

Covid Impact Assessments and JSNAs

Understanding the health and wellbeing of Cambridgeshire and Peterborough Residents

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Building the evidence base

The aim of a JSNA is to:

- Provide analyses of data to show the health and wellbeing status of local communities.
- Define where inequalities exist, illustrating gaps in health status, outcomes and experience.
- Inform and shape local services and the Health and Wellbeing Strategy

Published Joint Strategic Needs Assessments



The aim of a JSNA is to:

- Provide analyses of data to show the health and wellbeing status of local communities.
- Define where inequalities exist.
- Provide information on local community views and evidence of effectiveness of existing interventions which will help to shape future plans for services.
- Highlight key findings based on the information and evidence collected.

Expand all / Collapse all

Core Dataset (2020 & 2019)	▼
Core Dataset – District Summaries (2018/19)	▼
Cambridgeshire Summary Report – (2017)	▼
Cambridgeshire Themed Reports (2013-2017)	▼
Peterborough Themed Reports (2013 – 2017)	▼
Cambridgeshire Pharmaceutical Needs Assessments	▼
Peterborough Pharmaceutical Needs Assessments	▼

[Cambridgeshire Insight – Joint Strategic Needs Assessment \(JSNA\)](#)

COVID-19: Review of emerging evidence of needs and impacts on Cambridgeshire & Peterborough Pack 1 V1.1 Final

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Produced by: CCC/PCC Public Health Intelligence, Business Intelligence and Clinical Commissioning Group Intelligence teams

Pack 1 Version 1.1

Public / Open Information

[Cambridgeshire Insight – Coronavirus – Emerging evidence of needs and impacts](#)

COVID-19 Impact Assessments:

Review of emerging evidence of needs and impacts on Cambridgeshire & Peterborough

- Approach to gathering the evidence of the impacts of COVID-19 and emerging needs in Cambridgeshire and Peterborough.
- A collaborative programme of intelligence work which will generate a **live and rolling suite of evidence**
- Key to release data and findings as they become available rather than waiting for assessment all COVID-19 impacts
 - Considerable data collection disruption over the pandemic period
 - Data sets (local & national) have different release dates for pandemic period e.g. key health data released in October 2021
 - Allows prioritisation of analysis of high impact topics
 - Ability to flex analytics to address areas of emerging need
- Collated evidence and executive summaries will be produced aimed at the public and multi-agency audiences
- This work aims to make a joint collation of systemwide evidence accessible and involves input from stakeholders from across the system.

Impact types and topics

- Direct health impacts of COVID-19
- Indirect health impacts of COVID-19
- Mental health and wellbeing impacts
- Prevention pathway impacts
- Social and educational impacts
- Economic impacts
- Environmental impacts
- Crime and safeguarding impacts

Key crosscutting themes across all impacts
Ethnicity and community
Deprivation
Changes in inequality
Prevention

The first suite of evidence (released in September 2021) focused on the most universal aspects of impacts – the course of the pandemic (direct health impacts), the impacts on the economy and the impacts on the environment.

The second suite of evidence is around the broad impact to Children and Young people including mental health and wellbeing, educational and social impact. This is near completion.

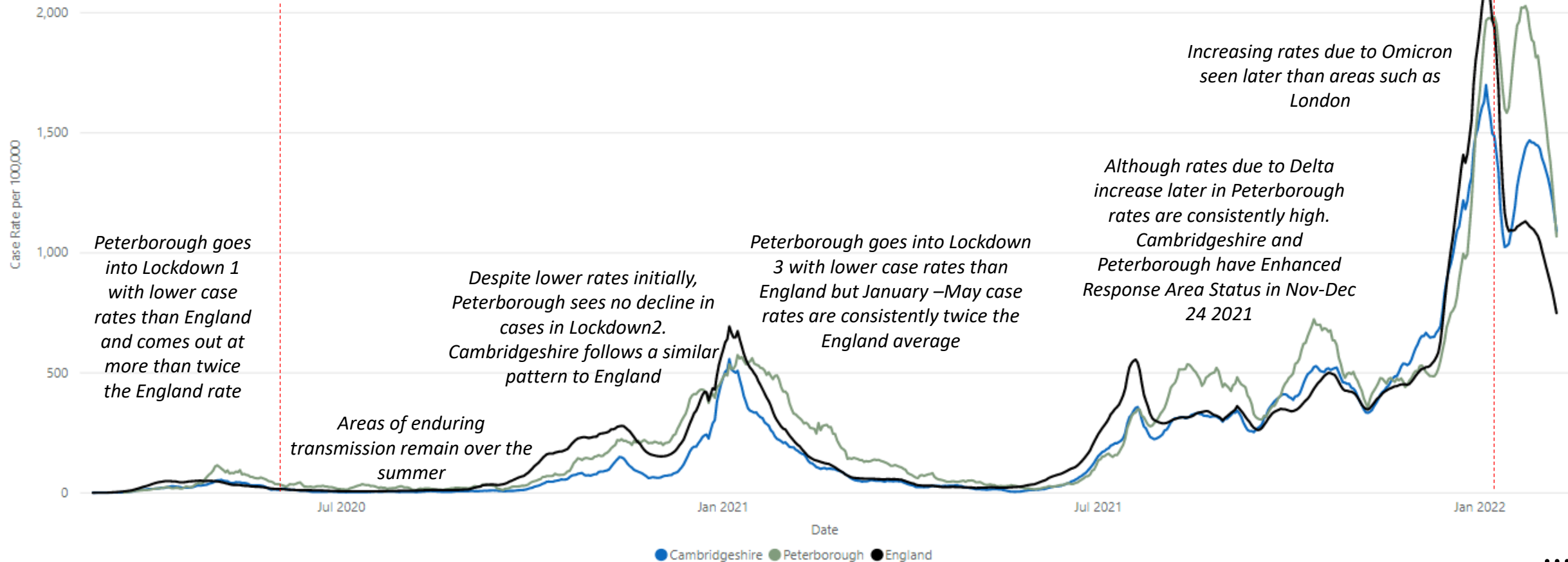
The course of the pandemic in Cambridgeshire and Peterborough



Cambridgeshire case rates have tended to be lower than the England average but follow a similar pattern. Peterborough goes into lockdowns lower than the England average but tends to come out of lockdown higher than the England average and case rates are slower to decline.

Testing changes

Testing changes



**Direct Impact of Covid-19 has
been seen across society but
disproportionately affects key
groups**



COVID-19 inequalities – overview of national and local evidence base in Wave 1 and 2

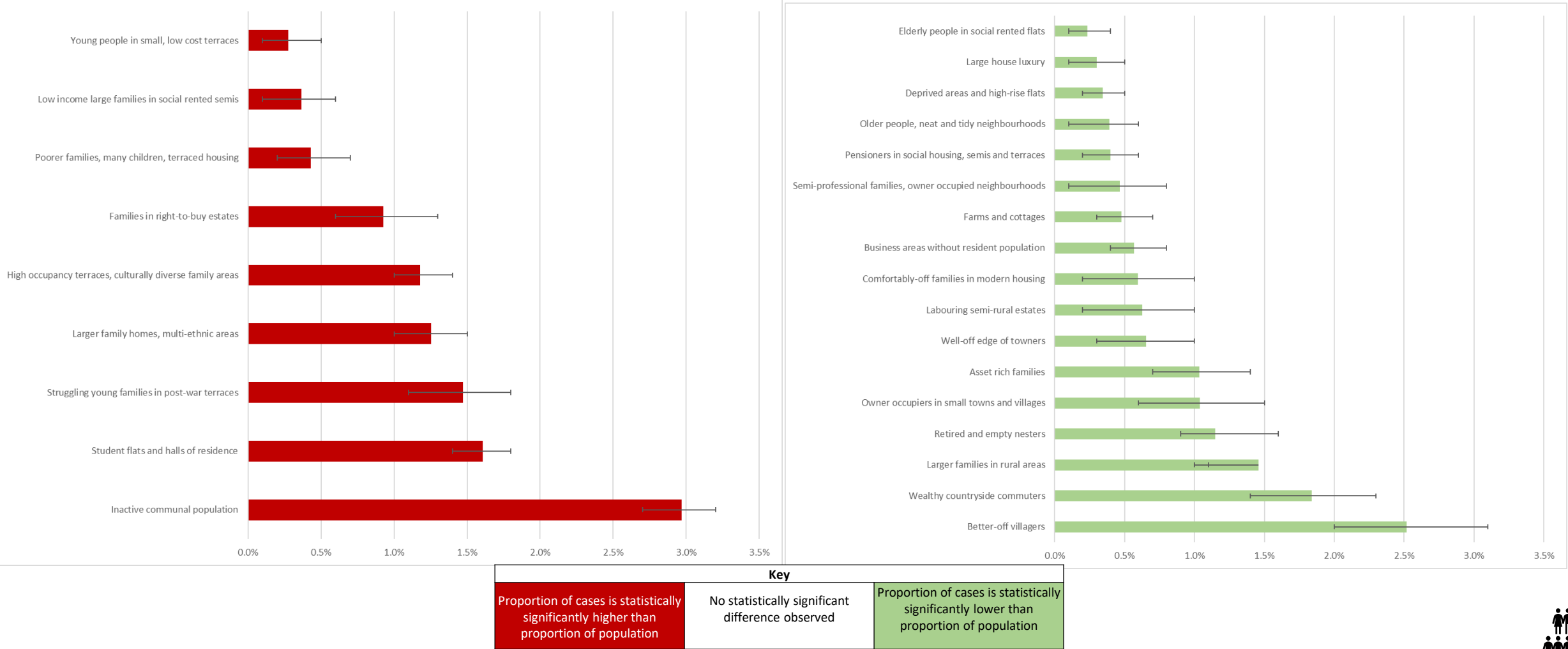
Theme	National Evidence	Local Evidence
Deprivation	Gradient in confirmed cases, hospital admissions and mortality by level of deprivation.	Similar pattern of correlation between deprivation and cases, hospitalisations and mortality but links also to population density as well as deprivation.
Ethnicity	In Wave 1 and 2, BAME ethnicities linked to higher cases and mortality, though precise impacts vary across waves of the pandemic.	Similar patterns seen to national patterns.
Sex	Confirmed case rate is marginally higher for females than for males (1.1 times)	52% of cases are female and 48% are male in Cambridgeshire and Peterborough.
Age	Incidence highest in the 85+ and 25-49 age groups and lowest in 65-74s.	Relatively similar to national picture; age data show higher proportions of cases than would be expected among residents aged 20-59 and 90+ and lower proportions in 0-19s and 60-89s.



COVID-19 case numbers have been disproportionately higher in areas where Acorn categories represent communal living spaces (care homes, halls of residence), high occupancy homes and socio-economic deprivation



Comparison of proportion of cumulative Covid-19 incidence March 2020 – July 2021 and proportion of Cambridgeshire & Peterborough postcodes by Acorn Category - statistically significant high Acorn categories

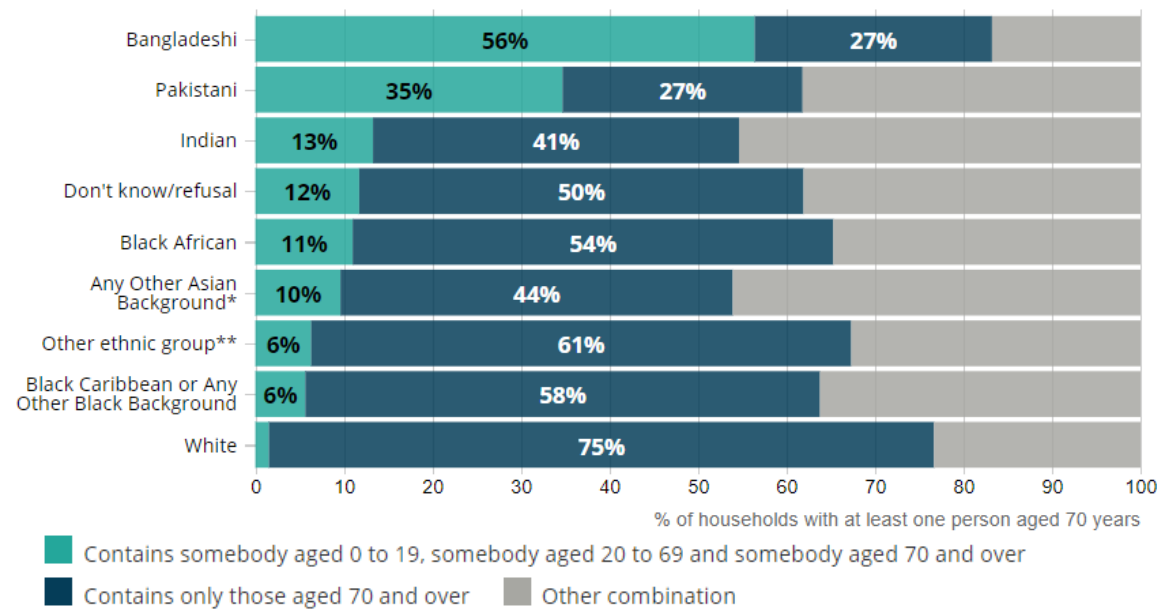




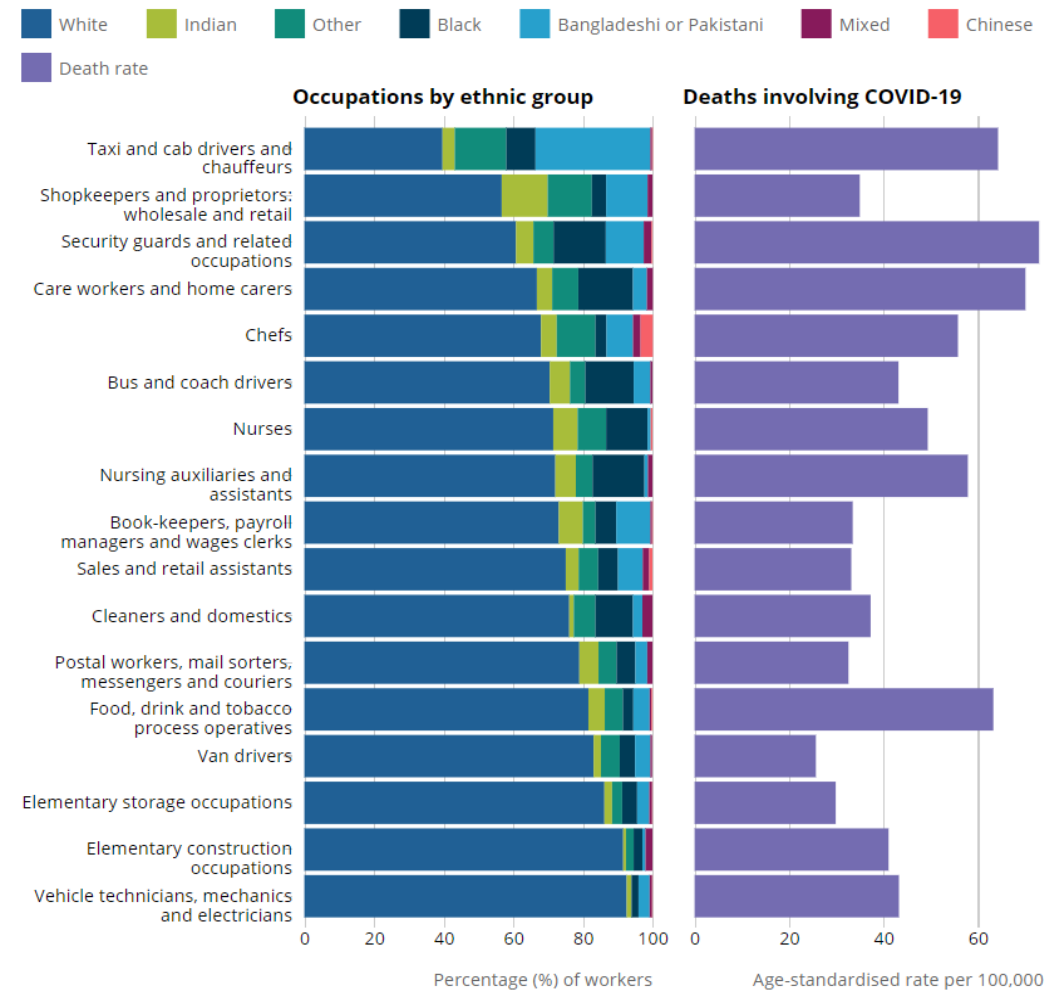
Higher risk of infection with COVID-19 rather than higher risk of death once infected seem to be a main cause of differences in COVID-19 outcomes between different ethnic groups

Nationally, risk factors for COVID-19 infection were found to include deprivation, overcrowding, multigenerational households, occupational risk (in particular those that are public-facing or incompatible with working from home), lifestyle factors, such as activity level.

Multi-generational households with someone >70 years are more common if that person is of Bangladeshi or Pakistani ethnicity.



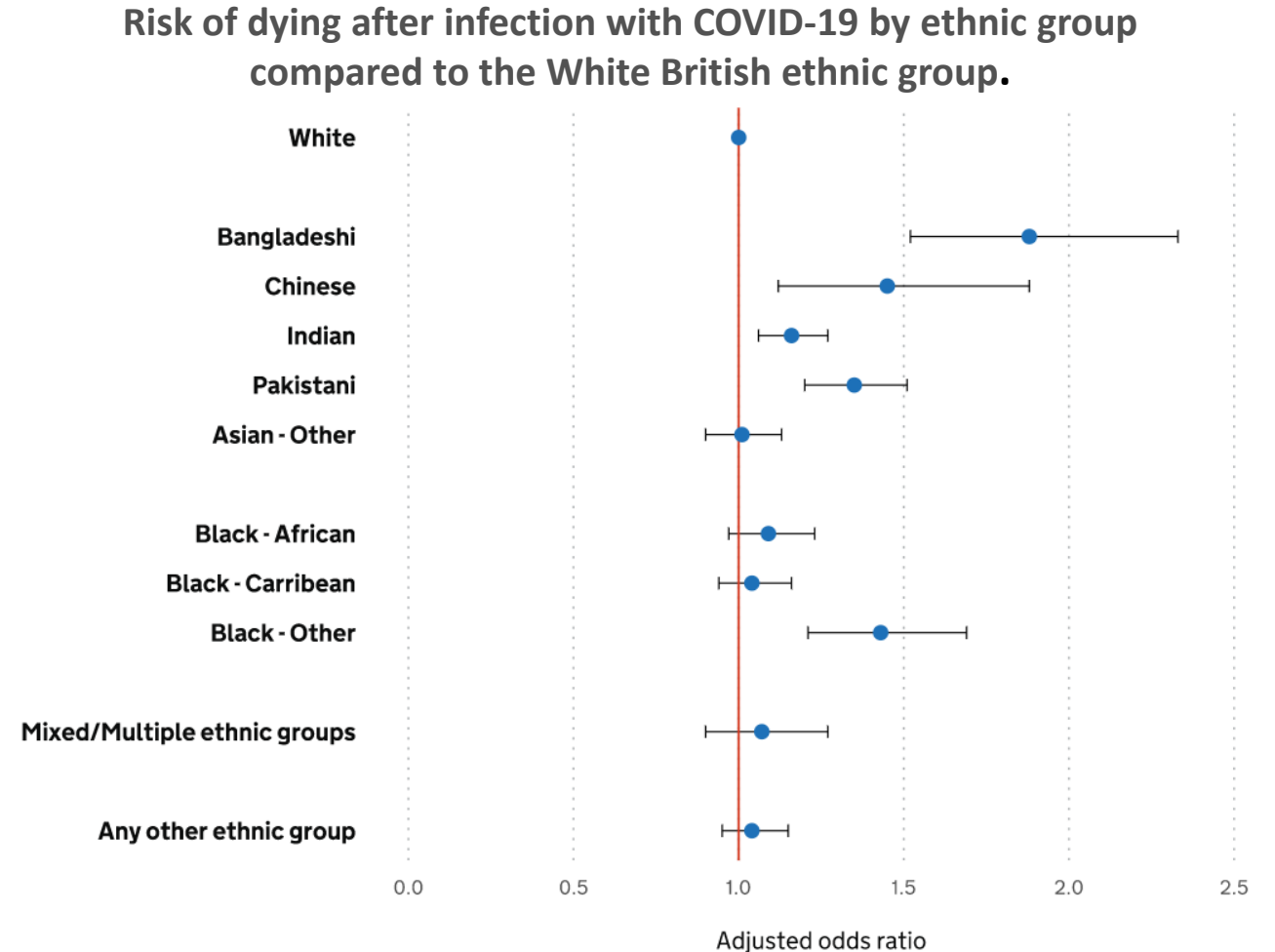
Black and Asian people are more likely to work in jobs with higher risk of COVID-19 related death.





In addition to increased risk of infection, Bangladeshi, Pakistani, Chinese and Black-other ethnic groups also show an increased risk of dying once infected, which is not seen for other ethnic groups.

- Once infected with COVID-19, **national** data shows Bangladeshi, Chinese, Pakistani, Black Other and Indian ethnic groups had an increased risk of death compared to white groups¹.
- Diabetes has been shown to cause some of the excess risk of death in South Asian populations².
- Mixed and Other ethnic, Black African, Black Caribbean and Asian Other groups did not have poorer survival rates once infected with COVID-19 compared to White groups, suggesting higher mortality observed is caused by increased risk of infection risks.



Broad impacts of Covid-19

- Covid-19 has exposed and exacerbated inequalities, as demonstrated by the differential impact of the pandemic on our black and ethnic minority communities and those living in our most deprived areas
- There are more people in poverty; this risks a long-term impact on health
- The mental health of our population has been impacted by the pandemic, particularly children and young people
- Obesity affects around a 1/3 of our year 6 children and up to 60% of adults and has been made worse by the pandemic
- Our health service is under pressure and the way that people access health care and preventative health care has changed but we need to make sure this doesn't widen inequalities

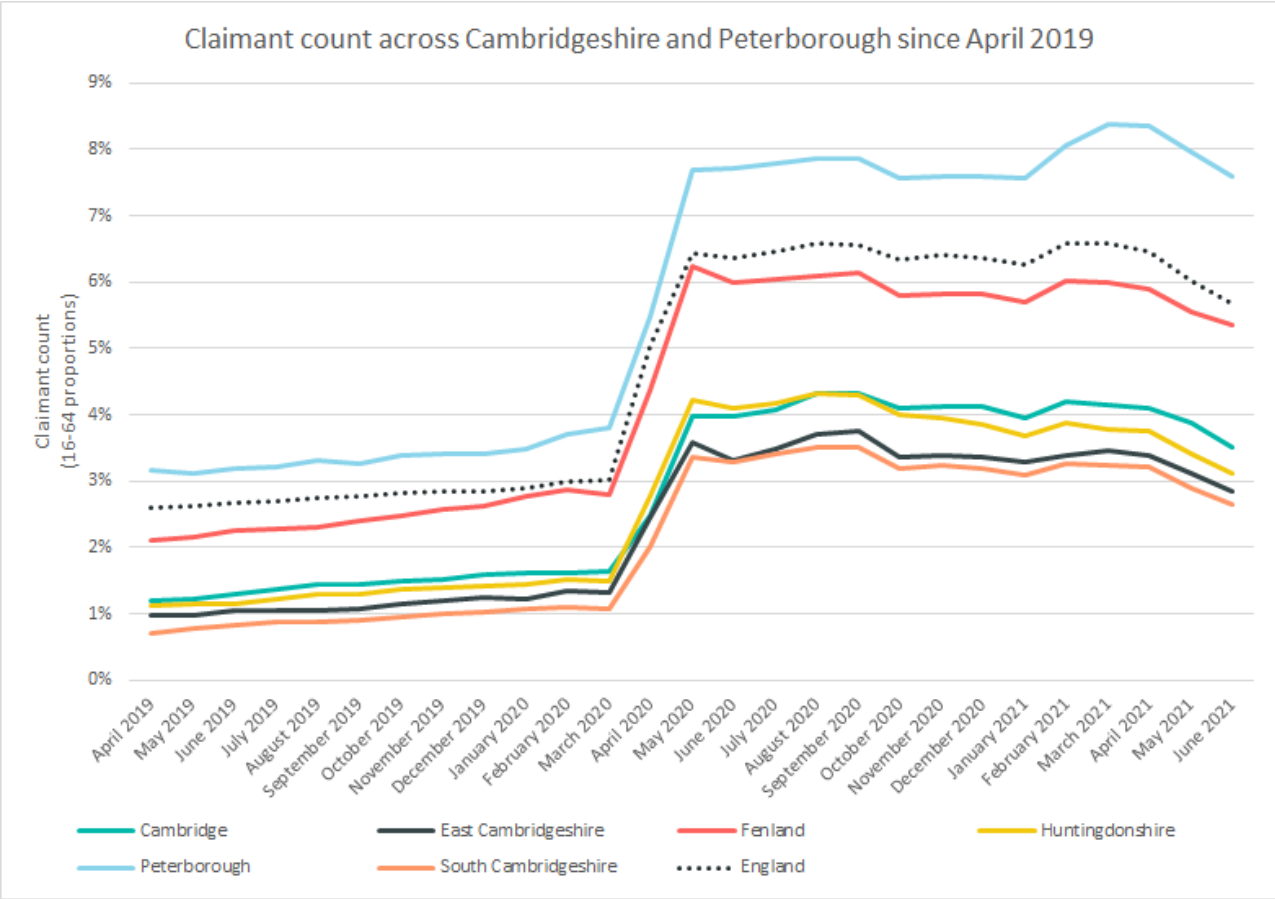


The number of people claiming Universal Credit approximately doubled in April – May 2020, but has started to fall slowly since April 2021

- The Claimant Count measures the number of people (age 16+) claiming benefit principally for the reason of being unemployed.
- Enhancements to Universal Credit as part of the UK government's response to the coronavirus meant that an increasing number of people became eligible for unemployment-related benefit support, although still employed.
- The number of claimants in all **Cambridgeshire and Peterborough districts** increased from March 2020, in line with the **national** trend
- In **Peterborough** the number of claimants peaked at 10,500 in March 2021; in **Cambridgeshire** the number of claimants peaked at 17,500 in September 2020.

Eligibility for Universal Credit depends on your income, so this shows that there could be around twice the number of people with low incomes than before the pandemic.

Claimant Counts for the period April 2019 – June 2021 in England and in each Cambridgeshire and Peterborough district



The number and proportion of pupils claiming* free school meals (FSM) has increased in Cambridgeshire and Peterborough between Spring 2019 and Spring 2021.



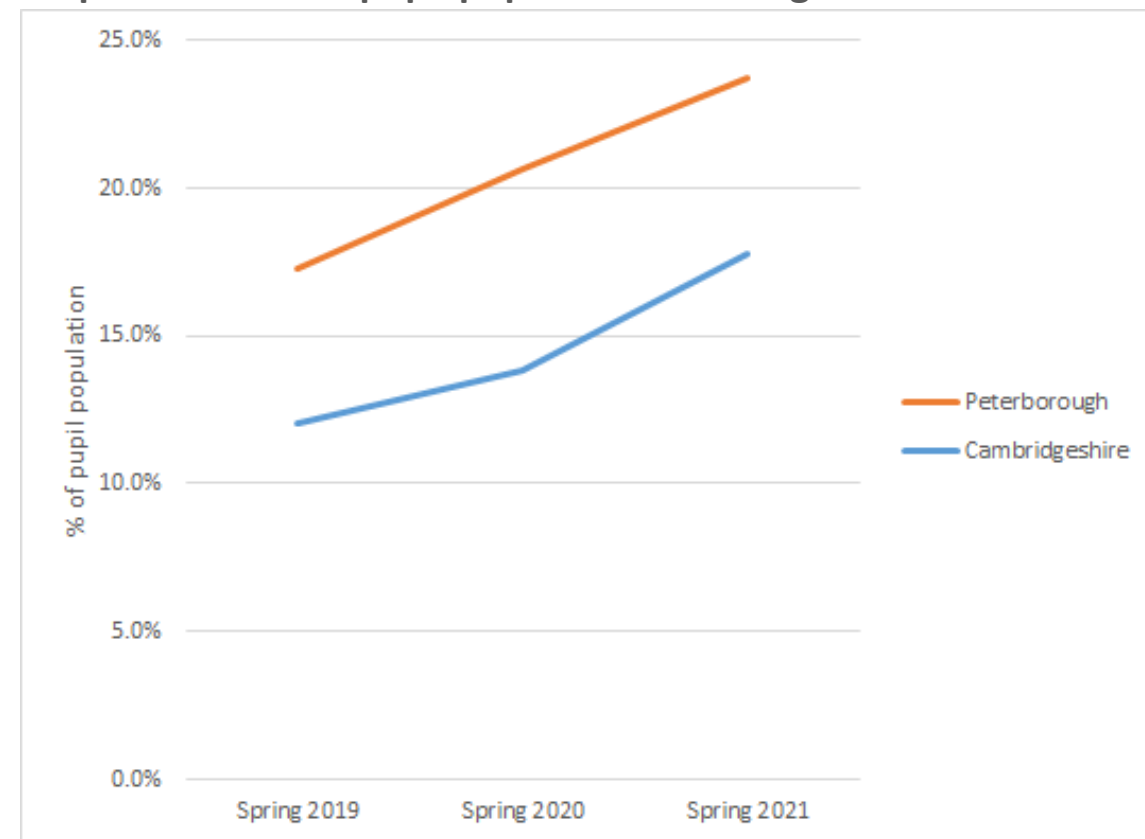
For pupils attending schools in **Cambridgeshire**

- There has been a 50.9% increase in pupils claiming FSM between Spring 2019 and Spring 2021
- This is an increase from 10,474 to 15,803 pupils in the Spring 2021 school census.
- The overall proportion of pupils claiming FSM was 17.8% in Spring 2021

For pupils attending schools in **Peterborough**

- There has been a 41.8% increase in pupils claiming FSM between Spring 2019 and Spring 2021
- This is an increase from 6,569 to 9,314 pupils in 2021 Spring school census.
- The overall proportion of pupils claiming FSM was 23.7% in Spring 2021

Proportion of total pupil population claiming free school meals



Eligibility for free school meals depends largely on household income criteria and as such reflects children in low-income households.

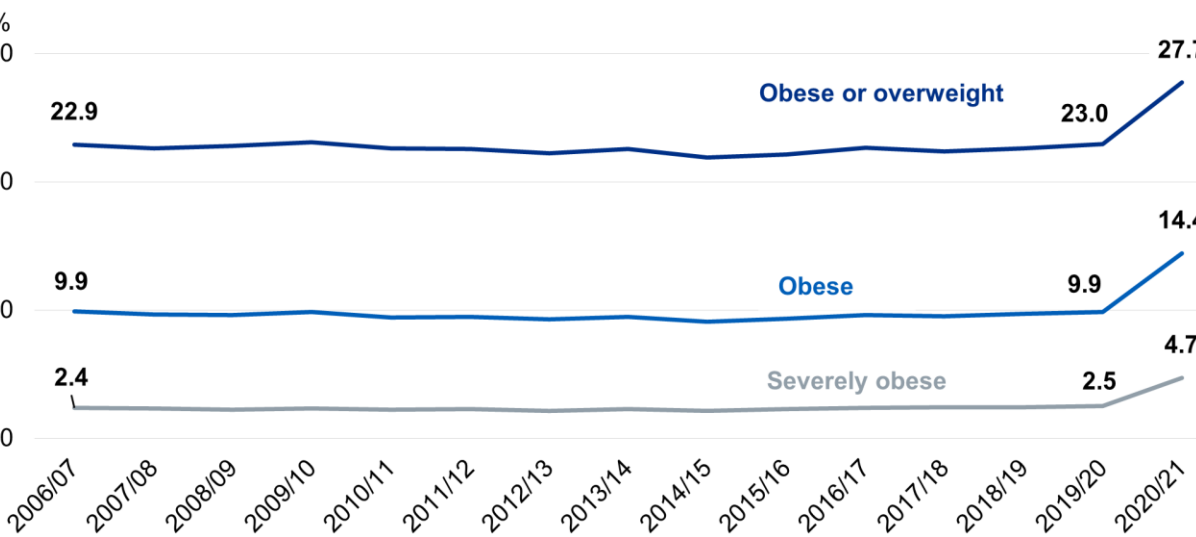
**Data here only reflects children who have claimed FSM, usually referred to as 'eligible' children.*





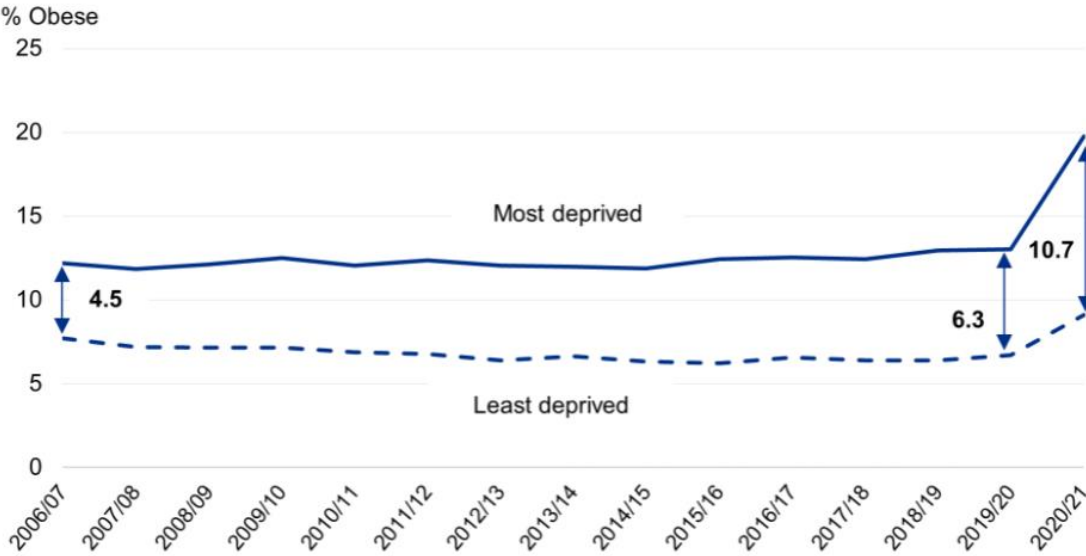
Nutrition & Obesity (National)- largest single year increase in Childhood obesity equivalent to a 10 year increase. Most impact has been seen in deprived areas.

Prevalence of obese, severely obese, and obese or overweight Reception children, 2006/07 to 2020/21



For more information: Table 2 National Child Measurement Programme, England, 2020/21 school year

Prevalence of obese Reception children by most and least deprived IMD deciles (based on postcode of school), 2020/21



For more information: Table 11 National Child Measurement Programme, England, 2020/21 school year

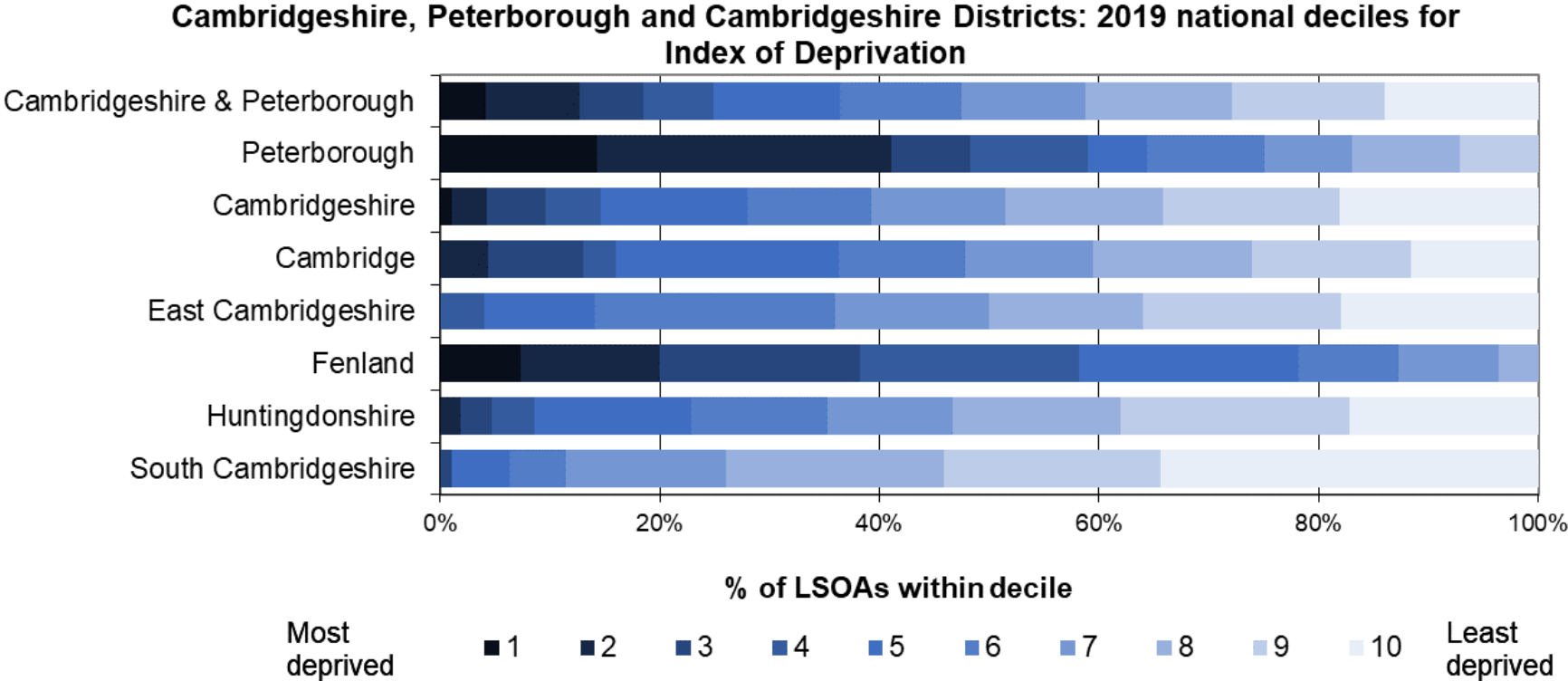
The big change in obesity and overweight should cause considerable concern and is likely to lead to poorer health outcomes in later life. We expect to see the same broad trends in Cambridgeshire and Peterborough, though local data for the most recent year is unreliable



The pandemic has exposed and exacerbated inequalities that already existed

Pre pandemic, socio-economic deprivation varied across the area

Indices of Deprivation, 2019 (IoD2019) - percentage of lower super outputs areas (LSOAs) in national IoD2019 deciles in Cambridgeshire and Peterborough and Cambridgeshire Districts



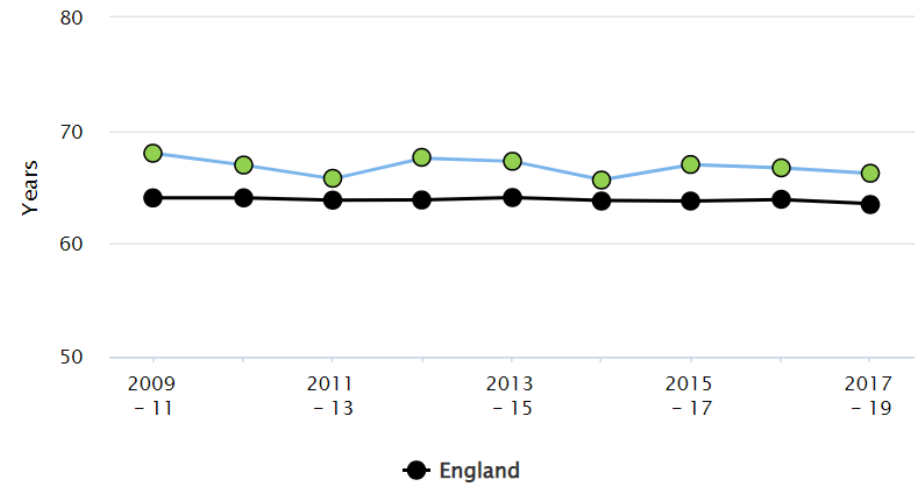
Source: Index of Multiple Deprivation 2019, Department for Communities & Local Government (DCLG) (JSNA CDS figure 17)

Where are we now?

Healthy life expectancy in Cambridgeshire is static or worsening

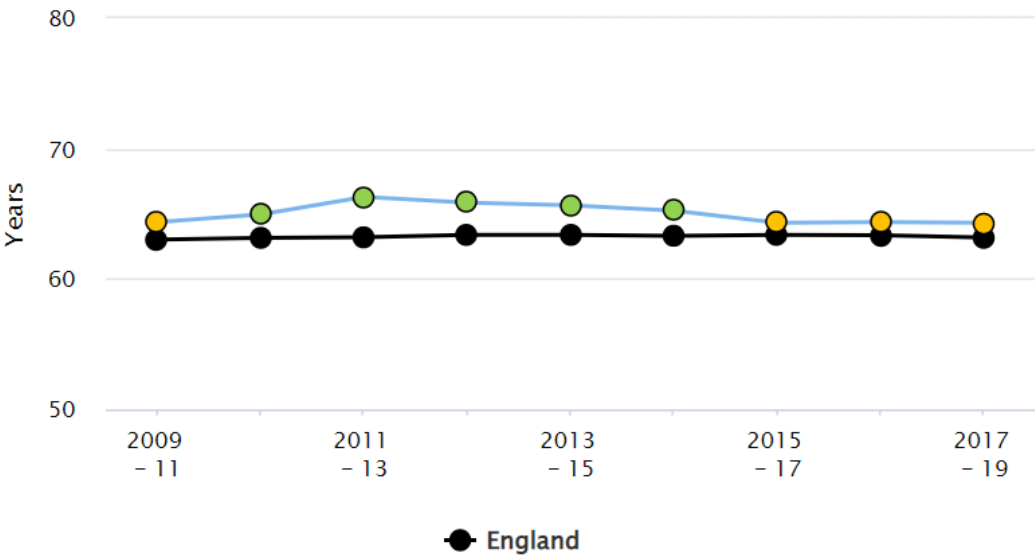
Healthy life expectancy at birth (Female)

[Show confidence intervals](#) [Show 99.8% CI values](#)



Healthy life expectancy at birth (Male)

[Show confidence intervals](#) [Show 99.8% CI values](#)



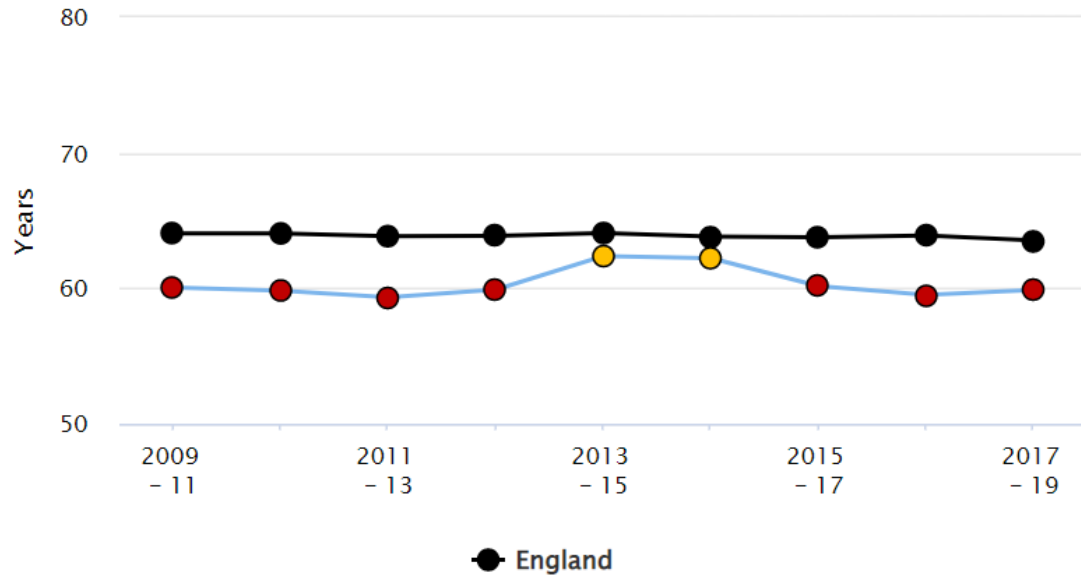
Where are we now?

Healthy life expectancy in Peterborough is static and poor

Healthy life expectancy at birth (Female)

[Show confidence intervals](#)

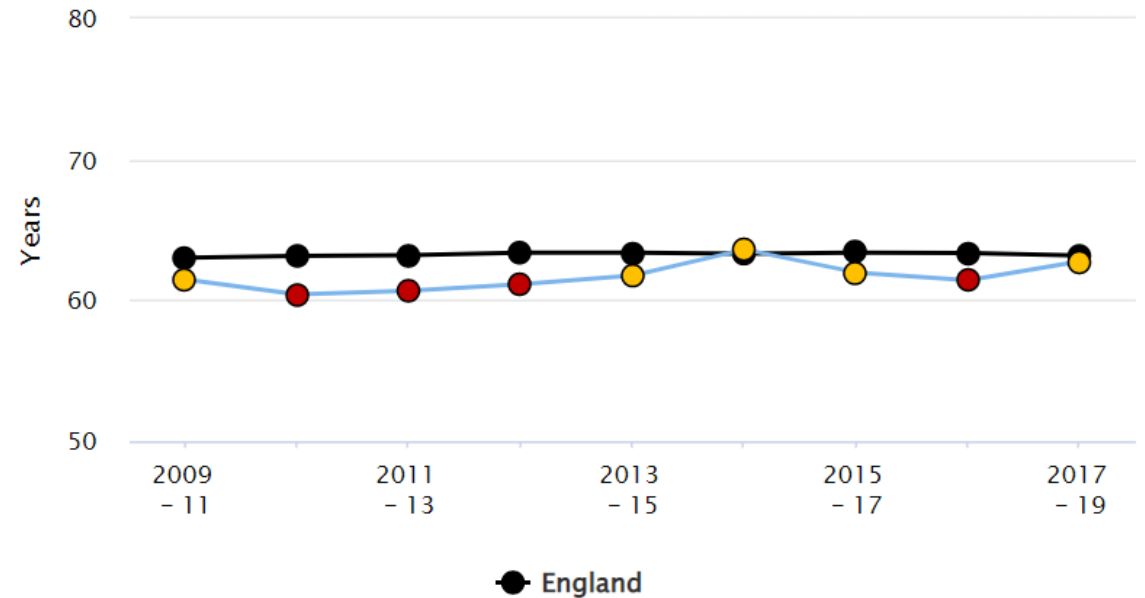
[Show 99.8% CI values](#)



Healthy life expectancy at birth (Male)

[Show confidence intervals](#)

[Show 99.8% CI values](#)



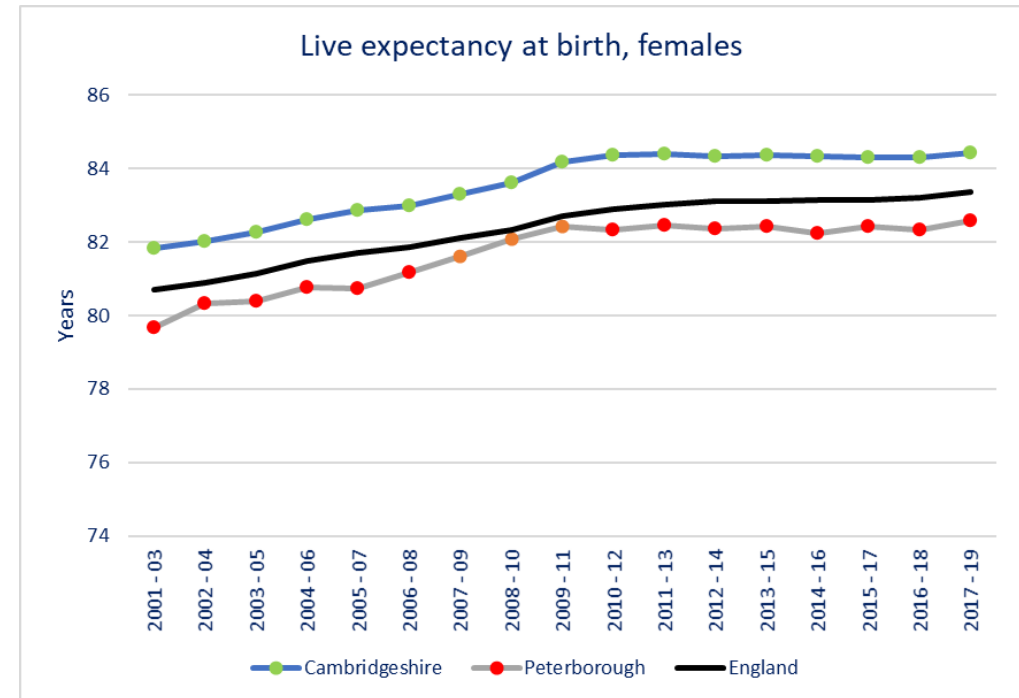
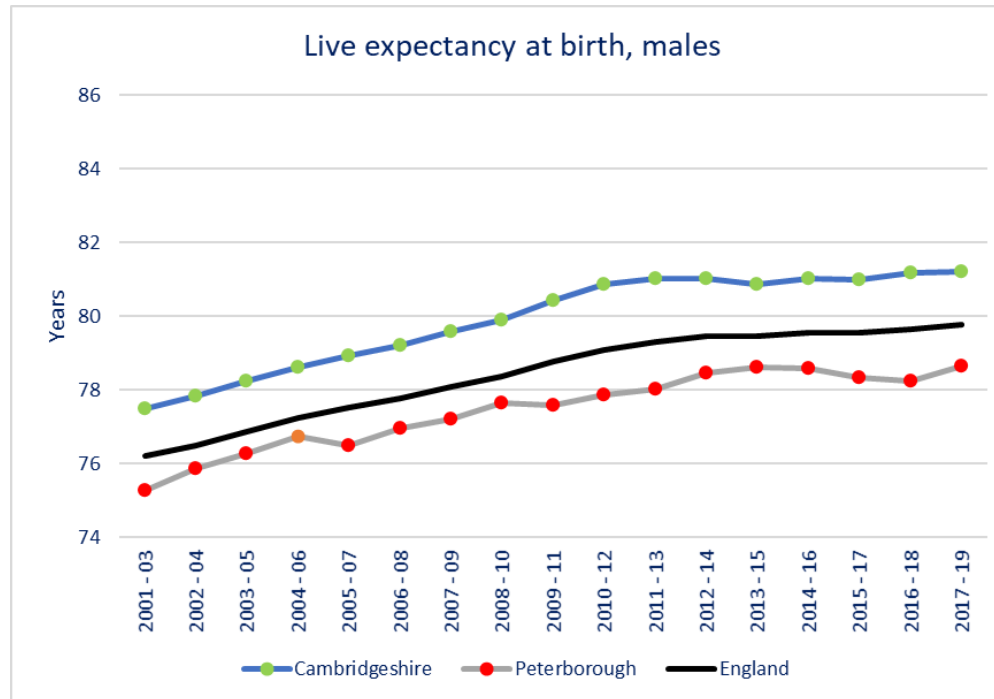
Increases in life expectancy in the area have stalled in recent years and Covid-19 has reduced life expectancy in 2020

In 2020, life expectancy declined by 1.2 years for males and 0.9 years for females compared to 2019

Longer term impacts of Covid on life expectancy could include

- *future waves of the virus & flu*
- *economic impact*
- *delayed access to healthcare*

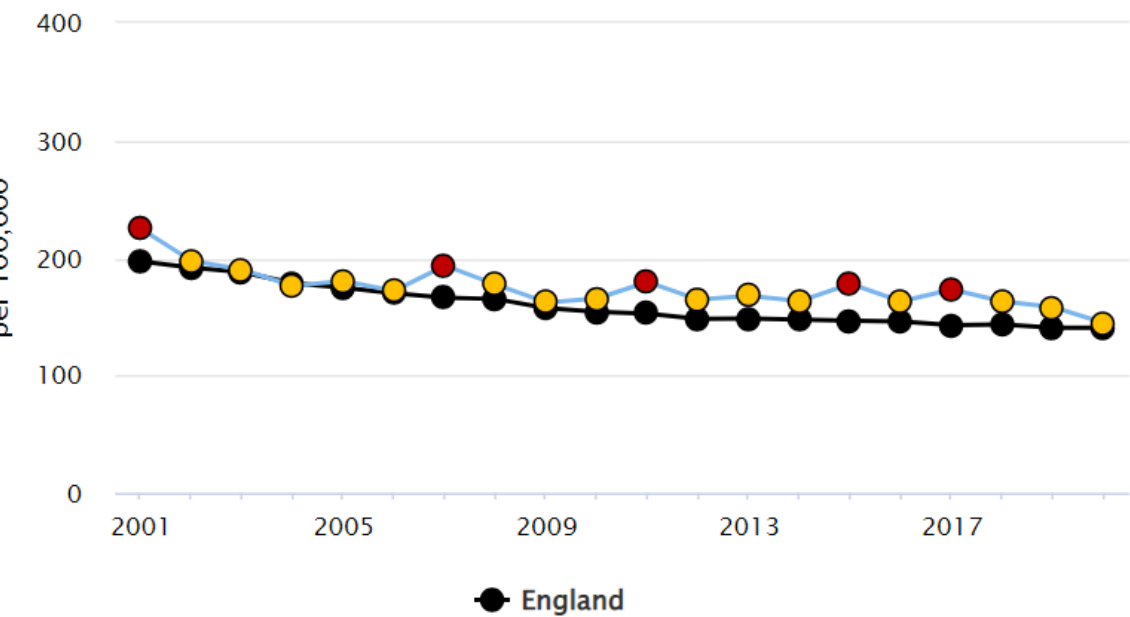
Life expectancy at birth, 2001-03 to 2017-19



- Statistically significantly better than England average
- Statistically similar to England average
- Statistically significantly worse than England average

Preventable deaths under 75 years has seen very small falls in the last decade

Peterborough



Period	Rate per 100,000
2010	165.6
2020	144.8

Cambridge



Period	Rate per 100,000
2010	118.8
2020	110.9

Overview

- COVID-19 and the associated socio-economic restrictions have impacted everyone; however it has impacted the health and economic status of some groups of people more than others.
- More cases of COVID-19 have been found in more deprived areas and key communities - in general linked to occupational exposure and dense populations or crowded housing. This has then been linked to poorer outcomes.
- Poverty has increased with twice as many people are on low incomes making them eligible for Universal Credit and the number of children accessing Free School Meals has increased.
- The mental health of our population has been impacted by the pandemic, particularly children and young people and risk factors such as obesity have increased also linked to deprivation.
- Some communities will therefore have experienced a 'double whammy', with more direct impacts of COVID-19 and more impact on their indirect health and incomes.
- Pre-pandemic, people in some of these groups already experienced inequalities in outcomes of health and wellbeing. We know that people on low incomes are more likely to have worse health outcomes in general; more people on low incomes increases the number of people who fall into this group. Similarly, we know that children accessing Free School Meals have worse educational outcomes overall; more people in this group means more people are at risk of lower achievement, as well as the poorer health outcomes associated with lower income.