

Health and Wellbeing Board

8th July 2021

HWBB Report on Inequalities

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1. Summary

- 1.1 The purpose of Health and Wellbeing Boards is to oversee and set the strategic direction regarding the health and wellbeing of a population. The Boards must focus on narrowing health inequalities in their area by facilitating informed and collaborative decision making between the local authority, NHS partners, the Voluntary and Community Sector and local people.
- 1.2 The COVID-19 pandemic, and the wider governmental and societal response, has highlighted existing health inequalities and exposed multiple disadvantage and discrimination faced by some communities. Furthermore, the consequences of measures to control the spread of the virus risk exacerbating health inequalities. Additionally, the NHS, through the Long-Term Plan (pre-pandemic) and the post pandemic eight urgent actions (detailed below), has pledged to urgently tackle inequalities.
- 1.3 Considering this and together with a changing health and care landscape, it is a key subject matter for the Shropshire Health and Wellbeing Board (HWBB) to consider and discuss priority areas of work to reduce inequalities locally.
- 1.4 The report below is a highlight report, which describes a combination of strategic imperatives and local activity on inequalities. The report highlights the role of the JSNA in supporting our work; what it means to take a 'whole system approach' to tackling inequalities; it describes the NHS imperative in more detail, our work on mental health, complex need, lifestyles, and the wider determinants of health; and It asks the Board to consider its role in influencing this work and for ongoing input as a board.

2. Recommendations

- 2.1 The HWBB is asked to note the contents of the report and consider receiving regular updates in more detail on each area presented;
- 2.2 The HWBB is asked to discuss the Board's role in promoting the system work on population health and inequalities.

REPORT

3. Risk Assessment and Opportunities Appraisal

(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

3.1. The HWB Strategy requires that the health and care system work to reduce inequalities in Shropshire. All decisions and discussions by the Board must take into account reducing inequalities. Covid 19 has shone a light on inequalities and requires all of our services to further risk assess individual risk and to support the population who are at increased risk of ill health due to Covid 19.

4. Financial Implications

4.1 There are no financial implications as a direct result of this report, however the work to tackle and reduce inequalities requires ongoing investment.

5. Background

Population Health

Population health has been defined as the health outcomes of a group of individuals, including the distribution of such outcomes within the group. It is an approach to health that aims to improve the health of an entire human population.

Shropshire Council, and our system partners are committed to improving population health and in order to do so has recognised that there are four interconnected pillars/areas of action or pillars of population health that need to be addressed. These are:

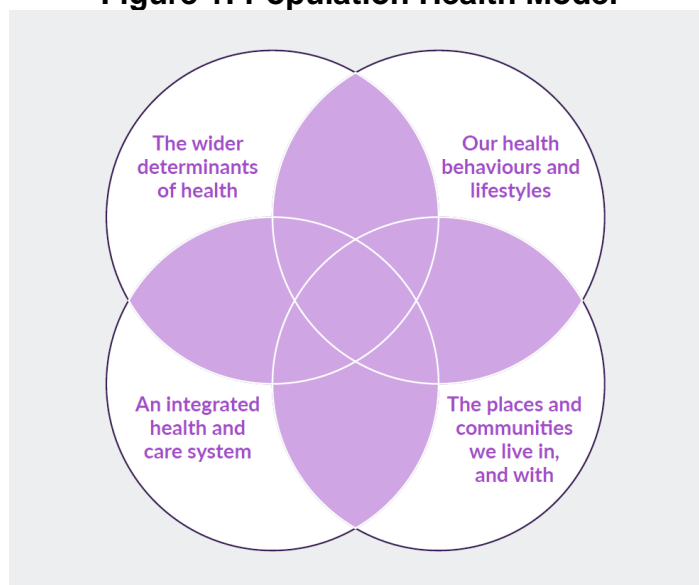
1. The Wider Determinants of Health
2. Health Behaviours and Lifestyles
3. The Places and Communities Where we Live
4. Integrated Care System

Improving population health requires targeting action on all four of the pillars and, crucially, the interfaces and overlaps between them, this starts with understanding our population, the inequalities that exist and their needs, assets and what works at an individual, community and service level. By taking this approach, activity is focussed on keeping people well for as long as possible, preventing or delaying poor health and wellbeing.

To achieve population health, we must reduce health inequities among different population groups due to, among other factors, the social or wider determinants of health.

Figure 1. Working in partnership to address issues within each of the four domains is essential in promoting health and in reducing health inequalities.

Figure 1: Population Health Model



Inequalities report

5.1 Whole System Approach

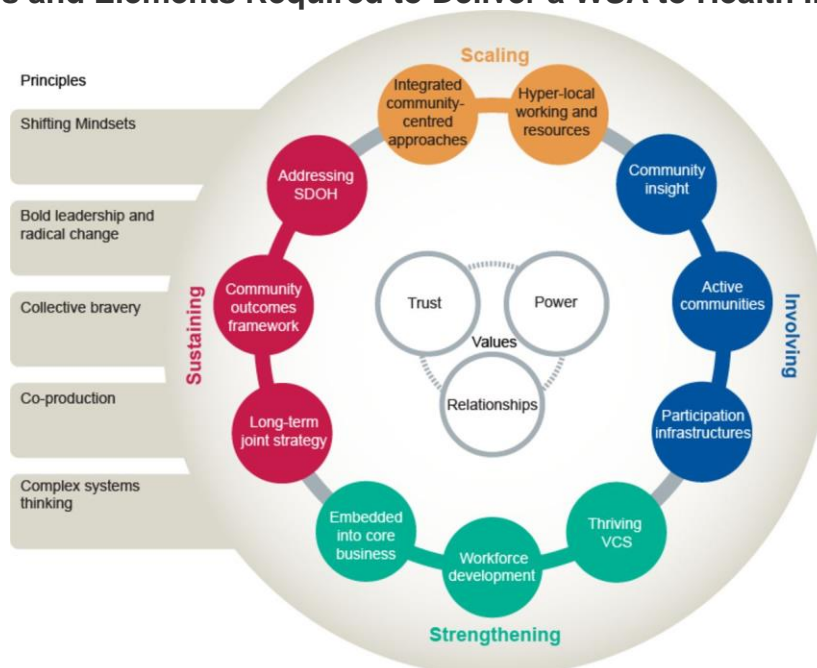
Inequalities in health are borne out of a complex array of factors relating to individuals and the communities/wider environment within which they live. As such health inequalities cannot be addressed effectively unless the complexity of the factors underpinning them are understood and tackled. A whole system approach (WSA) works with communities and stakeholders to both understand the problems and to support the identification and testing of solutions.

There are a number of elements or activities that are undertaken as part of a WSA, including the following:

- Engagement of a wide range of stakeholders and stakeholder mapping, including Children and Young People (CYP)
- Community engagement - in particular including those with 'lived experience' of the problem to be addressed
- System mapping so that the complexity of the problem can be understood, and complex system theory can be applied
- Identification of community assets to be deployed in co-producing place-based solutions

Across Shropshire a WSA has been adopted in understanding the factors that underpin Food Insecurity (in SW Shropshire) and the forthcoming development of a Healthy Weight Strategy will likewise adopt a WSA. Depending on the outcome of a recent bid to the LGA/Health Foundation there may be an opportunity for dedicated resource to assist partners in Shropshire in understanding and embedding WSAs in tackling complex problems, based on the learning associated with reducing Food Insecurity.

Figure 2: Principles and Elements Required to Deliver a WSA to Health Improvement



Whole system approach to community-centred public health. (source: Public Health England, 2020, Community-centred public health: taking a whole system approach. Briefing <https://www.gov.uk/government/publications/community-centred-public-health-taking-a-whole-system-approach>).

5.2 NHS Imperative

A central part of responding to COVID-19 and restoring services must be to increase the scale and pace of NHS action to tackle health inequalities to protect those at greatest risk.

NHS England (NHSE) commissioned a national advisory group of leaders from within and beyond the NHS to advise on how to achieve this aim. The group identified eight urgent actions, building on the measures to implement the NHS Long Term Plan. These are:

- Protect the most vulnerable from COVID-19
- Restore NHS services inclusively
- Develop digitally enabled care pathways in ways which increase inclusion
- Accelerate preventative programmes which proactively engage those at risk of poor health outcomes
- Particularly support those who suffer mental ill-health
- Strengthen leadership and accountability
- Ensure datasets are complete and timely
- Collaborate locally in planning and delivering action

5.3 Joint Strategic Needs Assessment (JSNA) and Director of Public Health Annual Report

JSNAs are vital to reducing health inequalities. The 2012 Health and Care Act placed additional importance on the role of the JSNA in being core to local decision making. JSNAs are the means by which local leaders work together to understand and agree the needs of all local people. Supporting the development of the Joint Health and Wellbeing Strategies and ICS plans, focussing leaders on the priorities for action and providing the evidence base for decisions about local services.

Core to developing the JSNA is working with and understanding the needs, aspirations and assets that exist in our communities. Covid 19 has highlighted to this system that we have a wealth of good will, volunteering and neighbourliness, through which our population has been supported through the pandemic. It is vital that we understand how public services can support our communities and their approaches to wellbeing; working more closely with our communities to understand need and facilitate positive health outcomes.

The DRAFT Impact of Covid report, produced by the Shropshire Council Insight Team and found in **Appendix A**, provides a clear picture of the impact of Covid on our population. The document highlights key elements for us to consider as we recover from Covid; particularly regarding the mental health of our population, the financial impact and impact on low income families, food insecurity and child poverty.

Nationally, Public Health England report, Disparities in the risk and outcomes of COVID-19 (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908434/Disparities_in_the_risk_and_outcomes_of_COVID_August_2020_update.pdf) has confirmed that the impact of COVID-19 has replicated existing health inequalities and, in some cases, has increased them. Professor Kevin Fenton from Public Health England suggests that The unequal impact of COVID-19 on Black, Asian and Minority Ethnic (BAME) communities may be explained by a number of factors ranging from social and economic inequalities, racism,

discrimination and stigma, occupational risk, inequalities in the prevalence of conditions that increase the severity of disease including obesity, diabetes, CVD and asthma.

In Shropshire a new process for designing a place based joint strategic needs assessment (JSNA) is currently being progressed by a dedicated strategic group comprised of representatives from Public Health, the Information and Insight team, CCG and voluntary sector colleagues.

The intention is to have a mixture of intelligence including statistical data, projection modelling of future need and community engagement to understand experiences of what life is like in different parts of the county. This will help determine detailed understanding of health and wellbeing needs across the County and inequalities across and within communities and identify future priorities and any gaps in services.

Alongside the place-based needs assessment, a number of themed health needs assessments are also being progressed which currently include the SEND assessment and commencement of a Pharmacy Needs Assessment.

Directors of Public Health in England have a statutory duty to write an Annual Public Health Report to demonstrate the state of health within their communities and recommendations for priorities to address and improving population health. The report for 2021 will focus on inequalities across Shropshire and its communities.

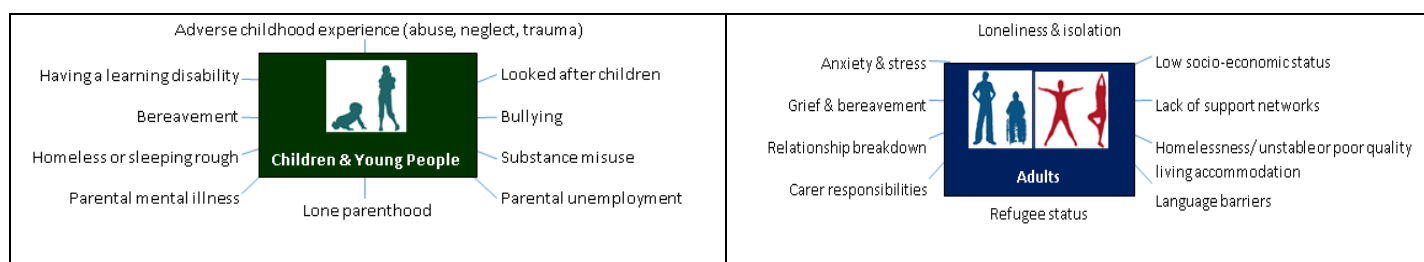
5.4 Mental Health

Our mental health is a key determinant of life expectancy In Shropshire. Locally, the gap between life expectancy of those with serious mental illness and those without is approximately 20 years. This gap has been widening in recent years, highlighting a major concern for Shropshire.

Good mental health is also a key component in nurturing community development and can therefore be seen as the responsibility of individuals, families, friends, employers and the wider community to enable people to develop and maintain good mental health.

There is much evidence of inequality for the development of mental health problems, particularly between people from different socio-economic groups, genders, ages and ethnicities. This is demonstrated through the lower average life expectancy and poorer physical health outcomes for people who have a mental health illness, compared to those that do not. Although in recent times there has been greater awareness to address these inequalities across society, it is recognised that there are still many groups who have different abilities to access support and to engage within their community as a result of their social, physical and economic environment. This can make some people more susceptible to mental health problems.

The following images identify some of the key factors with greatest influence on emotional wellbeing for children & young people and adults.



COVID has brought mental health awareness to forefront with reports that many first-time requests for mental health support have been made by people of ages as well as the disruption to usual support for those who are already connected with services. In addition, Age UK have published a

report finding that older people who have been self-isolating at home for long periods of time during COVID are at much greater risk of loneliness and isolation, loss of usual function and mobility and fear of going out post lockdown. Young people have had their education disrupted along with the uncertainty with exams and connecting with friends and peers. Nationally and locally, there is growing concern regarding eating disorders in young people along with self-reported suicidal thoughts and self-harm. (more information in **Appendix A – Impact of Covid**)

We also know that as a cohort, men are less likely to actively seek out support for mental health concerns or suicidal thoughts but have a far greater burden of suicide, particularly in the 45 to 64 age group.

Shropshire Council recognise these risks and are leading and assisting partners with a range of interventions aimed at mental ill health prevention and wellbeing promotion.

This includes investment in universal offers aimed at keeping well and includes;

- The Shropshire Bereavement pathway (connecting our Customer Services offer with local voluntary providers Cruse, Severn Hospice, Samaritans and Crane Counselling) and linking with social care/social prescribing support
- A license for TogetherAll, for any Shropshire resident to access the confidential, secure and nationally recognised online wellbeing platform for peer support of low level mental health or wellbeing concerns, self-guided learning to improve mental health literacy as well as themed courses (including managing sleep, anxiety, depression, procrastination etc).
- Leading the suicide prevention agenda with dedicated funds made available through a network bid for monies to invest in establishment of a new suicide bereavement offer across Shropshire and Telford, free to user suicide awareness training and soon to launch suicide real time surveillance system to provide enhanced insight about local suicides for learning on missed opportunities, to target preventative resources more effectively and to prevent future suicide.
- Social Prescribing for low level emotional, mental health and isolation and loneliness for adults; and for children and young people (in the south west currently).

In addition, there are many opportunities to promote wellbeing including national programmes such as the 5 Ways to Wellbeing, resources on the NHS Every Mind Matters site and the Shropshire Council mental health webpages. Targeted approaches for higher risk cohorts continue to progress through multi-disciplinary groups (such as the work progressed via our suicide prevention network, children and young people focused programmes linking with schools and older adults mental health prevention groups) and continues to explore opportunities for shared ambitions with other existing services.

The Prevention Concordat for Better Mental Health programme aims to facilitate local and national action around preventing mental health. The Board had begun exploring opportunities around this prior to COVID, now is the right time to revisit the approach.

5.5 Lifestyles

Individual lifestyle choices are influenced by wider physical, social and economic factors and these in turn can affect health behaviours. Lifestyle-related conditions such as obesity and Type 2 diabetes are largely preventable, shorten life expectancy and can severely impact on quality of life. Those living in poorer, more deprived communities are disproportionately affected, and managing behavioural risks to health and their consequences places considerable demands on health and care services.

There is clear evidence that changing lifestyle-related behaviours including, for example, smoking, poor diet, physical inactivity and alcohol misuse, through effective, evidence-based approaches can have a real impact on mortality and morbidity. These behaviours should be considered through all ages, with a focus on maternal health and child development, to gain maximum benefit.

The Coronavirus pandemic has highlighted the importance of a healthy lifestyle to physical and mental health and wellbeing. Evidence shows that being overweight increases the risk of serious illness or death from Covid-19, with risk increasing with degree of obesity.

Shropshire's mandated NHS Health Check programme supports eligible 40-74-year olds to identify early signs of stroke, kidney and heart disease, type 2 diabetes or dementia, and supports management of identified lifestyle risk through brief opportunistic advice and active signposting.

Social Prescribing is well-established in Shropshire and work is ongoing to further expand its reach. The programme is delivered by Shropshire Council in collaboration with voluntary and community sector partners, on behalf of Shropshire's Primary Care Networks, and offers a non-medical solution for people with a wide range of social, emotional or practical needs. A Children and Young People's (CYP) Social Prescribing service has been launched in the south west of the county, providing a link worker for young people to connect with, as well as additional activity to support the emotional, mental and physical health of CYP.

Trained advisors, skilled in behavioural support, provide person-centred, goal-oriented support including active signposting/referral to resolve health and wellbeing concerns. A common reason for referral into the programme is a desire to make a lifestyle change, such as stopping smoking, becoming more physically active or losing weight.

As part of the government's commitment to support people living with excess weight and obesity to lose weight and maintain healthier lifestyles, local authorities in England have been allocated one-year's funding (2021-22) through Public Health England's Adult Weight Management Services Grant. Shropshire has been allocated £168k to deliver an evidence-based adult behavioural weight management service and there is current commitment to develop a localised model that optimises existing skills and knowledge within social prescribing. The grant will support the Council to develop local systems and increase capacity to deliver a targeted weight management programme.

Taking a whole system approach promotes healthy lifestyle behaviours, prevents ill-health and reduces inequalities through multi-level intervention. This approach supports individuals to take control of their health and wellbeing by creating conditions in which they feel empowered to make healthy lifestyle choices. It also recognises and builds on training previously delivered to support front-line staff with the knowledge and information needed to make every contact count and to confidently deliver brief opportunistic advice, including active signposting to further information and support, to encourage healthy lifestyle choices.

5.6 Complex Need

Complex need is often used interchangeably with the term multiply disadvantage and describes having two or more co-morbidities that overlap and exacerbate each other, affecting people's physical, mental, financial or social wellbeing:

- substance misuse
- homelessness
- domestic abuse
- learning disability
- history of offending
- poor physical health
- experiencing a mental health condition

In addition to the above conditions, a large proportion of those people will have been exposed to sexual and physical abuse, neglect, loss of custody of a child and other traumas which in turn can affect their ability to cope and self-regulate. Yet whilst there is a plethora of mainstream services to support these issues, the fact is many services have difficulty engaging people which means they often come into contact with police, health and local authority services without receiving the support they need to break the cycle.

There is a gap in how we engage and support people who are facing multiple issues, which not only translates into poorer outcomes and premature death it also means as a system what we are doing is having little impact. Drug and alcohol misuse is both a cause and consequence of health inequality. Latest data from the Office of National Statistics (ONS) has found alcohol related deaths have increased by nearly 20% between 2019 and 2020, drug related deaths also continue to rise year on year. Closing the gap will require different thinking, not just about what services we commission but how they are delivered and developed with people of lived experience.

In order for us close this gap and to better understand the extent of complex need, Shropshire, Telford and Wrekin have jointly been successful in winning funding to appoint a Population Health Fellow. This person will spearhead a new project that will focus on making best use of local resources, targeting a population who have low, moderate or serious mental illness, who experience multiple disadvantage and have complex lives.

The benefits of the project would be the development of an evidence based, joined up approach to supporting people with complex needs through coproduction to create a greater understanding of how the current system responds and where the gaps are. The key outcomes would include:

- improved individual emotional and mental health and wellbeing
- improved physical health of those with complex needs
- reduced homelessness
- better joined up services, and service offer
- improved asset-based approaches to supporting people in local communities
- Reduce impact on services (health, social care)

5.7 Wider Determinants of Health

Accelerate preventative programmes which proactively engage those at risk of poor health outcomes

Health is determined by a complex interaction between individual characteristics, lifestyle and the physical, social and economic environment. The physical, social and economic environment are the wider determinants of health.

Shropshire Council have taken the following actions to improve health through the wider determinants of health.

Health in all Policies: It is a Cabinet approved requirement that the health impact of all policy and strategy documents taken to Shropshire Council committees be assessed and recorded. Where any policy is assessed as having significant impact on the health of residents of Shropshire the impact is assessed, and action taken to enhance positive impacts and reduce negative impacts.

Core Plan: The planning team have worked very closely with public health colleagues to assess the impact of specific aspects the core plan on the health of the population. In particular the focus includes housing conditions and sustainability, particularly mitigating the impact of climate change.

Currently the actions described above are all at a Shropshire Council level, however we recognise the importance the Health in All approach being embedded across the actions of systems partners.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)
Cabinet Member (Portfolio Holder) Cllr. Dean Carroll Portfolio Holder for Adult Social Care, Public Health and Assets – including Population Health and integration
Local Member n/a
Appendices Appendix A – Shropshire Council Impact of Covid

Appendix A

Impact of the pandemic: Shropshire

Evidence gathering February 2021, Shropshire Council's Feedback and Insight Team (all Feedback to 30 March 2021)

The impacts of the Covid-19 pandemic have been felt widely across Shropshire. Some of those impacts are easy to evidence whereas others will rely on longer term monitoring and local research. This report draws together available information to look broadly at the impacts that have, and may, be experienced and impact on individuals, households and local service providers. Included within the paper are the wider health, social and economic impacts of the pandemic. A section is also included to highlight the emerging and known inequalities that have arisen, or become more evident, as a result of the pandemic. It is recommended that this is a working document, reviewed and updated as more information becomes available. The sections covered are:

- Health
- Wellbeing
- Adult social care and support
- Housing and homelessness
- Shopping and mobility
- Employment and business
- Debt and hardship
- Safeguarding and community safety
- Children and families
- Food insecurity
- Environment and climate change
- Volunteering and the voluntary sector
- Workforce and organisational pressures
- Inequality

Impact	Evidence and source data	Council lead or data contact	Type of impact	Level of risk
Health				
Infection and transmission	13,942 people have tested positive in Shropshire (reported to 13 February 2021). The rate per 100,000 population of all positive test for the pandemic is 6,112.9 for the United Kingdom and for 4,314.6 for Shropshire. Source: https://coronavirus.data.gov.uk	Rachel Robinson	Negative	High – upward trend
Increase in people with long-term conditions (long-covid)	The Office for National Statistics (ONS) has announced plans for estimating the prevalence of, and risk factors for, "long COVID" symptoms and health complications following infection. An initial set of results suggest 1 in 10 may experience symptoms for 12 weeks or longer following a positive test. So, Shropshire's current estimate could be 1,394.2 people, and rising. Current research shows that patients in hospital with COVID-19 experienced elevated rates of metabolic, cardiovascular, kidney and liver disease compared with patients of similar demographic and clinical profiles over the same period. Source: https://www.ons.gov.uk/the-prevalence-of-long-covid	Rachel Robinson and Tanya Miles	Negative	Medium – A concern but numbers not yet fully understood
Excess Deaths	According to PHE between 27/3/20 and 11/6/21, there have been 4,735 registered deaths, it is expected we would have had 4,421 deaths – this is based on the	Sherry Woolgrove/Mark Trenfield	Negative	Medium

Impact	Evidence and source data	Council lead or data contact	Type of impact	Level of risk
	previous 5 years of data (2015-2019). So in total we have had 314 excess deaths than expected in this period. 646 of the actual deaths had COVID mentioned on the death certificate.			
Covid-19 Deaths	<p>SATH Hospital deaths reported daily via Rachel Robinson – data up to 27/6/21 showed a total of 621 COVID deaths at SATH, RJAH or Shropshire Community hospitals, since start of March 2020.</p> <p>Shropshire death registrations where COVID is mentioned on the death certificate, data for registrations up to 25/6/21, a total of 601 deaths mentioning COVID – could be primary or secondary.</p>		Negative	Medium
Hospital admissions	<p>Total admissions to hospital for Shropshire Community Health NHS Trust as at 14 February 2021 were 249 (14 people were in hospital at the time). ADD to form TOTAL All Hospital data SaTH, Neighbouring acute trusts and Shropcom's community hospitals.</p> <p>On 29/6/21 there are 3 COVID positive patients in SATH beds, 36 more with suspected COVID. 1 of the COVID patients is in a mechanical ventilation bed, 2 more in oxygen beds. 1 COVID positive patient is in ITU/HDU.</p>	TBC	Negative	Medium
Delayed Treatment	It is estimated that the delay in treatment due to COVID could take 12-36 months to catch up for some services, this will have an impact on social care and other sectors. Figures from SATH suggest that in February only 26% of elective cases have been restored creating significant demand.	Tanya Miles/Rachel Robinson linking to NHS	Negative	High
Delivery of testing	Number of people who had had a lateral flow device test in Shropshire to 17 February 2020 was 78,640 (1,600 daily). Source: https://coronavirus.data.gov.uk	Rachel Robinson/Penny Bason	Positive	Reduces risk
Delivery of vaccinations	The Shropshire vaccination line has handled 24,000 inbound and outbound calls relating to vaccinations (to March 2021), The impact of vaccination delivery is positive but links to the section on workforce and organisational pressures later in this table.	Chris Westwood	Positive	Reduces risk
Seasonal illnesses	Reductions in flu and other seasonal illness have occurred as a result of local improved performance in flu vaccinations, pandemic measures and improved hygiene.	Rachel Robinson	Positive	Reduced
Unhealthy	The proportion of the adult population in Shropshire estimated to be overweight or	Berni Lee	Negative	Medium - Long

Impact	Evidence and source data	Council lead or data contact	Type of impact	Level of risk
eating and excess weight	obese is 72.4%, statistically higher than both the West Midlands (65.6%) and the England averages (62.3%). Source: Health & Wellbeing Board November 2020 The UK COVID Symptom Study app, with 1.6 million users, reported in July 2020 that 29% of those surveys had gained weight since March 2020. Weight gain was caused by increased snacking (35%), decreased levels of physical activity (34%), increased alcohol consumption (27%) and a less healthy diet (19%). The survey has shown that those who are obese (BMI over 30) are at least 20% more likely to hospitalised with symptoms of COVID-19 compared with those in lower BMI categories. Source: https://covid.joinzoe.com/lockdown-weight-gain			term impact and risk
Reduction in physical activity	The impact in Shropshire is not yet fully understood, with local authority level data not available, but Sport England has reported that Activity levels for adults had been increasing until coronavirus restrictions were introduced in March. This led to unprecedented drops in activity during the first few weeks of full lockdown between mid-March and mid-May. The proportion of the population classed as active dropped by 7.1%. The proportion classed as inactive rose by 7.4%. Source: Sport England Active Lives	Berni Lee, Chris Child, Energize STW	Negative	Local level data not available
Loss of mobility among older people	Age UK are concerned about inactivity and loss of mobility among older people locally and this has been evidenced through national research. In August 2020 a survey of 569 people found one in 5 felt less steady on their feet, one in 3 had less energy and one in 4 were unable to walk as far. Source: Age UK Impact of Covid-19	Heather Osborne, Age UK STW	Negative	High
Problem drinking	The Royal College of Psychiatrists estimates that in June 2020, more than 8.4m people in England were drinking at higher-risk levels, up from 4.8m in February. Shropshire data to December 2020 as reported by NDTMS does not show any increase in clients in treatment for alcohol (18 and over) compared to 2018 and 2019 data. Numbers remain relatively stable. Sources: https://www.ndtms.net/Monthly/PHOF and https://www.ndtms.net/Monthly/Adults	Jayne Randall	Negative	Low – monitored regularly
Wellbeing				
Mental health and suicide among older people	Nationally there is evidence from Age UK that the proportion of over 70s experiencing depression has doubled since the start of the pandemic. This is a concern locally because Shropshire's rates of suicide for people over 65, and females (all ages) are higher than the England averages. Source: https://fingertips.phe.org.uk/profile/suicide The July 2020 Mental Health report to the Health and Wellbeing Board reported no change in suicide numbers to the end of April 2020 (compared to the same period the previous year) this will continue to be monitored. Source: Health and Wellbeing Board	Gordon Kochane	Negative	Low – data not showing an upward trend and risk mitigated by action plan

Impact	Evidence and source data	Council lead or data contact	Type of impact	Level of risk
Increase in self harm and mental health concerns among young people	The Task and Finish Group for Children and Young People's Resilience and Prevention has highlighted a number of concerns about mental health and wellbeing impacts of the pandemic. In particular there appears to have been an increase in cases of intentional self harm overdoses, particularly in the 15-year-old group. The joint action plan and work with other agencies is in place to mitigate these risks.	Gordon Kochane	Negative	Medium – Mitigating actions planned
Social isolation due to shielding	16,500 were on Shropshire's list of people shielding in February 2021 and 71,808 were considered at higher risk (source Health and Wellbeing Board). Customer Services made 9,000 outbound calls to those shielding. A further 6500 Shropshire residents were added to the shielded list and all those requesting support have been contacted and advised of the range of support available. All those previously contacted have the support number should needs arise. Source: Customer Services data	Penny Bason and Chris Westwood	Negative	Medium - Essential to reduce risk but could have longer term impacts
Changes in loneliness	Some people may have experienced a reduction in loneliness since the start of the pandemic, particularly if they have been able to access increased support from community volunteers, neighbours, friends and family. However, for some, lockdowns and social distancing will have significantly increased loneliness (Age UK STW). During the first month of lockdown (to 3 May 2020), the 7.4 million people (14.3% of the entire UK population) said their wellbeing was affected through feeling lonely. 5% said they felt lonely often or always. Source: ONS Coronavirus and loneliness in Great Britain 2020	Heather Osborne, Age UK	Mixed	Low – but may lead to other issues and poor health
Depression and anxiety	According to the Office of National Statistics (November 2020) 19% of adults experienced some form of depression (almost doubling from 10% prior to the pandemic), while 17% of adults experienced some form of anxiety, this increased with those people who were suffering from financial hardship. 48% of adults reported that their wellbeing had been impacted by the pandemic. The Healthwatch Shropshire May 2020 survey of 568 people 64% reported a slight or significant impact on mental health (of the 64% total, 13% indicated a 'significant' impact). Source: https://www.healthwatchshropshire.co.uk/report	Gordon Kochane, STP, Lynn Cawley, Healthwatch	Negative	High – impact can be felt across public and VCS services in Shropshire
Bereavement	The total number of deaths with Covid-19 on the death certificate in Shropshire (LA) reported to 17 February 2020 was 522 (505 within 28 days of a positive test). The impact on friends/family and wellbeing is significant. Source: https://coronavirus.data.gov.uk/	Gordon Kochane	Negative	Medium – risks being mitigated through action plan
Anxiety about travel away from home	National surveys have shown that some people have become anxious about future travel away from homes (older people are shown to have particular concerns). The Visitor Intention Survey 2020 highlighted that 50% feel cautious about making permitted trips and 5% won't be making any trips in the near future.	Clare Featherstone	Negative	Low – but secondary impacts on wellbeing and

Impact	Evidence and source data	Council lead or data contact	Type of impact	Level of risk
	The long-term impact on wellbeing and the local economy is a concern. Source: Culture, Leisure and Tourism, libraries research			the economy
Increase in chronic health conditions due to unemployment	Janke et al. have modelled the impact of economic shocks on chronic health conditions in the UK, finding that employment changes during and after the 2008 financial crisis had a strong adverse effect on chronic health for five broad types of health conditions, with the strongest effects being for mental health conditions. They estimate that a 1% fall in employment leads to a 2% increase in the prevalence of chronic illness. Source: https://www.ljmu.ac.uk/2020-07-direct-and-indirect-impacts-of-covid19	Mark Barrow and Rachel Robinson	Negative	Medium – longer term impact not yet understood
Adult Social Care and Support				
Impact on care providers	The short-term impact on residential and domiciliary care has been well documented and managed but the longer-term impact on care providers and the workforce is not yet fully known and could be significantly influenced by national policy as well as economic influences and future demand for care home places. Market fragility and support reviews are regularly taking place and clear information sharing processes with the system partners on market stewardship and management. Market and commissioning intentions to support future of the market are being reviewed and update on MPS.	Deb Webster	Not fully known	Medium – action in place
Impact on carers	Some people have supported their own family members to avoid carers coming into their homes. This has for some resulted in stress factors increasing within the home, carers feeling tired and for some unwell and the cared for person feeling trapped and in some situations a burden as they can see the impact on the family member providing their care and support. Source: Shropshire Council Adult Social Care	Kate Garner	Negative	Medium
Loss of social support leads to increased need	Lack of outside activities and social contacts has for some people increased physical and mental health concerns and of increased need. When funded care is assessed as required to meet eligible need the cost of support has increased as people may have left things too long to seek support or due to impact on their health and wellbeing their needs have increased or there is family/carer break down. Evidence is now emerging that older people with dementia in their own home or in placements due to reduced social stimulation have mentally declined through the pandemic, resulting in previous networks of support and or commissioned support no longer being able to meet their needs. The strength based model of support that befitted from community based networks and social groups for some people for example Church going, libraries, hair dresser appointments, gym membership, bowls clubs, golf etc. having closed for significant periods has impacted on many individual's wellbeing which longer term	Kate Garner	Negative	Medium

Impact	Evidence and source data	Council lead or data contact	Type of impact	Level of risk
	is likely to result in greater need for services.			
Infection control – discharges into the community	Significant support has been given to the market in regards infection control information, advice, welfare support and practical advice as well as PPE. Infection control grants have been issued and 32 designated settings have been commissioned to facilitate hospital discharges for people who have tested positive. This essential support is important but should be considered within this impact list. There is a risk that such support may be required on a longer term or annual basis (depending on whether vaccinations can reduce the risk of Covid-19 being transmitted or whether there will be seasonal or long-term infections to manage). Source: Adult Social Care Business Team	Deb Webster	Mixed	Medium – risk depends on effectiveness of vaccines and control
Increase in FPOC contacts	Calls to FPOC have increased over the last few quarters but do not represent a significant increase on January 2020 data (pre-pandemic). There were 1,977 adult FPOC calls in January 2021 compared to 2,220 in January 2020. Call rates fluctuate and are monitored as part of the Shropshire Safeguarding Community Partnership Covid-19 dataset.		Mixed	TBC
Access to mental health services	COVID led to a review of the pathway for those wanting to access mental health services. A ‘virtual front door’ is being established to reflect Social Care and Health. The aim is to ensure those who need to access mental health support will not have to tell their story repeatedly and experience increased coordination and streamlined support. In partnership with the CCG the community mental health support service was extended to respond to the emerging needs. Social Care the Voluntary Sector and Shropshire, Telford and Wrekin STP have worked collaboratively to agree a number of schemes which benefit the population of Shropshire and Telford and Wrekin focusing on Adults and Older Adults primarily. A number of these schemes are an expansion of pre-existing schemes to create extra capacity as a result of anticipated increased demands. Working in partnership with Shropshire Mind contract taxi service to support the transport of service users, directly to Sanctuary (Crisis support service) for direct one to one support from Section 136 suite and A&E departments.	Gordon Kochane, Kate Garner, CCG	Positive	TBC
Housing and homelessness				
Repossession and evictions	Nationally, mortgage possession claims, orders, warrants and repossessions have dropped by 95% in comparison to September 2019 due to the Government actions designed to prevent homelessness. Quarter 4 2019 data for Shropshire	Laura Fisher and Jackie Jeffrey, CAS	Mixed	High risk – delayed impact

Impact	Evidence and source data	Council lead or data contact	Type of impact	Level of risk
House prices continue to rise	House prices in Shropshire continue to rise. In December 2020 the average house price was £231,851. This was an increase of 7.3% from December 2019. Volumes of sales have decreased slightly with 443 transactions in October 2020 compared to 511 in October 2019. With wages not increasing in line with house prices there is a risk that people will find themselves unable to cover the cost of mortgages leading to repossessions. Source: https://www.gov.uk/government/uk-house-price-index-england		Negative	Low – a long term trend not caused by the pandemic (could start to change)
Shopping and mobility				
Shopping habits – reduction in sales	On 31 March 2020 all sales in Shrewsbury were considered -59% (-3% grocery and -74% non-grocery) compared to the same week the previous year. By 5th October the data shows a slight recovery 8% for all sales, 22% grocery sales and 4% non-grocery sales compared to however figures fluctuate weekly. Overall increased grocery sales are now keeping overall sales at average levels, but non-grocery spending has been significantly impacted. Ludlow and Oswestry show fairly similar patterns. Ludlow has the 4th worst recovery of towns in the West Midlands, Shrewsbury 7th. Of all 172 towns nationally, Ludlow is ranked at 71st most impacted, Shrewsbury is 84th (just after Hereford), and Oswestry is at 92. Source: https://www.tortoisemedia.com/corona-shock-tracker/		Negative	Medium - may be temporary
Changing patterns of community mobility	On 12 February 2021 Google data highlights that mobility trends for supermarket and pharmacy were -9% on the baseline (5 weeks 3 Jan to 6 Feb 2020) in Shropshire with the same for parks (-9%). Retail and recreation is -53% compared to the baseline, public transport -56% and workplaces -40%. Residential (places of residence) is +17%. Source: https://www.google.com/covid19/mobility/ The longer-term impact on the economy, local businesses and local services (e.g. public transport providers) is not yet fully understood and may include positive impacts – e.g. reduction in air pollution.		Mixed	Medium – not yet fully understood
Reduction in road traffic deaths and serious injuries	The number of people Killed or Seriously Injured (KSI) on the roads in Shropshire is calculated using a rolling 3-year average. At the end of 2008 there was an annual average of 162 people killed or seriously injured on the roads of Shropshire. As at the 31st December 2020 the rolling three-year average reduced to show a provisional result of 143.6. The low levels of traffic during lockdown appear to have contributed to an in-year reduction in accidents and numbers of killed or serious injuries, resulting in a further improvement in the 3 year average. Source: Shropshire Council performance portal		Positive	Low – risk that improvement will not be sustained.
Employment and business				
Rise in	December provisional data saw an increase of more than 10,000 Universal Credit	Emma Smith	Negative	High

Impact	Evidence and source data	Council lead or data contact	Type of impact	Level of risk
Universal Credit claimants	claimants in Shropshire since March. Overall universal credit claimants in Shropshire in December: 21,094 Ludlow*: 5,132 North Shropshire*: 7,504 Shrewsbury & Atcham*: 7,527 *Parliamentary constituencies. Total 21,094. Source: DWP/ Claimant Counts ONS			
Rise in Claimant Count	December provisional data saw an increase of 4,495 total claimants (+112%) since March for those who are not in work and claiming out of work benefits including Universal Credit and Job Seekers Allowance. Numbers stand 8,505: Ludlow 2,250, North Shropshire 2,855 and Shrewsbury & Atcham 2,975.	Emma Smith	Negative	High – more unemployed
Worry about redundancy	Quarter 2 2020/21 data for Advice, Advocacy and Welfare Benefits Services (led by Citizen's Advice Shropshire) highlighted a return to near average levels of demand following an earlier reduction. However, enquiries about employment issues were significantly increased with a 56% increase from quarter 1 and an additional 35% increase in quarter 2. Employment issues remain greater than pre-pandemic levels. Source: Commissioning performance reporting AAWB	Neil Evans, Jackie Jeffrey	Negative	High
Furloughed employees	It was reported to Cabinet in January 2021 that 42,800 Shropshire employees were furloughed in July 2020 falling to 13,000 in August 2020. The introduction of furlough is positive in that people have retained an income, but the concern will be what happens when support comes to an end. There is a significant risk of higher level of redundancies. Source: Shropshire's Economic Response, Cabinet, January 2021	Emma Smith	Mixed	Medium/High - impact after furlough not yet understood
Increase of remote/ home working	At December 2020, the Shropshire Business Impact Tracker Results (141 responses) highlighted that 39% would continue to work remotely for the foreseeable future, and 23% would allow their workforce to continue remote working as long as targets were met. 40% would be investing in new IT software. Source: Economic Impact Task Force December 2020	Mark Barrow	Mixed	Not yet fully understood
Business losses	At December 2020, the Shropshire Business Impact Tracker Results (141 responses) highlighted that 35% of businesses reported cash flow problems, 44% reported a lack of sales/ orders and 26% had had to implement reduced employee working hours. 21% had made between 1-25% of workforce redundant and 5% had made 26-50% redundant. 12% thought the need to make redundancies was likely (however 34% may recruit). Source: Economic Impact Task Force December 2020	Mark Barrow	Negative	Medium – not yet understood and mitigating actions e.g. business grants
Developer Confidence and Housing Market	Planning Services can track developer confidence and housing market buoyancy through income and application monitoring for planning, building control and land charges teams. Source: Planning Services	Ian Kilby	Mixed	Medium

Impact	Evidence and source data	Council lead or data contact	Type of impact	Level of risk
impacts				
Businesses have moved to digital	Since 2014 'superfast' broadband coverage (defined as 30 megabits per second) has increased in Shropshire from only 24% to over 94% in 2020. Connecting Shropshire has delivered a wide range of programmes that mean local businesses were less impacted by the pandemic than they may otherwise have been if digital infrastructure had not been in place. Source: Economic Recovery report Cabinet January 2021	Chris Taylor	Positive	Significant progress achieved
Debt and hardship				
Low wage economy with cost of living	Gross weekly pay for full time workers (2020) in Shropshire remains below the national and regional averages at £532.9 (compared to Great Britain average £586.7 and West Midlands £552.5). Source: Labour Market Profile - Nomis February 2021 UK cost of living calculations are £3,614 per month for a family of four and £2,017 (approximately 504.25 a week) for single person households. Source: https://expatistan.com/cost-of-living/country/united-kingdom This suggests only less than £30 spare income a month for single people.		Negative	High
Increased hardship and debt	Citizen's Advice Shropshire as lead for VCS Advice, Advocacy and Welfare Benefit services are reporting significant increases in requests for debt advice. Shropshire Council's Welfare Support has handled 3,689 calls since the start of the pandemic and paid £230,000 in grant support for the most vulnerable families. There is emerging evidence of a change in those presenting in need towards working families with larger levels of debt and need and there is associated risk of this situation escalating when central government support such as furlough, debt relief and benefit concessions, is withdrawn. The Benefits Team presented data to Cabinet in July 2020 to highlight that 3,622 new working age claims were assessed between 1 April 2019 and 31 March 2020. Estimates suggested that an additional 3,000 working age claimants may become eligible between 1 April 2020 and 31 March 2021.	Neil Evans, Chris Westwood, Phil Weir	Negative	High
Financial abuse	Shropshire Safeguarding Community Partnership's monitoring of financial abuse has not seen a significant change as a result of the pandemic (very small increase from q2 to q3).	Emma Harding	Steady	Low – no change
New financial scams	Scams related to Test and Trace and the pandemic have been identified (a well-known one asked for £500 for a test) but there is not yet data to quantify the numbers impacted.	Frances Darling	Negative	Low

Impact	Evidence and source data	Council lead or data contact	Type of impact	Level of risk
Impact of hardship and debt on Tax and Benefits	The Council Tax collection rate for 2020-21 is forecast to reduce by between 0.5% and 1%.£1.1 mil awarded to working age council tax support claimants in hardship relief council tax discount. Over 7,000 council taxpayers deferred payment of their council tax instalments in April/May 2020. Increase of 434 working age council tax support claimants against a forecast reduction (pre Covid) of 450 claims. 90,000 phone calls answered in Revs and Bens since April 2020 providing advice and support. Source: Shropshire Council	Phil Weir	Negative	Medium
Safeguarding and community safety				
Increases in referrals for statutory case reviews	Shropshire Safeguarding Community Partnership has seen an increase in statutory case reviews in 2020/21 compared to the previous financial year. Although numbers are still very small, increases have been seen across every type: rapid review/children's, adult review, domestic homicide and anti-social behaviour. Source: Shropshire Safeguarding Community Partnership, Business Unit	Sarah Hollinshead-Bland and Emma Harding	Negative	High
A mixed impact for domestic abuse (Adults)	Shropshire Safeguarding Community Partnership's Multi-Agency Domestic Abuse Dataset monitors the safeguarding impact of the pandemic (from quarter 1 2020). Data is currently available to the end of quarter 3 2021. West Mercia Police data does not show increase in domestic violence incidents (a slight reduction has been seen). Domestic violence crimes have reduced by 6.8% over the year, following a previous upwards trend. Multi-Agency Risk Assessment Conferences have reduced by 20% compared to the same period in 2019 (q1- q3). Source: Shropshire Safeguarding Community Partnership The Shropshire Domestic Abuse Service (SDAS) has reported a 118% increase in referrals when compared to 3 years ago. The increase is reflected in the Multi-Agency Domestic Abuse Dataset (showing an overall upwards trend in referrals since June 2020). Source: https://www.shropsdas.org.uk/news/item/domestic-abuse-support-and-lockdown	Sarah Hollinshead-Bland and Emma Harding	Mixed	Medium – robust partnership monitoring mitigates risk
Impact of domestic abuse (Children)	Over 67% of all children subject to Child Protection Plans had domestic abuse identified as a risk factor from July 2020 to December 2020. This proportion fluctuated month on month; with the highest proportion being 79% in December 2020. For quarters 1-3 2020/21 there was a 42.2% decrease in the number of MARAC cases involving children in comparison to the same period in 2019. Numbers of contacts received through Domestic Abuse Triage for children's social care remain similar compared to 2019. Quarter 1-3 saw a 13.25% increase in the number of domestic violence referrals to Compass. Although small numbers could	Sarah Hollinshead-Bland and Emma Harding	Negative	Medium – possible upward trend for some measures a concern

Impact	Evidence and source data	Council lead or data contact	Type of impact	Level of risk
	have meant this was a natural fluctuation rather than a trend, some concerns regarding increased risks are reported by social care staff. Source: Shropshire Safeguarding Community Partnership, Business Unit			
Impact on crime	National ONS data in August 2020 highlighted a 32% total reduction in crime (excluding fraud and computer misuse) during April and May 2020. Source: https://www.ons.gov.uk/crimeandjustice/coronavirusandcrimeinenglandandwales For Shropshire In June 2020 all crime per 1,000 population was 11.11 down from 12.7 in March. Source: https://www.police.uk/west-mercia-police/compare-your-area/		Positive	Low
Use of drugs/ drug crime	Drug crime rose in Shropshire between March 2020 and June 2020 to 0.54 crimes per 1,000 population (up from 0.39 in March 2020). Performance is in line with other similar areas and West Mercia averages.		Negative	Low – not yet seeing any long-term upward trend
Children and families				
Increased number of Looked After Children	Shropshire has seen as increase in Looked After Children from 399 pre-pandemic to approximately 480 (Feb 2021). The rate per 10,000 showed a noticeable increase in quarters 2 and 3 2020/21 (above national and statistical neighbour average rates). The number of children in need was also greater in Q3 2020/21 than it has been for the last 6 quarters and above the average level for statistical neighbours. National data highlights that other local authorities have seen the same increases as a result of the pandemic. This could be partly due to a reduction in exits from care (court delays) but the data suggest that there has been an increase in the number of children becoming looked after. Source: Shropshire Council performance reporting Children's Social Care Nationally the total number of children looked after was 6% higher on 11-13 January 2021 than at the same time in 2018/19. Source: DfE Vulnerable children and young people survey Waves 1 - 17 Feb 21	John Foster	Negative	Medium – suggesting an upwards trend but closely monitored
Increase in referrals to Children's Social Care	In 2020/21 to date, there have been 1453 children referred to social care, which is 7.3% higher than the 1354 referrals received in the same period last year. Referrals in October and November were above the 19/20 monthly average of 156, while December was slightly below. Latest available benchmarking data indicates that Shropshire's referral levels are below most of its statistical neighbour (SN) group. There is a concern that referrals will increase when schools	John Foster	Negative	Low – May become more of a concern but currently still below statistical

Impact	Evidence and source data	Council lead or data contact	Type of impact	Level of risk
	re-open following the lockdown period. Source: Shropshire Council performance reporting Children's Social Care			neighbours
Child Criminal Exploitation	Although not caused by the pandemic, there have been concerns that, because lockdown has inhibited opportunities for face-to-face safeguarding and risk assessment, children may face more online harms and grooming while young people while confined to their homes. Court and school closures, and delays to CPS processes, may further exacerbate risk to vulnerable young people. Estimates within a report published in August 2020 indicate there could be around 10 county lines operating within Shropshire (Boddington, 2019) and around 30-50 children to implicated in any single county line (Children's Society, 2018), this equates to around 300-500 children being at risk of CCE within Shropshire. Source: Child Criminal Exploitation Report - We Are With You	Sonya Jones, Sarah Hollinshead-Bland	Negative	Medium – significant concern but not necessarily increased due to pandemic
Impact of lost learning	The Institute of Fiscal Studies has estimated that children could lose £3350billion in lifetime earnings unless action is taken to lessen the impact of the pandemic on lost learning. By February 2021's half-term holiday, British children are estimated to have lost at least half a year of classroom time since March 2020. There is a concern that from the mid-2030s the workforce will be lower-skilled and lead to a period of lower growth. The range of impacts such as inequality and wellbeing are also explored. Locally the impact is not yet fully understood. Source: Institute of Fiscal Studies	Phil Wilson, Steve Compton	Negative	Not yet known
Increase in low income families and child poverty	Shropshire has seen an upward trend in both primary and secondary school children claiming free school meals since 2018. The 2020 data saw Shropshire ranked 32 nationally with the percentage of pupils compared to the previous year increasing by 1.90% for primary and 2.20% for secondary. Source: Local authority interactive tool (LAIT)	John Foster	Negative	High
Increased inactivity among children	Interim results from the Shropshire Schools Nutrition and Wellbeing Survey carried out October to December 2020 highlighted that, on average, during lockdown 1 (when the weather was good) approximately 47% of children were physically active for 60 minutes or more on 5 or more days a week, 28% were active 3-4 days a week, 26% were active 2 days a week or less (6% were not active on any days). When back in school results were similar. Source: Interim report Nutrition and Wellbeing Survey (not published)		Negative	Medium – impact could be short term

Impact	Evidence and source data	Council lead or data contact	Type of impact	Level of risk
Concerns about child and adolescent mental health *see wellbeing section	NSPCC reports that the amount of counselling for loneliness provided by its Childline service has risen by 10% since the pandemic started. NHS Digital surveyed 3,570 children in 2017 and July 2020 and the results highlighted a 5.2% increase in children and young people with a mental disorder (levels were higher in 17-22 year olds). Source: NHS Digital Mental health of Children and Young People 2020 Interim results from the Shropshire Schools Nutrition and Wellbeing Survey carried out October to December 2020 highlighted that approximately 21% of children had concerns over wellbeing. Source: Interim report Nutrition and Wellbeing Survey (not published)	Gordon Kochane	Negative	High
Digitally excluded children	School closures during COVID-19 have necessitated home-schooling and online distance learning but not all children have access to the devices and internet connections needed for remote schooling. An Ofcom survey from Jan–March 2020 found that 9% of households containing children did not have home access to a laptop, desktop PC or tablet. The estimate of the number of households in Shropshire (based on 2018 household data) would be 3,044 households containing children. Source: https://post.parliament.uk/covid-19-and-the-digital-divide/ Source: https://www.ons.gov.uk/peoplepopulationandcommunity/householdprojections		Negative	Low – schools have taken action to provide equipment and access
Food insecurity				
Increase in food insecurity	Trussell Trust food banks in Shropshire saw an increase of 72% from 2,935 parcels distributed 1 April to 30 September 2019 compared to 5,039 in the same period 2020. Source: https://www.trusselltrust.org/mid-year-stats/ Shropshire Food Poverty Alliance has reported the same significant increases in demand across Shropshire's independent foodbanks and projects. New food schemes were established in many communities as a response to the project. Source: https://www.shropshirefoodpoverty.org.uk/	Emily Fay, Shropshire Food Poverty Alliance	Negative	High
Need for food support	Commissioned VCS providers (e.g. Age UK) have reported an increasing need for older people to be supported to have a hot meals. Increased demand from clients for a regular delivered hot meal has been seen and providers are currently delivering to around 100 people. A national survey by Age UK highlighted that, of the older people who already had difficulty preparing food before lockdown, more than one in three (35%) reported that this was more difficult by August 2020.	Neil Evans and Heather Osborne, Age UK STW	Negative	Low – support in place

Impact	Evidence and source data	Council lead or data contact	Type of impact	Level of risk
	Source: Age UK Impact of Covid-19			
Environment and Climate Change				
Air pollution and carbon emissions reduced	Local data is not available, but the pandemic initially had a positive impact on climate change. Lockdown saw a 7% reduction in global emissions, equivalent to the level of reduction needed per annum to deliver net carbon zero ambition – indicating not only the scale of behaviour change needed, but also how this will need to be sustained year on year. Source: Economic Recovery report Cabinet January 2021	Adrian Cooper	Positive	High – Risk of climate change: reduction not sustained
Illegal waste disposal	The impact of fly tipping in Shropshire could not be obtained for this report. Some parts of the country reported significant increases at the start of the pandemic (partly due to closure of local tips) but research by the University of Leeds has shown that across all councils the expected impact has not been seen and numbers of incidents have remained static. Source: Covid-19 and fly-tipping		Unknown	Data not available
Increased need for access to green space	Access to green space has been mapped for all areas of Shropshire (as part of the Community and Rural Strategy evidence base). A surprising finding was that, despite Shropshire being a very rural county, access to public and open green space is surprisingly limited in many areas (a high proportion of land is in private ownership). This issue has been highlighted by Public Health England in its work to prompt action to address health inequalities. Source: Public Health England Improving access to green spaces and Community and Rural Strategy Evidence Base	Clare Featherstone	Mixed	Low
Increases in ASB and misuse of public spaces	Shropshire Council's outdoor partnerships service saw a 131% increase in issues on right of way, compared to last year (with 2 months of the year remaining; January 2021). Many members of the public reported damage to green spaces and environmental resources, concerns about anti-social behaviour and inappropriate use of vehicles and parking. Damage and cost have been significant and involved Police enforcement in some cases. Source: Outdoor Partnerships performance measurement	Clare Featherstone	Negative	Low – not a risk to people but a significant service pressure
Increased online and paperless interactions	New online Housing Benefit applications increased from 55% average in 2019-20 to 86% average for 2020-21 due to face to face sites being closed and more claimants having to apply via the online solution. Paper benefit form is over 30 pages long meaning a reduction in printing and postage. Council tax e-bills increased from 12% 2020-21 annual bills to 19% 2021-22. Many new e-mails captured whilst administering instalment deferrals	Phil Weir	Positive	Medium – need to ensure online applications becomes the new normal for those claimants that can apply online

Impact	Evidence and source data	Council lead or data contact	Type of impact	Level of risk
Volunteering and the voluntary sector				
New community action/groups	The start of the pandemic saw some new community groups and voluntary action being established as a community response and to ensure those most at risk within communities received the support they needed (e.g. shopping, prescriptions). This was a positive development but research by Shropshire Rural Communities Charity (and feedback via the VCS Assembly and Food Poverty Alliance) have highlighted an increased need for infrastructure support (e.g. governance advice etc.). More recently, the Be Part of History campaign attracted over 1,400 new volunteers.	Sarah Nelsey, Julia Baron, RCC	Positive	Low - risk is that community-based support will be short term without infrastructure support
Loss of fundraising activity and VCS income generation	Local VCS groups and organisations are very concerned that they have been unable to fundraise through traditional methods during lockdown restrictions. Many have lost considerable income. Age UK have had to close their shop in Oswestry. Other organisations are concerned about longer term sustainability post-pandemic. Source: VCS Assembly Survey and feedback	Sarah Nelsey	Negative	Long term impact likely
Loss of older volunteers	Many VCS organisations reported that their volunteer force was made up of people who fall into higher risk categories due to age. This led to volunteer capacity reducing steeply at the start of the pandemic. Source: VCS Assembly feedback. The NCVO Covid-19 Voluntary Sector Impact Barometer has shown (February 2021) that 40% of the 710 respondents have experienced a decrease in the amount of unpaid time contributed by volunteers since March with just 27% reporting an increase. 35% of organisations noted a decrease in the number of people volunteering during the covid-19 pandemic. 45% saw no change while only 20% benefited from an increase. Source: NCVO Covid Barometer	Sarah Nelsey, Neil Evans	Negative	Medium
Increases in younger volunteers	New volunteers came forward as a result of the pandemic. Many were students and furloughed workers. Some volunteers will be lost as people return to work and university, but it is hoped that a good proportion may be retained. Source: VCS Assembly feedback	Sarah Nelsey, Neil Evans	Positive	May be temporary
Impact on VCS – changing demands and sustainability concerns	Local VCS services have identified changing demands for support. At the start of the pandemic support needs were help accessing essential food and medicine, social isolation and digital exclusion and financial concerns and uncertainty. Other needs are mental health (a significant concern for a range of VCS groups and organisations), transport, support for carers, bereavement/ feelings of loss. It is possible that demand for support will continue to vary over time (and grow) and require some flexibility in response and commissioning arrangements. Research by NCVO and partners has highlighted in February 2021 that 40% of VCS organisations reported a deteriorating financial position in the last month, and 37%	Sarah Nelsey and Neil Evans	Negative	Low but future implications

Impact	Evidence and source data	Council lead or data contact	Type of impact	Level of risk
	expected this to get worse over the next four weeks. In addition, 47% expect demand for their services to grow over the next month. The results reflect the local VCS Assembly survey results. Source: NCVO Covid Barometer and VCS Assembly			
Loss of face to face local support as VCS services moved online	Changes to local support as VCS virtual/digital services have developed The preventative services commissioned by Shropshire Council and delivered by VCS organisations service provision have replaced most of their face to face contact to online or phone contact. This includes advice, advocacy and welfare benefits services, along with friendship support services. Community based day service buildings have been closed for much of the pandemic and innovative ways of connecting people and engaging with them virtually or remotely to help people keep active both physically and mentally have been developed. Citizens Advice Shropshire have mapped their client addresses pre- and post-pandemic and have found that there has been a significant change, away from the town centres (Shrewsbury, Ludlow and Oswestry) to more rural locations or towns such as Bridgnorth. This demonstrates that the change in service delivery from face to face to virtual has resulted in more equality of access.	Neil Evans, Kate Garner	Mixed	Not yet known
Workforce and organisational pressures				
Change in focus, working environments, methods	Staff and workforce issues are not covered in any detail here but are an important issue for all employers in Shropshire, particularly within the public sector, which will lead much of the work to address the impacts set out in this paper. Considerable changes in focus and service delivery have already occurred but more will be necessary to respond to the widespread and longer-term impacts of the pandemic within Shropshire.	Multiple	Mixed	Not yet known
Changed workforce pressures (multiple issues including burnout and stress)	Findings from the two Shropshire Council's Covid staff surveys (May 2020 and January 2021) regarding staff responses in relation to mental wellbeing, indicate that since May 2020, there has been a 7% increase in the number of employees stating that their mental wellbeing is 'poor' or 'very poor'. In May 2020, 11% described their mental wellbeing as being 'poor' or 'very poor' whilst in January 2021, this increased to 18%. There has been a 6% increase in the number of employees who described their physical wellbeing as being 'poor' or 'very poor' in the 2021 survey. In May 2020, 11% described their physical wellbeing as 'poor' or 'very poor' and this had increased to 17% in January's survey. In terms of employees' overall wellbeing, in May 2020, 8% described their overall wellbeing as being 'poor' or 'very poor', with 57% stating their overall wellbeing was 'good' or 'very good'. However, in January 2021's survey, 15% of staff described their	Sam Williams, Sarah Dodds	Negative	Medium – could be a growing risk

Impact	Evidence and source data	Council lead or data contact	Type of impact	Level of risk
	<p>overall wellbeing as 'poor' or 'very poor'. Comments from the most recent staff survey indicate that those experiencing a decline in their overall wellbeing may be feeling this way due to such factors as feeling isolated, missing colleagues, heavy workloads, stress, long hours, and work pressures. During April 2020 and October 2020, the Occupational health Team saw a 115% increase in management referrals compared to the same months in the previous year. This increase is attributed to clinically vulnerable staff shielding and anxiety about COVID 19 about returning to work. It is likely other local public sector organisations are experiencing very similar issues. Indeed, NHS partners have highlighted the same concerns.</p> <p>Source: Shropshire Council staff surveys 2020,2021</p>			
Workforce changes	<p>Shropshire Council has experienced a 44% decrease in staff turnover (Corporate and schools-based staff) compared with previous year, suggesting with the uncertainty of the pandemic moving organisations wasn't an employee's consideration. Within Schools there is little change in terms of the absences pre Covid to now for Stress/Anxiety and Mental Health illnesses (22.85% to 22.30%) and also Bereavement (4.51% to 3.30%). There has been a reduction in the number of lost days for each of these reasons however there has been a reduction overall in terms of the number of lost days due to sickness absence in the last 12 months (from April 2020 to date). In terms of Corporate figures there have been increases in both Stress/Anxiety and Mental Health illnesses (28.60% to 34.66%) and also Bereavement absences (1.26% to 3.65%) in the last 12 months. However overall, as with Schools the total number of days lost due to sickness absences does appear to have reduced. It is also important to note that whilst the increase in percentage of all absences due to stress has increased quite substantially this is because absences in other areas have reduced.</p> <p>Source: Shropshire Council, Human Resources</p>	Sam Williams	Mixed	Mixed – ongoing monitoring
Loss of service income	<p>The financial impact of the pandemic is significant and includes concerns over loss of income. Taking just one of Shropshire Council's service areas as an example, it is possible to see that within Culture, Leisure and Tourism services there has been a 69% reduction in income in 2019/20. Consider that across all service areas, the wider public sector in Shropshire, and the pre-pandemic financial situation, and the risk of multiple impacts on workforce, organisations and members of the public/ service users is high.</p>	Multiple	Negative	High
System working	<p>Teams and services within health and social care have reported more collaborative and joined up system working. This is largely anecdotal evidence, but it was a positive impact highlighted within Shropshire Council's Coronavirus</p>	Multiple	Positive	Low - Positive

Impact	Evidence and source data	Council lead or data contact	Type of impact	Level of risk
	staff survey in May/June 2020.			
New working policies and practices	The adoption of more agile and flexible working approaches is viewed as one of the more positive impacts of the pandemic on the workforce. Greater flexibility has been seen across many local employers in all sectors but has been particularly evident within the public sector as a means of enabling the workforce to respond to challenges outlined above.	Multiple	Positive	Low - Positive
Inequality				
Inequalities in children's experiences and concern for children with SEND	Ofsted has carried out studies into the impact of covid-19 and found children, of all ages and backgrounds, have lost some basic skills and learning as a result of school closures and restrictions on movement. Findings were children's experiences weren't necessarily determined by privilege or deprivation. Those coping well had good support and benefited from quality time spent with families/carers. This includes those within the care system, some of whom who saw relationships with carers improve. Those more impacted were children whose parents were unable to work more flexibly, those who experienced less time with parents and other children, those who lost progress (e.g. back into nappies, forgotten how to eat with a knife and fork, lost skills with numbers and words). Others have shown of mental distress, an increase in eating disorders and self-harm. Ofsted has particular concerns about the impact on children with SEND who missed out on speech and language services. Source: Ofsted studies The Institute of Fiscal Studies found that children of low-income families were less likely to attend school when schools reopened after the first lockdown and were less likely to have the resources to allow effective home learning. Source: https://www.ifs.org.uk/15302	Phil Wilson, Steve Compton	Negative	Medium – could be high risk but not enough information yet.
Younger people more significantly impacted by unemployment	Claimant rates are significantly higher amongst younger age bands. In Shropshire, 8.1% of the 18-24 cohort is on the claimant count. This reduces to 4.9% for the 25-49 population and again to 3.4% for the over 50s. Source: ONS Claimant Count As reported to Cabinet in January 2021 apprenticeships reduced to 600 a 25% reduction on the year before (800).	Emma Smith	Negative	Medium – mitigating actions including Kickstart Apprenticeships etc.
Younger people being vaccinated last	The vaccination programme may cause some inequality (e.g. inequality of opportunity) by protecting those who are older, and most at risk first. For example, older working people may have more employment opportunities, because following vaccination, they are more able to take on customer facing roles.		Negative	Low
Loneliness among young	Those aged 16 to 24 years were more likely to have experienced lockdown loneliness (50.8%), while those aged 55 to 69 years were less likely (24.1%) to		Negative	Low – but likely to lead to other

Impact	Evidence and source data	Council lead or data contact	Type of impact	Level of risk
people	have done so. This echoes previous research exploring chronic loneliness showing that people in younger age groups were most likely to report loneliness, while those in older age groups were less likely. However, the oldest age band, those aged 70 years and over, were no less likely than average to report lockdown loneliness. Source: ONS Coronavirus and loneliness in Great Britain 2020			issues and impacts
BAME communities more impacted	The PHE review of disparities in the risk and outcomes of COVID-19 shows that there is an association between belonging to some ethnic groups and the likelihood of testing positive and dying with COVID-19. An analysis of survival among confirmed COVID-19 cases showed that, after accounting for the effect of sex, age, deprivation and region, people of Bangladeshi ethnicity had around twice the risk of death when compared to people of White British ethnicity. People of Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity had between 10 and 50% higher risk of death when compared to White British. Source: PHE, Beyond the Data Shropshire's demographics will not be fully understood until the Census 2021 data becomes available, but historically Shropshire hasn't had large BAME communities experiencing deprivation (as reported elsewhere in the UK). Anecdotal evidence suggests some clusters of people/ families of Eastern European concentrated around particular employment opportunities.	Lois Dale	Negative	High
Impact on Gypsy and Traveller families	Many of the gypsy and traveller families seen in Shropshire are self-employed and the manner of their work (tree surgery, window plastics, building driveways) has had a major financial impact generally. However, the Liaison Officers have provided considerable support to try and reduce impact including benefit application support, health and wellbeing advice and other forms of support. Source: SC Equalities report May 2020	John Taylor	Negative	Low – lots of support provided
Rural locations more impacted by unemployment	Within Shropshire, growth in the number of claimants has been particularly high in rural wards, especially in the south. The claimant rate is highest in parts of Shrewsbury, Ludlow and Highley (as a % of the population). Source: Data report for Economic Impact Task Force January 2021	Emma Smith	Negative	High
Impact on people providing care	The Heathwatch Shropshire May 2020 survey of 568 people found 20% of people caring for an adult experienced a significant impact on their health and wellbeing as a result of the pandemic (loss of informal and formal respite care was on example). Source: https://www.healthwatchshropshire.co.uk/report	Lynn Cawley, Healthwatch	Negative	Medium – mitigating actions include carer support services

Impact	Evidence and source data	Council lead or data contact	Type of impact	Level of risk
Impact on women	Women have been disproportionately affected by furlough, accounting for 54.3% of all those furloughed in Shropshire (but form less than half of those employed). In addition, women traditionally take on caring roles and have been more significantly impacted by school closures. The Institute for Fiscal Studies (IFS) and University College London (UCL) interviewed 3,500 families. They found that mums were only able to do one hour of uninterrupted work, for every three hours done by dads. Source: Equality report Shropshire Council May 2020 and Institute of Fiscal Studies	Lois Dale	Negative	Medium – may be short term
Impact on pregnancy and maternity	Studies have shown that there is a two to three times increased risk of giving birth prematurely for pregnant women who become very unwell with COVID-19. However, the risk of Covid-19 in pregnancy is not yet fully understood. National guidance has been provided. Impacts have included increased worry, restrictions in visitors/partner involvement, impact on some services and appointments but maternity services have made every effort to mitigate risk and reduce impacts. Source: RCOG		Negative	Low – health needs met
Impact on older people	Covid-19 deaths have been shown to increase significantly with age but there are also a number of other concerns. A national survey by Age UK (August 2020) found 45% of people aged 70+ said that they are either uncomfortable or very uncomfortable leaving their house because of the coronavirus pandemic; 31% said they felt unsafe or very unsafe when outside of their home; and 1 in 20 people aged over 70 had not left their home at all. One in five (17%) felt less confident leaving the house by themselves. Source: Age UK Impact of Covid-19	Tanya Miles, Heather Osborne, Age UK	Negative	High
Greater impact on people within some employment sectors	The tourism industry is most likely to have staff furloughed as of 31/12/2020. Other sectors more impacted by furlough include accommodation and food services, arts entertainment and recreation, other service activities. In the West Midlands, 60% of cultural organisations and 53% of individuals are expecting to earn less than 25% of what they generated in the same period last year. Source: Culture Central, 2020	Clare Featherstone	Negative	Medium – some mitigating action e.g. grant schemes
People who are digitally excluded	People may be digitally excluded for multiple reasons, including not having access to the required infrastructure and/or devices, lack of skills, or lack of motivation to use technology. The main factors that influence the digital divide in the UK include age, region, socioeconomic status and whether a person has a disability. In 2016 it was estimated that 25% of Shropshire people were digitally isolated (above the national average of 21%). A quarter were aged 65+. Although national data shows	Andrea Miller	Mixed (reduction in numbers)	High for those digitally excluded

Impact	Evidence and source data	Council lead or data contact	Type of impact	Level of risk
	more people are now online (87% of over 16s in 2019) 13% of people never go online. Source: Ofcom One Nation 2020 Report			
Households without reliable broadband	The Office for National Statistics (ONS, 2020b) found that 46.6% of people were working from home in April 2020. The closure of schools has also meant children have needed reliable broadband to continue with their schooling but also to connect with friends online. Source: ONS	Chris Taylor	Mixed	Medium
Impact on religious celebrations and observations	Pandemic social restrictions have had a considerable impact on faith communities and on the practising of religion or belief, with people unable to congregate together in churches, synagogues, temples, etc. Local research by Shropshire Council's Rural and Equalities Specialist has been important in better understanding the impact locally. Source: Shropshire Council briefing note May 2020, Covid-19 impacts on religion or belief (Lois Dale).	Lois Dale	Negative	Low – Mitigating action has included online methods
Service closure impact on low income households	Indigo's 2020 cultural and leisure survey found an unequal impact on customers. Those with long term health conditions, and those with financial concerns have been impacted more significantly by the impact of the pandemic on their access to culture and leisure services. Source: https://www.indigo-ltd.com	Clare Featherstone	Negative	Low – may be short term