbeing.pdf	Work is continuing to identify appropriate mitigations	
	Access to support services	Lack of access to support e.g. support groups, day services, voluntary work, college and regular activities	Negative	Probable	Moderate	Short-term	Most respondents to a Healthwatch Worcestershire learning disability and autism survey had experienced a change in their support during COVID-19. Respondents described having less support and difficulties being able to access support via support groups, day services, voluntary work, college and regular activities.	Work is continuing to identify appropriate mitigations	
	COVID-19 Infection	Some people with disability may be more at risk of becoming infected or having unrecognized illness	Negative	Probable	Moderate	Short-term	Some people with disabilities might be at a higher risk of infection or severe illness because of their underlying medical conditions. The following groups might be at increased risk of becoming infected or having unrecognized illness: 1) People who have limited mobility or who cannot avoid coming into close contact with others who may be infected, such as direct support providers and family members 2) People who have trouble understanding information or practicing preventive measures, such as hand washing and social distancing 3) People who may not be able to communicate symptoms of illness (https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-disabilities.html)	Work is continuing to identify appropriate mitigations	
	Death from COVID-19	Higher age-adjusted mortality rates in disabled people	Negative	Probable	Major	Short-term	An analysis by the Office for National Statistics found that disabled people aged nine and over made up almost 6 out of 10 COVID-19 deaths between March and July. Both males and females aged nine and over had higher age-adjusted mortality rates than those that were non-disabled. (https://www.ons.gov.uk/peoplepopulationandcommu	Work is continuing to identify appropriate mitigations	

Table 25: Physical Health

Section Heading	Determinant of Health/ Wellbeing	Description of COVID-19 Impact	Effect on Health (Positive/ Negative/ Unclear)	Likelihood of impact	Intensity/Severity of Impact on Health	Possible Timing of Impact	Rationale	Mitigation or Action	Outcomes or Indicators to Monitor
Physical Health	COVID-19 Infection	People experiencing a prolonged and relapsing course of the illness	Negative	Confirmed	Moderate	Short-term	There is growing evidence that a number of people who initially experience only mild to moderate COVID-19 disease are experiencing a prolonged and relapsing course of the illness - a condition that has been termed 'Long-COVID' (Health & Equity in Recovery Plans Working Group. Direct and indirect impacts of COVID-19 on health and wellbeing. Rapid Evidence Review. July 2020. Available at: https://www.ljmu.ac.uk/~media/phi-reports/2020-07-direct-and-indirect-impacts-of-covid19-on-health-and-wellbeing.pdf)	Post-covid services should provide joined up care for physical and mental health. Promotion of the NHS 'Your COVID Recovery' online service. Available at: https://www.yourcovidrecovery.nhs.uk/ . Commissioners should note impacts and ensure services are designed and/or reconfigured to provide sufficient mitigation.	People accessing services for Long Covid
	COVID-19 Infection	Patients who have required ventilation due to COVID-19 may develop Post-Intensive Care Syndrome (PICS) - an amalgamation of persistent physical, cognitive and psychological impairments	Negative	Confirmed	Moderate	Short-term	Patients who have required ventilation due to COVID-19 may develop Post-Intensive Care Syndrome (PICS) - an amalgamation of persistent physical, cognitive and psychological impairments following prolonged ventilation. A significant proportion of all patients, across all ages, admitted to an Intensive Care Unit (ICU) requiring mechanical ventilation go on to develop PICS. Although, data on this topic hasn't been collected yet for COVID-19 patients, it is reasonable to assume that the number of people with PICs is going to increase (Jafri U.A. and Jafri A. Post-Intensive care syndrome and COVID-19: crisis after a crisis? Heart Lung. June 2020. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7301100/)	Post-COVID services should provide joined up care for physical and mental health. Promotion of the NHS 'Your COVID Recovery' online service. Available at: https://www.yourcovidrecovery.nhs.uk/ . Commissioners should note impacts and ensure services are designed and/or reconfigured to provide sufficient mitigation.	People with Post-Intensive Care Syndrome (PICS)
	Access to information	Information about COVID-19 and what actions to take changes rapidly. People with learning disabilities may not have access to easy read/accessible information	Negative	Probable	Moderate	Short-medium term	Healthwatch Worcestershire has conducted a learning disability and autism survey. Of the 84 people who completed the survey 37% said they had been able to find information that was easy to understand.	There is a need for up-to-date easy-read and accessible information for people with learning disabilities. This should include information that people who are digitally excluded can access.	
	COVID-19 Infection	A small number of children have been identified who have developed a significant systemic inflammatory response following COVID-19 infection.	Negative	Confirmed	Minimal	Short-term	Children and infants typically experience a mild illness. However, a small number of children have been identified who have developed a significant systemic inflammatory response following COVID-19 infection (Royal College of Paediatrics and Child Health. Guidance: Paediatric multisystem inflammatory syndrome temporally associated with COVID-19. London: Royal College of Paediatrics and Child Health; 2020)	Early recognition by paediatricians and specialist referral including to critical care is essential	Children with Paediatric Multisystem Inflammatory syndrome (PIMS)

Table 26: Screening Services, Vaccinations and Services for Women and Children

Section Heading	Determinant of Health/ Wellbeing	Description of COVID-19 Impact	Effect on Health (Positive/ Negative/ Unclear)	Likelihood of impact	Intensity/Severity of Impact on Health	Possible Timing of Impact	Rationale	Mitigation or Action	Outcomes or Indicators to Monitor
Screening Services, Vaccinations and Services for Women and Children	Immunisation for childhood diseases	Reduction in take up of childhood immunisations	Negative	Probable	Moderate	Short-term	A search of local primary care data showed there has been a reduction in the take up of immunisations in eligible children	Targeted catch up programme with primary care and school immunisation programme. Media campaign to promote childhood immunisations. Maintain media campaign to promote immunisations, whole system approach.	Primary care data on immunisation

Table 27: Sexual Health

Section Heading	Determinant of Health/ Wellbeing	Description of COVID-19 Impact	Effect on Health (Positive/ Negative/ Unclear)	Likelihood of impact	Intensity/Severity of Impact on Health	Possible Timing of Impact	Rationale	Mitigation or Action	Outcomes or Indicators to Monitor
Sexual Health	Sexually Transmitted Infections	Adverse effects due to reduced service delivery	Negative	Probable	Moderate	Short-term	In May 2020 it was reported that nationally 54% of UK sexual health services had closed, and 38% of sexual health staff had been moved to work in other parts of the NHS (Health and Social Care Inquiry on delivering core NHS and care services during the pandemic and beyond, Joint submission by the British Association for Sexual Health and HIV (BASHH) and the British HIV Association (BHIVA) May 2020)	Ensuring adequate local provision of sexual health services during COVID-19, particularly for key vulnerable groups, will be a challenge. However, the increased use of remote and online services is an opportunity to change the way that services are delivered.	Sexually transmitted infection rates, Sexually transmitted infection prevalence
	Sexually Transmitted Infections	Reduced sexual activity may have positive effect on STI spread	Positive/ Opportunity	Possible	Minimal	Short-term	Speculation by the British Association for Sexual Health and HIV (BASHH) and the British HIV Association (BHIVA) in their submission to the Health and Social Care Inquiry on delivering core NHS and care services during the pandemic and beyond.		Sexually transmitted infection testing rates, Sexually transmitted infection prevalence, Teenage conceptions
	Sexually Transmitted Infections	Increased testing at home/use of online services	Positive/ Opportunity	Probable	Moderate	Uncertain	The lockdown has led to increased testing at home/use of online services - this may be more effective and efficient for some population groups (Health and Social Care Inquiry on delivering core NHS and care services during the pandemic and beyond, Joint submission by the British Association for Sexual Health and HIV (BASHH) and the British HIV Association (BHIVA) May 2020)	Build on the increased use of remote and online services as an opportunity to change the way that services are delivered whilst ensuring that vulnerable groups can still access services.	Sexually Transmitted Infection Testing rates
	Contraception	Difficulty obtaining long acting contraception	Negative	Possible	Moderate	Short-term	Highlighted by a key informant	Ensure adequate local provision of sexual health services during COVID-19	

Table 28: Urban/Rural Classification and Access to Green Space

Section Heading	Determinant of Health/ Wellbeing	Description of COVID-19 Impact	Effect on Health (Positive/ Negative/ Unclear)	Likelihood of impact	Intensity/Severity of Impact on Health	Possible Timing of Impact	Rationale	Mitigation or Action	Outcomes or Indicators to Monitor
Urban/Rural Classification and Access to Green Space	Access to green space	Lack of access to green space for people without a private garden	Negative	Confirmed	Moderate	Short-term		Work is continuing to identify appropriate mitigations	
	Access to green space	Increasing numbers of people accessing public green space	Positive/ Opportunity	Possible	Moderate	Short-term	Lockdown measures have caused huge changes in people's lifestyles and habits. At the time of writing Google mobility data shows that nationally there has been a sustained increase in people visiting parks	Work is continuing to identify appropriate mitigations	
	Type of area someone lives in (urban vs rural)	Higher rates of death and number of Covid-19 cases among people in more urban areas	Negative	Probable	Major	Short-term	Local analysis shows COVID-related deaths per 10,000 population in urban areas may be higher than more rural areas in the county.	Continued protection of the vulnerable cohort via wearing facemasks, social distancing, handwashing, etc Potential for higher scale local lockdowns or certain measures if cases continue to rise.	Mortality rates and number of cases in urban compared to rural areas

Table 29: Working Age People Including Key Workers

Section Heading	Determinant of Health/ Wellbeing	Description of COVID-19 Impact	Effect on Health (Positive/ Negative/ Unclear)	Likelihood of impact	Intensity/Severity of Impact on Health	Possible Timing of Impact	Rationale	Mitigation or Action	Outcomes or Indicators to Monitor
Working Age People Including Key Workers	Covid-19 Infection	Higher age-adjusted mortality rates in certain occupations	Negative	Probable	Major	Short-term	Nationally, age standardised mortality rates for male security guards and related occupations were nearly four times higher than those for all men of working age, while for taxi, cab, bus, and coach drivers the age standardised mortalities were well over double (Covid-19 in the workplace. BMJ Editorial. Available at: https://www.bmj.com/content/370/bmj.m3577.short?rs=1&utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+bmj%2Frecent+%28Latest+from+BMJ%29)	Persuading members of public who use transport and areas protected by security guards adhere to guidance on social distancing, facemasks etc to limit risk to workers	Mortality rates and infection rates by occupation, with specific attention on those in occupations that require frequent public exposure.
	Work environment	Impact of the pandemic on health and care staff	Negative	Possible	Moderate	Short-Medium term	Information from a key informant	Ensuring key workers are safe, mentally and physically well, have childcare and family support, and able to continue their duties going forward as COVID-19 cases potentially increase in the future and in the wake of any future further national or local restrictions	Health and care workers testing positive for COVID-19 and number of health and care staff able to access and do their job

Table 30: Working Conditions and Practices

Section Heading	Determinant of Health/ Wellbeing	Description of COVID-19 Impact	Effect on Health (Positive/ Negative/ Unclear)	Likelihood of impact	Intensity/Severity of Impact on Health	Possible Timing of Impact	Rationale	Mitigation or Action	Outcomes or Indicators to Monitor
Working Conditions and Practices	Better work life balance	Homeworking; new hobbies and interests as a result of having more time	Positive/ Opportunity	Possible	Moderate	Short, medium and long term	Increasing referrals to social prescribing		Referrals to social prescribing, nature of referrals