Working together for health and wellbeing

Public Health for Berkshire

Annual Public Health Report 2020

Looking Forward to Recovery:
10 things to consider for COVID-19 recovery planning in Berkshire

Contents

Foreword

This year's Annual Public Health Report had to be about COVID-19. You just can't ignore this public health emergency and the reverberations it has caused in all areas of our lives.

COVID-19 has shone a light on our society - bringing inequalities into sharp relief and teaching us that there really are different ways to live, learn, work and play. As we put systems in place to better prevent and treat the disease, we are starting to look to the future. We can see the opportunity to rebuild better and make sure our response and recovery closes the gaps between communities, rather than increases them.

COVID-19 has had a direct and devastating impact on some people; we probably all know someone who has lost a loved one or who has been ill themselves. But the longer term impact on the way we all live and work, our towns and villages, our businesses and our economy are only just becoming apparent.

For COVID-19, unlike other emergencies, the boundary between response and recovery is blurred. The response is going to take some time, and how we respond now will influence how well we as a society and community recover and thrive in the future.

This report is intended to inform our conversations and debates about recovery from COVID-19. Not just what we do but how we do it. To help us think through how we can tackle unfair inequalities, how we can take the disruption COVID-19 has caused and how we learn the lessons it has taught us. So we need to recover better for a renewed, more inclusive, healthy and prosperous Berkshire.

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Acknowledgements

Production of this report has been a team effort, I owe a big thank you to the following people, who conducted the research, drafted the content and designed the report.

Lynne Brett
Andrew Brown (Frimley Library)
Liz Brutus
Becky Campbell
Sam Claridge
Matthew Green
Holly Jenkins
Benjamin Jones
Kim McCall
Rebecca Muir
Meradin Peachey
Paul Trinder

We are also grateful for the work across the South East of England coordinated by Sallie Bacon on behalf of Public Health England on the evidence base for recovery post Covid-19.

Executive Summary

The Annual Public Health report this year suggests 10 areas to consider in our response to and recovery from COVID-19.

Setting the scene:

	Key message	Why is this important?
Inequalities	COVID-19 has shone a fresh light on existing health inequalities. As it progresses, it is likely these health inequalities will widen further.	Emerging evidence has found some groups are at greater risk of being infected with and being harmed by COVID-19.

Impact on communities:

	Key message	Why is this important?
Employment	There are early signs that the harmful impact will be greater on some sectors than others, including those that employ some of the lowest paid workers.	Employment is a key determinant of health. By July 2020, the number of employees in the UK on payrolls was down around 730,000 compared, with March 2020.
Children and Young People	Children and young people may be the hardest hit by social distancing and other control measures for COVID-19.	More time at home with family may be a positive experience for many, but for others it may be a difficult time involving loneliness, bereavement, financial hardship, neglect or abuse.
Safeguarding	Our recovery from the COVID-19 lockdown restrictions will need to ensure that safeguards continue to be put in place to identify, support and protect victims of abuse.	Evidence from previous disasters, all indicate that heightened levels of domestic abuse continue long after the event.

Mental Health	There were clear links between poor mental health and health inequalities before the onset of the COVID-19 pandemic and inequalities seem likely to widen further in its wake.	There's evidence to indicate the rate of mental health conditions will increase as a result of both the pandemic itself and the measures put in place to control the spread of the virus.
Environmental Impact	A 17% fall in CO2 emissions during April 2020 provides proof-of-concept that pollution levels are responsive to policy, creating an incentive for making the environmental impact a core focus of future strategies.	Pollution is linked to lower life expectancy, particularly through its effects on cardiovascular and respiratory health and lung cancer.

What will help?

	Key message	Why is this important?
Engaging Communities	Those on the lowest incomes are less likely to feel able to exercise control over their futures by engaging with national and local political systems.	Engagement with communities affected by SARS and Ebola pandemics, by asking what matters most to them, saw successful responses to the changing needs of the population.
Resilience and Social Cohesion	Community resilience, including strong social cohesion and social capital, is linked with faster and more effective recovery.	Socially cohesive communities tend to feel a sense of belonging and community and either share values or a tolerance for one another's differences.

How will we know it's working?

	Key message	Why is this important?
Building on Assets and Reshaping Society	We plan to introduce an ambitious, broad-based, transformational program that can seize the positives from this crisis to build a healthier, stronger and more equal Berkshire.	Establishing a new "normal" is the long-term goal for recovery from COVID-19 and it is crucial that we re-build a fairer, safer and stronger community.
Measuring Progress	Learning from other disasters shows that the measurement of recovery needs to be defined, owned and shared by the community.	The measurement of our recovery from COVID-19 will be vital to ensure that we are going in the right direction – towards a healthier, fairer and sustainable society.

Introduction

In early 2020, life for the people of Berkshire changed. The COVID-19 pandemic and the lockdown measures put in place to control the spread of the virus changed our lives in unforeseen ways. We have mounted an unprecedented response to COVID-19 that will continue for some time. This report identifies strategies that we can use to support our long-term recovery in Berkshire. We have an opportunity to build on our response to COVID-19 to emerge from the pandemic healthier, fairer and more sustainable.

We have identified ten key topics to consider for Berkshire's recovery. These topics have been selected through learning from other recovery efforts in environmental disasters, severe or traumatic events and from evidence emerging from the current pandemic. These take us through three key themes – 1) impact on communities, 2) strategies that will help and 3) how we might know whether recovery is working.

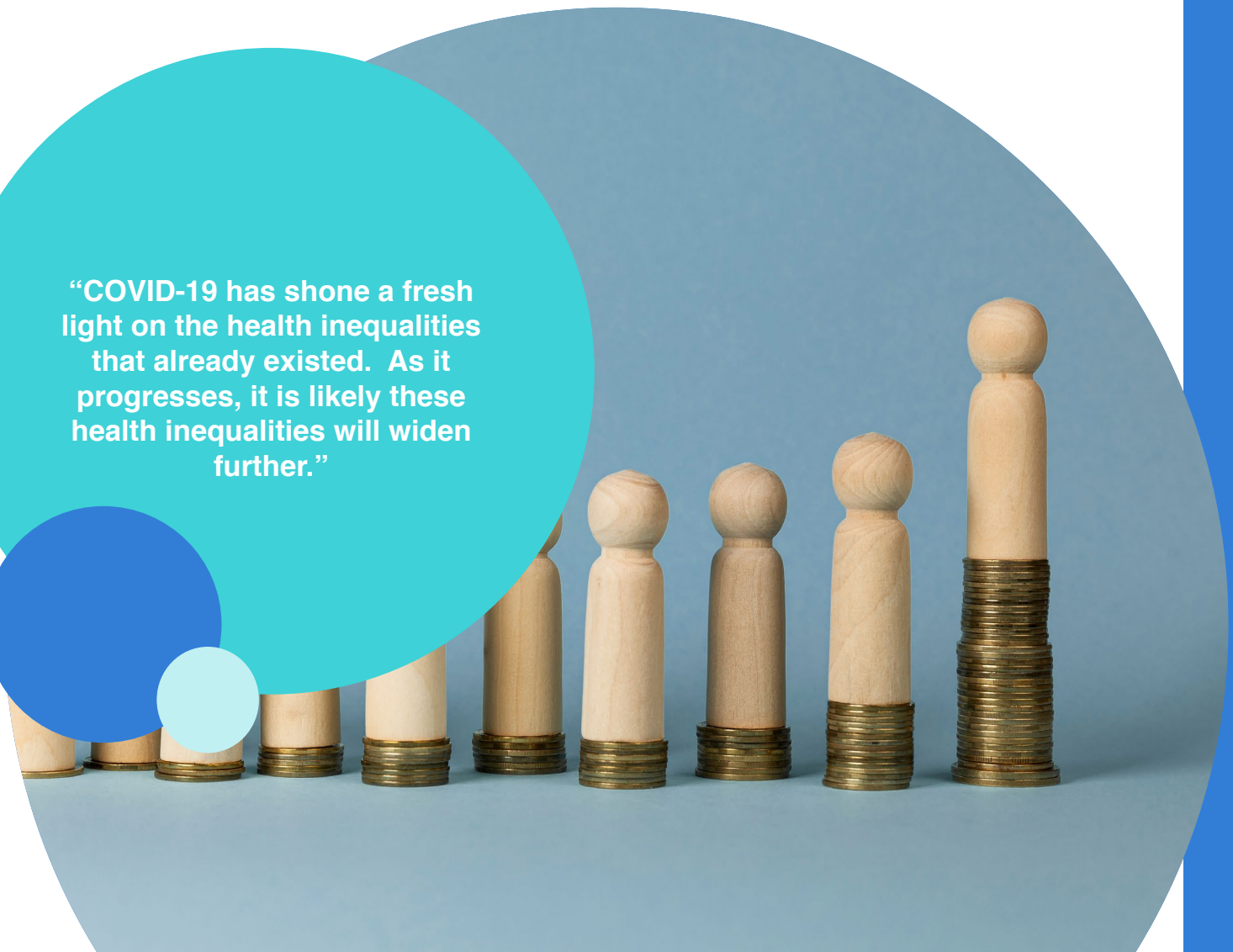
The way that we respond now, will determine how well we emerge and recover from COVID-19 as individuals, families and communities.

Inequalities

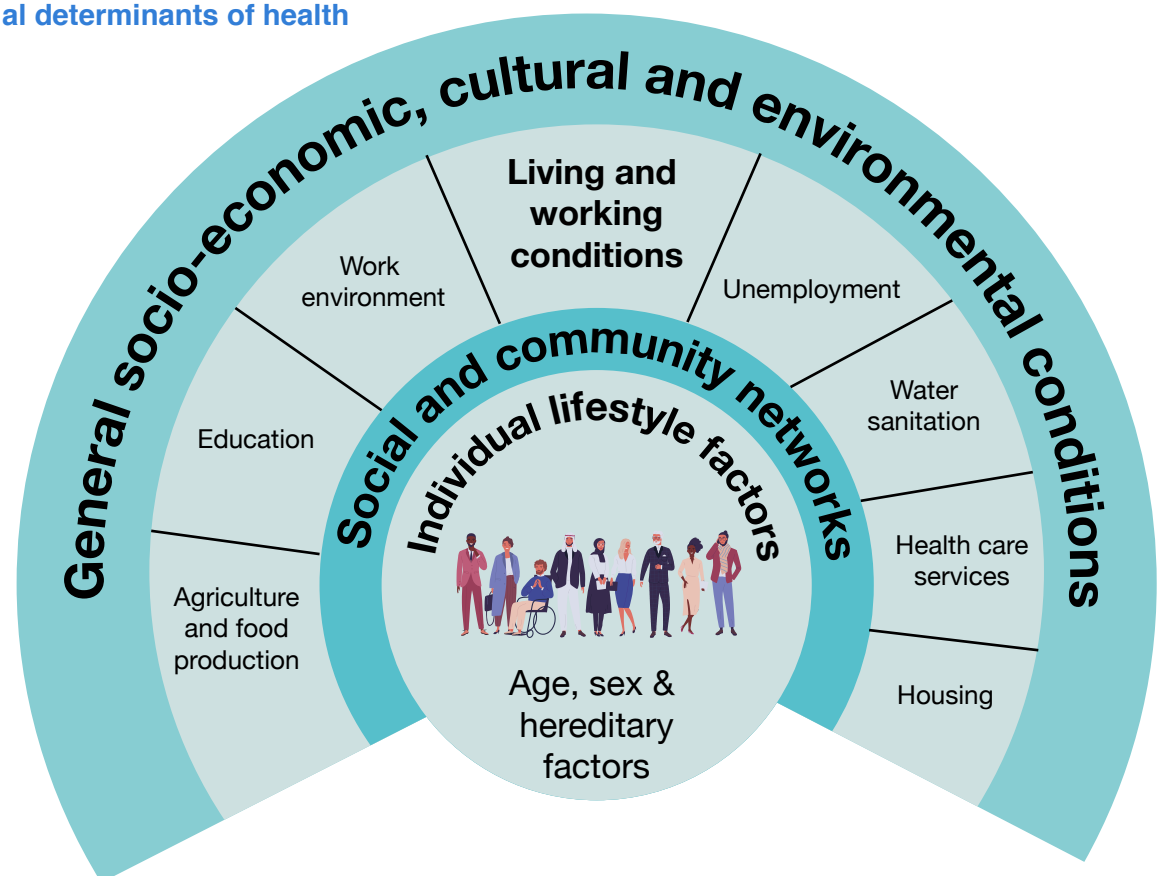
What are health inequalities?

Health inequalities refer to unfair differences in people's health and wellbeing that result from differences in the everyday conditions in which they are born, grow, live, work and age (Marmot, 2010). These determinants of health include education, housing, employment and access to healthcare services and affordable food, as illustrated in the diagram on page 9. Health inequalities are preventable and unjust, resulting in millions of people experiencing poorer health and shorter lives.

"COVID-19 has shone a fresh light on the health inequalities that already existed. As it progresses, it is likely these health inequalities will widen further."



Social determinants of health



Dahlgren and Whitehead, 1991

Why is this important in recovery after COVID-19?

Health and wellbeing are important to recovery in Berkshire. The impacts of COVID-19 will be experienced by young and old in different ways in the immediate and longer term, as set out in the table on page 10, and those who are already disadvantaged may be the most vulnerable to its effects.

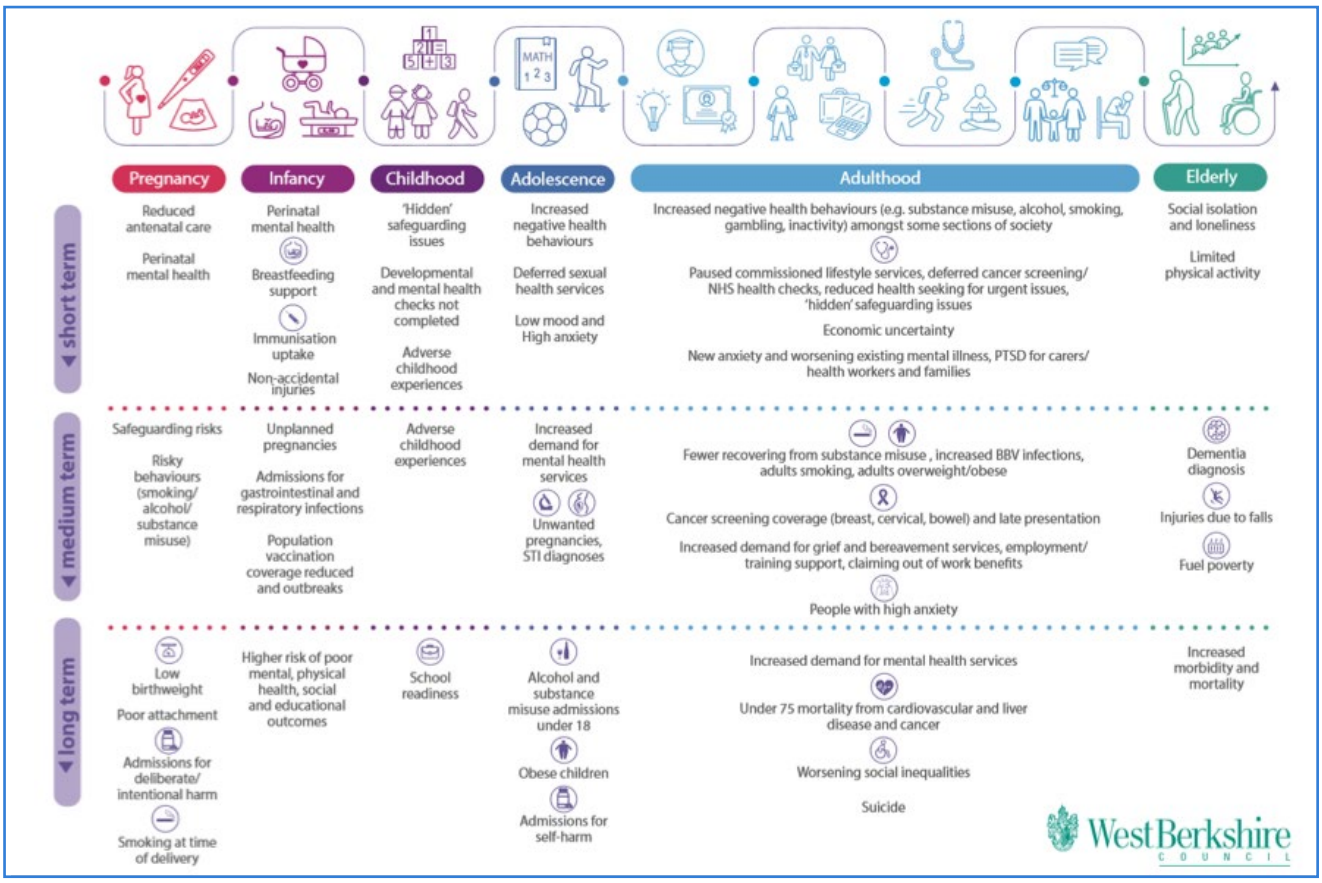
Some groups appear to be at greater risk of being infected by and dying from COVID-19 (**PHE, 2020**)

These include:

- Older people
- Men
- People living in deprived neighbourhoods
- People from Black, Asian and minority ethnic (BAME) groups
- People working in keyworker roles, such as caring and nursing professionals, taxi drivers, security guards
- Care home residents
- People with certain long-term conditions such as hypertension and diabetes.

COVID-19 has shone a fresh light on the health inequalities that already existed. As it progresses, it is likely these health inequalities will widen further.

Impacts of the COVID-19 pandemic across the lifecourse

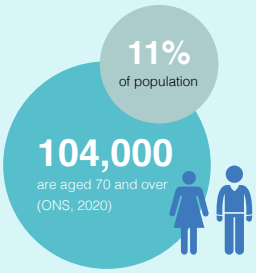


West Berkshire Council, 2020

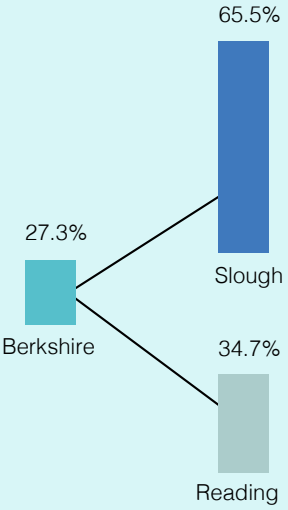
Why is this important in Berkshire?

Inequalities are evident across our county while many people in Berkshire live in areas among the most affluent in England, there are also areas of high deprivation (**Ministry of Housing, Community and Local Government, 2019**). There is an association between deprivation and poorer health and wellbeing.

In Berkshire...



Ministry of Housing, Community and Local Government, 2019

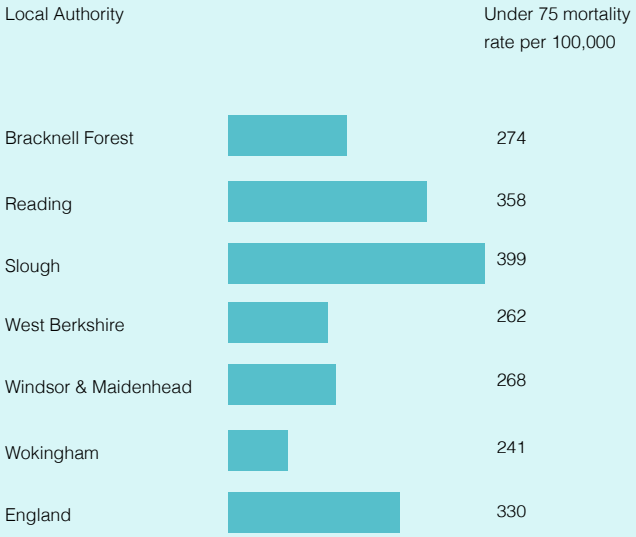


27.3% of the Berkshire population are from BAME groups (Census, 2011) – 65.5% in Slough and 34.7% in Reading

Census, 2011

People residing in Wokingham live an average of three years longer than people who live in Slough and Reading, and one year longer than people living in West Berkshire, Windsor and Maidenhead and Bracknell Forest. They spend around 12 years in better health than people living in Slough (**PHE, via Berkshire Observatory**).

Rates of premature mortality (people dying when they are 75 years old or younger) are higher than the England average in Slough and Reading, but lower than average elsewhere in Berkshire.



(**PHE, Mortality Profile**)

Differences in health outcomes between local authority areas tell us something about the experiences of residents, but they can obscure differences that exist between neighbourhoods and streets within local authority areas. Residents of the most affluent areas of each local authority can spend between 7 and 13 years longer in good health than those in the most deprived neighbourhoods in the same local authority (**PHE, Public Health Outcomes Framework**)

What has worked elsewhere?

In his review of health inequalities, Michael Marmot (**2010**) recommended that action to reduce health inequalities should start before birth and continue through to old age. He made recommendations across six domains to help address inequalities:

- give every child the best start in life
- enable all children, young people and adults to maximise their capabilities and have control over their lives
- create fair employment and good work for all
- ensure a healthy standard of living for all
- create and develop healthy and sustainable places and communities
- strengthen the role and impact of ill health prevention.

The NHS Long Term Plan outlined a range of key strategies and interventions aimed at tackling health inequalities (**NHS, 2019**). Local examples of addressing health inequalities include:

- Promoting good quality jobs
- Reducing social isolation
- Improving health literacy
- Reducing variation in access to or quality of health services
- Engaging local staff in national and local healthcare interventions
- Engaging communities in service design and redesign.

(**PHE, 2020**, **NHS England, 2020**)

Consideration of the impact on inequalities of decisions taken to drive recovery will be crucial. We must adapt our decisions and programmes to close the gaps between communities and not widen them further.

How can we measure this?

- **The Indices of Multiple Deprivation (2019)** use measures across seven domains to provide a relative deprivation score for small neighbourhood areas, helping to identify the most deprived

- Public Health England (PHE)'s **Fingertips** data tools provide access to a range of data on inequalities and wider determinants of health for local authority or CCG populations to examine outcomes and inputs across inequalities groups

- **Data tools** developed by PHE in collaboration with the Local Government Association (LGA) and the Association of Directors of Public Health bring together indicators that help to determine which groups in local areas may be most at risk.

Employment

Why is this important in recovery from COVID-19?

The measures that have been introduced to reduce the spread of COVID-19 will continue to affect our national and local economies for many years to come. Loss of jobs and reduction of household income seem likely to intensify existing inequalities in income and wealth distribution between communities.

More than nine and a half million jobs in the UK had been furloughed and more than two and a half million claims had been made to the self-employed income support scheme in August 2020 (**HM revenue and customs, August 2020**). Despite these measures, by July 2020 the number of employees in the UK on payrolls was down around 730,000 compared with March 2020 (**ONS, August 2020**). These figures include cuts by some of the UK's largest employers, and further redundancies and closures of businesses are predicted.

Ways of working have changed for those continuing to work, with thousands working entirely from home. In most cases, the change has been embraced by employees, with most wishing to continue to work at home in the longer term. The benefits of increased flexibility of homeworking (**CIPD, 2018**) have been particularly valuable as some share space with other adults and other aspects of family life, including school work and care for relatives (IFS, 2020, **IES, 2020**).

". . . that the harmful impact will be greater on some sectors than others, including those that employ some of the lowest paid workers."

Why is this important for minimising inequalities?

There are early signs that the harmful impact will be greater on some sectors than others, including those that employ some of the lowest paid workers. Young people will also be disproportionately affected, with businesses focusing on survival rather than training new employees.

The type of occupation is behind some of the starkest differences that have emerged during the pandemic. Women and people in BAME groups were found to be more likely to be employed in jobs that bring them into frequent contact with people and more likely to be employed in keyworker jobs and in roles that involve frequent contact with others (**PHE, 2020**, **PHE, 2020a**). Women and young people were also more likely to be furloughed and are more likely to face financial difficulties as recovery progresses (**Women's Budget Group, 2020, IFS, 2020, IFS 2020a**).

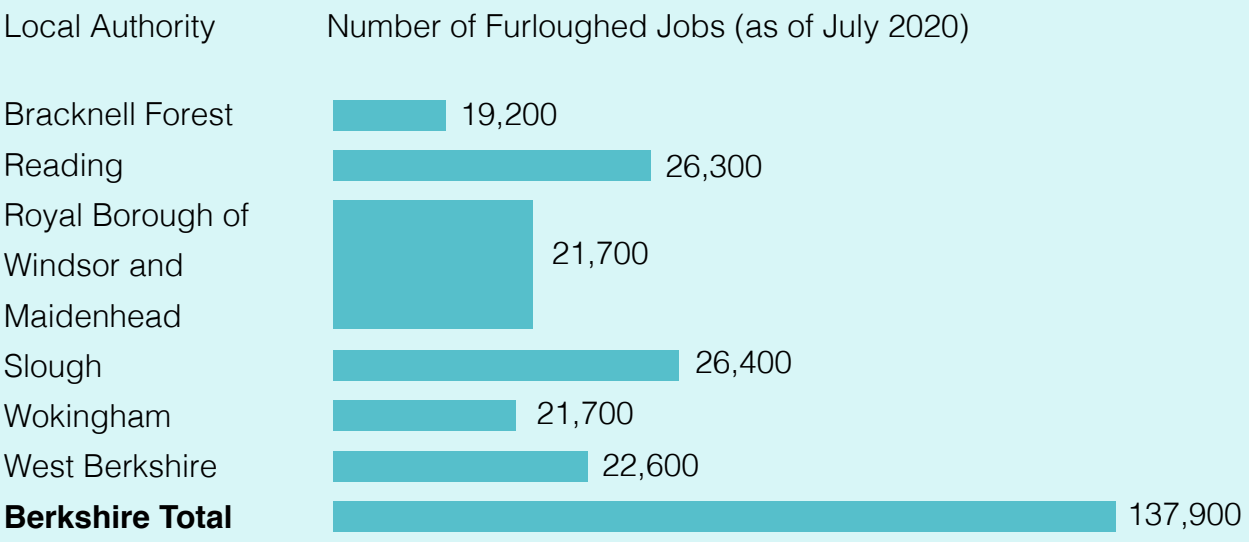
In the lowest earning 10% of employees, 80% are employed in a sector that was shut down or are not able to work from home, compared to 25% in the highest earning 10% (**IFS**) - (*Note this excludes key workers).

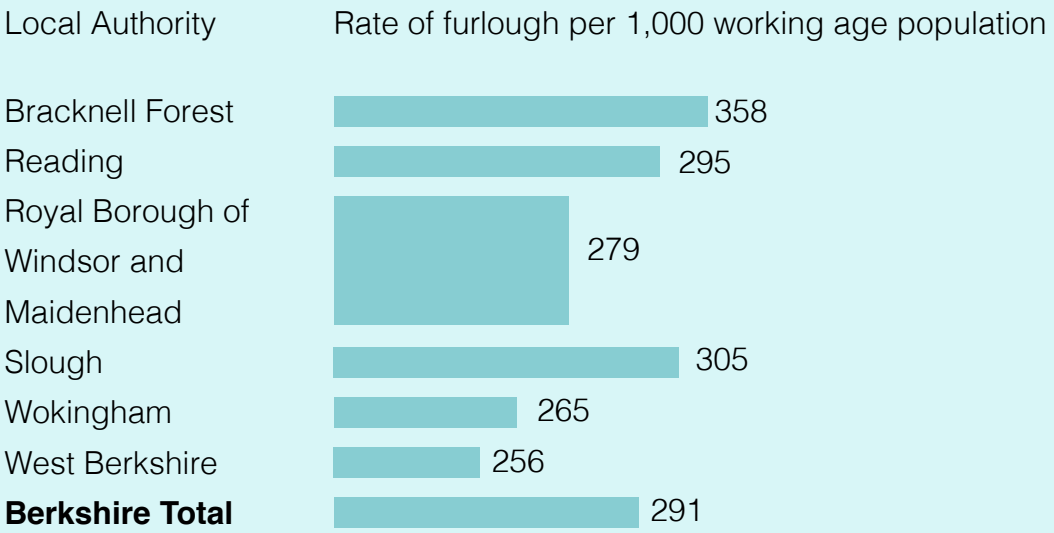
Sectors with highest number of jobs furloughed (July 2020)

Employment				
Sector	**Employment furloughed**	**Eligible employments**	**Take-up rate**	**Value of claims made (£million)**
Agriculture, foresty & fishing	36,600	180,500	20%	96
Mining, Quarring & utilities	14,800	52,400	28%	77
Manufacturing	1,021,500	2,436,200	42%	3,840
Energy Production	20,800	132,800	16%	85
Waste and Recycling	43,700	175,100	25%	168
Construction	769,300	1,281,800	60%	2,931
Wholesale and retail; repair of motor vehicles	1,906,100	4,525,800	42%	6,071
Transport & storage (inc postal)	424,100	1,321,100	32%	1,680
Accommodation & food services	1,693,600	2,191,400	77%	4,773
Information & communication	227,500	1,244,800	18%	843
Finance & Insurance	76,800	1,105,000	7%	276
Property	157,800	432,200	37%	543
Professional, scientific & technical	632,900	2,208,900	29%	2,203
Business administration and support services	890,500	2,759,300	32%	2,806
Public administration & defence	20,400	1,351,700	2%	65
Education	341,700	3,341,900	10%	864
Health	423,200	4,092,900	10%	1,065
Arts, entertainment, recreation & other services	474,300	675,000	70%	1,339
Trade union, religious, political and repair	315,000	573,800	55%	893
Domestic employers	10,100	129,800	8%	30
Unknown and other	101,300	140,800	*	239
Total	9,601,700	30,353,200	32%	30,886

HM Revenue and Customs, August 2020

Why is this important in Berkshire?

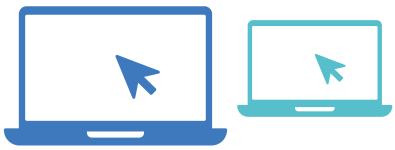




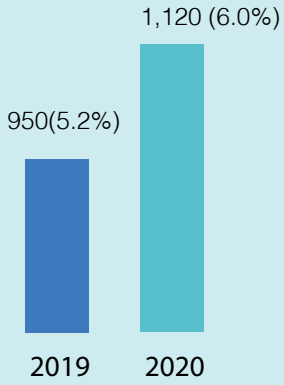
Rate of take up for the furlough scheme is highest in Slough and The Royal Borough of Windsor and Maidenhead, (34% and 30% respectively, compared to 29% for all Berkshire and 32% in England).
This may reflect the proportion of residents employed in transport, hospitality and tourism, especially in the vicinity of London Heathrow airport. National patterns of furlough in each sector are reflected in Berkshire and those who are already most vulnerable are most likely to be affected by job losses and financial hardship.

increase in those claiming unemployment across Berkshire compared with May 2019

increase on average across the UK (Thames Valley Berkshire Local Enterprise Partnership, July 2020)



ICT/digital comprises 14.3% employment in Berkshire with a total of 34.2% in business services. These industries are more resilient to the impact of COVID-19 and more likely to grow in the future (Thames Valley Berkshire Local Enterprise Partnership, July 2020).



Increase in number of 16-17 year olds in Berkshire who are not in education, employment or training (NEET) (compared to 5.5% in England in 2020). (Department for Education, via Berkshire Observatory).

Compared to the UK average, 16 to 25 year olds make up a greater proportion of the workforce in Berkshire. (Annual Population survey, via Berkshire Observatory)

Berkshire also has a lower provision of apprenticeships than the national average which may compound the challenges for young people who have not opted to pursue higher education. (Department for Education, 2020).

What has worked elsewhere?

1. **Training and education that meets demands of local employers** by developing and utilising local partnerships may help to maximise employment levels locally. The Sheffield City Region City Deal and Greater Manchester Working Well pilot, which offered payments-by-results for outcomes linked to the local jobs market, involved local employers in the development of apprenticeship frameworks (**UKCES, 2015**). Systems such as these aim to anticipate the skills that are likely to be needed in the local labour market and incentivise providers to support people into sustainable work. University Technical Colleges (UTCs) are designed to provide better partnerships between education and local employers. An evaluation published in 2019 (**NFER**) included recommendations to strengthen links between UTC staff and employers and deepen understanding of employment markets.

2. **Improving basic skills and quality of work** – High quality work (jobs that are paid fairly, allow a healthy work-life balance, provide supportive working relationships and give employees the opportunity to make choices about their work (**CIPD**)) is more valuable to the local economy than low quality work (**Joseph Rowntree Foundation, 2020**). Targeting key employers to improve the quality of the jobs they provide may help to increase local productivity.

3. **Green economic recovery measures** A survey of financial organisations and experts recommend ensuring economic recovery measures are designed to support environmental and climate goals and capitalise on behaviour changes already seen during the lockdown period. Green fiscal projects, such as insulation retrofits and clean energy infrastructure in existing council stock, are predicted to stimulate strong economic activity compared to initial investment (**SSEE, 2020**).

How can we measure this?

- Statistical information about the proportion of working age adults in employment and the numbers of people claiming benefits in the local authority areas in Berkshire provide information about the effects of the economic downturn and recovery on employment. PHE provides statistical information on work and the labour market in its **Fingertips data tool**.

- Wider measures about income and deprivation, such as the **Indices of Multiple Deprivation (IMD)**, help to understand effects of unemployment and low paid work and patterns throughout Berkshire and its local authority areas.

- **The number and rate of young people not in education, employment or training** provides an indication of whether young people are facing additional barriers to employment.

Children and young people

Why is this important in recovery from COVID-19?

Emerging evidence suggests that children and young people will be the hardest hit by social distancing and lockdown measures, so a focus on their recovery is vital to ensure that this does not negatively impact their future (**Health and Equity in Recovery Working Group 2020**).

For some children, the opportunity to spend more time at home with their family will have been a positive experience; but for others it will have been a difficult time that could have involved loneliness, bereavement, financial hardship, neglect and abuse. This will be particularly true for children and young people whose home was already not a safe place.

"Children and young people will be the hardest hit by social distancing and lockdown measures."

Impact by age group

Babies and
early years (under 5 years)

- Less support for new parents and babies
- Reduced uptake of childhood immunisations - MMR vaccinations reduced by 20%
- 60% of families considered cancelling or postponing immunisations
- Limited access to early years settings during lockdown - 75% reduction in attendance at nurseries, childminders, preschools and reception classes.

Saxena in BMJ 2020, Department for Education

School children (5 to 16 years)

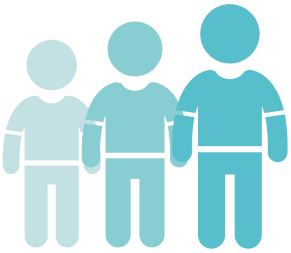
- Over 95% of school children did not attend school during lockdown
- Learning - Nearly 30% of parents did not feel that their children were continuing to learn through homeschooling
- Wellbeing - 42% of parents said homeschooling had a negative effect on their child's wellbeing.

Department for Education, ONS 2020

Young People (16 to 24 years)

- More likely to have lost their job, been furloughed or had hours reduced
- Uncertainty and anxiety linked to GCSE and A-level examinations
- Higher levels of boredom, loneliness and frustration than in other age groups
- Impact on relationships - 35% concerned about the impact of lockdown on their relationships
- Changes limited access to face-to-face Sexual health services

IPSOS MORI 2020, ONS 2020, BASHH 2020



Children of all ages

- Restricted access to outdoor space - 20% of households with children do not have access to a garden
- 36% of parents felt that their child's physical activity levels had reduced
- Reduced contact with health services – Children's visits to A&E fell by over 90%.
- Fewer opportunities to identify risks – less contact with Health Visitors and health care services, schools and other agencies may increase risk to vulnerable children.

Natural England, Sport England, PHE 2020

Why is this important for minimising inequalities?

Lockdown measures have restricted availability of support for the most vulnerable children and young people, exacerbating and intensifying existing inequalities.

- **Vulnerable children** – Many of the usual mechanisms for identifying and supporting children at risk, including schools, were not fully in place for most during lockdown (**The Children's Commissioner 2020**, **Department of Education 2020**). The full impact of the lockdown on vulnerable children may therefore not be fully known for some time.
- **Disadvantaged children** - School closures could lead to an increase in the gap in attainment between disadvantaged children and their peers (**Education Endowment Fund 2020**). 16% of all children in England are classified as 'disadvantaged' (eligible for free school meals or looked after by children's social care).
- **Children with health conditions** - Those who are part of a shielded group were confined to their homes for over four months and may have had interruptions to their treatment or support (**Sinha et al 2020**).
- **Children with learning disabilities and autistic spectrum disorders** – These children will have been particularly affected by the disruption to their daily routine and restrictions on use of playgrounds and outdoor space and may have received less support (**Social Care Institute for Excellence 2020, NSPCC 2020**).
- **Children with mental health conditions** – Lockdown may have increased feelings of anxiety, loneliness and depression at a time when support was reduced or not available. An estimated 13% of children have a mental health condition (**NHS Digital 2018**) (**The Children's Society 2020**).

Why is this important in Berkshire?

32%
Of Berkshire's population is made of children and young people aged under 25 (288,470 people)

Slough (36%) and Reading (34%) have the highest proportions of children and young people in their population

5,000
Babies born in Berkshire since lockdown

169,000
School children did not attend school during lockdown

22,000
Young people's GCSEs, A-levels or equivalent examinations cancelled

Vulnerable children and young people in Berkshire

12,680
Children (aged under 18) eligible for Free School Meals (including 6,269 in Reading and Slough)

11,400
Children (aged under 18) living in overcrowded accommodation)

34,000
Children (aged under 18) living in households with a parent suffering domestic abuse, severe mental health or a substance misuse problems

23,500
Children with an identified Special Education Need or Disability

1,100
Children in care (including 273 in Reading)

900
Children with an active child protection plan

19,000
Children (aged 5 to 16) have a mental health disorder

Over **3,000**
16 and 17 year olds not in education, employment or training (including 450 in Reading)

What has worked elsewhere?

1. **Supporting strong family relationships** - Evidence from the Christchurch earthquake and Grenfell Tower fire demonstrate that family relationships are the most important factor in recovery for children and young people who have experienced a disaster (**Freeman et al 2015**, **Strelitz et al 2018**). Examples from other disasters emphasise the importance of identifying those families who are most in need and focusing resources on them. Clear signposting to advice and support for all families is also vital and online networks can be invaluable to reach a wide audience.

2. **Supporting trusted professionals to care for children and young people** - Teacher-delivered interventions have been found to significantly improve students' wellbeing and recovery after traumatic events (**Wolmer et al 2016**). The way these interventions are delivered can vary from structured group programmes to individual sessions between a pupil and a trusted teacher. **The Trauma Sensitive Schools'** movement emphasises the importance of all adults working with children being sensitive and supportive to the impacts of trauma. To achieve this, professionals need to receive high quality training and resources to enable them to support young people effectively.

3. **Catching-up with missed immunisations and other development checks** - Although GP Practices have continued to offer vaccinations during the pandemic, many children have missed their routine vaccinations and school-aged children have missed immunisations delivered in school for Years 8 and 9. An immunisation catch-up programme will be needed to ensure that children continue to be protected from infectious diseases and maximising uptake of the enhanced flu vaccination programme for school age children will also be important. Vaccine uptake is highest when parents feel safe and receive supportive and informative communication from health professionals (**Leask et al 2012**). It will therefore be vital for local healthcare systems to proactively communicate with parents and communities about the importance of vaccination and use both reassurance and innovative approaches that support social distancing (**Hussain 2020**). Similar approaches will need to be considered for other developmental checks that babies and children routinely receive.

4. **Providing virtual and digital support** - There are many examples of inventive use of virtual and digital activities to reach children and young people and the continued use of virtual and digital support activities can be a cost-effective way to allow children and their families to access services that may not otherwise be available. The Aneurin Bevan University Health Board expanded their existing virtual CAMHS programme during lockdown and feedback from young people and their families showed that they valued the convenience and security of having their appointment in a comfortable and familiar setting (**The Health Foundation 2020**). However digital poverty, or a lack of access to electronic devices or funds to support their use, can be a barrier for some families and evidence on the effectiveness of virtual support in reaching vulnerable children and young people is currently limited (**Institute of Health Visiting**, **Youth Endowment Fund**). Social media is also not a substitute for personal interaction – even for the younger generation (Ipsos MORI 2020).

5. **Ensuring children and young people are active participants in recovery** - Children and young people are best placed to say how the pandemic has affected them and what needs to be considered in their recovery. Research into recovery following the Christchurch earthquake in New Zealand highlighted a "strong resilience of spirit" amongst young people, noting the value of the positive commitment of its children and young people to repair and rebuild (**Freeman et al 2015**). Studies compiled by **The Royal College of Paediatrics and Child Health** explore children and young people's experiences during the pandemic and recommend that these are considered alongside scientific and medical datasets. Taking steps to ensure that children and young people can be supported to actively participate in local decision-making, through formal consultation or through existing networks, can help to ensure that steps towards recovery meet their needs. The pandemic provides a unique opportunity to convert the experiences of children and young people into a legacy of prevention, preparedness and learning. This will only happen if their voices are heard and are acted on (**The University of Manchester Alliance**).

How can we measure this?

- A wide range of factors can have a significant impact on a child or young person's overall wellbeing and measurement of recovery from the COVID-19 pandemic needs to include aspects from many different domains, including home life, relationships, health, school and money (**The Children's Society 2019**).
- Local intelligence from families, teachers, health visitors, school nurses, health and social care professionals and providers of services will also form an important part of the measurement of recovery. Most importantly, feedback from children and young people will help to identify where recovery effort should be focussed and whether this has had an impact.
- Measurements of demand for children and young people's health services and their activity may be a useful way to determine whether needs have increased and are being met, but it will be important to consider how the suspension and restriction of services may obscure the needs of some children.

Safeguarding

Why is this important in recovery from COVID-19?

Natural disasters and catastrophic events increase the risk and opportunities for abuse (**Campbell 2020**). The COVID-19 lockdown and ongoing restrictions have created a unique set of factors that have made some forms of abuse harder to see and safeguard against. Our recovery from the COVID-19 lockdown restrictions will need to ensure that safeguards continue to be put in place to identify, support and protect victims of abuse.

"Our recovery from the COVID-19 lockdown restrictions will need to ensure that safeguards continue to be put in place to identify, support and protect victims of abuse. "

- **Domestic abuse:** The 'Stay at Home and Stay Safe' message will have left many victims feeling isolated and frightened with home, perhaps, the most dangerous place (**SafeLives 2020**). Evidence from other disasters, such as Hurricane Katrina, the 2009 Australian Bushfires and the 2010 Haiti Earthquake, all indicate that heightened levels of domestic abuse continue long after the event (**Campbell 2020**)

Increase in calls to UK National Domestic Abuse Helpline (June 2020)

Refuge 2020

Incidents described as becoming more complex and serious with higher levels of physical violence and coercive control

Home Affairs Select Committee 2020

At least 14 women and 2 children were killed in suspected domestic abuse incidents in the first three weeks of lockdown – double the average rate

Home Affairs Select Committee 2020

- **Child Protection:** In contrast, referrals to children's social care services have fallen by more than half in many areas of England since lockdown (**Children's Commissioner 2020**). Unfortunately this will be as a result of fewer opportunities to detect abuse, through the closure of schools, children's centres and other protective community settings, rather than an actual decrease in the numbers of children abused or neglected. It is expected that the number of referrals to children's social care will increase significantly when children return to school in September 2020 (**Willis Palmer 2020**)
- **Criminal exploitation and gangs:** The **National Youth Agency** explains that although lockdown initially led to a reduction in gang-related activity, gangs will have found new ways to operate and exploit children, grooming new recruits who are less visible to statutory services. There have been reports of increased violence between gangs who are competing for young people to carry and sell their drugs, including in the Thames Valley
- **Helpful Strangers and Scams:** One positive aspect of the COVID-19 lockdown has been the increase in people who have volunteered to help others in their community. However, the **Social Care Institute for Excellence** explains this has also given opportunity for people to exploit those who are vulnerable, and those that have had to shield being most affected. An increase in scams has also been reported since lockdown and the Chartered Trading Standards Institute warning the public not to engage with bogus healthcare workers claiming to offer COVID-19 home-testing kits or sanitation equipment.

Why is this important for minimising inequalities

Some people are more at risk:

- Living in a household affected by one of the “toxic trio” of addiction, mental health problems and domestic abuse
- Living in areas of deprivation and low income households
- Persistent absentees from education, young people not in education, employment or training (NEET), adults who are unemployed
- Children with special educational needs, disabilities and/or long-term health conditions
- Children in care
- Vulnerable adults with care and support needs
- Older People – particularly those with dementia
- People who are socially isolated and/or lonely
- People who are homeless or in temporary accommodation
- Migrants and refugees – particularly women and children
- Women and girls – men can also be victims of abuse, however the reported incidence of abuse for women is significantly higher
- Certain forms of abuse are more common in some communities than others - for example honour-based violence, forced marriage and female genital mutilation have a higher prevalence in BAME communities.

Why is this important in Berkshire?

How many people are affected by abuse in Berkshire?

21%

Nearly 35,000 children (under 18) are living in households with at least one of the "toxic trio" of addiction, mental health problems and domestic abuse.

6%

of people aged 16 to 74 will have suffered from domestic abuse in 2018/19.

11,000

Approximately 11,000 domestic abuse incidents and crimes reported to Police in Berkshire (2018/19).

11

domestic homicides in the Thames Valley (2018/19).

35,000

Nearly 35,000 children (under 18) are living in households with at least one of the "toxic trio" of addiction, mental health problems and domestic abuse.

900

Over 900 children in Berkshire have an active child protection plan.

6,000

Nearly 6,000 concerns of abuse were raised for vulnerable adults in 2018/19. These led to 2,270 safeguarding enquiries.

4,500

Over 4,500 enquiries received by Berkshire LAs with child protection concerns during 2018/19.

70

In 2018/19, 70 women and girls in Berkshire were identified as having had a Female Genital Mutilation procedure performed.

What has worked elsewhere?

1. **Training professionals to identify abuse and support victims**
   The IRIS (Identification and Referral to Improve Safety) support and training programme was implemented in London, training the whole primary care team to identify signs of abuse in their patients which has seen a 30 fold increase in referrals from GP practices over a 4 year period. (**BMC Medicine 2020**) The Social Enterprise IRIS have been supporting GP Practices to respond to domestic abuse during the COVID-19 lockdown by releasing **guidance** on how to apply the principles of the IRIS training during telephone and video consultations with their patients. Similar training could be implemented locally with health care professionals to support the detection and support to victims of abuse. Guidance and training has also been published by the **Social Care Institute for Excellence** for social care practitioners to detect and protect victims of abuse as the lockdown restrictions are lifted.
2. **Encouraging communities to identify and report abuse**
   With more people being based at home their interactions with neighbours and specific occupations may have increased, and while types of abuse, such as animal welfare concerns or anti-social behaviour, reports of domestic abuse are primarily made by the victim of abuse (**Campbell 2020**).The general public need to be made aware of the signs of domestic abuse or child neglect and encouraged to report their concerns to the proper authorities. Helpline and Government resources **here** and **here**.
3. **Finding innovative ways to enable victims of abuse to seek help**
   A number of organisations have implemented more flexible and safer ways to access their services, which incorporate the benefits of mobile technology and social media platforms to combat difficulties in contacting support organisations and authorities during the lockdown.
   - Women's Aid Online Support: The **Live Chat** service supports victims and survivors by providing an instant-messaging service, where telephone support is not safe
   - **Hestia Bright Sky App**: The free mobile app provides support and information to people in abusive relationships. The secure MyJournal tool enables people to record incidents of abuse via text, audio, video or in photo form without saving the content onto their device
   - **Silent Solution**: The Silent Solution allows people to be connected to the Police through the 999 system without needing to speak. By pressing '55' when the 999 call is connected, the caller can then engage with the police using minimal noise.

How can we measure this?

A reduction in safeguarding activity does not automatically suggest that the level of harm in a community is decreasing. This can also be a sign that people who need help have become more hidden and have less access to support systems. This will need to be considered as safeguarding activity is monitored during recovery.

Key measures:

- Child protection referrals
- Adult Safeguarding referrals
- A&E attendances and hospital admissions for injury
- Domestic abuse incidents reported to Police
- Domestic abuse helpline activity
- Feedback from victims on access to help.

Mental Health

Why is this important in recovery from COVID-19?

There is strong evidence to indicate that mental health conditions will be more common as a result of both the pandemic itself and the measures that have been put in place to control the spread of the virus. Several groups are at increased risk of developing a mental health condition.

"There were clear links between poor mental health and health inequalities before the onset of the COVID-19 pandemic and inequalities seem likely to widen further in its wake."

- **COVID-19 survivors and their family members** - NHS England guidance suggests an expected increased prevalence of anxiety, depression and post-traumatic stress disorder (PTSD) amongst acute COVID-19 survivors and their family members (NHS England, 2020, **Bienvenu et al, 2016**, **British Psychological Society, 2020**).
- **People who have suffered bereavements and significant material and financial losses as a result of the pandemic or social distancing measures** - Evidence from disasters suggests that prevalence rates were higher amongst those who were bereaved, lost their homes or suffered financial or job loss as a result of crises (**Warsini, 2014**, **Lock et al, 2012**).
- **Frontline health workers** – People working in health services may experience overwhelming workloads, risk of contagion, stigma and lack of support or equipment and resources. As a result they are likely to experience a high psychological burden during the pandemic **Greenberg et al (BMJ) 2020**; **Lai et al, 2020**. This has potential to affect delivery of **health services** (Mitchell, 2020).
- **People who have self-isolated** - A review of the impact of quarantine has highlighted increased risks of stress, depression, anxiety and PTSD on those asked or compelled to self-isolate, with particular risks arising from impact on professional activities, finances and stigma (**Brooks et al, 2020**).

Some have also highlighted the potential impact of widespread school closures on children and young people, especially those with existing mental health problems (**Lee, 2020**, **Young Minds, 2020**). Emerging research into the effects of social distancing suggests even more widespread experiences of depression and anxiety throughout the wider population (**Venkatesh, 2020** (letter to the editor, BMJ), **Williams et al, 2020**).

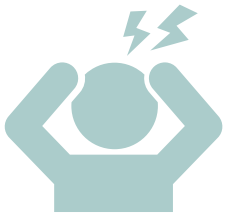
Why is this important for minimising inequalities?

There were clear links between poor mental health and health inequalities before the onset of the COVID-19 pandemic and inequalities seem likely to widen further in its wake.

Factors linked with having at least one mental health condition include:

Living in insecure accommodation or being at risk of homelessness

Growing up in poverty



Experiences of trauma or abuse

People with severe mental health conditions, such as bipolar disorder and personality disorders, are more likely to develop physical health conditions and have a life expectancy of 20 years less than the rest of the population (**PHE, 2018**).

The additional burden of mental health conditions related to COVID-19 is more likely to affect those already disadvantaged by social and structural inequalities, including people who:

have an existing mental health condition

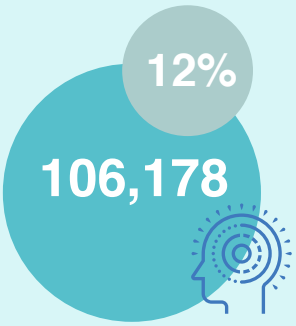
live in deprived neighbourhoods

have a serious physical health condition

are from BAME groups

(**PHE, 2020**).

Why is this important in Berkshire?

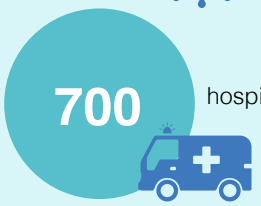


106,178 (12% of the population) have an existing common mental health condition (APMS, via PHE Common Mental Health Disorders Profile, 2017)

74,000 (8% of the population) have a recorded diagnosis of depression (QOF via PHE Common Mental Health Disorders Profile)

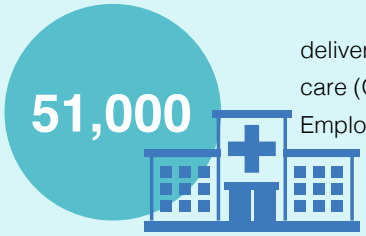
Around

have been diagnosed with COVID-19



hospitalised (NHS England)

furloughed (employment section)



delivering health services and social care (ONS Business Register and Employment Survey, via NOMIS).

What has worked elsewhere?

1. **Screening Programmes.** Although most people recover independently from PTSD and other mental health conditions linked to traumatic incidents, evidence suggests there is a risk that people who develop mental health treatment needs following the COVID-19 pandemic will not seek treatment (**Greenberg and Wessely, 2017**, **Brewin et al, 2010**, **NICE, 2018**).

    - Central and North West London (CNWL) NHS Foundation Trust used an outreach 'screen and treat' approach to reach those at greatest risk after the Grenfell Tower Fire, providing initial assessments for PTSD, anxiety and depression in community settings and referral into clinical treatment (**West London Clinical Commissioning Group**)
    - Easily accessible and well-publicised screening available in community settings, online or using postal questionnaires after an appropriate period of time, may help to ensure that those with developing mental health needs are identified and can be signposted and supported to access treatment.

2. **Access to support and evidence-based mental health treatment for those who need it**. PTSD and other common mental health problems are widely and successfully treated with evidence-based psychological treatments, including trauma-focussed treatments for PTSD (**RCP, 2016**, **NICE, 2018**).

    - **The Manchester Resilience Hub**, set up after the 2017 Manchester Arena attacks, coordinates access to psychological treatments for private individuals and health professionals affected by the incident
    - The 2019-20 Australian Bushfires saw the Australian government remove requirements for GP referrals to mental health treatment, allowing anyone affected by the bushfires, to self-refer directly for appropriate psychological support (**Australian Government**).

How can we measure this?

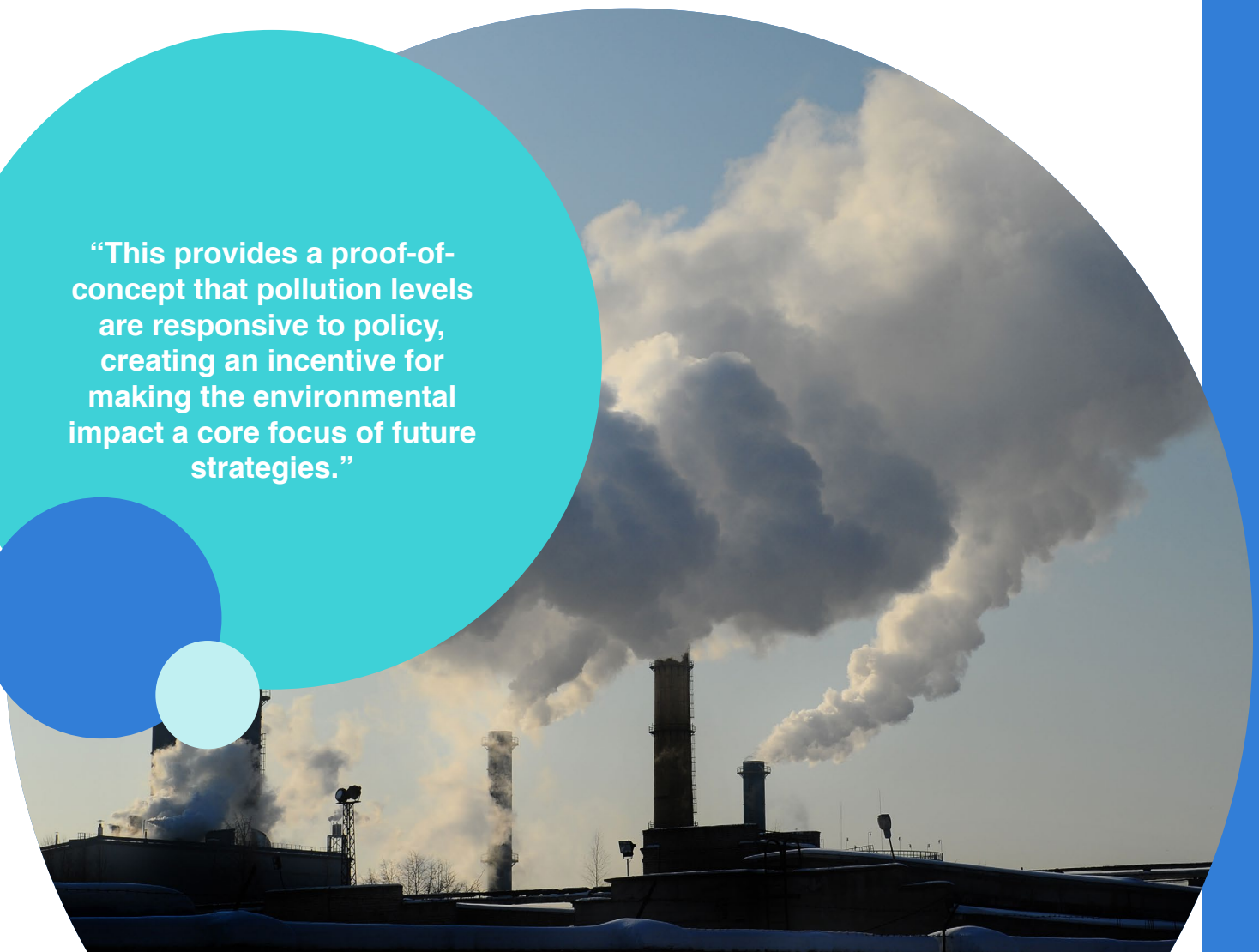
- Prevalence of mental health conditions, available through surveys such as the Adult Psychiatry Morbidity Survey (APMS), (**NHS Digital**), ONS weekly estimates of average anxiety scores, GP Patient Survey or local surveys, such as Healthwatch Bracknell Forest's survey (May 2020), and diagnoses routinely recorded by GPs (QOF)
- Local data sources may include information on referrals or numbers receiving treatment through mental health services, especially where this is recorded and processed in normal routine monitoring processes. However, utilising monitoring data presents challenges for strategic teams and organisations providing treatment services. Cleansing and processing data can be time-consuming, and organisations need to take care to avoid the risk of mishandling personal data.

Environmental Impact

Why is this important in recovery from COVID-19?

Transport disruptions and different ways of working, without an automatic loss of productivity during COVID-19 contributed to a 17% fall in CO2 emissions during April 2020 compared with one year ago, illustrated by changing patterns of behaviour enforced by lockdown. This provides a proof-of-concept that pollution levels are responsive to policy, creating an incentive for making the environmental impact a core focus of future strategies (**Le Quéré et al., 2020**).

"This provides a proof-of-concept that pollution levels are responsive to policy, creating an incentive for making the environmental impact a core focus of future strategies."



Transport use during lockdown period as percentage of an equivalent week (Department for Transport)

Date	Transport type			
	Cars	National Rail	Bus (exclu. London)	Cycling
23rd March 2020 (1st day of lockdown)	64%	25%	27%	87%
Tuesday 31st March	32%	5%	12%	98%
Tuesday 28th March	37%	4%	11%	50%
Tuesday 27th May	59%	7%	14%	229%
Tuesday 30th June	73%	17%	26%	127%
Tuesday 21st July	83%	25%	34%	135%

Changes to air travel during COVID-19

- In April 2020, 92% fewer flights departed the UK compared to 2019
- This included 83% decrease in flights from London Heathrow
- Flight deficit of over 1.2 million across Europe in March and April 2020.

Transport patterns have clearly been transformed during the pandemic, however, previous decreases in emissions have been short term.

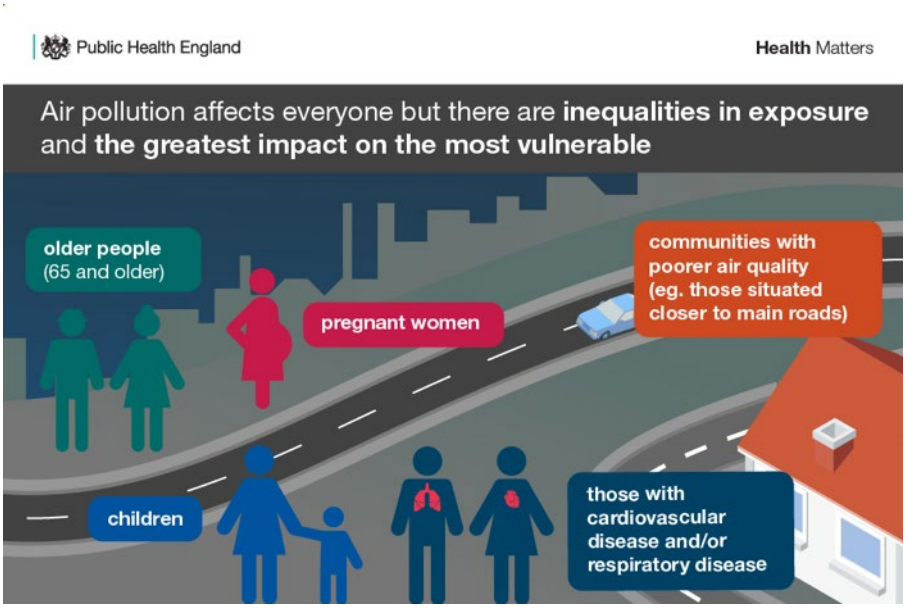
- Global CO2 emissions declined by 1.4% during the 2008/09 recession followed by a 5% growth in emissions in 2010 (**Peters, 2011**).

Given emissions are predicted to reduce by only 8% this year, despite air traffic grinding to a halt and global economic collapse, more robust policies are required to achieve meaningful yet manageable reductions in carbon emissions over the long-term (IEA 2020).

Why is this important for minimising inequalities

- Pollution is linked to lower life expectancy, particularly through its effects on cardiovascular and respiratory health and lung cancer
- Poor air quality is estimated to cause the equivalent of around 30,000 deaths a year in the UK
- The impacts of air pollution are likely to be felt by some of our most vulnerable community members
- Those on low incomes are more likely to live in environments affected by industrial areas or on busy roads, exacerbated by the fact they are more likely to have existing poor health or health conditions (**PHE, 2018, Royal College of Physicians, 2016**).

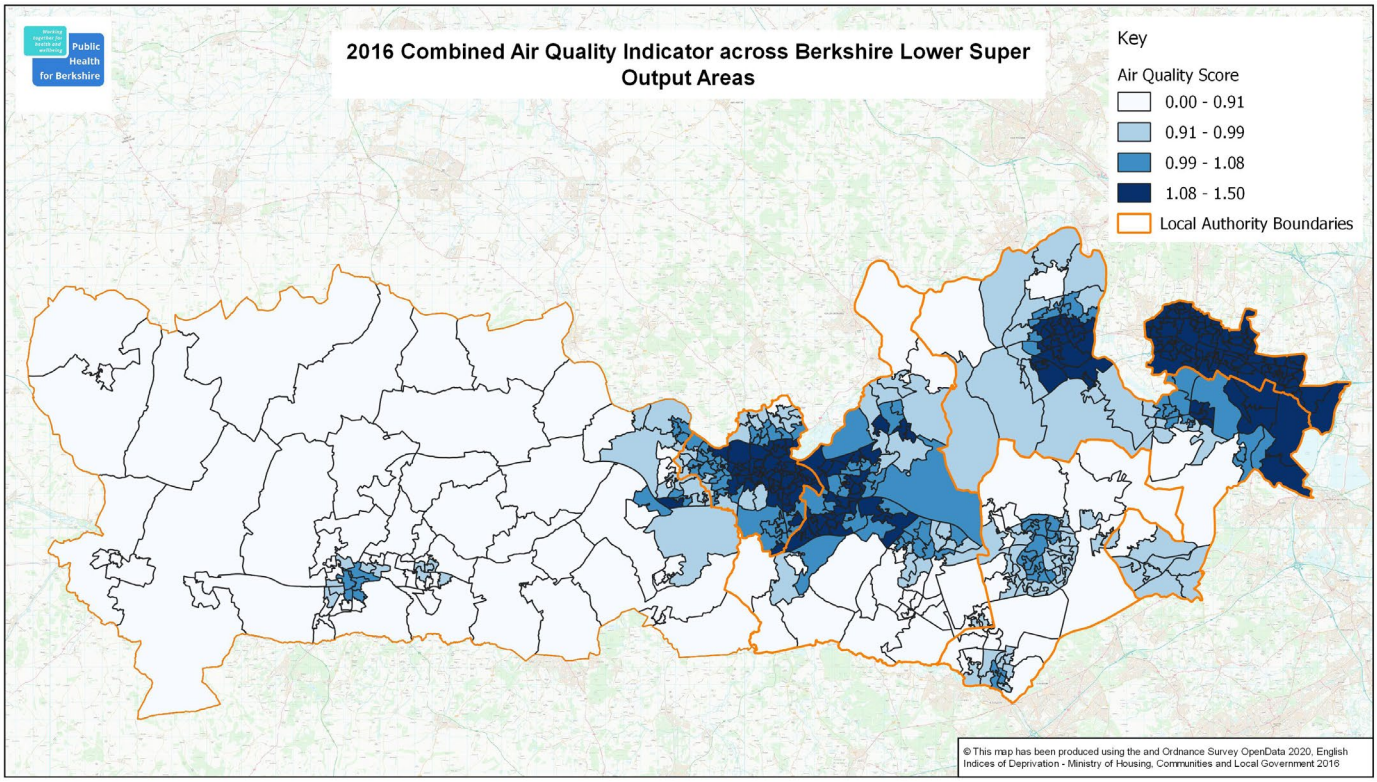
Find out more **here**.



Why is this important in Berkshire?

Berkshire includes some areas of congestion and poor air quality, including many areas where communities live and work. There are also opportunities with improved public transport infrastructure in development.

- Data from 2016 shows poor air quality is concentrated in central urban and industrial areas in Reading and Slough
- The estimated concentration of four air pollutants (nitrogen dioxide, benzene, sulphur dioxide and particulates) is based on data from the UK Air Information Resource
- A higher value indicates a higher level of deprivation.



What has worked elsewhere?

Public Health England (2019) recommends interventions to reduce road traffic, particularly the number of journeys by car, as the most effective to prevent pollution and increase physical activity.

1. **Reducing private car use and changing driving behaviour** are among the most effective interventions to improve air quality and reduce congestion.
    - Air pollution and traffic counts were reduced during the 1996 Olympic Games in Atlanta as local businesses were encouraged to use tele-conferencing, public transport provision was temporarily increased and central downtown area was closed to private cars (**Friedman et al, 2001**)
    - In 2006, London's congestion charge reduced traffic volume by 15% and overall congestion by 30%, with traffic levels continuing to decrease (**Transport for London, 2006**).

2. **Improving infrastructure for walking and cycling** can help to encourage use of active and sustainable travel, reducing car use for short journeys and increasing levels of physical activity.

3. **Public engagement and raising awareness** can have a small but incremental impact in encouraging people to change their behaviour, particularly those who are not yet considering or only just starting to think about changes (PHE, 2019). The Clean Air Day campaign reported people were more likely to walk or cycle to work or school and communities had opportunities to improve air quality through temporary pedestrianisation schemes and walking school buses.

How can we measure this?

- Survey data, such as Active Lives survey data, can tell us how often people travel using 'active travel' (walking or cycling) in each local authority area. Information from the Active Lives survey is available through PHE's Fingertips website or through the **Active Lives website**
- Department for Transport statistics provide a range of information on roads and transport use nationally, including on transport use during the COVID-19 pandemic
- The Department for Environment, Food and Rural Affairs (DEFRA) provides a daily forecast, pollution summary and a range of technical air quality monitoring, modelling and emissions data (**DEFRA, 2014**).

What will help?

Engaging with communites

Why is this important in recovery from COVID-19?

Previous disasters have taught us that we must ask our communities what matters most to them. Fostering an understanding of local assets, concerns and barriers through discussion with stakeholders ensures the response meets the needs of the whole population (**HM Government, 2013**, **South, Jones, Stansfield and Bagnall, 2018**, **World Bank GFDRR, 2011**).

Engagement with communities affected by SARS and Ebola pandemics helped to ensure successful responses to the changing needs of the population. This also helped us to understand and influence behaviour, begin to dispel mistrust and misinformation and thus improve management of outbreaks (**WHO, 2014**, **SARS Expert Committee, 2003**).

"Those on the lowest incomes are less likely to feel able to exercise control over their futures by engaging with national and local political systems."

Why is this important for inequalities?

If barriers to participation for those already disadvantaged are not addressed, there is a risk that our recovery plans will not reflect or meet their needs and could deepen and widen existing inequalities.

- Both the direct health impacts and the indirect impacts of an economic downturn are likely to affect poor and vulnerable communities to a greater extent
- Recent survey evidence suggests that those on the lowest incomes are less likely to feel able to exercise control over their futures by engaging with national and local political systems and also less likely to take part in political activities (**Taylor, Saunders and Toomse-Smith, 2017**, **Ainsley, 2018**)
- Young people (18-24) were the age group least likely to have participated in political activity in 2018 (**Uberoi and Johnston, 2019**).

As well as inequalities rooted in socioeconomic differences, the Equality and Human Rights Commission (EHRC) has highlighted that the following groups felt less able to influence local decisions (**EHRC, 2015**, **2016**):

- People with disabilities
- Ethnic minorities
- Older age groups (75+).

As well as entrenched existing barriers, change in the wake of the pandemic has been fast paced and is likely to have created additional barriers to engagement that will need to be considered. While there are opportunities to engage using cost-effective, digital and virtual methods, we risk excluding new groups who lack access or have low levels of digital literacy.

Social grade category	Feel getting involved is effective
Higher and intermediate managerial, administrative, professional occupations	38%
Supervisory, clerical & junior managerial administrative, professional occupations	35%
Skilled manual professions	21%
Semi-skilled & unskilled manual occupations, unemployed and lowest grade occupations	29%

Hansard Society, 2019

Age group	Has participated in political activities to influence decisions, laws or policies (at least one activity)
18-24	42%
25-34	55%
35-44	69%
45-54	59%
55-64	70%
65+	56%

Uberoi and Johnston, 2019

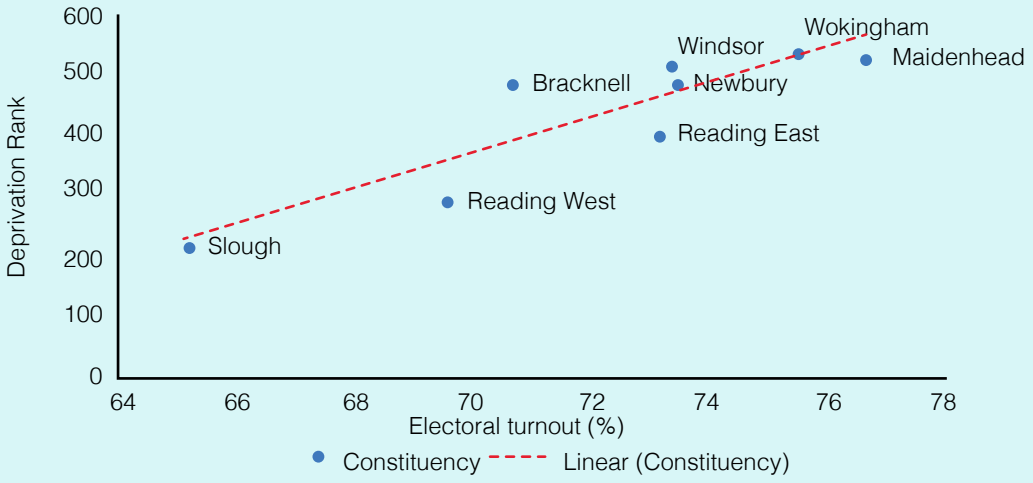
Why is this important in Berkshire?

Despite average relative affluence across the region, some neighbourhoods in Berkshire experience high levels of deprivation. A successful recovery requires engagement of stakeholders across a broad spectrum and recovery leaders in Berkshire will need to engage with their communities, including those who are less often heard by organisations who make decisions.

Turnout by constituency in 2017 General Election and Constituency Deprivation Ranking 2019

Constituency	Electoral Turnout (%)	Nationwide Rank in Deprivation (Most Deprived=1; Least Deprived = 533)
Maidenhead	76.6	527
Wokingham	75.5	533
Newbury	73.4	487
Windsor	73.3	515
Reading East	73.1	399
Bracknell	70.6	479
Reading West	69.5	291
Slough	65.2	220

Rank of deprivation compared with electoral turnout by constituency in Berkshire



Election results
Commons Library

What else has worked elsewhere?

1. **Finding out what's needed.** Community recovery needs can only be addressed when we understand local perspectives, including barriers to behaviours that build resilience and foster recovery (HM Government, 2019).
    - The Royal Borough of Kensington and Chelsea's Grenfell Recovery Strategy (2018) targeted specific community needs that were identified through workshops and drop-in session attended by local residents
    - The Local Government Association (2017) highlighted projects that recruit local people through "community communicators" to gain insights as individuals were more likely to trust and listen to messages from people they knew rather than from statutory organisations or the local press.
2. **Working through existing channels.** Maximising existing expertise and relationships, including those in the voluntary sector, helps avoid any risk of duplication by different organisations, potentially confusing and frustrating community members.
    - Leeds Neighbourhood Networks links people with 35 different local sector organisations and aims to increase contribution through local action (Age UK, 2015, Ubido, Lewis and Timpson, 2018)
    - Research into "Big Local" found that identifying "key allies" with capacity to work with the voluntary sector, outlining shared goals, and using common language were important (Institute for Voluntary Action Research, 2016).
3. **Including the vulnerable and socially excluded.** Links between social exclusion, deprivation and vulnerability means those less likely to participate in decision-making may correlate with those amongst the most vulnerable to harmful impacts of the COVID-19 pandemic and response measures.
    - In their suggestions for reducing health inequalities caused by COVID-19 Public Health England, the Local Government Association and the Association of Directors of Public Health (2020) highlight the importance of using community risk registers and identifying potential gaps in communication strategies
    - Involving those whose voices are seldom heard is key to engaging communities, effectively co-designing recovery and mitigating inequalities.

How can we measure this?

- There is currently no national data collection in place for routinely capturing whether people feel that they are involved in local decision-making and planning
- In 2008, the UK Place Survey was introduced to collect perception data from residents for 18 indicators in the National Indicator set (Communities and Local Government, 2009)
- Results suggested only 29% of respondents in all local authority areas in the UK felt that they could influence decisions in their area, a trend recapitulated in each of the Berkshire local authorities.

Resilience and Social Cohesion

Why is this important in recovery from COVID-19?

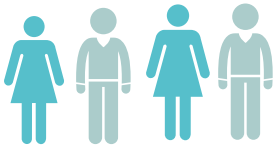
The concept of community resilience was originally associated with disasters caused by climate change. However, it is now more widely used to describe communities that face repeated adversity and their ability to adapt (**International Federation of Red Cross and Red Crescent Societies (IFRC), 2012**, Kais and Islam, 2016).

Socially cohesive communities tend to feel a sense of belonging and community and either share values or a tolerance for one another's differences. Research into recovery after disasters shows that community resilience, including strong social cohesion and social capital, is linked with faster and more effective recovery (**Mayer, 2019**).

"Community resilience, including strong social cohesion and social capital, is linked with faster and more effective recovery."

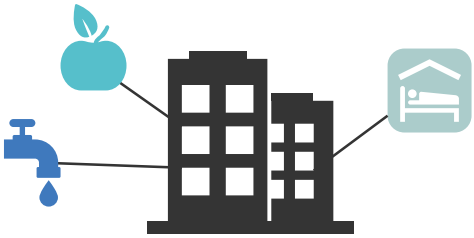
A literature review by the IFRC identified five key characteristics. A resilient community is:

is knowledgeable and healthy. Its members know how to stay healthy and are prepared for shocks. They learn and build on past experiences.



is organised. It has groups and leaders that can bring community members together, identify problems and act to resolve them. Community members are willing to work cooperatively and help each other.

is connected. It has relationships with central or external organisations and individuals that can provide help and support.



has infrastructure and services. It has access to physical assets or external services that enable people to meet their basic needs of food and water, shelter and health.

has economic opportunities. It has a diverse range of employment opportunities and a flexible workforce that can adapt to uncertainty.

Why is this important for minimising inequalities

Communities that already experience disadvantage are less likely to be resilient, driven by discrepancies in levels of employment, income and education across society.

Social cohesion is a fundamental element of community resilience and patterns of social cohesion across different communities demonstrate important inequalities:

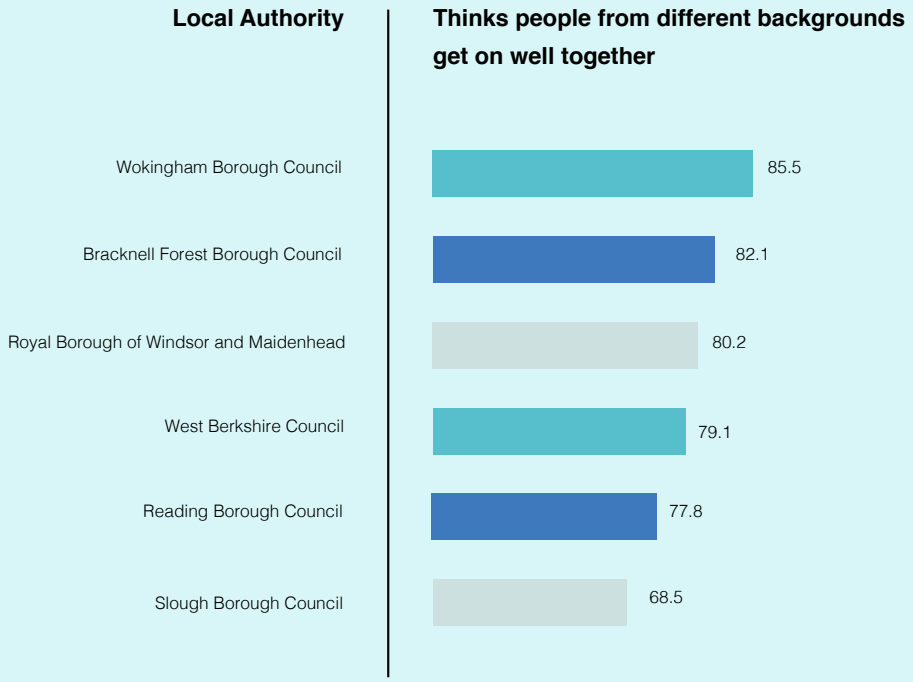
- In a 2018 study by NatCen, people living in neighbourhoods with higher incomes and levels of education were more likely to trust one another
- Meanwhile, those living in urban areas with higher deprivation and a higher proportion of non-white residents were less likely to do so (**Swales and Tipping, 2018**)
- **The 2016 Casey Review** similarly highlighted risks of mistrust, anxiety, prejudice, as well as low income, lack of opportunity and social mobility amongst some urban communities
- This is especially true where people with BAME backgrounds are concentrated in small areas within electoral wards and amongst poorer White British households.

Why is this important in Berkshire?

Whilst there are certainly significant differences in resilience and social cohesion across different areas of Berkshire, this is difficult to directly measure.

- Accessing support networks and information may be more challenging for those living in more deprived areas or for whom English is not a first language.
- Those living in more deprived areas, such as some areas of high deprivation in Reading and Slough, are less likely to benefit from socially cohesive communities, therefore also less likely to be resilient to the health, social and economic impact of COVID-19.

The National Place Survey, introduced to collect residents' views on the area in which they lived, indicated lower levels of social capital in Reading and Slough compared to elsewhere in Berkshire.



National Archives

What has worked elsewhere?

1. **Understanding strengths and challenges in communities.** Tools designed to help local areas evaluate their own levels of resilience and social capital, such as the Prevention Institute's Tool for Health and Resilience in Vulnerable Environments (THRIVE) emphasise understanding the strengths and assets as well as the vulnerabilities of communities (Mguni and Bacon, 2010, Prevention Institute). **Northumberland County Council** used an asset-based community development approach to identify what assets were important to residents and provide small (micro) development grants.

2. **Connecting people in communities with less advantages to good quality jobs and economic opportunity**
   - Leeds City Council's "More Jobs, Better Jobs" introduced employment and skills obligations targeted at deprived neighbourhoods into contracts, improved careers advice and guidance, and appointed a manager to work with businesses that have a strategic significance to the local economy (**Leeds City Council, 2017**, **JRF, 2016**)
   - West Midlands Combined Authority's Inclusive Growth Decision-Making Tool requires those working in the public sector to consider the impact of projects on accessibility of good quality jobs to the most vulnerable groups (**West Midlands Combined Authority**).

3. **Fostering local leadership and cooperation through place-based, community-led action**
   Street Associations bring together neighbours in very small areas to plan and organise community events with beneficiaries reporting more contact with their neighbours and feeling safer in their local area.

   Involving community organisations in managing and developing community assets, such as the Storyhouse arts centre in Chester and **Springfield park** in Cheltenham (LGA), focus on bringing community members together and creating community-focused public spaces.

How can we measure this?

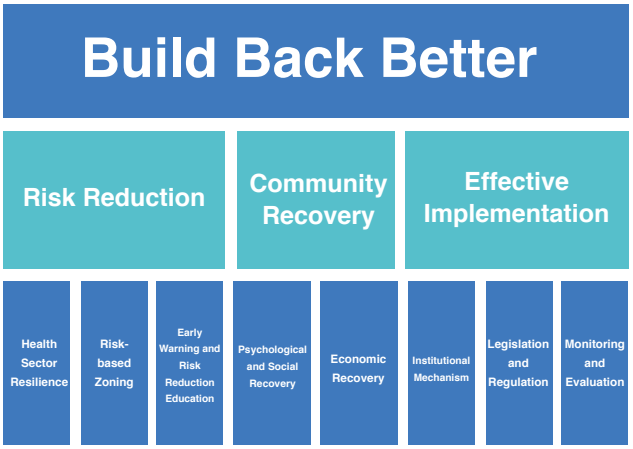
- Although there is no single measure for evaluating community resilience, a range of tools have been developed that provide a framework for evaluation
- Each recommends using a range of metrics, some including both existing published data and data collected locally, to be used in combination with information from local stakeholders gathered using qualitative or participatory approaches (**Mguni and Bacon, 2010**, **Prevention Institute**, **Rockefeller Foundation**, **IFRC**, **John Hopkins**)
- Similarly, approaches for measuring community cohesion or social capital are likely to include a range of indicators covering residents' relationships with others, their perceptions of local area, English language proficiency, civic participation and trust in institutions (**LGA, 2019**, **OECD 2013**, **ONS, 2020**, **Casey, 2016**).

Building on assets and reshaping society

Why is this important in recovery from COVID-19?

Establishing a new "normal" is the long-term goal for recovery from COVID-19 and it is crucial that we re-build a fairer, safer and stronger community. The seismic impact of the pandemic has enforced a dramatic change on how we go about our daily lives. The widespread disruption to communities has broken down barriers and provided a unique opportunity for us to reshape the future together.

The Build Back Better (BBB) concept, which emerged after the 2004 Indian Ocean tsunami, highlighted how the aftermath of a disaster provides the optimal time to drive societal change.



Source: **Mannakkara et al. (2014)**

"Learning from other disasters shows that the measurement of recovery needs to be defined, owned and shared by the community."

Since the beginning of COVID-19, changes to our daily routine have highlighted both positive and negative aspects of nationwide lockdown. Embracing the positives and addressing the negatives will undoubtedly help us reshape society in a way that is beneficial for all.

Social impact of COVID-19:

School closures
Disproportionate effect on vulnerable children, uncertainty over exam results, social isolation and mental health worsened

Reduced road traffic
Improved air quality, less road traffic accidents, more physical activity

Community cohesion
Volunteers helping with shopping for elderly, more community projects

Working from home
Sedentary lifestyle, social isolation, worsening of MSK conditions

Changes to alcohol and food consumption
Reduced violence, increased levels of drinking, fast food promoted

Why is this important for minimising inequalities

The COVID-19 pandemic has illuminated inequality within our society - lower socioeconomic and BAME groups are more likely to contract the virus and are also the hardest hit by the health, social and financial impact of lockdown measures. This disparity is not new or unique to the pandemic (**Public Health England 2020**). Minimising inequality is a fundamental cornerstone of any recovery plan, with the aim of building an inclusive and sustainable community where no-one is "left behind". Preventing gaps from widening is a challenge that we must embrace as we reshape society in the aftermath of the pandemic.

How can we address inequalities through our reshaping of society?

Risk of COVID infection and mortality

- Availability of PPE for key workers
- Reduce deprivation and prevalence of co-morbidities associated with worse outcomes from COVID-19 infection

Management of long-term health conditions

- Digital health solutions
- Improved access to healthcare in deprived areas

Job losses

- Build upon our robust economy
- Create future jobs

Mental wellbeing

- Widening access to green space
- Planting trees
- Financial security
- Widening access to mental health services in the community

Education

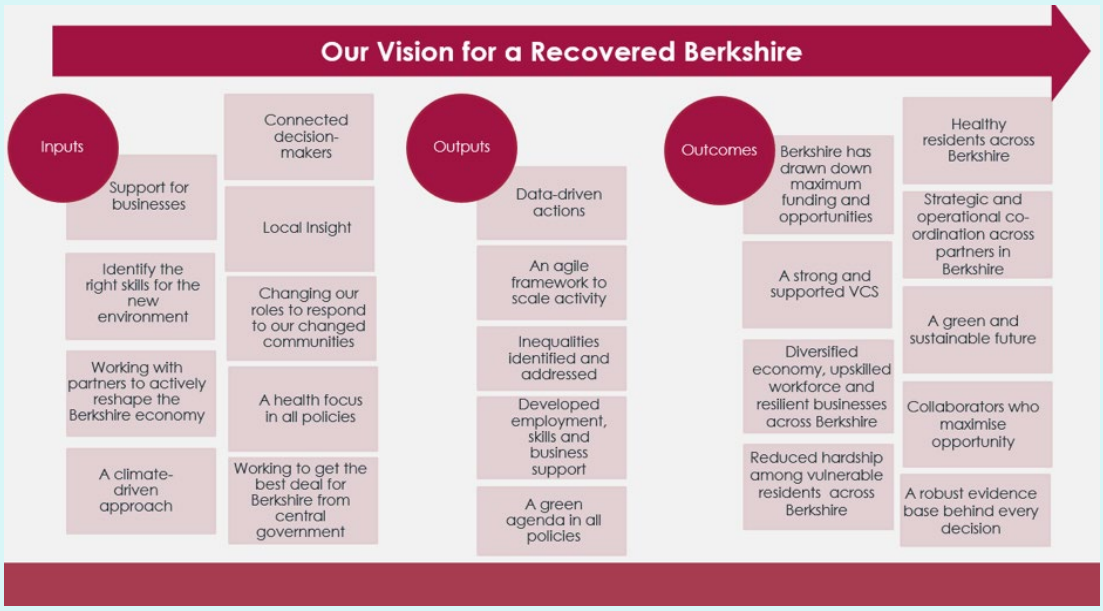
- Online teaching resources
- Outreach to those in deprived areas

Physical health and lifestyle

- Awareness of alcohol/substance misuse
- Smoking cessation
- Encourage sport and physical activity
- Community facilities

Why is this important in Berkshire?

Our strategy for Berkshire is to reinstate and transform services following COVID-19. We want to reset our priorities based on what we can learn from our new environment and build a resilient future. We plan to introduce an ambitious, broad-based, transformational program that can seize the positives from this crisis to build a healthier, stronger and more equal Berkshire.



Source: Berkshire Recovery Plan

In Berkshire we are fortunate to have many assets to rebuild from. The economy has been robust, reflected by Berkshire boasting one of the highest average earnings in the country in 2019 (NOMIS). We are also one of the 'healthier' areas in England with higher levels of healthy life expectancy than most parts of the county. However, addressing our inequalities remains vital with our ethnically diverse population, areas of rurality and spectrum of wealth and opportunity. Attempts to address this disparity have already begun in the context of COVID-19, where a project has been launched to reduce coronavirus risk amongst the BAME population in Slough through community awareness and engagement. Continuing to champion such solutions designed to mitigate healthcare inequality is an integral component of reshaping our society.

Sector	Reshaping Society
Health and Wellbeing	• Focus on mental health services to improve access • Maximising opportunities for active travel • Addressing BAME health impacts
Economic	• Enable, facilitate and maintain momentum for innovation • Supporting businesses through economic recovery • Regeneration, investment and development
Social	• Building community resilience and addressing the impact of inequalities • Focus on the environment • Regional education and skills programme

What has worked elsewhere?

1. **Stronger Society**
   The National Lottery distributes over £600m per year to support community projects across the UK. Throughout the COVID-19 pandemic, focus has shifted to prioritise those projects that have been most affected by the pandemic. Since lockdown began, more than £300m has been distributed to over 7,400 community organisations. Once such example is the John Holt Cancer Foundation in Warrington which provides advice and guidance to individuals affected by cancer. Funding such projects that are able to deliver much needed support through this crisis has set a fantastic example of how we can build a stronger society following the pandemic.

2. **Promoting A Greener Economy**
   Large corporations have required emergency funding following COVID-19 in order to continue operating and protect thousands of jobs, with the airline industry one of the worst affected. Air-France KLM were given a €10bn taxpayer-funded bailout backed by the French and Dutch governments. However, one of the conditions of this emergency funding is that flights under 2.5 hours for which there is a suitable train alternative must be scrapped in order to reduce carbon emissions. Such policies set an excellent example in how we can simultaneously get the economy back on track and promote a greener, more sustainable future.

3. **Digital Transformation**
   Digital solutions have been awaiting implementation and COVID-19 provided the stimulus required for many industries to adopt emerging technologies. In healthcare, video consultations have seen a surge in popularity as a result of lockdown measures and social distancing. Video services and other digital health solutions can significantly reduce the burden on healthcare services, allowing funding to be distributed to areas of greatest need in the future. However, we must ensure that the rise of technology does not create barriers to access for certain groups in society, notably the elderly and disabled, to whom digital health may either be inaccessible or unfit for their personal needs.

How can we measure this?

1. **Measuring inequalities** - The signs of a more equal and thriving society will be shown through the reduction of inequalities. A key indicator here will be closing the life expectancy gap between communities and reducing the number of years lived in poor health, particularly for women. Signs that we are on the right track include monitoring economic factors, lifestyle indicators (smoking, uptake of physical activity, obesity), levels of hospital admissions, prevalence of disease and premature mortality rates.

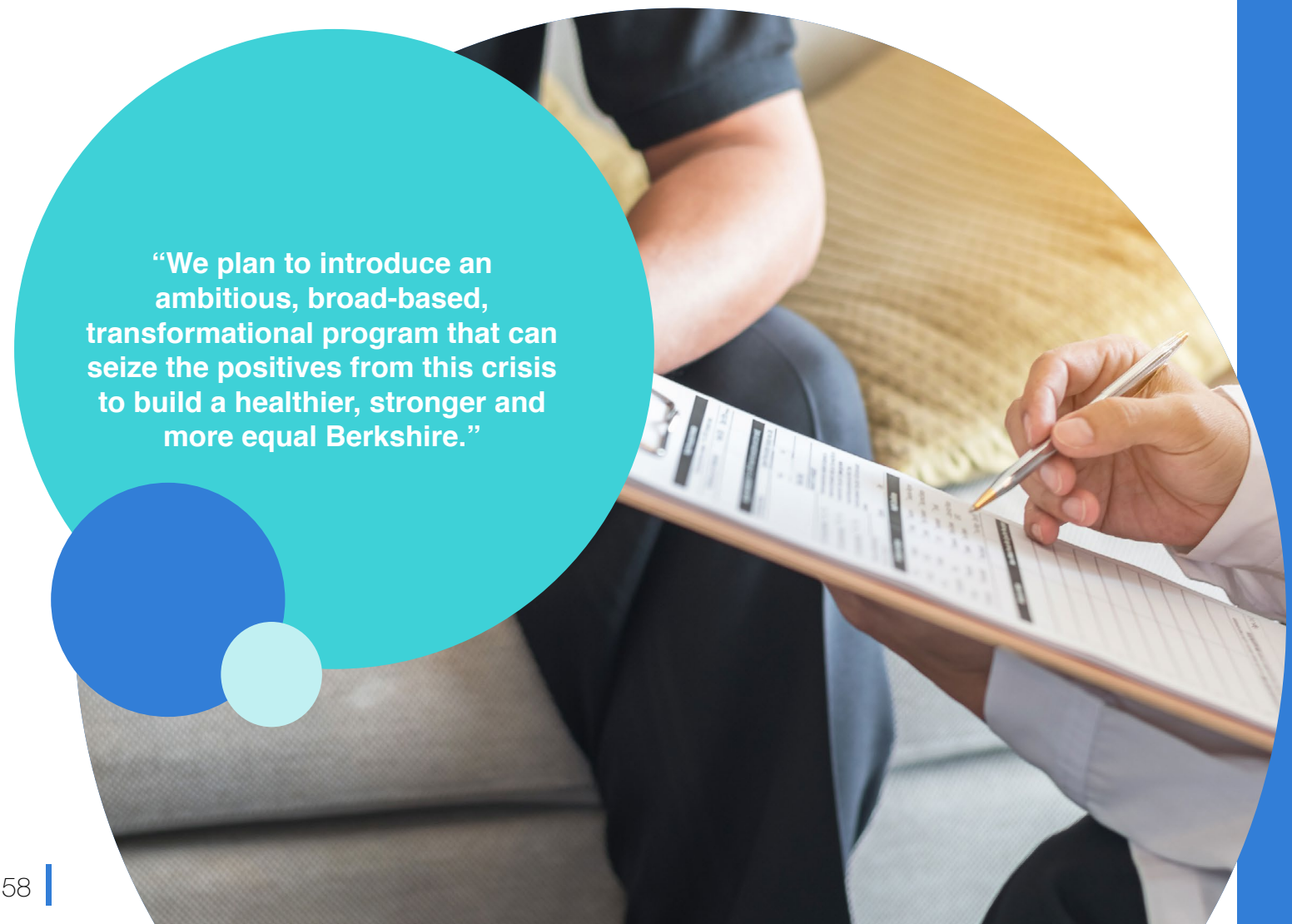
2. **Measuring opinion** – Continued feedback and engagement with Berkshire residents, employers and local providers will be vital. Inclusivity surveys and focus groups could be used throughout our rebuild to identify how people are feeling and highlight what isn't working.

3. **Measuring everything!** - It is important to recognise that one indicator is not going to tell us if and when we have recovered from the impacts of the pandemic. Health, social, economic and environmental measures will need to be looked at collectively to ensure that our vision for the future is being realised. A useful set of indicators is included in the **Build Back Better** tool.

Measuring progress

Why is this important in recovery from COVID-19?

The measurement of our recovery from COVID-19 will be vital to ensure that we head in the right direction – towards a healthier, fairer and sustainable society. The impacts of COVID-19 have been far reaching and extend well beyond those immediate people who were infected by the virus. In helping communities in Berkshire to become better together and to recover from the COVID-19 pandemic, a host of cross-cutting measures exploring the impacts of COVID-19 need to be considered. Many of these have been highlighted in the individual chapters of this report. This chapter looks at the opportunities for bringing some of this together.



"We plan to introduce an ambitious, broad-based, transformational program that can seize the positives from this crisis to build a healthier, stronger and more equal Berkshire."

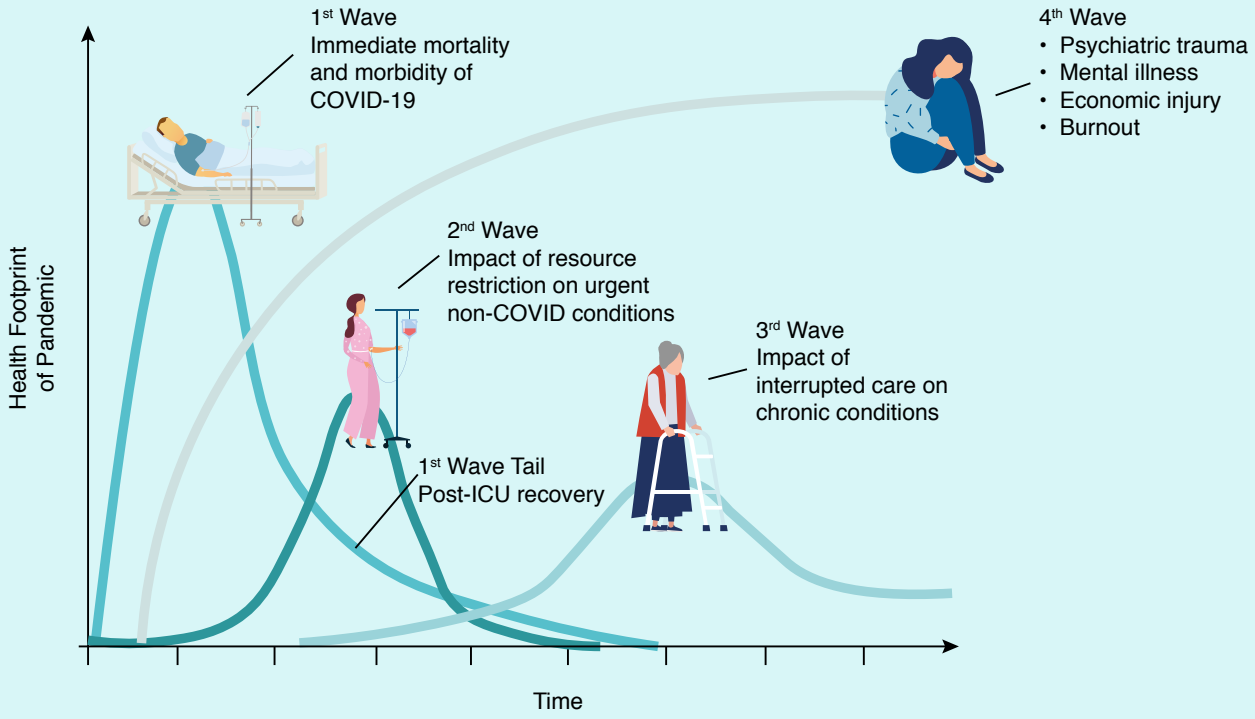
How can we measure this?

Our Health
Whatever the local health impacts may be on the health of people in Berkshire, it remains clear from the COVID-19 pandemic that these will be felt and experienced by young and old alike, both in the short, medium and long-term (see Inequalities Chapter). These impacts may not have been felt yet and will occur in overlapping waves.

- Wave 1 – immediate health impacts of COVID-19
- wave 2 – impacts of service disruption on urgent non-COVID-19 conditions
- wave 3 – impacts of service disruption on patients with chronic conditions
- wave 4 – impacts of COVID-19 control measures on the wider determinants of health

It will be essential for us to measure the impact of these waves on people across Berkshire, rather than just focussing on the immediate effects of the pandemic. This will ensure action can be taken to prevent or minimise effects as much as possible and to target resources to those most in need.

Health footprint of the COVID-19 pandemic



Source: Victor Tseng (@VectorSting) via Twitter

Wider determinants

Liverpool John Moores University recently reviewed the direct and indirect impacts of COVID-19 on health and wellbeing. Five broad areas of concern were identified, which would underpin recovery:

- Social factors – impacts on friends, families and communities
- economic factors – impacts on money, resources and education
- environmental factors – impacts on our surroundings, transport and the food we eat
- access to health and social care
- individual health behaviours

Each of these areas contain multiple indicators which could be used to measure progress in Berkshire, ranging from social isolation and loneliness, educational attainment, access to green space, care for long-term conditions, levels of drinking, smoking, physical activity and so on. It is important to look at these separate areas and indicators as a whole, rather than in isolation. We will need to think about how these interlink and where the experience of recovery differs for people across Berkshire. Understanding these experiences will be essential to address and narrow inequalities.

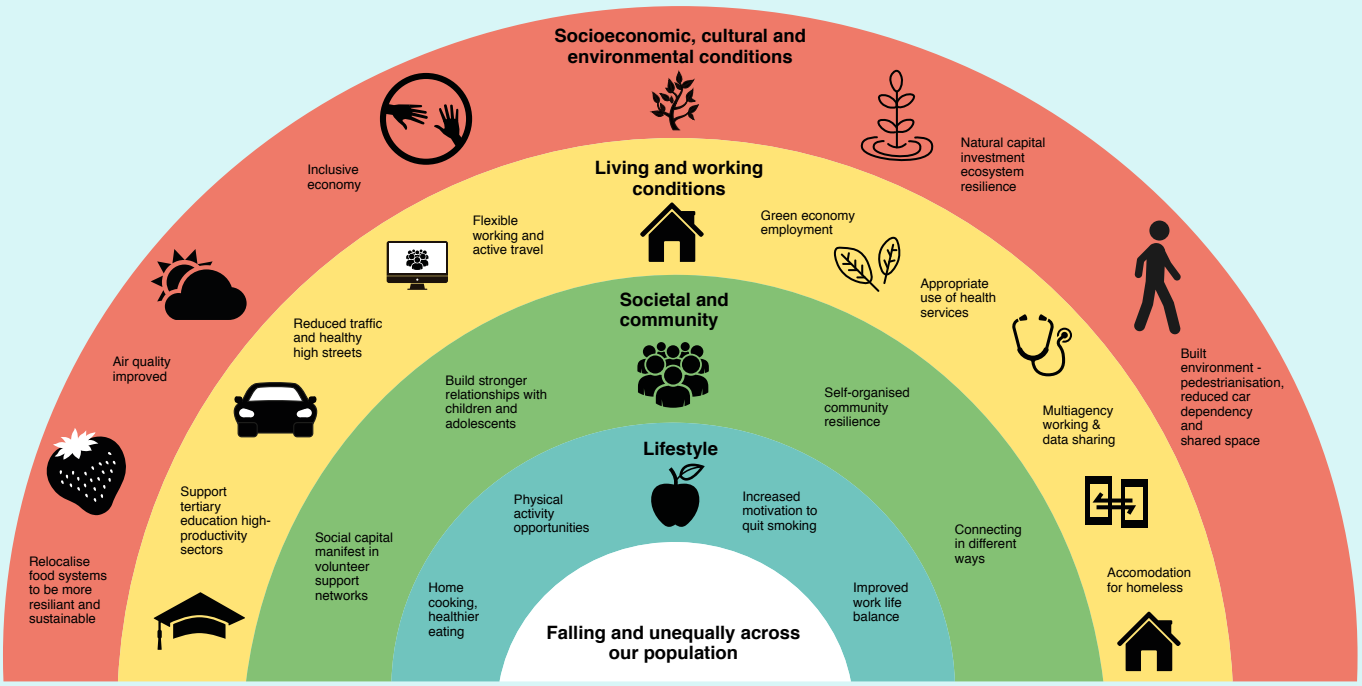
Alongside the work of LJMU, **Public Health England** recently published a tool which considers the indirect impacts of COVID-19 on health and wellbeing. This tool enables stakeholders to:

- monitor changes over time
- make timely informed decisions
- intervene to reduce/mitigate against poor outcomes
- understand the wider context of population health

Positive progress

As Berkshire looks to become better together and recover from the COVID-19 pandemic, it will be equally important to measure some of the 'positive' impacts of the pandemic as well. Some examples of these are shown below and include reductions in smoking, increases in volunteering, building stronger communities, accommodation for the homeless, more cycle lanes and reduced car dependency.

COVID-19 pandemic – rebuilding and moving forward together



Source: **West Berkshire Council 2020**

How should we measure this?

Wider determinants
Learning from other disasters shows that the measurement of recovery needs to be defined, owned and shared by the community. The level of community involvement and leadership is an indicator in its own right to evidence how we are progressing. The 'Engaging with Communities' chapter suggests ways to encourage this shared approach and this needs to be one of the cornerstones to Berkshire's overall recovery.

Wider Impacts of COVID-19 on Health (WICH) monitoring Tool: The WICH tool looks at the indirect effects of the COVID-19 pandemic on the population's health and wellbeing

COVID-19 Public Monitor contains a collection of information about attitudes and opinions towards the COVID-19 pandemic

Public Health England North East: Frameworks for considering local action to support the design of recovery plans

C-WorKS Knowledge Hub: This COVID-19 Consequences hub is hosted by Public Health England (North East) and supports the collation and sharing of knowledge about the health impacts of COVID-19 on non-COVID-19 morbidity and mortality.

Public Health for Berkshire
Working together for health and wellbeing

Designed by Creative Services at Camden Borough Council - 020 7974 1985
4223.1, Annual Public Health Team Report 2020, 05/10/20