

Health and Wellbeing Board Paper

1. Reference Information

Paper tracking information	
Title:	Surrey COVID-19 Community Impact Assessment
Related Health and Wellbeing Priority:	Supporting COVID-19 response and recovery All 3 Priorities within the Health and Wellbeing Strategy
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Sponsor:	Ruth Hutchinson, Director of Public Health
Paper date:	10 September 2020
Version:	0.7
Related papers	Annex 1 – Geographical Impact Assessment Report Annex 2 – Recovery Progress Index Findings and Scorecard examples Annex 3 – Community Rapid Needs Assessments - Summary Table

2. Executive summary

The Community Impact Assessment (CIA) explores how communities across Surrey have been affected by COVID-19, communities’ priorities for recovery, and what support these communities might need in the event of another outbreak. The findings of the research show that COVID-19 has had a disproportionate impact on some communities within Surrey and identifies a risk that inequality between communities is likely to increase. The board are asked to consider how the findings can be incorporated into the Health and Wellbeing Strategy and used to inform decisions around future service delivery and resource allocation.

3. Recommendations

It is recommended that the Board:

1. Acknowledges the issues highlighted in the Community Impact Assessment (CIA) and asks lead officers to incorporate them into the Health and Wellbeing Strategy.
2. Supports the use of the CIA findings to refine the target populations in the Health and Wellbeing Strategy and instigate actions within the delivery plans to tackle the impact of COVID-19 on at risk and vulnerable communities.
3. Provides individual and collective leadership to ensure CIA findings are incorporated into organisational strategies and inform decisions around future service delivery and resource allocation.

4. Supports the proposal for the CIA steering group to become the Joint Strategic Needs Assessment steering group when the CIA is complete.

4. Reason for Recommendations

The Community Impact Assessment (CIA) is a suite of intelligence products that explores how communities across Surrey have been affected by COVID-19, communities' priorities for recovery, and what support these communities might need in the event of another outbreak. The results are relevant to all priorities in the Health and Wellbeing Strategy.

Looking across the products that make up the CIA, the initial findings show that COVID-19 has had a disproportionate impact on certain groups within Surrey, including people from Black, Asian and minority ethnic (BAME) backgrounds, people experiencing domestic abuse, people with mental health conditions and those in residential care. Specific places within Surrey also appear to have been impacted more than others, including areas in Spelthorne, Tandridge and Waverley. Overall the research identifies a risk that inequality between communities is likely to increase. The Board is asked to consider these findings and reflect on whether the Health and Wellbeing priorities and target population groups need refining in the current context.

Alongside other intelligence products such as the Social Progress Index (SPI), the findings of the CIA will enable the board and its members to target resources and support towards those communities where there has been the greatest impact, and which are most susceptible to falling behind. This will allow the board to more effectively support communities during recovery and help tackle health inequalities in Surrey.

Hundreds of community members and people working in frontline services have taken part in the CIA through interviews, focus groups and surveys, and the findings are rooted in what they have told us. Incorporating the CIA findings into the Health and Wellbeing Strategy, and other organisational strategies and operations, is an opportunity for the board and its members to embed community development in their work, which is a key commitment in the Health and Wellbeing Strategy.

In June 2020 the board approved the CIA to provide Joint Strategic Needs Assessment (JSNA) for the following six months. Going forward, the CIA steering group is well placed to become the JSNA steering group to continue to steer the ongoing JSNA process to inform and support health and wellbeing priorities.

5. Detail

Background

In June 2020 the Health and Wellbeing Board agreed to the Community Impact Assessment (CIA) as an approach to delivering early intelligence about the impacts of COVID-19 among different communities in Surrey to support recovery, including

informing the Health and Wellbeing Strategy and providing Joint Strategic Needs Assessment for the following six months.

Following the board’s approval, Surrey County Council’s Public Health and Insight, Analytics & Intelligence teams rapidly progressed the CIA, engaging with local and regional stakeholders across the system to design and conduct the research and to establish a steering group.

Steering group

A multi-agency steering group has been established to oversee the CIA. The membership includes senior operational leads from a range of stakeholders represented on the Health and Wellbeing Board, including Surrey County Council, District and Borough councils, NHS partners, Office of the Police and Crime Commissioner, Healthwatch, the Voluntary, Community and Faith Sector (VCFS) and an independent public representative. The group is chaired by Jason Gaskell, Chief Executive of Surrey Community Action.

The group’s responsibilities include advising on how the work can best meet the needs of the organisations represented, raising awareness of the work, disseminating it through stakeholder/community networks and providing feedback from these networks, and providing an assurance role in avoiding duplication of work and highlighting and harnessing existing insight and intelligence from elsewhere.

Aims of the CIA

The Community Impact Assessment (CIA) explores health, social and economic impacts of COVID-19 among communities across Surrey, communities’ priorities for recovery, and what support these communities might in the event of another outbreak. It aims to:

- Enable partners to provide targeted support to communities impacted by COVID-19; and
- Enable partners to act preventatively to mitigate future risk and impacts.

What is the Community Impact Assessment?

The CIA is made up of several intelligence products that focus on different communities or different types of impact from COVID-19. Most of the products are still being developed, so the findings presented in this paper will continue to be refined over the coming months.

Product	Description	Lead team	Expected completion date
Geographical impact assessment	Presents analysis of the impact of COVID-19 on local communities across health, economic and vulnerability dimensions. The analysis helps to identify which	SCC Insights, Analytics & Intelligence	30 June 2020 (complete)

	places in Surrey have been most affected by the pandemic and how.		
Recovery progress index (RPI)	The RPI is a surveillance tool for monitoring how well Surrey is recovering from the pandemic. It looks at a range of indicators across five themes; Economy, Place, Health, Society and Infrastructure and forms a subset of the SPI.	SCC Insights, Analytics & Intelligence	18 September 2020
Temperature check survey	Survey of approximately 1,600 households from across Surrey to understand their experiences of the pandemic and lockdown.	SCC Insights, Analytics & Intelligence	28 September 2020
Community rapid needs assessments	10 in-depth assessments of how vulnerable communities have been affected during COVID-19 and the needs and priorities of these communities. Data has been collected through interviews with community members, people working in local services and from existing data on health risks and outcomes. The assessments provide nuanced insights into communities' experiences and recommendations for strategy and action.	SCC Public Health team	2 Oct 2020
Place based ethnographic research	Detailed ethnographic research into individual experiences of COVID-19 in communities that have been most impacted economically and socially.	SCC Insights, Analytics & Intelligence	7 October 2020

The following sections summarise the aims, methods and findings to date of each product.

Geographical impact assessment

Aims

To identify which places in Surrey have been most affected by the pandemic and how.

Methods

The assessment looks across three dimensions of impact: Health, Economy, and Vulnerable Groups. For each dimension, data has been collected at the Middle Layer Super Output Area (MSOA) level and used to construct an index which combines several indicators to produce a dimension score. The indicators used are:

- Health – Covid deaths per 10,000 population, number of care home outbreaks
- Economy – % point change in claimant count between March and April 2020, estimated % of people furloughed
- Vulnerable Groups – Non-covid deaths per 10,000 population (proxy for bereavement), shielded people per 10,000 population, proportion of people receiving disability benefits, prevalence of mental ill health, pensioners who live alone, carers who provide 50 hours of unpaid care per week

MSOAs can then be compared across these dimensions to understand where the impacts have been felt the most based on the metrics that have been included.

Results/Implications for strategy and services

The analysis has identified the following key findings:

- There is no single type of impact that can summarise which areas have been most affected during the pandemic. Often areas that are more impacted along one dimension are less impacted along other dimensions.
- There does not appear to be a relationship between those places that have been impacted in terms of health and those places that have been impacted economically.
- There is some relationship between places with a high prevalence of vulnerable or impacted population groups with places that have been impacted in terms of both health and the economy.
- There are 21 MSOAs that have been impacted greater than the average across all three dimensions. These are in Spelthorne (5), Waverley (4), Mole Valley (3), Tandridge (3), Runnymede (2), Reigate & Banstead (2) and Elmbridge (2).
- Typical measures of deprivation do not necessarily correlate to the areas that have been most impacted, especially in terms of health impacts. This is different to what has been found at a national level so further analysis is underway to understand the reasons for this in Surrey.

The implication is that recovery efforts should be guided by a nuanced understanding of the local impacts on any given place, which can vary widely between and within districts and boroughs. It should also be recognised that the impacts will evolve as lockdown eases and the full economic effects are felt.

Full details on the methodology and findings are described in Annex 1.

Recovery progress index

Aims

To measure and track over time how well Surrey is recovering from the impacts of COVID-19 across a broad range of indicators covering Economy, Place, Health,

Society and Infrastructure. The RPI is a subset of the Social Progress Index which is being developed in parallel to support priority 3 of the Health and Wellbeing Strategy.

Methods

The index provides a score and rank for each indicator to enable a comparison between areas, and to identify the geographic and thematic areas where Surrey is recovering well and those where it is struggling. This will be presented in the form of a scorecard at the county and district/borough levels. Examples of the scorecards are shown in Annex 2.

Currently we have data for most indicators at the Surrey level, though we are still missing several data points at the district/borough level. We intend to present the draft RPI at the next Surrey Chief Executive's Group meeting to expedite the collection of the missing data.

Initial findings

- Overall Woking currently ranks highest for recovery because it has consistently good scores across all three dimensions, being in the top three for Place and Health, and ranking 5th for Economy. In comparison, Reigate and Banstead ranks 11th. Reigate and Banstead is ranked 2nd for Economy, but it's overall position is affected strongly by its very low score in the Health domain, where it is ranked 11th, along with a moderately low score in the Place dimension.
- Over a quarter of people are furloughed in parts of Surrey but this is lower than the South East average. The proportion of people taking up the Coronavirus Job Retention Scheme in Surrey ranges from 27% in Spelthorne to 21% in Reigate & Banstead. This is lower than 29% for the South East.
- The rate of people claiming Universal Credit and Job Seekers Allowance increased dramatically as a result of Covid-19. The Claimant Count for June 2020 increased by 309.1% in Surrey compared to June 2019. All of Surrey's borough and districts recorded higher increases than the South East (183.9%) and national (131.7%) increases.
- During the pandemic transport usage has fallen but traffic levels are beginning to rise again. Car usage has fallen dramatically, with drop in average traffic flow in April to just 29% of the previous month's figure. Figures are now rebounding however to 66% of the March figures. The number of bus services in operation dropped by 37% during April and May, and passenger numbers have fallen to 11% compared to the same period last year.

More detailed findings are described in Annex 2.

It is important to note that there is variation in scores and ranking between the dimensions, and, in general, areas will rank well in one or two dimensions and low in others.

Data will be collected at both the county and district/borough level on a quarterly basis and used to refresh the RPI. This will give us an indication of the pattern of recovery across Surrey and an indication of the key areas of focus in each place.

Temperature check survey

Aims

To understand how residents have adapted their everyday life to the changes the pandemic has brought, what support they have required and how easy or difficult this has been. The survey is also looking at how the crisis has affected residents' priorities, their perception of their community and their hopes and fears for the future.

The data from this research should help us consider how we might adapt our response to any future pandemic or a second peak in the current one. It will feed into decision making relating to the reset of our services as we move from the emergency to the recovery phase.

Methods

The survey has been sent out to 8,000 households in Surrey, with an expected response rate of approximately 20% (1,600 households). The sample of residents has been stratified to provide us with views from a range of demographics including age, gender, ethnicity and socio-economic characteristics. It will also provide an even geographical spread across Surrey's 11 districts and boroughs with a minimum 100 respondents from each of these local authority areas.

Initial findings

Some initial findings from the survey indicate that:

- 77% of respondents have concerns about contracting the virus over the next six months.
- 62% of respondents have concerns about social distancing within the community over the next six months.
- 41% of respondents have concerns about support available from local councils / NHS / voluntary organisations over the next six months.
- 44% of respondents say that COVID-19 has had a negative impact on access to health care / medicine / dental services. For 5% of respondents it has had a positive impact, for 28% of respondents it has had a mixed impact and for 23% of respondents it has had no impact.
- 23% of respondents say that COVID-19 has had a positive impact on their physical exercise levels. For 34% of respondents it has had a mixed impact, for 18% of respondents it has had a negative impact, and for 24% of respondents it has had no impact.
- 26% of respondents say that COVID-19 has increased their levels of stress and anxiety, 37% of respondents say that it has had a mixed impact of their

mental wellbeing and for 28% of respondents there has been no change. Only 8% feel happier or less stressed.

- 29% of respondents have drunk more alcohol than normal during lockdown, compared to 18% of respondents who have drunk less. 33% of respondents have smoked more during lockdown, compared to 21% of respondents who have smoked less.

These are interim findings and are yet to be weighted. As expected, the response is skewed towards older people and females, so the results are likely to move slightly more in line with what younger people and males have said.

The first draft of the summary report is due on 11 September and the full and final report will be available week commencing 28 September.

Community rapid needs assessments

Aims

To understand in detail how 10 vulnerable communities have been affected by COVID-19, the services and assets that have supported communities during the pandemic and communities' needs and priorities for recovery and future outbreaks.

Methods

The Public Health team is leading 10 rapid needs assessments (RNAs), each focussing on a community at risk of being disproportionately affected by the pandemic in Surrey (from the infection itself and/or through indirect health, social or economic harms). These communities are:

- Black, Asian and Minority Ethnic communities
- Care home residents and their families
- People with mental health problems
- People with long-term physical health conditions and disabilities
- Children and adults with special educational needs and disabilities
- People with drug or alcohol problems
- People experiencing homelessness
- The Gypsy Roma Traveller community
- People experiencing domestic abuse
- Young people out of work

Each RNA involved interviewing community members and stakeholders across the system, including service commissioners, managers and frontline workers, to explore communities' experiences during COVID-19 and priorities for the future. Where possible, assessments also used data to quantify the health outcomes communities experienced during COVID-19 compared to previous years.

Initial findings

Community members and stakeholders gave very positive feedback about the opportunity to engage with the Council and feeling listened to. This suggests the project has strengthened connections with communities, partners and stakeholders.

The key themes and priorities emerging from the RNAs are shown in Annex 3. The RNAs are maturing, and initial findings show that COVID-19 has had a disproportionate impact on certain groups within Surrey, including people from Black, Asian and minority ethnic (BAME) backgrounds, people experiencing domestic abuse, people with mental health conditions and those in residential care.

Black, Asian and Minority Ethnic communities

Amongst the key finding, community members from BAME backgrounds felt that there was a lack of clear communication of guidelines at the beginning of the lockdown, which led to confusion about accessing care and support. This was made worse as the lockdown disrupted some of the community networks which were key in further supporting certain vulnerable groups. Some ethnic groups, particularly Chinese families, were subjected to hate crime and racism as a result of the pandemic. Some also experienced lack of access to financial support as they did not meet the eligibility criteria set by the government. Community members often found practicing effective social distancing a challenge, as many families live in overcrowded housing. The pandemic highlighted the lack of visibility and meaningful engagement with BAME community groups/ representative organisations in Surrey and the need for a closer partnership working to build trust with these communities.

People experiencing domestic abuse

Fifteen stakeholders and professionals were interviewed to gain understanding of the issues experienced relating to Domestic Abuse (DA) throughout the pandemic. Lockdown has exacerbated pre-existing abuse, and the closure of schools has likely further exposed children to the abuse being perpetrated in the household, which has increased the duties of victims and decreased opportunities to obtain support. Financial stresses may impact on the family also exacerbating any pre-existing control of the victim's finances. There is a deep concern about the long-term physical and mental impact of lockdown for victims of DA and their dependents. The mental health of children returning to school is a priority with the possibility of a "wave" of disclosures in the school environment upon reopening. There will be an impact on resources available to cope with any further increase in demand for services. It is important to consider that the voice of victims and survivors has not been included in the current report, as it was deemed unsafe for Surrey County Council to engage with them given their very recent traumatic experience. Perspective of victims and survivor will be incorporated in Autumn 2020.

People experiencing mental health problems

The Mental Health of people was impacted in different ways during lockdown. However, the key drivers for worsening mental health were social isolation (due to lockdown), particularly on working-age adults living alone and those in poor health,

loss of coping mechanisms such as ability to connect with friends and family and taking daily outdoor exercise, fear of becoming infected, conflicting information, lack of knowledge about how and when to seek help, access to care (patients as well as carers) and working in frontline jobs. The latter was associated with both fear of infection and PPE access. Given the socioeconomic gradient in loss of income and jobs, the mental health burden and the long-term health impacts of job losses will also be unequally distributed across the community. The impact of lockdown has also widened some of the mental health inequalities in relation to accessing services. This is particularly the case for the individuals who do not have access to digital equipment (e.g. older adults), are unable to receive support remotely or simply do not meet the threshold criteria for treatment.

Across the spectrum of the RNAs, there were cross-cutting themes emerging, further emphasising support and resource needed for mental health, carers and vulnerable groups.

Implications for incorporating into the delivery of the H&WB strategy

The initial findings of the RNAs align closely with priorities highlighted within the H&WB strategy; adding depth to specific areas of immediate targeted action. These include a focus on the following:

Priority One - Helping people in Surrey to lead a healthy life

- A programme to improve access to substance misuse and mental health services for those with serious mental illness
- A whole system approach to eliminate rough sleeping
- Specialist housing to enable independent living
- Early intervention and approaches to support young people
- Support to enable people to recover effectively from domestic abuse
- Rehabilitation programmes, including couples affected by situational violence
- Improving support for carers

Priority Two – Supporting the mental health and emotional wellbeing of people in Surrey

- Develop preventative mental health in-reach offer with schools
- Map and develop preventative mental health support access for Older People
- Support wellbeing at work
- Domestic abuse support/prevention offer around wellbeing of mothers throughout and after their pregnancy
- Social Isolation

Priority Three - Supporting people to fulfil their potential

- Strengthened infrastructure to best support children missing education due to social, emotional and mental health needs
- Analysis of current mentoring schemes offered to children and young people across Surrey to identify gaps and opportunities
- Supporting adults to succeed professionally and/or through volunteering

Combined with the [Urgent actions to address inequalities in NHS provision and outcomes](#) outlined in the Phase 3 Implementation Guidance published by NHS England and Improvement (7th August 2020), we are equipped with a wealth of insight and intelligence to develop targeted strategies, with immediate actions and associated outcomes to tackle the amplified impact by COVID-19 on our at risk and vulnerable communities.

It is important to note analysis is still underway with final RNA reports due to be published in September 2020. The initial findings in this report should provide a steer and support for informed decision making.

Place based ethnographic research

The place-based research aims to provide a deeper understanding of individual experiences of COVID-19 and lockdown from people living in communities that have been disproportionately impacted economically and socially.

This will be developed through one to one research and engagement with 20 to 25 residents from across seven places in Surrey, involving a mixture of interviews, focus groups and informal conversations. The places have been chosen to cover a range of different types of localities, using the findings from the Geographical Impact Assessment, as well as soft intelligence.

The seven places chosen are ones with one or more of the following characteristics; a high increase in unemployment due to Covid, high levels of deprivation, urban commuter towns, rural areas and areas where the impact of COVID-19 appears to be lower. The areas chosen are Stanwell North & Stanwell Moor (Spelthorne), Horley Central (R&B), Sheerwater (Woking), Guildford Town Centre (Guildford), Smallfield & Felbridge (Tandridge), Hindhead, Beacon Hill & Frensham (Waverley) and Ashted West (Mole Valley).

The placed based research is ongoing, and the findings are expected in early October.

6. Challenges

Delivery to deadline depends on the Surrey County Council teams involved in the work continuing to have capacity. If Surrey experiences a significant COVID-19 outbreak, the outbreak response will be the top priority which may result in the delivery of the CIA being delayed. However, the CIA will remain high priority as it will inform ongoing COVID-19 response and recovery.

A key challenge once the CIA is published will be ensuring the findings inform meaningful change to strategy and service delivery. The multi-agency steering group advises on ensuring the outputs meet the needs of intended users. We also have plans to disseminate the findings widely (see below).

There is a risk that stakeholders and communities will have expectations that cannot be met due to resource constraints or other factors. Expectations have been managed throughout the research when communicating with stakeholders and will

continue to be managed through communicating the findings, recommendations and next steps in an appropriate and realistic way.

7. Timescale and delivery plan

Each product has a different timeline, but all are on track for publication on Surrey-I by 23 October 2020.

Interim findings will be communicated to stakeholders where appropriate with the aim of communicating early messages in a timely way, testing messages with stakeholders and receiving feedback to help develop the final products.

8. How is this being communicated?

We are working with Surrey County Council Communication and Engagement Team to develop a communications strategy for specific individual products and the overall Community Impact Assessment.

The steering group members have responsibility for disseminating the findings through their networks, facilitating engagement with stakeholders or communities, and relaying feedback from these networks.

We will present the findings widely – including to the Recovery Coordination Group, Surrey Heartlands System Board, other system-wide strategic and operational groups, and other organisations/groups with an interest in the findings.

The final reports will be shared with individuals and organisations that took part in the research.

9. Next steps

- Finalise each of the products that make up the CIA – ongoing
- Work with Surrey County Council Communications team to develop a communications strategy – including comms for individual products and for the overall CIA – completed by 25 September 2020
- Publish reports of each product and an overarching CIA summary on Surrey-I (public domain) – completed by 23 October 2020
- Disseminate the findings among stakeholders – ongoing
- Bring a paper on next steps for JSNA, and outcomes from the CIA, to the health and wellbeing board in 3-6 months

List of Annexes:

- Annex 1 – Geographical Impact Assessment Report
- Annex 2 – Recovery Progress Index Findings and Scorecard examples
- Annex 3 – Community Rapid Needs Assessments - Summary Table