

Oxfordshire Analyst Networking Meeting

8th September 2020 (Virtual meeting)

Notes from Group Discussions about useful data resources

Room 1: Themes

Defining vulnerability: Two tools of interest – the Oxford University Risk Stratification Tool, and the NAPC Risk Stratification Tool. OCCG is doing a lot of work on inequalities.

Relevant links:

[An early paper by PHE on the disparities in the risks and outcomes of Covid-19](#)

[The development of Oxford University's Covid-19 risk prediction model](#)

[A BMA Covid-19 risk assessment tool \(interesting scoring system on page 2\)](#)

[Link to NAPC](#) *For COVID-19 our support can enable primary care, community and acute trusts to target groups with small interventions to reduce the risk. If you would like to find out how we can help you, contact by email: napc@napc.co.uk*

Mental health: Interest in the impact of the shielding process on mental health and anxiety. The centralised process meant that GPs were not able to proactively call to find out.

Room 2: Themes

Mental health:

OCCG provide an integrated services report on the CCG website on a monthly basis, which includes CAMHS figures.

There is a concern that Covid-19 can create a long-lasting impact on cognition for some patients, and that being on ventilation for a long time can cause brain injury.

Social distancing measures may be affecting the mental health of young people, and also have the potential to speed up dementia in the old, due to a lack of stimulation/activity.

Carers might be a particularly vulnerable group, but getting data on this is difficult.

Unemployment:

Unemployment changes by absolute number and percentage tell different stories.

Biggest absolute number increases have been in areas with historically high levels of unemployment; biggest percentage increases have been in areas with historically lower unemployment (so that smaller number increases have had a greater impact on the percentage).

Is there more unemployment support in areas that have had historically higher unemployment?

An age/sex/industry breakdown of unemployment figures would be useful – possibly women are more at risk, possibly young people are more at risk, due to jobs in retail and hospitality being more vulnerable.

There is the potential that redundancies could disproportionately affect women and people from ethnic minorities within an organisation, undiversifying the workforce.

Modelling Covid-19: There is work going on around modelling future trends for Covid-19 cases and mortality.

Access to the internet and technology for remote working/ consultation:

How to get data on digital inclusion? If school children are provided chromebooks, will they have sufficient bandwidth at home to use them? Do households have sufficient numbers of devices to allow all members to have easy access?

How has how older people access services changed (older people who typically don't want to bother the doctor)? Is a doctor consultation on the phone as good as face to face?

Loneliness: There is a prediction that there will be an increase in health issues connected to loneliness across the board due to social distancing measures, but particularly in older people.

Timeliness of data: Time is precious in emergency – in future if government measures/actions can make time that would give more opportunity for other things to be planned. Data needs to be made available quickly – DWP data is really good and only a month out of date (and not survey based).

Room 3: Themes

- Covid data tool:
[Wider Impact of Covid on Health \(WICH\) tool](#)
- [Local health inequality slide decks produced by PHE South East](#) (available on KHub, login required)
- [Interactive Land Registry tool for tracking house prices](#)