Health and Wellbeing Board Paper

Paper tracking information	
Title:	Adaptation of approach to JSNA during COVID-19: Intelligence to Support Recovery
Related Health and Wellbeing Priority:	System capability: Intelligence
Author (Name, post title and telephone number):	Dr Julie George, Consultant in Public Health 0781 353 8903 and Satyam Bhagwanani, Head of Analytics and Insight 0797 077 9253
Sponsor:	Ruth Hutchinson, Interim Director of Public Health
Paper date:	4 June 2020
Version:	1.0
Related papers	Refreshing the Joint Strategic Needs Assessment: proposals (HWBB March 2020) Social Progress Index (HWBB March 2020)

1. Executive summary

The COVID-19 pandemic is unprecedented in its impact on the health and economic situation locally, nationally and internationally so effective recovery will require working differently. Changes to how we work includes how we provide population health intelligence to prioritise partnership actions. This paper sets out a plan for the delivering the early population health intelligence response to support recovery which will inform the refresh of the Surrey Joint Health and Wellbeing Strategy and other strategies. The ways in which these proposals relate to previously agreed plans for the refresh of the Joint Strategic Needs Assessment are described.

2. Recommendations

1. To agree this approach to population health intelligence to support recovery.
2. To confirm that the Board agrees this is a suitable approach to providing Joint Strategic Needs Assessment for the next six months.

3. Reason for Recommendations

Understanding the impact of COVID-19 on Surrey residents, particularly those communities and population groups likely to be disproportionately affected by the pandemic and the emergency response, will be a key tool to prioritising health and wellbeing priorities in the short to medium term (3-12 months).

Usual approaches to gathering information such as relaying on administrative data will not capture the information required to understand the full impact of COVID-19 so different approaches, such as rapid needs assessments, are being recommended.

4. Detail

Background

The COVID-19 pandemic is unprecedented in its impact on the health and economic situation locally, nationally and internationally so effective recovery will require working differently. Changes to how we work includes how we provide population health intelligence to prioritise partnership actions. However, we are not starting from scratch. The goals of the 10-year vision partners have for Surrey (Surrey 2030 Vision and Surrey Health and Wellbeing Strategy) still hold, though our actions will of necessity change. Current evidence from the pandemic indicates that the target populations[1] whom partners recognised as having worse health and wellbeing outcomes are also likely to be differentially affected by COVID-19, though other groups will be added. The ambition of 'No one left behind' becomes particularly important in the current context.

We can learn from evidence about the likely impact of COVID-19 and associated interventions on different groups. This includes evidence emerging on the current pandemic, such as the analyses that the Office for National Statistics (ONS) are producing. We may also draw on evidence from previous outbreaks and natural disasters in the UK and elsewhere which caused significant disruption to supply chains and economic losses. We can apply tried and tested methodological approaches that have been developed by the international community as part of disaster relief interventions.

We already have structures that both create the demand for relevant population health intelligence but can also support the co-ordinated delivery of key early products. The Surrey Heartlands Integrated Care System Recovery Board has already identified the need to identify hidden at-risk groups or deteriorating groups whose health needs may not be evident from modelling approaches using activity information. The Surrey Recovery Co-ordination Group is looking at recovery across a broad range of focus areas, many of which have an impact on health and wellbeing but also vice versa. The population health intelligence proposals laid out below will provide intelligence to help inform aspects of the work of both these key audiences. The Tactical Information and Analytics Cell has supported the response phase of this major incident and will continue to co-ordinate the intelligence to support recovery. Several Southeast Regional Public Health professional groups are co-ordinating action to understand population health impact and need which will feed into local delivery.

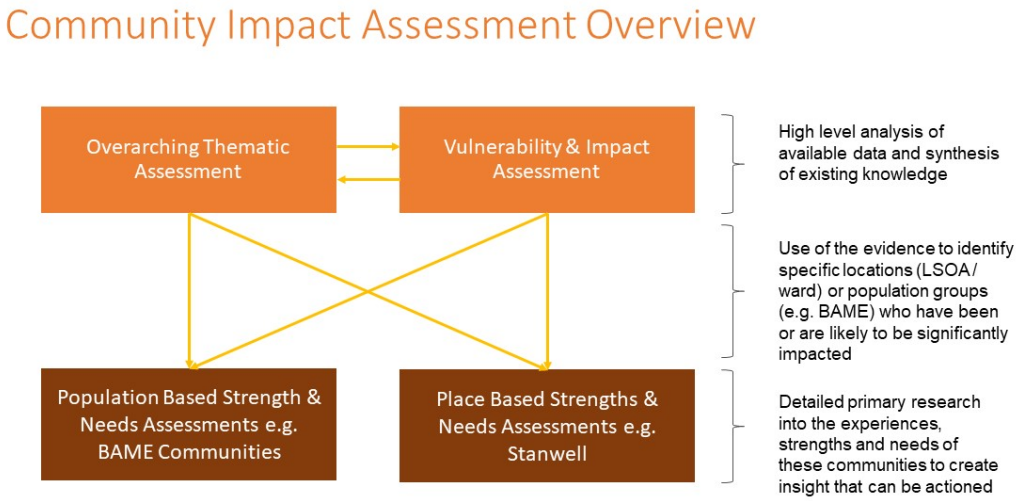
Proposals for population health intelligence to support recovery

The kinds of intelligence required to support the response and the recovery can broadly be sub-divided into 3 areas: modelling, surveillance and bespoke intelligence and insight pieces to inform action plans.

[1] The target populations in the Surrey Health and Wellbeing Strategy are: children with special education needs and disabilities and adults with Learning Disabilities and/or Autism, people living in deprivation or those who are vulnerable across Surrey, people living with illness or disability, and young and adult carers,

The last is the focus of this paper because it will provide the joint intelligence to inform the refocussing of the Joint Health and Wellbeing Strategy (JHWS) and effectively provide the Joint Strategic Needs Assessment over the next 3-6 months.

We are planning a 4-part analysis of current impact and need which includes a high-level summary of the impact of COVID across sectors, identification of vulnerable areas and then further detailed qualitative and quantitative research into those geographical areas and population groups which have been differentially affected by COVID-19. The Figure below shows the relation between these elements, which we are calling Community Impact Assessment (CIA) for ease of reference. The CIA will also inform strategic work other than the JHWS.



Overarching thematic assessment: This rapid piece of work will draw on the high-level impact assessment of COVID-19 by each of the Recovery Co-ordinating Group cells, adding additional insight and evidence from a wide range of sources. We have also developed a specific *health* impact framework, using the life course approach to identify the likely impacts of COVID-19 on health, using evidence (COVID-19-specific, pandemic-specific, disaster-relief informed or expert opinion). This framework can provide assumptions that can be incorporated into recovery health and care modelling but will also provide greater detail to the high-level thematic assessment. This framework has been mapped to the three priorities of the Surrey Health and Wellbeing Strategy, the associated prioritised action plans and the target population groups.

Vulnerability and impact assessment: We will map the factors which have been identified as making people/communities vulnerable to COVID-19 itself as well as the pandemic response. Such factors include material deprivation, BAME communities, and others identified through the emerging literature. We will then use deaths from COVID-19 and excess deaths from other causes to identify areas where the impact of COVID is likely to be high. This mapping will itself provide areas of focus for health

and care services but also identify those communities where further qualitative work will be undertaken to understand the impact of the current crisis to inform the recovery response.

Place-based AND population strengths and needs assessments: We are planning series of rapid assessment of emerging/changing needs and vulnerabilities but also the strengths which have emerged or been strengthened during this time of specific communities or population groups within Surrey. This method for rapid needs assessment is taken from the approach used in disaster zones where historical quantitative information may not be applicable or to provide a full picture of the health and other needs. Such assessments will function as a situation analysis aiming to guide resource planning and inter-agency cooperation for recovery activities. It will be based on both the collation and analysis of secondary data and primary data collected about and with the target group. Secondary historical data will be utilised to provide information on existing access to services and a demographic profile of specific groups at risk within each area. Primary data will be collected in the form of key informant interviews with health and care commissioners, frontline staff and relevant community and voluntary organisations followed by focus group discussions (FGDs) or similar with the target group. Key informant interviews will be invaluable in assessing the impact of COVID-19 and associated interventions on perceived changes in institutional relationships with service users.

There are specific challenges implementing this approach with COVID-19. It would be challenging, if not impossible, to do focus groups safely but those most affected may not be available to interview remotely. A variation on the usual approach which is safe in the COVID-19 context will need to be developed and trialled to ensure that we do hear from those most affected and marginalised by COVID-19.
We will identify the key communities and population groups to prioritise for the rapid needs assessments through the first two parts of the CIA as well as discussion with in strategy boards such as the Health and Wellbeing Board. It is anticipated that these rapid needs assessments will start with the Surrey Health and Wellbeing target populations and those known to be adversely affected by COVID-19. Likely early reports should focus on:

- Communities living with material deprivation pre-COVID-19 (JHWB target population – vulnerable group)
- Homeless people ((JHWB target population - Vulnerable group)
- Children with special educational needs or disabilities (JHWB target population)
- Specific ethnic minorities, including the local Nepalese population (Differentially affected by COVID-19)
- People living with existing mental health conditions (Differentially affected by COVID-19)
- Carers (JHWB target population)
- People living with long term conditions (JHWB target population), focussing on the shielded population initially
- Survivors of domestic abuse (JHWB priority area; differentially affected by COVID-19)

- Gypsy Roma Traveller communities (Vulnerable population; differentially affected by COVID-19)

These rapid population strengths and needs assessments will, in the short term, fulfil the role of the target population summaries proposed in March as part of the JSNA refresh.

Other areas of work to inform the strategic response include modelling and surveillance.

Modelling: The ICSs (Surrey Heartlands and Frimley) are undertaking modelling to inform the restoration of health services and longer-term recovery. Regional work is underway to share good practice and assumptions on modelling possible scenarios for timing and size of further peaks of COVID-19.

Identifying the likely impact of delays to seeking support for health and care needs may take time for early evidence to feed into any modelling work. However, the Population Health Management Wave 2 pilot will start to address this and similar issues. Wave 2 is due to resume in four primary care networks with a re-focussing of activity on supporting recovery for population groups particularly affected by COVID-19. The developing tools for population health management provided by the Surrey Care Record and the Thames Valley and Surrey Local Health and Care Record (TVS LHCR) programme will, in the longer term, provide the intelligence across Surrey to support this way of working.

Surveillance: The COVID-19 surveillance collection will continue to be developed. In addition to existing collection which focusses on COVID-19 specific information, additional measures are being developed to identify any increases in suicide and drug-related deaths and identify excess deaths from non-COVID-19 causes. On-going surveillance of localised COVID-19 outbreaks will be required to support the local test track and trace programme. Agreement on further measures on the wider determinants of health such as employment or benefits status will be developed in consultation with the Recovery Co-ordinating Group and individual sub-groups.

The Social Progress Index (SPI) project has been paused during the Covid-19 response. As we move into recovery, the team have started to resume activities to engage stakeholders in indicator selection, to gather data and to conduct the analysis. This work will continue to progress, and we hope to have a draft to share with the Health and Wellbeing Board by late summer. In the interim we have identified an opportunity to use an adapted version of the SPI, the Recovery Progress Index (RPI), to support our surveillance of the recovery from Covid-19 in Surrey. This will involve selecting a basket of indicators which are relevant to the Covid-19 recovery and provide the system leadership with a view of how different communities have been impacted by the pandemic. The RPI can be used to compare the impact of Covid-19 across different areas in Surrey and will be updated regularly to capture trends in how the impact is felt over the next 6, 12 and 24 months. Like the SPI, the RPI will have a broad focus and will enable partners to think about interventions that may be useful to support our residents.

Next steps
Rapid feedback on the proposal has been sought from local and regional stakeholders to test the proposed approach and identify collaborators. The proposal was already considered by Surrey Recovery Co-ordinating Group in May who were supportive of the approach.

An operational steering group with Terms of Reference and a detailed action plan are being developed, including prioritisation of the population group rapid needs assessments.

5. Challenges

Key challenges to delivery proposed plan are:

- Usual data sources will not capture impact of COVID in a timely manner
- Analytic staff stretched with current deployment on surveillance, supporting management of shielded people and providing bespoke analyses for COVID-19 response
- Limited number of staff within SCC and partners with skills and experience to collect and analyse qualitative data
- Methodological challenges to undertake qualitative research at pace and scale while maintaining social distancing, especially when trying to reach disadvantaged groups who may not be accessible digitally.

6. Timescale and delivery plan

A detailed work programme is currently being developed, pending confirmation from the Health and Wellbeing Board of support for the approach. Current focus of the work is agreeing the methodological approach which is robust but safe in current circumstances. An initial rapid needs assessment will be trialled to finetune the process. It is anticipated that this approach will be used in the medium term (next 3-6 months) and then reviewed.

7. How is this being communicated?

The Tactical Information and Analytics Cell, the Recovery Co-ordinating Group, and other stakeholders such as JHWB Priorities sponsors will be contacted to secure their views.

8. Next steps

- Framework of population health COVID impacts completed by 31st May.
- Operational Steering Group membership and terms of reference agreed by mid-June.
- Vulnerability & impact mapping concluded by 30th June.
- Detailed action plan for next 6 months agreed by 30th June.
- First rapid target population assessment completed by 15th July.
- Paper on next steps for JSNA brought in 6-9 months.