



Health and Wellbeing Test and Trace Sub Group

Time and Date

11.00 am on Monday, 14th September, 2020

Place

This meeting will be held remotely. The meeting can be viewed live by pasting this link into your browser:

<https://www.youtube.com/watch?v=hLnWEiazpH0&feature=youtu.be>

Public Business

1. **Welcome and Apologies for Absence**
2. **Declarations of Interest**
3. **Minutes of the Previous Meeting** (Pages 3 - 8)
 - (a) To agree the minutes of the meeting held on 3rd August 2020
 - (b) Matters Arising
4. **Local Situation Report on Covid-19 - Data Update and Testing in Coventry**

Presentation from Liz Gaulton, Director of Public Health and Wellbeing
5. **Coventry Outbreaks Overview**

Valerie De Souza, Consultant Public Health will report at the meeting
6. **Local Contain Framework**

Presentation by Pete Fahy, Director of Adult Services
7. **Coventry Solihull and Warwickshire (CSW) Test and Trace Beacon Update**

Liz Gaulton, Director of Public Health and Wellbeing and Valerie De Souza Consultant Public Health will report on the following:

 - (a) Highlight Report (Pages 9 - 10)
 - (b) CSW Outbreak Control Plan Refresh
 - (c) Governance

8. **NHS Response to Ongoing Covid-19 Position**

Presentation from Jo Galloway, Coventry and Rugby CCG

9. **Coventry and Warwickshire Covid-19 Health Impact Assessment** (Pages 11 - 88)

Report attached, Valerie De Souza, Consultant Public Health will report at the meeting

10. **Any other items of public business**

Any other items of public business which the Chair decides to take as matters of urgency because of the special circumstances involved.

Private Business

Nil

Julie Newman, Director of Law and Governance, Council House Coventry

Friday, 4 September 2020

Note: The person to contact about the agenda and documents for this meeting is Liz Knight Tel: 024 7697 2644 e-mail: liz.knight@coventry.gov.uk

Membership: Councillor K Caan, M Coombes, R Danter, P Fahy, J Galloway, L Gaulton, R Light, S Linnell, Councillor K Maton, N Morgan, Councillor M Mutton, K Nelson, M O'Hara, S Ogle, G Quinton and S Raistrick

If you require a British Sign Language interpreter for this meeting
OR if you would like this information in another format or
language please contact us.

Liz Knight

Tel: 024 7697 2644 e-mail: liz.knight@coventry.gov.uk

Coventry City Council
Minutes of the Meeting of Health and Wellbeing Test and Trace Sub Group held at
2.00 pm on Monday, 3 August 2020
This meeting was held remotely

Present:

Board Members: Councillor Maton

Melanie Coombes, Coventry and Warwickshire Partnership Trust
Rachael Danter, Coventry and Warwickshire Health and Care Partnership
Pete Fahy, Director of Adult Services
Liz Gaulton, Director of Public Health and Wellbeing
Jo Galloway, Coventry and Rugby CCG
Ruth Light, Coventry Healthwatch
Stuart Linnell, Coventry Healthwatch
Kirsten Nelson, Director of Education and Skills
Nina Morgan, University Hospitals Coventry and Warwickshire
Gail Quinton, Deputy Chief Executive
Dr Sarah Raistrick, Coventry and Rugby CCG (Chair)

Employees: A Buckley, Public Health
N Inglis, Public Health
L Knight, Law and Governance
R Nawaz, Public Health
J Newman, Director of Law and Governance
U Patel, Law and Governance

Apologies: Councillor K Caan
Councillor M Mutton
Sue Ogle, Voluntary Action Coventry
Mike O'Hara, West Midlands Police

Public Business

1. Declarations of Interest

There were no declarations of interest.

2. Local Situation Report on Covid-19

The Sub-Group received a presentation from Liz Gaulton, Director of Public Health and Wellbeing which provided an update on Covid-19 including data information; information on the Covid-19 Prevention Advice and Response Team; and the arrangements for testing in Coventry.

The presentation included the epi curve of covid-19 cases in Coventry highlighting numbers and rates. There was a clear dip in late June early July when the city was doing really well, however there had been a slight increase in cases over the last two weeks which was in line with the national picture. A bubble map reflected the cases across the city showing all areas had been affected. Further information

was provided on the covid -19 deaths in the city, with reference to place of death, compared to all deaths.

The Sub Group were informed of the three key elements of action currently being undertaken: engagement; work with community champions; and the increase in capacity to manage outbreaks. Information was provided on the Covid-19 Prevention Advice and Response Team which included the appointment of a Programme Delivery Manager and the Environmental Health officer posts.

The development of a local testing strategy and infrastructure to underpin the local outbreak plan involved using a combination of mobile and local testing units which included home testing kits; satellite – the option usually used for care homes; the regional testing site; the local testing sites; and mobile testing units. Further information was provided on the location of the testing units.

Members sought clarification as to the accuracy and invasiveness of the tests and to the severity of symptoms for covid-19 enquiring if there was a case for grading the severity of covid-19 cases. Information was provided on the potential for saliva tests.

RESOLVED that the contents of the presentation be noted.

3. Coventry, Solihull and Warwickshire Test and Trace Highlight Report

Liz Gaulton, Director of Public Health and Wellbeing introduced the Test and Trace Programme Highlight report which was a fortnightly report produced by Coventry City Council, Solihull Metropolitan Borough Council and Warwickshire County Council, with the programme leads being the Directors of Public Health for the three areas. The highlight report provided detailed information on the work undertaken in relation to Covid-19 for the week ending 24 July.

The report detailed what had happened during the week which included the delivery of a major outbreak session; a public dashboard launched and enhanced; a shared approach agreed to mapping high risk settings and outbreaks; Coventry and Warwickshire out to tender for the new outbreak testing service; a review and briefing on the National Contain Framework led by Solihull, and the CSW Beacon Rapid Pilot proposal to the DHSC agreed. In addition, the what happens next was also highlighted.

The report set out the meetings held during the week and the upcoming meetings in Coventry, Solihull and Warwickshire, along with the key communication messages. A progress summary for the overall programme was also detailed along with activity for this week and the coming week, including any areas of concern/risk for the following workstreams: Communication, Engagement and Participation; Data/Intelligence; Testing; and Joint Health Protection Response. The report used the RAG rating for delivery status of activities. Further details of local delivery activity for the three individual areas were highlighted.

RESOLVED that the contents of the Test and Trace Highlight report be noted.

4. **Local Powers to Contain Covid-19**

The Sub Group received a report of Julie Newman, Director of Law and Governance, which provided an overview of the new Health Protection (Coronavirus Restrictions) (England) (No 3) Regulations 2020 (SI 2020/750) that came into force on 18 July 2020. An appendix to the report detailed a list of frequently asked questions on what the new powers given to local authorities to help manage Covid-19 meant to individuals.

The report indicated that the Regulations gave local authorities in England powers to impose restrictions on specific premises, planned events and open spaces in local areas, to mitigate local Covid-19 outbreaks. The Regulations sat alongside the England-wide Health Protection (Coronavirus, Restrictions) (No 2) (England) Regulations 2020 (SI 2020/684), which enabled more venues to reopen in England from 4 July.

Under the Regulations a local authority could only impose local restrictions if it was satisfied that they were a necessary and proportionate means of responding to a serious and imminent threat, and it must reassess whether this was still the case every seven days. The Secretary of State could require a local authority to impose restrictions. The restrictions which could be imposed under the Regulations were:

- Restrictions on people entering, leaving or being in specified premises.
- Restrictions could not be imposed in relation to "essential infrastructure" (this term was not defined), vehicles, trains, vessels or aircraft used for public transport or the carriage or haulage of goods and certain other vessels.
- Restrictions imposing prohibitions, requirements or restrictions on the organisers or hosts of a specified event, or events of a specified description.
- Restrictions on access to public outdoor places. Following the imposition of such a restriction, the local authority and any person who owned, occupied or was responsible for land within the relevant public outdoor space, must take reasonable steps to restrict public access to it. Individuals could not enter a public outdoor space where this had been prohibited by the local authority without a reasonable excuse, such as accessing their home, visiting someone who lived there or for work.

Owners or occupiers of premises or spaces subject to a restriction had rights of appeal. Failure to comply with the restrictions was an offence and fixed penalty notices could be issued. A local authority must keep neighbouring local authorities informed of any restrictions it imposed.

RESOLVED that the new regulations that are now in force that enable local authorities in England powers to mitigate local Covid-19 outbreaks be noted.

5. **Care Home Outbreak Control Plan**

Pete Fahy, Director of Adult Services reported on the Coventry and Warwickshire Care Homes Covid-19 Outbreak Control Plan. The plan for nursing and residential homes had been put in place with the aim of (i) reducing/maintaining the number of new Covid-19 cases in care homes to zero and (ii) reducing the impact of Covid-19 on care home residents and staff. The plan was structured in the format

of the overarching Coventry, Solihull and Warwickshire Covid-19 Outbreak Control Plan.

The Executive Summary of the Outbreak Control plan set out the governance arrangements, informing of the Preventing Covid in Care Homes Group who had developed the Plan. The operational response arrangements were detailed. Initial outbreak management would be undertaken by Public Health England including risk assessment, arrangement symptomatic testing, isolation of residents, contact tracing within the home and the provision of advice and guidance. Further management would be undertaken in collaboration with the CCG Care Home quality leads and Infection Prevention and Control Team, alongside the Local Authority, including the organisation of rapid whole home testing and provision of ongoing infection control advice. Simple outbreaks could be taken over by the LA from an outbreak management perspective but could be referred back to PHE should they become complex.

The testing of residents could be undertaken via the local testing provider Arley Medical Services or care homes could request kits from the national portal.

An Action Card for outbreaks had been developed with key actions that needed to be taken by homes, the CCG and the Local Authority which would be reviewed in the light of changing national guidance. A copy was attached at an appendix to the Executive Summary.

The Plan set out the current position and actions going forward under the following priorities:

- Community engagement to build trust and participation
- Preventing infection
- High risk settings and communities
- Reducing health inequalities
- Testing capacity
- Contact Tracing
- Data, dynamic surveillance and integration
- Deployment of capabilities including enforcement.

The Sub Group were provided with clarification about the arrangements for the testing of care home residents and staff.

RESOLVED that the Coventry and Warwickshire Care Homes Covid-19 Outbreak Control Plan be endorsed.

6. Educational Setting Outbreak Control Plan

Kirston Nelson, Director of Education and Skills, introduced the Educational Setting Outbreak Control Plan which set out the actions that schools and others should take where members of the school community had covid-19 symptoms. The document was informed by the DfE guidance for full opening of schools which was published on 2nd July which aimed at schools full opening in the autumn term. The document sat within the context of the Coventry, Solihull and Warwickshire Covid-19 Outbreak Control Plan.

The plan set out four sets of scenarios:

Scenario A: Where one person within a school community had coronavirus (Covid-19) symptoms

Scenario B: Where two or more people within a school community had coronavirus (Covid-19) symptoms

Scenario C: Geographical community coronavirus (Covid-19) outbreak

Scenario D: Coventry-wide coronavirus (Covid-19) outbreak.

The scenarios set out the actions that the school needed to take; what an individual should do; what the Health Protection Team would do or the actions for others; and detailed the potential outcomes.

The Sub Group were informed that further updates and versions on the plan would follow as necessary and in line with the appropriate guidance. The document had been shared across the West Midlands region with the option for other local authorities to adopt.

An action card for coronavirus in school settings: management of known or suspected cases was set out at an appendix.

The Sub Group noted that guidance was still awaited as regards to the national opening of schools in the autumn.

RESOLVED that the Educational Setting Outbreak Control Plan be noted.

7. Test and Trace Engagement and Participation Community Champions Approach

The Sub Group considered a report of Valerie De Souza, Consultant Public Health concerning the Test and Trace engagement and participation community champions approach. This approach aimed to harness and support existing community leaders to become 'Community Champions' who would work with the local authority to promote clear messages around 'how to stop Covid-19 spreading' and who were informed around Test and Trace and how people could access this.

The report indicated that Community Champions were existing leaders in their local area. The expectation was that they would work with the Engagement cell in their work to help spread health protection messages, highlight back incorrect advice and would also be available to support their communities by giving up to date guidance and reassurance. Community Champions would also feedback challenges in their communities in real time to shorten delays of information to the Council and allow colleagues to mobilise more efficiently and effectively. Overall this shortened feedback delay would help the test and trace programme work more effectively to reduce the spread of Covid-19. They would also give frank and honest feedback on communications messages and help work to design tailored communications products.

The Sub Group were informed that Coventry had many community leaders and the intention was to work with existing community leaders as they had trusted relationships within their communities. The remit of the community champion was not ridged, this approach had been designed so that it could accommodate any level of help a community champion felt they could give, from simply spreading the

word via their own social media to working intensively with officers to shape leaflets and social media. Training and awareness raising would be provided as well as regular virtual catch ups.

The report detailed the training to be provided for the community champions.

The Sub Committee noted that to date there were over 160 community champions signed up. These 160 individuals represented all communities within Coventry including Migrant Health Champions, Young Peoples' Champions, Champion via the CCG, and many from BAME communities.

Clarification was provided on the expectations that the Council had for the community champions, particularly if there was a covid-19 outbreak in the city. The importance of working in partnership, allowing people to do what they felt comfortable with was acknowledged.

RESOLVED that the proposals for the Test and Trace engagement and participation community champions approach be noted.

8. Any other items of public business

There were no additional items of public business.

(Meeting closed at 2.40 pm)

CSW Test and Trace Beacon Programme – Advisory Board Highlight Report

Period: to 4 September 2020



Programme Leads:	Shade Agboola (WCC); Liz Gaulton (CCC); Ruth Tennant (SMBC)	Delivery Status	Overall	Governance	Progress	Finance	Risks & Issues	Value Added
Programme Manager:	Ali Williams (interim)		A	A	A	A	A	G
Key Message:								
<ul style="list-style-type: none"> A key focus of Beacon activity this week has been around community messaging to provide additional reassurance and guidance on a number of topical matters. Links with and into local communities are growing with the investment the Beacon authorities have made in community engagement, including community champions and grants, coupled with a wide range of collateral developed to support community messengers. Whilst the holiday period has seen a slight lull in some of the sub-regional workstream activity over the last couple of weeks, work has continued in relation to ongoing outbreaks and case management by teams as per the protocols and pathways which have been established to aid local responses. Strong progress has also been made in relation to the recruitment to support the delivery of test and trace across Coventry, Solihull and Warwickshire. 								
What's happened?					What's happening next?			
<ul style="list-style-type: none"> Reassurance messaging around students' return to university and back to school, quarantining after holidays, car sharing and ward specific targeted messaging Work progressed to establish local testing services Supplier selected for Coventry and Warwickshire case management system, pending references Coventry and Warwickshire testing providers commence Coventry City Wide IMT met 1/9/2020 in response to ongoing community transmission, to continue to meet weekly for circa next month Targeted activity focusing on businesses/areas with poor levels of compliance 					<ul style="list-style-type: none"> Commencement of evaluation work for communications and community engagement activity Further development of collateral to support community messaging, including tabards, videos, infographics and animations Refresh of CSW Outbreak Control Plan Interviews for Test and Trace Beacon Programme Manager role (secondment) and vacancies within local response teams 			
How we're adding value:					Key lessons:			
<ul style="list-style-type: none"> Alignment of joint out of hours arrangements. Development of response to major outbreaks (CSW Lockdown Plan). Identification of MTU sites and risk assessments, with support from Military Planners. Joint commissioning (Coventry and Warwickshire) of swabbing capacity. Development of Dashboards and shared approach to mapping high risk settings and outbreak across the sub-region <p>CSW Beacon Rapid Pilot (local available swab kits)</p> <p>Translated posters in 12 languages shared with beacon councils and national DHSC comms</p> <p>"Let's do it for..." campaign</p>					<ul style="list-style-type: none"> The Beacon Programme thrives on a blended approach to the delivery of Test and Trace reflecting natural boundaries and existing partnership/operating arrangements; some things will be done individually by partner authorities, some things jointly by two of the authorities, and some things across the sub-region. 			

CSW Test and Trace Beacon Programme – Advisory Board Highlight Report

Period: to 4 September 2020



09.10

Dissemination of learning, and potential wider adoption of local initiatives, e.g., backward contact tracing.

Upcoming meetings:

The following sub-regional and local meetings are due to take place within the Beacon Programme over the next week:

- 08.09.20 Coventry Covid-19 Mobilisation Group
- 08.09.20 Solihull Health Protection Board
- 09.09.20 Warwickshire Covid-19 Member Engagement Board
- 10.09.20 Warwickshire Health Protection Board
- 14.09.20 Coventry Health and Wellbeing Board Test and Trace sub-group
- 15.09.20 Coventry Health Protection Board

Where you can find out more:

The Beacon communicates key information in relation to outbreaks and our response to such to selected partners using our Notifications protocol. Information about Test and Trace in the sub-region is also available:

- On our microsite – www.staysafescw.info
- On our individual local authority websites
- Via our Weekly Member Briefings

Also look out for our local campaigns - Let's Do It for Warwickshire, Let's Talk Coventry, Let's Do It for Solihull

Key data:

Up to date case incidence and testing data is available at <https://smarturl.it/covid-19-csw>.

Coventry and Warwickshire COVID-19 Health Impact Assessment

Coventry and Warwickshire
Joint Strategic Needs Assessment

July 2020



Many thanks are given to colleagues that contributed their time to creating this report. It was created within a short timeframe, across two local authorities and demonstrated the commitment of staff to work positively across the Coventry and Warwickshire patch to support recovery following COVID-19. Thanks is also given to local partner and commissioned organisations that provided data for input into this report which enabled us to demonstrate the wide impacts that COVID-19 has had upon our local population.

Report Project Team:

Coventry City Council

INSIGHT TEAM:

- Debbie Cashmore, Senior Analyst
- Si Chun Lam, Insight Development Manager (Place and Public Sector Transformation)
- Yolanda Chegwidden, Analyst

PUBLIC HEALTH:

- Tessa Hewitt, Public Health Speciality Registrar

Warwickshire County Council

BUSINESS INTELLIGENCE TEAM:

- Caroline McKenzie, Insight Analyst
- Kate Rushall, Business Intelligence Lead (Population Health & Economy)

PUBLIC HEALTH:

- Catherine Shuttleworth, Public Health Principal
- Duncan Vernon, Consultant in Public Health (project lead)
- Emily van de Venter, Associate Director of Public Health
- Harpal Aujla, Public Health Speciality Registrar

Coventry and Warwickshire CCG Business Intelligence Teams

PARTNER AND COMMISSIONED ORGANISATIONS

Big White Wall, Carer's Emergency Response Support Service, Change Grow Live, Citizen's Advice Bureau, Coventry and Warwickshire Mind, Coventry and Warwickshire Partnership NHS Trust, Edible Links, Healthwatch Warwickshire CIC, Mental Health Matters, Sport England, Trussell Trust, Warwickshire Police.

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Foreword

Councillor Caborn

Portfolio Holder for Adult Social Care & Health (Warwickshire)

I am pleased to introduce this COVID-19 Health Impact Assessment which demonstrates the impacts of the pandemic across Coventry and Warwickshire.

Our thoughts and sympathies are with those people in our region and around the world have lost loved ones to COVID-19 and many others who have experienced indirect impacts of the outbreak.

This impact assessment outlines a number of different indicators across different sectors that have been negatively affected by the COVID-19 outbreak. Some of these impacts are just as big an issue for health and wellbeing as the impact of the virus itself. It is also clear that COVID-19 has highlighted, and in some cases exacerbated, health inequalities and that the wider impacts of the pandemic and lockdown will fall more heavily on communities most directly affected by the disease itself.

Working together is particularly important as we start to think about the resetting of health and wellbeing and recovery and the role that we can all play in helping to create healthy communities and tackle health inequalities. Please join us across Coventry and Warwickshire in utilising this impact assessment and its recommendations as we move forward to a reset and recovery phase, and reduce the future impact that the pandemic has on residents' health and wellbeing.

Councillor Kamran Caan

Cabinet Member for Public Health and Sport (Coventry)

Welcome to the COVID-19 Health Impact Assessment for Coventry and Warwickshire. This report focuses on the impact the outbreak has had on us locally and the steps we will be looking to take to improve our resilience to COVID-19.

Coronavirus has been tough on most of us, we have all been impacted in some way; whether that has been losing friends, family members and colleagues, being out of work, businesses struggling, or our key workers working tirelessly around the clock. Our thoughts and sympathies are with everyone that has been affected by the virus.

This assessment highlights the areas across our respective communities that have been negatively impacted by the pandemic and lockdown, but also demonstrates the shared understanding of factors needed to support and sustain the recovery across the patch. We know that existing health inequalities have only been intensified, especially in areas struck more directly by the virus and this is likely to continue while coronavirus is still circulating. The population health indicators in this report will enable an understanding of the potential harm for more deprived areas of Coventry and Warwickshire, and the developing impact on ethnic minority groups and on the most vulnerable individuals facing multiple deprivation.

We will continue to work closely together and with our partners in our reset and recovery journey. It is vital that we work to develop a level of trust within our communities and build healthy, active and resilient city-wide partnerships as a priority, especially in the absence of a COVID-19 vaccine.

By coming together and using this impact assessment and its recommendations as an integral part of the Coventry and Warwickshire reset and recovery approach, we can help support our communities to restore

Executive Summary

It is no understatement to say that the COVID-19 pandemic and response to prevent and mitigate the harm that it can cause radically changed how society functions. On the 23rd March a series of lockdown measures were announced in the UK which restricted most travel and shut down non-essential businesses and schools.

These actions successfully interrupted the spread of the disease. In Coventry and Warwickshire, a peak in the number of hospital beds occupied by patients with COVID-19 was reached in early April and the overall trend since then has been an ongoing reduction.

Whilst much harm from COVID-19 has been prevented, it is important to develop a shared understanding of the impact of the events over the last few months to support and sustain a recovery.

This report has been written to do just that. It is part of the Joint Strategic Needs Assessment (JSNA) programme in Coventry and Warwickshire and has been overseen by a project group including members from both Warwickshire and Coventry Business Intelligence and Public Health teams, as well as members from the NHS Clinical Commissioning Groups (CCG).

Key findings

This report has been structured using the Kings Fund 'population health' model. This highlights four interacting areas that influence the health and wellbeing of people in Coventry and Warwickshire.

- Wider determinants of health
- Our health behaviours and lifestyles
- An integrated health and care system
- The places and communities we live in, and with

The connection between these four pillars of population health is important, and underpins two key high-level findings from this report:

1) An integrated recovery: This analysis shows that health and wellbeing has been deeply impacted on by changes across all four quadrants of the model. The implication is that recovery cannot just be contained to one sector and has to be connected across all four to have the biggest chance of success. An integrated recovery is one where we look across traditional boundaries to understand the wider impact of services.

2) The double impact: This report references that the harm from COVID-19 has been unequally distributed across the population and is likely to continue to be so whilst still circulating. This analysis shows that the wider impacts from the pandemic and lockdown will fall more heavily on communities most directly affected by the disease itself. This analysis shows the potential harm for more deprived areas of Coventry and Warwickshire and, as more evidence develops, it will be important to understand the impact on Black, Asian and Minority Ethnic (BAME) groups and on most vulnerable individuals facing multiple deprivation.

The Wider Determinants of Health

This analysis has looked most closely at the economic impact of COVID-19. Mass unemployment events can have a wide and negative impact on health and wellbeing, as alongside the reduction in security it leads to increases in smoking and alcohol use, and puts wider strain on the mental wellbeing of the whole household and relationships.

Across Coventry and Warwickshire there are 17,000 new claimants of either Jobseeker's Allowance, or Universal Credit with a requirement to look for work. This may be an underestimate as there are additionally around 85,000 people locally currently furloughed, and national surveys have shown large amounts of financial concern in that group.

Areas such as Nuneaton and Bedworth, and Coventry which have had a relatively higher claimant count before COVID-19 are the same ones with higher rates afterwards. The area locally with the largest relative increase was North Warwickshire.

Some national studies have assessed the potential impact of COVID on employment sectors, and used that to rank all 383 English local authority areas to see where might have the largest decrease in economic output. Three authorities locally were in the top 15 most impacted: Stratford-on-Avon, North Warwickshire, and Rugby. Decreased outputs from the manufacturing sector were behind that estimated impact, although in North Warwickshire the logistics sector and the construction sector in Rugby also played a large part.

Health Behaviours

Much of the evidence we use to understand health behaviours locally is drawn from national surveys or other data sources that have not been available. There is an evidence gap identified in this report, which prevents us from truly understanding the impact on healthy behaviours in Coventry and Warwickshire. Local surveys would be needed to fill that gap.

Nationally there has been evidence of changes in health behaviours. March saw a 10% increase in supermarket alcohol sales – although national surveys have shown that some people are drinking less than before the lockdown. Others are drinking more, and this is potentially depending on how acutely they perceived the threat of COVID-19. To truly understand the impact on different groups, it is important to identify the groups that have increased alcohol consumption. There is evidence that health care workers are more likely to increase alcohol consumption after a pandemic. Services for people with substance misuse issues, including those who use alcohol, have been maintained over the last few months with some reductions in referrals.

Around one in every 500 adults are estimated to have tried gambling for the first-time during lockdown. Although there has been a reduction in gambling overall, some of the national evidence tells us that 1 in 3 people who gamble have tried new products during lockdown.

Physical activity was one of the exemptions of the lockdown and people could leave the house once-a-day to be active. Walking became one of the most common ways to be active in April. Overall there appears to be an equal split between people doing more, less and the same amount of physical activity although some evidence tells us that people in managerial professions were more likely to be more active than workers who do skilled or unskilled manual work, which may further exacerbate health inequalities.

Google's community mobility reports, that is, reports that chart movement trends over time and place, show that parks were used less during April than prior to lockdown, however there were large increases in access in May – especially during both half-term and the two Bank Holiday weekends.

There was a reduction in the number of referrals to the Stop Smoking in Pregnancy service in Warwickshire, and again, women in more deprived areas are more likely to smoke during pregnancy.

All in all, these trends may serve to exacerbate health inequalities, with people in more deprived communities, in lower-paid employment, or with pre-existing health conditions, may be more likely to experience further deprivation as a result of lockdown.

Integrated Health and Care System

Large reductions in health service contact have been seen across both primary and secondary care. This has the risk of manifesting as a late presentation or increased numbers of preventable deaths. A key challenge for the health service will be to identify, manage, and prioritise, individuals at risk within the capacity available.

There were large reductions in hospital use, even with the increases in the number of COVID-19 patients. For A&E departments across the region, the number of attendances were 40% of what would have been expected based on previous years – not accounting for any expected year-on-year increases from population change.

The reduction in unplanned hospital admissions was not as large and was roughly 75% of previous years. This gives us some early evidence on the changes in casemix, that is, the groupings of patients and treatments; and that attendances may have been for more severe illness on average.

Many planned hospital appointments were cancelled during the pandemic with over an 80% reduction in non-elective admissions. This has led to an increase in 5,000 patients waiting over 18 weeks for an appointment in April alone.

There is some evidence that patients stayed away from general practice. Surveys such as the national flu survey have shown the shift away from face to face contact and towards telephone consultations. There were reductions in referrals from General Practice into acute care, with the largest reduction from routine appointments, however we also saw the number of urgent cancer referrals halve in April compared to previous years.

There has also been a drop in preventative activity in the health service. Pausing screening programmes has led to a weekly total of 679 missed bowel screenings, 811 cervical screenings and 538 breast cancer screenings, across Coventry and Warwickshire. There have also been drops in the dementia diagnosis rate, with a 4% drop in April 2020 compared to the same month in the previous year. This drop was greater than seen nationally. There is some evidence locally and nationally that there has also been a decrease in the coverage of childhood vaccinations.

Referrals to mental health services have dropped. In some instances, this may have been due to changes in circumstances, with fewer patients seen due to educational stressors as a result of school closures, and increases in eating disorder referrals which may reflect more parents identifying this as the referral reason.

Safeguarding has also been impacted and there have been drops in around 100 to 150 referrals each month in Coventry in April and May, compared to the months prior, and in Warwickshire there have been drops of 150 to 200 each month. Analysis by referral source confirms that this is due to a lower proportion of referrals from schools.

The places and communities we live in, and with

Communities and human contact are important for wellbeing. A national Office for National Statistics (ONS) survey found that at the point of lockdown half of adults reported high levels of anxiety, with larger numbers reporting that COVID-19 had impacted on their health. This correlates closely with findings in previous sections showing financial worries amongst furloughed staff, and the Community Mental Health Team seeing isolation as the reason for people accessing support during lockdown.

Nationally, a programme of shielding was introduced to protect people who are clinically extremely vulnerable to COVID-19. Local authorities were responsible for supporting these people with food, medicine, safety checks and essential contact during the lockdown. The number of residents on the Ministry of Housing, Communities and Local Government (MHCLG) and NHS shielding list across Warwickshire and

Coventry has varied from around 3% of the population in Rugby to close to 4% of the population in North Warwickshire.

In Coventry, some 14,282 individuals had been identified as needing shielding, and in Warwickshire, the figure was 20,960. The vast majority of people did not require additional support – however, around 10-15% of those contacted required support to acquire food, medication, or regular social contact calls. In addition to the national shielding programme, Coventry also adopted a population health approach to identify and contact some 2,000 additional households locally identified as potentially vulnerable through its own and partner datasets such as council tax and priority services registers, due to multiple risk factors including age, disability, mobility, income or living alone.

Foodbank use increased during lockdown. Data from the Trussell Trust showed an increase of 95% and 125% in food parcels given out overall in Coventry and Warwickshire respectively compared to the equivalent month a year ago. There was also an increase in food parcels given to families with children.

There were changes in the types of crime reported. Comparing April 2020 with the previous year, antisocial behaviour more than doubled in Coventry and Warwickshire. Conversely, other than antisocial behaviour there was a 30% reduction in crimes in Coventry and 13% reduction in Warwickshire. Some of the largest falls were related to burglary, theft or robbery. However, there were an additional 250 domestic abuse incidents in Warwickshire in April and May compared to previous years.

Places and communities affect health and health inequalities, and lockdown and social distancing measures as a result of COVID-19 have had substantial impact on the wellbeing of individuals and communities, from mental health, to financial concerns; to access to important sources of support from family and friends. This is particularly true for more vulnerable individuals who are shielding, people facing domestic abuse, and people facing financial difficulties. The longer-term effect of this on health and wellbeing is yet to be fully known.

Health and wellbeing has been significantly impacted by changes across a number of different areas

An integrated recovery is required across all four sectors (i.e. wider determinants of health, our health behaviours etc)

There is a double impact meaning that the wider impacts from the pandemic and lockdown will fall more heavily on communities most directly by the disease itself.

- Wider determinants of health
- Our health behaviours and lifestyles
- An integrated health and care system
- The places and communities we live in, and with

In April there were **(25.8%)**
2,818
fewer unplanned hospital admissions compared with the previous year

142 Coventry
139 Warwickshire

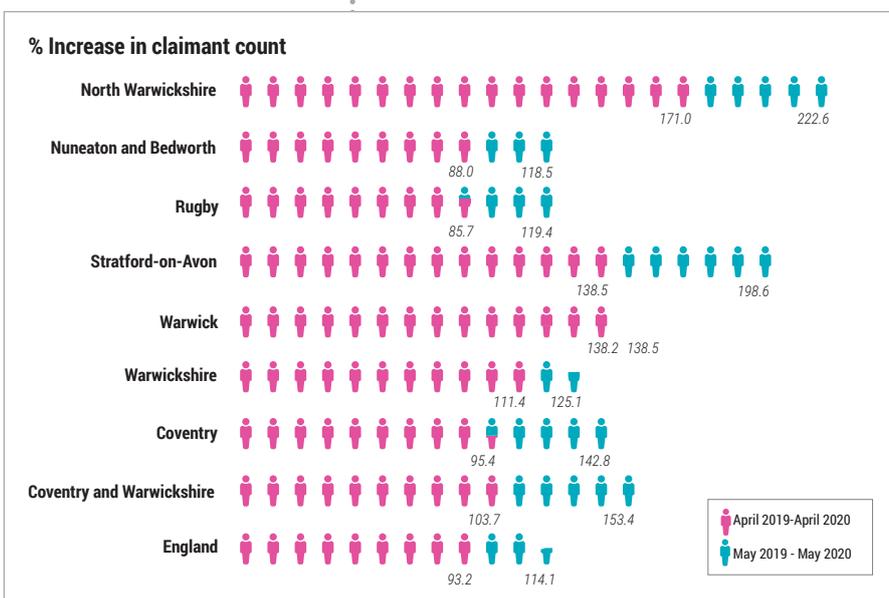
People were provided with emergency accommodation during the COVID-19 pandemic

Increase of food parcels given out in April 2020 compared to April 2019:

- 95%** Increase in food parcels given out in Coventry.
- 63%** Increase in the Warwickshire North and Rugby.
- 87%** Increase in South Warwickshire.

In April 2020

- 18% of men** reduced their risky alcohol use
- 11% of women** reduced their risky alcohol use
- 5% of people** increased their risky alcohol use



Nearly **37%** of survey respondents in the West Midlands felt they were doing more physical activity during lockdown

Nearly **31%** of survey respondents in the West Midlands felt they were doing less physical activity during lockdown

people from manual or routine occupations were less likely to increase their physical activity

Referrals for mental health services dropped between February 2020 and May 2020



Drop in the percentage of new referrals:



Children and young people



Early intervention psychosis



Adult eating disorder



Community mental health teams (CMHT)

Over all crime levels, excluding anti-social behaviour, dropped



However incidences of anti-social behaviour rose



Coventry



Warwickshire



Coventry



Warwickshire

Areas most at risk of GVA reductions

a measure of the value of goods and services produced in an area

Stratford-on-Avon

North Warwickshire

Rugby

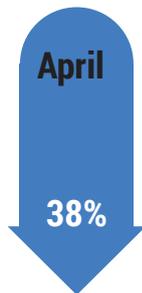
Coventry

Nuneaton & Bedworth

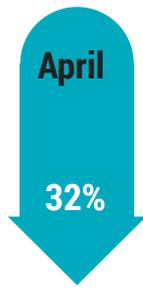
Warwick



Referrals to children's social care



Coventry



Warwickshire



When screening programmes were on hold, across Coventry and Warwickshire there were...



Bowel Cancer



Cervical Cancer



Breast Cancer

...screenings missed per week



The pandemic resulted in high levels of anxiety in adults

49.6%

20th to 30th March



The pandemic impacted 57.1% of adults' wellbeing

53.1%

27th March to 6th April

The Lockdown saw a general decrease in gambling however.



people who gamble have tried new products since lockdown



people started gambling for the first time

Introduction

The COVID-19 pandemic and response has radically changed how society functions. Social distancing and isolation measures have resulted in significant changes to daily living for the majority of the population. As both society and the health and social care system work towards recovering from the pandemic, we need to have a shared understanding of what this impact has been. This rapid impact assessment highlights many of the areas that have been immediately impacted by the pandemic, and therefore some of the impacts on health that may need to be addressed in the recovery to meet the needs of the population.

The Coventry and Warwickshire Health and Care Partnershipⁱ started moving towards a population health model prior to the COVID-19 pandemic. Population health is an approach that aims to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across an entire populationⁱⁱ. The local approach, promoted by the King's Fund, uses a framework of the four pillars of population health and this report is structured to reflect these pillars:

- Wider determinants of health
- Our health behaviours and lifestyles
- The places and communities we live in, and with
- An integrated health and care system

The report also highlights health inequalities which have been brought to the fore in discussion of the COVID-19 outbreak and response.

It should be noted that this health impact assessment does not contain all indicators that were originally proposed to be included by the project group. This is due to the timeliness and availability of data. However, the assessment will be updated 6 months following publication to include longer term data to provide further insights into the impact of COVID-19.

This report has been written by a project group including members from both Warwickshire and Coventry Business Intelligence and Public Health teams, as well as members from the CCG. It has been written to cover the whole of the Coventry and Warwickshire health and care partnership (HCP) geography.

Health Inequalities

In February 2020, the Institute for Health Equity published the Marmot Review: 10 Years Onⁱⁱⁱ which highlighted that health inequalities are large and have been growing over the past 10 years. Key findings include: life expectancy improvements have stalled and declined for the poorest 10% of women; people can expect to spend more of their lives in poor health; and the health gap between wealthy and deprived areas has grown.

As the COVID-19 outbreak has progressed it has highlighted existing inequalities and in some cases has increased them. PHE has published the report Disparities in the risk and outcomes of COVID-19^{iv} which highlights the following findings:

- **Age and sex** – COVID-19 diagnosis rates increased with age for both males and females. Working age males diagnosed with COVID-19 were twice as likely to die as females. Among people with a positive test, those who were aged 80 or over were 70 times more likely to die when compared to those under the age of 40.
- **Geography** – Diagnoses rates and death rates in confirmed cases among males were highest in London followed by the North West, the North East and the West Midlands. The South West had the lowest rates. For females the North East and the North West had higher diagnosis rates than London, while London had the highest death rate. Local authorities with the highest diagnoses and death rates are mostly urban. Death rates in London from COVID-19 were more than three times higher than in the region with the lowest rates, the South West. This level of inequality between regions is much greater than the inequalities in all-cause mortality rates in previous years.
- **Deprivation** – mortality rates from COVID-19 in the most deprived areas were more than double the least deprived areas, for both males and females.
- **Ethnicity** – People from Black ethnic groups were most likely to be diagnosed. Death rates from COVID-19 were highest among people of Black and Asian ethnic groups. This is the opposite of mortality rates in previous years when the mortality rates were lower in Asian and Black ethnic groups than White ethnic groups. People of Bangladeshi ethnicity had around twice the risk of death than people of White British ethnicity. People of Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity had between 10 and 50% higher risk of death when compared to White British. These analyses did not account for the effect of occupation, comorbidities or obesity. These are important factors because they are associated with the risk of acquiring COVID-19, the risk of dying, or both. Other evidence has shown that when comorbidities are included, the difference in risk of death among hospitalised patients is greatly reduced. A further PHE report has been published to understand the impact of COVID-19 specifically on BAME groups^v.
- **Occupation** - ONS reported that men working as security guards, taxi drivers and chauffeurs, bus and coach drivers, chefs, sales and retail assistants, lower skilled workers in construction and processing plants, and men and women working in social care had significantly high rates of death from COVID-19. This analysis expands on this and shows that nursing auxiliaries and assistants have seen an increase in all cause deaths since 2014 to 2018.
- **Inclusion health groups** - When compared to previous years, there has been a larger increase in deaths among people born outside the UK and Ireland. The biggest relative increase was for people born in Central and Western Africa, the Caribbean, South East Asia, the Middle East and South and Eastern Africa. This may be one of the drivers behind the differences in mortality rates seen between ethnic groups. Data on rough sleepers suggested a higher diagnosis rate when compared to the general population.

- **People in care homes** - Data from the Office for National Statistics (ONS) shows that deaths in care homes accounted for 27% of deaths from COVID-19 up to 8 May 2020. The number of deaths in care homes peaked later than those in hospital, in week ending 24 April. Analysis shows that there have been 2.3 times the number of deaths in care homes than expected between 20 March and 7 May when compared to previous years, which equates to around 20,457 excess deaths. The number of COVID-19 deaths over this period is equivalent to 46.4% of the excess suggesting that there are many excess deaths from other causes or an under-reporting of deaths from COVID-19.
- **Comorbidities** – Among deaths with COVID-19 mentioned on the death certificate, a higher percentage mentioned diabetes, hypertensive diseases, chronic kidney disease, chronic obstructive pulmonary disease and dementia than all cause death certificates. Diabetes was mentioned on 21% of death certificates where COVID-19 was also mentioned. This finding is consistent with other studies that have reported a higher risk of death from COVID-19 among patients with diabetes. This proportion was higher in all BAME groups when compared to White ethnic groups and was 43% in the Asian group and 45% in the Black group. The same disparities were seen for hypertensive disease. Several studies, although measuring the different outcomes from COVID-19, report an increased risk of adverse outcomes in obese or morbidly obese people.

Due to the rapid nature of this assessment and the limited availability of more detailed data, some of the analysis in this report has not looked at many of these factors in detail. The inequalities of the impact of the COVID-19 pandemic need to be borne in mind and the local demographics detail presented can support this.

Local Demographics

Locally, the Joint Strategic Needs Assessment (JSNA) analyses the current and future health and wellbeing needs of the population. Demographic information of the local population is collected as part of this. The data below highlights key demographics where the inequalities highlighted above may impact on local communities. Consideration should be given to this information when recovery planning.

Further demographic information can be found on the Coventry and Warwickshire JSNA webpages:

- <https://www.coventry.gov.uk/jsna>
- <https://www.warwickshire.gov.uk/joint-strategic-needs-assessments-1>

Age and Gender

COVENTRY

Figure 1 highlights that the population in Coventry is relatively young, with largest numbers between the ages of 20 – 24. Compared to Warwickshire there is a lower number of people aged over 65, who are at increased risk of dying from COVID-19.

WARWICKSHIRE

In comparison the spread of age across the Warwickshire population is relatively uniform with small peaks between the ages 45 – 59 (Figure 2). A significant proportion of the population is aged over 65 and at increased risk of death from COVID-19.

Ethnicity

Ethnicity figures are taken from the 2011 Census. These numbers are expected to have changed in the recent years and should be interpreted with some caution.

Table 1 demonstrates that Coventry has a larger percentage of people who are BAME compared to Warwickshire (26.2% and 7.3% respectively). This indicates that a higher proportion of the Coventry population are at risk of dying from COVID-19 due to the additional risk factors associated with ethnicity.

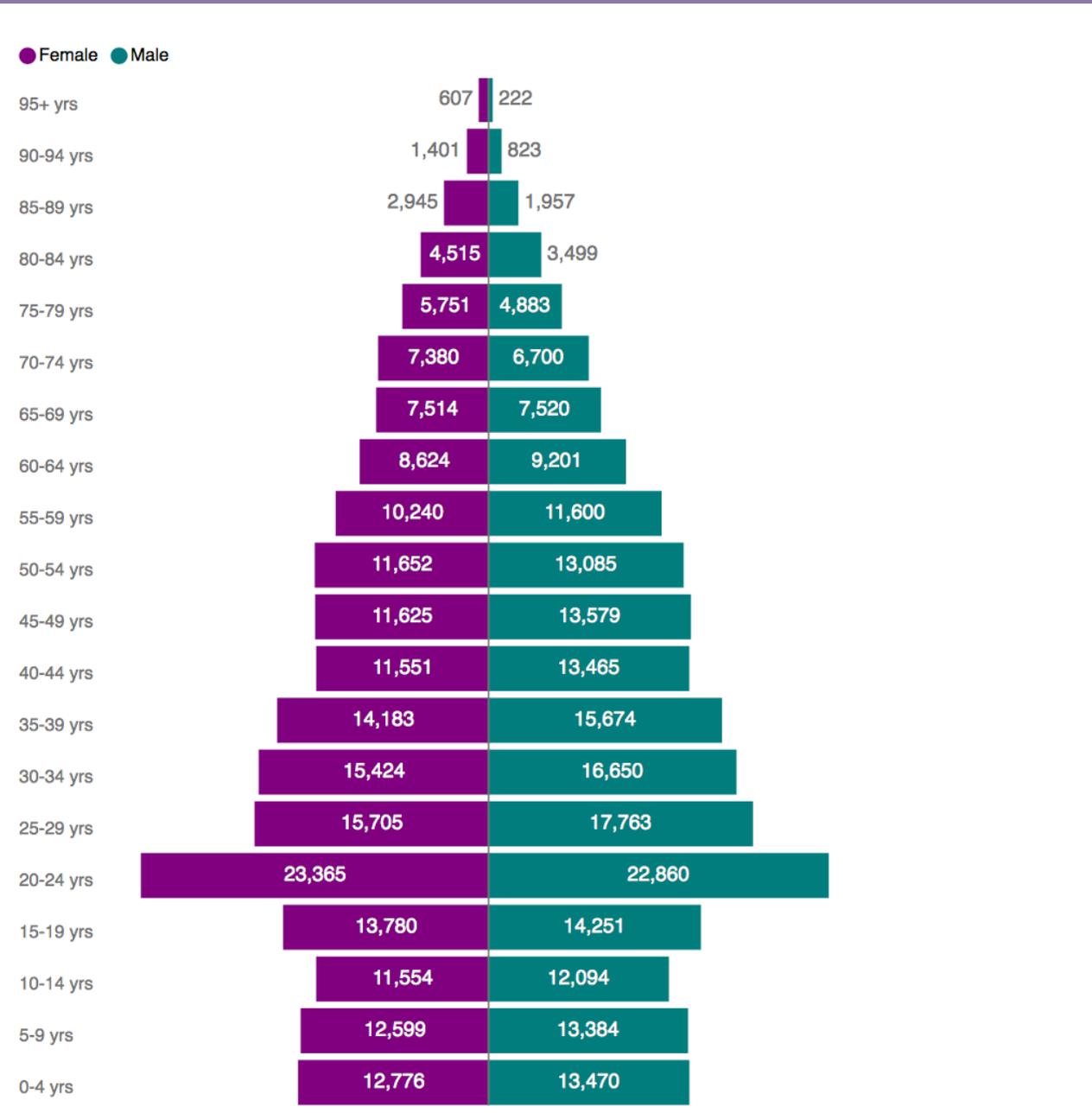
Deprivation

The following figures highlight areas of deprivation in Coventry and Warwickshire. Higher levels of deprivation have been associated with an increased risk of mortality due to COVID-19.

COVENTRY

In 2019 14.4% of Coventry's Lower Super Output Areas (LSOA) were amongst the 10% most deprived in England and 26.7% of LSOAs were amongst the 30% most deprived in England. Figure 3 highlights areas of higher deprivation where residents are at higher risk of contracting or dying of COVID-19. The majority of areas with high deprivation are in the central north east and north east of the city with pockets in the south west and south east.

FIGURE 1 The number of male and female persons in Coventry broken down by age and gender

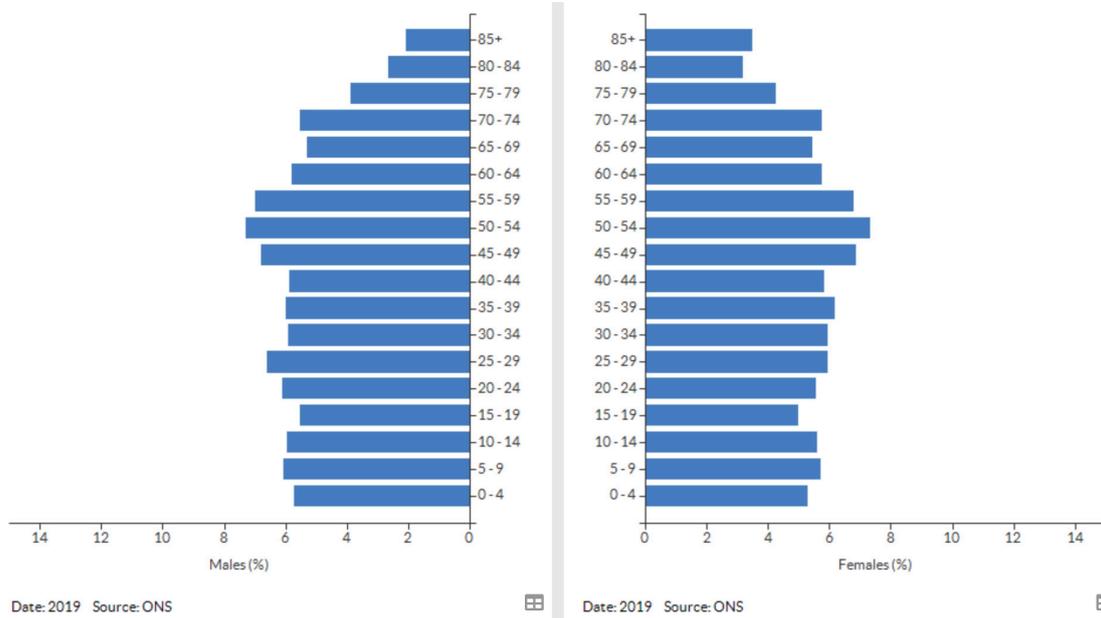


The number of male and female persons in Coventry broken down by age and gender
 Source: Office for National Statistics mid-year population estimates / Insight Team, Coventry City Council

WARWICKSHIRE

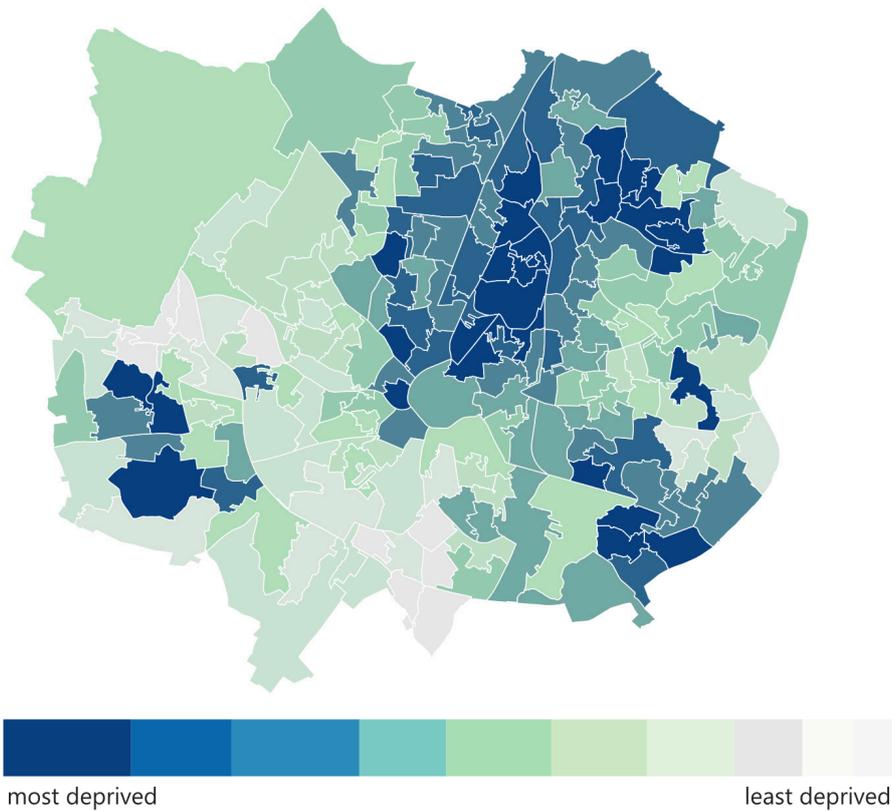
In 2019 Warwickshire ranked 121 out of 151 local authorities for deprivation, with 151 being least deprived. However, there are areas of deprivation across the county and each district or borough contains at least one LSOA amongst the 30% most deprived in England. As illustrated in Figure 4, five LSOAS in Nuneaton & Bedworth Borough and one in North Warwickshire Borough are in the 10% most deprived nationally. Given the national picture, these are areas where residents are at increased risk of contracting and dying from COVID-19.

FIGURE 2 The percentage of male and female persons in Warwickshire broken down by age and gender



Source: Office for National Statistics mid-year population estimates / Business Intelligence Team, Warwickshire County Council

FIGURE 3 Heat map illustrating deprivation in Coventry



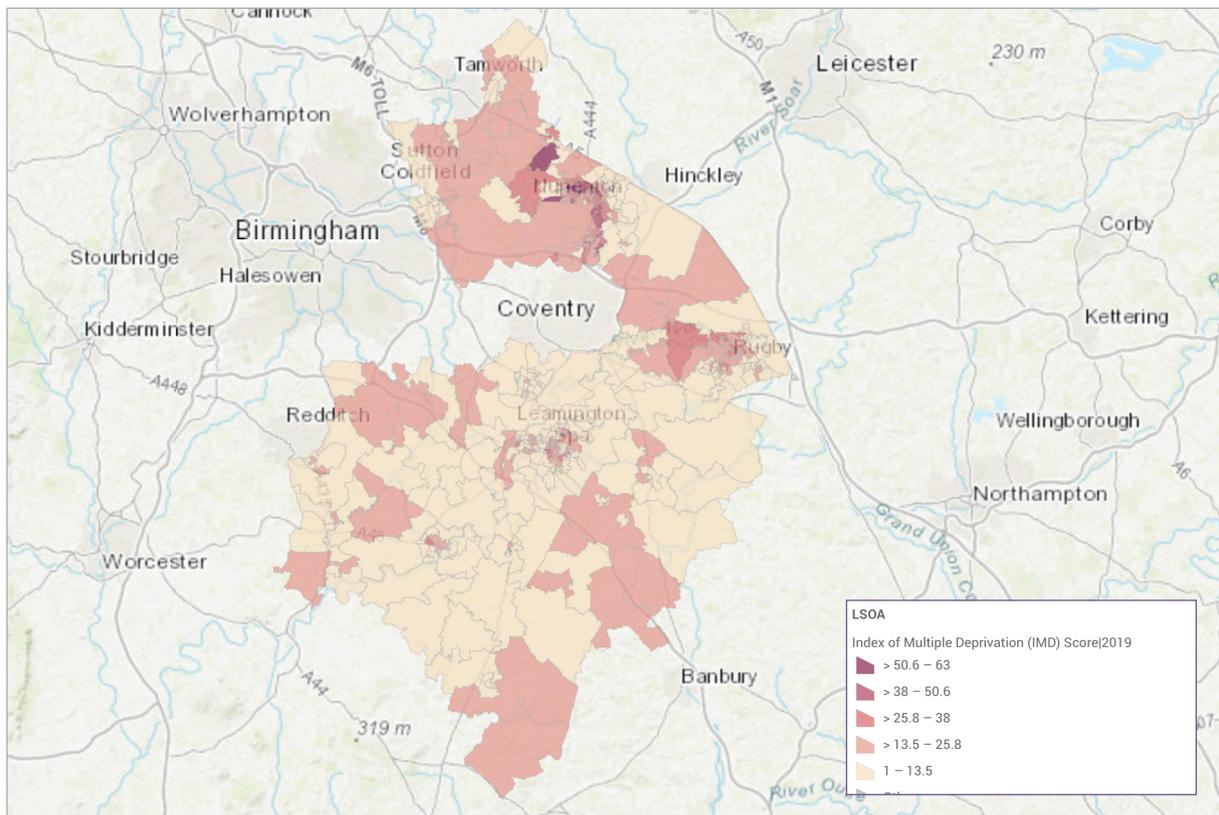
Source: Ministry of Housing, Communities and Local Government / Insight Team, Coventry City Council

TABLE 1 Population ethnicity estimates for Coventry and Warwickshire

	Stratford-on-Avon	North Warwickshire	Rugby
Population Size	55,977,200	366,785	577,933
White English / Welsh / Scottish / Northern Irish / British	79.8%	67%	88.5%
White Irish	1.0%	2.3%	1.0%
White Gypsy or Irish Traveller	0.1%	0.0%	0.1%
White Other	4.6%	4.9%	3.2%
Mixed	2.3%	2.6%	1.5%
Asian	7.8%	16.3%	4.6%
Black	3.5%	5.6%	0.8%
Other	1.0%	1.7%	0.4%

Sources: Office for National Statistics mid-year population estimates / Insight Team, Coventry City Council; Business Intelligence Team, Warwickshire County Council

FIGURE 4 Heat map illustrating deprivation in Warwickshire



Source: Ministry of Housing, Communities and Local Government / Business Intelligence Team, Warwickshire County Council

The Wider Determinants of Health

Claimant Count

What was the previous picture:

The Claimant Count is a measure of those receiving Job Seeker's Allowance, plus those receiving Universal Credit who are required to look for work. Across both Coventry and Warwickshire, the percentage of working age people counted in this group has been gradually rising since April 2019: in Coventry it increased from 2.5% in April 2019 to 3.3% in March 2020, and in Warwickshire from 1.9% in April 2019 to 2.2% in March 2020. Across Warwickshire, the highest rates were in Nuneaton and Bedworth Borough, which were consistently higher than the England rate, and the lowest in Warwick and Stratford Districts.

What does the literature say:

It is well documented that the health of populations is shaped by the socioeconomic context, welfare systems, labour markets, public policies and demographic characteristics of countries. Changes in these key determinants may be reflected in the wellbeing of populations. The original Marmot Review in 2010 shone a light on the importance of good employment for health and wellbeing, and the strong connection between unemployment and mortality^{vi}.

The impact of mass unemployment events has also been studied. Job loss can lead to increases in alcohol use, smoking, overweight and drug misuse, as well as mental health. There are wider impacts on the families of people who become unemployed including poor mental health and relationship stress^{vii}.

A systematic review focusing on mental health outcomes concluded that during periods of economic recession, an increase in unemployment can subsequently lead to a higher prevalence of mental health problems, including common mental disorders, substance disorders, and ultimately suicidal behaviour^{viii}.

What is the current data saying:

In Coventry the Claimant Count numbers increased from 8,030 in March to 15,700 in May (increase of 95.5%); which is lower than the England increase. When compared to May 2019, the percentage of the population who were claimants has more than doubled, from 2.6% in May 2019 to 6.4% in May 2020.

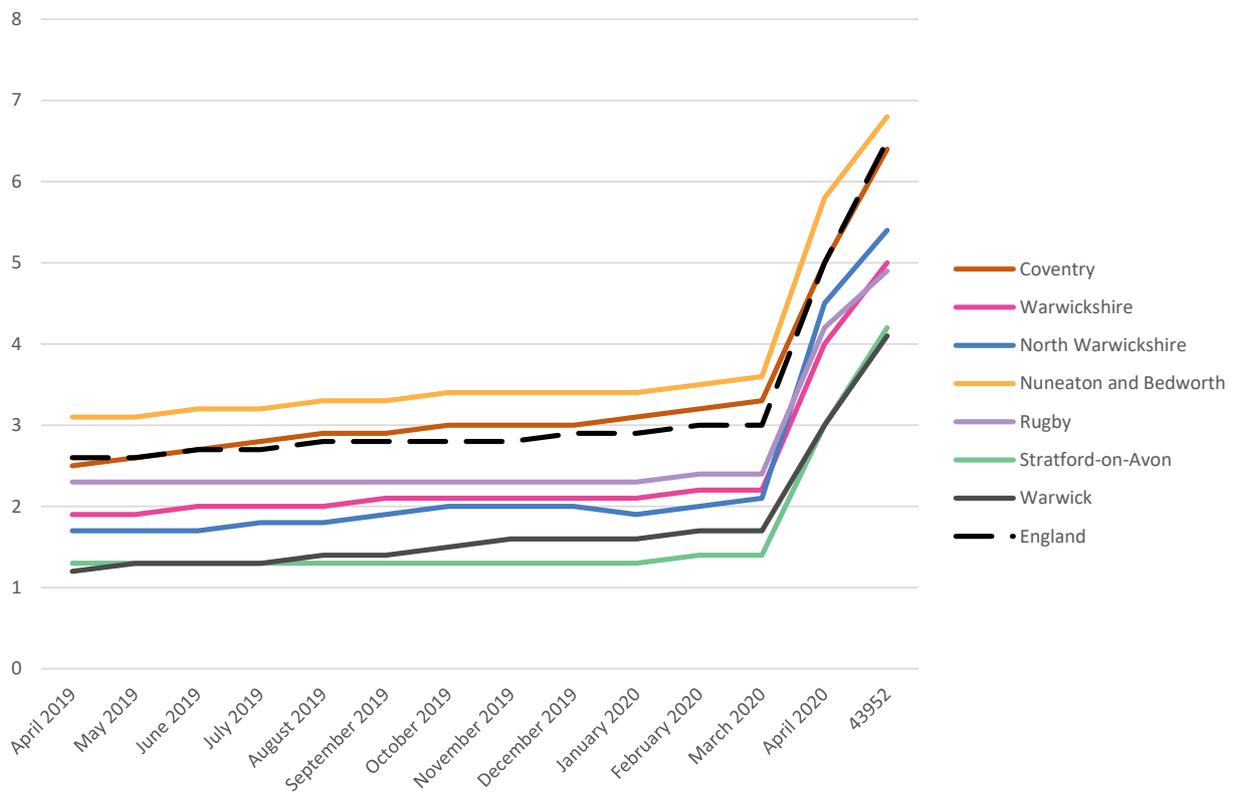
Across Warwickshire the numbers have more than doubled from 7,830 in March to 17,625 in May (increase of 125.1%). This is higher than the England increase of 114.1%. There have been large increases seen across each district and borough, with Stratford-on-Avon District seeing almost three times the number of claimants in May than in March, with more than twice the number in every other district and borough except Nuneaton and Bedworth, which saw an increase of 89.9%.

When compared to May 2019, the percentage of the population who were claimants across Warwickshire has more than doubled, from 1.9% in May 2019 to 5.0% in May 2020. The highest percentage in Warwickshire remains in Nuneaton and Bedworth (6.8%, Warwickshire average 5.0%).

It is important to note that the Government furlough scheme is to some extent masking the extent of the impact of COVID-19 on employment as people currently on furlough are not included in these figures. As such, the impact of COVID-19 on employment may be greater than these figures suggest.

It can be seen from Figure 5 and Table 2 that North Warwickshire has seen the biggest percentage increase in claimants. When comparing May 2019 to May 2020, there are over three times as many claimants. However, Coventry and every district and borough within Warwickshire have at least twice as many claimants in May 2020 as in May 2019.

FIGURE 5 Claimants in Coventry and Warwickshire aged 16+ as a proportion of residents aged 16-64



Source: NOMIS <https://www.nomisweb.co.uk/>

TABLE 2 Percentage increases in Claimant Count across Coventry and Warwickshire

Area	Percentage increase April 2019 to April 2020	Percentage increase May 2019 to May 2020
North Warwickshire	171.0%	222.6%
Nuneaton and Bedworth	88.0%	118.5%
Rugby	85.7%	119.4%
Stratford-on-Avon	138.5%	198.6%
Warwick	138.2%	138.5%
Warwickshire	111.4%	125.1%
Coventry	95.4%	142.8%
Coventry and Warwickshire	103.7%	153.4%
England	93.2%	114.1%

Source: NOMIS <https://www.nomisweb.co.uk/>

Value of goods and services, Gross Value Added

What was the previous picture:

The economies of Coventry and Warwickshire are seen as robust and in the past few years have bucked national trends, helped by a strengthening service sector, which has shown growth in domestic orders^{ix}. The biggest concern was the manufacturing sector where confidence had fallen following a fall in domestic and overseas orders, and the uncertainty around the future trading relationship between the UK and EU.

What does the literature say:

A study published in April 2020 predicted severe adverse effects on employees, customers, supply chains and financial markets will most likely lead to a global economic recession.^x Evidence has shown that employment protects against social exclusion through the provision of income, social interaction, a core role, identity and purpose. Evidence related to economic recovery based on the 2008 financial crisis may not be a suitable proxy measure due to the uncertainty around the end of this pandemic; both the length and scale are not predictable.

What is the current data saying:

Analysis undertaken by the Centre for Progressive Policy (CPP) provided a rank listing of all local district and unitary authorities in the UK in terms of most to least negatively affected by the pandemic. Gross Value Added (GVA) is a measure of the value of goods and services produced in an area. Out of 383 local authority areas, our local areas ranks are shown in Table 3. The main sector causing this decline across Coventry and Warwickshire is manufacturing (see Table 4); this is overwhelmingly the case in Stratford District, where manufacturing is expected to drop by 41%.

A national study by the Institute of Social & Economic Research (ISER), estimated the likely reductions in the workforce from lockdown by sector. While it is hoped that most of these reductions will be furloughed staff (as a result of the Job Retention Scheme), a concern is that this may lead to unemployment in the longer term and also the impact on reduced household income. Using the estimated sectoral percentage reductions in employment from the ISER analysis, we can explore what the potential impact may be locally, and how this may differ from area to area depending on the make-up of the local economy.

In Coventry, of 162,000 jobs, 34,000 (21%) are considered to be at risk, with most affected areas being wholesale and retail trade, and accommodation and food services. This is shown in Figure 6.

Warwickshire could see approximately 70,400 furloughed jobs taken from the local economy as a result of the lockdown measures (approximately 23% of total employment). (14,900 or 30% in North Warwickshire, 9,600 or 20% in Nuneaton and Bedworth, 12,500 or 26% in Rugby, 15,500 or 23% in Stratford and 17,900 or 21% in Warwick) The most affected sectors across Warwickshire would be the Wholesale and retail trade (-23,000) and Accommodation and Food Services (-15,000). This is in line with the sectors most impacted at a national level. This is shown in the Figure 7.

At a national level, according to the Joseph Rowntree Foundation, more than a third of furloughed private renters (37%) are worried about being able to pay their rent when the Coronavirus lockdown ends and there is the potential that they may be made redundant. Additionally, 40% of mortgage holders have suffered reduced income due to Coronavirus, and one in five worried about meeting their housing costs once lockdown lifts.

Nationally, according to the ONS on 12th June 2020, 22% of usual household spending has been prevented by the lockdown (£182 per week).

TABLE 3 Rankings of GVA for Coventry and Warwickshire

Local Authority	Rank	Total GVA (2018) (£m)	Reduction (%)	Main sectors for decline
Stratford-on-Avon	4th	440	46%	Manufacturing
North Warwickshire	12th	531	45%	Manufacturing, Transport and Storage
Rugby	13th	249	45%	Professional, scientific and technical activities, Construction
Coventry	205th	992	37%	Manufacturing
Nuneaton & Bedworth	244th	299	36%	Manufacturing
Warwick	281st	774	34%	Agriculture, mining, electricity, gas, water and waste

Source: Centre for Progressive Policy (CPP) <https://www.progressive-policy.net/publications/which-local-authorities-face-biggest-immediate-economic-hit>

TABLE 4 Expected reduction in GVA by sector across Coventry and Warwickshire

	Stratford-on-Avon	North Warwickshire	Rugby	Coventry	Nuneaton and Bedworth	Warwick
Accommodation and food service activities	3.3%	2.7%	1.8%	1.9%	1.7%	1.9%
Administrative and support service activities	3.0%	4.0%	3.7%	3.5%	3.5%	7.3%
Agriculture, mining, electricity, gas, water and waste	2.4%	3.8%	1.1%	8.6%	2.4%	22.4%
Construction	5.6%	8.6%	14.4%	2.7%	3.7%	4.2%
Education	3.7%	3.0%	5.2%	9.5%	7.8%	3.0%
Financial and insurance activities	0.7%	4.3%	0.3%	6.9%	0.6%	1.7%
Human health and social work activities	2.9%	1.0%	2.8%	7.4%	11.8%	4.9%
Information and communication	2.9%	2.5%	7.2%	5.1%	1.7%	7.3%
Manufacturing	40.7%	19.3%	11.8%	18.4%	21.7%	7.5%
Other service activities	3.6%	1.6%	2.9%	2.2%	2.4%	4.4%
Professional, scientific and technical activities	4.4%	7.6%	16.3%	4.4%	2.8%	6.3%
Public administration and defence	1.1%	0.8%	2.1%	4.6%	5.5%	3.5%
Real estate activities	15.1%	6.4%	12.4%	10.3%	13.0%	10.7%
Transportation and storage	1.2%	15.7%	9.8%	3.7%	7.4%	2.3%
Wholesale and retail trade; repair of motor vehicles	9.3%	18.6%	8.2%	10.8%	14.1%	12.6%

Source: NOMIS <https://www.nomisweb.co.uk/>

FIGURE 6 Estimated effects of lockdown on sectoral employment – Coventry

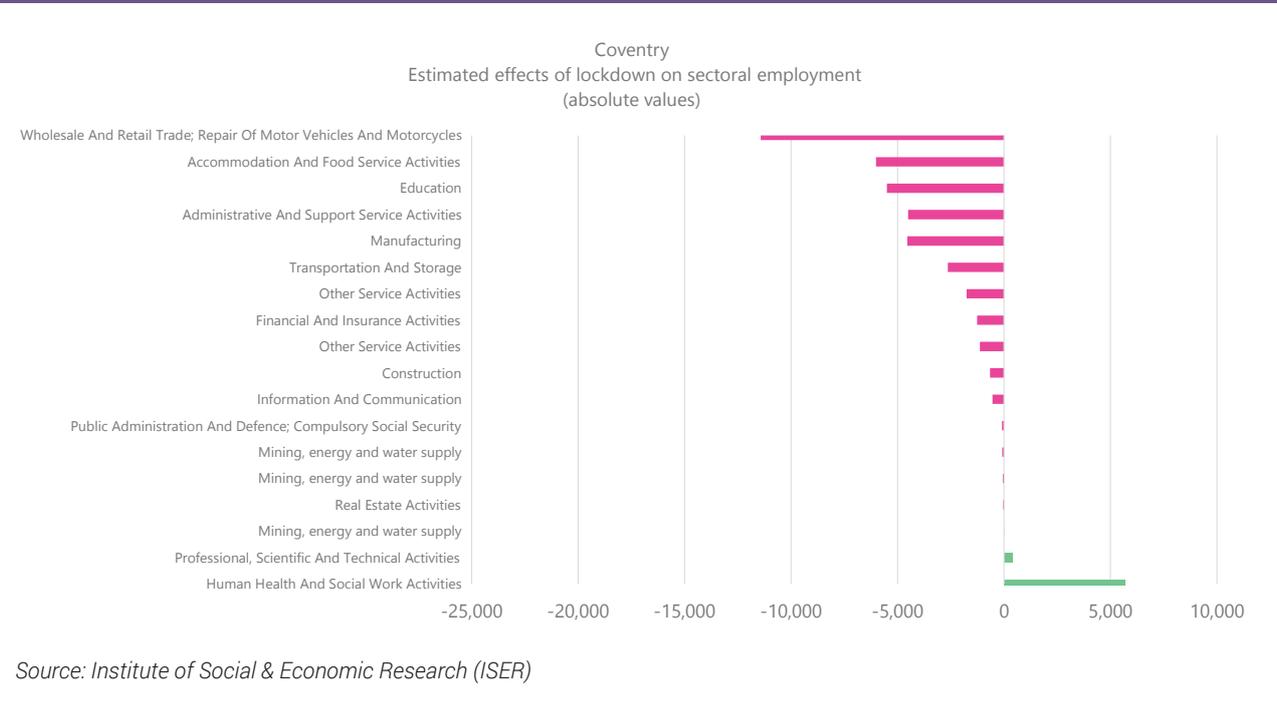
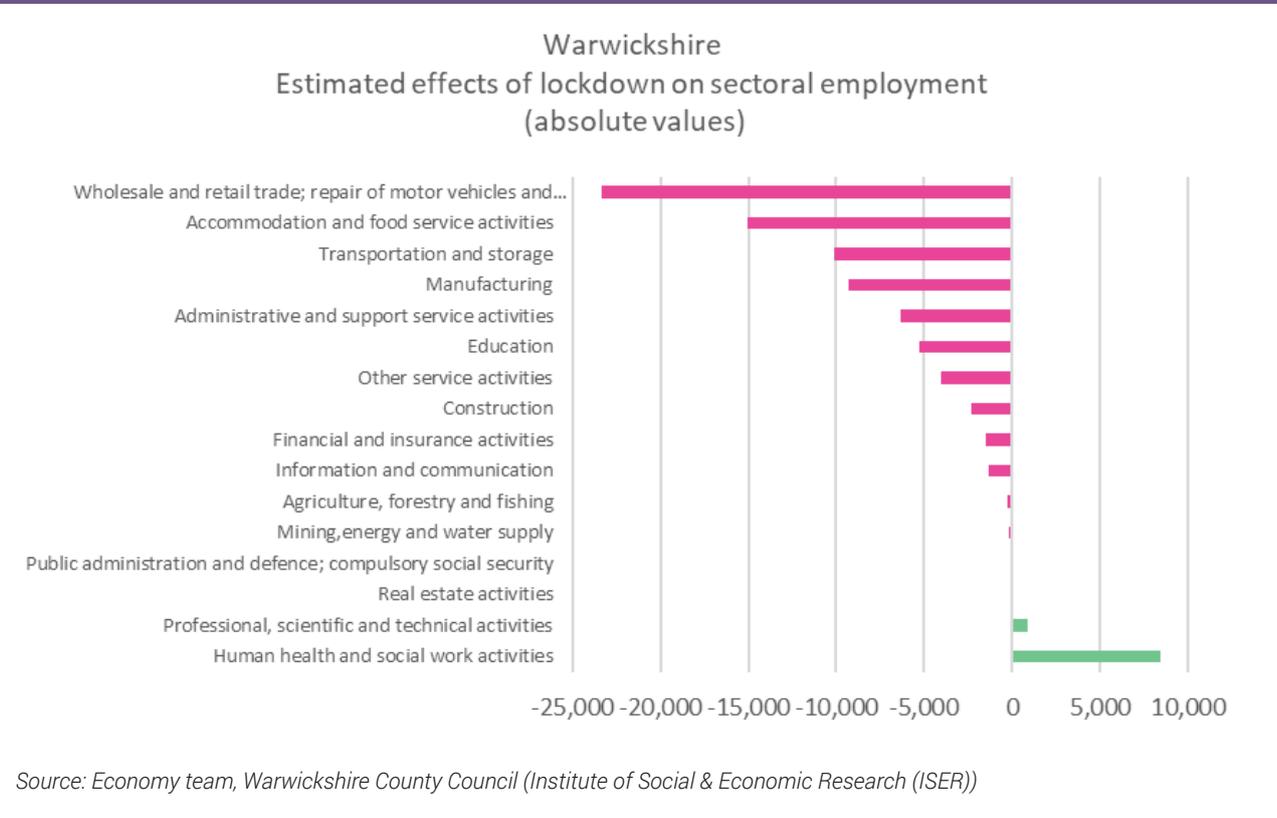


FIGURE 7 Estimated effects of lockdown on sectoral employment – Warwickshire



Businesses applying for Government initiatives

4TH MAY TO 17TH MAY

The ONS Business impacts of a COVID-19 survey suggests that when considering all industries, 79.4% of businesses applied for the Coronavirus Job Retention Scheme, 15.8% applied for Government-backed accredited loans or finance agreements, and 16.5% applied for business grants funded by the UK and devolved governments. However, this did vary by industry. The sector where the highest percentage of businesses applied to government schemes was Accommodation and Food Service Activities, where 97.1% applied for the Coronavirus job retention scheme, 28.8% applied for Government-backed accredited loans or finance agreements, and 34.0% applied for business grants funded by the UK and devolved governments. When asked what proportion of the workforce was furloughed in the previous 2 weeks, on average 29.7% of the workforce was furloughed. However, this rises to 63.8% for Accommodation and Food Service Activities and 56.4% for Arts, Entertainment and Recreation.

The number of businesses applying for government initiatives in Coventry and Warwickshire is shown in Table 5 and is increasing.

	Stratford-on-Avon	Warwick	Rugby	North Warwickshire	Nuneaton & Bedworth	Coventry
Total Business Rate Relief	1,141	1,276	582	312	624	1,471
Value	£24,114,867.56	£27,996,711.72	£13,156,826.83	£8,371,335	£16,718,321	£49,193,309
Retail Business Rate Relief	1,115	1,239	562	303	610	1423
Value	£23,896,616.77	£27,572,565.75	£12,991,828.38	£8,302,504	£16,609,566	£48,700,000
Nursery Business Rate Relief	26	37	20	9	14	48
Value	£218,250.79	£424,145.97	£164,998.45	£68,831	£108,755	£493,309
Business Cash Grant Total	2,360	2,246	1,291	1,087	1,471	3,772
Value	£29,255,000.00	£29,125,000.00	£15,022,000.00	£12,460,000.00	£18,070,000	£44,920,000
Small Business Grant Fund	1,783	1,563	987	869	1125	2253
Value	£17,935,000.00	£15,630,000	£9,870,000	£8,690,000	£11,250,000	£22,530,000
15,000 rv >	207	238	102	112	122	1039
Value	£2,070,000.00	£2,380,000.00	£102,000.00	£1,120,000	£1,220,000	£10,390,000
15,000 - 51,000 rv	370	445	202	106	224	480
Value	£9,250,000.00	£11,115,000.00	£5,050,000.00	£2,650,000	£5,600,000	£12,000,000

Source: Coventry City Council, North Warwickshire Borough Council, Nuneaton and Bedworth Borough Council, Rugby Borough Council, Stratford-on-Avon District Council, Warwick District Council

TABLE 6 The take up of the Self-Employment Income Support Scheme (SEISS) across Coventry and Warwickshire

	Total potentially eligible population ¹	Total no. of claims made to 31/5/20 ²	Total value of claims made to 31/5/20 ² (£)	Average value of claims made to 31/5/20 ² (£)	Take-Up Rate ⁵
United Kingdom	3,397,000	2,380,000	6,974,000,000	2,900	70%
West Midlands	262,000	185,000	521,000,000	2,800	70%
Warwickshire County	25,500	17,800	53,500,000	3,000	69%
North Warwickshire	3,200	2,300	6,900,000	3,000	72%
Nuneaton and Bedworth	4,900	3,500	10,100,000	2,900	71%
Rugby	4,400	2,900	8,800,000	3,000	67%
Stratford-on-Avon	7,500	5,200	16,200,000	3,100	69%
Warwick	5,600	3,800	11,500,000	3,000	69%
West Midlands Metropolitan County	117,500	82,600	221,200,000	2,700	70%
Coventry	13,100	9,100	24,500,000	2,700	69%

Source: <https://www.gov.uk/government/statistics/self-employment-income-support-scheme-statistics-june-2020>

Self-Employment Income Support Scheme (SEISS) claims made up to 31 May 2020 show that Warwickshire has about twice the number of potentially eligible people as Coventry. Within Warwickshire, Stratford District has the highest number of eligible people. However, take up is relatively similar across areas, varying slightly within Warwickshire between 67% in Rugby Borough and 72% in North Warwickshire Borough, and 69% in Coventry. This is in line with the West Midlands regional take up (70%) as well as national figures (70%). This is demonstrated in Table 6.

Free School Meals (FSM)

Free School Meals are provided to those who are in receipt of qualifying benefits, which include Income Support and Universal Credit, and apply through their local authority. If a child is eligible for free school meals, they will remain eligible until they finish the phase of schooling (primary or secondary) that they are in on 31st March 2022. In addition, all children in Reception, Year 1 and Year 2 currently receive a free school meal regardless of whether they are eligible. This section considers only those who are eligible due to being in receipt of qualifying benefits.

What was the previous picture:

The numbers of pupils eligible for and claiming free school meals in Warwickshire and Coventry at the school census undertaken in January 2020 are shown in the tables and figures below.

What is the current data saying:

In Coventry, as at 15 June 2020, numbers receiving free school meals through their school is around 5% higher than reported eligible in the Spring 2020 school census (11,600 or 10.7% of child population compared with 11,000 or 10.1% of child population), although in total, when you include further education students, around 12,500 free school meals are being received routinely each day (11.5% of child population).

Area	Total number of school age children eligible and claiming FSM (Nursery to Y13+)	Proportion of children %
Pathways	1974	8.2
Park Edge	1515	11.5
Mosaic	1470	6.7
The Moat	1429	10.1
Harmony	1263	13.6
Families for All	1156	14.0
Aspire	1107	9.2
Wood Side	934	16.2
Coventry (including blank)	11012	10.1
Coventry	13,100	9,100

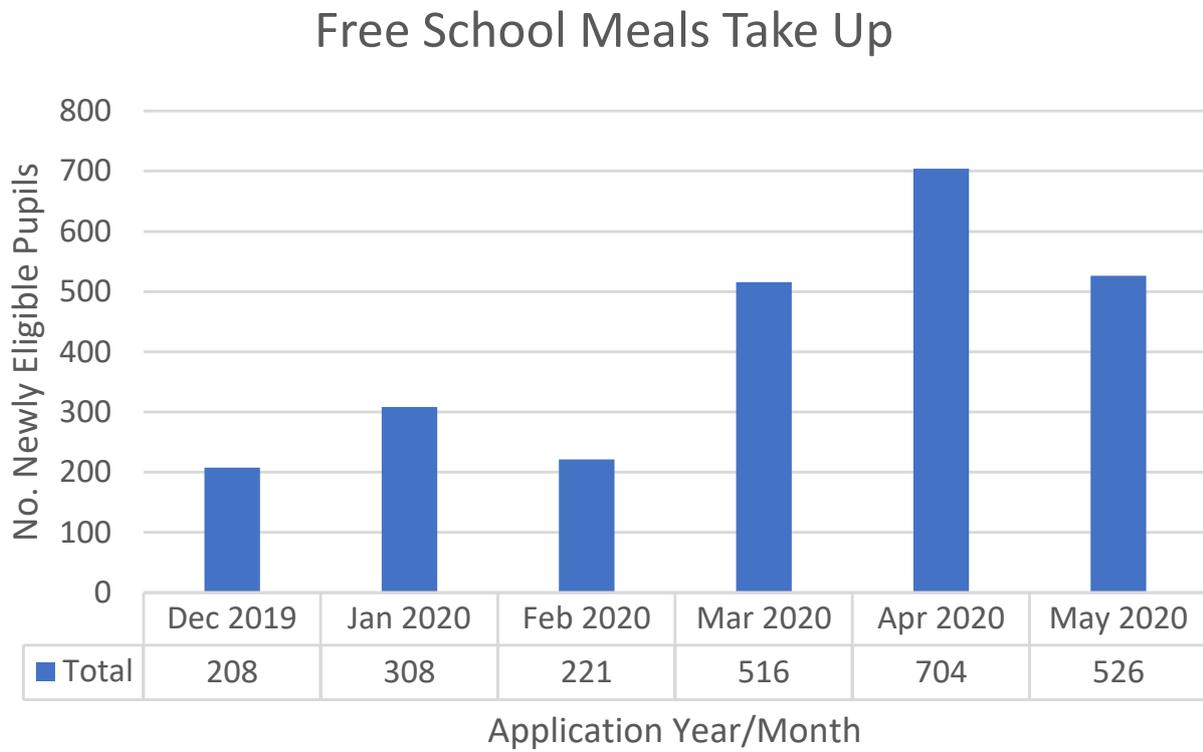
Source: Insight Team, Coventry City Council

Area	Total number of school age children eligible and claiming FSM (Nursery to Y13+)	Proportion of children %
North Warwickshire Borough	1628	14.7
Nuneaton and Bedworth Borough	3478	18.6
Rugby Borough	2546	15.0
Stratford-on-Avon District	1864	9.3
Warwick District	1811	9.9
Warwickshire	11327	13.3

The number of children newly eligible for a free school meal in Warwickshire was 704 in April 2020, over twice as many as those who became eligible in January (308). This dropped to 526 in May, however still way above pre-lockdown numbers. These families receive a weekly shopping voucher worth £15.

In June the government extended the voucher scheme over the school summer holidays. Both Coventry and Warwickshire County Councils also plan to provide support to children who would normally receive free school meals during the holidays (in Warwickshire through the Warwickshire local welfare scheme).

FIGURE 8 FSM eligibility in Warwickshire, December 2019 – May 2020



Source: Education Team, Warwickshire County Council

Our Health Behaviours and Lifestyles

Drug and Alcohol Services

What does the literature say:

Evidence related to previous severe coronavirus outbreaks suggests there is likely to be an increase of alcohol dependence in the population, a study of hospital employees found alcohol dependence to be positively associated with an epidemic even up to 3 years after an outbreak.^{xi}

In addition a study in the US on the current situation found that perceived threat from COVID-19 was linked with increased alcohol use as a coping mechanism. In the study group this was particularly pronounced in women. Alcohol contributes to a wide range of conditions including cardiovascular disease, cancer and liver disease, as well as harm from accidents, violence and self-harm.^{xiii}

What is the current data saying:

According to a survey by Alcohol Change UK in April 2020, 22% of people stated they were drinking on more days than before lockdown, 22% stated they were drinking on fewer days, 43% stated they were drinking on about the same number of days and 12% had given up drinking altogether.

The Understanding Society study by the Institute for Social and Economic Research showed that, using the Alcohol Use Disorders Identification Test, 5% of people had increased their risky alcohol use in April (since 2018/19), whereas 18% of men and 11% of women reduced their risky alcohol use. The reduction in risky alcohol use occurred to the greatest extent in the youngest age group (16 – 34).^{xiv}

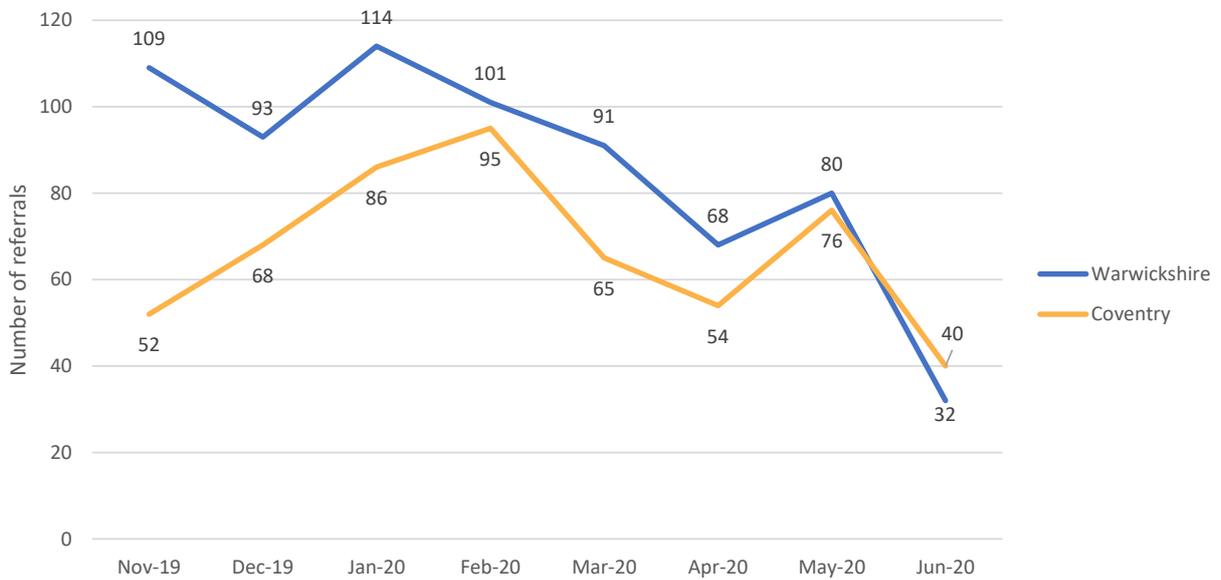
Supermarkets reported a strong increase in volume sales at 10.3% in March 2020 compared with February 2020, while off-licence alcohol sales increased by 31.4% in volume. Off-licenses, however make up less than 1% of total alcohol sales. Online shopping made up 22% of all alcohol purchases, a record high for e-commerce in the UK. Volume of alcohol sales can be more volatile month-on-month; it is likely that there was some stockpiling of alcohol during March, and therefore consumers may not need to replenish their wine, beer or spirits supplies for another couple of months (ONS^{xv}).

Change Grow Live (CGL), the service commissioned to provide drugs and alcohol treatment services across Coventry and Warwickshire, has seen a decline in the number of referrals received in since February 2020, though it started rising again in May 2020. The CGL team, in discussion with other professionals, believes that this is mainly due to new potential service users knowing that they are no longer offering any face-to-face appointments at present (though they are offering telephone/web chats and groups via Zoom). They also believe that potential service users' health concerns around COVID-19 have also affected the numbers (data correct up to 18 June 2020).

Naloxone use: Naloxone is a lifesaving drug given to opiate using service users in case of overdose. Since COVID-19, there has been a dramatic increase in these kits given out by CGL to opiate service users in order to try to minimise risk as they are not being seen on a face to face basis unless absolutely vital. All opiate using service users are offered Naloxone on presentation to the service and the lower numbers previously would be due to new service users or re-issue (the majority of service users carry this), extra was offered to all service users.

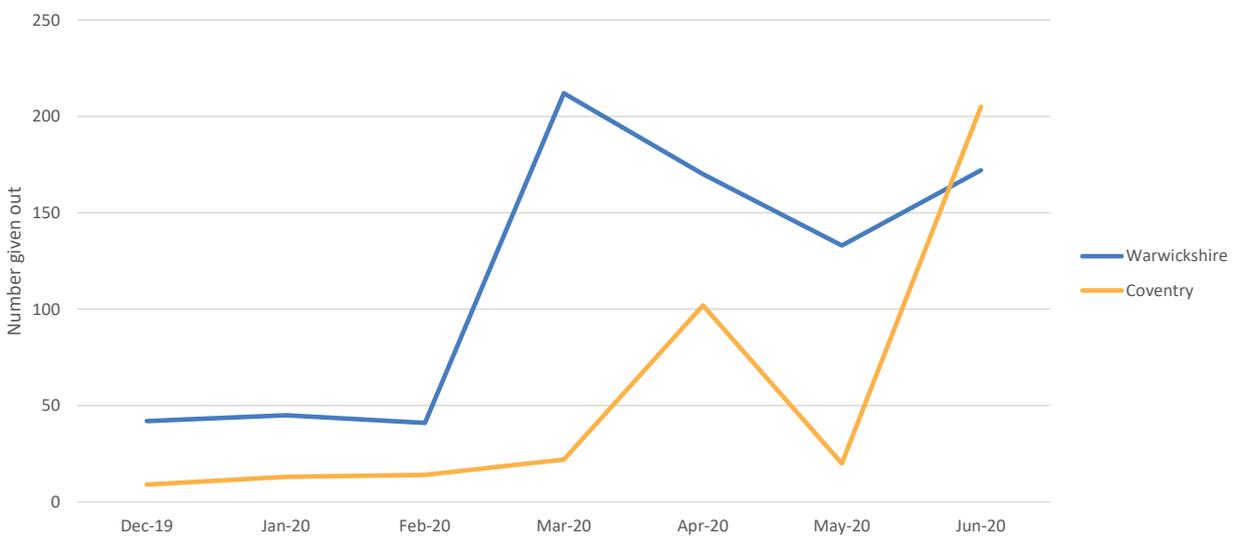
Triage by drug category: Triages take place following a referral, and they mark the beginning of a client's treatment journey.

FIGURE 9 Referrals made to Change Grow Live for alcohol consumption in Coventry and Warwickshire



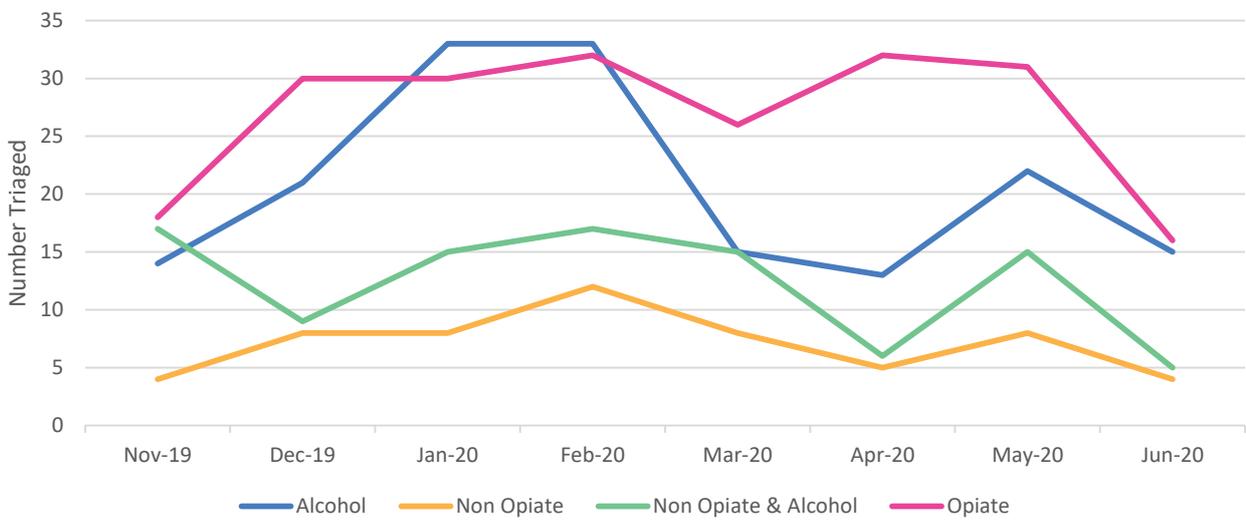
Source: CGL

FIGURE 10 The number of Naloxone kits provided to opiate service users in Coventry and Warwickshire



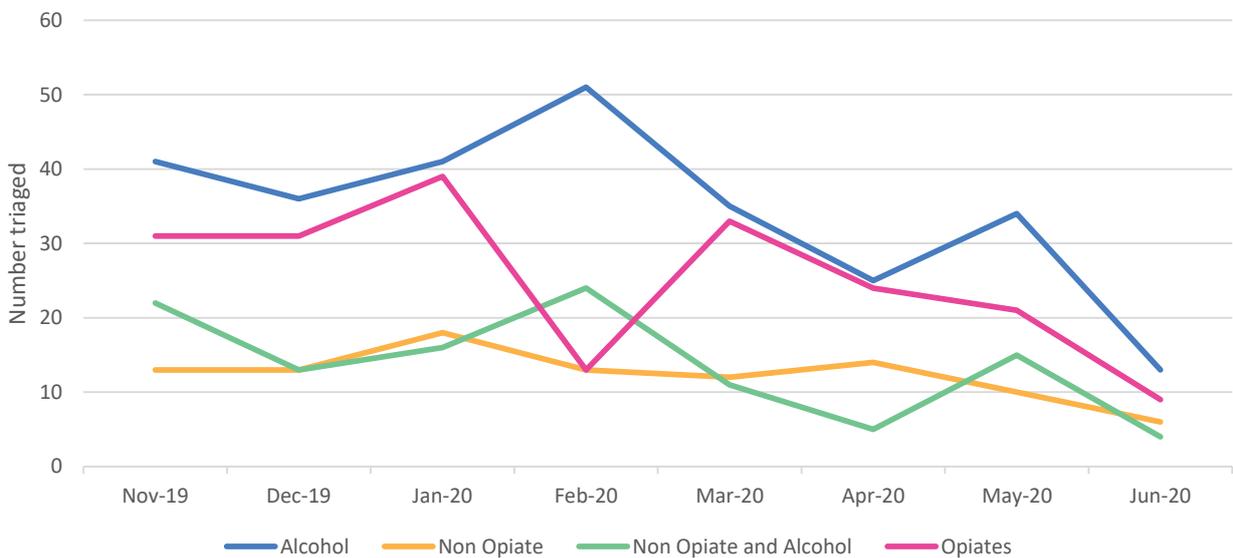
Source: CGL

FIGURE 11 The number of service users triaged by CGL by drug type in Coventry



Source: CGL

FIGURE 12 The number of service users triaged by CGL by drug type in Warwickshire



Source: CGL

COVENTRY

CGL saw a drop in opiate triages in March 2020, going back up to steady figures in April and May and dropping off again in June 2020 (although data for June is only partial, to 16 June 2020). Alcohol triages peaked in January and February 2020 and substantially decreased at the beginning of lockdown in March 2020. As discussed above, this may be due to potential service users being unaware that the service was still available or health concerns around COVID-19. Non opiate and non-opiate & alcohol triage numbers remained steady.

WARWICKSHIRE

There are no specific trends in drug types in new triages that have increased or decreased on a notable scale except alcohol (which increased dramatically in February 2020 and has slowly decreased over the following months) and heroin triages (dropping to 8 in February at the start of the outbreak and back up to an average figure in March).

Trend by Contact Type: There has been a substantial increase in the number of Recovery Worker contacts (i.e. where service users have been contacted within the last 4 weeks by text, call and video call) in both Coventry and Warwickshire. Recovery Worker contacts is a new measure that CGL introduced in March.

Anecdotally within Warwickshire, there appears to be crystal meth use in Nuneaton, which is not normally reported in Nuneaton. In South Warwickshire, drugs are still easily available, though purity has dropped and there is a slight increase in cost. In Rugby, ease of obtaining drugs varies, however there are also reports of reduced purity.

Gambling

Prior to the COVID-19 pandemic, there is evidence that gambling is easier to access in more deprived areas^{xvi}. Since the pandemic, fewer consumers are gambling but some people, who are gambling already, are trying new products.

The crisis does not appear to have attracted many new consumers to gambling. According to YouGov research from 16-17 April, only 0.2% of all adults surveyed stated that they had started gambling for the first time during the last four weeks. For comparison, research by the Gambling Commission in 2019 found that 47% of respondents participated in gambling in the past four weeks^{xvii}.

Operator data on overall active player accounts indicates a 3% decrease, driven in part by real event betting (active players down 11%), where clearly the chance to bet on top quality sport has disappeared.

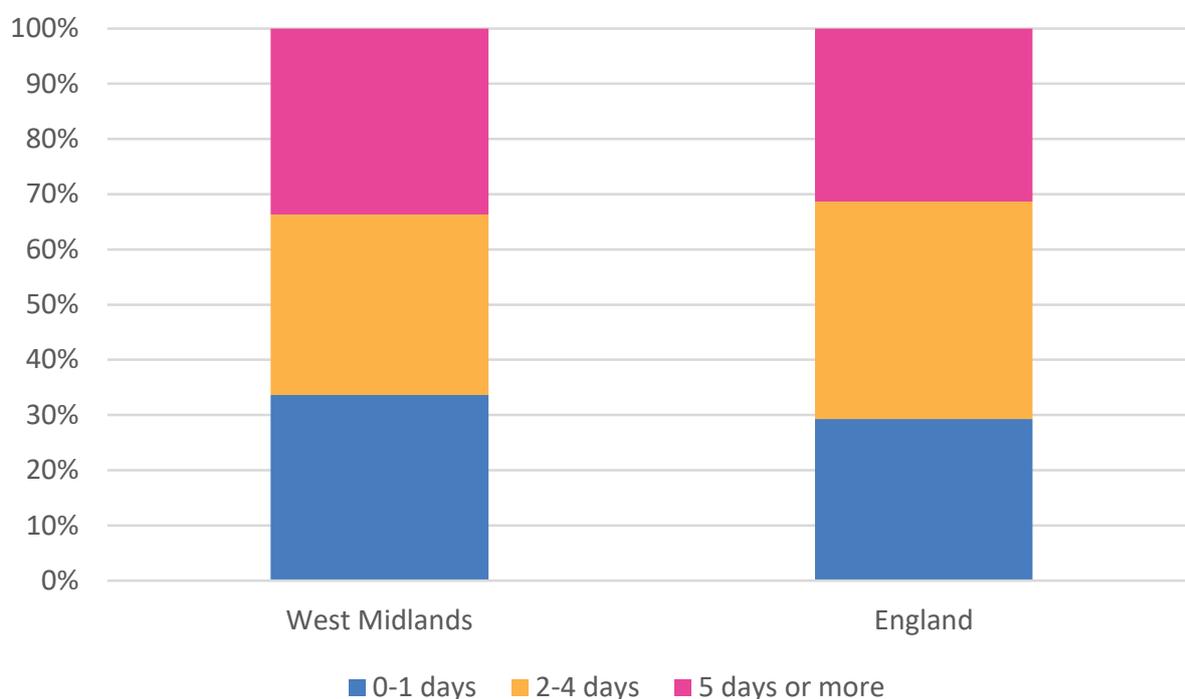
The YouGov research shows that a third of past four-week gamblers say they have tried one or more gambling activities for the first-time during lockdown. Operator data shows that certain products are seeing active player increases compared to this time last year (some from low comparative bases of players), which are generally those with a faster play cycle, such as slots (The Gambling Commission^{xviii}).

TABLE 9 Physical activity undertaken during the COVID-19 lockdown restrictions compared to before restrictions were introduced in the West Midlands and England

Area	More	Neither more nor less	Less
West Midlands	34.5%	35.0%	30.6%
England	35.9%	29.5%	34.6%

Source: Sport England

FIGURE 13 Days of physical activity undertaken during the COVID-19 lockdown restrictions in the West Midlands and England



Source: Sport England

TABLE 10 Physical activity undertaken during the COVID-19 lockdown restrictions compared to before restrictions were introduced in ABC1 and C2DE grouping

Activity undertaken	ABC1	C2DE	All
More	39.5%	30.0%	35.0%
Neither more nor less	27.8%	35.3%	31.3%
Less	31.9%	32.1%	32.0%

Source: Comres Global and Sport England

TABLE 11 Physical activity undertaken during the COVID-19 lockdown restrictions by age group

Activity undertaken	16-17	18-24	25-34	35-44	45-54	55-64	65+
More	36.9%	47.5%	42.6%	39.7%	31.5%	28.8%	17.1%
Neither more nor less	17.9%	19.3%	20.3%	27.9%	40.7%	35.6%	50.5%
Less	40.5%	31.8%	34.8%	30.7%	27.0%	34.8%	30.6%

Source: Comres Global and Sport England

Physical Activity

In a survey for Sport England^{xix}, from 24th to 27th April 2020, 2,006 adults aged 16+ were asked about their physical activity. These results are split by region. In the West Midlands, 34.5% of respondents were doing more physical activity than before the lockdown restrictions, and 35.0% were doing the same amount. This is compared with 35.9% of respondents in England doing more physical activity, and 29.5% doing the same amount.

When asked, “On how many days have you done a total of 30 minutes or more of physical activity, which was enough to raise your breathing rate?”, 34% stated on none or only one day, compared to 29% for England, whereas 34% stated 5 or more days, compared to 31% in England (Figure 13).

When asked about the type of activity, in the West Midlands the most common activity is walking, which 62% of people had done in the last week (England 61%). Home activities such as online workouts or DVDs (16%), running or jogging (15%) and cycling (12%) were also common activities, although all of these were slightly less popular in the West Midlands than in England as a whole^{xx}.

Looking at data collected between 3 April and 25 May, there were 1722 people surveyed in the West Midlands and there are some differences when looking at National Statistics Socio-economic classification social grade (NS-SEC) and age of respondents. ABC1 is roughly “middle class” and C2DE is roughly “working class” based on the occupation of the head of the household. Table 10 shows that a higher percentage of people in the ABC1 classification (broadly people in managerial and professional occupations) responded as having undertaken more physical activity during lockdown than those in the C2DE classification (broadly skilled or unskilled manual workers or people who are unemployed).

Table 11 illustrates whether respondents felt they had undertaken more, less or similar activity during the COVID-19 lockdown restrictions compared to before the restrictions were introduced. 18 – 24 year olds were the group reporting the highest percentage of respondents doing more activity during lockdown (47.5%) with those aged 65+ reporting the lowest percentage (17.1%). 16 – 17 year olds were the group reporting the highest percentage of respondents doing less activity during lockdown (40.5%) with those aged 45 – 54 reporting the lowest percentage (27%).

A survey of gym members conducted by Leisure-net solutions showed that 52% of respondents stated that they have been less active since the lockdown, and only 22% said they have been more active^{xxi}.

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In Warwickshire, support packs have been produced containing links and ideas for physical activity during lockdown. These have been sent to partners and providers across all districts and boroughs. Referrals for weight management, having been at between 1052 and 1360 for the previous four quarters, are at 43 referrals for Q1 of 2020/21 (data up to 11th June 2020).

Many of the local leisure centres have moved classes online since March 2020, offering reduced rates for access to online workouts and training plans.

Those on the Fitter Futures program have been contacted to offer advice and support on accessing exercise online. Of the 252 people contacted, 130 (51.6%) were completing no exercise at all. While it is not possible to link this data, it is likely that these people are doing less physical activity than before the lockdown.

Google Community Mobility Reports

The Google Community Mobility Reports chart movement trends over time by geography, across different categories of places such as retail and recreation, groceries and pharmacies, parks, transit stations, workplaces, and residential. This report is based on the location of users' phones.

MAY REPORT

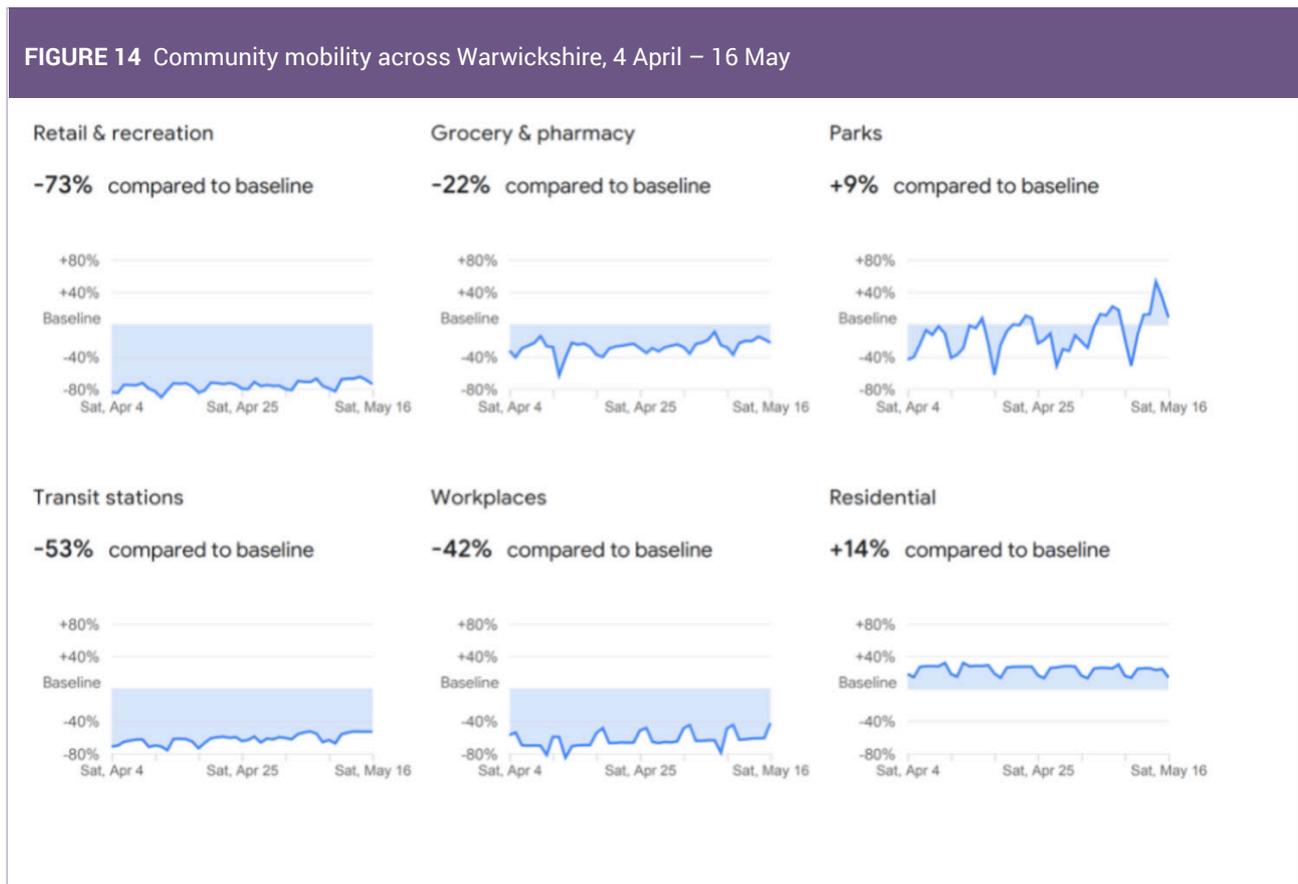
As expected, the reports for May show large reductions (-73%) in population mobility. There has been a 9% increase in visits to parks in Warwickshire compared to the baseline, which is notably less than the 33% increase across the West Midlands Metropolitan Area (including Coventry).

JUNE REPORT

There is a large increase in visits to parks for both Coventry and Warwickshire in this data, perhaps most noticeably over the half term and bank holiday at the end of May. Residential is still higher than baseline, but not as high as in the previous report. These changes perhaps reflect people's return to work, being allowed out for exercise more than once a day and being able to relax in parks.

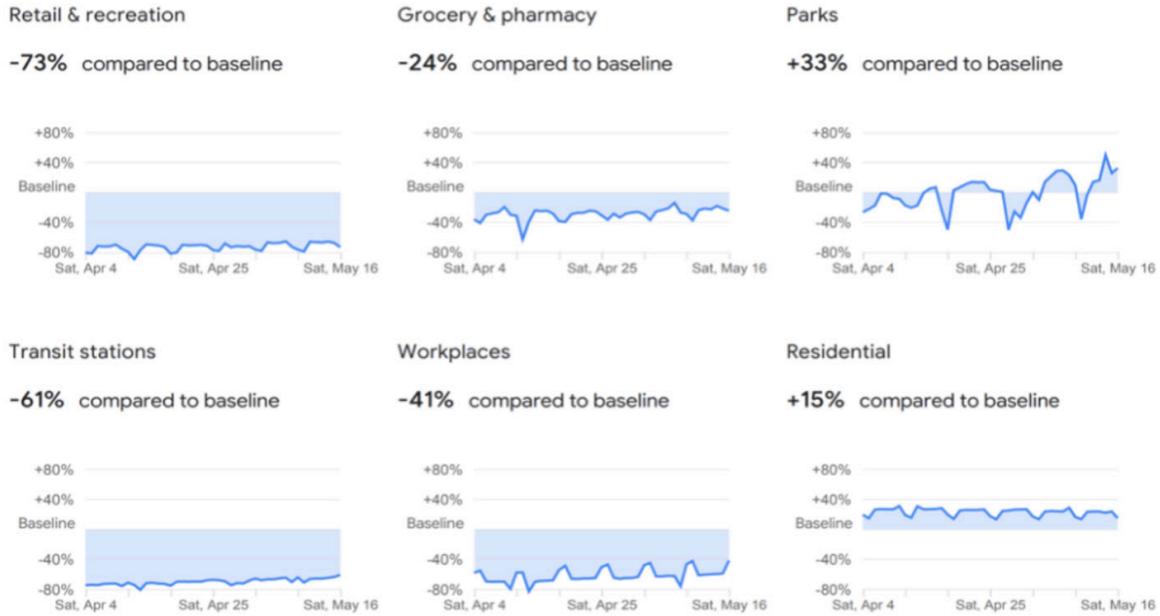
WARWICKSHIRE

FIGURE 14 Community mobility across Warwickshire, 4 April – 16 May



WEST MIDLAND METROPOLITAN AREA (INCLUDING COVENTRY)

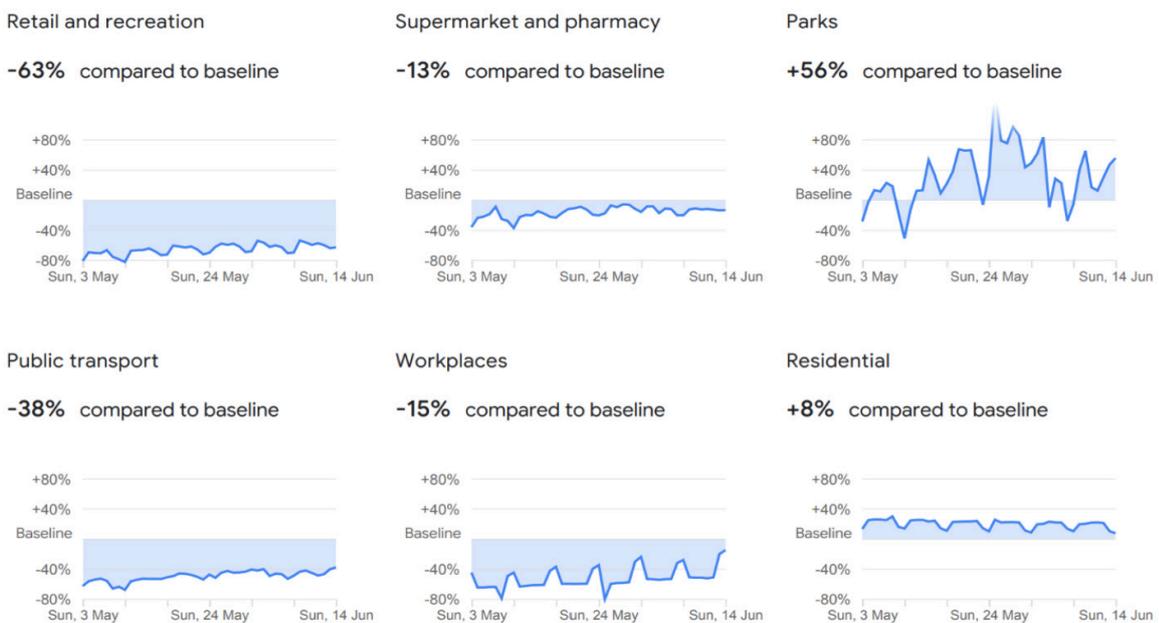
FIGURE 15 Community mobility across the West Midlands (including Coventry), 3 May – 14 June



Source: Google

WARWICKSHIRE

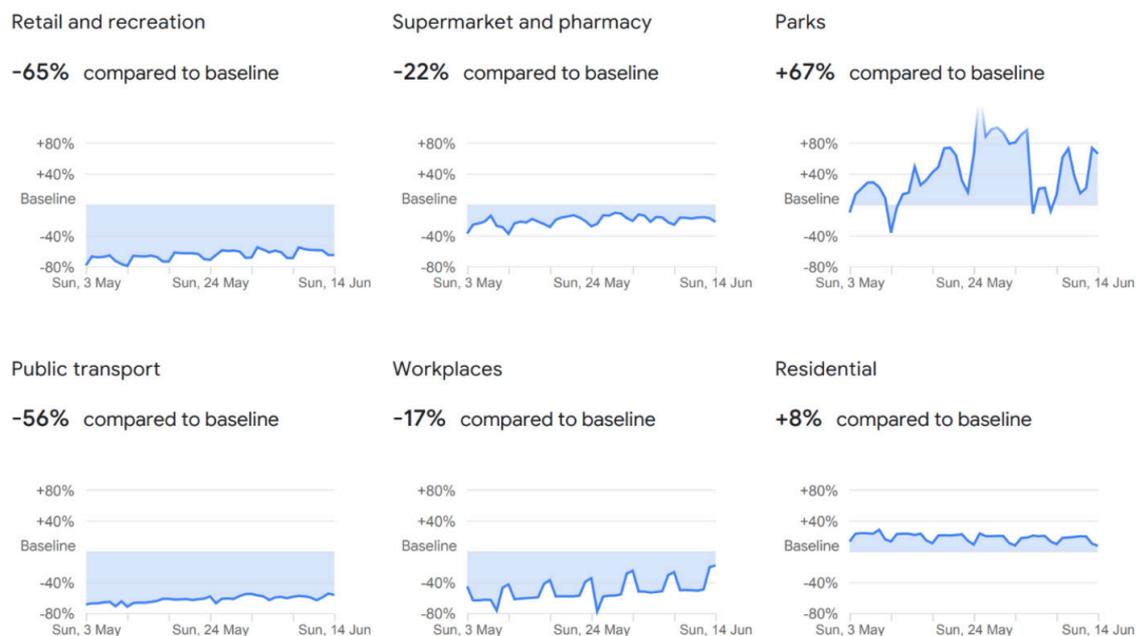
FIGURE 16 Community mobility across Warwickshire, 3 May – 14 June



Source: Google

WEST MIDLAND METROPOLITAN AREA (INCLUDING COVENTRY)

FIGURE 17 Community mobility across the West Midlands (including Coventry), 3 May – 14 June



Source: Google

Stop Smoking in Pregnancy Service

Smoking during pregnancy was associated with exposure to the UK 2008-2010 economic recession during pregnancy and this relationship is partly mediated by financial stress.^{xxii} Health inequalities in smoking during pregnancy are affected by economic recession, as those who are most likely to smoke are also most likely to experience the financial stress resulting from economic recession.

WARWICKSHIRE

There were 191 referrals between 1st April 2019 and 16th June 2019, of which 66% set a quit date and 53% had quit at 4 weeks. The number of referrals to the Stop Smoking in Pregnancy Service in Warwickshire has dropped to 139 for the same period in 2020, with the biggest drop in Rugby Borough. The number setting quit dates is 83% and may rise for those who have been referred towards the end of this period, showing a big improvement on the 2019 figures. Engagement levels are said to be higher overall. It is not yet possible to compare quit rates as not enough time has elapsed, however the picture is a positive one. At present equivalent data is not available for Coventry.

An Integrated Health and Care System

The health and care sector in Coventry and Warwickshire saw large changes during the pandemic as services were directed towards preparing for and responding to increasing numbers of patients with COVID-19. Locally a peak in the number of hospitalised patients diagnosed with COVID-19 occurred in early April.

This analysis looks at how health service use for other reasons has changed.

A&E Attendances

Overall, A&E attendances in April 2020 reduced by 62.0% compared with April 2019 across the Coventry & Warwickshire HCP footprint. All 3 CCGs have seen a reduction in A&E attendances, with South Warwickshire and Warwickshire North similarly so at 56.2% and 57.1% respectively. Coventry and Rugby saw a slightly higher reduction of 66.1%. This is illustrated in Figure 18.

Non-Elective (Unplanned) Admissions

Non-elective activity reduced in April and there were 2,818 fewer unplanned admissions compared with the previous year. This is a reduction of 25.8%. The reduction was made up of a 30.7% reduction in emergency admissions, and 8.8% reduction in non-emergencies. All 3 CCGs have seen a reduction in emergencies, with Coventry and Rugby and Warwickshire North similarly so at 27.4% and 30.0% respectively. South Warwickshire saw a larger reduction of 37.5%. This is illustrated in Figure 19.

This percentage reduction in unplanned admissions is less than A&E attendances, where a large proportion of these patients would have been admitted from. This could therefore be early evidence of the change in case-mix of patients attending A&E, and that that patients attending A&E during lockdown were more likely to have severe illness requiring admission.

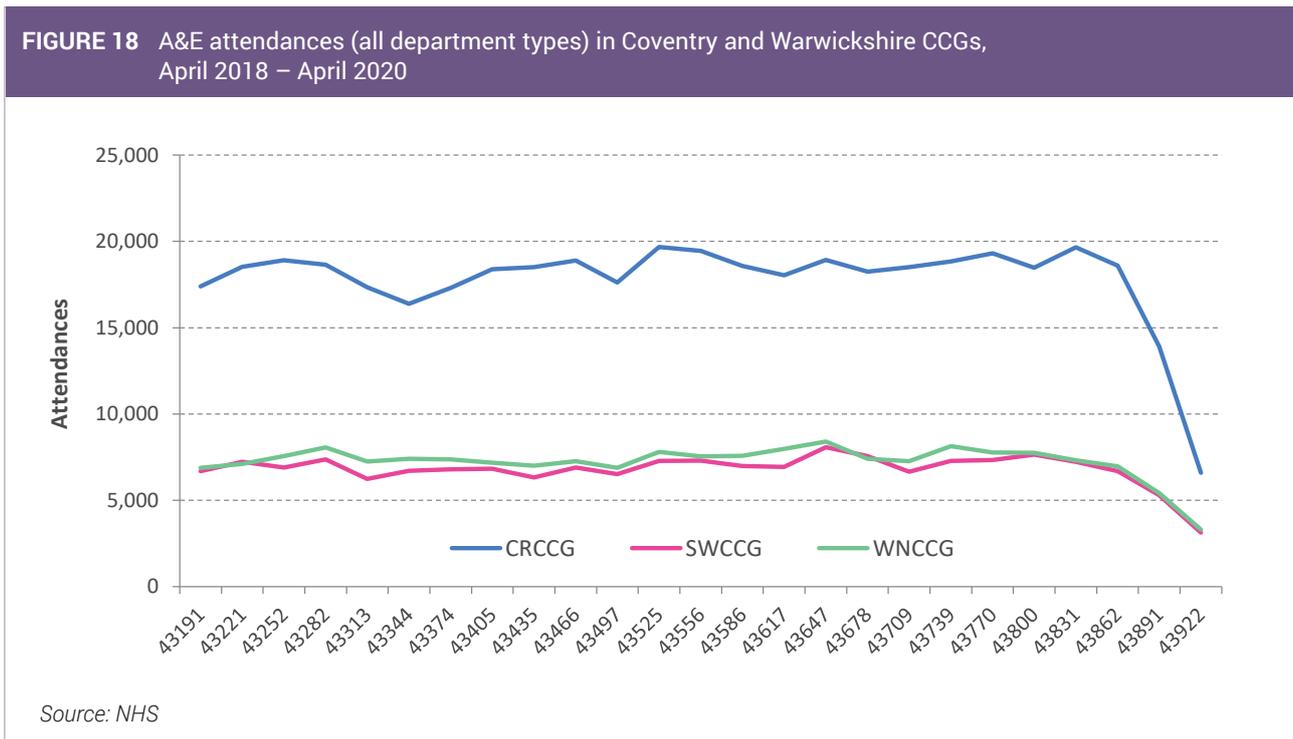
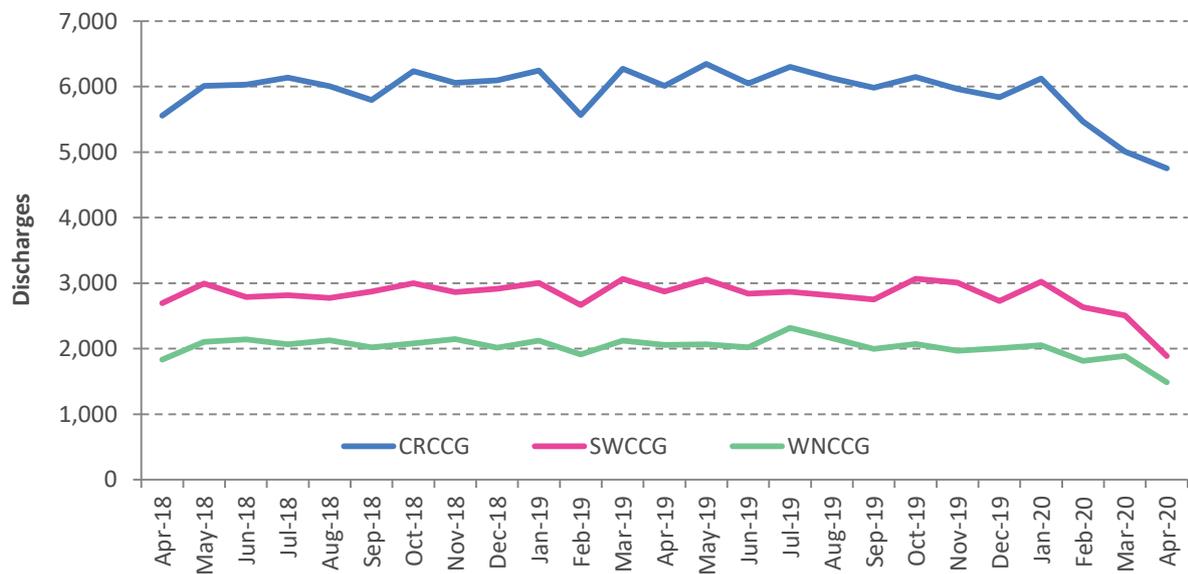


FIGURE 19 Non-elective admissions in Coventry and Warwickshire CCGs, April 2018 – April 2020

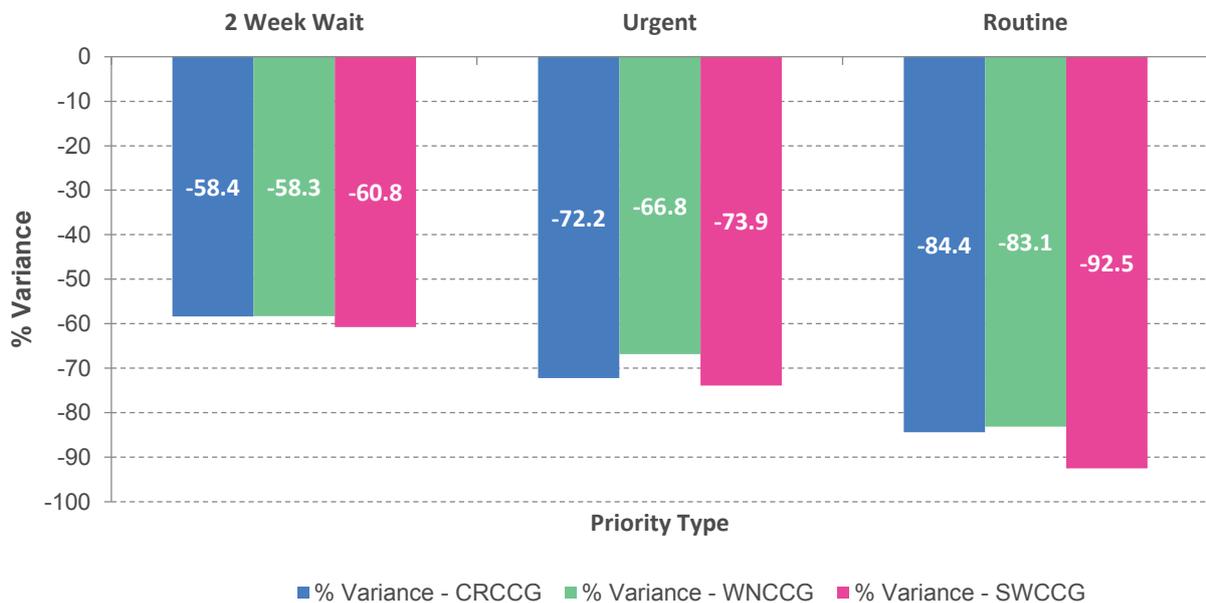


Source: NHS

GP Referrals (E-Referrals data)

Total referrals decreased by 80% across Coventry & Warwickshire CCGs in April 2020 compared with April 2019, with the biggest decrease seen in SWCCG (83.3%). Routine referrals have decreased by 85.9%, Urgent referrals by 71.8% and two week waits by 59.1% across Coventry & Warwickshire. This is illustrated in Figure 20.

FIGURE 20 GP referrals across Coventry and Warwickshire CCGs, April 2019 compared to April 2020



Source: NHS

Outpatient Attendances

Outpatient activity has decreased by 74% across the 3 CCGs when comparing April 2019 to 2020. Outpatient First attendances have decreased by 70% across Coventry & Warwickshire CCGs, with the biggest % decrease seen in CRCCG, with a reduction of 73.1% (11,000 attendances). Outpatient Follow up attendances have decreased by 64% across Coventry & Warwickshire CCGs, with the largest activity reduction seen at CRCCG, with a reduction of 73.3% (19,000 attendances). This is illustrated in Figure 21.

Elective (Planned) Admissions

Day cases have decreased by 68% across Coventry & Warwickshire CCGs comparing April 20 to April 19, with the biggest decrease seen in WNCCG (81.2%). Electives have decreased by 81% across Coventry & Warwickshire CCGs, with the biggest decrease again seen in Warwickshire North CCG (89.7%). This is illustrated in Figure 22.

Waiting Lists

The total Referral to Treatment Waiting List (Incomplete Pathways) is at its lowest level during the last 12 months. However, this is due to the new clock starts (referrals) being extremely low due to the COVID-19 pandemic as outlined in the Referrals section. However, as referrals start to flow back into the system, this will extend waiting times and the total numbers on the waiting list. This can already be seen in the increase to the backlog (those patients waiting more than 18 weeks) in April 2020. This is illustrated in Figure 23.

Performance of the 18-week target (which should be 92%) has decreased to 68.7% across the system with those patients waiting more than 18 weeks increasing from 7,610 in April 19 to 18,123 in April 20.

FIGURE 21 Outpatient attendances across Coventry and Warwickshire CCGs, April 2019 compared to April 2020

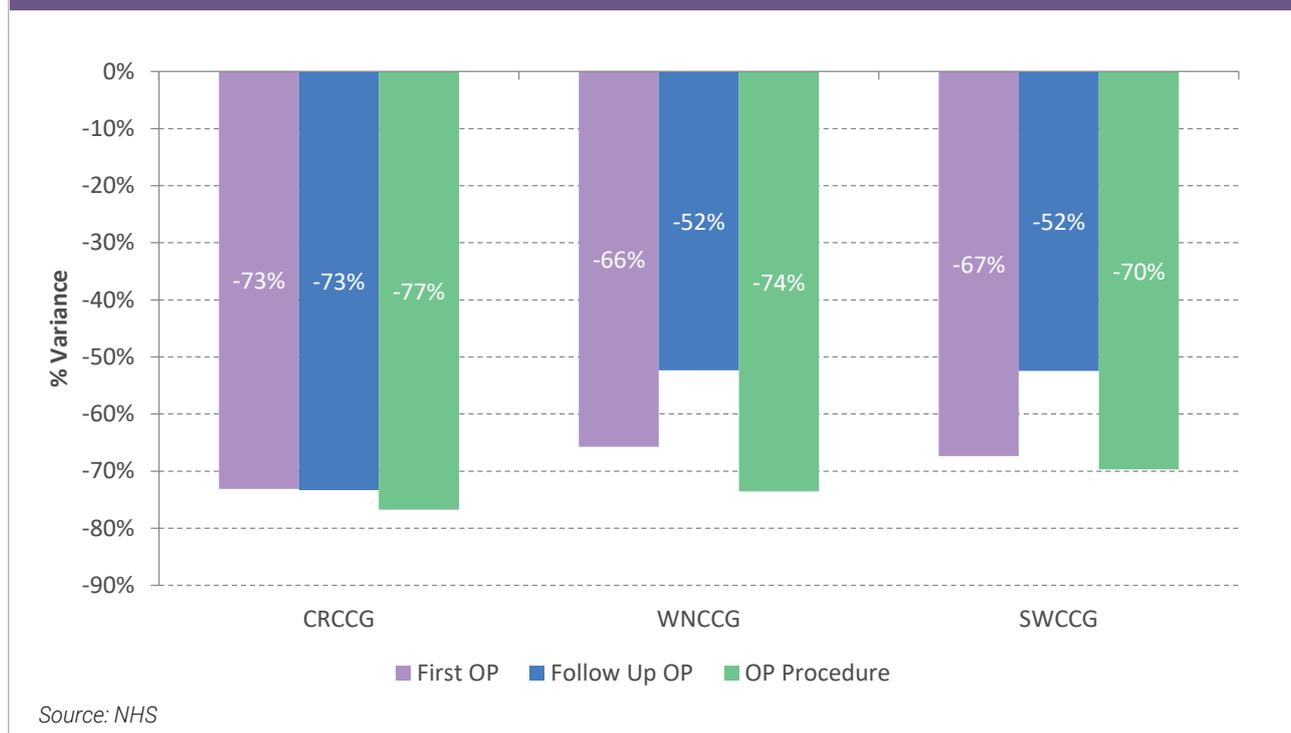
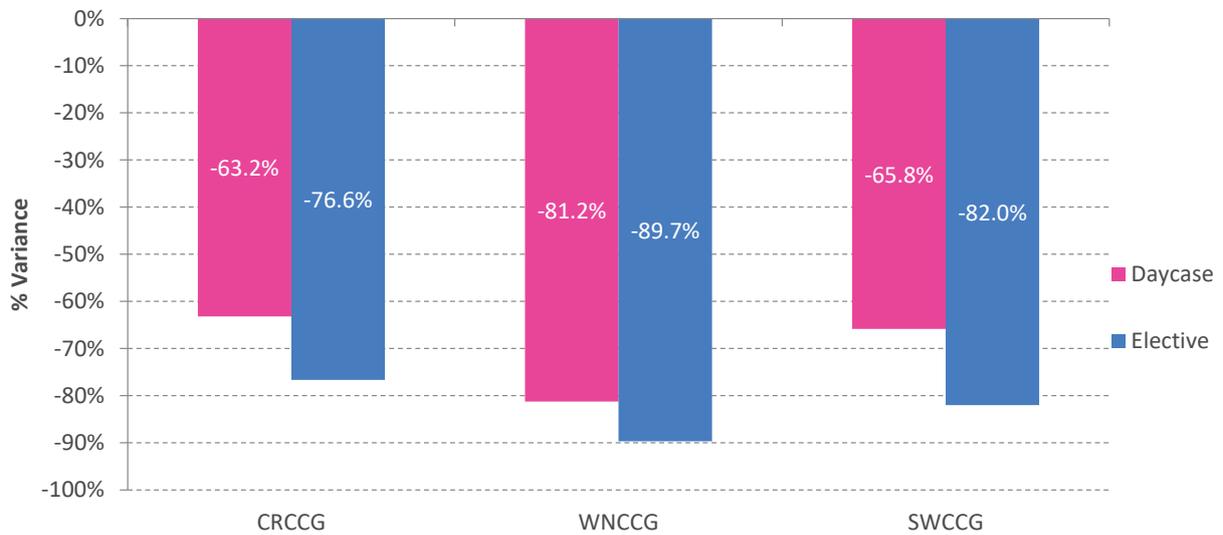
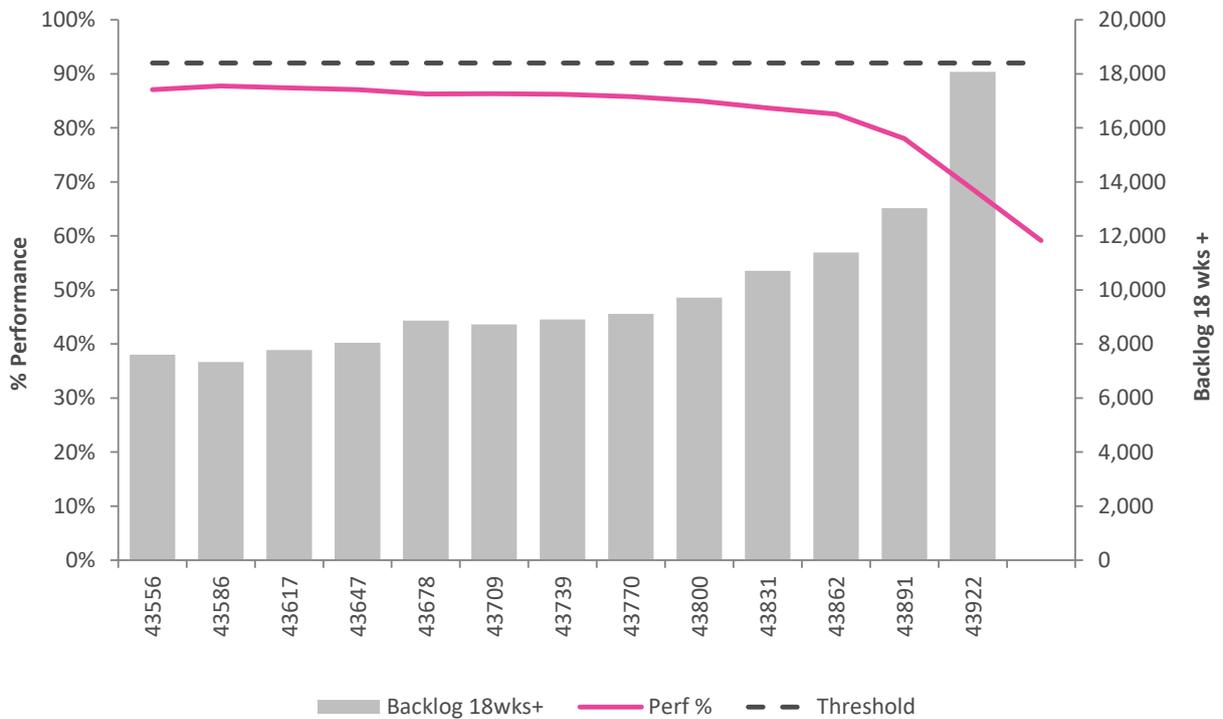


FIGURE 22 Elective admissions across Coventry and Warwickshire CCGs, April 2019 compared to April 2020



Source: NHS

FIGURE 23 Waiting lists across Coventry and Warwickshire CCGs, April 2017 – April 2020
April 2019 compared to April 2020



Source: NHS

Referrals to the Multi-Agency Safeguarding Hub (MASH) and Children in Care

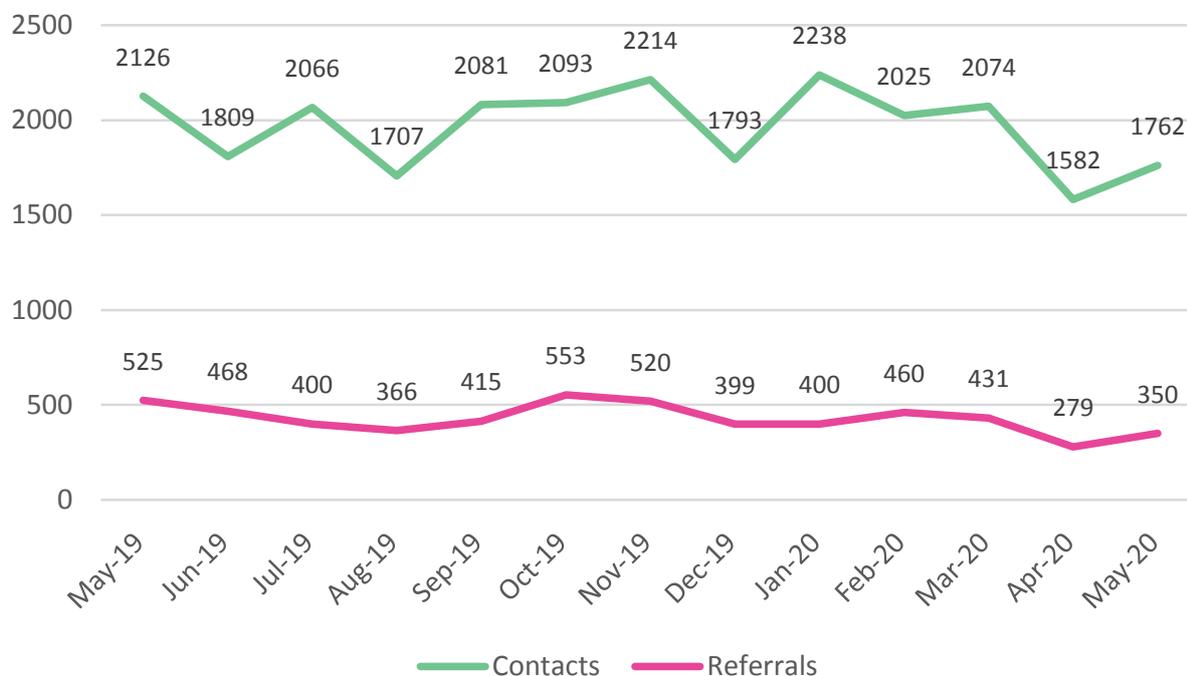
COVENTRY

In Coventry, the number of referrals to children’s social care has decreased from an average of 448 per month over the period from May 2019 - March 2020 to 279 (a 38% decrease) in April 2020 and 350 (a 22% decrease) in May 2020 (around 100 –150 less than expected in a month for Coventry). The number of reported contacts has also trended down for these two months, around 1700 per month compared with over 2000 for the equivalent period in 2019.

The number and percentage profile by source of referral in April and May 2020 has also changed, reflecting school and other public sector closures at the end of March, and with referrals made by the police accounting for a relatively larger proportion of all referrals in May 2020.

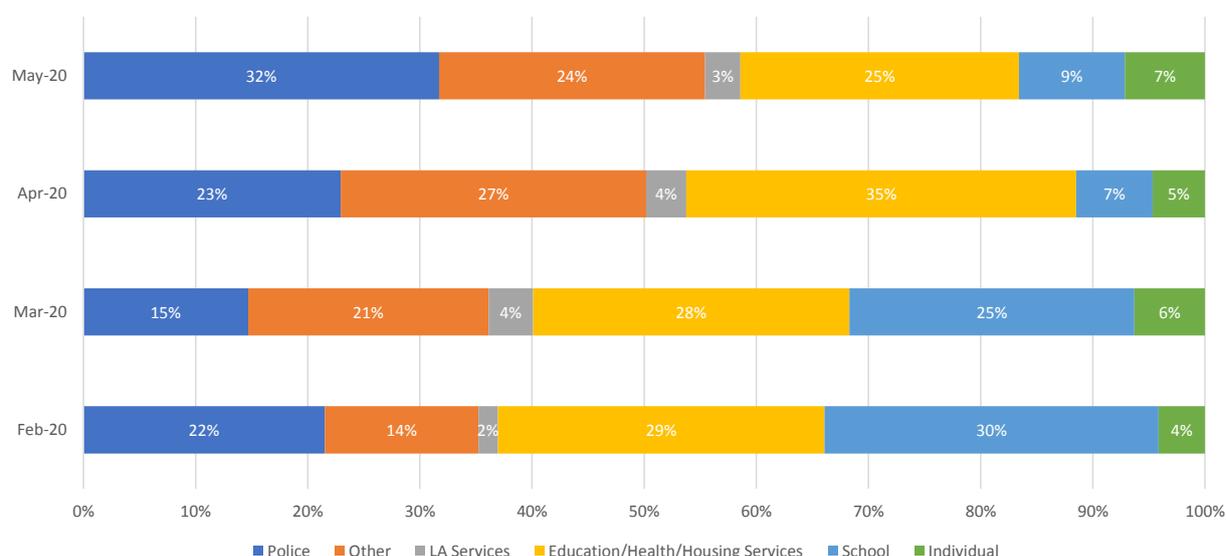
Reported data suggests actions taken following a referral have also shifted. In April and May 2020, only 70% of all referrals made were followed through with a Children and Families Assessment, compared with 85% routinely from May 2019 – Mar 2020; and Other Actions taken have grown from around 13% of all referral’s pre-lockdown to 28% of all referrals in April/May 2020.

FIGURE 24 MASH referrals in Coventry between May 2019 and May 2020 Source: NHS



Source: Insight Team, Coventry City Council

FIGURE 25 MASH contacts and referrals by source in Coventry between February and May 2020



Source: Insight Team, Coventry City Council

WARWICKSHIRE

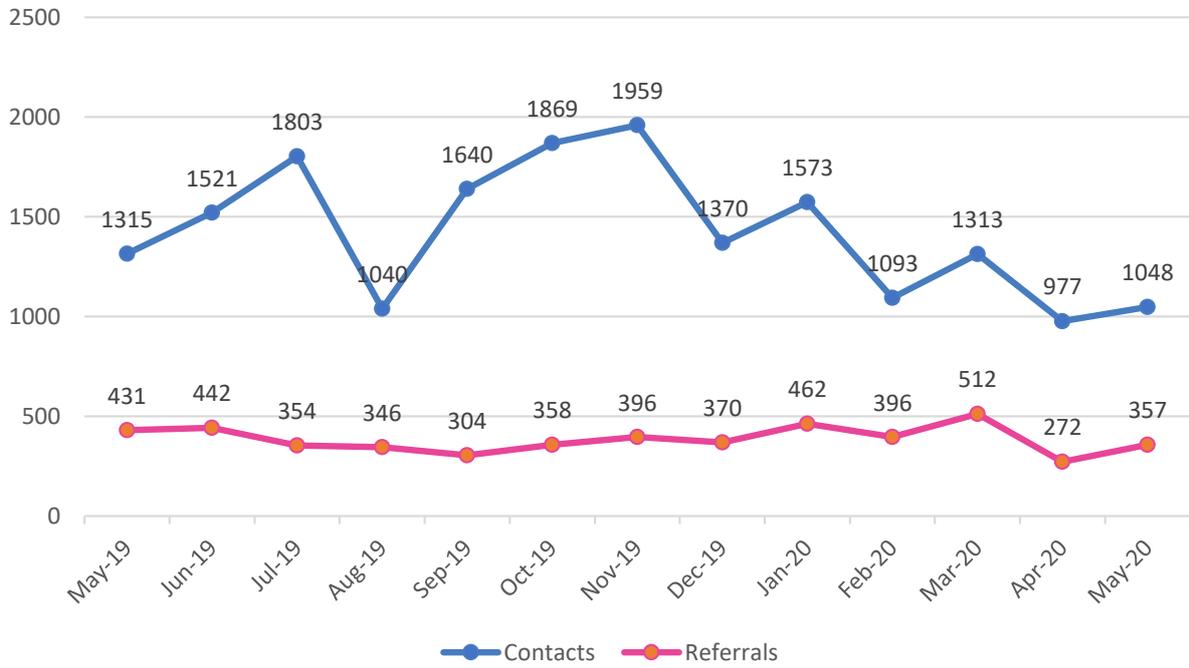
Total contacts to the Warwickshire MASH fell by 25.6% from March 2020 to April 2020, and total referrals fell by 46.9%. However, between April and May there was an increase of 7.3% in contacts and 31.3% in referrals (all contacts that have the next step of a single assessment are identified as a referral; all others are identified as a contact). Between the period May 2019 – March 2020 the Warwickshire MASH experienced a decrease in referrals from an average of 397 per month to 272 (a 31.5% decrease) and 357 (a 10.2% decrease) in April and May respectively.

In terms of the source of MASH contacts and referrals, the Police has become the top source, and the percentage of contacts and referrals from schools has fallen from 25% to 10%, although levels in May are slightly higher than in April.

At 31 May 2020, Warwickshire's looked after population was 772, whilst the number of looked after children excluding asylum seekers was 702, both numbers similar to the previous month. The number of children in care has risen significantly since March, this has been via court applications and the breakdown of family relationships with teenagers during the lockdown.

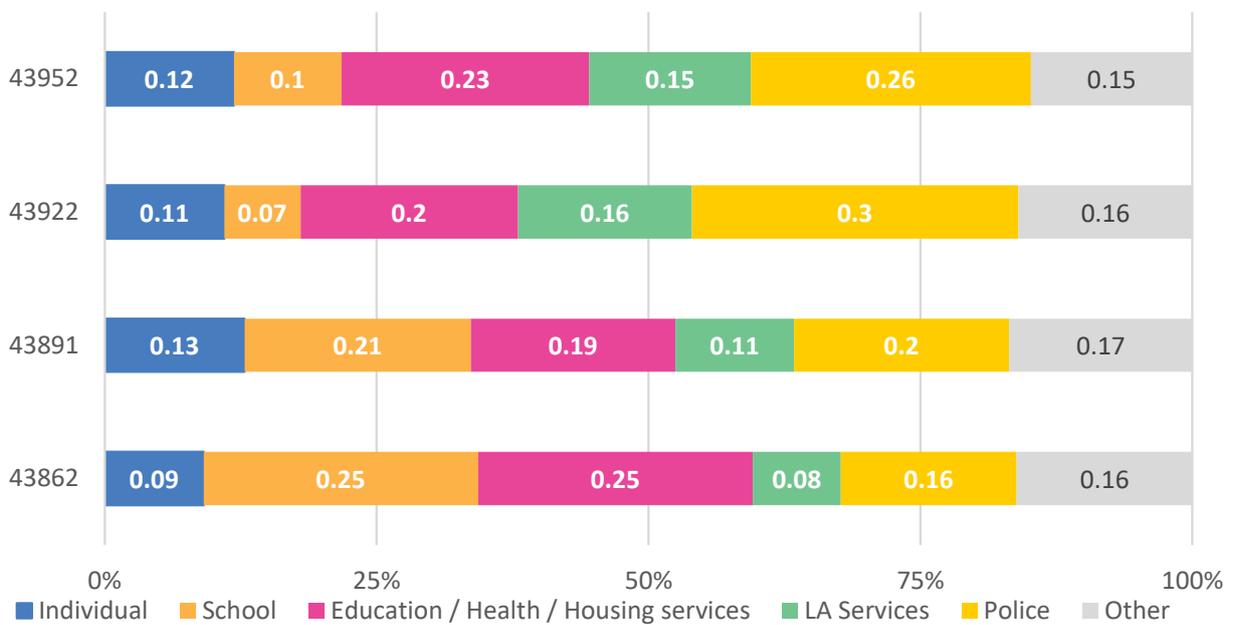
The largest cohort of children looked after continues to originate from North Warwickshire, Bedworth and Nuneaton. Across the district and borough teams the most notable increases in May were seen by Bedworth and North Warwickshire Children's Team (increase of 6 children) whilst the most notable reduction was seen by Warwick Children's Team who saw a reduction of 9 cases.

FIGURE 26 MASH referrals in Warwickshire between May 2019 and May 2020



Source: Business Intelligence Team, Warwickshire County Council

FIGURE 27 MASH contacts and referrals by source in Warwickshire between February and May 2020



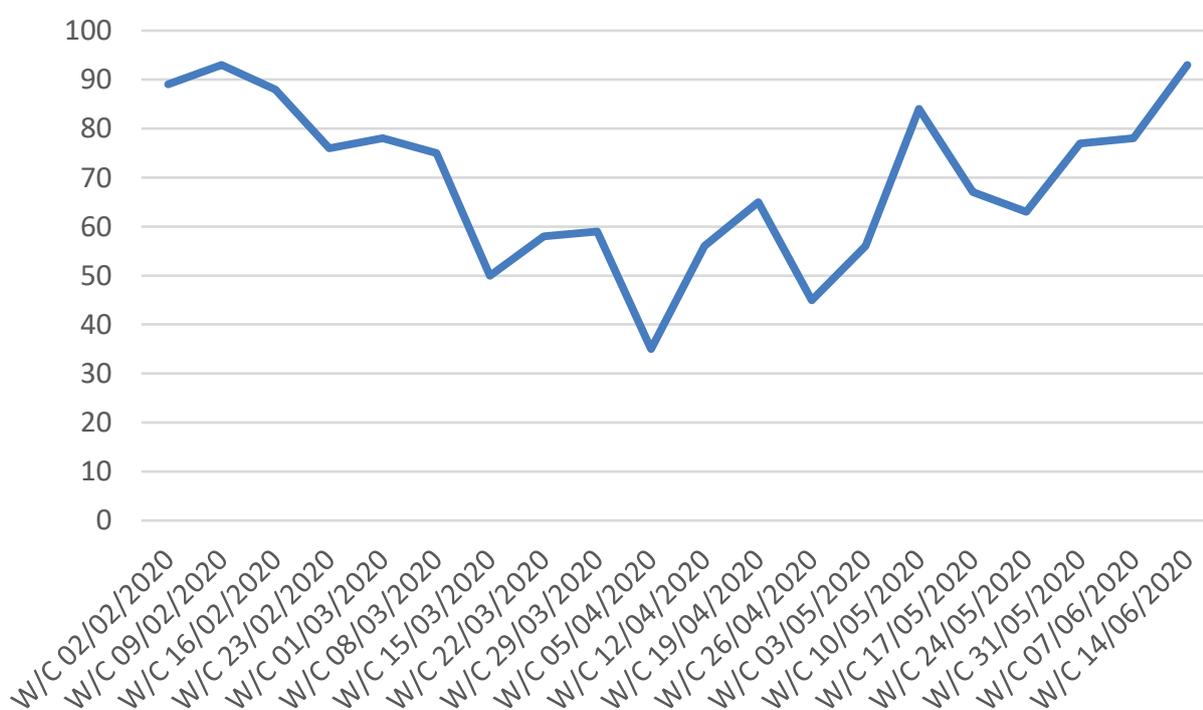
Source: Business Intelligence Team, Warwickshire County Council

The Department for Education are currently collecting data from local authorities on a fortnightly basis which includes figures on referrals and children entering care. Nationally, there are less referrals being received from schools (5.5% nationally) and a much larger proportion from the Police (38.5% nationally) although this is only based on referrals received over a week and has only been collected in one of the surveys so far. Interestingly, Warwickshire appear to be receiving a larger proportion of referrals from health services in a week than was seen nationally. However, this data is only based on a snapshot of a week so should be treated with caution.

From a looked after children perspective, the Department for Education are collecting data on the number of children who started to be looked after in the last week. This has been collected in each of the three surveys unlike the referrals by source which was only collected as part of Wave 3. On average Warwickshire are accommodating 3-4 children a week which is line with regional/national averages whilst our statistical neighbours have a slightly higher average of 4-5 children.

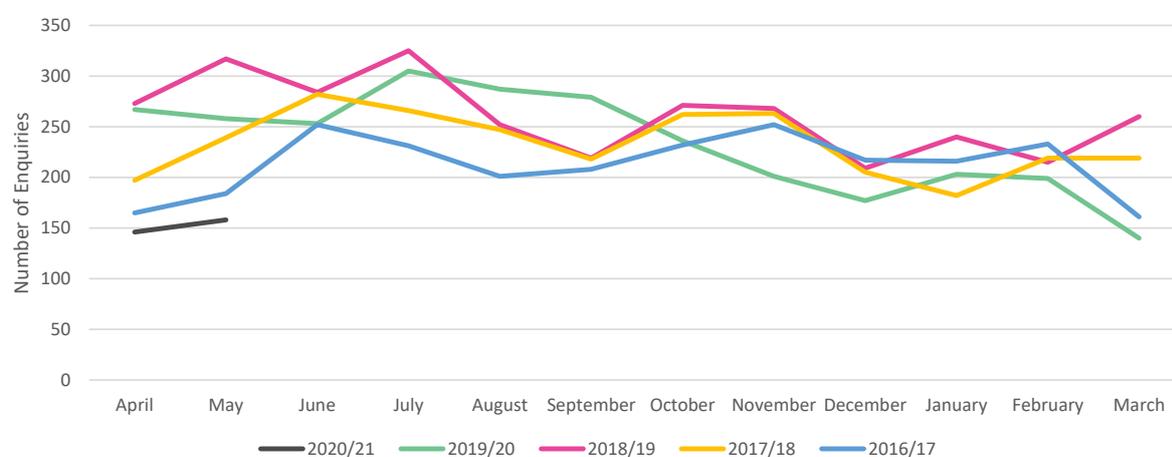
According to the charity Barnardos, the number of children needing foster care in England, Wales and Northern Ireland has increased 44%, to 2,349 in the period of 1 March to 23 April 2020, from 1,629 for the same period in the previous year^{xxiii}. Meanwhile the number of enquiries from people looking to become foster parents for the charity fell from 302 to 161 - a 47% drop. The charity states that the coronavirus pandemic has increased pressure on vulnerable families, leading to family breakdown, which will impact more families as the crisis continues. At the same time, the change in circumstances that many people have experienced and uncertainty about the future has meant that fewer enquiries about fostering are being made.

FIGURE 28 New worker involvements received in Coventry between February 2020 and June 2020



Source: Insight Team, Coventry City Council

FIGURE 29 Adult safeguarding concerns received in Warwickshire between April 2016 and May 2020



Source: Business Intelligence Team, Warwickshire County Council

Adult Social Care

COVENTRY

The number of people in Residential and Nursing placements in Coventry saw a significant decrease in April and May 2020, from 1056 people in placement at the end of March 2020 to 963 at the end of May 2020. This is due both to a decrease in those starting placements (55 in March 2020, 37 in April 2020); and a high number of ended placements particularly in April 2020, including a high number of deaths in placement in April 2020. This has reduced to levels similar to 2019/20 in May 2020.

Numbers of people in placement for home support are higher than in 2019/20, at 1158 at the end of May 2020, compared to 1119 at the end of May 2019. Housing with care services have reduced from last year (394 May 2020, 413 May 2019), however this can be linked to a decline since January 2020. Numbers in placement for Supported Living have remained stable at around 190 clients.

Overall, initial contacts for new clients decreased significantly during March and April and have been steadily rising again since May as illustrated in Figure 28. Safeguarding assessments however, increased, from around 60 per week before COVID-19 to around 75 per week since 23 March (as of 22 June).

WARWICKSHIRE

The number of people in Residential and Nursing placements in Warwickshire saw a decrease from 1,862 in March 2020 to 1,788 in May 2020 (however, this figure is higher than the number for May 2019, which was 1,757). Between April and May 2020, admissions to permanent residential / nursing care dropped from 81 to 42. There have also been a high number of deaths in April 2020.

The total number of My Assessment Forms completed in the month had increased in April to 528 (from 451 in March 2020), however May saw a drop to 409. This is higher than the monthly average for 2019/20 (347). The number of planned reviews has dropped from 521 in March 2020 to 228 in April and 208 in May.

Safeguarding concerns received are at a low level, although rising slightly since March, they are much lower than in 2019 (May 2020 – 158, May 2019 – 258).

Cancer Screening

Screening services have all been paused across the UK. The implications of this will be that opportunities to identify cancers early may be missed. Looking at the total number of people eligible for screening the number who would attend each week can be calculated. Whilst screening programmes have been paused are a total of 679 missed bowel screenings, 811 cervical screenings and 538 breast cancer screenings, across Coventry and Warwickshire.

Overall, the number of urgent referrals has dropped to around 25% of usual levels in England. This is largely because fewer people are going to their GP, but in some instances GPs may have been reluctant to risk sending a patient to the local hospital. Every week that this goes on, over 2,300 cancer cases are likely to be going undiagnosed across the UK – and these will be stacking up over time (source: Cancer Research UK).

There have also been disruptions to cancer treatment. A large survey called Understanding Society COVID-19 had 17,450 Study participants. Of them, 3,414 respondents aged 16 and over from across the UK report one or more long-term health conditions, such as cancer or cardiovascular disease. The data shows that during April 2020, 63% of people with long-term health conditions, such as cancer or cardiovascular disease, who needed NHS treatment did not receive it. Around 10% of patients cancelled appointments themselves. The highest level of continued treatment was for those with cancer, but only 40% received treatment in this period. 56% of cancer patients had their treatment cancelled or postponed by the NHS and 4% postponed treatment themselves^{xxiv}.

However, certain hospitals in England have now been designated as ‘cancer hubs’ – such as in London, Manchester, Leeds and several other locations – and are creating ‘COVID-free zones’ for cancer treatment. However, this may mean a longer journey for residents of Coventry and Warwickshire to access treatment^{xxv}.

TABLE 12 Screenings missed per week in Coventry and Warwickshire

Area	Bowel Cancer	Cervical Cancer	Breast Cancer
Coventry and Rugby CCG	278	407	232
South Warwickshire CCG	247	249	184
Warwickshire North CCG	154	155	122
Total for Coventry and Warwickshire	679	811	538

Source: Business Intelligence Team, Warwickshire County Council

Child Immunisations

Early data indicates that in March 2020, there has been more of an impact on the early vaccinations than on the first dose of MMR which is usually administered after 12 months. In Warwickshire North CCG, it is likely that more than twice the percentage of eligible children have not been vaccinated for hexavalent in March 2020 than in March 2019. Anecdotal evidence suggests this increasing across all area in April and May, with an increase in the number not having the MMR vaccination. A four week campaign is being launched in Warwickshire on Monday 29th June (#CarryOnVaccinating) to help promote the importance of attending or re-booking scheduled vaccination appointments during the COVID-19 outbreak. This will focus on vaccinations during pregnancy, the MMR and preschool boosters.

Nationally, a study in Eurosurveillance journal, a medical journal covering epidemiology, showed that MMR vaccination counts fell across England from February 2020 but began to improve in mid-April^{xxvi}. There has also been a gradual decline in hexavalent vaccination counts throughout 2020 which were not believed to be related to social distancing measures, however these have also improved from mid-April.

Dementia Diagnosis

What does the literature say:

Social restrictions have had a substantial impact on the management of outpatient clinics with cancellations or postponement of outpatient visits. Vulnerable patients, including elderly people with cognitive impairment (CI) or dementia, have an increased risk of serious morbidity, admission to intensive care units, and death when infected with COVID-19 because of their advanced age and frequent medical comorbidities. Consequently, they have been highly recommended to adhere to social distancing, increasing caregiver burden. Furthermore, these measures might lead patients with CI to a faster cognitive deterioration and to worsening of behavioural and psychological symptoms of dementia, inducing in turn higher caregiver distress.^{xxvii}

What is the current data saying:

The estimated diagnosis rate for dementia in those aged 65+ was already showing a downward trend in Coventry and Warwickshire and has continued to fall between March and April 2020; across the HCP this has reduced from 59.4% to 57.8%; a reduction of 1.6 percentage points. This was slightly less than the national reduction, which was 2 percentage points. There was a further decrease in May 2020.

TABLE 13 Screenings missed per week in Coventry and Warwickshire

Area	Diagnosis rate March 2020	Diagnosis rate April 2020	Difference
England	67.4	65.4	-2.0
Coventry and Warwickshire	59.4	57.8	-1.6
NHS Coventry and Rugby CCG	60.6	59.5	-1.1
NHS Warwickshire North CCG	57.8	57.1	-0.7
NHS South Warwickshire CCG	58.9	56.1	-2.8

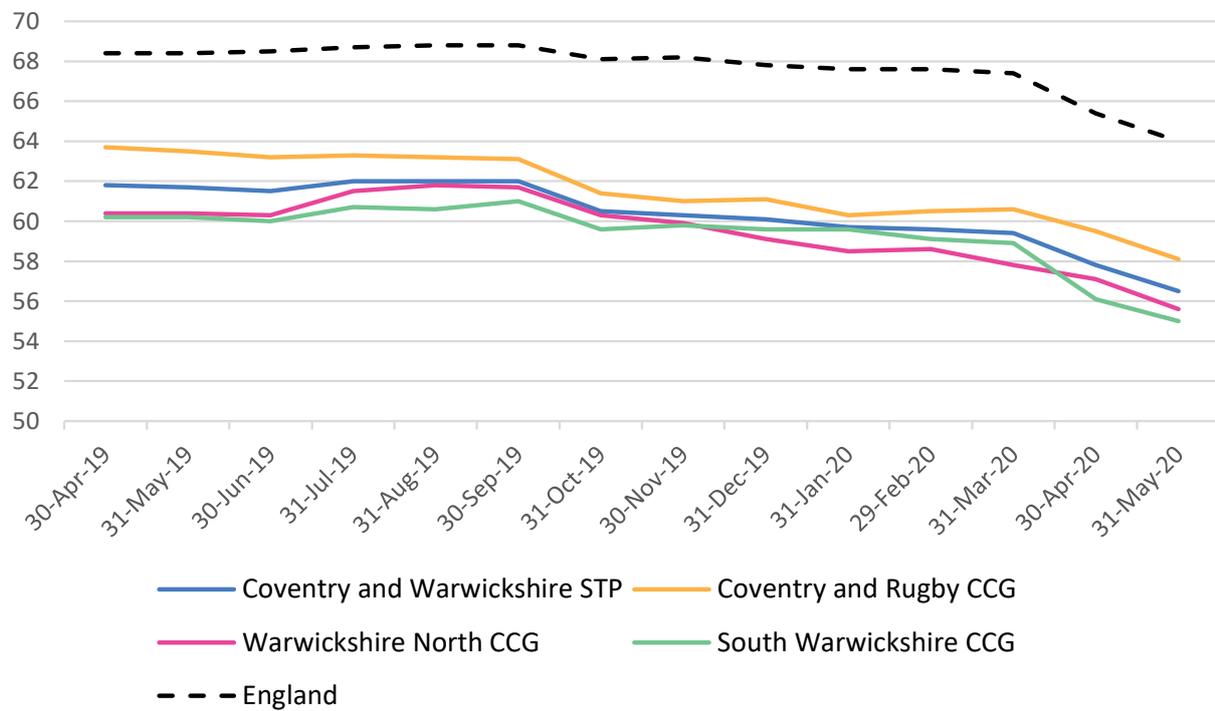
Source: NHS Digital^{xxviii}

TABLE 14 The difference between dementia diagnosis rates in April 2019 and April 2020 across Coventry and Warwickshire

Area	Diagnosis rate April 2019	Diagnosis rate April 2020	Difference
England	68.4	65.4	-3.0
Coventry and Warwickshire	61.8	57.8	-4.0
NHS Coventry and Rugby CCG	63.7	59.5	-4.2
NHS Warwickshire North CCG	60.4	57.1	-3.3
NHS South Warwickshire CCG	60.2	56.1	-4.1

Source: NHS Digital

FIGURE 30 Dementia diagnosis rate from April 2019 to May 2020 across Coventry and Warwickshire



Source: NHS Digital

In South Warwickshire this figure showed a more significant change, from 58.9% to 56.1% - 2.8 percentage points; whereas in Coventry and Rugby and Warwickshire North, the difference was much smaller than the national figure.

Since April 2019, across Coventry and Warwickshire the diagnosis rate decreased by 4 points, compared to a national average of 3 points; with all three CCG seeing a bigger decline than the national figure, as demonstrated in the tables and figure below.

Mental Health Services

Referrals to Coventry and Warwickshire Partnership NHS Foundation Trust (CWPT) for mental health services dropped between the period February 2020 – May 2020, as illustrated in Table 15. The majority of attended care contacts were down for the majority of mental health services apart from the children and young people (CYP) service and adult eating disorder service.

It is felt that reductions in referrals to the CYP service reflect that the primary need of patients changed. The service often sees patients presenting with educational stressors, which were reduced during the COVID-19 outbreak period due to the school changes that were put in place. These changes have also provided people with more time to manage distress at home. It should be noted that eating disorder referrals have increased due to parents identifying disordered eating earlier.

In the adult eating disorder service the re-referral rate has increased from previously discharged patients and new presenting cases have been of a higher acuity.

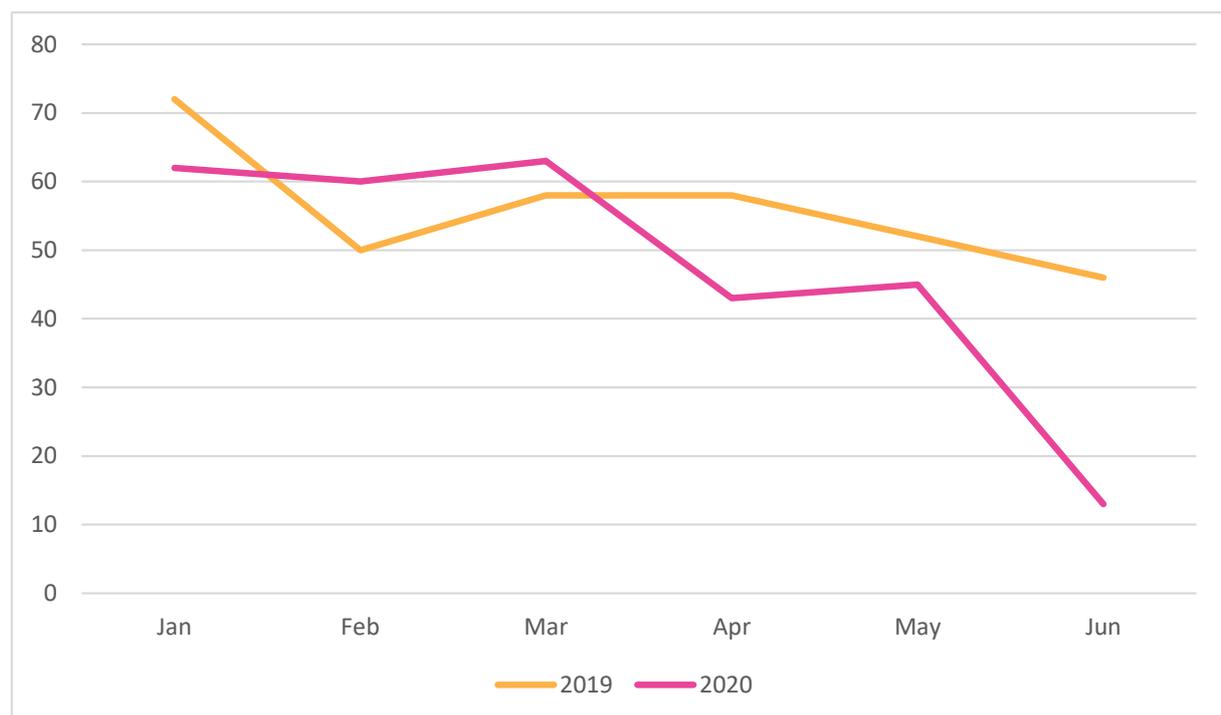
The Community mental health team service found that isolation has been described as a trigger for people accessing support.

TABLE 15 Percentage change in new referrals and attended care contacts in secondary mental health care services in Coventry and Warwickshire

Service Type		Estimated % change from February to April	Estimated % change from February to May
Children and young people	New referrals	-64%	-52%
	Attended care contacts	2%	-16%
Early intervention psychosis	New referrals	-31%	-33%
	Attended care contacts	-17%	-39%
Adult eating disorder	New referrals	-68%	-70%
	Attended care contacts	127%	59%
Community mental health teams (CMHT)	New referral	-60%	-48%
	Attended care contact	-14%	-29%

Source: Coventry and Warwickshire Partnership NHS Foundation Trust

FIGURE 31 New user registrations to the Big White Wall online e-mental health service in Warwickshire (correct as at 19 June 2020)



Source: People Strategy and Commissioning, Warwickshire County Council

COVENTRY

By contrast, Coventry Safe Haven, which provides out of hours crisis support and some medium-term support for adults suffering from mental health problems, has reported a substantial increase in service users since March.

Coventry Safe Haven offers initial support and some medium-term support to adults (18+) suffering from mental health problems in Coventry. They report that they had expected an influx of service users suffering

TABLE 16 Service user contacts made by the Warwickshire Safe Haven service (correct as at 19 June 2020)

Month (2020)	Number of service user contacts
January	-
February	51
March	35
April	19
May	17
June	7

from mental health problems when lockdown began, but in fact demand dropped considerably initially. The Service Manager suggested that this was because service users may have been unaware that the service was still available during the initial lockdown. Since then, demand has been rising substantially. It has continued to rise after lockdown restrictions have started to be lifted. There has been a change in the type of mental health problems reported by service users from what is typical, with a greater proportion now reporting high level anxiety, self-harm and suicidal ideation. There are also substantially more people calling where mental health support is their primary need.

Factors contributing to the increased demand for mental health support

Coventry Safe Haven have found that social isolation in particular has contributed to an increase in depression, self-harm and suicidal thoughts. Service users have often tried to stay in touch with family and/or friends virtually but are struggling with the lack of physical presence and contact, and have found that it has changed the dynamics of their relationships. Some service users are struggling with adjusting to lockdown then quickly having to adjust again now that lockdown is being eased. Coventry Safe Haven has found that many service users are experiencing anxiety around the lack of adherence to social distancing guidance. Some service users who have already recovered from COVID-19 have been suffering from ongoing panic attacks and anxiety as a result. The Service Manager noted that the lack of simple, easy to understand messaging around COVID-19 has also contributed to anxieties. In addition, service users have reported having to wait multiple days for a call back from their GP about their mental health concerns.

WARWICKSHIRE

Warwickshire County Council commissions a range of mental health services which have been available to support people via telephone and online during the coronavirus outbreak. Some services were already accessible in this way (e.g. e-mental health service, telephone helpline) but others have had to alter their methods of delivery from a face-to-face service (e.g. Wellbeing for Warwickshire, Safe Haven).

Some of these services have not been able to provide real-time data which demonstrates whether they have been impacted by COVID-19 but the e-mental health and safe haven services have been able to provide this data.

New user registrations to the Big White Wall online e-mental health service have not differed significantly from the same period in 2019, as illustrated in Figure 31. Table 16 highlights that the Safe Haven service, which provides face-to-face, phone, text and email support, has seen a reduced number of contacts since the COVID-19 outbreak started. It should be noted that this service changed providers on 1 April 2020 and this may have impacted residents' knowledge of the service.

Unpaid Caring

While studies about caregiving and COVID-19 are not yet available, it is highly likely that due to a combination of social distancing and lock down restrictions the disproportionate impact of the virus on older adults, caregivers of adults living both in community and long-term care are very likely to have been impacted.

According to the ONS Opinions and Lifestyle survey, the percentage stating that “I am spending more time caring for others” has fluctuated between 36% and 46% nationally for the period post COVID-19^{xxix}.

A UK-wide online platform, mobiliseonline.co.uk, was launched in March to provide online support for carers through the pandemic. The common challenges listed are financial (due to extra caring responsibilities and costs), the need for an emergency plan should a carer become ill and the need to keep a routine in order to cope well.

CRESS (Carer’s Response Emergency Support Service) has been supporting carers in Coventry and Warwickshire; and have offered additional services during COVID-19 for carers who are vulnerable or caring for someone with a high level of caring needs, for example they cannot leave the person they are caring for alone. They have been offering a short break for the carer, for example to take exercise, go shopping or collect prescriptions; and have also supported carers with going shopping for essential supplies.

COVENTRY

Between March and May 2020 CRESS delivered 50.75 planned hours, and 335.25 emergency hours, in Coventry. They also saw an increase in the number of carers signposted to the service, suggesting more unpaid carers needed supported during COVID-19.

Coventry City Council data suggests that during April and May 2020 fewer clients received respite care and replacement care home support compared to 2019/20; however, the number of carers receiving direct payments remained relatively stable.

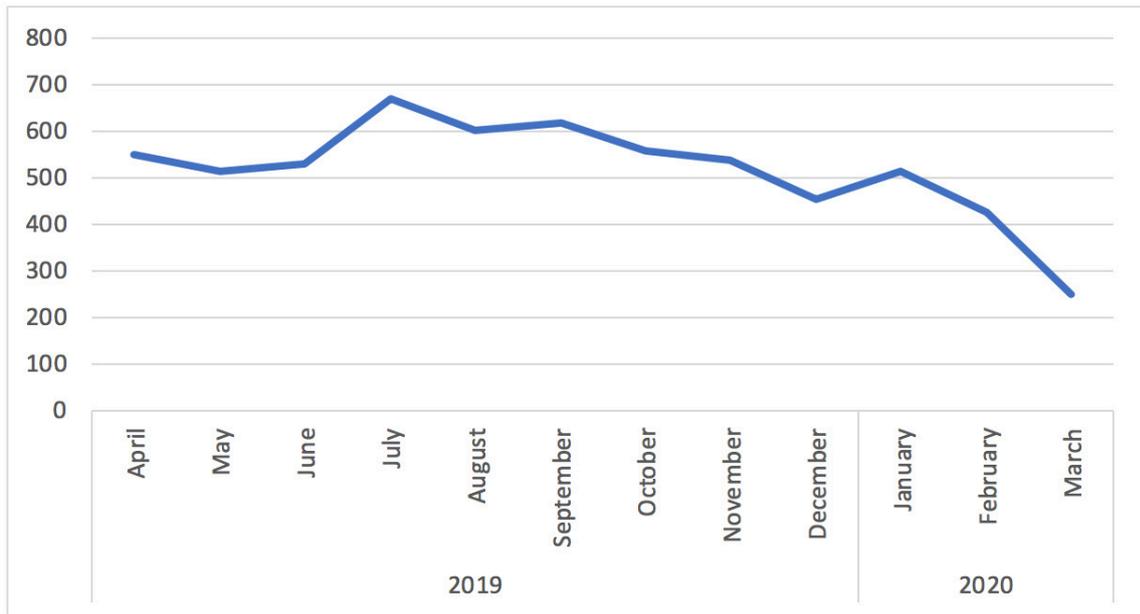
Health Checks

COVENTRY

In Coventry, the NHS health check programme has not been delivered during the COVID-19 outbreak. GPs deliver the majority of health checks and they stopped doing these in March. The Healthy Lifestyles Coventry service also deliver some on an outreach basis but, again, these were suspended in March as they cannot be delivered in a socially distanced way. Healthchecks also rely heavily on blood tests delivered by phlebotomy services / pharmacies which are more limited. This pause in services can be seen across the country.

From January to December 2019, there were 7,499 health checks completed in Coventry, which is an average of 625 per month. This includes those completed by GPs and the HLS service (90% are completed by GPs). We can therefore estimate that this is the number of health checks per month that have been missed during the COVID-19 pandemic. In the three months of April to June, taking the averages for health check findings for the UK from the NHS, there could have been between 47 and 63 people diagnosed with high blood pressure, between 9 and 23 people diagnosed with type 2 diabetes, and between 188 and 313 identified as being at high risk of cardiovascular disease^{xxx}.

FIGURE 32 The number of NHS Healthchecks completed by GPs in Warwickshire from April 2019 to March 2020



Source: Strategic Commissioning, Warwickshire County Council

WARWICKSHIRE

There has been a decline in the number of health checks completed in Warwickshire in the past year, with 551 health checks in April 2019 and 250 in March 2020. There have been none completed since the beginning of lockdown and increased social distancing in March may go some way to explaining the low numbers for that month.

Looking at the average number in the 11 months leading to March gives a monthly average of 544 health checks a month across Warwickshire (completed by GPs). This does not include a smaller number which are completed elsewhere. This is therefore the potential number of missing health checks. In the three months of April to June, taking the averages for the UK from the NHS, there could have been between 41 and 54 people diagnosed with high blood pressure, between 8 and 20 people diagnosed with type 2 diabetes and between 163 and 272 people identified as being at high risk of cardiovascular disease^{xxxi}.

The Places and Communities We Live In, and With

Communities and social contact are important components of maintaining good mental wellbeing, however measures to control the spread of COVID-19 depended on reducing social contact. This was achieved through lockdown measures and 'shielding lists' that identified those who were clinically vulnerable to severe infection and who would need additional support to successfully social distance.

The approach to supporting or working with communities is often 'asset based' and considers how communities can build on the assets and resources already available. Because of this the response to COVID-19 has looked different in each local authority.

Supporting vulnerable residents during and following lockdown

There has been a tremendous response by existing and newly formed third-party organisations and community groups to support vulnerable residents who are shielding or struggling to cope during lockdown.

Ring-fenced funding and additional support have been available especially to both sustain the third-party sector or help them to adapt to supporting changing needs.

To enable a rapid response, schemes have been funded and mobilised quickly (e.g. Heart of England Coronavirus Fund, National Lottery) and processes for delivering schemes and accessing them have been simplified (e.g. some foodbank schemes have not required a formal referral to them during COVID-19).

Funding gaps are being identified and attention is now moving from directly supporting people during lockdown to supporting them through the longer-term impacts that lockdown may have on the wider determinants of health.

Funding is also beginning to be made available to undertake research and evaluation of the impact of lockdown upon communities and to assess the effectiveness of initiatives which aim to support them. Emerging themes include: access to food and medicines, adapting access to routine support, befriending and advice services and tackling issues of anxiety, loneliness, relationship breakdowns, financial difficulties, crime, homelessness and health inequalities.

Shielding Hub Formal Lists and Activity

Many vulnerable residents have been identified by formal lists generated by for example the NHS, Local Authorities and private service providers, or more informally through charitable and community networks.

The number of residents on the MHCLG/NHS shielding list across Coventry and Warwickshire (as outlined in Tables 20 and 21) has varied from around 3% of the population in Rugby to close to 4% of the population in North Warwickshire, compared with close to 4% of the population nationally, and around 3.5 - 3.6% for both West Midlands and Warwickshire populations.

While there is some variation across the patch, reflecting the underlying demographic and general health of the population, the profile of residents on NHS shielding lists within Warwickshire and Coventry follow a similar trend to what has been reported nationally (< 1% of 0-18 years population, 3% of 19-69 years population, 11-13% 70+ years population).

Reported activity from local shielding hubs suggest that some but not all residents on NHS shielding lists required any immediate further additional support from the Local Authority when contacted. Additional residents (i.e. not on NHS shielding list) have been identified and added to local shielding lists.

TABLE 17 Numbers and percentages of people on the NHS shielding list across England, the West Midlands, Coventry and Warwickshire				
	England	West Midlands	Warwickshire	Coventry
All	2,229,797	207,940	20,370	13,445
% population	3.98%	3.52%	3.57%	3.67%
Male	1,051,407	98,300	9,725	6,165
% population	3.98%	3.36%	3.45%	3.31%
Female	1,178,338	109,635	10,650	7,270
% population	4.16%	2.92%	3.69%	4.02%
0- 18	93,969	8,755	675	640
% population	0.75%	0.64%	0.55%	0.77%
19-69	1,173,894	109,410	10,185	7,835
% population	3.26%	2.92%	2.81%	3.18%
70+	961,934	89,770	9,530	4,950
% population	13.08%	11.36%	10.99%	13.56%
<i>Source: NHS Digital, accessed 4 June 2020^{xvii}</i>				

TABLE 18 Numbers and percentages of people on the NHS shielding list across England, the West Midlands, Coventry and Warwickshire					
	North Warwickshire	Nuneaton & Bedworth	Rugby	Stratford-on-Avon	Warwick
All	2570	4760	3,330	4,795	4,915
% population	3.96%	3.69%	3.11%	3.76%	3.45%
Male	1255	2200	1585	2370	2315
% population	3.92%	3.48%	2.97%	3.81%	3.25%
Female	1315	2560	1750	2425	2600
% population	4%	3.90%	3.25%	3.71%	3.65%
0- 18	85	210	115	115	150
% population	0.64%	0.72%	0.45%	0.45%	0.52%
19-69	1200	2625	1835	2135	2390
% population	2.90%	3.20%	2.75%	2.73%	2.54%
70+	1280	1930	1380	2550	2390
% population	12.36%	10.97%	9.15%	10.58%	12.19%
<i>Source: NHS Digital, accessed 4 June 2020^{xvii}</i>					

COVENTRY

Operation Shield

Locally, as of 29 May, there were 14,282 individuals identified through the MHCLG/NHS vulnerable/shielded lists, of which 12,579 have been contacted.

Since end-March, 22,617 calls have been made, of which 12,649 were answered and 9,961 were not answered. The vast majority of people did not require additional support – however, a small proportion did.

The Council has been working with partners to compare the names on the NHS / MHCLG vulnerable / shielded lists with other datasets, including:

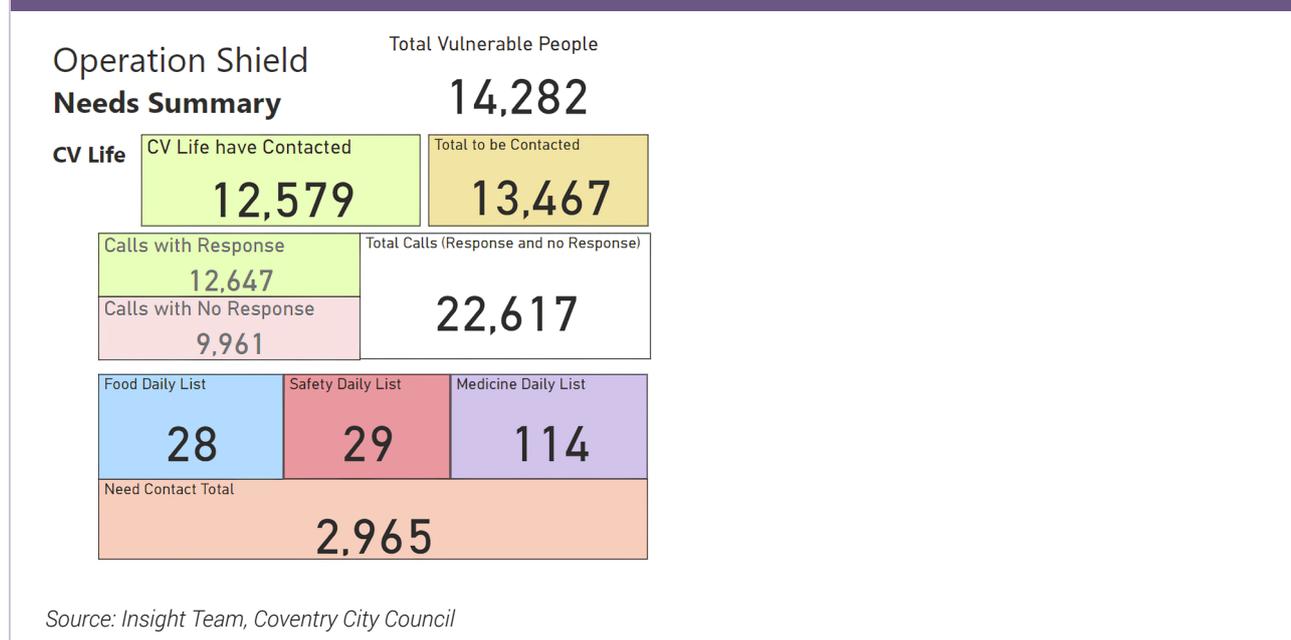
- Coventry City Council (adult social care);
- NHS Coventry and Warwickshire Partnership Trust;
- NHS Coventry & Rugby Clinical Commissioning Group (Primary Care Networks); and
- NHS University Hospitals Coventry and Warwickshire.

Shield+

In addition to Operation Shield, Coventry has embarked work to identify, contact, and support our most vulnerable residents including those not on the shielded lists; combining addresses of other residents who may be vulnerable or may become vulnerable because of the prolonged lockdown due to risk factors including age, mobility, income or living alone. This includes:

- waste services assisted collections – addresses where households are identified as having nobody with the level of mobility to move their wheelie bins to the designated pickup point;
- Council Tax single person discount – identifying older people aged 70+ who are living alone;

FIGURE 33 Summary of data for Coventry Operation Shield (as of 29 May 2020)



- free school meals and early years pupil premium – children living in low-income families who may be struggling especially in light of difficulties with the roll out of the government voucher scheme;
- safe and well checks – list of residents who have had a safe and well visit and their frailty scores, held by the West Midlands Fire Service. Visits are focused on the most vulnerable people in our communities;
- self-presenting individuals – people presenting to the local authority, e.g. via telephone calls to the contact centre or emails to community resilience, asking for help or support; and
- priority services register – list of residents and addresses of various categories of vulnerable residents (disability, mobility, language difficulties, etc.) held by Western Power Distribution and compiled with other utilities including Cadent and Severn Trent.

After accounting for available resources this resulted in a list of just over 2,000 households across the city which have been contacted - 1,485 by phone (of which 10% required support) and 520 via door-knocking (of which 3% required support). Table 19 outlines the contacts made through Shield+:

TABLE 19 Contacts made through Shield+	
Completed telephone contact	Totals
Total households contacted	1485
Total telephone contacts made	1989
Average telephone contact attempts per household	1.34
Total people requiring support	142
% of households requiring support	10%
Pre Door knocking	Totals
No of households awaiting door knocking	125
% requiring door knocking	6%
Telephone contact attempts made before door knocking	188
Average contact attempts per household	1.5
Completed door knocking	Totals
Total households 'knocked'	520
Total 'knocks' made	448
Average contact attempts per household	0.86
Total attempts to contact through neighbours	141
Total people requiring support following door knocking	14
% of households requiring support	3%
Telephone contact attempts made before door knocking	1022
Average contact attempts per household	1.97
Totals	
Customers contacted and completed	2005
Telephone contacts made	3199

Source: NHS Digital, accessed 4 June 2020^{xvii}

FIGURE 34 Coventry City Council vulnerable people data set

Unique NHS Numbers	Operation Shield	CCC Adult Social Care (Snapshot)	CWPT Forum Health Centre	Total CWPT	CWPT Walsgrave	GP Forum Health Centre	Total GP VPL	GP Walsgrave	UHCW	PCN Sowe Valley
14544	14259	880	30	34	4	354	431	77	2953	1108
CCC ASC	880	892	3	4	1	14	19	5	133	97
CWPT Forum HC_VPL	30	3	30	30	(Blank)	28	28	(Blank)	10	(Blank)
CWPT_VPL	34	4	30	34	4	28	31	3	11	(Blank)
CWPT Walsgrave VPL	4	1	(Blank)	4	4	(Blank)	3	3	1	(Blank)
GP Forum HC VPL	354	14	28	28	(Blank)	355	355	(Blank)	80	(Blank)
GP VPL	431	19	28	31	3	355	432	77	91	(Blank)
GP Walsgrave VPL	77	5	(Blank)	3	3	(Blank)	77	77	11	(Blank)
UHCW	2953	133	10	11	1	80	91	77	3212	197
PCN Sowe Valley	1108	97	(Blank)	(Blank)	(Blank)	(Blank)	(Blank)	(Blank)	197	1134

Number of People on Operation Shield without an NHS Number

64

Source: Insight Team, Coventry City Council

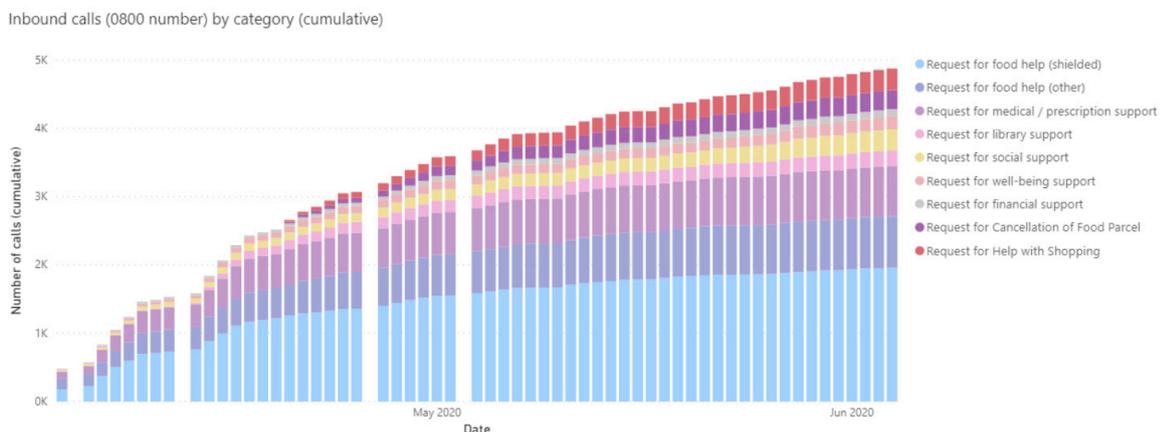
WARWICKSHIRE

As of 4th June 2020, there were a total of 20,960 on the shielded list in Warwickshire. Of these, 2,799 were requiring help to get essential supplies delivered.

As at 4th June, there have been 1959 requests for food help from those who are on the shielded list, 756 from those not on the shielded list, 733 requests for medical / prescription support, 230 requests for library support (Warwickshire Library staff have made contactless deliveries of books), 312 requests for social support, 191 for well-being support, 102 for financial support, 278 for cancellation of food parcel and 318 requests for help with shopping.

The main areas where people are requiring support are in the towns of Nuneaton, Bedworth, Rugby and Leamington.

FIGURE 35 Cumulative calls received by Warwickshire County Council for support broken down by request type



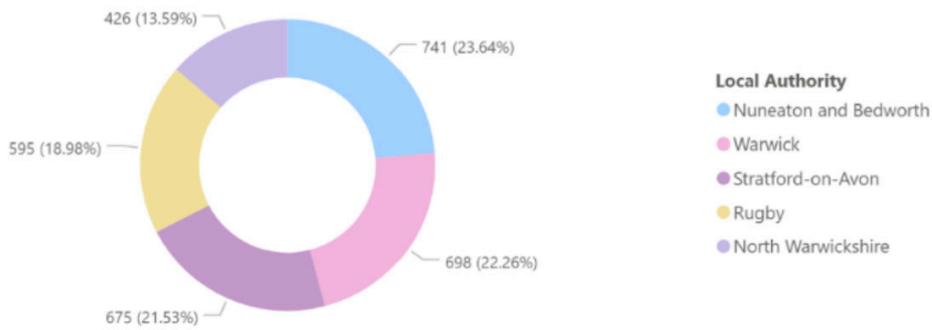
Source: Business Intelligence Team, Warwickshire County Council

FIGURE 36 New individuals indicating they potentially require support (essential supplies)



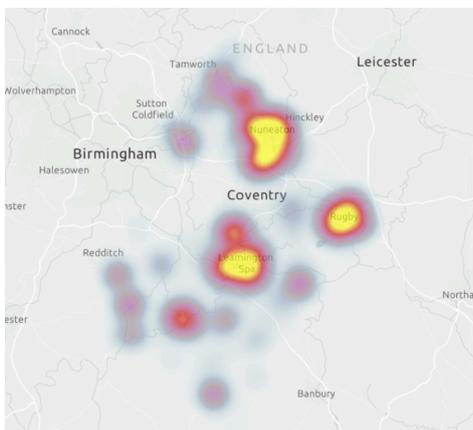
Source: Business Intelligence Team, Warwickshire County Council

FIGURE 37 People potentially requiring support by district / borough in Warwickshire



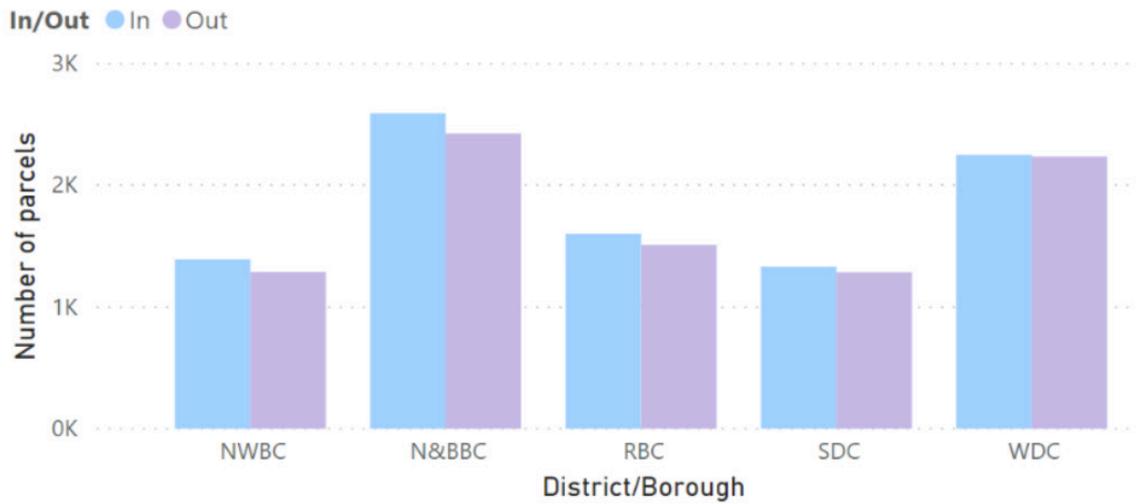
Source: Business Intelligence Team, Warwickshire County Council

FIGURE 38 Heatmap of people potentially requiring support in Warwickshire



Source: Business Intelligence Team, Warwickshire County Council

FIGURE 39 Food parcels received by and distributed by districts / boroughs in Warwickshire



Source: Business Intelligence Team, Warwickshire County Council

Food Bank Activity

Across the UK, food bank activity has significantly increased due to the COVID-19 pandemic. The Independent Food Aid Network (IFAN), which connects more than 300 food aid providers across the UK, reported a 175% increase in the number of emergency food parcels distributed by food banks in April 2020 compared with April 2019.

The outbreak of COVID-19 and subsequent lockdown have also changed how some food banks are operating; with 24% of organisations in a recent report by IFAN either seeing an increase in self-referrals or starting to accept self-referrals as a result of the COVID-19 outbreak. Before the outbreak, only 4% of organisations sampled ran a delivery service, this has increased to 57% in order to allow for social distancing^{xxxii}.

COVENTRY

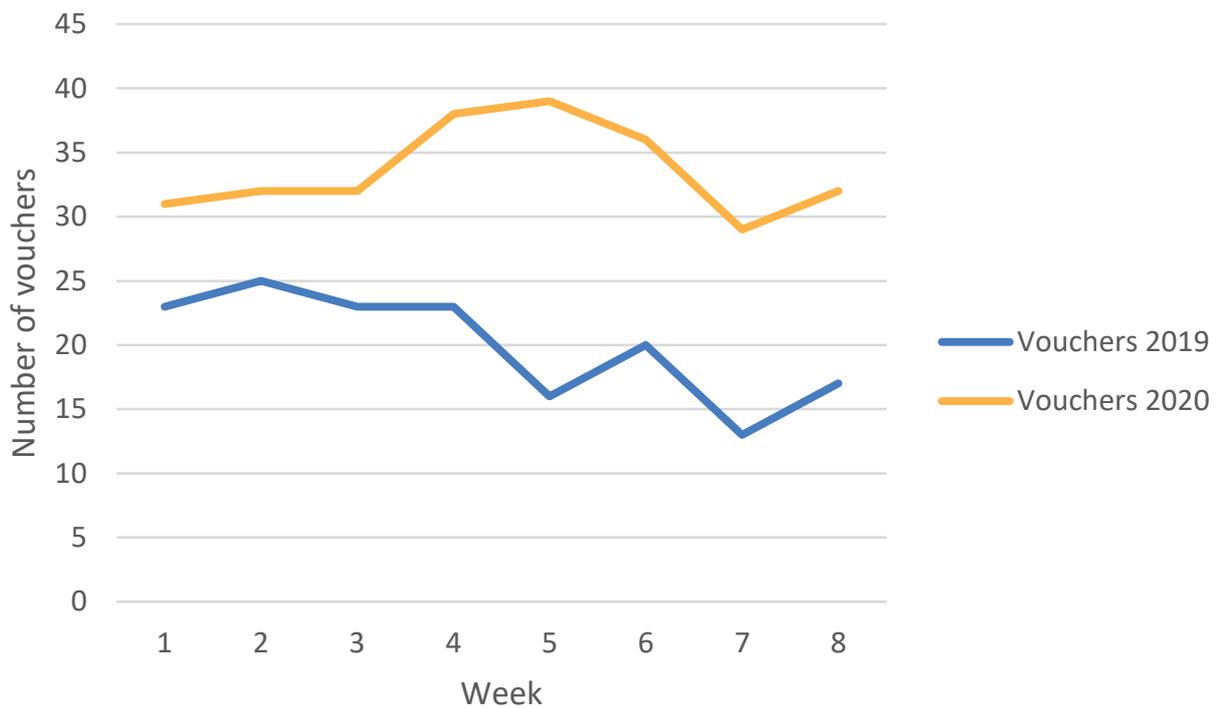
The Trussell Trust in Coventry saw a 95% increase in food parcels given out overall and an 106% increase in food parcels given out to children in April 2020 compared with April 2019.

This is supplemented by other food provision across the city: 10 emergency food hubs have been set up; 5 of which operate as social supermarkets. These have been providing food to many families in the city, for example the social supermarket in Foleshill ward is distributing around 250 parcels a week. Coventry City Council also supported 671 residents with food between 3 April and 4 June 2020 via calls into its contact centre.

WARWICKSHIRE

At the beginning of lockdown, the Trussell Trust in Warwickshire saw a 125% increase in food parcels given out overall and a 217% increase in food parcels given out to children in the last two weeks of March 2020 compared with the last two weeks of March in 2019.

FIGURE 40 Food vouchers received by Ediblelinks in Warwickshire between March and April 2019 and 2020



Source: Nuneaton and Bedworth Healthy Living Network

This increase continued in April 2020, where there was a 63% increase in food parcels given out to foodbanks in North Warwickshire (Includes foodbanks located in North Warwickshire, Nuneaton and Bedworth and Rugby Boroughs) an 87% increase in South Warwickshire (includes foodbanks located in Stratford-on-Avon and Warwick Districts).

Data from Ediblelinks, an independent foodbank in North Warwickshire Borough, shows a 68% increase in the 8 weeks commencing 16th March 2020, compared with the corresponding weeks in 2019, with 269 vouchers received from families or individuals needing to use the foodbank in this period in 2020 compared with 160 in 2019. There has been a 45% increase in the number of people helped (55% increase in adults and 34% in children). Figure 40 shows the number of vouchers received by Ediblelinks from families or individuals in the 8-week period commencing 16th March 2020 compared with the same weeks in 2019.

The increase in need is believed to be bigger but is not shown in these figures due to several “pop up” initiatives which have started since the beginning of lockdown. One of these is located at St John’s church in South Leamington, which was providing an average of 100 meals a week from April to both families and single people. They reported that some people have found it difficult to obtain vouchers for a food parcel as many of the usual suppliers are currently shut.

Citizens Advice Bureau (CAB) Activity

COVENTRY

The impact of COVID-19 on Coventry Citizens Advice has included a drop in the number of enquiries supported, and changes in the types of issues people have contacted CCA about. March 2020 saw a 25% fall in enquiry numbers compared with February, and the number of enquiries dealt with by CCA in April and May 2020 was lower than 2019; this corresponds to a decrease in advice capacity available, which was

around 75% of pre-COVID levels, due to the temporary suspension of two projects and the 'furloughing' of volunteer advisers.

Whilst this decline can be seen in most issue areas; there were some issues for which enquiries rose. In April 2020, CCA saw a 92% increase in enquiries about employment issues compared with April 2019, predominantly of concerns around 'pay and entitlements', terms and conditions' of employment', 'parental and carers rights' and questions around the government's Job Retention and SEIS Schemes. These declined in May 2020. Housing and Homelessness also saw an increase of 48% compared to April 2019, including actual or threatened homelessness and disputes with private sector landlords; and continued to be a common issue for enquiries in May 2020. CCA also saw a rise in new issues arising in April 2020, including credit card and personal loan debts, Council tax benefit eligibility and Job Seekers Allowance. In May 2020 enquiries around Universal Credit and Benefits shifted from a focus on making applications to coping with the wait for the first payment and dealing with award decisions.

In April 2020 CCA saw an increase in the number of younger adults (under 35s) accessing the service; although this declined in May it was still higher than usual. A higher proportion of clients were female (51%, April 2019, 54% April 2020), disabled (54% April 2019, 60% April 2020) and white (68% April 2019, 78% April 2020). Whilst the proportion of clients who were female and white decreased slightly in May 2020, BAME clients were still relatively under-represented in CCA's COVID-19 client base and the proportion of disabled clients increased again to 62%.

CCA note that some groups have fallen through the 'safety net' constructed around COVID-19. These groups include: the self-employed not covered by the SEISS, those with no recourse to public funds not covered by the Job Retention Scheme and the 'new homeless'.

As the lockdown is lifted in incremental steps, and temporary protections are withdrawn, CCA expect to see marked increases in demand for all their services, across all fronts; but particularly on debts, benefits, housing and employment.

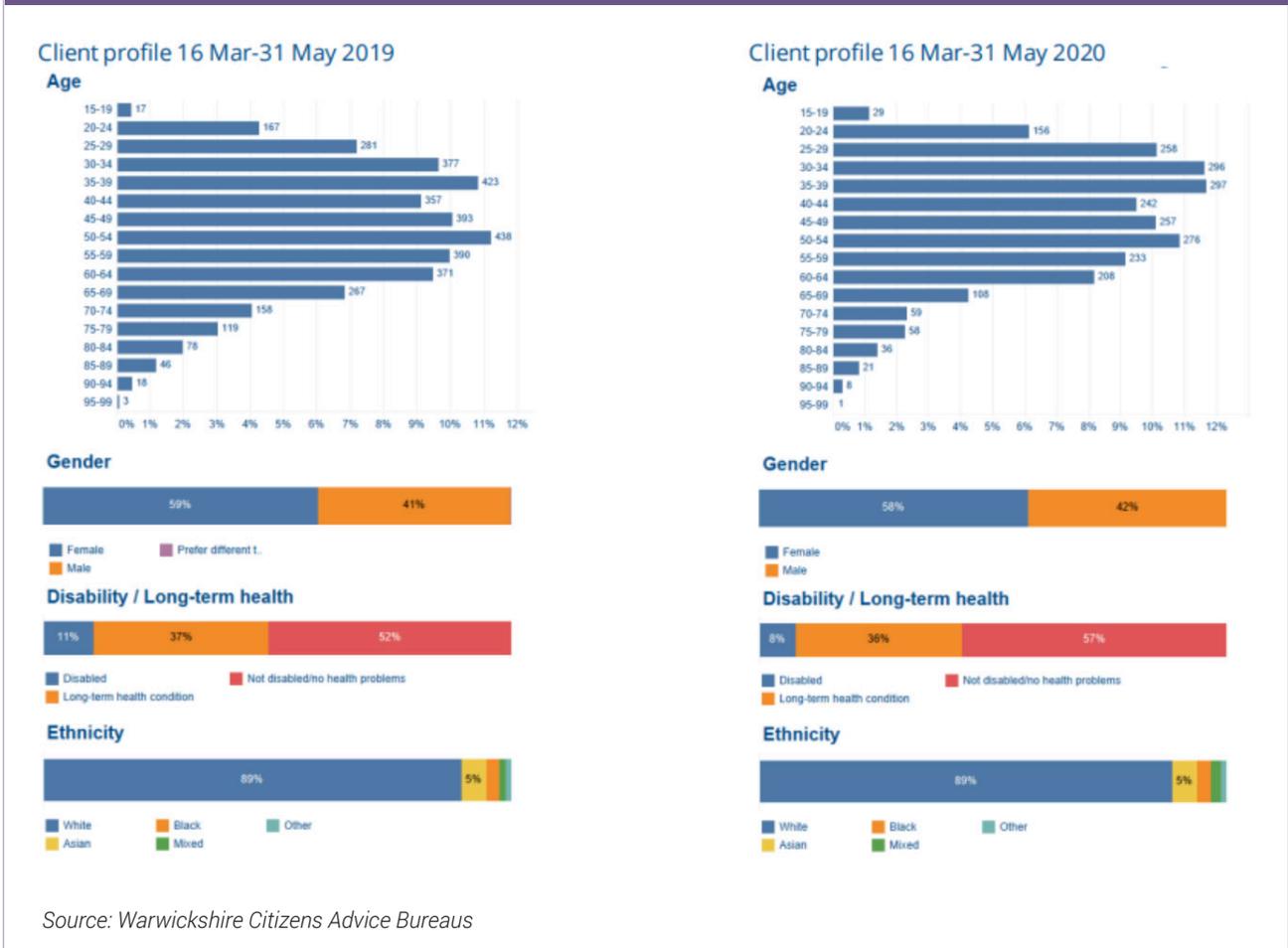
WARWICKSHIRE

Means of communication for Coventry Citizens Advice and the three CABs in Warwickshire (North Warwickshire, South Warwickshire and BRANCAB) had been about two thirds in person up to 20th March 2020, with most of the remainder being phone calls, and with very little online contact. In Warwickshire, there had been a small increase in the number of enquiries from 2018/19 to 2019/20, particularly those relating to Universal Credit.

Data across all Warwickshire Citizens advice from 16th March to 31st May 2020 shows a slight decrease in the number of clients and an increase in the complexity and number of issues per client (in line with national trends). Demand is expected to increase as lockdown lifts. Of those who have been in contact, a greater proportion are aged in their 20s and 30s and a smaller proportion are aged 55+. The increase of clients in their 20s and 30s may be down to a preference of using online contact methods, as well as an increased need in this age group. A greater proportion of contact has related to Universal Credit and Employment issues. There is expected to be an increase in clients with issues such as debt, financial capability, benefits, employment, and requests for welfare assistance. Face to face visits are likely to restart in June for the most vulnerable clients, those with English as a second language, and those where issues cannot be dealt with remotely.

In South Warwickshire, comparing the period 18th March 2020 to 30th April 2020 with the data for the year from 1st April 2019 to 31st March 2020, there were increases in the average number of clients per week, from 115.62 in the annual data, to 533.33 in the six week period in March and April 2020. In terms of the issues raised, there was an increase in employment and universal credit related queries, with debt related queries concerning debt relief orders and unsecured personal loans. There has been a proportional rise in queries from those in the 30-34 and 75-79 age groups. With the client being at home, they are able to

FIGURE 41 Client profiles across all Warwickshire Citizens advice – 2019 compared to 2020



focus on details which are readily at hand, and by homeworking staff are able to concentrate more on the allocated client (than they would in a busy office environment), and therefore the quality of advice given has risen markedly.

At BRANCAB (Bedworth, Rugby and Nuneaton CAB), there has been a particular increase in the number of queries relating to employment. At North Warwickshire Citizens Advice Bureau, there has been a particular increase in the number of queries relating to disability benefit.

Community Safety

CRIME AND DISORDER

With the notable exception of crimes associated with domestic abuse and anti-social behaviour, recorded crime numbers nationally during the initial 6 weeks following lockdown were notably lower than the same time last year (in total around 25% fewer crimes were recorded).

However, with the easing of lockdown, it is thought that recorded crime rates will at least bounce back to pre-lockdown levels and concern that gang related crimes, along with those relating to domestic violence and abuse, will spike, especially over the coming summer months.

Concern has also been raised about the longer-term impact of the lockdown on crime rates if long term economic difficulties and mental health issues are not addressed.

COVENTRY

Coventry saw a significant year on year rise in recorded crimes for anti-social behaviour (ASB) in April 2020 but an overall drop in recorded crime when those relating to ASB are excluded (drop of 30%). The drop in recorded crime can be explained by lockdown measures with more people staying at home and fewer people on the street. Trends in recorded crime relating to domestic abuse cannot be discerned from this dataset.

WARWICKSHIRE

Table 21 shows crime data in Warwickshire using categories available for Coventry, for the period available for Coventry (April 2020), so it can be compared. This dataset masks the increase in domestic abuse related crimes reported directly from the Warwickshire Police Crime Information System. Warwickshire saw a larger increase in ASB compared to Coventry (150% increase and 104% increase respectively). Warwickshire also saw an increase in incidents relating to drugs and possession of weapons for which Coventry saw a decrease.

Recorded crime data sourced from Warwickshire Police Crime Information System suggests Warwickshire is following the national trend. In April 2020, total recorded crimes were 25% fewer than the same month the previous year, but only 13% lower in May 2020. However, overall figures mask the true trends of specific types of crime, such as those relating to hate offences and domestic abuse, which, in line with the national picture, are all notably higher than the same time last year.

	April 2019	April 2020	% change
Anti-social behaviour	440	897	104%
All excluding anti-social behaviour	2441	1698	-30%
Other crime *	38	49	29%
Public order	125	151	21%
Violence and sexual offences	873	768	-12%
Possession of weapons *	27	22	-19%
Drugs *	41	30	-27%
Vehicle crime	284	178	-37%
Other theft	172	102	-41%
Criminal damage and arson	263	152	-42%
Burglary	253	126	-50%
Shoplifting	196	70	-64%
Robbery *	80	25	-69%
Theft from the person*	21	6	-71%
Bicycle theft *	68	19	-72%

Source: <https://data.police.uk/>
 * indicates small numbers

TABLE 21 Comparison of crime incidents in Coventry in April 2019 and April 2020

	April 2019	April 2020	% change
Anti-social behaviour	1019	2543	150%
All excluding anti-social behaviour	3517	2654	-25%
Drugs*	75	117	54%
Other Crime*	57	70	23%
Possession of Weapons*	36	42	17%
Public Order	182	183	1%
Violence and sexual offences	1257	1105	-12%
Criminal damage and arson	346	237	-32%
Vehicle crime	360	246	-46%
Shoplifting	296	186	-37%
Bicycle theft*	45	28	-38%
Other theft	405	216	-47%
Burglary	372	190	-49%

Source: <https://data.police.uk/>
 * indicates small numbers

From 16 March to 18 May 2020, there were 16 Road Traffic Collisions (RTCs) in Warwickshire where there were either fatalities or serious injuries. This compares with an average of 53 for the same period in 2019. The number involving a cyclist was 3 in 2020 and 4 in 2019. However, when looking at collisions where there were slight injuries, there were 12 in 2020 and 19 in 2019. (Source: Traffic & Road Safety Team, Warwickshire County Council) Attendances by the Fire Service at RTCs in the period 1st March to 3rd May 2020 were half the number in the same period in 2019 (28 compared with 56). (Source: Warwickshire Fire and Rescue)

Domestic Abuse

Nationally, information published by Refuge suggests the rise in domestic abuse incidents during lockdown is much higher than suggested by reported crimes recorded or referrals to services.

During the initial stages of the COVID-19 crisis, Refuge reported around a 50% increase in demand to its helpline call service, and a 300% increase in visits to its website. Refuge is now reporting an increase of 66% in calls to its helpline and a 950% rise in visits to its website compared with the period before lockdown, although this is partially offset by reported instances of domestic abuse tending to peak during the summer months.

COVENTRY

The level and pattern of domestic abuse reports have fluctuated significantly during the COVID-19 outbreak and the lockdown period. The number of crimes with a domestic abuse marker reported to police in

TABLE 22 Crime incidents in Warwickshire in April and May 2019 compared to April and May 2020

	April 2019	April 2020	% YOY	May 2019	May 2020	% YOY
Anti-social behaviour	1015	2543	151%	1195	2238	91%
All excluding anti-social behaviour	3485	2611	-25%	3509	3043	-13%
Hate Offences & Crimed Incidents	66	53	-20%	59	73	24%
Domestic Abuse (DA) Offences & Crimed Incidents	844	958	14%	894	1049	17%
Violence Against Person Without Injury – DA related	292	327	12%	311	355	14%
Violence Against Person With Injury – DA related	152	154	1%	135	142	5%
Rape	34	22	-35%	46	37	-20%
Other Sexual Offences	73	56	-23%	79	77	-3%
Violence With Injury	383	279	-27%	379	343	-10%
Violence Without Injury	744	707	-5%	757	867	-15%
Residential-Dwelling Burglary	158	74	-53%	131	78	-41%
Residential Non-Dwelling Burglary	265	134	-50%	203	133	-35%
Personal Robbery	45	19	-58%	27	25	-7%
Shoplifting	296	186	-37%	334	165	-51%
Total Vehicle Crime	359	245	-32%	364	261	-28%
Criminal Damage & Arson	348	236	-32%	366	278	-24%

Source: Warwickshire Police Crime Information System

Coventry up to and including March 2020 are shown below. Data for April is not yet available but police report that following an initial dip, the final two weeks of the month has seen a return to previous levels. Third party reporting (i.e. from neighbours) has increased.

As at 28 April 2020 there are approximately 70 individuals / families in temporary accommodation with domestic abuse as the primary reason for homelessness; this reflects a 10% increase in the first weekend following a national Home Office campaign launched 11 April 2020.

The Council continues to work with the Regional Domestic Abuse Leads Group, which includes updates from the West Midlands Police and Crime Commissioner. Additional local partnership forums have been established to ensure communication between agencies and support mitigation of the risks; these include:

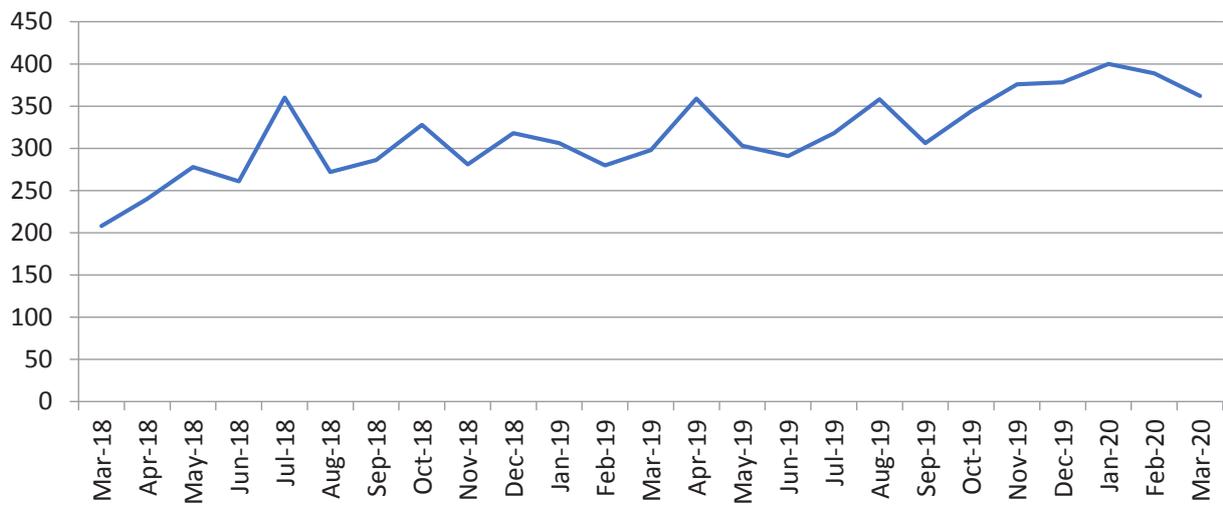
- fortnightly meetings of key stakeholders including WMP, C&R CCG, Children’s Services, specialist providers and Housing, etc.
- weekly accommodation-focused meeting including housing, providers, Children’s services and police.

Discussions are underway to explore whether Coventry Haven can conduct ‘safe and well’ contacts with

households with a history of known domestic abuse supported by the Council's COVID-19 vulnerable residents' support scheme.

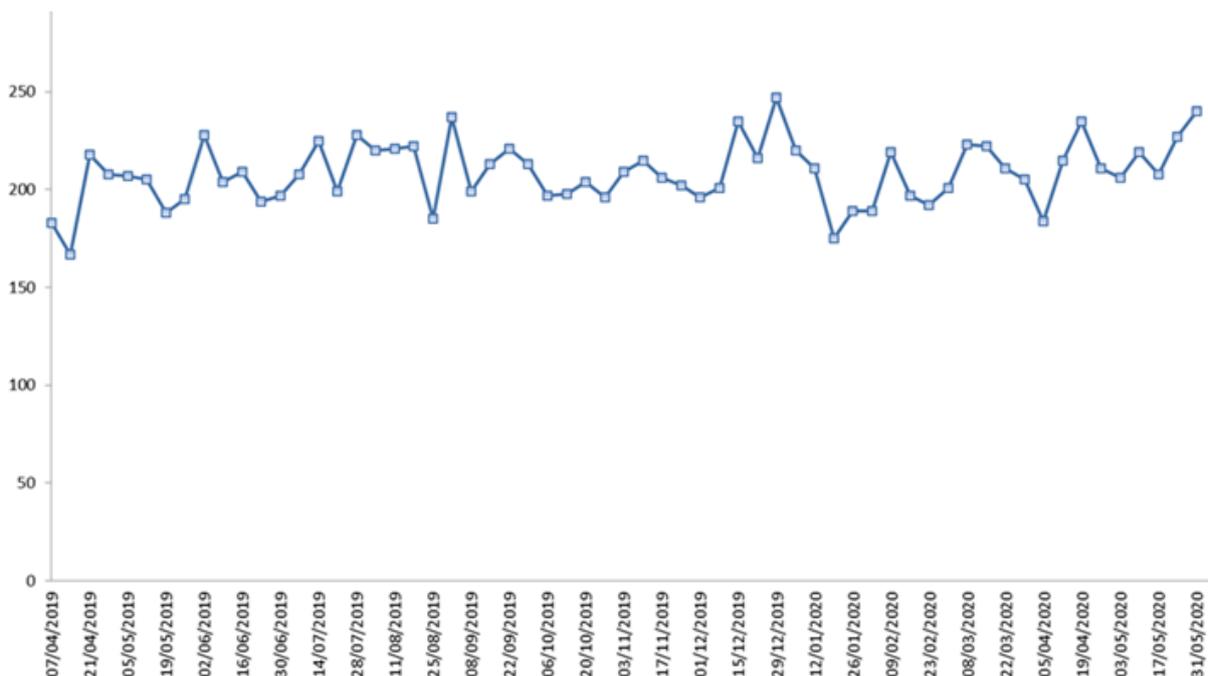
Local domestic abuse support providers report a significant fluctuation in the number of contacts to the Safe to Talk helpline. The average number of weekly calls to the helpline was 35-40 pre-COVID-19 and has fluctuated between 6 contacts (in the week immediately following lockdown) and 77 contacts (week commencing 4 May 2020).

FIGURE 42 Domestic abuse incidents recorded by Coventry Police



Source: Insight Team, Coventry City Council

FIGURE 43 Domestic abuse incidents recorded by Warwickshire Police



Source: Warwickshire Police Crime Information System

WARWICKSHIRE

Reported domestic abuse has increased during the 3 months of March, April and May 2020 (illustrated in Figure 43) to the highest levels seen since July 2018. It can be suggested that the increase in reports represents a willingness and ability of residents to report this type of behaviour despite the lockdown situation. In contrast though, it may also be the case that many more offences and incidents may currently be 'hidden' and only be noted and reported as residents are able to leave their homes and access support services in the coming months. It is likely that these raised levels will continue into July.

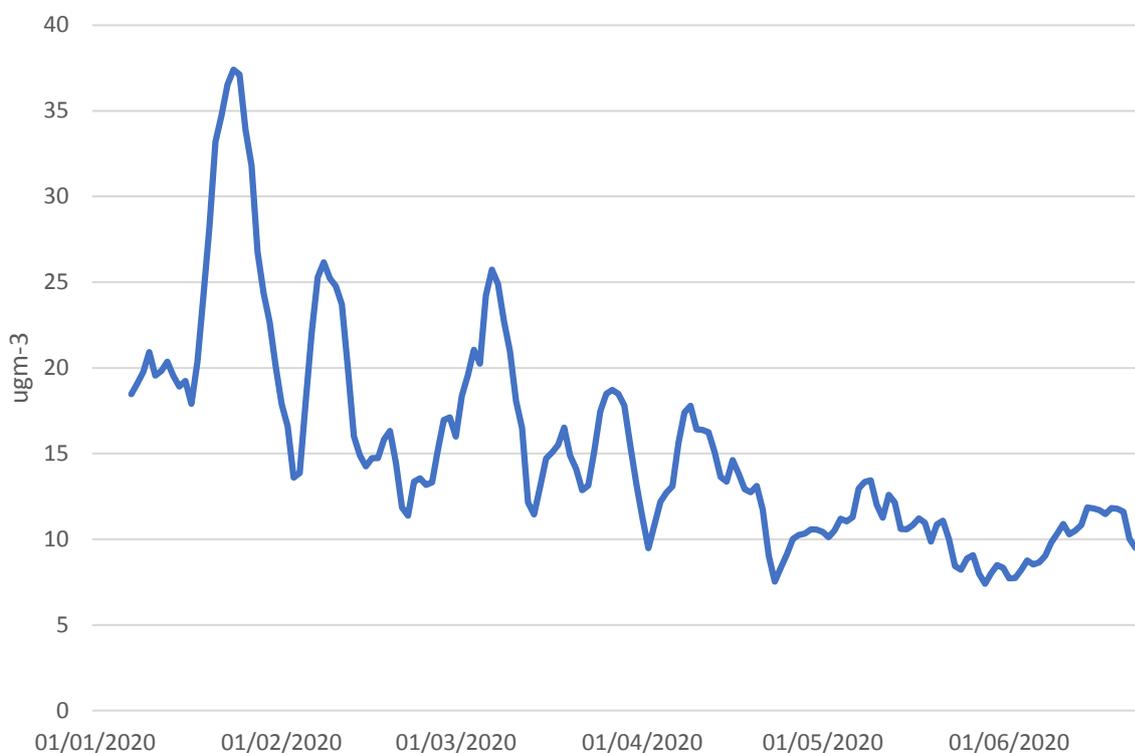
Referrals to Refuge in Warwickshire remained fairly constant throughout the lockdown.

Air Quality

The Air Quality Expert group, acting on a request from Defra, is calling for evidence from the research and air quality management user communities to address a set of urgent short-term questions related to recent and ongoing changes in UK air quality. This request for evidence is to provide focused and rapid scientific evidence that can support decision-making on air quality management in the coming weeks and months.

There are four Defra monitoring sites in Coventry and Warwickshire, two in each area as demonstrated in Figure 44. The four sites all monitor particulate matter PM10 (i.e. 10 micrometers or less in diameter) and nitrogen dioxide (NO₂) levels (microgram per cubic meter $\mu\text{g m}^{-3}$).

FIGURE 46 NO₂ recordings taken at the Allesley Defra monitoring site between January and June



Source: Defra

FIGURE 47 NO₂ recordings taken at the Leamington Spa, Rugby Road Defra monitoring site between January and June



Source: Defra

COVENTRY

NO₂ levels at both Coventry Defra monitoring sites reduced significantly since lockdown measures were introduced in March, as demonstrated in Figures 45 and 46. The lowest recordings were towards the end of April and start of May. NO₂ levels have remained relatively low in June.

WARWICKSHIRE

NO₂ levels at both Leamington Defra monitoring sites reduced since lockdown measures were introduced in March, as demonstrated in Figures 47 and 48. Whilst there was some variation in March and April, May and June recordings have been particularly low at the Leamington Spa, Rugby Road site. The Leamington Spa site recorded a continued decline in NO₂ levels from early March with a small increase in June.

Rough Sleeping and Homelessness

In response to the Coronavirus pandemic, the Ministry for Housing, Community and Local Government (MHCLG) launched a scheme called “Everyone In” to provide emergency shelter for rough sleepers who had not been assessed formerly to be owed a statutory duty to accommodate.

Ring-fenced funding of £3.2m was allocated to local authorities to deliver the scheme (now ended), with the expectation by government (Ministry of Housing, Communities and Local Government MHCLG) that local authorities and the third party sector should try to continue to support recipients of the scheme, many having very complex health and care needs and not previously well engaged with statutory homeless services.

FIGURE 48 NO₂ recordings taken at the Leamington Spa Defra monitoring site between January and June



Source: Defra

TABLE 23 Numbers of people sleeping rough or at risk of sleeping rough who were provided with emergency accommodation during the COVID-19 outbreak

	Reported total number (1)	Households (1000's)	Per 1000 households	Snapshot as at 31st May 2020 (2)
England	14,610	/2,2595	0.64	
London	4,450	/3,545	1.25	
Rest Of England	10,160	/19,050	0.53	
Warwickshire	139	/242	0.31	139*
North Warwickshire	2	/27	0	2*
Nuneaton & Bedworth	42	/55	0.31	42*
Rugby	18	/45	0.42	18*
Stratford-on-Avon	50	/55	0.24	50*
Warwick	27	/60	0.43	27*
Coventry	142	/147	0.96	99

Source: MHCLG ^{xxxiii}

*Due to the data collection process moving to a monthly cycle these figures should be seen as an approximation and may change. Last updated 8/6/2020 - for May 2020 (London 15/05, ROE 7/05)

	Households in temporary arranged by LA	With children	Per 1000 households	In temporary in another local authority	Duty owed but made own arrangements
England	88,330	62,580	3.78	24,430	6,350
London	58,680	43,920	16.55	21,440	1,860
Rest of England	29,650	18,660	1.49	2,990	4,490
West Midlands	4,900	3,720	2.03	3,510	2,720
Warwickshire	261	94	1.08	6	2
North Warwickshire	1	1	0.04	0	0
Nuneaton & Bedworth	69	29	1.25	6	0
Rugby	103	44	2.29	0	0
Stratford-on-Avon	71	18	1.30	0	0
Warwick	17	2	0.28	0	2
Coventry	672	367	4.57	0	8

Source: MHCLG

On 14 May 2020 MHCLG announced £6m of emergency funding would be available to provide relief for frontline homelessness charitable organisations who are directly affected by the COVID-19 outbreak, whether that be to help alleviate the financial impact of COVID-19 on the organisation or to provide new or adapted services to homeless people affected by COVID-19.

A MHCLG survey estimates that over 14,500 rough sleepers have been supported with emergency accommodation nationally during the pandemic. Table 23 shows the total number of people sleeping rough or at risk of sleeping rough who have been provided with emergency accommodation in response to the COVID-19 pandemic (1), and Snapshot of number being supported as at 31st May 2020 (2)

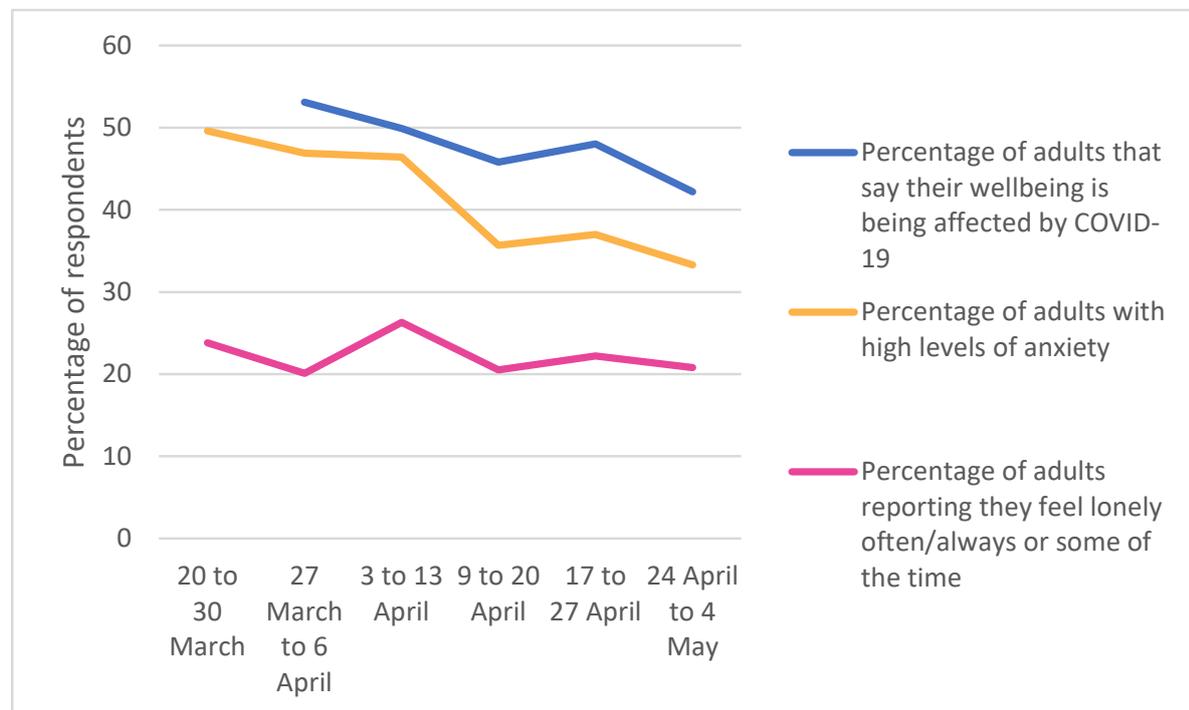
Whilst the long-term impact of the pandemic on levels of homelessness and the concomitant deterioration in health and well-being are acknowledged, they are poorly understood in terms of level of need and there is a very significant time lag of up to 9-12 months if relying on MHCLG quarterly data to measure this.

Further, the full impact of the pandemic on levels of homelessness (or risk of homelessness) will not be fully realised especially until the government suspension on Section 21 notices and evictions is lifted (currently until September 2020).

Whilst MHCLG quarterly published data is a good source for both establishing a baseline and for measuring the impact of the pandemic on levels of homelessness, it is recommended that in-house data be used to provide more timely information. For example, Coventry City Council are monitoring change in reasons why households are approaching housing and homeless services (e.g. threatened with eviction, fleeing domestic violence, relationship breakdown) and numbers being supported in temporary accommodation.

The most recent data available for numbers being supported in accommodation under a statutory duty from MHCLG is for 31 December 2019 (see Table 24).

FIGURE 49 ONS survey respondents' self-reported feelings of wellbeing, anxiety and loneliness between 20 March and 4 May 2020



Source: ONS

Mental Health – Anxiety and Loneliness

There are significant numbers of studies that suggest mental health will be a key issue that will have to be addressed after an epidemic. Survivors of previous coronavirus outbreaks (SARS & MERS) had considerable prevalence of psychological disorders such as post-traumatic stress disorder (PTSD) (38.80%, CI 30.93 to 47.31), depression (33.20%, CI 19.80 to 50.02) and anxiety (30.04%, CI 10.44 to 61.26) beyond 6 months^{xxxiv}. However even those not directly affected by the virus are likely to experience mental health challenges. Studies also reported on general psychological symptoms emotional disturbance, depression, stress, low mood, irritability, insomnia, post-traumatic stress symptoms and anger amongst members of the public post quarantine.^{xxxv}

What is the current data saying:

The Office for National Statistics (ONS) Opinions and Lifestyle Survey has an added COVID-19 module. This is not broken down into regions. However across Great Britain the percentage of adults with high levels of anxiety has reduced from 49.6% in the period 20th to 30th March to 33.3% in the period 24th April to 4th May, as highlighted in Figure 49. The percentage of adults who say that their wellbeing is being affected by COVID-19 has also fallen from 53.1% in the period 27th March to 6th April to 42.2% in the period 24th April to 4th May.

Overall of those married or in a civil partnership, 39% reported feeling anxious, compared to 19% in the last quarter of 2019. In addition to this, those aged 75 and over were almost twice as likely as those aged 16 to 24 to report feeling anxious during lockdown. Before the pandemic, this age group was less likely to feel anxious.

The ONS also reported that older people (aged over 60) were worried about their access to groceries, medication and other essentials. Younger people (aged 16 to 29) were worried about the impact on their schooling and university courses, their work and their relationships. Coping strategies for older people included reading and gardening, and for younger people watching films, streaming services and socialising over the internet.

A further study found increased loneliness and anxiety during lockdown had particularly impacted people with disabilities. Almost three quarters (74%) of disabled people taking part in this study told us that they were feeling very or somewhat worried about the effect coronavirus was having on their lives and almost half (49%) said they had been lonely in the previous seven days.

The Understanding Society Study by Ipsos MORI and Kantar in April 2020 found that younger age groups reported the highest levels of loneliness (from the question “In the last four weeks, how often do you feel lonely?”), with 17% of 16 to 34 year olds saying they “often” feel lonely, compared to 4% of those aged 70 and over.

Health Watch Surveys

HEALTHWATCH WARWICKSHIRE AND HEALTHWATCH COVENTRY

During June there were 879 responses to a survey about people’s experiences of health and social care during the pandemic. 388 (44%) people reported that they had used a healthcare service and experienced changes to services (changes included adjustments, postponements and cancellations).

72% of respondents reported that the COVID-19 pandemic had a negative effect on their wellbeing (either some impact or a great impact).

The majority of the responses related to health rather than social care services. This survey is ongoing and more detailed results will be available at a later date^{xxxvi}.

Recommendations

This report has been a comprehensive assessment of the immediate impacts of responding to the COVID-19 pandemic. There are two high level conclusions which will be critical as we look at recovery planning.

1) An integrated recovery: This analysis shows that health has been deeply impacted on by changes across all four quadrants of the model. The implication is that recovery cannot just be contained to one sector and has to be connected across all four to have the biggest chance of success. An integrated recovery is one where we look across traditional boundaries to understand where services have the potential to impact across all four quadrants of the Kings Fund model.

2) The double impact: This report references that the harm from COVID-19 has been unequally distributed across the population and is likely to continue to be so whilst still circulating. This analysis shows that the wider impacts from the pandemic and lockdown will fall more heavily on those communities directly affected by the disease itself. This analysis shows the potential harm for more deprived areas of Coventry and Warwickshire and as more evidence develops it will be important to understand the impact on BAME groups, and the most vulnerable individuals.

In addition there are a series of recommendations based on the analysis in each of the four quadrants of the Kings Fund model

- Approaches to economic recovery can consider how 'Inclusive Growth' concepts that track the pattern as well as pace of growth can mitigate against a double impact in more deprived communities.
- The evidence presented here on areas and sectors most at risk can be used to better target and design interventions to support economic recovery
- The health sector can play a role in identifying individuals who have become unemployed and explore preventative actions to mitigate any impact on health behaviours and wellbeing.
- Local evidence needs to be collected on health behaviours through both planned and bespoke questionnaires and other engagement to understand the impact on health behaviours.
- There is an opportunity to encourage those who have adopted more healthy behaviours to maintain them. This needs to specifically consider the need to reduce health inequalities and how to address the barriers that prevented people in more deprived areas or lower paid professions from becoming more physically active.
- Health and social care organisations need to consider how to support front line staff to prevent increases in alcohol use seen following other pandemics.
- More detailed analysis with clinical input needs to be carried out to understand the patient groups and conditions that have contributed to the decrease in hospital use, and their relative acuity. This will help to identify actions that mitigate the impact.
- The figures presented in this report on patients awaiting treatment, or who have missed screening and immunisation appointments should be used in recovery planning. An integrated approach to recovery is needed across NHS organisations to prevent attempts to reduce the backlog from overwhelming parts of the system.
- COVID-19 has had a broad impact on mental wellbeing and social isolation that needs to be addressed by all sectors as part of the recovery.
- Although there are plans to reduce the services available from shielding hubs, there are still health needs and anxieties in that group. The recovery phase must think about the ongoing support available to these groups.

- Improvements in air quality have shown the potential to protect the public from this harm and opportunities to maintain some of the behaviours that have led to the reduction need to be considered, alongside additional work to support a shift onto more active forms of travel.
- As well as the work to support rough sleepers housed during COVID-19 into more permanent accommodation, the role of services in supporting those individuals needs to be reviewed to ensure that appropriate services are in place.

This report describes the immediate impact of COVID-19 and a further review of evidence will need to be considered in order to understand the longer-term implications, especially on the groups at risk of a 'double impact'. In preparing for this Warwickshire County Council will carry out horizon scanning activities to identify new research and evidence which informs the later analysis.

Appendices

Appendix 1 – Claimant Count data including CCG data

Area	Percentage increase April 2019 to April 2020	Percentage increase May 2019 to May 2020
North Warwickshire	171.0%	222.6%
Nuneaton and Bedworth	88.0%	118.5%
Rugby	85.7%	119.4%
Stratford-on-Avon	138.5%	198.6%
Warwick	138.2%	138.5%
Warwickshire	111.4%	125.1%
Coventry	95.4%	142.8%
Warwickshire North CCG	105.5%	140.6%
Coventry and Rugby CCG	93.6%	138.5%
South Warwickshire CCG	138.3%	230.0%
Coventry and Warwickshire	103.7%	153.4%
England	93.2%	114.1%

Source: NOMIS <https://www.nomisweb.co.uk/>

Appendix 2 – Locations and details of Defra monitoring sites in Coventry and Warwickshire

Monitoring site	Location (Latitude/Longitude)	Type	Networks
Coventry Binley Road UK-AIR ID: UKA00634	52.407708,-1.490082	Traffic Urban	Automatic Urban and Rural Network UK Urban NO2 Network
Coventry Allesley UK-AIR ID: UKA00592	52.411563,-1.560228	Background Urban	Automatic Urban and Rural Network
Leamington Spa Rugby Road UK-AIR ID: UKA00564	52.294884,-1.542911	Traffic Urban	Automatic Urban and Rural Network UK Urban NO2 Network
Leamington Spa UK-AIR ID: UKA00265	52.288810,-1.533119	Traffic Urban	Automatic Urban and Rural Network Non-Automatic Hydrocarbon Network

Source: Defra, <https://uk-air.defra.gov.uk/networks/find-sites>

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