

Community Theme - Impact Assessment

Data

Tunbridge Wells Coronavirus Cases

490 cases as of 03/08/2020¹

81 deaths as of 24/07/2020² (deaths that occurred up to 24th July 2020 but were registered up to 1st August 2020)

Health Promotion

Monthly Referrals into OYK service (2020)

Month	Jan	Feb	March	April	May	June	July	August
Referrals	62	37	23	2	1	11	24	15

Monthly Referrals into OYK service (2019/20 and 2020/21)

	Q1	Q2	Q3	Q4
2019/20	101	117	112	122
2020/21	14			

Mental Health and Wellbeing

According to a recent survey by MIND, 46% children and young people and 36% adults describe their mental health as currently poor or very poor³. The 2017 Health and Wellbeing JSNA showed the estimated prevalence of mental health disorders for adults over 16 years was 13.9% in Tunbridge Wells⁴

Release the Pressure Call Data

	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March
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¹ <https://coronavirus.data.gov.uk/>

² <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/datasets/deathregistrationsandoccurrencesbylocalauthorityandhealthboard>

³ https://www.mind.org.uk/media-a/5889/return-to-play-mental-health-guidance.pdf?utm_source=Scheme+coordinators+Autumn+2017&utm_campaign=360052aa46-EMAIL_CAMPAIGN_2018_03_20_COPY_01&utm_medium=email&utm_term=0_bd65075e71-360052aa46-422121273

⁴ <https://fingertips.phe.org.uk/profile-group/mental-health/profile/mh-jsna/data#page/0/gid/1938132922/pat/6/par/E12000008/ati/201/are/E07000116/cid/4/page-options/ovw-do-0>

2019/20	44	54	39	47	43	28	23	43	29	24	27	21
2020/21	54	51	59	76								

Notes:

1. Unknown location calls from mobiles cannot be included in location data for Kent and Medway therefore this will be an underestimate of the true number.
2. Call volumes for March and April were affected by operational difficulties in home working
3. The campaign was boosted in Tunbridge Wells in early 2020 due to local car park incidents therefore this may have caused a boost in calls.

Samaritans

During the period of Covid to date (March-July 2020), Samaritans nationally have received in excess of 500,000 calls. There is demand 24 hours a day, 7 days per week. Due to confidentiality, callers are not asked to give a location and this information is not tracked therefore local Tunbridge Wells data is not available.

Wellbeing call data analysis

Wellbeing calls were conducted by the Health Team from the end of March until the end of July. As part of the Social Isolation Group Evaluation Project, residents were asked to rate their wellbeing on scale of 1-10 (1 being low, 10 being high):

Sample: 23 out of 87 residents therefore 26%

	Before Lockdown	In the first few weeks	During (May-June)
Average Score	5.86	4.04	5.24

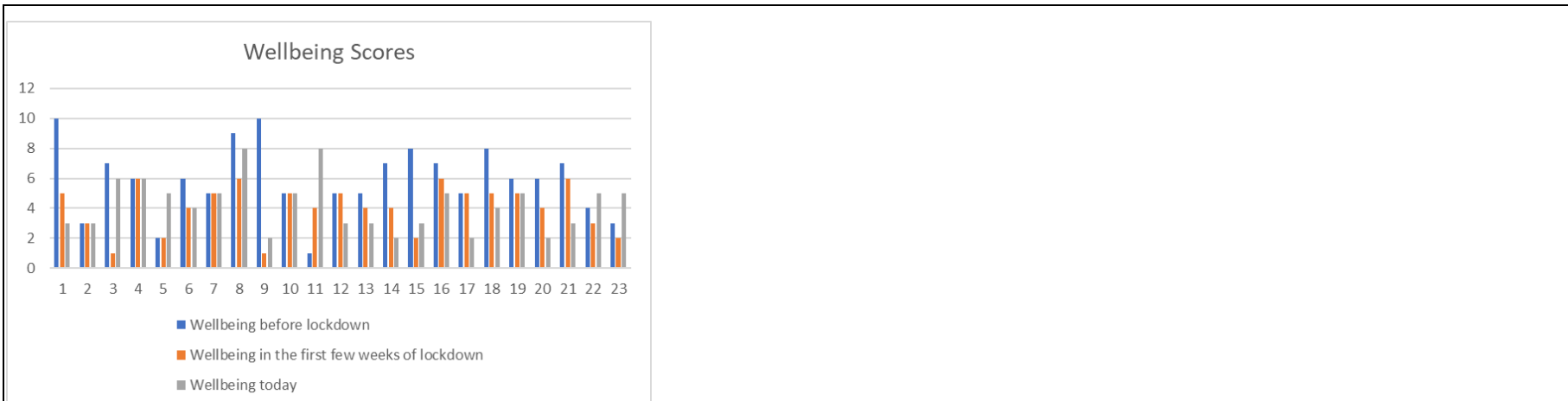


Table 1 shows the detailed scores of the cohort of 23 prior, in the first few weeks and on the first wellbeing call

What does the data identify in terms of impact? Are there any gaps in the data?

Data available

There are a number of limitations in the data that is available. This is due to delays in obtaining this data from various sources. A key source for data is hospital admissions which currently has a 3-month delay therefore data available at present is April data at the beginning of the pandemic. We are working with Kent Public Health Observatory to obtain and analyse trends in the data, and this will be available at a later date. This includes number of admissions for:

- Myocardial infarction (heart attack)
- Alcohol related harm
- Intentional self-harm

Mental Health Provision

It is thought that the pandemic has contributed to increased poor mental health, however it is unknown by how much specifically. This therefore causes issues in knowing whether there is sufficient mental health provision to keep up with the increased demand. The last 'Mental Health Needs Assessment for Adults in Kent: West Kent CCG' was carried out in 2014 therefore is a few years old and pre-Covid, however it states:

"West Kent's large population can be a challenge in delivering accessible mental health services. It has an aging population and understanding further the mental health needs of older people will be important. West Kent has a long history of health inequalities and this is well documented. Health

inequalities and short life expectancies are a well-known outcome of psycho-social stress, particularly stigmatising when living in an affluent area. In the long-term, this has a corrosive impact on the body and lowers immune systems, leading to physical illness. If untreated (and compounded by life events) this can lead to mental illness. Therefore, people who have the greatest risk of poor outcomes should be proactively sought out by services rather than hoping that they will stumble upon the right provider.

Most people with a mental illness in West Kent have a common mental illness; a large proportion of those with more than one condition. Data is poor: it is almost impossible to assess whether there are enough of the right services available. Data that is available points to a high degree of unmet needs. Due to pressure on resources it will be vital public health and social care services align with NHS services.”⁵

Physical Activity

We have also been unable to obtain local physical activity data for Tunbridge Wells as Kent Sport do not have data at a local level for this time period and this will not be available from PHE until later date. A national survey conducted by Sport England provides useful insights into physical activity levels in England. Findings include⁶:

- A third of adults are doing 30 minutes or more of physical activity on five or more days a week
- As was the case before the virus, certain demographic groups and audiences are still finding it harder to be active (women, people from lower socio-economic groups, older adults, people with long term health condition, illness or disability, and people from some BAME communities)
- Increased levels of activity as a family
- During the latest survey wave (19th – 22nd June) it was found that physical activity levels fall as society starts to reopen. The wider public health, social and economic impact of coronavirus is likely to have a greater negative impact on the capability, opportunity and motivation to be physically active for some groups over others. Overall, activity levels held up relatively well throughout – with a third of adults doing 30 minutes or more of physical activity (at a level that raised their breathing rate) on five or more days a week.
- There are positive signs of an appetite to return – 69% of adults say they're looking forward to resuming a sport, exercise or physical activity they have not been able to do during lockdown once the restrictions are lifted. Gym work and swimming were most mentioned (reflecting the large numbers of the population who normally enjoy taking part in these activities).

Longer Term Impact

There is also expected to be a longer-term impact on health as a result of COVID-19. Groups already experiencing health inequalities will be most affected by the impact of the virus, such as areas of deprivation, BAME and those with long term health conditions.

⁵ https://www.kpho.org.uk/_data/assets/pdf_file/0008/43928/MHNAWestKentCCG2014.compressed.pdf

⁶ <https://indd.adobe.com/view/793b48d5-bbcd-4de3-a50f-11d241a506b3>

What local knowledge do we have on the impact which is not reflected in the data?

The number of people accessing face to face GP appointments reduced during the pandemic. We have good engagement from GPs in Tunbridge Wells therefore if this continues it may have an impact on the number of people accessing services such as OYK. We continue to work with Social Prescribers who are conducting telephone consultations with clients.

Overall, what do you think are the biggest risks/consequences of the impact?

1. Access

- Services have moved online to provide digital access in a time that they can't be face to face with clients. This puts those who are not digitally enabled at a disadvantage – they may not be aware of the organisations that can support or be unable to access the full-service offer. It is important to note that telephone consultations is an alternative method used by services.
- During the pandemic less people are accessing healthcare for referrals and signposting into available organisations.
- Closures of gyms and sports clubs due to government guidelines may mean people have not been as physically active during this time. As these reopen from the 25th July there is likely to be limitations put on numbers that can access services.
- The temporary closure free physical activity opportunities such as Health Walks and Outdoor Gyms.
- Financial difficulties due to job loss or decrease in pay may impact access to opportunities that could improve both mental and physical health

2. Increase in unhealthy behaviours

- Whilst the One You Kent service has continued to operate online during the pandemic, there has been a reduction in availability and referrals into the service therefore less people are using public services to address unhealthy behaviours
- These access issues may impact on a reduction in physical activity
- Unhealthy eating habits developing
- Increased alcohol consumption

3. Decline in mental health and the impact on service provision

- There is a suggested negative impact on mental health due to lockdown increasing feelings of social isolation, stress, anxiety, and low mood. Access to local mental health services has been disrupted as these were unable to offer face to face or community activities.
- This impact on mental health means that there is likely to be an increase in demand on Mental Health Services however the increased demand

cannot be evidenced. We are talking to Mental Health services such as West Kent Mind to establish this impact.

- Possibility that those without history of mental health may have suffered for the first time during this pandemic.
- Shielded population health vulnerabilities may cause anxiety after coming out of lockdown

4. Widening already existing Health Inequalities

- Already existing health inequalities will be amplified as a result of the pandemic. People that had poor outcomes before the virus are those that have been worst affected by the virus. This includes areas of deprivation, BAME and those living with long term health conditions.

Overall, what do think are the biggest opportunities?

Promoting healthy lifestyles

- There has been government recognition to reduce obesity due to this being a risk factor for COVID-19.
- Making Every Contact Count (MECC) training could take place for public facing departments in TWBC to enable them to have brief health conversations with residents. These short conversations can promote healthy lifestyles and referrals into the OYK service. There is the opportunity for this training to be implemented at low cost and in a short timeframe subject to Management Board approval.
- Coronavirus has brought the importance of adopting healthy behaviours to the forefront which for example physical activity. This is also important in promoting prevention of developing long term healthy conditions. Therefore, there is an opportunity to use this as a motivational tool.
- People found new opportunities in physical activity during the virus for example more people walking during lockdown using their 1 hour of exercise. People saw the benefits of the exercise and it would be good to draw on this.
- The 2015 Cycling Strategy is being updated to form a Local Cycling & Walking Infrastructure Plan (or LCWIP).

Community groups

- As things begin to reopen, we are now able to reach out to those communities that are not online such as through using local community venues.
- Community support groups formed as a response to the Coronavirus pandemic such as Paddock Wood Community Support therefore there is an opportunity to link it with these groups to reach people at a local level.
- Linking in with BAME groups

Digitally enabled services

- Services have now adopted online services in replacement of face to face during the pandemic. Many of these services would not have moved to this delivery method otherwise. This may be a positive development, if it helps to improve accessibility for those that are digitally enabled such as those living in rural areas of the borough or with work/childcare commitments. There is an opportunity to continue this way of working as part of a mixed service offer alongside face to face in the future, but we need to be mindful that for some this will highlight digital inequalities.

Are there any quick wins?

Physical activity opportunities

The cost of physical activity has previously been a barrier to access which can be addressed through measures such as:

- Promotion of Outdoor Gyms: This is underway at the moment with the Health Team looking to promote these in partnership with Parks
- Health Walks: Ramblers have given permission for Health Walks to go ahead in groups of 6 so the Health Team are currently exploring these opportunities
- One You Kent exercise opportunities
- TW Social signposting to free physical activity opportunities
- Linking in with the Culture Team who are in the early stages of a project on “50 Things” for families to stay busy during the summer holidays. This will incorporate being outdoors and being active.

Cycling Strategy

DfT Emergency Transport Fund. In Tranche 1 of this funding KCC will deliver the schemes:

- One way in High Street, RTW (to allow for wider pavements for pedestrians)
- Bus gate scheme on Commercial Road in Paddock Wood to facilitate more walking and cycling
- Access only scheme for Reynolds Lane in Southborough to facilitate more walking and cycling
- 20mph scheme for RTW town centre
- Light segregation on A26 cycle route between RTW town centre and Southborough

TWBC is also working on a one-way scheme for Camden Road – this will allow for wider pavements for pedestrians also.

The team will be putting forward more schemes for Tranche 2 of this funding – these are likely to include the below but are not finalised yet.

- Route across the Commons – Langton Green/Rusthall to RTW town centre
- Further improvements to the A26
- Possibly converting some of the tranche 1 schemes to permanent.

Health Professionals/Networking Opportunities

- Working with GP Partners including Kent & Medway CCG and Tunbridge Wells PCN to promote key health messages. This includes Social Prescribers
- Health Professionals and organisations joint working
- Self-care and Prevention Group Meeting partnership group work focusing on physical activity opportunities across West Kent

One You Kent Service

The digital One You Kent service is available to those looking to improve health behaviours. This service is well linked in with other organisations and can signpost and refer clients as needed, this include identifying the need for referral to mental health services or housing support.

Everyday Active Campaign

The campaign by Kent Sport has been developed over the past couple of years aiming to provide better information on how people in Kent can become more active in their everyday lives, with a focus on the least active group. The website is in the testing phase currently with the aim of launching it to the public in September.

- Offering funding to support clubs and organisations to encourage people to be more active
- Offering funding to support those effected by COVID to return to action
- Kent Sport Launching and testing Everyday Active website

Development of Community

- Better awareness and greater engagement with local community groups and the potential to link-in with these e.g. Paddock Wood Community Support / Tunbridge Wells Social Isolation
- This will open a direct line of contact with those that are harder to reach.

Mental Health

There are a range of support services already available therefore the continued promotion and partnership working is important:

- KCC release the pressure campaign
- West Kent Mind “Community Contact Line” working in July
- Health Team will receive West Kent Mind Mental Health First Aid Training funded by KCC to support One You Kent clients
- Psychological First Aid Training has been shared across TWBC – it is unknown what the uptake of this has been to date.

Is there anything we should stop doing now to aid recovery?

Community support has been provided throughout the pandemic and this is drawing to a close at the end of July. This will be a positive step to aiding recovery as the teams providing this emergency support are now signposting to longer term support. This will therefore no longer be an emergency response but a more sustainable approach. It is hoped that by linking people into local services it will in turn create a link with their community.

Other changes are relating to government guidance therefore not within our control.

Are there any media/communications issues or requirements that need to be flagged as a result?

- Reaching people that do not have digital access and therefore will not use online communication channels such as email or social media.
- Town & Country Housing have shared a signposting directory. This will help to create a more joined up way of working when referring to local organisations.

Does the impact have a disproportionate impact on those with protected characteristics?

Already existing health inequalities will be amplified as a result of the pandemic. People that had poor outcomes before the virus are those that have been worst affected. This includes:

Areas of deprivation

Areas of deprivation (in the 40% most deprived areas of the country) by Lower Super Output Area (LSOA) are:

E01024831 – Rusthall 4th

E01024841 – Sherwood 4th

E01024842 – Sherwood 4th

E01024843 – Southborough and High Brooms 4th

E01024841 – Broadwater 3rd

E01024840 – Sherwood 2nd

These areas are most likely to be disproportionately impacted both throughout the pandemic and afterwards. This could include access to services, financial and job challenges, and poorer health outcomes. Alongside these small pockets of deprivation, 70% of the boroughs LSOAs are in the top half, with a significant number in the 9th and 10th deciles. This means that these small areas of deprivation are surrounded by significant areas of wealth. Basic services such as housing, transport and childcare are therefore much more expensive than they would otherwise be, which increases the pressures on our more deprived areas.

The Office of National Statistics data⁷ shows that these areas of deprivation in Tunbridge Wells did not have a higher number of COVID-19 related deaths. This is in contradiction with national data.

⁷ <https://www.ons.gov.uk/releases/deathsinvolvingcovid19bylocalareaandsocioeconomicdeprivationmay2020>

Black, Asian and minority ethnic (BAME) backgrounds

BAME has been shown as a risk factor in susceptibility to COVID-19 as well as a factor in community recovery:

- More likely to have co-morbidities
- More likely of being frontline workers which may impact on job loss/redundancies
- More likely to live in poorer area, live in overcrowded housing and inter-generational housing.⁸

Long Term Health Conditions

Those with long term health conditions (LTHC) have been affected as these are a risk factor of COVID-19. This is also the case for those with a high BMI and diabetes. This population group was therefore most likely to be shielded, or those that are clinically extremely vulnerable. This shielding may have had an impact on mental and physical wellbeing.

Older Adults

As with LTHC this is a risk factor of COVID-19 with this group being classed as vulnerable and more likely to have been shielding. Therefore, this shielding may have had an impact on mental wellbeing through ways such as social isolation and limitations in digital access. In addition to this impact on physical health through lower activity levels during shielding therefore muscle weakness and an increased risk of falls.

Young People

National research shows that “young people who reported that their well-being was being affected were much more likely than either those aged 30 to 59 years or those aged 60 years and over to report being bored (76%) and lonely (51%); they were also much more likely to say the lockdown was making their mental health worse (42%)”⁹

Learning Disabilities

Accessibility is an important consideration in the community recovery. As many services have moved online in place of face to face support it has removed accessibility of community services during the pandemic.

⁸ <https://www.kingsfund.org.uk/blog/2020/04/ethnic-minority-deaths-covid-19>

⁹ <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/articles/coronavirusandthesocialimpactsonyoungpeopleingreatbritain/3aprilto10may2020>