



# COVID-19: Impact in Warwickshire

An exceptional year

Director of Public Health Annual Report 2020/21



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### Data sources

**This report utilises the most recently available published information from a variety of data sources as of February 2021.**

If you would like this information in a different format, please contact Marketing and Communications on 01926 413727.

References are available online:  
[warwickshire.gov.uk/publichealthannualreport](http://warwickshire.gov.uk/publichealthannualreport)

# Foreword



**Councillor Les Caborn Portfolio Holder,  
Adult Social Care and Health,  
Warwickshire County Council**

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I am very pleased to welcome our Director of Public Health's (DPH) Annual Report for 2020. This year the report focuses on the stories of Warwickshire residents and their experiences of living through the pandemic to understand how it has impacted on their health, as well as the challenges they have faced and where they have found support.

The current pandemic has impacted on everybody's health and wellbeing. It has shone a light on the health inequalities which already existed in Warwickshire - for example, life expectancy is 8.2 years lower for men and 5.7 years lower for women in the most deprived areas of Warwickshire than in the least deprived areas.<sup>1</sup>

This year's report is vital to raise awareness of the impact of COVID-19 on our residents, highlighting what we must put in place to support everyone to recover from the pandemic, improve health and wellbeing and reduce health inequalities.

I want to take this opportunity to welcome our new Director of Public Health Warwickshire, Dr Shade Agboola. I want to express my thanks to Shade and her public health team who have been vital in leading and delivering the council's response to managing to COVID-19 in Warwickshire. The team have worked at pace with colleagues across the public, private and voluntary and community sectors as well as local and national government to reduce the transmission of COVID-19. This commitment to partnership working has meant the response has truly been a collaborative effort.

Public Health needs to continue to be at the forefront of everything we do. We must continue to build on the strong partnerships across the private, public and voluntary and community sectors which have been built by working together on the pandemic. Those partnerships can achieve more for residents in Warwickshire by implementing the recommendations within this report, which will help us to recover and rebuild our communities to improve health and wellbeing and reduce inequalities.

Our new Warwickshire Health and Wellbeing Strategy 2021-26 also sets out our plans to improve the health and wellbeing of residents and our three key priorities are:<sup>2</sup>

- help our children and young people have the best start in life,
- help people improve their mental health and wellbeing, particularly around prevention and early intervention in our communities,
- and reduce inequalities in health outcomes and the wider determinants of health.

I strongly believe by continuing to work together with our partners, engaging with our local communities, and above all understanding the wider lessons from the stories our residents tell us, we can improve the health and wellbeing of Warwickshire.

# Introduction



**Dr Shade Agboola,**  
Director of Public Health,  
Warwickshire County Council

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As Warwickshire's new Director of Public Health, I am delighted you are reading my first annual report. The core purpose of a Director of Public Health is independent advocacy for the health of the population and leadership for its improvement and protection. As part of my role I have a statutory duty to produce an annual report on the health and wellbeing of the population.

I have chosen to theme this report on COVID-19 and the impact on health inequalities in Warwickshire. If we are to improve the health and wellbeing of our residents, we need to tackle the inequalities which already existed pre-COVID-19 and have been worsened by it.

COVID-19 and the necessary lockdown restrictions to control its spread have had an impact on our health, the economy and how we function as a society, with everyone being affected in some way. COVID-19 has replicated existing health inequalities with the burden falling on the most vulnerable, the most deprived and the more marginalised, and, in some cases, has increased them. Understanding both the positive and negative impact of COVID-19 will help us to recover from the pandemic and protect and improve the health and wellbeing of Warwickshire residents.<sup>3</sup>

My team and I have been working closely with our regional Public Health England team, county council colleagues, district and borough councils, Police, NHS and voluntary and community sector partners to reduce the transmission of COVID-19 across Warwickshire. We have also built strong relationships with our neighbouring authorities, and along with Coventry

and Solihull we were selected as one of the 11 beacon authorities to set up local outbreak control plans to reduce the transmission of COVID-19. I am so proud of the plans we have put in place to manage outbreaks locally, and at the time of writing this report, we have the 2nd lowest rate of COVID-19 cases in the West Midlands region.<sup>4</sup>

This year's report includes: an overview of the health and wellbeing of Warwickshire's population in chapter 1. Chapter 2 outlines Warwickshire's response to COVID-19 and chapters 3 and 4 explore of the impact of COVID-19 on health inequalities. A series of recommendations are also included in the report which aim to improve health and wellbeing of residents and reduce health inequalities.

The pandemic has been an uncertain and difficult time for people in Warwickshire and I hope that the case studies in Chapter 3 and 4 present some of those experiences and help us to identify lessons learnt.

It is important that in uncertain times we continue to listen to each other's experiences and engage with the public to build trust as we begin to understand what the pandemic means in the longer term for public services and the economy. As COVID-19 becomes something that we have to live with it is imperative that we remain grounded and committed to improving health and wellbeing of Warwickshire's residents.

# Recommendations 2021

Reflecting on the key challenges highlighted in this report, I have made the following recommendations to improve health and wellbeing and reduce health inequalities in Warwickshire.

## Recommendation 1 - 'Health in all' policies

A 'Health in all' policies approach considers the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity. We can use this approach to ensure that the wide breadth of health impacts of the pandemic are part of routine decision making.

I recommend all Health and Wellbeing Board (HWB) members adopt a 'health in all' policies approach, embedding it in all aspects of the member organisations core functions to reduce health inequalities.<sup>5</sup>

## Recommendation 2 - Health inequalities

All HWB partners commit to and deliver on an action plan to reduce the health inequalities which already existed and have been highlighted as a result of the pandemic. For example, our older population, people with learning disabilities, more deprived communities and Black, Asian, and Ethnic Minorities (BAME) communities have all been disproportionately affected by COVID-19. Improving the physical and mental wellbeing of these communities will reduce the health inequalities which these groups already experience. Action on health inequalities requires improving the lives of those with the worst health outcomes.

- I recommend that all partners adopt the Public Health England (PHE) Health Equity Assessment Tool (HEAT) which aims to empower professionals across the health and care system to do this - [gov.uk/government/publications/health-equity-assessment-tool-heat](https://gov.uk/government/publications/health-equity-assessment-tool-heat)<sup>6</sup>

## Recommendation 3 - Community engagement

All HWB members invest and prioritise engaging with all our communities. The pandemic has impacted on everyone's lives but high level data can only inform some of the impact, which is why I have used case studies to share residents' stories.

I recommend:

- All members continue to understand the needs of all communities and co-design services and initiatives to enable residents to recover and improve their health and wellbeing. Prioritising our more vulnerable residents who have been disproportionately affected by COVID-19 and using tailored communication methods.
- All members continue to build on the strong partnership work through our COVID-19 community engagement activity to continue to work with our key partners across the voluntary and community sector to understand the needs of our residents.

## Recommendation 4 - Prevention

All partners across the health and care system need to ensure that prevention of ill health is a key priority. The pandemic has highlighted the importance of being in good physical health to reduce the risk of morbidity and mortality from COVID-19. All residents should have equal opportunities to experience good health and wellbeing and build resilience.

I recommend:

- All partners ensure that data and intelligence about the impact of COVID-19 continues to inform services and initiatives to ensure they are meeting the needs of local communities using a place-based approach.
- Investing in services and initiatives which improve physical and mental health and wellbeing of residents are key to supporting the recovery from the pandemic and the future health of the population.

## Recommendation 5 - Communication

All partners across the health and care system, need to recognise population health is everyone's business. The case studies show the value of connecting people with the right services to support them. Partners can raise awareness and support residents to access the local services and initiatives which are available to improve their physical and mental health and wellbeing.

- I recommend all partners ensure all staff have the knowledge and necessary training to be able to promote services and initiatives to all e.g. Making Every Contact Count, Wellbeing for Life.

# Chapter 1: The picture of health and wellbeing in Warwickshire

This chapter provides an update on the health and wellbeing of our local population at district/borough, county and place.

The focus of this report is on the early impacts of the COVID-19 pandemic on the Warwickshire population. Nationally, studies have estimated that as a result of the COVID-19 pandemic, life expectancy at birth in 2020 had fallen by 0.9 and 1.2 years for females and males respectively relative to 2019 levels in England and Wales.<sup>7</sup>

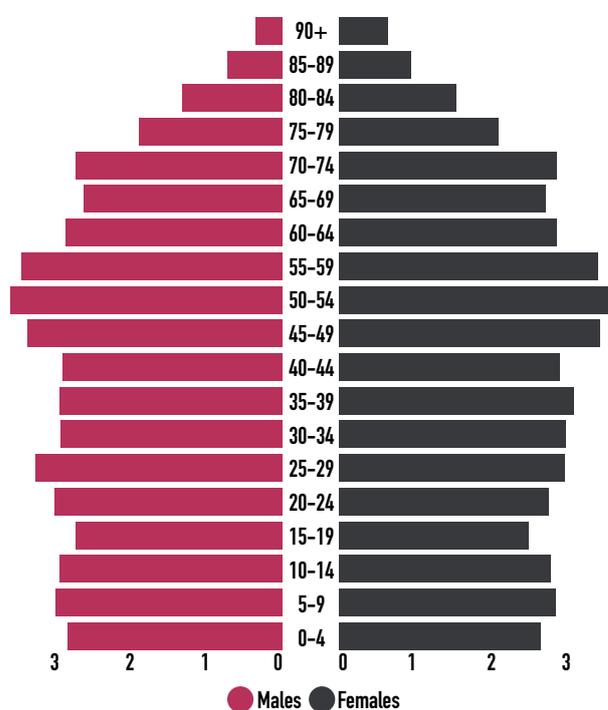
This report considers case studies, acknowledging that the impact of COVID-19 will be delayed in feeding through to some of the quantitative measures, given that some of the indicators we would want to consider are updated on an annual basis and often with considerable time delays.

The focus of this section therefore is still to provide an up-to-date picture of the health and wellbeing of Warwickshire, recognising that largely the impact of COVID-19 will not be reflected in local these indicators at this stage.

Warwickshire has an estimated population of 577,900. Over the period 2018 to 2043, the population in Warwickshire is expected to increase by 113,300 people (19.8%); Stratford-on-Avon is expected to have the greatest population growth (29.1%) and Nuneaton and Bedworth Borough the lowest growth (15.1%). Warwickshire also has a growing older population: in the same period, the population aged 85 years and over is expected to double to 31,441 by 2043 (figure 1).<sup>8</sup>

Life expectancy at birth is better in Warwickshire than the England average for both males at 80.1 years and females at 83.9 years (England 79.8 and 83.4 respectively). In 2017-19, compared to the previously reported period of 2015-17, life expectancy

Figure 1: Warwickshire Population Pyramid



Source: ONS mid-2019 population estimates<sup>8</sup>

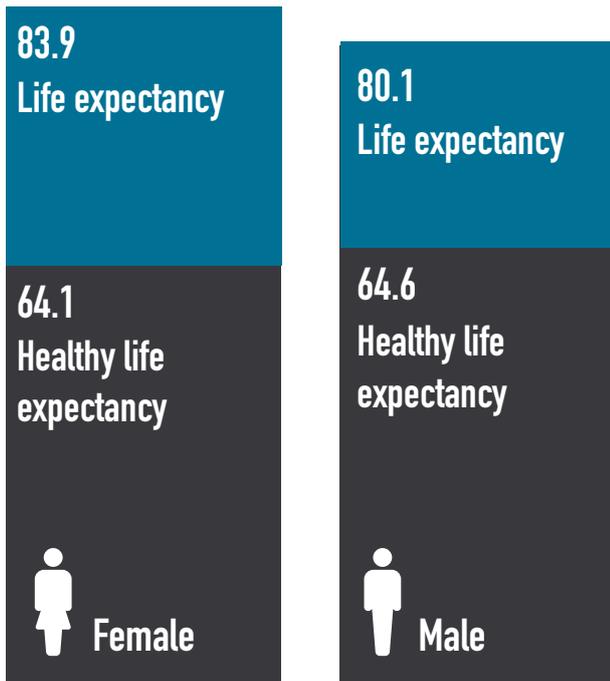
has increased slightly in males from 79.8 years. For females, Warwickshire’s life expectancy remains significantly better than the England average and has increased slightly from the previous period (83.7 years). These figures have remained relatively stable over the last five years. This is reflected nationally as improvements in life expectancy have slowed during the second decade of the 21st century.<sup>9</sup>

Healthy life expectancy at birth is the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health. In 2017-19,

This report utilises the most recently available published information from a variety of data sources as of February 2021.

Warwickshire's healthy life expectancy for males at birth decreased to 64.6 years from 64.8 years in the previous reporting period (2016-18). Healthy life expectancy at birth for females increased to 64.1 years, from 63.9 years in 2016-18. Healthy life expectancy for both males and females in Warwickshire for this period is higher than England, 63.2 and 63.5 years respectively (figure 2).<sup>10</sup>

Figure 2: Warwickshire life expectancy and healthy life expectancy at birth, 2017/19

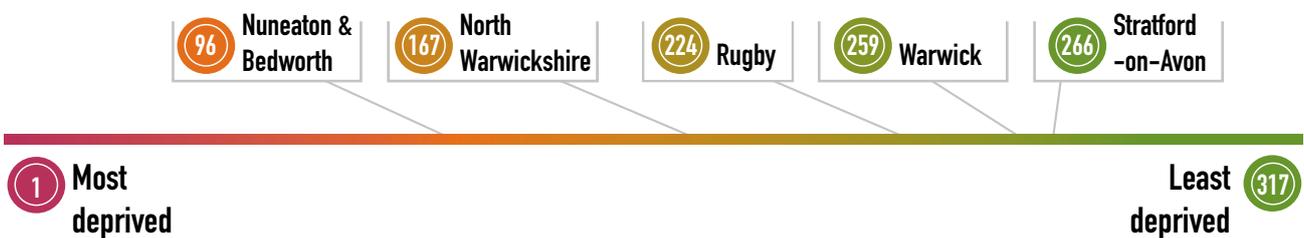


The gap between life expectancy and healthy life expectancy is known as the 'window of need'. While it is good that we are living longer, the window of need shows that much of the additional time is spent in poor health: 15.5 years for men and 19.8 years for women. Years spent in poor health impact on families and workplaces, and increases the pressure on health and social care services. The 'window of need' for males in Warwickshire is 1.1 years narrower than England (16.6 years) and is not significantly different for females (19.9 years).<sup>10</sup>

Life expectancy is 8.2 years lower for men and 5.7 years lower for women in the most deprived areas of Warwickshire than in the least deprived areas. These inequalities in life expectancy at birth are narrower than England for both males and females (9.4 and 7.6 years respectively for the 2017-19 reporting period).<sup>1</sup>

The Index of Multiple Deprivation (IMD) ranks Lower Super Output Areas (LSOAs) from most deprived to least deprived. Nationally, in comparison to other local authorities in 2019, Warwickshire ranks 121 out of 151 (where 1 is most deprived and 151 is least deprived). However, there is considerable variation in relative deprivation at district/borough level which is highlighted in figure 3.<sup>11</sup>

Figure 3: This graphic shows the national ranking of districts and boroughs out of the 317 local authorities using the 'Rank of Average Score' measure in 2019<sup>11</sup>



Observing deprivation deciles over time can be indicative of changes in relative deprivation in specific areas in Warwickshire. In 2019, there were two fewer areas (LSOAs) in the 10% most deprived nationally

compared to 2015, but an additional six areas in the 20% most deprived nationally. Overall, in Warwickshire, there were six more areas in the top 30% most deprived areas nationally than in 2015.<sup>11</sup>

## Table 1: Place health and wellbeing profiles

Warwickshire has 3 places working in partnership as part of the Health and Care Partnerships; North, Rugby and South. Table 1 includes information on both the services provided and the health of the population served at place using the current CCG level data.<sup>1</sup>

Indicator	Unit	Coventry and Rugby	South Warwickshire	Warwickshire North	England	Period
Depression: Recorded prevalence % (aged 18+)	%	10.4	12.5	12.6	11.6	2019/20
Persons, 60–74, screened for bowel cancer in last 30 months (2.5-year screening coverage %)	%	60.7	67.5	63.8	63.8	2019/20
Females, 50–70, screened for breast cancer in last 36 months (3 year coverage, %)	%	63.3	69.6	72.9	70.1	2019/20
Females, 25–64, attending cervical screening within target period (3.5 or 5.5 year coverage)	%	69.2	76.9	73	72.3	2019/20
Diabetes Prevalence, ages 17+ (QOF)	%	6.8	6	8	7.1	2019/20
Estimated smoking prevalence (QOF)	%	17.2	13.1	17.3	16.5	2019/20
Obesity QOF prevalence (18+)	%	9.5	8.9	10.6	10.5	2019/20
Smoking at Time of Delivery	%	10.7	11	16.3	10.4	2019/20
Estimated dementia diagnosis rate age 65+	%	60.6	58.9	57.8	67.4	2020
Access to IAPT services: people entering IAPT (in month) as % of those estimated to have anxiety/depression	%	18.1	16.1	22	18.3	2019
IAPT recovery: % of people (in month) who have completed IAPT treatment who are "moving to recovery"	%	57	54	62	51.9	2019
Hospital admissions as a result of self-harm (10–24 years)	per 100,000	521.2	587.4	604.9	426.9	2018/19
Hospital admissions due to substance misuse (15–24 years)	per 100,000	60.3	68.7	77.9	74.6	2016/17 - 2018/19
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0–14 years)	per 10,000	178.6	112.6	109.9	95.8	2018/19

Source: Public Health England, 2020

Comparison with England:

● Similar
 ● Better
 ● Worse

## Table 2: Warwickshire Health Profiles 2021

Table 2 shows the current health performance of the Warwickshire County and allows comparisons of performance between the districts and boroughs. The values are coloured to indicate statistical significance compared to England. This is the most recent compiled and published data as of February 2021.<sup>1</sup> The values are coloured Red, Amber and Green (RAG) to indicate statistical significance compared to England.

RAG ratings are affected by small numbers for some indicators. Source: Public Health England, 2020

● Similar ● Better ● Worse

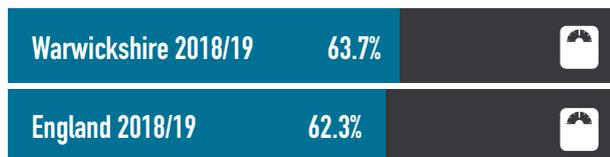
Indicator	Unit	England	Warwickshire	North Warwickshire	Nuneaton & Bedworth	Rugby	Stratford-on-Avon	Warwick	Period
Infant mortality (under 1 year)	per 1,000 live births	3.9	3.8	5.2	5.4	4.5	1.5	2.8	2017/19
Under 18 conception rate	per 1,000	16.7	13.9	14.2	23.2	13.2	10.8	7.5	2018
Low birth weight of term babies	%	2.86	2.49	1.72	2.94	2.28	2.17	2.77	2018
Smoking status at time of delivery	%	10.4	10.6	16.3	16.3	10.7	6.4	6.4	2019/20
Smoking prevalence in adults (18+) – current smokers (APS)	%	13.9	13.3	15.1	14.5	14.3	12.1	11.8	2019
Hospital admissions for alcohol-specific conditions (under 18 years)	per 100,000	30.7	47.4	No data	71.4	34.5	34.8	55	2017/18 - 2019/20
New sexually transmitted infections (excluding chlamydia aged <25)	per 100,000	900	625	584	725	662	530	608	2019
Adults (aged 18+) classified as overweight or obese	%	62.3	63.7	67.4	69.2	64.9	62.8	59.3	2018/19
Reception: prevalence of overweight (including obesity)**	%	23	21.1	23.3	21	20.9	20.7	20.5	2019/20
Year 6: prevalence of overweight (including obesity)	%	35.2	33.1	37.6	40.4	31.9	29.9	26.2	2019/20
Hospital admissions for unintentional and deliberate injuries in children (aged 0–14 years)	per 10,000	91.2	99.3	93.3	76.6	130.5	95.6	101	2019/20
Children in relative low income families (under 16s)	%	18.4	13.8	15.3	18.9	13.4	11.4	10.2	2018/19
Suicide rate (aged 10+)	per 100,000	10.1	9.4	9.6	11.2	8.2	9.8	8.3	2017/19
Emergency hospital admissions for intentional self-harm (all ages)	per 100,000	192.6	192.1	146.5	245.3	203.6	199.7	160.7	2019/20
People aged 16–64 in employment	%	76.2	81.3	79.4	79.2	81.5	86.2	80	2019/20
Statutory homelessness – eligible homeless people not in priority need	per 1,000	0.8	1.2	2.2	0.3	0.5	1.4	1.8	2017/18
Killed or seriously injured on the roads*	per 100,000	42.6	64.3	109.8	35.8	67.7	78.5	54.4	2016/18
Sickness absence – % of working days lost due to sickness absence	%	1.1	1.3	3.3	2.5	0.6	1.3	0.2	2017/19
Mortality rate from causes considered preventable (all ages)	per 100,000	180.8	174	197.1	209.1	182.7	146.3	156	2016-18
Under 75 mortality rate: cardiovascular	per 100,000	70.4	67.7	78.5	86.5	64.9	53.7	61.9	2017-19
Under 75 mortality rate: cancer	per 100,000	129.2	125.6	124.2	148.7	126.9	111.8	118.9	2017-19
Hip fractures in people aged 65 and over	DSR per 100,000	572	594	571	653	576	572	592	2019/20
Estimated dementia diagnosis rate (aged 65 and over)	%	67.4	59.1	56.1	58.8	62.1	59.5	58.1	2020
Incidence of TB	per 100,000	8.6	4.8	2.1	7.7	5.9	2.9	4.5	2017-19
Cancer screening coverage – breast cancer	%	74.1	74.1	76.4	75.7	74.9	70.4	75	2020
Cancer screening coverage – bowel cancer	%	63.8	65.6	64.8	62.4	65.7	68	66.2	2020
Cancer screening coverage – cervical cancer (aged 25 to 49 years old)	%	70.2	73.5	75.3	71.6	70.9	77	73.7	2020
Cancer screening coverage – cervical cancer (aged 50 to 64 years old)	%	76.1	76.8	74	74.5	75.3	79	79	2020

\*This includes all people (residents and non-residents) killed or seriously injured on Warwickshire roads

\*\* The 2019/20 NCMP data collection stopped in March 2020 when schools were closed due to the COVID-19 pandemic; coverage is between 25-75% so data should be interpreted with caution.

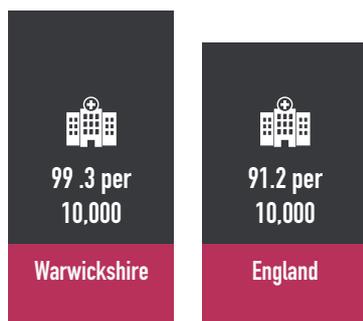
# Warwickshire continues to face several public health challenges<sup>1</sup>

63.7% of adults classified as overweight or obese (2018/19)



Source: PHE Fingertips

Hospital admission for unintentional and deliberate injuries in children (aged 0-14 years) (2019/20)



Source: PHE Fingertips

Statutory homelessness rate – eligible homeless people not in priority need (2017/18)



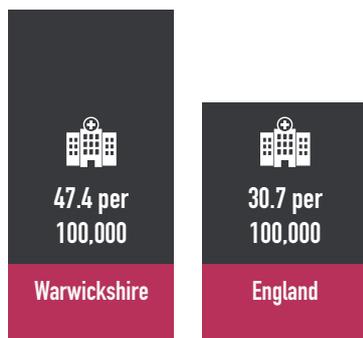
Source: PHE Fingertips

People killed or seriously injured on roads



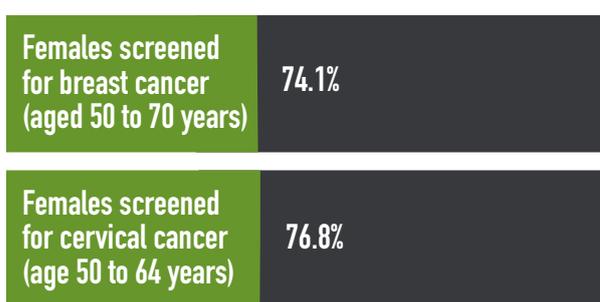
Source: PHE Fingertips

Hospital admission episodes for alcohol-specific conditions (aged <18 years) (2017/18 - 2019/20)



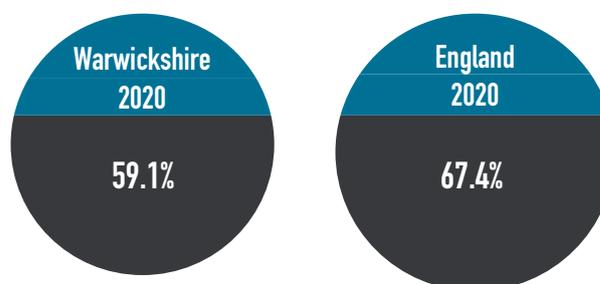
Source: PHE Fingertips

Cancer screening coverage is decreasing (2020)



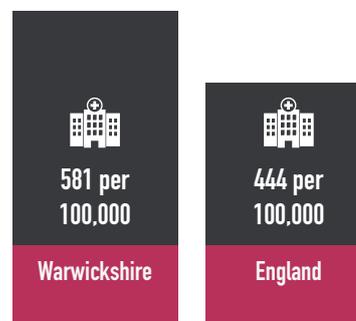
Source: PHE Fingertips

Estimated dementia diagnosis rate – % people diagnosed with dementia (2020)



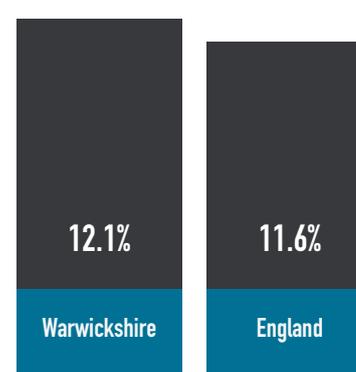
Source: PHE Fingertips

Hospital admissions as a result of self-harm in 10-24 years old remains significantly higher than the England average (2018/19)



Source: PHE Fingertips

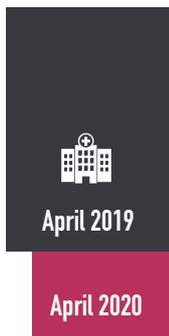
Recorded prevalence of depression (aged 18+ years) (2019/20)



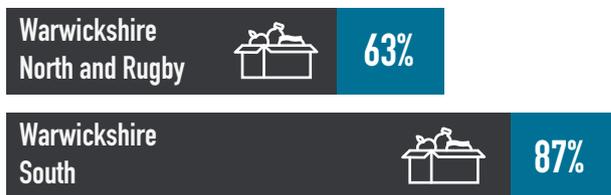
Source: PHE Fingertips

The COVID-19 [health impact assessment](#) (completed in the summer of 2020) also identifies further, more recent challenges emerging as a result of the COVID-19 pandemic:<sup>12</sup>

In April 2020, there were 2,818 (25.8%) fewer unplanned hospital admissions compared with the previous year



Food parcels given out to households increased by 63% in Warwickshire North and Rugby; and by 87% in Warwickshire South between April 2019 and April 2020

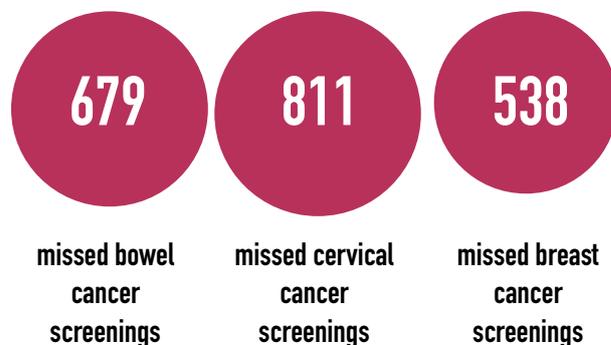


Claimants of either Jobseeker's Allowance or Universal Credit increased between May 2019 and May 2020 by 125.1%



**139 people** were provided with emergency accommodation during the pandemic in May 2020

Across Coventry and Warwickshire there were a high number of missed screenings:



# Update on Warwickshire's JSNA



The Joint Strategic Needs Assessment (JSNA) identifies the health and wellbeing needs of local communities.

## Place Based Needs Assessments

In 2020/21, Warwickshire County Council (WCC) completed the programme of place-based needs assessments. In order to do this, twenty-two geographic areas, each covering populations of around 30-50,000 people, were defined across Warwickshire and a detailed needs assessment produced for each area. The process involved engagement with local stakeholders and communities. These needs assessments are being used to inform the development of health and social care services across Warwickshire through the Warwickshire North, Rugby and South Warwickshire Health and Wellbeing Partnerships. Reports for each area can be found here:

[warwickshire.gov.uk/joint-strategic-needs-assessments-1/jsna-place-based-approach](http://warwickshire.gov.uk/joint-strategic-needs-assessments-1/jsna-place-based-approach)<sup>13</sup>

The findings of the reports have been utilised to improve health and wellbeing across the county, for example:

- Identified the health and wellbeing needs in areas that are at high risk of COVID-19 transmission
- Informed service reviews and influenced service delivery models e.g. The #onething programme
- Supported successful funding bids, for example, Sport England funding was awarded for a project to tackle health inequalities within North Warwickshire
- Nuneaton and Bedworth Borough Council have used the data to update their leisure strategy; detailing local health profiles and how residents' health and wellbeing can be improved through delivering a range of Physical Activity Hubs

## COVID-19 Health Impact Assessment

During the first wave of the pandemic in the UK it was clear that the virus itself, and the response to prevent and mitigate the harm that it can cause, significantly impacted health and wellbeing and factors that contribute to health. WCC worked closely with colleagues from Coventry City Council and the NHS, and other partners across the health and care system, to

create a COVID-19 Health Impact Assessment to develop a shared understanding of the early impact of the events surrounding the pandemic and to support and sustain a recovery. The report looked at several different indicators that were categorised into the following themes:

- **Wider determinants of health**
- **Health behaviours and lifestyles**
- **Integrated health and care system**
- **Places and communities we live in, and with**

All indicators that were reviewed had been impacted in some way by COVID-19 and/or the response to the pandemic. This highlighted that recovery cannot just be contained to one sector and must be connected across all four themes 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. Another key finding was that of a double impact; the wider impacts from the pandemic and lockdown will fall more heavily on communities most directly affected by the disease itself.

The report has now been used widely across the health and care system to aid COVID-19 recovery planning and it is hoped this report will provide a timely update of the impact of the virus as we progress through the different stages of the pandemic. The full report can be found here: [warwickshire.gov.uk/joint-strategic-needs-assessments-1/impact-COVID-19/1](http://warwickshire.gov.uk/joint-strategic-needs-assessments-1/impact-COVID-19/1)<sup>12</sup>

## What's next?

The next phase of the JSNA programme will be a work programme based on different themes. A pilot needs assessment of this approach is underway which focuses on mental health. Mental health and wellbeing has been selected as it is a key priority identified in Warwickshire's recent Health and Wellbeing Strategy and also supports system-wide transformation work. At the same time a prioritisation exercise is being undertaken to develop a two-to-three-year work programme of needs assessments. It is anticipated that this programme will commence early in the 2021/2022 financial year.

For more information about the JSNA please visit: [warwickshire.gov.uk/jsna](http://warwickshire.gov.uk/jsna)

# Chapter 2: COVID-19 in Warwickshire

## What is COVID-19?

Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold to more serious diseases such as Severe Acute Respiratory Syndrome (SAR-CoV) which first emerged in China in 2003. In 2019 a novel coronavirus strain was identified in China which had not previously been seen in humans. The virus was named SARS-CoV-2 (which is short for severe acute respiratory syndrome-related coronavirus 2) and the disease that results from it is COVID-19 (which is short for coronavirus disease 2019).<sup>14</sup>

## From Wuhan to Warwickshire

The World Health Organisation was informed of an outbreak of an unknown disease in Wuhan City, Hubei Province of China on 31st December which was later identified as COVID-19 on 7th January 2020. On 31st January 2020 the first cases were reported in the UK

and on the 23rd of February, the first case of COVID-19 was detected in Warwickshire.<sup>15</sup>

As COVID-19 cases began to spread across the globe, it became clear that significant action was required to manage the virus. In the UK measures to reduce and control the spread of the virus commenced after the first cases were detected in January. February and March 2020 saw cases of COVID-19 rise and resulted in measures being implemented.

- On 23rd March 2020 the UK Government announced the first national lockdown which ended in July 2020
- The second national lockdown took place between 5th November and 2nd December 2020
- The third national lockdown started on 4th January 2021 and is ongoing at the time of writing.<sup>16</sup>

Figure 4 illustrates COVID-19 rates in Warwickshire over time and local, national and international response.

## Let's do the right thing for Warwickshire

UK Government introduced a series of measures for the public to prevent and reduce transmission of COVID-19. Locally in Warwickshire this formed the Let's do the right thing for Warwickshire campaign.<sup>17</sup>

let's do the  
right thing  
for Warwickshire



Regularly wash  
or sanitise  
your hands



Keep 2 metres  
apart from others



Wear a face  
covering

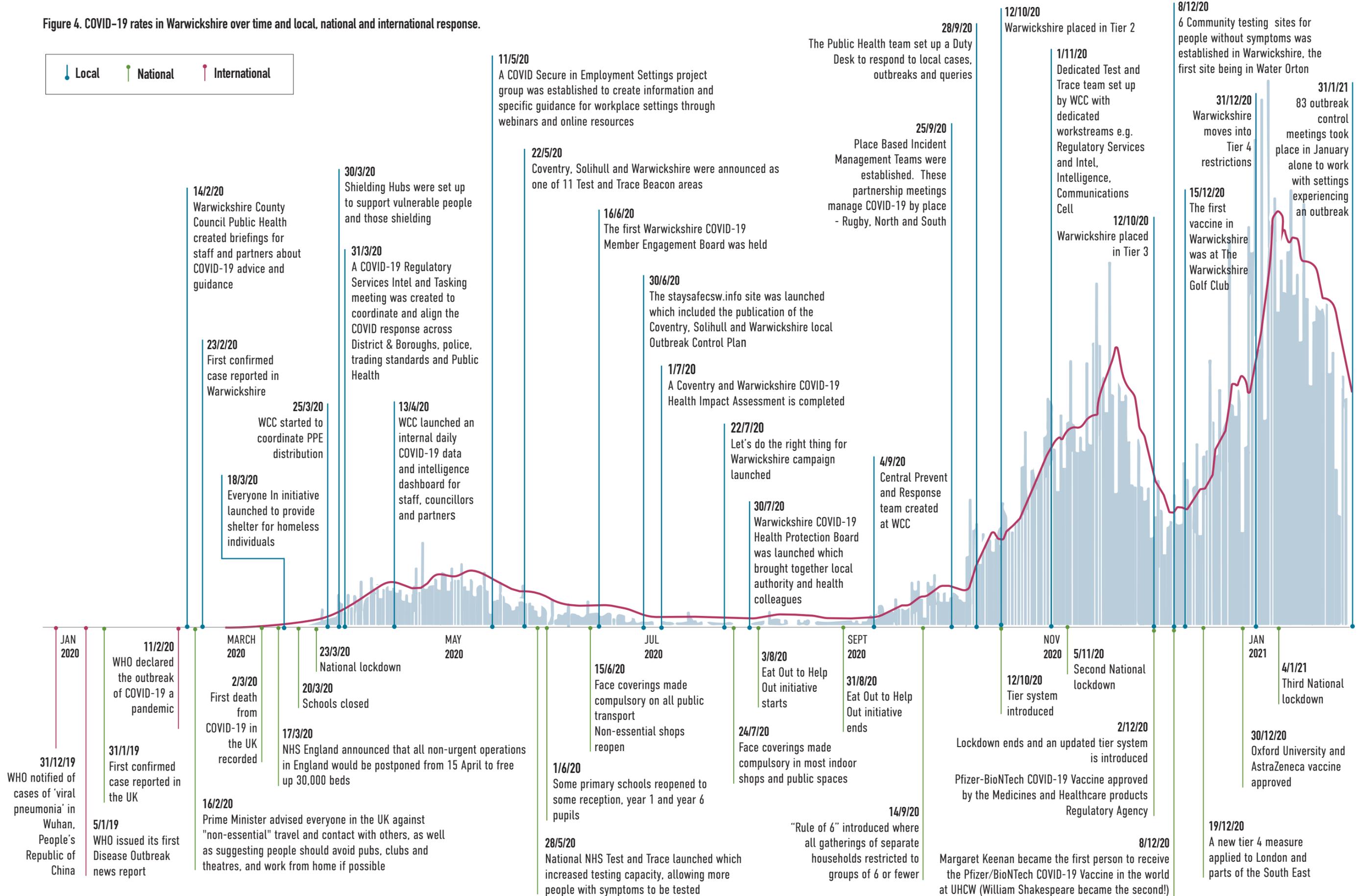


If you have  
symptoms of  
Covid-19,  
self-isolate and  
book an NHS test

[warwickshire.gov.uk/coronavirus](https://warwickshire.gov.uk/coronavirus)

To book a test call 119 or  
go to [nhs.co.uk/coronavirus](https://nhs.co.uk/coronavirus)

Figure 4. COVID-19 rates in Warwickshire over time and local, national and international response.



## Impact of COVID-19 on health

The main symptoms of COVID-19 are:

-  A high temperature and/or
-  A new, continuous cough and/or
-  A loss or change to your sense of smell or taste<sup>18</sup>

Some people may experience other symptoms including muscle aches, sore throat, runny nose, nausea, diarrhoea and headaches.<sup>19</sup>

Most people who become infected with the COVID-19 virus experience mild to moderate respiratory illness and recover without the need for specialist treatment. However, some people do develop serious illness and some can die as a result of the disease. Whilst COVID-19 can make anyone seriously ill, for some people the risk is higher.

## COVID-19 risk factors

People at higher risk of experiencing more severe symptoms of COVID-19 include those:<sup>20</sup>

- with cancer
- undergoing cancer treatment such as chemotherapy
- with severe lung conditions such as cystic fibrosis, severe asthma or severe COPD
- who are over 60 years old
- with kidney disease
- with liver disease
- with heart disease
- with diabetes
- who are very obese (a BMI of 40 or above)
- who are pregnant
- from a Black, Asian, or minority ethnic (BAME) background

## Picture in Warwickshire

At the time of writing this report, 9th March 2021, 30,098 people in Warwickshire have tested positive for COVID-19 and 1,046 people have died (table 3). The highest number of cases per 100,000 have been in

Nuneaton and Bedworth (6,265 cases per 100,000) with the lowest number seen in Stratford-on-Avon (3,736 cases per 100,000).<sup>21</sup>

Table 3: Confirmed cases of COVID-19 and recorded deaths as of 9th March 2021<sup>21</sup>

	Population (mid-2019 population estimates)	Confirmed cases	Confirmed cases per 100,000 population	Deaths within 28 days of a positive test	Deaths per 100,000 population
North Warwickshire	65,264	4,045	6,197.9	153	234.4
Nuneaton & Bedworth	129,883	8,137	6,264.9	275	211.7
Rugby	108,935	6,152	5,647.4	150	137.7
Stratford-on-Avon	130,098	4,861	3,736.4	250	192.2
Warwick	143,753	6,903	4,802.0	218	151.6
<b>Warwickshire</b>	<b>577,933</b>	<b>30,098</b>	<b>5,207.9</b>	<b>1,046</b>	<b>181.0</b>
<b>England</b>	<b>56,286,961</b>	<b>3,703,136</b>	<b>6,579.3</b>	<b>109,871</b>	<b>195.2</b>

## COVID-19 and Health Inequalities

In February 2020, the Institute for Health Equity published the Marmot Review: 10 Years On which highlighted that health inequalities are large and have been growing over the past 10 years. Key findings nationally 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.<sup>22</sup>

The current pandemic has shone a light on these health inequalities and, in some cases, has increased them. By health inequalities we mean the avoidable and unjust differences in health and wellbeing between two different groups of people. They arise because of conditions in which we are born, grow, live, work and become older. These influence opportunities for good health and how we think, feel and act. These conditions shape our physical and mental health and wellbeing. They also influence our exposure and vulnerability to COVID-19, our ability to manage the consequences of the disease and how to cope with the Government measures to control it. For example, many of the underpinning causes and consequences of deprivation in the north of the county are also factors that increase the likelihood of transmission of COVID-19 and this is reflected in the COVID-19 case figures.<sup>23</sup>

Public Health England (PHE) has published the report 'Disparities in the risk and outcomes of COVID-19' which highlights a number of inequalities including:<sup>3</sup>



**Age** - COVID-19 diagnosis rates increased with age for both males and females



**Sex** - Working age males diagnosed with COVID-19 were twice as likely to die as females.



**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 with COVID-19. 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 all cause the mortality rates were lower in Asian and Black ethnic groups than White ethnic groups.



**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.



**Comorbidities** - Morbidity and mortality is increased in people with diabetes, hypertensive diseases, chronic kidney disease, chronic obstructive pulmonary disease, dementia and those who are obese and morbidly obese.

Early findings from Coventry and Warwickshire COVID-19 Health Impact Assessment and COVID-19 Survey (September 2020) explored some of these inequalities and found:<sup>12</sup>

**Mental Health** - During the pandemic, Warwickshire mental health support services reported seeing more people experiencing anxiety and the Warwickshire COVID-19 Recovery Survey found an increase in self-harming behaviors among people with pre-existing mental health conditions.

**Employment and housing** - Since the first lockdown, claimant rates for Jobseeker's allowance and Universal Credit increased significantly across the county, with each district and borough seeing at least double the number of claimants, showing the negative effect of the pandemic on employment levels. Wider financial impacts of the pandemic have led to an increase in people concerned about meeting housing costs.

**Homelessness** - Under the 'everyone in' directive local authorities supported 139 rough sleepers in the first lockdown who had not been assessed formerly to be owed a statutory duty to accommodate to access emergency shelter.

Tackling health inequalities is integral to improving access to services, quality of services, and health outcomes for the whole population. Action on health inequalities requires improving the lives of those with the worst health outcomes, fastest. Public Health England (PHE) have developed the Health Equity Assessment Tool (HEAT) which aims to empower professionals across the health, care and wider system to do this. The tool identifies practical action in work programmes or services to address health inequalities which will improve health outcomes. It will enable partners across the system to consider which groups have been particularly affected by the pandemic, and work with partners to reduce any negative impacts.<sup>6</sup>

Chapters 3 and 4 explore the impact on people who have tested positive for COVID-19 and the impact of lockdown on people's health and wellbeing in Warwickshire. Warwickshire County Council (WCC) worked in partnership with Warwickshire Community and Voluntary Action (WCAVA) to gather stories from residents and businesses across the county to highlight the impact on health inequalities locally. Sharing these stories along with many other sources of data and intelligence enable us to have deeper understanding of the impact locally. It will enable us to continue to plan for our local recovery; learning from what worked well, what didn't work well and highlight any gaps we need to address which will inform the recommendations for this report.

# Chapter 3: Experience of testing positive with COVID-19 in Warwickshire

A case study approach has been used to share the stories of COVID-19 survivors in Warwickshire, highlighting the need for equal access to services to help people to recover physically and mentally from the impact of COVID-19 and reduce inequalities.

## The impact of testing positive for COVID-19

Over 30,000 residents have tested positive for COVID-19 and 1,046 (March 2021) residents have died at the time of writing this report.<sup>21</sup>

When people test positive for COVID-19 we know there is a large range in the severity of symptoms that people experience. Our understanding of the direct health impacts of the virus have advanced throughout the pandemic:

- Most people who test positive for Covid-19 will experience mild to moderate illness and will not require additional treatment.<sup>24</sup>
- Approximately 10-15% of cases progress to severe disease and about 5% become critically ill.<sup>24</sup>
- It is estimated that up to one in three people who have COVID-19 are asymptomatic, where people will experience no symptoms and be unaware that they have the virus unless tested.<sup>25</sup>

## Recovery from COVID-19

Typically, people recover from COVID-19 after 2-6 weeks but for others (including those with mild disease), some symptoms may linger or recur for weeks or months following initial recovery. This is called Post-Covid Syndrome but many with the condition call it long Covid. Current estimates are that around 1 in 5 people have symptoms that last longer than 5 weeks, and 1 in 10 have symptoms that last longer than 12 weeks.<sup>26</sup>

In some cases, patients develop medical complications that may have longer lasting health effects which are outlined in figure 5.<sup>24</sup> In addition to physical health impacts, there is evidence that diagnosis with COVID-19 results in an increased risk of developing mental health problems such as depression and anxiety.<sup>27</sup> For severely ill patients who have survived an intensive care admission, up to 50% of patients may experience a form of post-traumatic stress disorder.<sup>28</sup> Further research and evidence in this area is required to understand the long-term impacts on mental health and wellbeing.

Figure 5: COVID-19 may increase the risk of long-term health problems in the following areas:<sup>29</sup>



Heart (damage to the heart muscle and heart failure)



Lungs (damage to the lung tissue and restrictive lung failure)



Brain and nervous system (loss of sense of smell [anosmia], consequences of thrombo-embolic events such as pulmonary embolism/heart attack/stroke and cognitive impairment [e.g. memory and concentration])



Mental health (anxiety, depression, PTSD and sleep disturbance)



Musculoskeletal and others (pain in joints and muscles and fatigue)

# Experience of testing positive COVID-19 in Warwickshire

The case studies below demonstrate the long-term impact that COVID-19 has had on three Warwickshire residents. Whilst these three people represent a fraction of overall positive cases in Warwickshire, they highlight some of the key issues that people experience after testing positive for COVID-19.

## Case Study 1: Recovering from COVID-19

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### Background

Although certain individuals and groups are at higher risk of experiencing moderate or severe symptoms of COVID-19, people who do not have common risk factors can also develop moderate or severe disease. Patricia, a district nurse was previously healthy and had never smoked prior to contracting and testing positive for COVID-19 in April 2020.

### Impact of COVID-19 on health and wellbeing

Patricia developed severe breathlessness and fatigue as a result of contracting COVID-19. She was also treated with antibiotics for a suspected secondary chest infection.

A month later when she returned to work, her on-going breathing problems became a cause for concern by her line manager. After a further face to face medical assessment in mid-June, her fatigue and shortness of breath continued, and tests revealed a new breathing issue. She reported chest pains, and her blood oxygen saturation levels would drop to 75% when she climbed stairs, whereas in a healthy adult levels would hold at above 95%.<sup>30</sup>

### Intervention

Patricia was referred to a respiratory consultant and a newly established COVID-19 Post Discharge Respiratory Therapy Support Team for further guidance. Her rapid return to work post-covid diagnosis was considered a key contributor to her on-going breathlessness and fatigue. She was extremely committed to her work, and 'didn't want to let anyone down'. However, she was advised to remain off work for a further 4-6 weeks, until her symptoms were better managed.

To combat her breathlessness a respiratory physiotherapist gave Patricia basic breathlessness and breathing retraining guidance and signposted her to the breathing pattern disorder (BPD) website for more information. She was also signposted to an occupational therapist for additional support.

### Outcome

By July, and having been off for a further 3 weeks, Patricia reported that her breathing was much improved. She continued to report frustration and guilt about not being at work but was reassured of the good improvements already seen. Further support in the form of a tutorial on 'breathing retraining and pacing' was also given.

# Case Study 2: Long covid

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## Background

The vast majority of people who test positive for COVID-19 do not have symptoms serious enough for them to be admitted to hospital. However, whilst many make a full recovery there is a significant proportion of people for whom symptoms persist for many weeks or months. This is commonly referred to as long covid. This long-term illness can be frustrating and debilitating for those affected but it is unclear how many people are suffering with long covid or who is most at risk.<sup>31</sup>

Anita has pulmonary fibrosis, a rare condition in which scar tissue has built up in the lungs making breathing increasingly difficult. This meant that she was clinically extremely vulnerable and started shielding upon receiving a letter from the NHS. Despite being in total isolation for 4 months, she caught COVID-19 in May 2020.

## Impact of COVID-19 on Health and Wellbeing

After an initial diagnosis of influenza, Anita was diagnosed with COVID-19. She said, “the way I can best describe having COVID-19 is that my chest was wrapped very tightly with clingfilm, and every day it was being pulled tighter and tighter making it more and more difficult to breathe.”

Anita’s condition was managed at home with the support of her GP who provided home visits, telephone consultations and follow up phone calls. However,

she has developed long Covid and 7 months after her initial diagnosis, her recovery is still in its early stages. Anita has experienced extreme fatigue which resulted in her taking up to 3 hours to get up and ready in the morning. She also reported negative impacts on her mental health, noting that she experienced tearfulness and sadness.

## Intervention

Anita was referred for a course of Cognitive Behavioural Therapy via telephone which has helped her feel “so much better” and although she still gets emotional about things that she wouldn’t have done before Covid she now feels better able to cope with her feelings.

As her physical strength has returned, Anita has also been able to take part in online activities which have also helped improve her mood and reconnect with others; through Warwickshire Libraries she enjoyed a virtual evening with Stephen Fry at the British Library.

## Outcome

Anita has recently been able to venture out of the house to shop for herself following advice from healthcare professionals. She felt that this was a “huge step to take” but was proud of her achievement. Following the trip she reported an increase in fatigue but felt that it was worth it and will continue to improve her physical health.

# Case Study 3: COVID-19 and the ITU experience

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## Background

For patients experiencing severe COVID-19 symptoms that require hospitalisation the experience can be frightening and traumatic.

Michael is a 58-year-old male. He was admitted to Warwick Hospital in late April 2020 after testing positive for Covid 19 on admission. He had been ill at home for 6 days prior to going to hospital with a high temperature, dry cough, hallucinations and then shortness of breath when he moved around.

## Impact of Covid

After 2 days as an inpatient, his oxygen saturation levels started to decrease so he was then admitted to intensive therapy unit (ITU) where continuous positive pressure (CPAP) ventilation commenced. He remained on CPAP for the duration of his 20-day stay in ITU. He then spent a period of time on a medical ward, where gradual reduction in oxygen support was achieved and active physiotherapy helped him gain sufficient strength and mobility in order to go home. Michael found discharge scary as he was “still weak from being bed bound and still suffered with shortness of breath when undertaking the most basic of small tasks, such as walking up stairs. The inability to do the most basic of things was also frustrating and affected [his] morale”

## Intervention

Physiotherapy commenced in ITU at an early stage and continued throughout Michael’s whole stay. Following discharge, he attended the outreach physiotherapy programme. This physio intervention would “ensure a steady recuperation period and monitor progress and to offer advice and guidance.” Physical short, medium- and long-term exercise goals were agreed by the physiotherapists on his discharge from hospital. Michael had regular contact with the physiotherapy outreach worker who checked on these targets and progress, offering constructive advice.

Michael was also referred to the hospital-based

dietitian who offered “constructive and encouraging advice about protein-based foods to build muscle”.

Further face to face consultations took place to check on progress which included a small physical exercise test to check on Michael’s physical condition and oxygen saturation levels during exercise and his ability to recover. He was given further advice, guidance, goal setting and encouragement by the physiotherapist.

## Outcome

Michael feels he is making good progress compared with other patients that have had this virus and feels he has walked away relatively unscathed. He feels sufficiently well motivated in helping himself to move forward with his recovery and is grateful for the help and encouragement of the physiotherapy outreach service.

Michael has reflected on his experience and shared the following...

“The experience of Covid was frightening to me. The initial symptoms were really scary and when the breathlessness started it was easy to panic. Coupled with the fact that there was no real recognised drug remedy, it was very frightening indeed and I didn’t feel in control of my destiny.

Once in hospital and on ITU I felt I was getting the best care, all staff were very attentive, but it was still a scary place to be and you had to remain very positive in yourself

Post ITU and on a ward this was a very different place. Safety measures understandably put in place were really quite restrictive in personal contact and the reassurance element of recovery aftercare. The physio staff that attend the ward daily did not make you feel like this. They acted very much on a personal level and although wearing the right PPE they were not afraid to help and be personable.

The regular contact from the outreach service has given me reassurance that I am recovering effectively, and their encouragement has been immense.”

# Impact on health and social care Staff

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The previous case studies not only highlight the impact on people testing positive for COVID-19 but also the input of a wide range of health and social care services and professionals. Throughout the pandemic staff have continued to provide high standards of care to patients; both those who have been diagnosed with COVID-19 and those requiring treatment for other illnesses. However, health and care workers are at increased risk of contracting COVID-19 themselves and are also at risk of burnout, post traumatic disorder and mental ill health (figure 6).<sup>32, 33</sup>

## Figure 6: Reflections on COVID-19 from a local nurse:

"We care for our patients with the same compassion, attention, professionalism and care, but we are tired."

"I know of many nurses that have had Covid – me included – even mild symptoms are not really that, it drags on, draining you, a 12 hour shift is even

more relentless than usual."

"Clinical supervision, shift de-briefs, well-being checks and resources, positive staff connections need to be frequent and their importance heightened."

## Reflections on COVID-19 from a social care practitioner:

"Covid has taken away that invaluable peer advice and support that 'just happens' in an office environment, time now has to be sought, planned and booked in."

"Home working has also merged our work life with our home life, no longer are our bedrooms, dining rooms, under the stairs cupboards our sanctuary, they're our office spaces and no matter how we try to switch off the stresses of the job are always sitting in the corner, like the proverbial elephant in the room"

# Evidence of best practice

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The National Institute for Health and Care Excellence (NICE) has developed rapid guidelines with NHS England and NHS Improvement for the management of COVID-19 (including long Covid) and managing conditions that increase risk of COVID-19 morbidity and mortality. Examples of best practice include:<sup>34</sup>

- People with new or ongoing symptoms 4 or more weeks after testing positive for COVID-19 should have an initial conversation with a healthcare professional.
- For patients who have been in hospital with COVID-19, a 6 week follow up consultation should be held
- NICE recommends a chest x-ray after 12 weeks for individuals that continue to have symptoms and have not already had an x-ray. If the x-ray is abnormal and there are persisting symptoms then this can be investigated further
- Long covid should be managed holistically, involving the individual and teaching self-

management of symptoms, e.g. goal setting for symptom management and signposting to support groups

- Discussions with employers, school and colleges should be supported about returning to education or work
- It is also important to consider the mental health of individuals with post-COVID-19 symptoms. NICE guidelines recommend urgent referrals for those at risk of self-harm or suicide. NICE recommends access to multidisciplinary team for assessing physical and mental health symptoms. The teams can include but are not limited to: Occupational therapy, Physiotherapy, Clinical Psychology, Psychiatry and Rehabilitation Medicine.
- People with significant respiratory symptoms may benefit from pulmonary rehabilitation. This can be through video lessons and telephone consultations. Rehabilitation can aid recovery and allow people to resume their daily activities as soon as possible.<sup>35</sup>

# Support in Warwickshire

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## Examples of support in place to support people to recover:

**Long COVID-19 support group** - a partnership pilot scheme, led by a facilitator to engage and support residents who have tested positive for COVID-19. There are plans to pilot the project in one borough before rolling out countywide. This work aims to involve both primary and secondary care through links with partners across the health and care system.

**A long COVID-19 specialist clinic** - has been set up at University Hospitals Coventry and Warwickshire NHS Trust. The assessment centre takes referrals from GPs for people experiencing brain fog, anxiety, depression, breathlessness, fatigue and other debilitating symptoms.<sup>36</sup>

**Fitter Futures Service** - have adapted their referral criteria to include those with pulmonary fibrosis and mild cognitive impairment (which is a long covid symptom). The existing criteria already allow for referrals for people with asthma, chronic fatigue and mental health difficulties, all of which are symptoms of COVID-19. The service is also tracking people referred into the service who have tested positive for COVID-19. All Fitter Futures services have been made virtual and now also include coffee catch ups to provide a space for people to talk and connect, personalised home gym programmes, online exercise classes and welfare calls.<sup>37</sup>

## Recommendations

These case studies highlight the significant impacts that COVID-19 can have on peoples physical and mental health. Whilst some support is in place to aid people's recovery, there are a number of recommendations outlined below that can be implemented to further support COVID-19 survivors.

- ➡ Further roll out and promotion of Long COVID support groups and self-help groups
- ➡ Increase mental health support and access: promote current services; consider options for specialised interventions for covid survivors
- ➡ Ensure sufficient mental health support is available for front line health and social care staff
- ➡ Ensure integrated and multidisciplinary care for patients with long covid
- ➡ Implement NICE guidance

# Chapter 4: Living through lockdown in Warwickshire

A case study approach has been used to highlight the importance of accessing services which meet the needs of communities to improve health and wellbeing and reduce inequalities in Warwickshire.

Living through a global pandemic has had a huge impact on the health and wellbeing of all our residents. The resilience of individuals, households and communities will determine how well we recover from the wide range of impacts, and the length of time this

will take. Figure 7 outlines some of the early impacts national lockdown has had on health and wellbeing using an approach that looks at all of the factors that determine population health. On-going research is required to fully understand the long-term impacts.

Figure 7: National lockdown: Impact on health and wellbeing using population health approach<sup>38, 39, 40</sup>



Everyone has had to adapt their lives and follow the national restrictions set out by the Government to reduce the devastating spread of COVID-19. We have all had to change our behaviour, such as wearing a face covering whilst shopping and keeping our distance from others. Phrases such as, 'social distancing', 'hands, face, space' and 'stay at home' are now familiar words to us all. Amidst all the challenges, there have been some positives. Firstly, the response from Warwickshire residents has been amazing and has illustrated real community spirit through volunteering, looking out for our neighbours and following the Government guidance which has helped to support the most vulnerable.

For example:

- Hundreds of residents came forward to actively volunteer to help respond to the pandemic. For example, over 200 community-led groups are listed on the WCC COVID-19 Community-led Support Directory, 280 volunteers are supporting the community testing sites, 92 COVID-19 Community Champions have been trained and over 30 volunteers are volunteering as befrienders to people who are clinically extremely vulnerable.
- Our voluntary transport organisations have coordinated volunteer drivers to collect and deliver 3,400 prescriptions to vulnerable and shielded residents and have taken nearly 300 residents to vaccine appointments as of January 2021.
- Parents and carers have adapted to homes schooling children to continue to provide them with the best start in life.

Our public sector have provided an outstanding response to keeping us all safe and have built even stronger working partnerships. Our 6 local authorities, NHS, Police, Fire, Voluntary and Community sector and other partners, have all worked together, adapting roles, learning about a new virus to quickly respond and reduce transmission of the COVID-19.

For example:

- Our partners outlined above formed three weekly place-based Incident Management Teams (IMTs) for Warwickshire North, Rugby and South Warwickshire to enable the strong partnership working, sharing data and intelligence and ensuring quick action to reduce transmission in local areas.

- WCC set up a freephone hotline which continues to operate seven days a week. Over 5,000 calls for support were received and the team made over 6,000 calls to vulnerable residents during the first lockdown. Shielding Hub service was set up, with support from volunteers and military planners, which distributed over 10,000 food parcels to vulnerable Warwickshire residents.
- WCC distributed over 14,000 supermarket vouchers to families entitled to free school meals during February 2021.
- Emergency access funding for food and essential supplies was shared between 29 successful community projects e.g. community cafes, mobile food banks, and expansion of local food banks.
- Warwickshire County Council stood up a Public Health Duty Desk to investigate and risk assess potential outbreaks in Warwickshire. The duty desk runs 7 days a week and works closely with WCC Prevent and Response team, WCC backward contact tracing team, Public Health England, district and borough councils and the local CCGs to coordinate the response.
- Our Care Home staff have done an incredible job to keep our residents safe and adapted to using technology to allow our care residents to communicate with family and friends.
- Our Voluntary and Community sector colleagues have adapted and supported the delivery of PPE to pharmacies, and supported the shielding hubs and vaccination roll out programmes. This has been key to engaging with our communities and understanding their needs.
- WCAVA have recruited and managed the 280 volunteers involved with the COVID-19 community testing programme.
- WCC commissioned services have adapted and changed how they deliver their services, ensuring our vulnerable residents continue to be supported. These services have had to continually adapt and change as lockdown restrictions change.
- Our local equalities and inclusion partnership (EQuIP) have led on the translation of COVID-19 communications resources to enable to engage effectively with all our communities.

Our **businesses** have adapted dramatically to ensure they are COVID-19 secure, and our 6 local authorities have been working closely with businesses to support them.

For example:

- COVID-19 secure in the workplace project group has been formed to advise businesses and establishments on how to be COVID-19 secure at each stage of the pandemic. This work has been undertaken in the form of webinars including a wide variety of agencies and partners, as well as online resources.
- Establishment of weekly COVID-19 Intelligence and Tasking meetings chaired by Trading Standards and include public health, regulators from district and boroughs, the police and fire and rescue to ensure a united approach to COVID-19 security and enforcement.

There has also been an increased use of technology and more businesses are adapting to flexible ways of working.

For example:

- The pandemic has accelerated our county council's transformation and recovery plans by investing in a sustainable and resilient workforce, embedding flexible working from COVID-19 learning, promoting wellbeing and developing new ways of working.

Drawing out some of the positives, helps us to keep moving forward as we plan to recover from the pandemic. At the time of writing this report we are in the third national lockdown. Some have described it as the most challenging of the lockdowns and evidence is emerging to highlight how inequalities have been magnified.

For example:

Lockdown has had a huge impact on people's **physical health and wellbeing** for example, some residents have experienced delays in diagnosis and treatment for health conditions due to screening and treatment being delayed:

- PHE wider impacts of COVID-19 monitoring tool shows the delay in dementia diagnosis during 2020. Estimated diagnosis rate in adults aged 65

and over was also lower from April to December in 2020 than in 2019.<sup>38</sup> This downward trend is also reflective locally in Warwickshire.

Prevalence of dementia in adults aged 65 and over was lower in the months from April to December 2020 compared to the averages in the same months from 2017 to 2019.<sup>1</sup>

It has been widely recognised that front line and key workers are more likely to be exposed to new or additional trauma as a result of working during COVID-19 and therefore are at a higher risk of **mental health and wellbeing** problems such as depression, anxiety and post-traumatic stress disorder.<sup>41</sup>

For example:

- A local Warwickshire resident has described working on the frontline - "We have seen what we shouldn't have to see, heard what no-one wants to hear but we are still here, we keep going, the vaccine is happening, but the change is slow, we know things will get better but for now, there is no let up, no release, no pause – it is constant" Nurse, Warwickshire

**Personal care** appointments like dentistry, and physiotherapy have also been reduced or cancelled, which creates longer term health issues.

For example:

- The General Dentistry Council (GDC) COVID-19 research highlights the impact of COVID-19 on oral health is likely to be more severely felt by those who were already more likely to have poorer health outcomes, raising concerns about oral health inequalities if it is not addressed. The pandemic has disproportionately impacted certain groups such as people with long-term health problems and people from Black, Asian and Ethnic Minorities. The GDC research from a post lockdown survey, found people from these groups felt more concerned now about accessing a dentist. The research also found increased demand post lockdown and a need to prioritise access to services. The unmet demand may increase the number of people having issues with oral health.<sup>42</sup>

Lockdown has impacted on the **wider determinants of health** such as employment, housing and education. These wider determinants describe the 'causes of the causes' of ill health and can have a greater influence than health care, behaviours or genetics. It is therefore an important aspect of public health in terms of informing prevention and reducing inequalities.

For example:<sup>12</sup>

- Since the first lockdown, claimant rates for Jobseeker's allowance and Universal Credit increased significantly across the county, with each district and borough seeing at least double the number of claimants.
- Additional 250 domestic violence and abuse incidents in Warwickshire in April and May compared to previous years.
- Local adult drug and alcohol service saw an increase in visits to their website for advice. There were 24,407 visits to the service between March and August 2020 compared to 13,064 visits between August 2019 and February 2020.

In order to further explore the impact of lockdown on residents in Warwickshire a case study approach has been used to highlight peoples experience across five vulnerable groups. These vulnerable groups are no more or less important than any others in Warwickshire but have been selected to illustrate in more detail, the impacts of living through a lockdown, and draws on the evidence base to improve health and wellbeing of residents and reduce health inequalities.

# Homelessness

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## Definition

**Homelessness** - People are experiencing homelessness if they have nowhere to stay and are living on the streets, but people can experience homelessness even if they have a roof over their head. Homelessness does not just refer to people who are experiencing rough sleeping.

**Rough Sleeping** - People sleeping, about to bed down (sitting on/in or standing next to their bedding) or actually bedded down in the open air (such as on the street, in tents, doorways, parks, bus shelters or encampments). People in buildings or other places not designed for habitation (such as stairwells, barns, sheds, car parks, cars, derelict boats, stations, or “bashes” which are makeshift shelters often comprised of cardboard boxes).<sup>43</sup>

## Background

Homelessness often results from a combination of events such as relationship breakdown, debt, adverse experiences in childhood and through ill health.

The health of people experiencing homelessness is significantly worse than that of the general population, and the cost of homelessness experienced by single people to the NHS and social care is considerable. People who experience rough sleeping over a long period have an average age of death of 45 years for men and 43 years for women, compared to 76 and 81 years respectively within the general population.<sup>44</sup>

Homelessness is more likely amongst populations who also experience wider inequalities e.g. care leavers and people with experience of the criminal justice system.<sup>45</sup>

At the start of the pandemic, people who are homeless were identified as one of the key priority groups to support. This is due to a variety of factors including, in self-isolating with no fixed address, closure of support services such as night shelters and increased likelihood of having pre-existing health conditions which could impact of the severity of symptoms if they tested positive for COVID-19.<sup>46</sup>

Local authorities have a legal duty to support people who are homeless under the Housing Act 1996, Homelessness Act 2002 and the Homelessness Reduction Act 2017. The relief duty is applied when a local authority is satisfied that an applicant is homeless and eligible, it must take reasonable steps to help the applicant secure that accommodation becomes available for at least six months.<sup>47</sup>

The Government introduced a scheme called ‘Everyone In’ to provide emergency shelter for rough sleepers to reduce the transmission of COVID-19 in March 2020.<sup>48</sup> A Covid and Homelessness Cell was set up to oversee and coordinate the local delivery of the scheme to ensure all people who were homeless in Warwickshire were provided with emergency accommodation. In June 2020 Coventry, Solihull and Warwickshire published the Outbreak Control Plan as part of one of the 11 beacon authorities to manage outbreaks locally. ‘Complex settings’ which includes people who are homeless was one of the key priorities for the plan.<sup>4</sup>

## Picture in Warwickshire

- Warwickshire has higher levels of homelessness compared to England. Statutory homelessness rate – 1.2 per 1,000 eligible homeless people not in priority need compared to 0.8 per 1,000 for England.<sup>1</sup>
- Table 4 shows the number of households assessed as being owed a duty, or receiving support, from the ‘Everyone In’ initiative from the start of the pandemic in March 2020, until December 2020. The data shows that 173 people were supported through the ‘Everyone In’ scheme across Warwickshire.<sup>49</sup>

The table also shows the wider homelessness challenge across the county, with data showing the number of initial approaches/assessments from those homeless, or potentially homeless, during the first three quarters of 20/21 by Borough and District.

Table 4: Households assessed as being Owed A Duty/Everyone In by local authority Q1 – Q3 2020/21<sup>49</sup>

	North Warwickshire	Nuneaton and Bedworth	Rugby	Stratford-on-Avon	Warwick
Q1 2020/21	35	260	60	148	82
Q2 2020/21	28	256	74	141	72
Q3 2020/21	31*	247*	78*	125*	82*
Total	94	763	212	414	236
Everyone In	0	52	11	19	91
<b>Total</b>	<b>94</b>	<b>815</b>	<b>223</b>	<b>433</b>	<b>327</b>

\*Provisional figures

## Case study

The case study below provides an insight into the support which has been put in place through strong partnership working led by the Warwickshire Strategic Homelessness Board which includes partners across the county from health, local authorities, voluntary and community sector and police.

## Background

Adam is a 68-year-old male who has been homeless for 12 years. He slept in a tent but did not see himself as part of the homeless community. He did access a local support centre and night shelter in Rugby borough but declined offers of other services and support to improve his wellbeing despite staff and volunteers offering a variety of support including accommodation opportunities.

## Impact of COVID-19 on health and wellbeing

The local centre and night shelter Adam had been accessing closed at the start of the pandemic. Adam

continued to resist support from other services. He had no income, was not registered with a GP and had no family or social support network.

## Intervention

At the start of the pandemic the local authority recognised the need for alternative accommodation to support the health and wellbeing of Adam during lockdown. The local housing authority and local support centre motivated and built confidence in Adam to accept and stay in self-contained accommodation within an older person's scheme and partner agencies helped to furnish the flat.

An Outreach Officer helped Adam move into the flat and the wider team continued to support him by applying for benefits, providing a TV, social interaction and health checks.

## Outcomes

Adam has remained in his accommodation; rent is up to date and he has been encouraged to eat and exercise regularly. Adam continues to accept support from services available to him until he is able to step down to less intensive support.

## Evidence of best practice

Homelessness is complex and often reflects other vulnerabilities or circumstances related to health, justice or social services. Successful homelessness strategies require all public services to contribute in a way that recognises the personal needs, strengths and assets of every household.<sup>45</sup>

The Warwickshire Homelessness Strategy 2021-23 has been produced in response to the Homelessness Reduction Act 2017. The strategy highlights five priority areas which need to be addressed to improve the health and wellbeing of people who are homeless. These include:

- Health – to reduce the inequalities and improve the health of people at risk of homelessness, homeless or sleeping rough.
- Financial inclusion – to ensure that a wide range of appropriate services are available to support those at risk of homelessness due to financial difficulties.
- Young people – to enhance and improve services that prevent homelessness among young people.
- Domestic abuse – to prevent domestic abuse and the crisis homelessness resulting from it wherever possible.
- Offending – to deliver better-focussed housing and related support services for those at risk of homelessness when leaving prison. The strategy aims to prevent and tackle homelessness by addressing the broader underlying issues and brings together the organisations working in other policy

areas to help to define and develop a way forward to reduce homelessness in Warwickshire.

The strategy aims to prevent and tackle homelessness by addressing the broader underlying issues and brings together the organisations working in other policy areas to help to define and develop a way forward to reduce homelessness in Warwickshire.<sup>50</sup>

## Support in Warwickshire

**Some examples of local support:**

**Warwickshire County Council and District and Borough councils** provide a range of services to prevent and tackle homelessness. E.g. **p.h.i.l. (Preventing Homelessness Improving Lives)** is a service that actively seeks early referrals about, and direct contact from, people who are concerned that they may become homeless

**Community and voluntary sector support** including support centres, night shelters

**Mental health first aid training** for front line workers

**Supporting hospitals** by working with Warwickshire's Hospital Liaison Officers across our main acute trusts, to support safe and positive discharge arrangements for patients where homelessness, housing need or property condition is an issue

**Improved access to affordable housing** is being promoted by district and boroughs using their Local Plans and Lettings Schemes

## Recommendations

The case study is one of many local success stories through the Governments "Everyone in" directive. There are still many individuals who need support to maintain accommodation, and this story highlights the importance of continuing support when people are housed. Reduction in Homelessness may be considered a measure of our collective success in reducing health inequalities, with rough sleeping the most extreme and damaging to health. Reducing homelessness will contribute to a reduction in health inequalities and improvements in a wide range of health outcomes.

- ➔ Raise awareness to the health and care system around the key message; acting to prevent homelessness is everybody's business

- ➔ The Strategic Homelessness board to continue the strong partnership working and create clear referral pathways to ensure prevention and early intervention is key to supporting people who are at risk of becoming homeless.

- ➔ All health and wellbeing board partners to endorse the recommendations in the Warwickshire Homelessness Strategy and ensure delivery of the action plan to continue to improve the health and wellbeing of people who are homeless or at risk of homelessness.

- ➔ Ensure Commissioners of services engage with the homeless community in the design of services to understand their needs, barriers and how services can work together.

# Loneliness and Social Isolation in Older Adults

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## Background

People from all backgrounds have been impacted by loneliness and social isolation during this pandemic. However, here the focus is on how it affected the lives of our older residents. Research by Age UK found that loneliness and social isolation as a result of COVID-19 has impacted on older adults more significantly than other age groups. It was clear early in the pandemic that age increased the risk of dying from COVID-19 infection. Many older residents took steps to reduce social contact during the pandemic.<sup>51</sup>

UK Government advised shielding measures for those who are more clinically vulnerable to COVID-19, this included those aged 70 and over. Shielding residents were strongly advised to stay at home unless for exercise or doctor's appointments.<sup>52</sup>

Shielding measures mean that older adults experience greater social isolation which combined with a lack of access to digital technologies and disruption to mental health services may exacerbate pre-existing loneliness and mental health problems. The measures were also likely to reduce physical activity, active travel and access to healthy diets. This contributed to the risk of developing or worsening long-term health conditions. It has been documented that social disconnection puts older adults at greater risk of depression and anxiety.<sup>51</sup> Early findings from the Coventry and Warwickshire Health Impact Assessment found an increase in calls for support to the county council and that isolation has been a trigger for people accessing support in Warwickshire.<sup>12</sup>

Older adults will also be disproportionately affected by loneliness and isolation because for many, social contact is out of the home, e.g. day centres, community centres, and places of worship. Those who do not have close family or friends and rely on the support of voluntary services or social care could be placed at additional risk, along with those who are already lonely, isolated, or secluded. They may also be impacted more by complex grief during pandemic, linked to restrictions in contact with those who were dying and social isolation.<sup>51</sup>

A report by the Campaign for Loneliness states that lonely individuals are at higher risk of the onset of disability, puts individuals at greater risk of cognitive decline, and that lonely people have a 64% increased chance of developing clinical dementia.<sup>53</sup>

Therefore, loneliness and social isolation among older adults are a "serious public health concern" because of their increased risk of cardiovascular, autoimmune, neurocognitive, and mental health problems.<sup>54</sup>

## Picture in Warwickshire

Loneliness and social isolation will impact areas of Warwickshire with higher numbers of older adults. Information from before the pandemic shows the number of older adults by area and the levels of loneliness and isolation that was already present as shown in Table 5 below.<sup>55, 56</sup>

Overall, the 65+ population in Warwickshire is estimated at 21% of the total population. Over the period 2018 to 2043, this is expected to increase by 42% (Table 5).

The table 5 displays population projections for Warwickshire residents aged 65+ and the estimated number of people who experience loneliness. It is estimated that almost 1 in 3 (31%) of the population aged 65 and over are lonely 'some of the time' and 7% 'all of the time or often'. In Warwickshire, this equates to almost 47,000 people aged 65+ experiencing some degree of loneliness or social isolation.<sup>55, 56</sup>

**Table 5: Estimates of lonely people in Warwickshire**

District/Borough	2021 estimated population aged 65+	Estimated lonely 'all of the time or often'	Estimated lonely 'some of the time'	Estimated % aged 65+ of total population	Estimated population increase, persons aged 65+ (2018 to 2043)
North Warwickshire	14,866	4,608	1,041	22%	46%
Nuneaton and Bedworth	25,548	7,920	1,788	19%	30%
Rugby	21,082	6,535	1,476	19%	39%
Stratford-on-Avon	34,213	10,606	2,395	26%	51%
Warwick	27,964	8,669	1,957	19%	40%
Warwickshire	123,673	38,339	8,657	21%	42%

Source:ONS

Warwickshire COVID-19 Impacts and Recovery Survey (2020) found half of respondents reported feeling lonely during the pandemic. Those particularly affected were younger, women, people with pre-existing mental health conditions and those not in employment (excl. retired).<sup>57</sup>

The survey found people affected more by social isolation may also have turned to some unhealthy behaviours to cope with the pandemic:

- 1 in 5 reported increased alcohol consumption
- 1 in 5 reported increased consumption of sugary and fatty foods
- 1 in 3 reported increased eating

The case studies below describe scenarios where loneliness or social isolation has affected the lives of our older residents and how organisations and services have supported people through the pandemic.



## Case Study 1 – Age UK Coventry and Warwickshire

### Background

Niall, a resident in their 80s who is also caring for a relative in end of life has struggled when shielding meant loss of all their regular support networks and routines.

When the relative's health deteriorated and was admitted to hospital it meant Niall was not able to see them for 4 weeks until they were discharged. With GP and Crisis Team support, self-referral into the Age UK Counselling Service was made and medication for anxiety and depression prescribed.

### Impact of COVID-19 on health and wellbeing

The responsibility of caring for a terminally ill person without the usual support mechanisms in place have been overwhelming and this impacted on Niall's mental health and his ability to cope.

Niall commented that cleaning and keeping safe had

become paramount and not being able to visit in hospital felt 'cruel.' Caring at home left him feeling anxious and worried that the alternative option to go into care would mean not being able to see each other again.

### Interventions

- Ongoing telephone counselling put in place
- Receipt of person-centred cognitive behavioural therapy to encourage carer to learn more about their mental health and help improve health and wellbeing
- Fortnightly wellbeing calls to support feelings of loneliness and isolation
- Information about other available support available provided

### Outcomes

- Niall more able to make informed decisions and feels emotionally more stable and able to cope with an extremely demanding situation
- Learning of coping strategies
- Provision of an information pack with key emergency contacts

## Case Study 2 – Warwickshire County Council Communities Shielding Hubs

### Background

Carol, a recently widowed resident contacted the Shielding Hub feeling terribly upset and alone. Their adult child was unable to help because they were shielding due to a long-term health condition.

### Impact of COVID-19 on health and wellbeing

The arrival of the pandemic made the recent bereavement even harder to cope with. Feelings of grief and isolation were now compounded with feelings of fear of a new virus.

### Intervention

The Shielding Hub worker listened to Carol, giving time to talk about the feelings of bereavement and fear of the virus. Feelings of isolation and loneliness due to bereavement of spouse were a main concern. It became clear that access to timely bereavement counselling was required. A referral was made to the Bereavement Counsellors at the Mary Ann Evans Hospice (MAEH).

### Outcomes

- Weekly calls from the Bereavement Counselling
- Resident was incredibly grateful for this service and reported feeling much better
- Plans to plant seeds as spouse liked gardening and 'liked his flowers' - so wanted to try and keep this up in his memory

## Evidence of best practice

- The importance of social connection and relationships has been brought into sharp focus by the COVID-19 pandemic.
- The link between loneliness and social isolation on poor mental and physical health is clear. To address loneliness and social isolation the focus has been on supporting people to remain connected to their communities and to develop and maintain connections to their friends and family.<sup>58</sup>

## Support in Warwickshire

Warwickshire County Council and district and borough councils have mobilised a range of services providing support to vulnerable residents. Our partner organisations, the voluntary sector and other agencies have adapted quickly to meet the challenges of the pandemic, showing great flexibility, creativity and innovation in their service offers. Examples of support available are:

**Improving Mental Wellbeing in Warwickshire** workstream will be responding to the pandemic and there will be a project dedicated to tackling loneliness and social isolation including:

- a 12-month role to consolidate and channel the various 'touchpoints' within the county to support services, and to ensure that staff are trained
- Volunteers to work with and support carers
- Development of a strategic action plan linked to the WCC COVID-19 Recovery Plan

**Health Aging Microsite** Launched and provides advice about health, wellbeing and exercise to residents aged 65 plus - [warwickshire.gov.uk/healthy-ageing](http://warwickshire.gov.uk/healthy-ageing)

**Mental health and wellbeing services** are available to support people who are feeling lonely and isolated - [warwickshire.gov.uk/mentalhealth](http://warwickshire.gov.uk/mentalhealth)

**COVID-19 Community Led Support Groups Directory** has been produced to provide useful information about local organisations, groups and agencies that are providing activities, advice, and services to support people during the pandemic - <https://apps.warwickshire.gov.uk/covid19directory>

- The Campaign for Loneliness has scoped a model of best practice where a systems approach is used: focus on age friendly communities; asset-based community development, volunteering, and neighbourhood approaches
- Infrastructure such as digital connectivity is crucial to enabling older adults to access social networks and a sense of belonging during a pandemic, although there might be disparities in access to or literacy in digital resources.

**Warwickshire County Council are commissioning a suite of creative health programmes;** using the arts to promote social connectivity and improved mental wellbeing across the life course.

- **Arts on Referral for Adults:** to support wellbeing for adults in Warwickshire with mild to moderate mental health issues using a variety of art courses. The art programmes aim to bring people together to share life experience and through the creative process strengthen identity and control over their lives and futures - <https://arty-folks.org.uk/what-we-offer/>
- **Arts and Nature:** a range of 6-week programmes for adults with mild to moderate mental health challenges and those wanting to support their wellbeing, to improve engagement with the natural environment and wellbeing of residents - <http://www.escapearts.org.uk/>
- **Singing for Lung Health:** 10-week programmes for adults with chronic respiratory conditions. This will consist of courses of group-based sessions led by an experienced singing specialist - <https://breathehr.org/breathe-sing/>

**Warwickshire Carer Information Service** (Carers Trust Heart of England) has produced a guide to support all carers [carerssupport@carerstrusthofoe.org.uk](mailto:carerssupport@carerstrusthofoe.org.uk)

Examples of services include:

- **Virtual cuppa**  
[www.mobiliseonline.co.uk/cuppa](http://www.mobiliseonline.co.uk/cuppa)
- **Warwickshire Safe Haven**  
[safehaven@cwmind.org.uk](mailto:safehaven@cwmind.org.uk)
- **Care Companion**  
[www.carecompanion.org.uk](http://www.carecompanion.org.uk)
- **Dementia Connect**  
[dementia.connect@alzheimers.org.uk](mailto:dementia.connect@alzheimers.org.uk)

## Recommendations

While the pandemic had created enormous challenges, it had also brought about changes to reduce loneliness and social isolation that will need to be sustained. Many services are planning to incorporate new models developed during the pandemic into their plans for the long term.

- ➔ Adopt a systems approach to tackling loneliness and social isolation.
- ➔ Ensure enhanced support continues for example, mutual aid groups operating at neighbourhood levels are supported to continue to operate especially those who support some of the most socially and rurally isolated.
- ➔ Our case studies show that services and communities can act quickly and creatively to meet resident's needs. Commissioners need to ensure providers continue to adopt this approach.
- ➔ Services need to engage and understand the needs of older adults. The pandemic has highlighted the benefits of digital technology to continue to deliver services. However, they cannot replace face to face, especially with older people who may not have access to digital technology or have health conditions such as visual and hearing impairment.
- ➔ Communicate regularly with our communities to raise awareness of the services and support available to them, for example, continuing to engage with our shielded residents.
- ➔ All partners to identify opportunities to mitigate both mental and physical health consequences of social isolation due to the pandemic. For example, alcohol awareness and harm reduction strategies should include and target information for older adults.
- ➔ Poor transport links need to be addressed as part of recovery plans as these are essential in keeping older people connected especially in rural, remote parts of the county.

# Young people with mental health needs

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## Background

Young people across Warwickshire have had their lives turned upside down by the pandemic. Almost every young person has had to adjust to major changes in their education or employment, routine, leisure and home life. Some have experienced bereavement or other traumatic experiences during the lockdown period, while young people who were already disadvantaged are now likely to become more so.<sup>59</sup>

Good mental wellbeing is as important as physical health to help young people develop the resilience to cope with life into adulthood.<sup>60</sup>

**Things that can help keep young people mentally well include:**

- being in good physical health, eating a balanced diet and getting regular exercise
- having time and the freedom to play, indoors and outdoors
- being part of a family that gets along well most of the time
- going to a school that looks after the wellbeing of all its pupils
- taking part in local activities for young people.

**Other factors which are also important include:**

- feeling loved, trusted, understood, valued and safe
- being interested in life and having opportunities to enjoy themselves
- being hopeful and optimistic
- being able to learn and having opportunities to succeed
- accepting who they are and recognising what they are good at
- having a sense of belonging in their family, school and community
- feeling they have some control over their own life
- having the strength to cope when something is wrong (resilience) and the ability to solve problems.

The pandemic has put a huge strain on many young people who were already struggling with their mental

health, because of social isolation, strained family relationships, academic stress, a loss of routine and a breakdown in formal and informal support. Common mental health problems in young people include but not limited to, depression, self-harm, anxiety, post-traumatic stress disorder and eating disorders.<sup>61</sup>

There are certain risk factors that drive inequalities and make some young people more susceptible mental health problems such as:

- having a long-term physical illness
- having a parent who has had mental health problems, problems with alcohol or has been in trouble with the law
- experiencing the death of someone close to them
- having parents who separate or divorce
- having been severely bullied or physically or sexually abused
- living in poverty or being homeless
- experiencing discrimination, perhaps because of their race, sexuality or religion
- acting as a carer for a relative, taking on adult responsibilities
- having long-standing educational difficulties.

It is anticipated that COVID-19 will increase the overall prevalence of mental health issues in young people and will widen these inequalities which already exist.<sup>61</sup>

## Picture in Warwickshire

Nationally, it is widely reported that around 1 in 10 children and young people have a diagnosable mental health disorder. This public health challenge often extends into adult life, with half of all mental health conditions beginning before the age of 14. A recent follow up survey by NHS Digital, Mental Health of Children and Young People in England 2020, found:<sup>62</sup>

- Rates of probable mental disorders have increased since 2017. In 2020, one in six (16.0%) children aged 5 to 16 years were identified as having a probable mental disorder, increasing from one in nine (10.8%) in 2017. The increase was evident in both boys and girls.

- The likelihood of a probable mental disorder increased with age with a noticeable difference in gender for the older age group (17 to 22 years); 27.2% of young women and 13.3% of young men were identified as having a probable mental disorder.

Due to delays in reporting due to COVID-19 it is difficult to present a true picture of the number of young people with a mental health problem in Warwickshire. Therefore, a case study approach has been used to highlight the experience of a young person with mental health needs in Warwickshire.

#### In Warwickshire:

- The number of hospital admissions as a result of self-harm in 10-24 years remaining significantly higher than the England average 2018/19 (581.0 per 100,000 in Warwickshire, compared to 444.0 in England)<sup>1</sup>

## Case Study

### Background

Zahra, a 16-year-old female, was referred to RISE due to low mood and anxiety. She was offered and accepted a place on a series of emotional and wellbeing webinars.

### Impact of COVID-19 including on health and wellbeing

Zahra was already struggling with anxiety, but this had been exacerbated further by the pandemic and then the consequent death of her grandparent from COVID-19. This had affected her so badly, she felt unable to return to school after the lockdown ended due to severe anxiety and fears about becoming contaminated with the virus if she touched anything.

### Intervention/s

The RISE service enabled Zahra to participate in a course of 6 Emotional Wellbeing webinar sessions comprising: early warning signs; thoughts, feelings and behaviours; managing worries, mindfulness, resilience, recap/quiz

However, she told RISE workers that she felt too old for these sessions (11+ years old) and that she had already learnt much of the content at school. She felt that her understanding of mental health and resilience was very good.

RISE then referred Zahra to Relate for counselling, however, due to similar feedback from other older teenagers, RISE staff established a new Peer Support Group for 15-year olds+, which she has now begun to attend. Zahra has postponed her counselling with Relate now as she says the Peer Support Group is really helping her.

### Outcomes

Zahra is really enjoying the group sessions. Her WEMWBS (Warwick Edinburgh Mental Wellbeing Scale) has significantly improved already. Zahra's mother says that since coming to C&W MIND RISE service her daughter has been attending school every day (she was out of school for 6 months) and has only had a "couple of wobbly days. It's brilliant, thank you so much".

## Evidence of best practice

The UK Governments Green Paper on children and young people's mental health was published in 2017 which sets out measures to improve mental health of young people. The NHS Long Term Plan published in January 2019, restated the Government's commitment to deliver the recommendations in The Five Year Forward View for Mental Health and set out further measures to improve the provision of, and access to, mental health services for children and young people. Examples of the measures to improve mental health and wellbeing of children and young people:<sup>63, 64, 65</sup>

- Tackling the root causes and factors which have an impact on poor mental health in young people. e.g. support new parents' mental health, reduce parental conflict, improve support for young people with a learning disability or autism and providing support for vulnerable families.
- To incentivise and support all schools and colleges to identify and train a Designated Senior Lead for mental health.
- To fund new Mental Health Support Teams, which will be supervised by NHS children and young people's mental health staff.
- To reduce waiting times for access to specialist NHS children and young people's mental health services.

Following the impact of COVID-19, the World Health Organisation has published advice on how to support young people's mental health during this time. This includes parents/carers looking after their own mental health and wellbeing, maintaining routine and social contact with peers.<sup>66</sup>

Locally in Warwickshire, our Health and Wellbeing Board have set children and young people's mental health as a key priority in the new Health and Wellbeing Strategy 2021-25.<sup>2</sup>

A self-harm working group has also been established and is delivering a number of projects to reduce the impact of self-harm. These include the roll-out of the MeeToo app, a training programme on self-harm for Primary Care and a peer support group for parents of children and young people who self-harm.

## Support in Warwickshire

### Examples of support for young people:

**Rise** - is a family of NHS-led services providing emotional wellbeing and mental health services

for children and young people in Coventry and Warwickshire. Rise aims to build resilience and empower children and young people (as well as the adults in their lives) to know where to go for help and advice - [cwrise.com/](http://cwrise.com/)

**Warwickshire School Health and Wellbeing Service** - countywide school nursing service for the delivery of the Healthy Child Programme 5-19 years (up to 25 years for people with special educational needs), led by school nurses for the promotion, prevention and protection of children and young people's health and wellbeing - [warwickshire.gov.uk/schoolhealthandwellbeing](http://warwickshire.gov.uk/schoolhealthandwellbeing)

**Wellbeing for Education Return** - webinars for school professionals. The webinars are based on the Anna Freud series and have been tailored locally and are delivered by local Education Psychologists to raise awareness of the help and support available for our young people.

**Chat Health** - Confidential text messaging service with school nurses for parents, carers and young people. You can message for advice on all kinds of health issues, including general health, child development, behaviour, toileting advice, emotional wellbeing, sexual health, bullying and healthy eating - [warwickshire.gov.uk/chathealth](http://warwickshire.gov.uk/chathealth)

**Children and Young People Arts on Referral Programme** - recently commissioned by WCC. The programme will use arts activities to engage children and young people with mild to moderate mental health issues. It aims to improve emotional and mental wellbeing and promote resilience in children and young people to cope with life challenges.

**Kooth** - WCC are in the process of commissioning Kooth which will provide early intervention opportunities through a digital platform of self-help resources, signposting, an on-line magazine, peer support online community and counselling chat function for those aged 11 - 25. Kooth will complement and enhance systems and services that are already in place, such as Rise, to help prevent children and young people need's escalating.

**'MeeToo' app** - recently commissioned by WCC. This is a multi-award winning fully moderated, anonymous, mental help app for young people aged 11+. MeeToo safely enables young people to talk about difficult things and help themselves by helping each other. Beneath an engaging peer to peer social media feed, MeeToo integrates the latest psychological research

into peer support and positive psychology. This promotes the development of protective factors such as emotional resilience, empathy, social skills, stress management and coping techniques. The app will be piloted in four schools across North Warwickshire, Nuneaton and Bedworth.

More information can be found online – [warwickshire.gov.uk/mentalhealthyoungpeople](http://warwickshire.gov.uk/mentalhealthyoungpeople) or [dearlife.org.uk/](http://dearlife.org.uk/)

## Recommendations

This case study highlights the need for a variety of services to meet the individual needs of young people and equal access for all. To improve wellbeing and prevent further impact on inequalities in young people the following recommendations need to be addressed:

- ➔ Improve access to services for all, ensuring a plan to have tailored support for the most marginalised communities.
- ➔ Improve early intervention and prevention as they are key to the wellbeing of young people. Ensuring our young people have the best start in life by providing wellbeing support to new parents, mental health education in schools and educating our young people on the safe use of social media.
- ➔ Invest in and raise awareness of wider community support available to support wellbeing of young people e.g. peer to peer support groups, youth clubs.
- ➔ On-going engagement with young people in Warwickshire to ensure their needs are informing the services and support available.
- ➔ Use the most appropriate social media platforms to raise awareness of wellbeing and signpost to support for young people. Building on from the findings of the 2018 Director of Public Health Annual Report, which highlights impact of social media on young people's health and wellbeing.



# Family poverty

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## Background

Family poverty exists due to social inequalities in society. There is growing evidence that overall levels of poverty are rising, and this will be further compounded by the impacts of the pandemic. There is no universal definition for poverty in the UK but it may be measured in a number of ways, such as disposable household income, fuel poverty, gaps in attainment at school, unemployment rates and food bank access. The impact of poverty on health is striking and can be measured in lower life expectancies.<sup>67, 68</sup>

Nationally and locally there has been a significant increase in the number of families facing financial hardship due the pandemic. This can be due to a wide variety of factors including breakdown of family relationship, inability to work due to health conditions or caring responsibilities, businesses unable to operate under the national restrictions, unemployment or those in insecure work.

Some groups are disproportionately more likely to be pulled into poverty and are more likely to have been disproportionately impacted by the pandemic, such as part-time workers, Black, Asian and Minority Ethnic households, lone parents, private renters and areas of the UK where there are already higher levels of unemployment, poverty and deprivation. BAME households are also more likely to be in occupations which put them at higher risk of acquiring Covid. Other groups more at risk of financial hardship include those living with mental health issues, learning disabilities, and those with caring responsibilities.<sup>3</sup>

## Picture in Warwickshire<sup>1</sup>

- In Warwickshire 13.8% of families are on low income. This varies across the district and boroughs with the highest percentage in Nuneaton and Bedworth (18.9%) and lowest in Warwick and Stratford-on-Avon districts (10.2% and 11.4% respectively). This has increased from the previous reporting period.
- In 2019, there were two fewer areas (Lower Super Output Areas) in Warwickshire in the 10% most deprived nationally compared to 2015, but an additional six areas in the 20% most deprived nationally. Overall in Warwickshire, there were six more areas in the top 30% most deprived areas nationally than in 2015.
- 9.5% of households in Warwickshire are living in fuel poverty. There has been a 27% increase in residents seeking support from Act on Energy between October and December 2020 compared to the same period in 2019. This reflects increasing concerns over fuels bills and debt.
- Food parcels given out to households increased by 63% in Warwickshire North and Rugby; and by 87% in Warwickshire South between April 2020 and April 2019
- Claimants of either Jobseeker's Allowance or Universal Credit increased between May 2019 and May 2020 by 125.1%.

## Case Study

The case study approach provides local story from a family who have received support during the pandemic.

## Background

Maria rang Citizens Advice (CA) in a distressed state looking for advice with benefits and debt. She disclosed that she is married with two young children.

## Impact of COVID-19 including on health and wellbeing

Maria is a shop manager currently not working having been signed off by her GP due to the lasting effects of contracting COVID-19. Her GP had diagnosed her as suffering from long Covid.

Maria explained to the CA advisor that her husband Tom has long-term health issues and is also recovering from the effects of contracting COVID-19. Before March, he was able to do occasional work as a self-employed barber, but since receiving a shielding letter, he had not been able to work.

CA discussed with Maria if Tom had any care or mobility issues and she explained his long-term health issue was due to a leg injury. He now has to walk with aids which is why she feels he may not work in the foreseeable future. The advisor established by exploring Tom's work history that he was unfortunately not eligible to apply for the Coronavirus self-employed income support grant.

## Intervention

The advisor explained that her husband may be able to claim for a non-means tested benefit called PIP and would refer her to the CA Disability Rights Unit.

Once Tom had applied for the forms, he could then contact CA again and get help completing them.

Maria was advised that her and her husband could also make a joint claim for Universal Credit. As they both had limited capability to use a computer, the CA advisor arranged an appointment with a specialist advisor to ring them and walk them through the claim online.

Maria became quite distressed at having to face the prospect of dealing with outstanding debts and told the adviser she has been burying her head in the sand. She had mounting debts and didn't know where to start. Maria was then referred to the CA Debt Caseworker who contacted her the same day to re-assure her and establish her current debt situation. She had outstanding debt with Council Tax and was now receiving demand letters. It was explained to her she could apply for a Discretionary Housing Payment once the Universal Credit claim had been made and also Council Tax Reduction, and help was offered to do this.

She also had outstanding utility bills for both gas and electricity. After discussion it was decided that Maria would contact the utility company and request a pre-payment meter which, although more expensive, would help her budget weekly. She was also informed that she may be eligible to apply for Warm Home Discount Scheme offering £140 off her electricity bill for winter 2020 to 2021. A food voucher was also provided.

## Outcome

Maria said she felt so relieved with the advice and support she had received from Citizens Advice and that she would now be able to sleep at night. She felt there was a 'light at the end of the tunnel.'

## Evidence of best practice

A new report by the Childrens Commissioner 2021 states that even before the impact of COVID-19, nationally the number of children living in poverty and the outcomes for children in this situation were getting worse:<sup>69</sup>

- Children are the group of the population most likely to be in poverty, and child poverty has been rising in absolute and relative terms for nearly a decade during whilst pensioner poverty has fallen consistently and dramatically.
- The gap between children eligible for free school meals and their peers is now widening, after decades of continuous progress in closing this gap.

COVID-19 has shone a light on the inequalities which already existed for people living in poverty. Living in poverty is not just about the conditions in which children live. It also defines their life chances. Evidence shows that children in low-income families have poorer outcomes for cognitive development, health and wellbeing, school achievement, and social and behavioural development compared to their peers.<sup>69</sup>

Tackling family poverty is key to reducing inequalities and improving health and wellbeing. The forthcoming “Tackling Family Poverty in Warwickshire” strategy 2021-2030 will be an important step in tackling the causes of family poverty in Warwickshire and will be supported by a long term, sustainable delivery plan over the next decade.

The strategy closely aligns to and supports other strategic ambitions and priorities in Warwickshire, in particular Coventry and Warwickshire’s Health and Care Partnership (HCP), the Health & Wellbeing Strategy 2021 – 2026 and Warwickshire County Council’s Council Plan 2025 which focuses on giving children the best start in life.<sup>2,68,70,71</sup>

## Support in Warwickshire

**Examples of local support available:**

**Warwickshire Family Information Service** – provides information, advice and one-to-one support for families with children and young people aged 0 to 25 across Warwickshire on issues including: family relationships, finance, housing, parenting support, special educational needs and disabilities (SEND), childcare and health and wellbeing - [warwickshire.gov.uk/fis](http://warwickshire.gov.uk/fis)

**Benefits and welfare advice such as local Citizens Advice** – [warwickshire.gov.uk/benefitsandwelfare](http://warwickshire.gov.uk/benefitsandwelfare)

**The Warwickshire Local Welfare Scheme** helps the most vulnerable residents at times of unavoidable crisis when they have no other means of help – [warwickshire.gov.uk/localwelfarescheme](http://warwickshire.gov.uk/localwelfarescheme)

**WCC facing hardship webpage** signposts people to support such as community-led support groups, food banks, free school meals and help with household costs e.g. Act on Energy – [warwickshire.gov.uk/facinghardship](http://warwickshire.gov.uk/facinghardship)

## Recommendations

- ➔ All Health and Wellbeing Board partners endorse the recommendations in the forthcoming 'Tackling Poverty in Warwickshire' strategy 2021-30.
- ➔ Address the stigma associated with financial hardship and encourage residents to freely access support available.
- ➔ Ensure people who are long term unemployed or have lost their job during the pandemic receive appropriate signposting to mental health and wellbeing support alongside other measures to help them back into employment.
- ➔ Raise awareness and signpost residents to the support available in Warwickshire to improve the physical and mental wellbeing of families.
- ➔ Ensure access to services for all, building on the engagement with families during the pandemic, particularly those who are rurally or socially isolated to ensure services are accessible and meet family's needs.
- ➔ Recovery plans in Warwickshire must focus on reducing the impact of family poverty and set out to measure the relative changes between areas and families of different backgrounds to ensure that growth is inclusive, which was identified as a priority in the Warwickshire Economic Growth strategy 2020-2025.<sup>72</sup>

# Adults with learning disabilities

## Background

A learning disability affects the way a person understands information and how they communicate throughout their lifetime. This means they can have difficulty:<sup>73</sup>

- understanding new or complex information
- learning new skills
- coping independently
- **Deaths** - During wave 1 of the pandemic there was a significant increase in the number of deaths reported to the Learning Disability Mortality Review (LeDeR) programme both nationally and locally. During March – May 2020 24 deaths of Coventry and Warwickshire adult residents were reported to LeDeR representing a 140% increase when compared to the same three-month period in 2019. Analysis of the circumstances surrounding the deaths of these individuals confirmed that the presence of COVID-19 was accountable for this increase, with COVID-19 cited as cause of death in eleven of the deaths reported during this time.<sup>74</sup>
- **Recognition and understanding** - people with learning disabilities are likely to have had difficulty recognising symptoms of COVID-19, or following government advice about getting tested, self-isolation, social distancing and infection prevention and control, leading to an increased risk of contraction and spread of the virus. It may also be more difficult for people caring for them to recognise the onset of symptoms if these cannot be communicated.<sup>75</sup>
- **Community Service provision e.g. respite and day services** - have been reduced due to limitations around social distancing. This has led to feelings of social isolation amongst people with a learning disability. Whilst many services have adapted to provide online support, digital exclusion has compounded the reduction in access and demands on carers.
- **Impact on families and carers** due to service closures, a reduction in community activities and fears of

accepting support due to risks of coronavirus transmission, has meant many families and carers have lost access to the support that they would ordinarily receive, placing increased pressure on families and carers. According to Carers UK, 69% of unpaid carers are providing more help with emotional support, motivation or keeping an eye/checking in on the person they care for throughout the pandemic. This is particularly challenging for those caring for some with a learning disability and/or autism due to increases in challenging behaviour because of the person not understanding circumstantial changes or the new rules that they must follow.<sup>76</sup>

## Picture in Warwickshire

- Approximately 2.16% of adults and 2.5% of children in the UK are believed to have a learning disability.<sup>77</sup>
- It is projected that over 10,000 residents aged 18 and over have a learning disability in Warwickshire (table 6)<sup>1, 8</sup>
- In March 2020 it was approximated that over 2600 adults (ages 18-64) with a Learning Disability were accessing adult social care services in Warwickshire.

**Table 6: Baseline Estimates of people with learning disabilities in Warwickshire 2020**

People predicted to have a learning disability, by age	2021
People aged 18-24	1,169
People aged 25-34	1,815
People aged 35-44	1,745
People aged 45-54	1,854
People aged 55-64	1,762
People aged 65-74	1,375
People aged 75-84	881
People aged 85 and over	328
Total population aged 18 and over predicted to have a learning disability	10,930

## Case Study

A case study has been written by the team from the Warwickshire Empowerment Service (WES) to show how a resident has been supported during the pandemic.

## Background

Life for Mo was lonely and isolated. He was anxious about the future and had lost his confidence to speak up. He told us he had “lost his voice in the world.” As his anxiety developed, he became more reclusive – finding it easier to stay at home and immerse himself in the world of video games.

## Impact of COVID-19

When COVID-19 struck, Mo knew he’d only become more isolated and lonely, so he decided to contact Grapevine. He said he wanted to achieve... a chance to develop new ways to connect with others; become more confident; build friendships – but most importantly, regain his voice.

## Intervention

Grapevine introduced Mo to other members of WES through an introductory session ‘The Chase’, bringing people together during the pandemic to have some fun with a quiz and learn about the service.

Following this, Mo started to attend twice-weekly virtual sessions, helping other people with disabilities increase their confidence and skills to speak up and tackle issues they face.

## Outcome

Mo flourished. From having no social connections and confidence he made friends with a group of eight from across Warwickshire. He quickly took part in important work advising Warwickshire services on how to make small changes to ensure they are accessible and inclusive online. This feedback has already led to changes in how one newly launched website provides information and guidance about mental health – a topic close to Mo’s heart. Mo then pledged to deliver training to the group about anxiety and coping strategies to improve their awareness of mental health conditions. Mo also joined some campaign planning with the group aiming to work with local organisations in Warwickshire to make services more inclusive. Mo is working with the Warwickshire Empowerment Team to produce a tick-list to assess a venue’s accessibility, which includes access for people who have anxiety. His personal experiences will be invaluable when providing disability awareness training to these venues. Mo is part of a group that have independently set up and delivered their own virtual weekly socials. The group is planning a face-to-face meet up when it’s safe to do so. Mo is very supportive of his new-found social circle, offering advice when they are finding something difficult or hard to understand or when they just need reassurance.

Mo concludes: “I am very shy and I used to be scared about things, such as talking to others. I still am a bit but the Empowerment Service has helped a lot and I am not alone anymore.”

## Evidence of best practice

**Reasonable adjustments** in health and care provision are vital to ensure that people with a learning disability are provided with access to good quality and equal healthcare. The Confidential Inquiry into premature deaths of people with learning disabilities (CIPOLD) reviews showed that the lack of reasonable adjustments as a contributory factor in a number of avoidable deaths.<sup>78</sup>

Healthcare professionals have a legal duty to provide reasonable adjustments for disabled people and provision of easy-read information, avoiding medical jargon, or longer appointment times.<sup>79</sup>

## Support in Warwickshire

**Examples of local support available:**

**Warwickshire Empowerment Service** – provides support to individuals with disabilities/ autism to share their experiences to inform and influence local decision-making. During the pandemic Grapevine ensured that all individuals were still able to keep in touch, share skills and techniques to support people, e.g offering virtual meetings and telephone calls. Topical information sessions including understanding Covid

guidance, creating a wellbeing plan and online safety were provided. Individuals have been encouraged to embrace virtual opportunities to stay connected e.g. learning to set up social catch ups which are now run independently.

**Day services and respite** – these services have been heavily impacted due to the group nature of delivery. All day service and respite clients have been RAG rated, with access offered to those rated high risk and those rated amber and green offered virtual or outreach services. Services which have re-opened have been done so gradually with limited capacity to promote social bubbles and social distancing.

**Supported living** – has continued with minimal adjustment, in some cases, providers have delivered additional support to individuals who have been unable to access group-based day services due to clinical vulnerability. Providers have been supported to keep people safe with key guidance, support and risks shared, with access to additional infection control training and PPE to support infection control measures.

**COVID-19 Information and advice** for people with learning disabilities [warwickshire.gov.uk/information-coronavirus/coronavirus-resources-learning-disability-andor-autism](http://warwickshire.gov.uk/information-coronavirus/coronavirus-resources-learning-disability-andor-autism)

## Recommendations

- ➡ Everyone with a learning disability is supported to access their annual health check up with a GP.
- ➡ Everybody with a learning disability should have a 'hospital passport'. A hospital passport provides important information about a patient with a learning disability about their medication, pre-existing health conditions, how a person communicates and their likes and dislikes. Hospital passports allow health staff to understand the needs of the individual and help them make the necessary reasonable adjustments to the care and treatment.<sup>80</sup>

- ➡ Training should be provided to staff in a range of health, care and community settings, at the right level for their role, to provide better health and social care outcomes for people with a learning disability and to promote community access and accessibility.
- ➡ Accessible information about the pandemic should be easily available for people with a learning disability to aid understanding to reduce the risk of transmission and mitigate mental health concerns.<sup>81</sup>

## Conclusion

This chapter has highlighted some of the early impacts of living through a pandemic and highlighted the services and support which have positively impacted on some people's health and wellbeing, however we know that not everyone will have had the same experiences. To improve the health and wellbeing of the Warwickshire population and reduce the inequalities which exist we must:

- Improve access to services to support people's health and wellbeing
- Ensure services are available and meet the needs of local people
- Engage with our local communities to continue to explore the on-going impact of the COVID-19 pandemic using a variety of methods and feedback the findings to key decision makers in health and social care

## COVID-19 Stories online

An online gallery of COVID-19 stories has been produced to share stories from our residents about their experiences of living through the pandemic – Read the stories – [warwickshire.gov.uk/covid19stories](https://warwickshire.gov.uk/covid19stories)

# Chapter 5: Progress on the 2020 recommendations

This chapter outlines progress with the recommendations made in last year’s annual report, which were endorsed by the Warwickshire Health and Wellbeing Board in September 2019. The report entitled, ‘Working for Wellbeing in Warwickshire’ focused on the impact of work on health and wellbeing. Some great progress has been made despite some delays due to staff working on the current COVID-19 pandemic. It is expected that further progress will be made throughout 2021/22 as partners continue to work together to recover from the pandemic. If your organisation would like to share further progress on these recommendations please contact - [dphadmin@warwickshire.gov.uk](mailto:dphadmin@warwickshire.gov.uk) <sup>82</sup>

Recommendation	Progress
<p>1. The workplace provides an opportunity for the promotion of health and wellbeing. Warwickshire County Council (WCC) and partners should work with businesses of all sizes to enable them to support employee health and wellbeing. Businesses should recognise wellbeing as a key element of core business as healthy employees are more productive, are less likely to take sickness absence and are more likely to remain in work.</p>	<ul style="list-style-type: none"> <li>Warwickshire County Council have launched the Warwickshire Skills Hub website which is due to develop further and offer a digital platform for businesses to engage in the wellbeing support – <a href="http://warwickshire.gov.uk/skillshub">warwickshire.gov.uk/skillshub</a>.</li> <li>Warwickshire County Council are developing a wellbeing business page which actively promotes the Wellbeing agenda with signposting offers and details of virtual workshops.</li> </ul>
<p>2. The public sector is a key employer across Warwickshire employing in the region of 12% of the working age population. The public sector should promote messages about wellbeing and self-care to this group as it provides the opportunity to: improve their own health and wellbeing; influencing their social circle and family as well as improving their interaction with customers and patients.</p>	<ul style="list-style-type: none"> <li>All Health and Wellbeing Board Organisations have signed up to “Thrive at Work” which provides a framework enabling all employers to support the health and wellbeing of their staff.</li> <li>Wellbeing for life relaunch in partnership with Coventry City Council is planned for May 2021. This includes the promotion of “Thrive at Work”.</li> </ul>

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3. Workplace wellbeing is a key focus for the Place Forum and Year of Wellbeing 2019. The Forum should promote “Thrive at Work” which provides a framework enabling all employers to support the health and wellbeing of their staff.

- All Health and Wellbeing Board Organisations have signed up to “Thrive at Work”.
- Warwickshire County Council created a new Wellbeing Manager role, who will work with employers to adopt ‘Thrive at Work’ and will support businesses to develop their wellbeing offer to staff such as encouraging employee to complete Wise Steps suicide prevention course.
- 50 businesses across Warwickshire are progressing towards Bronze level “Thrive at Work” status.

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4. WCC, businesses and partners should work with the Department of Work and Pensions, and other partners, to provide programmes of support to improve the health and wellbeing of those out of work, to enable them to gain employment should they choose to do so.

- The Warwickshire Financial Inclusion Partnership (WFIP) has been active over the last 10 months, meeting regularly to share information and addressing issues, which have emerged due to the Pandemic. It is apparent that those already struggling with financial exclusion, poverty debts, etc have been hit the hardest.
- The WFIP includes colleagues from across WCC, Citizens Advice, EQuIP and the Department of Work and Pensions, and have developed an action plan to try to mitigate the effects of the pandemic on the most vulnerable individuals and communities.
- Priorities include access to affordable food and fuel, access to debt and financial advice, and affordable credit, and supporting those affected by the furlough scheme and redundancies.
- The WFIP also work collaboratively with all partners to promote and enhance local programmes and support for people who are unemployed.

# Glossary

**Breathing pattern disorder** - condition where a person loses their normal breathing rhythm which can lead to over-breathing

**BMI - body mass index** - the BMI calculation divides an adult's weight in kilograms by their height in metres squared

**Cancer screening** - can detect cancers at an early stage and in some cases, even prevent cancers from developing in the first place. Screening is not the same as the tests a person may have when doctors are diagnosing or treating cancer.

**Carer** - is anyone, including children and adults who looks after a family member, partner or friend who needs help because of illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support.

**CCG** - clinical commissioning groups were created following the Health and Social Care Act in 2012, and replaced Primary Care Trusts on 1 April 2013. They are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.

**Citizens Advice** - service that provides confidential information and advice to help people with money, legal and other problems.

**Cognitive behavioural therapy** - is a talking therapy that can help you manage your problems by changing the way you think and behave. It's most commonly used to treat anxiety and depression.

**Cognitive impairment** - when a person has difficulty with their memory, learning new things, concentrating or making decisions. It can range from mild to severe.

**Commissioning** - planning, setting up and contracting of a service.

**CPAP** - Continuous positive airway pressure. It is a therapy provided via a tight-fitting mask connected to a machine. It works by improving the oxygen levels in the body.

**Deprivation** - covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial.

**Directly Standardised Rate (DSR)** - the rate of events that would occur in a standard population if that population were to experience the age specific rates of the subject population.

**Discretionary Housing Payment** - for people who need extra help with rent.

**Health Impact Assessment (HIA)** - is a practical approach used to judge the potential health effects of a policy, programme or project on a population, particularly on vulnerable or disadvantaged groups.

**Health outcome** - a change in the health status of an individual, group or population.

**IAPT** - Improving Access to Psychological Therapy services are for people with mild, moderate and moderate to severe symptoms of anxiety or depression.

**Index of Multiple Deprivation** - commonly known as the **IMD**, is the official measure of relative deprivation for small areas in England. ... The Index of Multiple Deprivation ranks every small area in England from 1 (most deprived area) to 32,844 (least deprived area).

**IMT** - incident management team meetings. This is a multi-disciplinary, multi-agency group with responsibility for investigating and managing incidents.

**Incidence** - the number of new events or new cases of disease in a defined population within a specified time period.

**Intervention** - the action or process of intervening, which could relate to commissioning a service for disadvantaged populations, in an attempt to address a particular issue.

**ITU** - Intensive treatment units are specialist wards that provide close monitoring and care for individuals that are seriously ill.

**Low birth weight** - recorded birth weight under 2500g.

**LSOA** - Lower Layer Super Output Areas (LSOA) are a geographic area designed to improve the reporting of small area statistics in England and Wales.

**Making Every Contact Count (MECC)** - is an approach to behaviour change that utilises the millions of day to day interactions that organisations and individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing. MECC enables the opportunistic delivery of consistent and concise healthy lifestyle information and enables individuals to engage in conversations about their health.

**Morbidity** - amount of disease within a population.

**Mortality** - the number of deaths in a given area or period, or from a particular cause.

**NICE** - National institute for health and care excellence. It provides recommendation for health and care based on the best available evidence

**Obese** - adults are defined as obese if their body mass index (BMI) is greater than or equal to 30kg/m<sup>2</sup>. In children, obesity is defined as BMI greater than or equal to the 95th centile for population monitoring, 98th centile for clinical assessment (UK90 BMI reference).

**Overweight** - adults are defined as overweight if their body mass index (BMI) is 25-29.9kg/m<sup>2</sup>.

**Oxygen saturations** - this is measured using an oximeter and shows the percentage of oxygen in the blood.

**Primary care networks (PCN)** - are groups of practices working together to focus local patient care.

**Population Health Management (PHM)** - is an approach that helps us understand current, and predict future, health and care needs so action can be taken to tailor better care and support with individuals, design more joined up and sustainable health and care services, and make better use of public resources.

**Post-traumatic stress disorder** - is an anxiety disorder that can be caused by traumatic or very stressful experiences.

**Poverty** - those whose lack of resources forces them to live below a publicly agreed minimum standard.

**PPE** - personal protective equipment

**Prevalence** - measures existing cases of disease and is expressed as a proportion. For example, 1% of the population or as a rate per 1,000 or per 100,000.

**Pulmonary embolism** - is a condition caused by a blood clot causing a blockage in the lung's blood vessels.

**Pulmonary fibrosis** - condition where lung tissue becomes damaged and scarred.

**The Quality and Outcomes Framework (QOF)** - is a voluntary reward and incentive programme. It rewards GP practices in England for the quality of care they provide to their patients and helps standardise improvements in the delivery of primary care.

**Restrictive Lung failure** - condition where lungs are unable to expand fully and fill with air.

**Unemployment Rate** - the proportion of people unemployed as a percentage of the economically active population.

**Unemployed** - is generally defined as someone of working age not working, but looking for work.

**Universal Credit** - is a social security payment that is intended to simplify working age benefits and to incentivise paid work, it replaces six previous means tested benefits.

**Warwickshire Health and Wellbeing Board (HWBB)** - the board is a statutory committee of the county council with members from the county council (Social Care and Public Health), clinical commissioning groups, district & borough councils, the Police & Crime Commissioner, NHS Provider Trusts, Healthwatch Warwickshire and NHS England. Its primary purpose is to provide strategic direction and develop shared outcomes for improving health and wellbeing in Warwickshire.

**The Warwick-Edinburgh Mental Well-being Scale (WEMWBS)** - is a scale of 14 positively worded items for assessing a population's mental wellbeing.

**Wellbeing** - is about feeling good and doing (or functioning) well.

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