

## Report to the NHS Somerset Clinical Commissioning Group on 25 November 2021

<b>Title: Somerset: Our County Joint Strategic Needs Assessment 2021 COVID in Communities</b>	<b>Enclosure F</b>
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### Summary and Purpose of Paper

The production of a Joint Strategic Needs Assessment is a statutory requirement for Health and Wellbeing Boards, to provide the evidence to support the Health and Wellbeing Strategy, 'Improving Lives'.

Most information is kept up-to-date at the Somerset Intelligence website (<http://www.somersetintelligence.org.uk/jsna/>).

Presented here is the annual thematic report; in this case, a detailed study of the health impacts of the COVID 19 pandemic on deprived areas of the county. The impacts have varied over time and by location and may be producing new patterns of health need and inequalities. The report has been prepared in conjunction with the Annual Report of the Director of Public Health, which is focusing on the impact of the pandemic on children and young people.

### Recommendations and next steps

The Governing Body is asked to **note** the initial findings of the JSNA. The JSNA is the responsibility of (and has been discussed by) the Somerset Health and Wellbeing Board, of which Somerset Clinical Commissioning Group is a part. The Governing Body is also requested to use the evidence presented here as part of its ongoing response to the pandemic.

### Impact Assessments – key issues identified

<b>Equality</b>	As a report rather than a decision, this does not require a full equality impact assessment. The report discusses differential impacts on population groups and communities.
<b>Quality</b>	The report considers emerging patterns of health need and access to services.
<b>Privacy</b>	There are no significant privacy impacts.
<b>Engagement</b>	The JSNA is produced through the JSNA Technical Working Group (TWG) whose membership includes representatives from the District

	Councils, the voluntary sector, health, public health, police, One Teams and social care. Consultation has been undertaken formally through a commissioned community organisation and with the 'Sedgemoor Conversation'.			
<b>Financial / Resource</b>	There are no direct financial implications, although priority areas for future investment are discussed.			
<b>Governance or Legal</b>	There are no legal or governance issues raised, but the inter-relationships of health, community support, housing, digital access and physical access to services are highlighted, showing the value and importance of integration across the system.			
<b>Risk Description</b>	Summary of risk description if applicable.			
<b>Risk Rating</b>	Consequence	Likelihood	RAG Rating	GBAF Ref



# **Somerset: Our County Joint Strategic Needs Assessment 2021**

## **Covid in Somerset Communities**

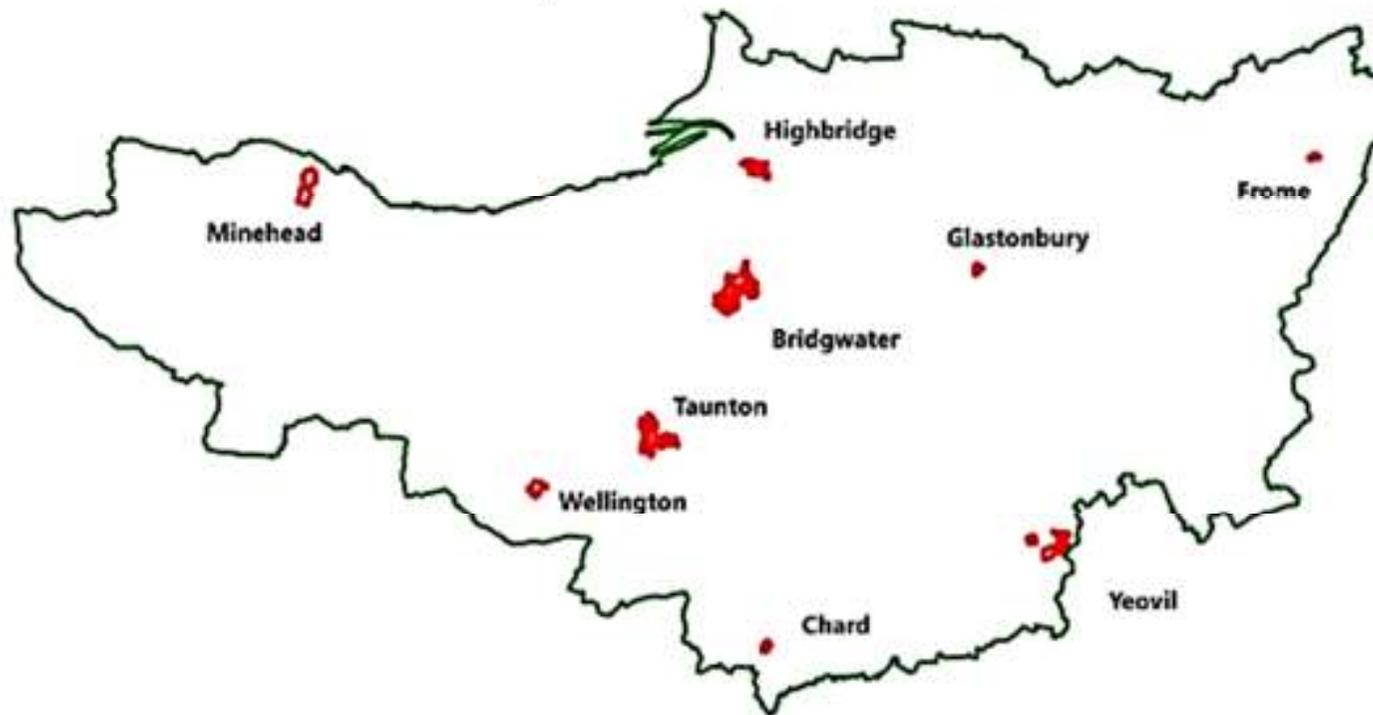
**Author: Pip Tucker**



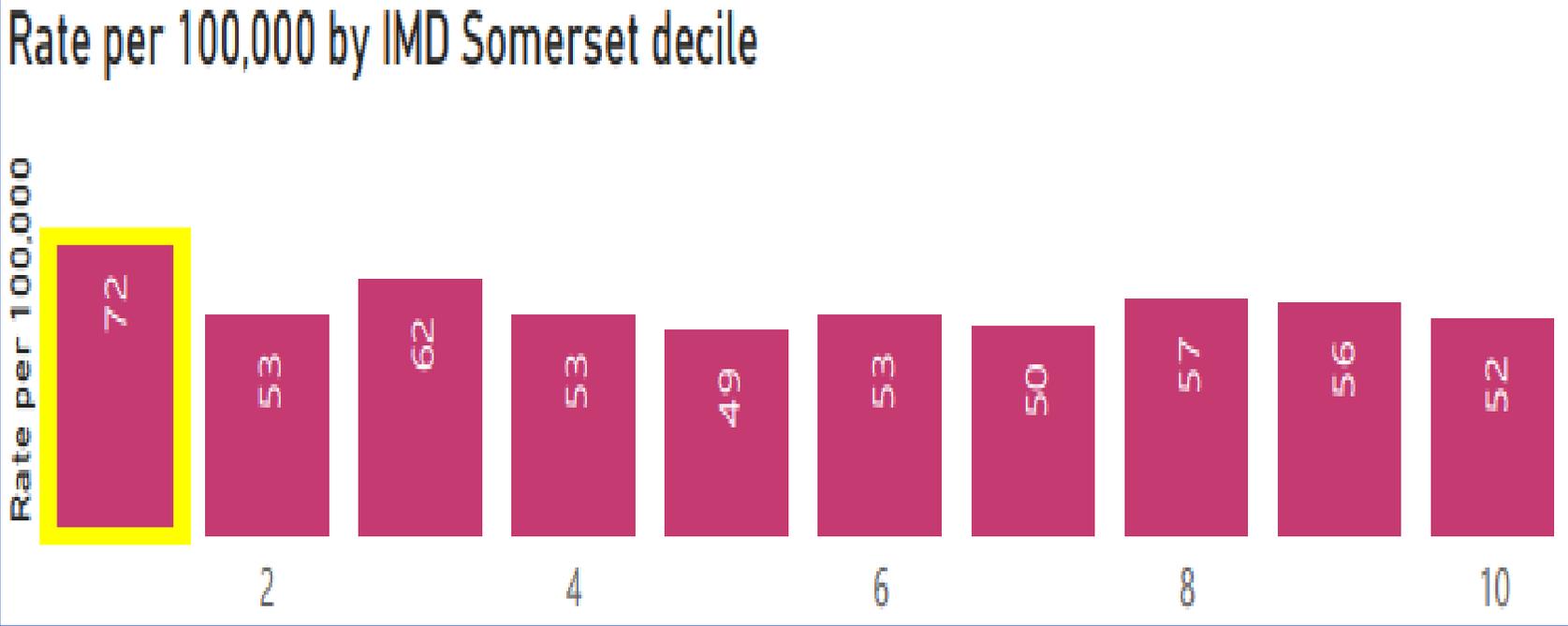
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The communities that score highest on the Index of Multiple Deprivation are in the major towns across the county

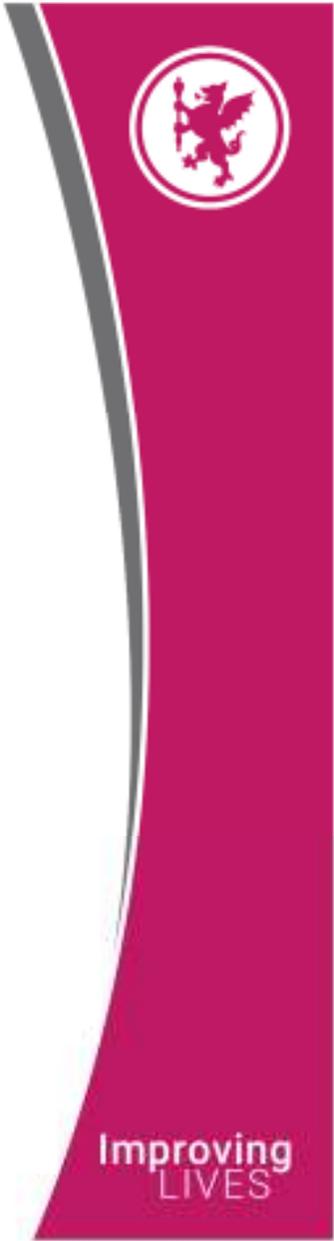


# Incidence of Covid-19



◀ More deprived

Less Deprived ▶



# Some things changed dramatically:

- A&E attendances fell by 50% in the first month
  - (regional figures only)
- unemployment benefit claims rose steeply
  - by 60% in two months for the poorer communities
  - but by 120% in two months for the county as a whole
- it probably reflects a combination of employment structure and the use of furlough



# Others changed little:

- 'Social' indicators such as Domestic Abuse and Anti-Social Behaviour showed little change, or even reduction *at the start* of the pandemic.
  - this may reflect a genuine 'pulling together' at the start
  - it may reflect a lack of contact with agencies to record incidents (notably with schools closed)
  - later increases seem to have been greater outside poorer communities



# QUALITATIVE

- Sedgemoor Conversation – with community and voluntary organisations (organised by Angela Farmer at Sedgemoor District Council)
- a commissioned piece of work from community organisation 'Hidden Voices' to carry out focus groups and street interviews in Bridgwater



# Sedgemoor Conversation

- Voluntary sector groups reported significant hunger in these areas, especially amongst young people. This *does* appear to be an exacerbation of pre-pandemic need
- Concerns about the impact of the pandemic on people who were 'just about managing' – a new cohort of need?
- Digital access – education, primary care, housing, support services, physical access to other services such as dentistry
- Risky and anti-social behaviour in some young people, anxiety and stress



## Hidden Voices working in Bridgwater

They held conversations with a total of 56 people through:

- five focus groups
- 14 street interviews



# Focus groups

Residents of poorer communities in Bridgwater reported negative impacts on mental health from COVID and lockdown, especially anxiety.

*“I think this ...accelerated any mental issues that you have and for me, mental health issues I didn't know I had.....”*

*“I felt anxious, scared, kids home from school....the kids (at the start) were three, seven and nine and no garden. At first the playschool was shut down completely and then (we) got 15 hours a week. I struggled with home schooling.”*



# Focus groups

There was considerable local, informal support. This contrasts with the areas' low levels of formal volunteering.

*Support from neighbours – meant “our community was self-reliant – including two retired nurses.”*

*“I have been a drug smuggler (collecting people’s prescriptions in lockdown) and a people trafficker (taking people who needed lifts to get their vaccinations)!”*



# Focus groups

- Residents did *not* make significant reference to low income. This may be because there is:
  - a social taboo about discussing money
- OR
- an indication that furlough and the £20 Universal Credit uplift have done what they were intended to do
- agencies, rather than residents, strongly warned about the impact of these schemes ending



# Summary

- We heard reports of significant need in the poorer communities in the county
- The impact of covid on welfare, wellbeing and mental health has been slow to develop but is reported to be significant
- Covid has generated strong community action as well as created problems
- The emerging patterns of need could be very different from the past, and there may be new cohorts of very needy people who are not being reached



# Implications for Commissioners (from the draft JSNA)

- these communities continue to show concentration of need after the start of the pandemic, and improving the overall health of the population by addressing the needs of the most needy first and fastest, will continue to require a focus on them
- the apparent effectiveness of innovative responses such as furlough should encourage further innovation in addressing community needs



# Implications for Commissioners

- the informality of community support in these communities is vital, but may be less 'visible' to official services, and require more effort to join-up with
- the importance of digital access has been highlighted. Improving accessibility is about skills and confidence as much as equipment and infrastructure, and *done well*, it can bring benefits to service users and service providers alike



# Implications for Commissioners

- There is a risk that other communities or population cohorts elsewhere (such as those who were 'just about managing') *have* been hit hard, and may lack the experience and coping mechanisms evidenced in the poorer urban centres.
- There may, for instance, be overlooked issues of physical or digital access in rural areas



Thank you

Comments  
or questions?



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