appg Left Behind Neighbourhoods

OCSI

Communities at risk:
the early impact of COVID-19 on 'left behind' neighbourhoods

A 'data dive' for the All-Party Parliamentary Group for 'left behind' neighbourhoods

Local Trust

About this version

This data dive explores the early impact of COVID-19 on 'left behind' neighbourhoods and was produced to inform the work of the All-Party Parliamentary Group for 'left behind' neighbourhoods. It builds on the data and analysis from *Left behind? Understanding communities on the edge* released in September 2019 by Local Trust.

Communities at risk: the early impact of COVID-19 on 'left behind' neighbourhoods was researched by Oxford Consultants for Social Inclusion (OCSI) and published by Local Trust in July 2020.

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About the All-Party Parliamentary Group for 'left behind' neighbourhoods

The All-Party Parliamentary Group for 'left behind' neighbourhoods is a cross party group of MPs and Peers. It is committed to improving social and economic outcomes for residents living in 'left behind' neighbourhoods, through the development and advocacy of neighbourhood initiatives and policies.

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@appgleftbehind

About Local Trust

Local Trust is a place-based funder supporting communities to transform and improve their lives and the places where they live. We believe there is a need to put more power, resources and decision-making into the hands of local people. Our aims are to demonstrate the value of long term, unconditional, resident-led funding through our work supporting local communities to make their areas better places to live, and to draw on the learning from our work to promote a wider transformation in the way policy makers, funders and others engage with communities and place.

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About OCSI

Oxford Consultants for Social Inclusion (OCSI) work with public and community organisations to improve services. We turn complex datasets into engaging stories, and make data, information and analysis accessible for communities and decision-makers. A spin-out from Oxford University, we have helped hundreds of public and community sector organisations to make their services more efficient and effective.

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Chair's foreword

This report, produced for the All-Party Parliamentary Group for 'left behind' neighbourhoods, is a timely and urgent reminder that the impact of COVID-19 has not been felt equally across our country, just as the impact of many other past challenges has not been equally felt.

Representing a constituency that is home to several `left behind' neighbourhoods, I am acutely aware of the issues faced by residents living in areas that all too often have felt forgotten, neglected and overlooked. That's why I am very pleased to have set-up this new APPG, supported by colleagues from across the Houses of Parliament, to provide a genuine cross-party voice in Westminster to speak up for `left behind' neighbourhoods.

It's so important that the voice of these communities, home to just under 2.4 million people - 4.3% of the population of England - is listened to. They've seen themselves become increasingly disconnected, both physically and digitally, from the areas around them and a world that is increasingly moving online. They've seen community assets, the places and spaces that are often at the heart of civic and social life in their area disappear or shut up shop, and local community and voluntary sector organisations struggle to flourish. This has left many residents feeling disempowered, and in turn, disengaged.

Now, as a result of the impact of COVID-19, communities that before were already `left behind' have found themselves exposed to additional stress and facing significant challenges.

As this report makes clear, `left behind' neighbourhoods are at risk of potentially being hardest-hit economically by the effects of the pandemic and the subsequent lockdown and they're at greatest clinical risk and vulnerability from future peaks or waves of the virus. Home to greater numbers of people susceptible to worsened economic, social and wellbeing outcomes as a consequence of the pandemic, `left behind' neighbourhoods are at real risk of serious, long-term damage.

How communities respond to the challenges they face in rebuilding will be instrumental to their future prospects. What is perhaps most striking from this deep dive into the latest data is that `left behind' neighbourhoods have also fared the worst financially in terms of the COVID-related grants received to date. Organisations in these areas have received about a third of the average levels of COVID-specific grant funding across England as a whole. When we know that a strong response from the community is likely to be key to recovery and to mitigating the worst impacts of the virus, this risks undermining already weakened communities with the very real prospect of them falling even further behind.

As Chair of the APPG, I am under no illusion as to the nature of the challenges our communities face. The report points to the very low levels of self-help mutual aid groups set up in 'left behind' neighbourhoods in response to COVID-19, illustrating the extent of the crisis in community capacity, and highlighting the sort of long-term, patient support and investment at the hyper-local level that is needed.

That's why the work of this APPG is so important. Over the next year we will be looking at the key issues 'left behind' neighbourhoods face, hearing from those involved at the front line of policy and practice, and from local residents themselves. We'll be learning about what works – and what hasn't worked, and exploring what sort of new interventions will be needed to 'shift the dial' in improving the prospects of 'left behind' neighbourhoods and securing better outcomes for the people that live there.

COVID-19 and its repercussions has made this work more urgent and more necessary than ever. This report shows why.

Paul Howell MP
Chair of the All-Party Parliamentary Group for 'left behind' neighbourhoods

Foreword

Local Trust was established by the National Lottery Community Fund in 2012 to run the largest experiment in hyperlocal devolution ever trialled in England, the Big Local programme. Over the fifteen years of the programme, Big Local provides £1.1m each to 150 neighbourhoods - typically, places that had missed out in the past from both lottery and other public funding, despite being economically deprived.

Big Local funding can be spent in any way and at whatever pace residents in the area decide – it is up to local people to make choices and plan how the money is spent to improve their areas. Local Trust acts as a critical friend, providing support, training and advice where needed, with the aim of building the skills and capabilities of the community through the course of the programme. The aim is not just to leave the legacy of an improved local neighbourhood, but also a more confident and capable local community, able to continue to make a difference in the long term.

Through its work, Local Trust has gained direct and unique experience of the challenges faced by people trying to make a difference in their communities. We have seen how residents prioritise particular types of projects, how they hold each other accountable, how they celebrate success and overcome adversity.

Half-way through the programme, it has become clear that those areas that are more able to thrive are the ones able to establish a strong foundation of social infrastructure. This includes places for people to meet; a strong culture of community action and organisation – the vibrant neighbourhood-based activity that helps build relationships and give areas their identity; and good connectivity, both physical and digital. Some neighbourhoods were blessed with those good foundations from the beginning, whilst others have had to rebuild them from scratch. One thing that has been clear from the outset is that where areas lack the basic building blocks of community, it is much harder to get things going and turn them around.

In September last year, Local Trust published research identifying wards across England that had lower levels of those crucial elements of social infrastructure. We found that, when combined with deprivation, this was a predictor of significantly worse socio-economic outcomes for residents. Compared to areas that are similarly deprived on the Index of Multiple Deprivation, the neighbourhoods identified had lower educational attainment and participation in higher education, higher levels of poverty and worklessness, and significantly higher levels of long-term life limiting illness. We argued that these places – often located on the periphery of our towns and cities – might be classed as the most 'left behind' and called for both social and economic policy interventions to enable them to 'level up' over the long term.

Recently, OCSI updated that analysis using the 2019 iteration of the IMD. The number of wards that we describe as the most 'left behind' in the country has increased from 206 to 225. The research highlights that, in some neighbourhoods, the situation has worsened over recent years. And, the data outlined in this report – a deep dive into the early impact of COVID-19 in these areas - suggests that this decline is likely to be exacerbated by the long-term effects of the pandemic.

Over the last few months, we have seen communities across the country react quickly – coming together to protect the most vulnerable from the worst effects of the pandemic. The most robust responses – many of them in Big Local areas - have come from those neighbourhoods and communities with popular community centres, a strong network of existing civic activity, and good engagement with local public and private sector partners. As suggested in this report, in those neighbourhoods that lack the same robust foundation of social infrastructure, the reality can be different and the challenge more severe.

The research finds that, although it is early days and results are provisional, COVID-19 is likely to have a long-term negative impact on the most 'left behind', particularly in relation to employment and health.

Concern about 'left behind' neighbourhoods bridges political divides. We are very pleased to be providing the secretariat to the All-Party Parliamentary Group (APPG) for 'left behind' neighbourhoods, and to be launching it with a discussion of this research. We look forward to working with APPG members and peer organisations in the social, public and private sectors to better understand the needs and aspirations of the residents of 'left behind' areas and to design practical policy solutions to deliver sustainable change and improve their prospects.

Matt Leach,
Chief Executive of Local Trust, secretariat to the All-Party Parliamentary Group for 'left behind' neighbourhoods

Executive summary

This research report uses the latest socio-economic data to identify the high level challenges faced by 'left behind' neighbourhoods as a result of the COVID-19 pandemic so far. It explores these challenges in terms of:

a) inequalities in health impacts and higher levels of clinical vulnerability

b) damaging economic impacts

c) the presence of vulnerable groups and their greater exposure to risk

d) the community response in 'left behind' neighbourhoods

The British Red Cross Vulnerability Index has identified that `left behind' areas are more vulnerable to the impacts of the pandemic than are other similarly deprived areas. The potential implications of this are that `left behind' neighbourhoods risk a considerable exacerbation of existing inequalities and vulnerabilities.

Although the current mortality rate from COVID-19 is lower in `left behind' neighbourhoods, this largely reflects the younger age profile in these communities, and because age-standardised mortality rates have not yet been published it is not yet possible to accurately compare the relative risk levels of contracting and dying from COVID-19 between `left-behind' neighbourhoods and other areas.

However, by drawing on a wider range of data looking at the prevalence of underlying health and wider risk factors wit is possible to determine the likely health impacts of current and potential future waves of the virus. There is considerable evidence to suggest that the pandemic potentially poses a far greater risk to health in `left behind' neighbourhoods for a number of important reasons:

- `left behind' neighbourhoods have higher proportions of people with long-term illness or disabilities
- `left behind' neighbourhoods have higher proportions of people with high risk health conditions including cancer (especially lung cancer), obesity, asthma, chronic kidney disease, diabetes and coronary heart diseases
- people in `left behind' neighbourhoods are more likely to work in health and social care sectors and have higher exposure to the virus.

As well as clinical impacts, `left behind' neighbourhoods are also experiencing notable economic consequences arising from the pandemic and the subsequent lockdown.

Unemployment has risen sharply, with `left behind' neighbourhoods experiencing a faster rise in unemployment between March and April than elsewhere in the country. More than one-in-ten working-age adults (10.6%) are now unemployed across `left behind' neighbourhoods, compared to 6.5% across England as a whole, and of those still in employment, one-in-four are currently furloughed, in line with the rest of the country.

Of course, it is important to be cautious when attempting to draw clear conclusions from the economic data in terms of the longer-term labour market, particularly given the rapidly changing economic picture and the scale and spatial distribution of rises in unemployment. Whilst it may be too early to ascertain the extent to which 'left behind' neighbourhoods will be impacted by unemployment rises relative to other areas, they are particularly vulnerable to economic stresses.

A relatively high proportion of people living in 'left behind' neighbourhoods are employed in 'at risk' sectors such as retail, for example, and as a result of these economic pressures, 'left behind' neighbourhoods have been identified as being at a higher risk of financial hardship and food vulnerability.

'Left behind' neighbourhoods also have a relatively high proportion of vulnerable residents who are likely to require additional support, including high numbers of people with mental health or learning disability challenges who will need help and assistance from health and social care services. There are also relatively large numbers of lone parents and pensioners living on their own who may be at greater risk of social isolation, and a higher proportion of people providing unpaid care.

In general, residents of 'left behind' neighbourhoods have been less impacted by challenges in their living environment during lockdown, with lower levels of overcrowding and higher proportions of people with access to private gardens than the national average.

Despite the higher clinical risk levels, the potentially large economic impacts and the higher concentration of vulnerable groups in 'left behind' neighbourhoods, there is less evidence of a strong response from the voluntary and community sector. There have been lower levels of charitable grants awarded by UK foundations in response to the pandemic to organisations operating in these areas, and relatively fewer local self-help mutual aid groups established.

This is at one level unsurprising, as they have been identified as 'left behind' in part due to the relative lack of community assets, social infrastructure and a less well-developed civil society sector. However, it highlights the additional issues these communities face in responding to the social, economic and clinical challenges posed by the pandemic, and how - as areas 'left behind' before the impact of COVID-19 - they risk falling even further behind without additional support and investment.

Introduction

This report brings together a range of socio-economic data to provide an understanding of the early impacts of COVID-19 on 'left behind' neighbourhoods. The analysis explores the effects of the pandemic and subsequent lockdown both in terms of clinical impact and risk, as well as wider risk factors associated with the economy and the mental, physical and social health of local residents.

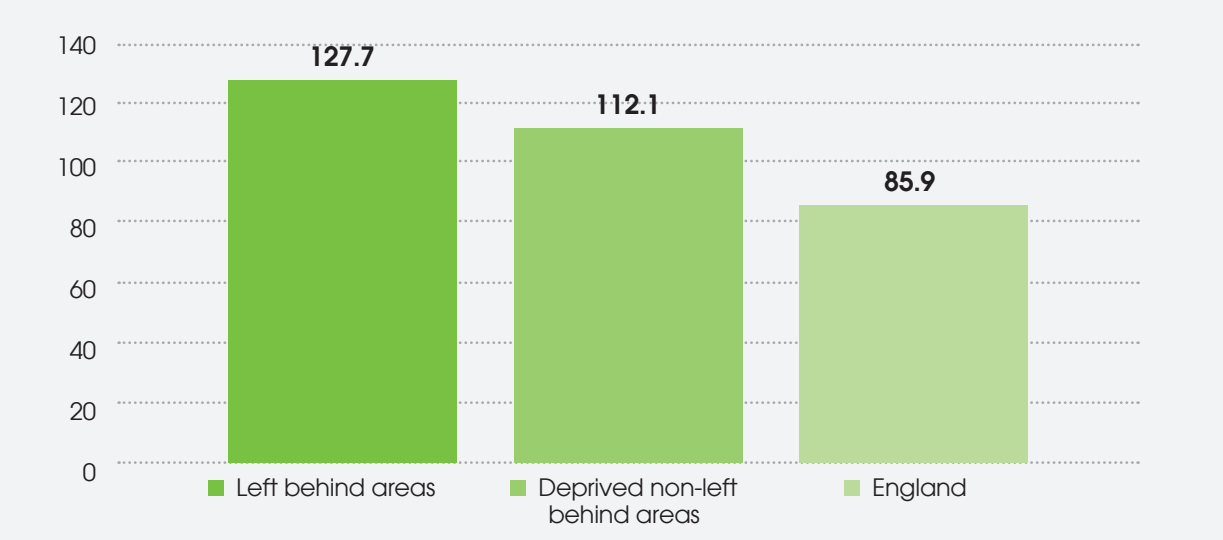
There is a growing body of evidence showing that the pandemic has not impacted on all communities equally, with evidence that deprived communities are being more greatly affected both in terms of exposure to the virus[1] and the economic and social impacts arising from the pandemic and the measures introduced to contain it.[2]

The British Red Cross have produced a COVID-19 Vulnerability Index[3] which aims to capture some of these likely impacts.

It brings together data on clinical vulnerability, demographic vulnerability, social vulnerability and health inequalities to identify neighbourhoods 'at risk' from the effects of COVID-19.

The chart below compares the COVID-19 vulnerability index in 'left behind' areas, other deprived areas and England as whole. The data presented is a score, with higher scores indicating an area has higher levels of vulnerability.

COVID-19 Vulnerability Index



Source: British Red Cross 2020

[1] See ONS https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsinvolvingCOVID19bylocalareasanddeprivation/deathsoccurringbetween1marchand31may2020#english-index-of-multiple-deprivation

[2] https://www.improvementservice.org.uk/__data/assets/pdf_file/0013/16402/Poverty-inequality-and-COVID19-briefing.pdf

[3] See Appendix A for details of the indicators included in the Index. For more details see https://docs.google.com/document/d/1aWpzgvLKGEF5Ay_xVps17nnbT1zlEki7RGIlJXL5APo/edit#

As can be seen in the chart – 'left behind' neighbourhoods are identified as more 'vulnerable' to the impacts of COVID-19 when compared with other similarly deprived areas and England as a whole.

This report examines the underlying issues of vulnerability captured in the Vulnerability Index in greater detail. It seeks to determine the extent to which 'left behind' neighbourhoods are particularly 'at risk' or require specific support in addressing the clinical, economic, social and community challenges arising from the pandemic. Data on the following themes is explored:

1) **Health impact:** current mortality and clinical vulnerability, including exploration of the prevalence of disability and underlying health conditions which increase the health risks for those contracting the virus, eg cancer, obesity, respiratory illness, diabetes.
2) **Economic impact:** including exploration of changes in unemployment, 'at risk' economic sectors and furloughed workers.
3) **Vulnerable groups:** exploring the presence of vulnerable groups requiring additional support and identifying groups who may have struggled in the lockdown due to social and environmental factors.
4) **Community response:** looking at the level of grant spending and establishment of mutual aid organisations in response to the pandemic, and whether the social impacts in 'left behind' neighbourhoods are being met with a strong community response.

A note about geographies and data used in this report

Throughout the report, the performance of 'left behind' neighbourhoods on key indicators are benchmarked against England as a whole and against other deprived areas. (These are areas ranked among the most deprived 10% on the Index of Multiple Deprivation 2019 but which do not feature in the 10% of areas with the highest needs as measured on the 2019 Community Needs Index.)

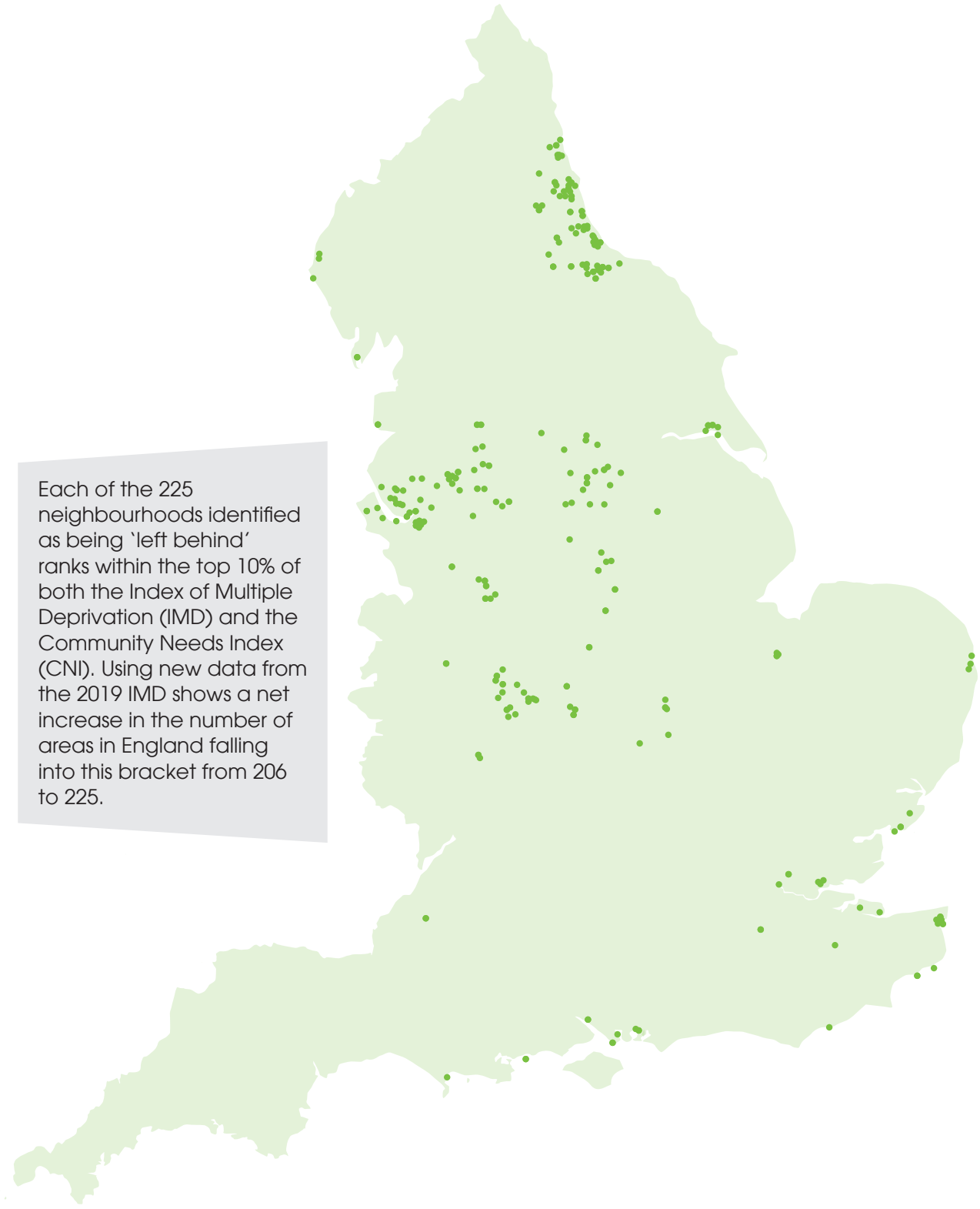
Each of the datasets are aggregated from standard statistical geographies (Output Areas, Lower Layer Super Output Areas to 'left behind' neighbourhoods and other deprived areas. The Output Area to Ward 2017 look-up table is used to apportion and aggregate data to these geographies.[4]

All of the indicators used in the report are published at 'neighbourhood' level (Grid reference, Postcode Output Areas, Lower Layer Super Output Areas and Wards) to enable aggregation to 'left behind' neighbourhoods and other deprived areas.

For more details about the indicators included in the paper please see Appendix A.

[4] https://geoportal.statistics.gov.uk/datasets/output-area-to-ward-to-local-authority-district-december-2017-lookup-in-england-and-walesd/1aWpzgvLKGEF5Ay_xVps17nnbT1zlEki7RGIIJXL5APo/edit#

Map of 225 'left behind' neighbourhoods in England



Each of the 225 neighbourhoods identified as being 'left behind' ranks within the top 10% of both the Index of Multiple Deprivation (IMD) and the Community Needs Index (CNI). Using new data from the 2019 IMD shows a net increase in the number of areas in England falling into this bracket from 206 to 225.

Health impacts and underlying risk factors in 'left behind' neighbourhoods

This section looks at current mortality from COVID-19 as well as exploring levels of morbidity within 'left behind' neighbourhoods to identify the relative levels of risk from the virus arising from underlying health conditions.

Because age-standardised mortality rates have not yet been published, it is not possible to accurately compare the relative risk levels of contracting and dying from COVID-19 across 'left behind' neighbourhoods compared with other areas in England. It is necessary to draw on a wider range of data looking at the prevalence of underlying health and wider risk factors to determine the likely health impacts of the current and potential future waves of COVID-19.

There is also limited granular information on the number of people who have contracted COVID-19, so it is not possible to estimate the infection rate in 'left behind' neighbourhoods. However, small area data has been published on the number of COVID-19 related deaths, which can be used to provide an indication of geographical variations in the spread of the disease.

Key facts and figures

The current mortality rate from COVID-19 is lower in 'left behind' neighbourhoods (70.5 per 100,000) than across England as a whole (79.2), though higher than in other deprived areas (66.8).

This likely reflects the younger age profile in these areas – with 15.8% aged 65+, compared with 18.2% across England.

However, 'left behind' neighbourhoods have a higher proportion of people in 'high risk' health groups, with a higher proportion of people with a limiting long-term illness (23.8%) than other deprived areas, (21.3%) and England as a whole (17.6%). The proportion of people receiving Disability Benefits (10.6%) is also notably higher than in other deprived areas (9.1%) and England as a whole (5.6%).

There is a higher prevalence of key 'high risk' health conditions including cancer, obesity, asthma, coronary heart disease, chronic kidney disease and COPD in 'left behind' neighbourhoods than in deprived non-'left behind' areas and England as a whole.

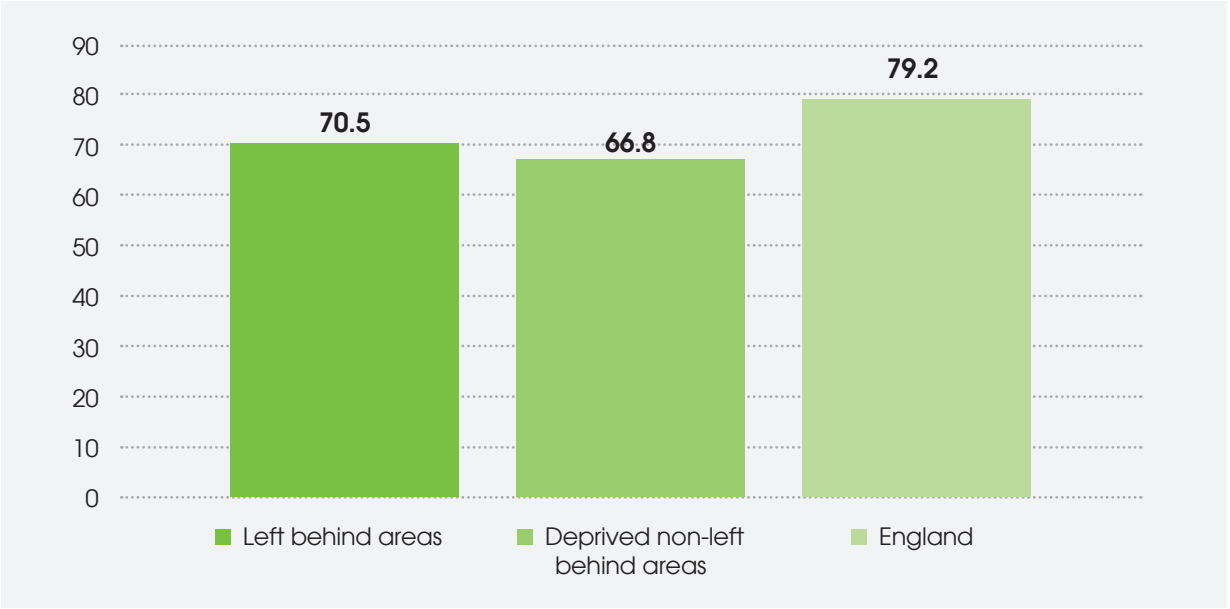
People in 'left behind' neighbourhoods are also more likely to be working in the health and social care sector (14.5% of workers) than across other deprived areas (14%) and England as a whole (12.4%), leading to increased exposure to the virus.

The overall mortality rate from COVID-19 is lower in 'left behind' neighbourhoods…

The chart below compares the crude mortality rate in 'left behind' neighbourhoods, other deprived areas and England as a whole – based on recorded deaths between March and May 2020 – where COVID-19 was recorded on the death certificate. This figure includes deaths in all settings including hospitals, care homes and the community based on place of residence and is a crude death rate (number of deaths per 100,000 population).

Surprisingly, the chart shows that the death rate in deprived areas is lower than the national average – with 'left behind' neighbourhoods experiencing a death rate of 70.5 per 100,000, compared with 66.8 in other deprived areas and 79.2 across England as a whole.

COVID-19 Crude death rate per 100,000 population



Office for National Statistics (March 2020-May 2020 combined)

…this largely reflects the younger age profile of these areas

Age is a key predictor of COVID-19 mortality (with 89% of deaths among people aged 65 and over) therefore any differences in age profile are likely to impact on the variations in mortality between 'left behind' neighbourhoods and comparator areas. [5] The table below shows the proportion of people aged 65 and over by five year age bands.

The table shows that 'left behind' neighbourhoods have on average an older age profile than other deprived areas and a younger age profile than England as a whole, with the relationship holding across all age ranges.

Unfortunately, in the absence of neighbourhood level data on the age profile of COVID-19 related deaths, it is not possible to construct age-standardised mortality rates which take into account these variations in the age profile of 'left behind' neighbourhoods and their comparators – so it is not possible to measure relative levels of mortality 'risk' from this dataset.

[5] https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/coronavirusCOVID19roundup/2020-03-26#:~:text=The%20majority%20of%20deaths%20involving,aged%2085%20years%20and%20over.

Age	'Left behind' areas		Other deprived areas		England	
	No.	%	No.	%	No.	%
Aged 65 to 69	110,987	4.7	165,252	4.0	2,822,596	5.0
Aged 70 to 74	99,515	4.2	142,121	3.4	2,724,796	4.9
Aged 75 to 79	68,762	2.9	101,398	2.4	1,863,117	3.3
Aged 80 to 84	51,031	2.1	76,366	1.8	1,403,755	2.5
Aged 85 to 89	30,518	1.3	44,773	1.1	865,695	1.5
Age 90 and over	16,098	0.7	24,741	0.6	499,263	0.9

However, the small area mortality data can be used to identify particular 'left behind' neighbourhoods which have experienced high levels of mortality from COVID-19. The table below shows the 10 'left behind' neighbourhoods with the highest mortality rates from COVID-19.[6]

The 'left behind' neighbourhoods with the highest mortality rates from COVID-19 are predominantly located in North East England: in Sunderland, Middlesbrough and County Durham – though the highest recorded rate is in Tendring (Walton in Clacton-on-Sea).

Because age-standardised mortality rates have not yet been published, it is necessary to draw on a wider range of data looking at the prevalence of underlying health and wider risk factors to determine the likely health impacts of the current and potential future waves of COVID-19.

Neighbourhood	Local Authority	Region	Crude mortality rate per 100,000
Walton	Tendring	East	353.4
Southwick	Sunderland	North East	334.5
Hemlington	Middlesbrough	North East	331.3
Stanley	County Durham	North East	327.4
Peterlee East	County Durham	North East	268.1
Blackhalls	County Durham	North East	239.6
Halton Lea	Halton	North West	233.1
St Anne's	Sunderland	North East	227.5
Berwick Hills & Pallister	Middlesbrough	North East	225.9
Little Hulton	Salford	North West	223.0

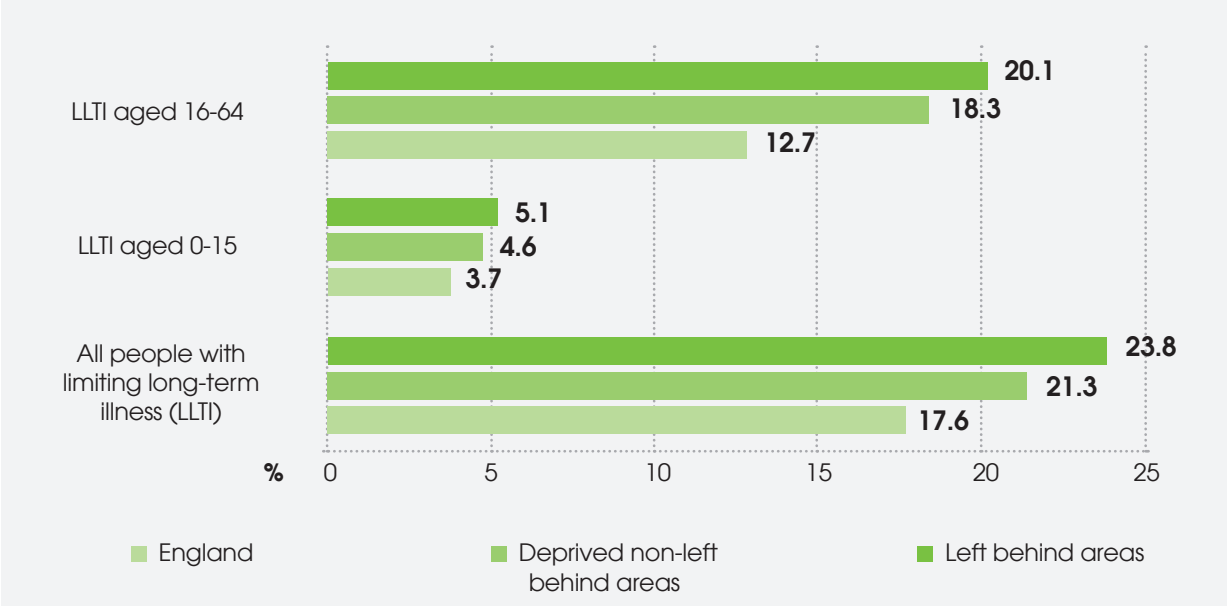
[6] Please note, data has been apportioned from 2011 Middle Layer Super Output Area to 2011 Output Area and then aggregated to 2017 Ward level

People in 'left behind' neighbourhoods are more likely to be clinically vulnerable – with a higher proportion experiencing long-term health problems or disabilities

People with disabilities and long-term health conditions are at increased risk during the COVID-19 pandemic – both in terms of clinical outcomes (where aspects of their disability or health condition put them in a higher risk category should they contract the virus), and also in terms of the pressures on the health and social care services impacting on their ability to provide the support they require.[7]

The chart below compares the proportion of people who have self-reported that they have a long-term health condition or disability in 'left behind' neighbourhoods, other deprived areas and England as a whole.

People with a limiting long-term illness(LLTI) in 'left behind' areas and comparators



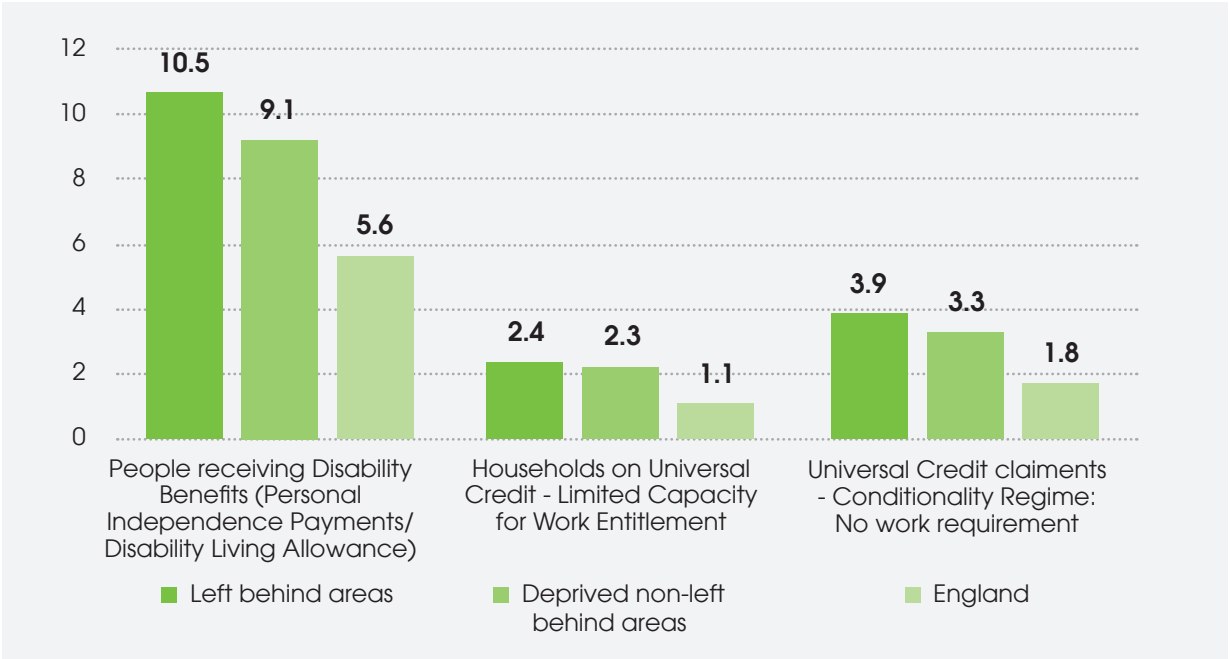
Source: Census 2011

The chart shows that approximately one-in-four people (23.8%) in 'left behind' neighbourhoods have a limiting long-term health condition or disability – higher than in other deprived areas (21.3%) and England as a whole (17.6%). This relationship holds across all age groups, with a higher proportion of children (5.1%) and working age adults (20.1%) experiencing a limiting long-term illness than other deprived areas and England as a whole.

Residents of 'left behind' neighbourhoods are also more likely to be in receipt of benefits because they have long-term health conditions. The chart below shows the proportion of working age people in 'left behind' neighbourhoods receiving benefits because of long-term health and disability: Disability Living Allowance, Personal Independence Payment and Universal Credit claimants (whose long-term health issues mean that they are not obliged to actively seek work).

[7] See for example https://www.apa.org/topics/COVID-19/research-disabilities

People receiving benefits for poor health and disability in 'left behind' neighbourhoods and comparators



Source: Department for Work and Pensions (DWP) – Personal Independence Payments and Disability living Allowance – 2019, Universal Credit Limited Capability for Work Entitlement (November 2019), Universal Credit – no work requirements (February 2020)

More than one-in-ten working age adults in 'left behind' neighbourhoods are in receipt of disability benefits to support their social care needs – this is higher than in other deprived areas (9.1%) and nearly double the level across England as a whole (5.6%). People in 'left behind' neighbourhoods are also more than twice as likely to be in receipt of Universal Credit with no or limited requirements to seek work as a result of their disabling condition than the national average.

The table below shows the 10 'left behind' neighbourhoods with the highest proportions of people receiving Disability Benefits (Personal Independence Payments/ Disability Living Allowance).

Neighbourhood	Local Authority	Region	Personal Independence Payments/Disability Living Allowance (2019)
Oak Tree	Mansfield	East Midlands	18.5
Golf Green	Tendring	East	16.7
Shirebrook North West	Bolsover	East Midlands	16.3
Bidston and St James	Wirral	North West	16.0
Horden	County Durham	North East	15.9
Halton Lea	Halton	North West	15.9
Belle Vale	Liverpool	North West	15.9
Peterlee East	County Durham	North East	15.7
Northwood	Knowsley	North West	15.7
Halton Castle	Halton	North West	15.6

People in 'left behind' neighbourhoods are also more likely to have 'high risk' health conditions…

NHS England has identified a series of health conditions which make people `clinically vulnerable' or `clinically extremely vulnerable' to COVID-19:[8]

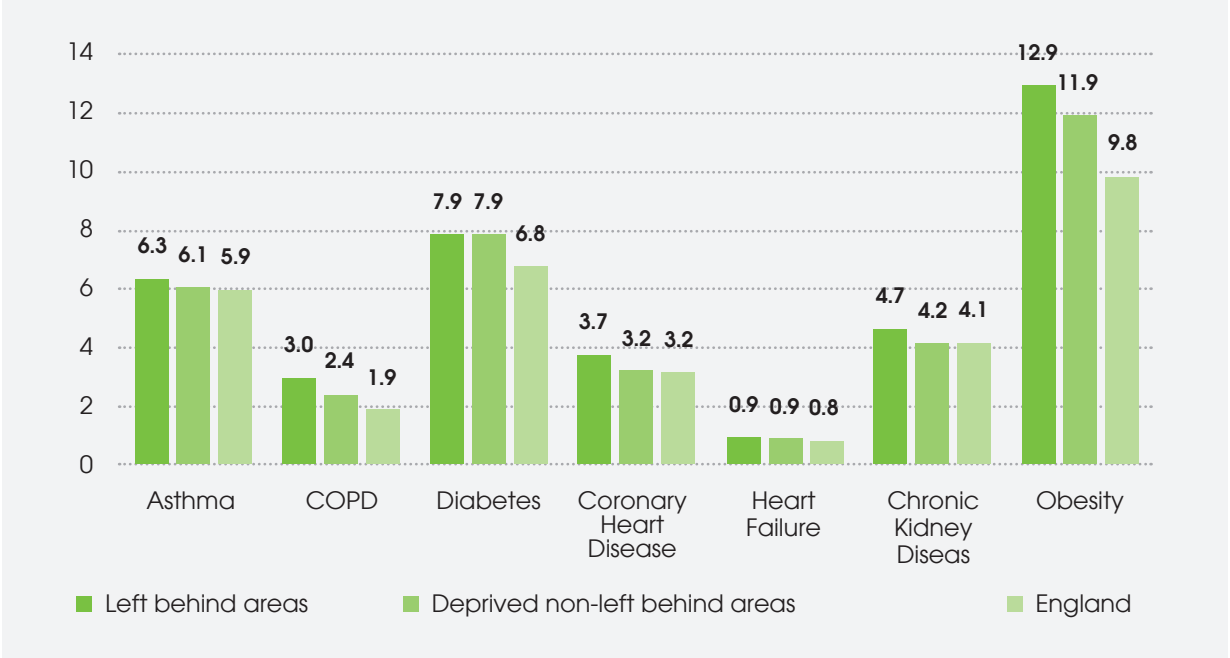
Risk level	Condition
People at high risk (clinically extremely vulnerable)	• have had an organ transplant • are having chemotherapy or antibody treatment for cancer, including immunotherapy • are having an intense course of radiotherapy (radical radiotherapy) for lung cancer • are having targeted cancer treatments that can affect the immune system (such as protein kinase inhibitors or PARP inhibitors) • have blood or bone marrow cancer (such as leukaemia, lymphoma or myeloma) • have had a bone marrow or stem cell transplant in the past 6 months, or are still taking immunosuppressant medicine • have been told by a doctor they have a severe lung condition (such as cystic fibrosis, severe asthma or severe COPD) • have a condition that means they have a very high risk of getting infections (such as SCID or sickle cell) • are taking medicine that makes them much more likely to get infections (such as high doses of steroids or immunosuppressant medicine) • have a serious heart condition and are pregnant
People at moderate risk (clinically vulnerable)	• are 70 or older • have a lung condition that's not severe (such as asthma, COPD, emphysema or bronchitis) • have heart disease (such as heart failure) • have diabetes • have chronic kidney disease • have liver disease (such as hepatitis) • have a condition affecting the brain or nerves (such as Parkinson's disease, motor neurone disease, multiple sclerosis or cerebral palsy) • have a condition that means they have a high risk of getting infections • are taking medicine that can affect the immune system (such as low doses of steroids) • are very obese (a BMI of 40 or above) • are pregnant

[8] https://www.nhs.uk/conditions/coronavirus-COVID-19/people-at-higher-risk/whos-at-higher-risk-from-coronavirus/

This section explores variations in the prevalence of some of these conditions in 'left behind' neighbourhoods, other deprived areas and England as a whole.[9]

The chart below looks at the estimated proportion of people by selected health condition in 'left behind' neighbourhoods and comparators based on the number of people listed on GP registers who are recorded as having the relevant health conditions.

People with 'at risk' health conditions in 'left behind neighbourhoods' and comparators



Source: NHS Digital – from GP registers 2017/18

The chart shows that those living in 'left behind' neighbourhoods have a higher prevalence of 'at risk' health conditions than the national average, with notably higher levels of obesity (12.9% compared with 9.8% across England as a whole), diabetes (7.9% - compared with 6.8% across England) and chronic kidney disease (4.7%, compared with 4.1% across England).

'Left behind' neighbourhoods also generally have a higher prevalence of 'at risk' health conditions than in other deprived areas - with the exception of prevalence of diabetes and heart failure which are similar across 'left behind' areas and other deprived areas. However, it is important to note that this data is not age standardised and some of these variations may reflect the slightly older age profile of 'left behind' neighbourhoods compared with *other deprived areas*.

However, health inequalities are also evident when looking at indicators that are directly age and sex standardised (ie. indicators that take into account the variations in age profile).

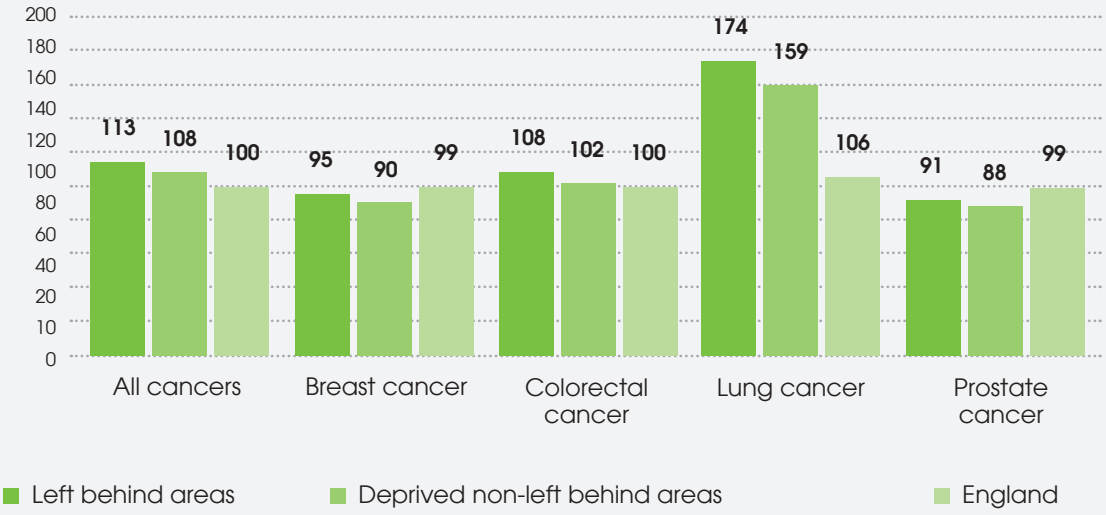
[9] We are constrained by data availability for key health conditions at neighbourhood level

The chart below looks at variations in incidence of cancer (with breakdowns for the most common forms of cancer). The data is presented as an incidence ratio (ratio of observed incidence vs expected incidence given the age profile of the population).

The chart shows that once the age and sex profile of the population is considered, people living in 'left behind' neighbourhoods are more likely to have cancer than similarly deprived non-'left behind' areas and England as a whole. 'Left behind' neighbourhoods show a particularly high incidence of lung cancer (identified as one of the 'high risk' conditions for people contracting COVID-19).

Incidence of cancer in 'left behind' neighbourhoods and comparators

If an area is above 100, there is higher incidences of cancer than had been expected. If it is below 100, there is a lower incidence of cancer than expected.



Office for National Statistics 2012-2018

…and a higher proportion of people exposed through working in health-related occupations

In addition to long-term health conditions, exposure to COVID-19 can impact on the prevalence and severity of the condition.[10]

The chart below shows the proportion of employees and jobs in the health sector (where employees are likely to have come into closer contact with people with COVID-19). The figure shows the proportion of employee jobs (based on where people work) and the proportion of people employed (based on where people live) in health-based roles.

[10] See for example: Risk of COVID-19 among frontline healthcare workers and the general community: a prospective cohort study

Long H. Nguyen, David Alden Drew, Amit D. Joshi, Chuan-Guo Guo, Wenjie Ma, Raaj S. Mehta, Daniel R. Sikavi, Chun-Han Lo, Sohee Kwon, Mingyang Song, Lorelei A. Mucci, Meir Stampfer, Walter C. Willett, A. Heather Eliassen, Jaime Hart, Jorge E. Chavarro, Janet Rich-Edwards, Richard Davies, Joan Capdevila, Karla A. Lee, Mary Ni Lochlainn, Thomas Varsavsky, Mark Graham, Carol H. Sudre, M. Jorge Cardoso, Jonathan Wolf, Sebastien Ourselin, Claire Steves, Timothy Spector, Andrew T. Chan

medRxiv 2020.04.29.20084111; doi: https://doi.org/10.1101/2020.04.29.2008411 https://www.medrxiv.org/content/10.1101/2020.04.29.20084111v6

Employment in health-related occupations

Source: Employee jobs – Business Register and Employment Survey 2018, People working in human health and social work activities – Census 2011

The chart shows that employment in health sectors is more concentrated in deprived areas than the average for England as a whole. People living in 'left behind' neighbourhoods are also more likely to be working in health-related sectors (14.5%) than people living in other deprived areas (14.0%).

Economic impact of COVID-19 and lockdown on 'left behind' neighbourhoods

Key facts and figures

There have been large rises in unemployment across all areas since March 2020, with unemployment rising faster in 'left behind' neighbourhoods (by 4.1 percentage points) than the national average (3.4 percentage points over the March-May period).

More than one-in-ten (10.6%) of working age people living in 'left behind' neighbourhoods are now identified as unemployed, compared with 6.5% across England as a whole.

In addition, approximately one-in-four jobs have been furloughed in 'left behind' neighbourhoods – in line with the national average.

There have been sharp rises in unemployment across all areas of England

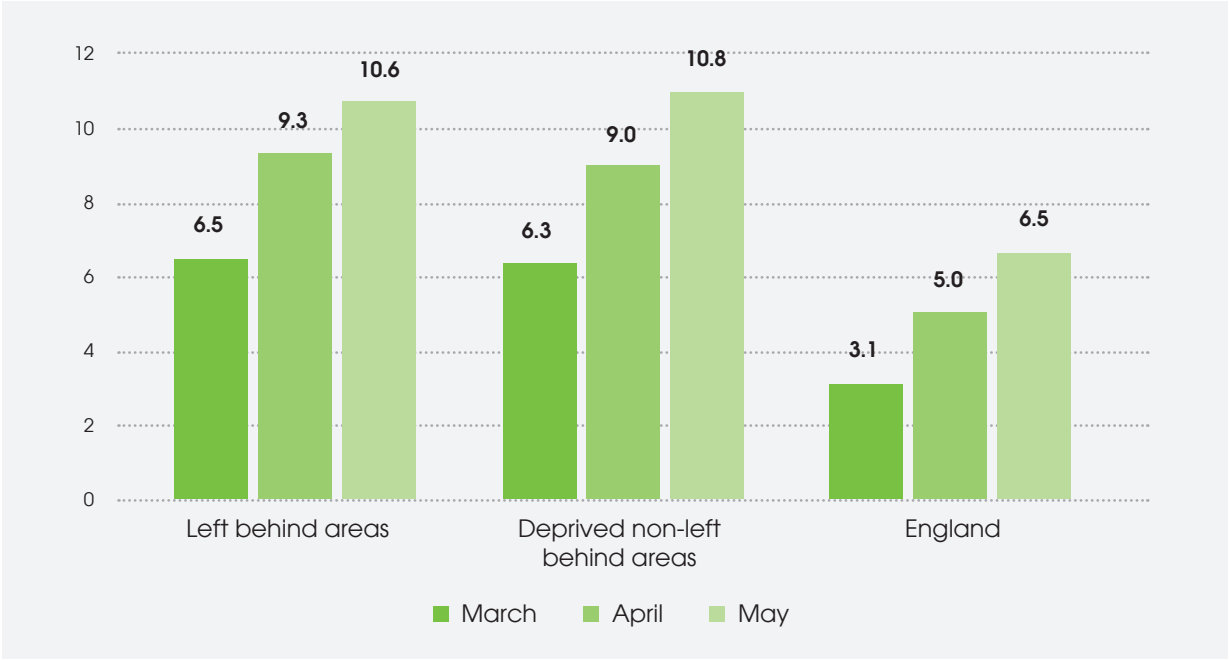
The unemployment claimant count data provides a strong indication of the potential early economic impacts of COVID-19. The claimant data refer to the number and proportion of working-age people receiving benefits payable to those who are unemployed (economically active but out of work) – Jobseeker's Allowance and Universal Credit for those who are out of work and actively seeking work.

Two months of unemployment claimant count data have been released since the lockdown was implemented in March 2020 (for April and May 2020). The chart below compares the percentage point change between 12th March 2020 (the last reference period before the UK went into lockdown), 9th April (the first post-lockdown claimant count) and the 14th May 2020 (the most recent reference period).[11]

It is important to be cautious when trying to draw clear conclustions from the data in terms of longer term labour market implications, given that there are only two data points to draw from.

[11] For guidance regarding interpretation of percentage point please see https://sciencing.com/difference-between-percent-percentage-point-8409115.html

Unemployment claimant rate: March, April and May 2020



Department for Work and Pensions (DWP)

'Left behind' neighbourhoods saw sharper rises in the first month of lockdown, while increases have been slower than elsewhere between April and May

The chart shows that there has been a notable increase in unemployment in 'left behind' neighbourhoods, deprived non-'left behind' areas and England alike between March and May 2020. However, there is some evidence of the gap increasing between deprived areas and the rest of England, with larger increases in absolute terms in areas ranked among the most deprived 10% on the Indices of Deprivation (a 4.1 percentage point increase for 'left behind' neighbourhoods and 4.5 percentage point increase for other deprived areas – compared with an average percentage point increase of 3.4 percentage points over the period).

The picture on a month-to-month basis is slightly more complex. 'Left behind' neighbourhoods experienced a slightly larger increase (2.8 percentage points) between March and April, than in other deprived areas (2.7) and England (2.0).

However, between April and May – the unemployment increase was smaller in 'left behind' neighbourhoods (1.3%) than in other deprived areas (1.8%) and England as a whole (1.5%). This has led to the most recent unemployment claimant figures showing the unemployment rate is now slightly lower in 'left behind' neighbourhoods than other deprived areas (having been slightly higher prior to the lockdown). However, given the rapidly-changing month to month picture, it is difficult to confidently predict longer term changes to the overall unemployment rate.

The table below shows the 10 'left behind' neighbourhoods with the largest percentage point increases in unemployment between March and May 2020.

Neighbourhood	Local Authority	Region	Percentage point increase in unemployment claimant rate – March to May 2020
Bloomfield	Blackpool	North West	7.1
St Osyth and Point Clear	Tendring	East	6.9
Cliftonville West	Thanet	South East	6.5
Becontree	Barking and Dagenham	London	6.5
Eastcliff	Thanet	South East	6.5
North Ormesby	Middlesbrough	North East	6.0
Miles Platting and Newton Heath	Manchester	North West	5.9
Kings Heath	Northampton	East Midlands	5.9
Kingswood & Hazel Leys	Corby	East Midlands	5.8
Warren Park	Havant	South East	5.6

The largest increases are found in coastal areas in Blackpool, Clacton and Margate.

There are wider labour market impacts, with approximately one-in-four workers furloughed

While areas are already experiencing a notable rise in unemployment, a more widespread impact on the labour market is the number of people who are furloughed. While some of these roles are likely to return as the lockdown eases and businesses are able to reopen – not all businesses will survive the recession that is forecast and a number of these jobs are likely to be lost in the future. Understanding variations in furloughing data can help us to anticipate future shocks in the labour market and risk of unemployment.

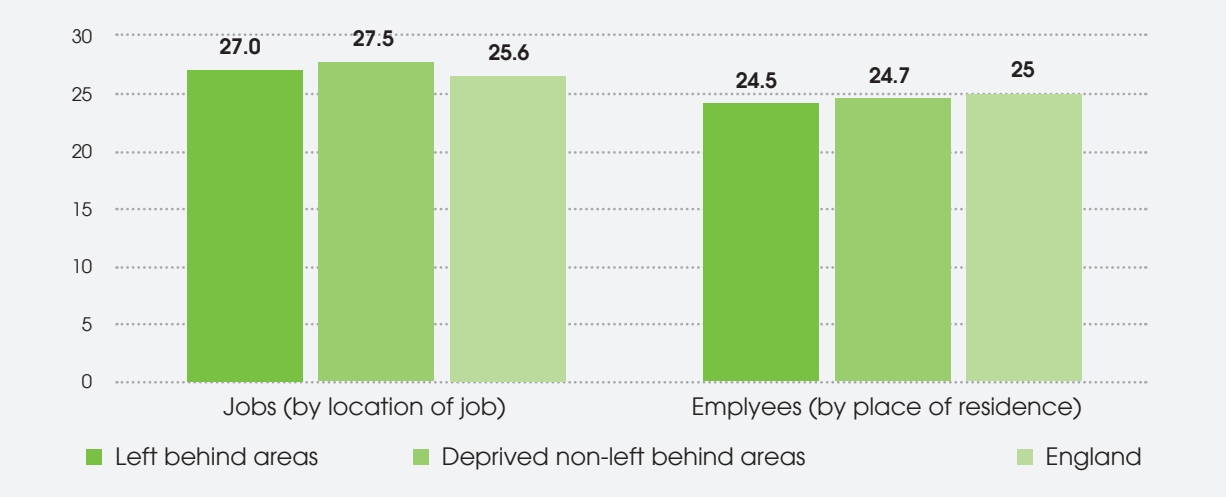
HM Revenue and Customs have produced data on the number of employees who are furloughed and supported by the Coronavirus Job Retention Scheme (CJRS). These statistics are not sufficiently granular to provide accurate estimates of the numbers and proportion of people furloughed in 'left behind' neighbourhoods; however, they can give a sense of the scale of the scheme. As of June 2020 – there were nearly three times as many people furloughed and subject to the CJRS (6,445,800 employees) than there were people unemployed and receiving Universal Credit or Jobseeker's Allowance (2,277,190) across England as a whole.

We have taken ONS data on furloughing to produce modelled estimates of jobs 'at risk' at a more granular level to provide an estimate of the extent of risk in 'left behind' areas and their comparators. We have used furloughing data for each major industry sector[12] and matched these against the jobs profile for each LSOA in England to estimate furloughing rates in 'left behind' areas.[13]

[12] https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/furloughingofworkersacrossukbusinesses/23march2020to5april2020

[13] See https://ocsi.uk/2020/04/29/which-local-labour-markets-are-most-at-risk/ for detailed methodology

Furloughed jobs and employees



Source: Jobs data taken from Business Register and Employment Survey 2018, Employee data taken from 2011 Census. Both counts were adjusted using furloughing rates by industry – published as part of Wave 2 of the ONS Business Impact of Coronavirus Survey (BICS)

The chart shows that there are no strong differences in furloughing levels between 'left behind' neighbourhoods and the national average. A slightly higher proportion of jobs located in 'left behind' neighbourhoods have been subject to furlough (27% of all jobs) compared with 25% across England as a whole. By contrast, a slightly lower proportion of employees living in 'left behind' areas have been furloughed (24.5%), compared with the national average (25%).

People in 'left behind' neighbourhoods are more likely to be working in the 'at risk' retail sector

Drilling down to look at specific jobs 'at risk', the table below shows the number of people, jobs and businesses in the three sectors most 'at risk' of furloughing on 'left behind' neighbourhoods and comparators.

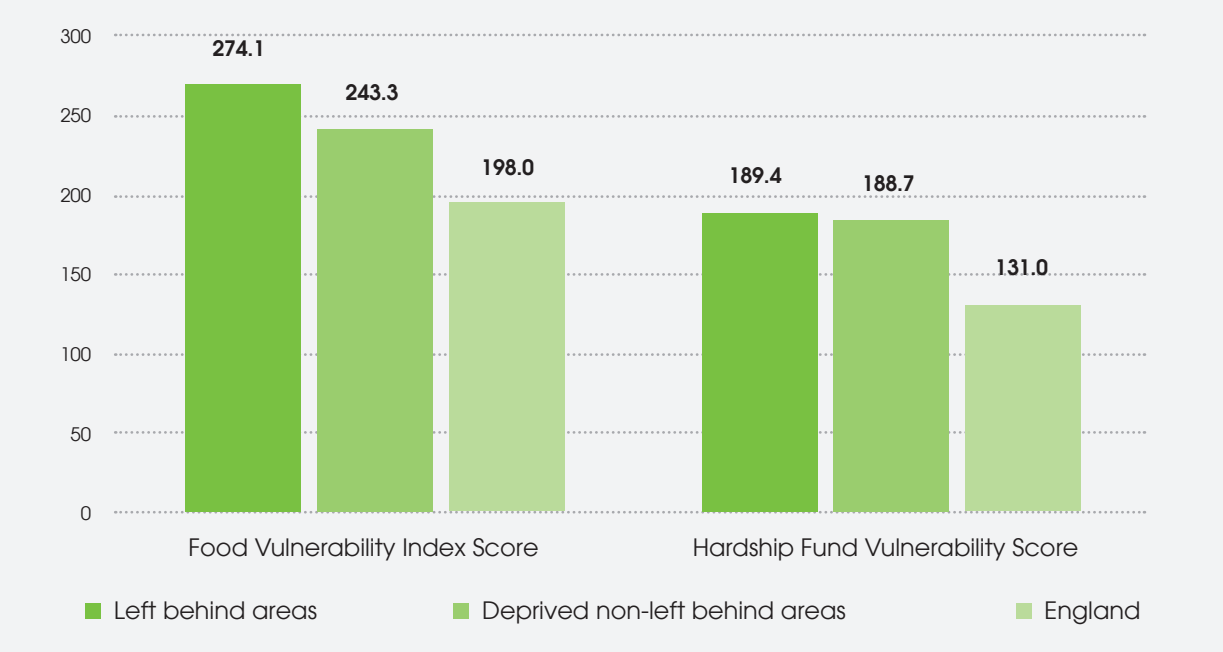
'Left behind' neighbourhoods have a higher proportion of people employed in retail (18.5%) than other deprived areas (18.3%) and England as a whole (15.9%). However, there are a smaller proportion of jobs and businesses located in the vulnerable sectors of accommodation, retail and arts and entertainment than *other deprived areas*.

	Left behind areas			Deprived non-'Left behind' areas			England		
	Jobs (%)	Employees (%)	Businesses (%)	Jobs (%)	Employees (%)	Businesses (%)	Jobs (%)	Employees (%)	Businesses (%)
Accommodation, food and hospitality	4.9	5.9	7.4	6.0	7.3	7.9	7.2	5.6	6.3
Retail	10.2	18.5	12.0	11.5	18.3	14.3	9.0	15.9	9.5
Arts and entertainment	3.5		6.1	4.4		6.5	4.3		6.4

As a result of economic pressures, people in 'left behind' areas are at a higher risk of financial hardship

The increase in unemployment and widespread furloughing are leading to increasing levels of economic stress. In response to this, British Red Cross have pulled together two bespoke Indices aimed at identifying areas 'at risk' of financial hardship. The Hardship Fund Index aims to target the most economically vulnerable areas, according to eligibility criteria developed for the British Red Cross's Hardship Fund.[14] The Food Vulnerability Index measures risk of food insecurity across neighbourhoods in England.[15] For both indices, results are presented as a score with higher values indicating higher levels of vulnerability.

Hardship Fund Index and Food Vulnerability Index



Source: British Red Cross 2020

The chart shows that 'left behind' neighbourhoods exhibit higher levels of financial hardship and food insecurity than other deprived areas and the England average.

The table below shows the 'left behind' neighbourhoods with the highest levels of Hardship Vulnerability.

[14] See https://docs.google.com/document/d/1aWpzgvLKGEF5Ay_xVps17nnbT1zlEki7RGIIJXL5APo/edit#heading=h.6576u7dtopmw for details of how the index is constructed and component indicators

[15] See https://docs.google.com/document/d/1aWpzgvLKGEF5Ay_xVps17nnbT1zlEki7RGIIJXL5APo/edit#heading=h.6576u7dtopmw for details of how the index is constructed and component indicators

Neighbourhood	Local Authority	Region	Hardship Vulnerability Index score
Bloomfield	Blackpool	North West	331.2
St Andrew's	Kingston upon Hull, City of	Yorkshire/Humber	293.4
West Middleton	Rochdale	North West	290.2
Golf Green	Tendring	East	289.8
Bransholme West	Kingston upon Hull, City of	Yorkshire/Humber	271.3
Nelson	Great Yarmouth	East	266.3
Orchard Park and Greenwood	Kingston upon Hull, City of	Yorkshire/Humber	263.3
Kingstanding	Birmingham	West Midlands	260.6
Berwick Hills & Pallister	Middlesbrough	North East	258.5
Roseworth	Stockton-on-Tees	North East	257.0

Bloomfield in Blackpool is identified as the 'left behind' neighbourhood with the highest vulnerability – this neighbourhood has also seen the largest increases in unemployment since March. Three of the ten 'left behind' neighbourhoods with the highest hardship vulnerability scores are located in Kingston upon Hull.

Vulnerable groups

Key facts and figures

There are higher concentrations of vulnerable people in 'left behind' neighbourhoods than other deprived areas and England as a whole:

- 'left behind' areas have a Small Area Mental Health Index (SAMHI) score of 88.9, compared with 74.4 in other deprived areas and 42.6 across England as a whole
- 0.65% have a learning disability, compared with 0.62% in other deprived areas and 0.49% across England as a whole
- 12.9% of all households in 'left behind' neighbourhoods are comprised of one person aged 65 and over, compared with 11.7% in other deprived areas and 12.4% in England as a whole
- 11.9% of households in 'left behind' neighbourhoods are headed by a lone parent - compared with 11.0% in other deprived areas and 7.1% across England as a whole
- 10.7% of people provide unpaid care - compared with 9.9% in other deprived areas and 10.2% in England as a whole

Communities with specific needs and challenges are at increased risk of negative outcomes and are likely to require additional support in response to the impacts of the pandemic. This section compares the presence of key vulnerable groups across 'left behind' areas and their comparators.

The following groups are explored:

- people with mental health challenges
- people living alone
- households with no car
- people who cannot speak English
- people with learning disabilities
- lone parents
- people providing informal care
- people living in overcrowded conditions
- people with no access to private green spaces

'Left behind' neighbourhoods have a higher prevalence of the selected vulnerable groups than the national average – except for those with language barriers

The table below explores the relative prevalence of selected vulnerable groups in 'left behind' neighbourhoods and comparators.

Age	'Left behind' neighbourhoods		Other deprived areas		England	
	No.	Score	No.	Score	No.	Score
Small Area Mental Health Index (SAMHI)		88.9		74.4		42.6
People living alone (%)	330,246	33.6	557,880	34.6	6,666,493	30.2
Households with no car (%)	390,233	39.7	687,584	42.6	5,691,251	25.8
No people in household have English as a main language (%)	24,647	2.5	117,018	7.3	980,303	4.4
Learning disabilities prevalence (%)		0.65		0.62		0.49
Lone parents (with dependent children) (%)	117,317	11.9	177,980	11.0	1,573,255	7.1

Source: Small Area Mental Health Index (Place-Based Longitudinal Data Resource (PLDR) https://pldr.org/dataset/2noyv/small-area-mental-health-index-samhi), People living alone, Households with no car, No people in household have English as a main language, Lone parents (with dependent children) (Census 2011), Learning disabilities prevalence (NHS England GP Registrations data 2017/18)

People in 'left behind' neighbourhoods are more likely to have mental health needs than other similarly deprived areas

The Small Area Mental Health Index (SAMHI) – compares relative levels of mental health prevalence based on GP prescriptions, mental health related hospital attendances, self-reported responses from the GP Patient Survey, antidepressants prescribing data and health related benefits – with a higher score indicating an area has higher levels of mental health issues.

'Left behind' neighbourhoods have a notably higher SAHMI score than the national average and a higher SAHMI score than other deprived areas – indicating that these areas are at greater risk of experiencing notable mental health related challenges. This group is likely to be more impacted by the stress and anxiety caused by the pandemic and therefore need additional health and social care support.[16]

[16] See for example https://blogs.ucl.ac.uk/mental-health/2020/03/30/the-impact-of-COVID-19-on-people-with-severe-and-complex-mental-health-problems-concerted-action-needed-urgently/ https://www.thelancet.com/pdfs/journals/lanpsy/PIIS2215-0366(20)30171-1.pdf, https://arc-w.nihr.ac.uk/Wordpress/wp-content/uploads/2020/04/COVID-19-Rapid-Review-COVID-and-Mental-Health-FINAL.pdf

The table below shows the 10 'left behind' neighbourhoods with the highest levels of mental health needs.

Neighbourhood	Local Authority	Region	Small Area Mental Health Index score
Bloomfield	Blackpool	North West	169.4
Rock Ferry	Wirral	North West	165.9
Bidston and St James	Wirral	North West	163.0
Horden	County Durham	North East	161.6
Golf Green	Tendring	East	157.3
Northwood	Knowsley	North West	153.4
Seacombe	Wirral	North West	152.8
Parr	St. Helens	North West	151.4
Peterlee East	County Durham	North East	149.5
Pier	Tendring	East	145.6

Neighbourhoods in the North West feature predominantly among the 'left behind' areas with the highest mental health needs, with Bloomfield in Blackpool again being ranked as the neighbourhood with the highest levels of need.

People with learning difficulties are also likely to need additional support from social care services. Evidence from GP prescription data suggests that there is also a higher prevalence of people with learning disabilities in 'left behind' neighbourhoods (0.65%) than other deprived areas (0.62%) or England as a whole (0.49%).

More than two-in-five households in 'left behind' neighbourhoods contain only one lone adult – leading to increased risks of social isolation

'Left behind' neighbourhoods have a higher proportion of one-person households (33.6%) – than the national average (30.6%), though slightly below the average in other deprived areas (34.6%).

However, a higher proportion of those living alone in 'left behind' neighbourhoods are older - 12.9% of all households in 'left behind' areas are comprised of one person aged 65 and over, compared with 11.7% in other deprived areas and 12.4% in England as a whole. There is some evidence to suggest that older people living alone are at increased risk of mental health issues[17] and that issues of social isolation have increased for older people living alone since the pandemic.[18]

[17] See for example https://www.apa.org/news/apa/2020/03/COVID-19-danger-physical-health

[18] A survey commissioned by Elder found that older people living alone are three times more likely to fear being left alone than the average and more than 10x more fearful than people who have someone in the house with them https://www.elder.org/the-elder/survey-on-elderly-loneliness/

A higher proportion of households in 'left behind' areas are headed by a lone parent - 11.9% (compared with 11.0% in other deprived areas and 7.1% across England as a whole). Lone parents are likely to be at greater risk of isolation and managing childcare and household responsibilities without the external support during the various stages of lockdown.[19]

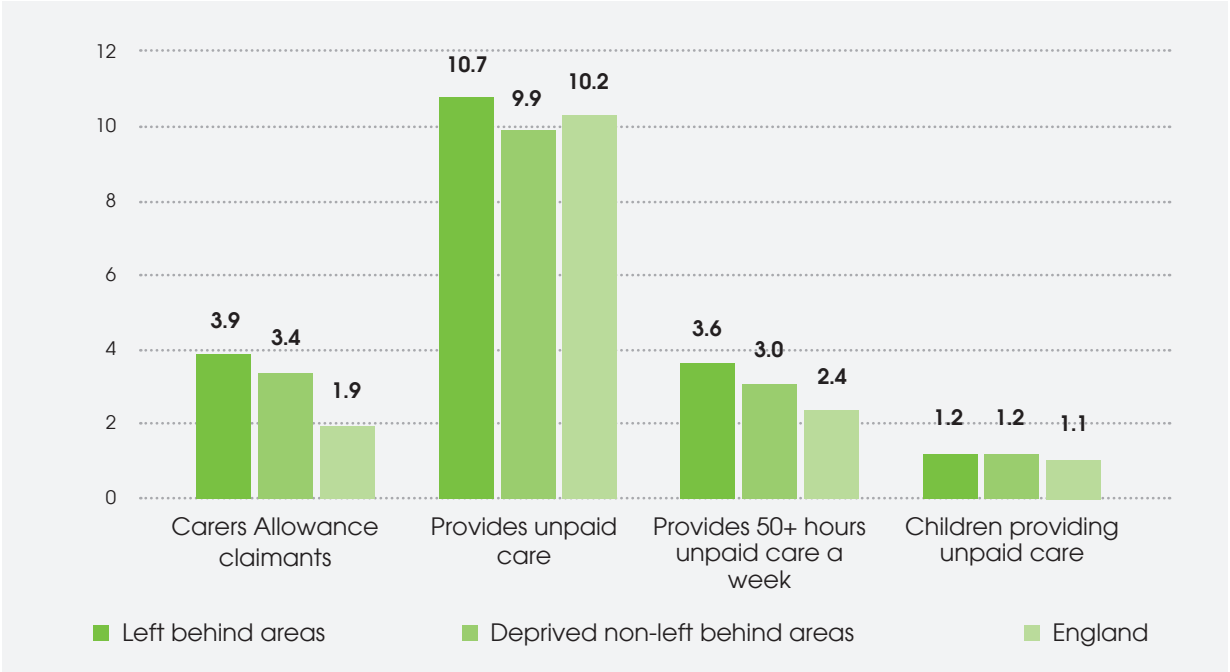
Two-in-five households have no access to a car – increasing the risk of exposure to COVID-19

The proportion of households with no access to a car is notably higher in 'left behind' neighbourhoods (39.7%) than across England as a whole (25.8%). This group are likely to be more reliant on public transport to access food, employment and recreation. People living in 'left behind' neighbourhoods are more likely to travel to work by bus (7.2% of all in employment) than other deprived areas (7%) and England as a whole (4.9%)[20]. There is some evidence to suggest that traveling on enclosed public transport increases the risk of airborne viruses.[21] In addition, those reliant on public transport are less able to access health services and testing centres - particularly as 'left behind' neighbourhoods are typically located in more peripheral locations away from key services.[22]

People living in 'left behind' neighbourhoods are also more likely to be providing care for others

The chart below looks at levels of informal care in 'left behind' neighbourhoods and comparator areas.

Informal care profile



Source: Carers Allowance (Department for Work and Pensions: November 2019), Unpaid care (Census 2011)

[19] https://discoversociety.org/2020/04/18/the-hidden-impact-of-COVID-19-on-single-motherhood/
[20] Source: Method of Travel to work statistics from Census 2011
[21] https://ehjournal.biomedcentral.com/articles/10.1186/s12940-018-0427-5
[22] See https://localtrust.org.uk/insights/research/left behind-understanding-communities-on-the-edge/

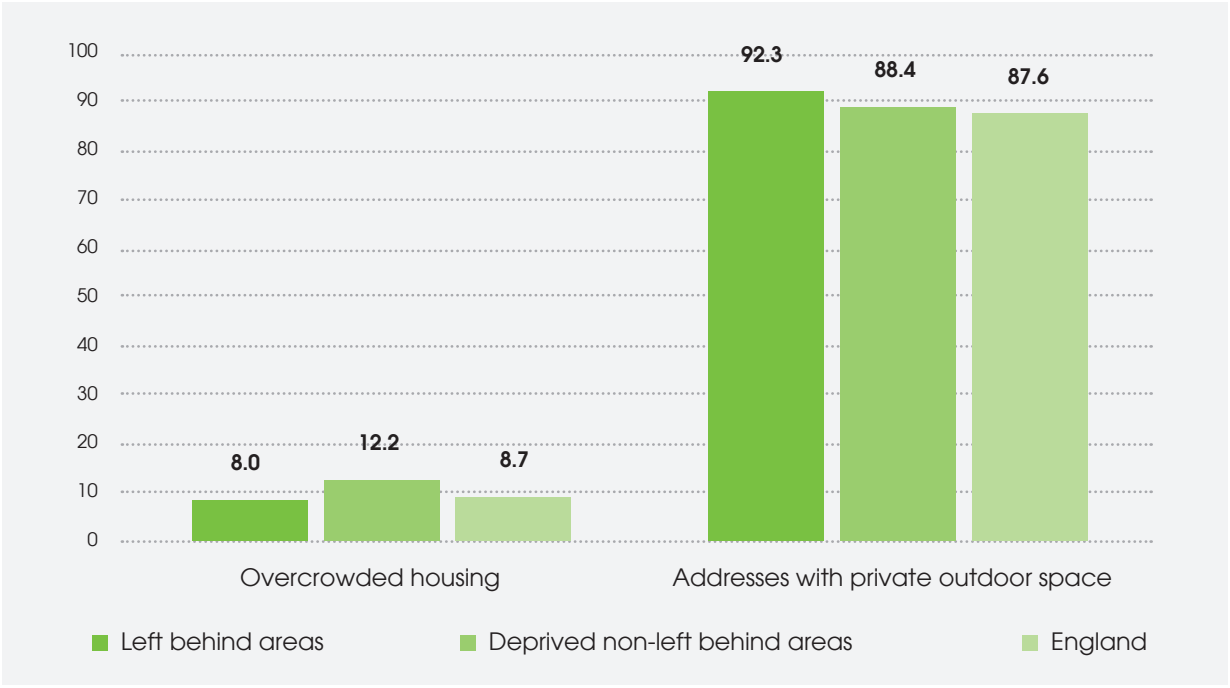
People living in 'left behind' neighbourhoods are more likely to be carers for people who have health conditions in their household, with 10.7% providing unpaid care - compared with 9.9% in other deprived areas and 10.2% in England as a whole. They are also more likely to provide intensive unpaid care – with 3.6% providing more than 50 hours a week and 3.9% of working age adults unable to work due to caring responsibilities and receiving Carers Allowance – compared with 3.0% and 3.4% in other deprived areas and 2.4% and 1.9% respectively across England as a whole. This is likely to be linked to a higher prevalence of people with poor health conditions in 'left behind' neighbourhoods. Carers are more likely to be self-isolating to shield the person they are providing care for and less able to access additional health care support than under normal circumstances.

The table below shows the 10 'left behind' neighbourhoods with the highest proportion of people providing unpaid care.

Golf Green (covering part of Jaywick in Essex) has the highest proportion of people providing unpaid care (likely to be linked to the high proportion of people with disabilities in the area – see *Health impacts and underlying risk factors in 'left behind'* neighbourhoods section above).

A Neighbourhood	Local Authority	Region	Providing unpaid care (%)
Golf Green	Tendring	East	15.7
St Osyth and Point Clear	Tendring	East	14.4
Shirebrook North West	Bolsover	East Midlands	13.9
Halton Lea	Halton	North West	13.5
Halton Castle	Halton	North West	13.5
Horden	County Durham	North East	13.0
Walton	Tendring	East	12.9
Rother	Chesterfield	East Midlands	12.8
Monk Bretton	Barnsley	Yorkshire/Humber	12.8
Northwood	Thanet	South East	12.7

Living conditions



Source: Private outdoor space (Ordnance Survey 2020), Overcrowded housing (Census 2011)

People in 'left behind' neighbourhoods are less likely to be affected by difficult living conditions during lockdown, with lower levels of overcrowding and a higher proportion of households being able to access private outdoor space

The chart below shows the proportion of households living in overcrowded conditions and the proportion of dwellings with access to private outdoor spaces in 'left behind' neighbourhoods and comparators.

The chart shows that on average, there are a lower proportion of people living in overcrowded conditions in 'left behind' neighbourhoods (8.7%) than other deprived areas (12.2%) and England as whole (8.7%). This partly reflects the location of these areas away from inner cities where population density levels are higher and housing pressures are more acute. Similarly, a higher proportion of households in 'left behind' neighbourhoods had access to a private outdoor space – allowing them to go outside during lockdown – with less than 8% of households lacking access to private outdoor spaces in 'left behind' neighbourhoods (compared with more than 12% across England as a whole).

However, there is some variation in 'left behind' neighbourhoods. The table below lists the 10 'left behind' neighbourhoods with the highest levels of overcrowding:

Neighbourhood	Local Authority	Region	Living in overcrowded households (%)
Boscombe West	Bournemouth	South West	34.5
Cliftonville West	Thanet	South East	21.5
Folkestone Central	Shepway	South East	20.1
Becontree	Barking and Dagenham	London	18.6
Fieldway	Croydon	London	18.0
Bloomfield	Blackpool	North West	17.8
Nelson	Great Yarmouth	East	16.3
Kings Heath	Northampton	East Midlands	15.4
Pier	Tendring	East	14.8
Fenside	Boston	East Midlands	14.5

Community response

A strong community characterised by the presence of civic assets, a vibrant third sector, local networks, good physical and digital connectivity and an engaged local population is likely to be key to supporting the recovery and mitigating and alleviating some of the social, economic and health impacts of COVID-19 in local areas.

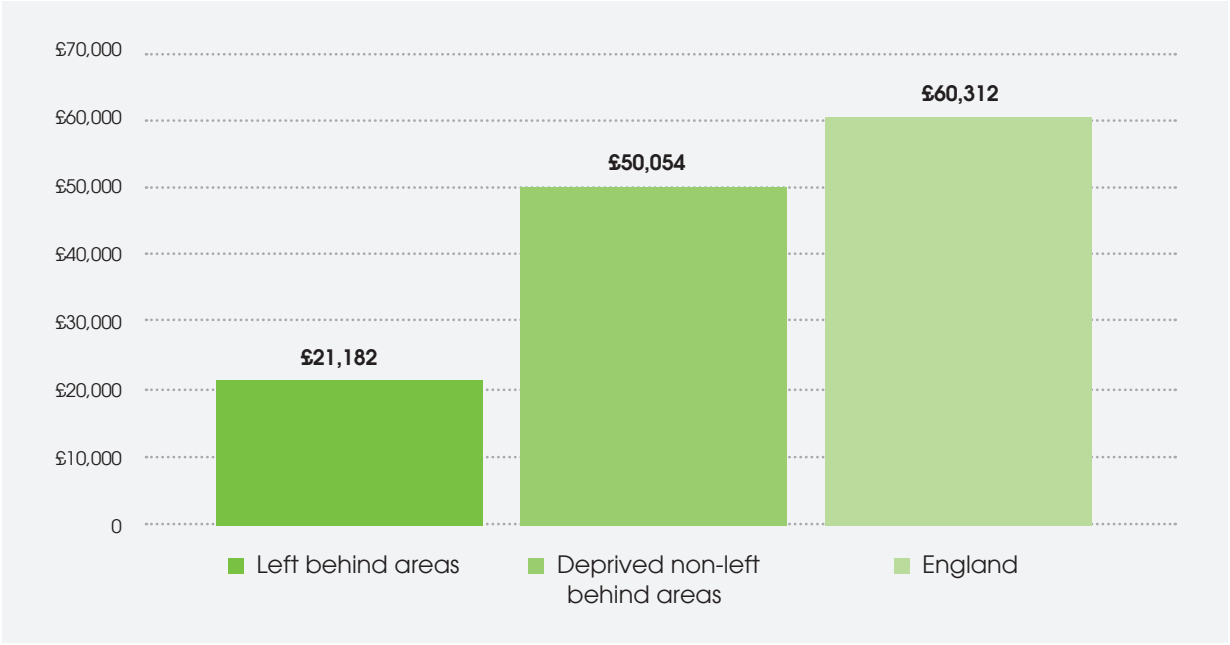
The absence of these community strengths, assets and civic infrastructure is a primary reason why areas have been identified as 'left behind'. Therefore, we would expect that 'left behind' neighbourhoods will be less resilient to some of the negative changes brought about by the pandemic.

This section explores the extent to which there is evidence of inequities in terms of early community response to the pandemic in 'left behind' neighbourhoods compared with other deprived areas and England as a whole.

'Left behind' neighbourhoods have received lower levels of COVID-19 related grant funding than other deprived areas and England as a whole

360Giving have pulled together a list of grants in response to the COVID-19 pandemic from UK foundations (who have submitted grants using the 360Giving Data Standard). Grants are included if the use of the terms "COVID", "coronavirus", "pandemic" or "cv19" are somewhere in the grant description, title, classification or grant programme and we have only included grants that we have been able to geocode. The chart below shows the value of these COVID-19 related grants (per 100,000 population) in 'left behind' neighbourhoods and comparators.

COVID-19 charitable grants per 100,000 population



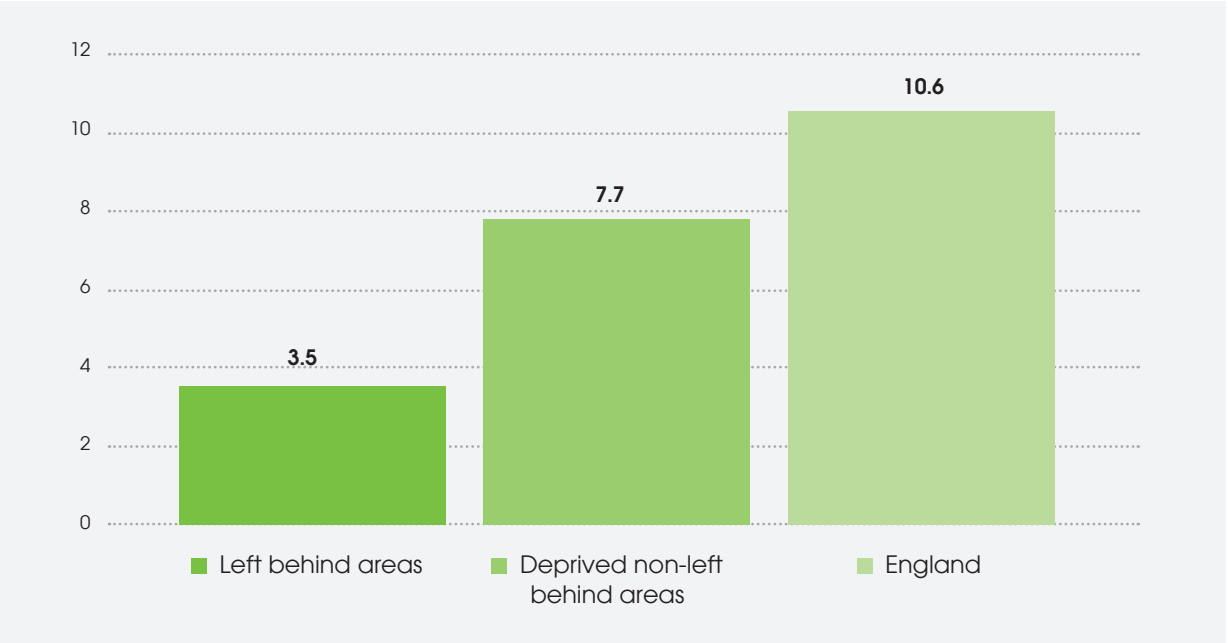
Source: 360 Giving Grant Nav https://COVIDtracker.threesixtygiving.org/ 2020

This data shows that more than half a million (£505,034) has been given in grants to organisations based in 'left behind' areas – the equivalent of £21,182 in spending per 100,000 population. Organisations in 'left behind' neighbourhoods have received less than half the funding per head received by other deprived areas and approximately one-third of the average levels of funding across England as a whole.

Fewer mutual aid groups have been established in 'left behind' neighbourhoods

The BBC have pulled together a list of mutual aid groups that have been set up to provide assistance to members of the community in response to COVID-19. We have mapped this data to identify the relative levels of density of these groups in 'left behind' neighbourhoods and their comparators. The chart below shows the number of mutual aid groups per 100,000 population.

Number of mutual aid groups per 100,000 population



Source: BBC/Facebook April 2020

The chart shows that there are lower concentrations of mutual aid groups in 'left behind' neighbourhoods – with 83 groups set up, 3.5 per 100,000 population, compared with 7.7 per 100,000 in other deprived areas and 10.6 per 100,000 across England as a whole.

Conclusion

COVID-19 has not impacted all communities equally. Spatial data published in the immediate aftermath of the pandemic suggests that 'left behind' neighbourhoods are both at greater risk due to higher concentrations of people who are clinically vulnerable and more likely to suffer from financial hardship due to a poor relative labour market position. This is because of high and rising unemployment and a relatively high concentration of people employed in sectors adversely impacted by the lockdown, such as retail.

Moreover, there are higher concentrations of vulnerable groups in these communities that will need additional support in managing the social, health and economic fallout of the pandemic.

This is exacerbated by a relatively under-developed voluntary and community sector in these areas, with fewer networks and community assets present. Consequently, 'left behind' neighbourhoods are likely to be less well equipped to support their communities through the pandemic. Early evidence suggests that these neighbourhoods are receiving fewer grants and have less civil society activity, resources and support to access and draw upon than other areas with less acute needs and challenges.

Appendix A:
Indicators used in this report

Indicator name	Indicator details
COVID-19 vulnerability index	The COVID-19 vulnerability index combines multiple sources of (mostly) open data to identify vulnerable areas and groups within Local Authorities and neighbourhoods (MSOAs). The Index currently maps clinical vulnerability (underlying health conditions), demographic vulnerability (over-70s, people seeking asylum), social vulnerability (barriers to housing and services, poor living environment, living in "left behind" areas, loneliness, digital exclusion), and health inequalities. Other vulnerabilities which will be added include: Mental health, Economic vulnerability, Social isolation and Physical isolation from supermarkets, pharmacies. The data presented is a score calculated from the overall ranks of MSOAs in England, apportioned down to Output Area using population weighted apportioning techniques. For detailed information about the methodological approach taken, please see https://docs.google.com/document/d/1aWpzgvLKGEF5Ay_xVps17nnbT1zlEki7RGIIJXL5APo/edit# British Red Cross (https://www.redcross.org.uk/), 2020
People aged 65+	Shows the proportion of the total population aged 65+. These population figures are taken from the Office for National Statistics (ONS) Mid Year Estimates.
Rate calculated as = (Population aged 65+)/(Total population)*100	Shows the proportion of the total population aged 65+. These population figures are taken from the Office for National Statistics (ONS) Mid Year Estimates. Rate calculated as = (Population aged 65+)/(Total population)*100 Office for National Statistics (ONS) (https://www.ons.gov.uk/peoplepopulationandcom, 2018
People receiving Disability Benefits (Personal Independence Payment/Disability Living Allowance)	Shows the proportion of people receiving Disability Living Allowance or Personal Independence Payment (PIP). PIP helps with some of the extra costs caused by long-term disability, ill-health or terminal ill-health. From 8th April 2013 DWP started to replace Disability Living Allowance (DLA) for working age people with PIP. DLA is payable to children and adults who become disabled before the age of 65, who need help with personal care or have walking difficulties because they are physically or mentally disabled. People can receive DLA whether they are in or out of work. It is non-means tested and is unaffected by income or savings of the claimant. DLA provides support for paying with additional care or mobility requirements associated with a disability. Rate calculated as = (Personal Independence Payment (PIP) claims in payment + Disability Living Allowance (DLA) claims in payment)/(Total population)*100. Department for Work and Pensions 2019

Indicator name	Indicator details
Households on Universal Credit - Limited Capability for Work Entitlement	Shows the proportion of households on Universal Credit containing household members who have limited capacity to work due to poor mental or physical health conditions. The work capability assessment determines whether an individual has limited capability for work based upon mental and physical health. For those assessed to have limited capability for work there are two levels - limited capability for work element and the limited capability for work and work related activity element. An individual cannot get both elements; they can only get one or the other. If more than one person in the household has limited capability for work/work related activity, the award will only include one element. Rate calculated as = (Universal Credit households with Limited Capability for Work Entitlement)/(Total households)*100. Shows the proportion of households on Universal Credit containing household members who have limited capacity to work due to poor mental or physical health conditions. The work capability assessment determines whether an individual has limited capability for work based upon mental and physical health. For those assessed to have limited capability for work there are two levels - limited capability for work element and the limited capability for work and work related activity element. An individual cannot get both elements; they can only get one or the other. If more than one person in the household has limited capability for work/work related activity, the award will only include one element. Rate calculated as = (Universal Credit households with Limited Capability for Work Entitlement)/(Total households)*100. Shows the proportion of households on Universal Credit containing household members who have limited capacity to work due to poor mental or physical health conditions. The work capability assessment determines whether an individual has limited capability for work based upon mental and physical health. For those assessed to have limited capability for work there are two levels - limited capability for work element and the limited capability for work and work related activity element. An individual cannot get both elements; they can only get one or the other. If more than one person in the household has limited capability for work/work related activity, the award will only include one element. Rate calculated as = (Universal Credit households with Limited Capability for Work Entitlement)/(Total households)*100. Department for Work and Pensions: November 2019
Universal Credit claimants - Conditionality Regime: No work requirements	Shows the proportion of people receiving Universal Credit who are not expected to work at present. Health or caring responsibility prevents claimant from working or preparing for work. Conditionality means work-related things an eligible adult will have to do in order to get full entitlement to Universal Credit. Each eligible adult will fall into one of six conditionality regimes based on their capability and circumstances. Different members of a household can be subject to the same or different requirements. As circumstances change claimants will also transition between different levels of conditionality. Rate calculated as = (Universal Credit claimants with no work requirements)/(Total population aged 16-64)*100. Department for Work and Pensions: March 2020

Indicator name	Indicator details
COVID-19 deaths	Shows the Covid-19 crude death rate per 100,000 population. Figures are taken from the number of registered deaths where there is any mention of COVID-19 on the death certificate. This includes deaths at home and deaths in care homes, hospitals and other communal establishments. Data is based on provisional counts of the number of deaths involving the coronavirus (COVID-19) between 1 March and 17 April 2020 in England and Wales. Rate is calculated as the number of deaths (with mention of COVID-19 on the death certificate) / Mid Year Estimate Total Population 2018 * 100,000 Office for National Statistics (ONS) March 2020 to May 2020
Cancer incidence	Shows the number of cases of cancer. Figures are presented as indirectly age-sex standardised registration ratios (number of new cases as a percentage of expected new cases), calculated relative to England. National Cancer Registration and Analysis Service and Office for National Statistics (ONS) (http://www.localhealth.org.uk/): 2012-2016
Incidence of breast cancer	Shows the number of new cases of breast cancer. Figures are presented as indirectly age-sex standardised registration ratios (number of new cases as a percentage of expected new cases), calculated relative to England. National Cancer Registration and Analysis Service and Office for National Statistics (ONS) (http://www.localhealth.org.uk/): 2012-2016
Incidence of colorectal cancer	Shows the number of new cases of colorectal cancer. Figures are presented as indirectly age-sex standardised registration ratios (number of new cases as a percentage of expected new cases), calculated relative to England. National Cancer Registration and Analysis Service and Office for National Statistics (ONS) (http://www.localhealth.org.uk/): 2012-2016
Incidence of lung cancer	Shows the number of new cases of lung cancer. Figures are presented as indirectly age-sex standardised registration ratios (number of new cases as a percentage of expected new cases), calculated relative to England. National Cancer Registration and Analysis Service and Office for National Statistics (ONS) (http://www.localhealth.org.uk/): 2012-2016

Indicator name	Indicator details
Incidence of prostate cancer	Shows the estimated percentage of Atrial Fibrillation prevalence. The estimate is calculated based on the number of people listed on GP registers in 2017/18, and the number of people recorded as having the relevant health conditions. The data from England's GP practices was published by NHS digital. Please note that these are only estimates and that they are sensitive to the accuracy of GP data reporting. For some conditions (e.g. obesity and dementia), GP-recorded prevalence is lower than the proportion of people living with the condition. For full notes, methodology, and limitations, please see https://commonslibrary.parliament.uk/social-policy/health/diseases/constituency-data-how-healthy-is-your-area/ for more details. House of Commons Library (https://commonslibrary.parliament.uk/social-policy/health/diseases/constituency-data-how-healthy-is-your-area): 2017/18
Cancer prevalence	Shows the estimated percentage of Cancer prevalence. The estimate is calculated based on the number of people listed on GP registers in 2017/18, and the number of people recorded as having the relevant health conditions. The data from England's GP practices was published by NHS digital. Please note that these are only estimates and that they are sensitive to the accuracy of GP data reporting. For some conditions (e.g. obesity and dementia), GP-recorded prevalence is lower than the proportion of people living with the condition. For full notes, methodology, and limitations, please see https://commonslibrary.parliament.uk/social-policy/health/diseases/constituency-data-how-healthy-is-your-area/ for more details. House of Commons Library (https://commonslibrary.parliament.uk/social-policy/health/diseases/constituency-data-how-healthy-is-your-area): 2017/18
Cardiovascular Disease prevalence	Shows the estimated percentage of Cardiovascular Disease prevalence. The estimate is calculated based on the number of people listed on GP registers in 2017/18, and the number of people recorded as having the relevant health conditions. The data from England's GP practices was published by NHS digital. Please note that these are only estimates and that they are sensitive to the accuracy of GP data reporting. For some conditions (e.g. obesity and dementia), GP-recorded prevalence is lower than the proportion of people living with the condition. For full notes, methodology, and limitations, please see https://commonslibrary.parliament.uk/social-policy/health/diseases/constituency-data-how-healthy-is-your-area/ for more details. House of Commons Library (https://commonslibrary.parliament.uk/social-policy/health/diseases/constituency-data-how-healthy-is-your-area): 2017/18

Indicator name	Indicator details
COPD prevalence	Shows the estimated percentage of COPD prevalence. The estimate is calculated based on the number of people listed on GP registers in 2017/18, and the number of people recorded as having the relevant health conditions. The data from England's GP practices was published by NHS digital. Please note that these are only estimates and that they are sensitive to the accuracy of GP data reporting. For some conditions (e.g. obesity and dementia), GP-recorded prevalence is lower than the proportion of people living with the condition. For full notes, methodology, and limitations, please see https://commonslibrary.parliament.uk/social-policy/health/diseases/constituency-data-how-healthy-is-your-area/ for more details. House of Commons Library (https://commonslibrary.parliament.uk/social-policy/health/diseases/constituency-data-how-healthy-is-your-area): 2017/18
Diabetes prevalence	Shows the estimated percentage of Diabetes prevalence. The estimate is calculated based on the number of people listed on GP registers in 2017/18, and the number of people recorded as having the relevant health conditions. The data from England's GP practices was published by NHS digital. Please note that these are only estimates and that they are sensitive to the accuracy of GP data reporting. For some conditions (e.g. obesity and dementia), GP-recorded prevalence is lower than the proportion of people living with the condition. For full notes, methodology, and limitations, please see https://commonslibrary.parliament.uk/social-policy/health/diseases/constituency-data-how-healthy-is-your-area/ for more details. House of Commons Library (https://commonslibrary.parliament.uk/social-policy/health/diseases/constituency-data-how-healthy-is-your-area): 2017/18
Coronary Heart Disease prevalence	Shows the estimated percentage of Heart Failure prevalence. The estimate is calculated based on the number of people listed on GP registers in 2017/18, and the number of people recorded as having the relevant health conditions. The data from England's GP practices was published by NHS digital. Please note that these are only estimates and that they are sensitive to the accuracy of GP data reporting. For some conditions (e.g. obesity and dementia), GP-recorded prevalence is lower than the proportion of people living with the condition. For full notes, methodology, and limitations, please see https://commonslibrary.parliament.uk/social-policy/health/diseases/constituency-data-how-healthy-is-your-area/ for more details. House of Commons Library (https://commonslibrary.parliament.uk/social-policy/health/diseases/constituency-data-how-healthy-is-your-area): 2017/18

Indicator name	Indicator details
High Blood Pressure prevalence	Shows the estimated percentage of High Blood Pressure prevalence. The estimate is calculated based on the number of people listed on GP registers in 2017/18, and the number of people recorded as having the relevant health conditions. The data from England's GP practices was published by NHS digital. Please note that these are only estimates and that they are sensitive to the accuracy of GP data reporting. For some conditions (e.g. obesity and dementia), GP-recorded prevalence is lower than the proportion of people living with the condition. For full notes, methodology, and limitations, please see https://commonslibrary.parliament.uk/social-policy/health/diseases/constituency-data-how-healthy-is-your-area/ for more details. House of Commons Library (https://commonslibrary.parliament.uk/social-policy/health/diseases/constituency-data-how-healthy-is-your-area): 2017/18
Chronic Kidney Disease prevalence	Shows the estimated percentage of Chronic Kidney Disease prevalence. The estimate is calculated based on the number of people listed on GP registers in 2017/18, and the number of people recorded as having the relevant health conditions. The data from England's GP practices was published by NHS digital. Please note that these are only estimates and that they are sensitive to the accuracy of GP data reporting. For some conditions (e.g. obesity and dementia), GP-recorded prevalence is lower than the proportion of people living with the condition. For full notes, methodology, and limitations, please see https://commonslibrary.parliament.uk/social-policy/health/diseases/constituency-data-how-healthy-is-your-area/ for more details. House of Commons Library (https://commonslibrary.parliament.uk/social-policy/health/diseases/constituency-data-how-healthy-is-your-area): 2017/18
Obesity prevalence	Shows the estimated percentage of Obesity prevalence. The estimate is calculated based on the number of people listed on GP registers in 2017/18, and the number of people recorded as having the relevant health conditions. The data from England's GP practices was published by NHS digital. Please note that these are only estimates and that they are sensitive to the accuracy of GP data reporting. For some conditions (e.g. obesity and dementia), GP-recorded prevalence is lower than the proportion of people living with the condition. For full notes, methodology, and limitations, please see https://commonslibrary.parliament.uk/social-policy/health/diseases/constituency-data-how-healthy-is-your-area/ for more details. House of Commons Library (https://commonslibrary.parliament.uk/social-policy/health/diseases/constituency-data-how-healthy-is-your-area): 2017/18

Indicator name	Indicator details
Unemployment benefit (JSA and Universal Credit)	Shows the proportion of people receiving benefits payable to people who are unemployed receiving either Jobseekers Allowance (JSA) or Universal Credit for those who are out of work. This has replaced the number of people claiming Jobseeker's Allowance as the headline indicator of the number of people claiming benefits principally for the reason of being unemployed and is sometimes referred to as the monthly claimant count. JSA is payable to people under pensionable age who are out of work and available for, and actively seeking, work of at least 40 hours a week. Department for Work and Pensions (DWP): March to May 2020
Jobs in arts, entertainment, recreation and other services	Shows the proportion of all employee jobs in arts, entertainment, recreation and other services . Data is taken from the Business Register and Employment Survey (BRES) of approximately 80,000 businesses and weighted to represent all sectors of the UK economy. The BRES definition of an employee is anyone working on the BRES reference date who is aged 16 years or over that the contributor directly pays from its payroll(s), in return for carrying out a full-time or part-time job or being on a training scheme. Figures are broken down by broad industry group, with industry groups classified to the 2007 revision to the Standard Industrial Classification (SIC). Rate calculated as = (Employment in Mining, quarrying & utilities)/(Total employment)*100 Business Register and Employment Survey (BRES) 2018
Jobs in accommodation and food services (hospitality)	Shows the proportion of all employee jobs in accommodation and food services (hospitality) . Data is taken from the Business Register and Employment Survey (BRES) of approximately 80,000 businesses and weighted to represent all sectors of the UK economy. The BRES definition of an employee is anyone working on the BRES reference date who is aged 16 years or over that the contributor directly pays from its payroll(s), in return for carrying out a full-time or part-time job or being on a training scheme. Figures are broken down by broad industry group, with industry groups classified to the 2007 revision to the Standard Industrial Classification (SIC). Rate calculated as = (Employment in Health)/(Total employment)*100 Business Register and Employment Survey (BRES) 2018
Jobs in retail	Shows the proportion of all employee jobs in retail . Data is taken from the Business Register and Employment Survey (BRES) of approximately 80,000 businesses and weighted to represent all sectors of the UK economy. The BRES definition of an employee is anyone working on the BRES reference date who is aged 16 years or over that the contributor directly pays from its payroll(s), in return for carrying out a full-time or part-time job or being on a training scheme. Figures are broken down by broad industry group, with industry groups classified to the 2007 revision to the Standard Industrial Classification (SIC). Rate calculated as = (Employment in Retail)/(Total employment)*100 Business Register and Employment Survey (BRES) 2018

Indicator name	Indicator details
At risk employees (as a result of COVID-19) by employee residence	Shows the proportion of employees that are at risk of losing their jobs following the outbreak of COVID-19 - calculated based on the latest furloughing data from the ONS and the employee profile for each local authority. The data is derived from Wave 2 of the ONS Business Impact of Coronavirus Survey (BICS) which contains data on the furloughing of workers across UK businesses between March 23 to April 5, 2020 see https://www.ons.gov.uk/generator?uri=/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/ furloughingofworkersacrossukbusinesses/23march2020to5april2020/574ca854&format=csv for details. This data includes responses from businesses that were either still trading or had temporarily paused trading. This has been mapped against the industrial composition of employee jobs at OA, LSOA, MSOA and Local Authority level to estimate which are most exposed to labour market risks associated with the Covid-19. The industrial composition of employee jobs is based on the employee place of residence rather than where they work. The data on the industrial composition of local areas comes from the 2011 Census Industrial classification, which is publicly accessible via NOMIS. The methodology is adapted from the RSA at-risk Local Authorities publication - https://www.thersa.org/about-us/media/2020/one-in-three-jobs-in-parts-of-britain-at-risk-due-to-covid-19-local-data-reveals This approach calculates the total number of employees at risk in each local area by identifying the number of employees in each industry in that area (based on employee residence) multiplied by the estimated percentage of those that have been furloughed on the Government's Coronavirus Job Retention Scheme (CJRS). The CRJS was set up by the Government specifically to prevent growing unemployment and the National Institute for Economic and Social Research (NIESR) has described furloughed workers as technically unemployed. It therefore looks to be the best available data with which to calculate medium-term employment risk as a result of Covid-19. This is then divided by the total number of employees in each local area (by place of residence) to calculate the percentage of employees at risk of losing their jobs. Note, employees in industry sectors which were not recorded in the ONS Business Impact of Coronavirus Survey (BICS) due to inadequate sample size have not been included in the numerator or denominator for this dataset - these include Agriculture, forestry and fishing, Mining and quarrying, Electricity, gas, steam and air conditioning supply, Financial and insurance activities, Real estate activities. Public administration and defence; compulsory social security and activities of households as employers; undifferentiated goods - and services - producing activities of households for own use. Oxford Consultants for Social Inclusions (OCSI)/Office for National Statistics(ONS)/Census 2011 (using methodology developed by RSA)

Indicator name	Indicator details
At risk jobs (as a result of COVID-19) by location of job	Shows the proportion of jobs that are at risk following the outbreak of COVID-19 - calculated based on the latest furloughing data from the ONS and the jobs profile for each local area. The data is derived from Wave 2 of the ONS Business Impact of Coronavirus Survey (BICS) which contains data on the furloughing of workers across UK businesses between March 23 to April 5, 2020 see https://www.ons.gov.uk/generator?uri=/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/furloughingofworkersacrossukbusinesses/23march2020to5april2020/574ca854&format=csv for details. This data includes responses from businesses that were either still trading or had temporarily paused trading. This has been mapped against the industrial composition of LSOAs, MSOAs and Local Authorities to estimate which are most exposed to labour market risks associated with the Covid-19. The data on the industrial composition of local areas comes from the Business Register and Employment Survey (BRES) 2018, which is publicly accessible via NOMIS. The methodology is adapted from the RSA at-risk Local Authorities publication - https://www.thersa.org/about-us/media/2020/one-in-three-jobs-in-parts-of-britain-at-risk-due-to-covid-19-local-data-reveals This approach calculates the total number of jobs at risk in each local area by identifying the number of jobs in each industry in that area multiplied by the estimated percentage of those that have been furloughed on the Government's Coronavirus Job Retention Scheme (CJRS). The CRJS was set up by the Government specifically to prevent growing unemployment and the National Institute for Economic and Social Research (NIESR) has described furloughed workers as technically unemployed. It therefore looks to be the best available data with which to calculate medium-term employment risk as a result of Covid-19. This is then divided by the total number of jobs in each local area to calculate the percentage of jobs at risk. Note, jobs in industry sectors which were not recorded in the ONS Business Impact of Coronavirus Survey (BICS) due to inadequate sample size have not been included in the numerator or denominator for this dataset - these include Agriculture, forestry and fishing, Mining and quarrying, Electricity, gas, steam and air conditioning supply, Financial and insurance activities, Real estate activities. Public administration and defence; compulsory social security and activities of households as employers; undifferentiated goods - and services - producing activities of households for own use. Oxford Consultants for Social Inclusions (OCSI)/Office for National Statistics(ONS)/Census 2011 (using methodology developed by RSA)
Industry: Retail	Shows the proportion of people in employment aged 16-74 working in the Wholesale and retail trade; repair of motor vehicles and motor cycles industrial sector. The main industrial sector they are working in is taken from responses to the occupation questions in the 2011 Census. Rate calculated as = (Wholesale and retail trade; repair of motor vehicles and motor cycles (census KS605))/(All usual residents aged 16 to 74 in employment the week before the census (census KS605))*100 Census 2011

Indicator name	Indicator details
Industry: Accommodation and food service activities	Shows the proportion of all local business units that are based in the arts, entertainment, recreation and other services industry sector. Local business units a business enterprise or part of a business enterprise (e.g. a workshop, factory, warehouse, office, mine or depot) situated in a geographically identified place (e.g. where the business is located rather than the legal head office). The count of VAT registered local business units taken from the Inter-Departmental Business Register (IDBR) and categorised by 16 broad industry groups derived from the Standard Industrial Classification (UKSIC(2003)). The IDBR, which is the comprehensive list of UK businesses that is used by government for statistical purposes is fully compliant with the European Union of Regulation on Harmonisation of Business Registers for Statistical purposes. It provides the main sampling frame for surveys of businesses carried out by the ONS and by other government departments. It is also a key data source for analyses of business activity. Rate calculated as = (VAT based local units in arts, entertainment, recreation and other services)/(All VAT based local units)*100 Census 2011
VAT based local units in arts, entertainment, recreation and other services	Shows the proportion of all local business units that are based in the arts, entertainment, recreation and other services industry sector. Local business units a business enterprise or part of a business enterprise (e.g. a workshop, factory, warehouse, office, mine or depot) situated in a geographically identified place (e.g. where the business is located rather than the legal head office). The count of VAT registered local business units taken from the Inter-Departmental Business Register (IDBR) and categorised by 16 broad industry groups derived from the Standard Industrial Classification (UKSIC(2003)). The IDBR, which is the comprehensive list of UK businesses that is used by government for statistical purposes is fully compliant with the European Union of Regulation on Harmonisation of Business Registers for Statistical purposes. It provides the main sampling frame for surveys of businesses carried out by the ONS and by other government departments. It is also a key data source for analyses of business activity. Rate calculated as = (VAT based local units in arts, entertainment, recreation and other services)/(All VAT based local units)*100 Office for National Statistics (ONS) (https://www.nomisweb.co.uk/query/select/getdatasetbytheme.asp?theme=49) 2019
VAT based local units in accommodation and food services	Shows the proportion of all local business units that are based in the accommodation and food services industry sector. Local business units a business enterprise or part of a business enterprise (e.g. a workshop, factory, warehouse, office, mine or depot) situated in a geographically identified place (e.g. where the business is located rather than the legal head office). The count of VAT registered local business units taken from the Inter-Departmental Business Register (IDBR) and categorised by 16 broad industry groups derived from the Standard Industrial Classification (UKSIC(2003)). The IDBR, which is the comprehensive list of UK businesses that is used by government for statistical purposes is fully compliant with the European Union of Regulation on Harmonisation of Business Registers for Statistical purposes. It provides the main sampling frame for surveys of businesses carried out by the ONS and by other government departments. It is also a key data source for analyses of business activity. Rate calculated as = (VAT based local units in accommodation and food services)/(All VAT based local units)*100 Office for National Statistics (ONS) (https://www.nomisweb.co.uk/query/select/getdatasetbytheme.asp?theme=49) 2019

Indicator name	Indicator details
VAT based local units in the retail industry	Shows the proportion of all local business units that are based in the retail industry sector. Local business units a business enterprise or part of a business enterprise (e.g. a workshop, factory, warehouse, office, mine or depot) situated in a geographically identified place (e.g. where the business is located rather than the legal head office). The count of VAT registered local business units taken from the Inter-Departmental Business Register (IDBR) and categorised by 16 broad industry groups derived from the Standard Industrial Classification (UKSIC(2003)). The IDBR, which is the comprehensive list of UK businesses that is used by government for statistical purposes is fully compliant with the European Union of Regulation on Harmonisation of Business Registers for Statistical purposes. It provides the main sampling frame for surveys of businesses carried out by the ONS and by other government departments. It is also a key data source for analyses of business activity. Rate calculated as = (VAT based local units in the retail industry)/(All VAT based local units)*100 Office for National Statistics (ONS) (https://www.nomisweb.co.uk/query/select/getdatasetbytheme.asp?theme=49) 2019
Food Vulnerability Index Score	Shows the food vulnerability index score, where higher is more vulnerable. Food insecurity has been identified as a massive immediate vulnerability. Studies of food insecurity in the UK (e.g. Smith et al. 2018) model this using a combination of benefits claims and household-level insecurity (e.g. living alone as an older person or person with low income, especially with dependent children). For this bespoke Food Vulnerability Index, Redcross have combined these indicators with others that are relevant to food insecurity during Covid-19. These include: Frailty, Living alone, Distance to services, Digital exclusion, Income deprivation, Income Support families, Income-based Jobseeker's Allowance families, Income-based Employment and Support Allowance families, Pension Credit (Guarantee) families, Working Tax Credit and Child Tax Credit families not already counted, Universal Credit families where no adult is in 'Working - no requirements' conditionality regime, Asylum seekers in England in receipt of subsistence support, accommodation support, or both. For more information on the Redcross COVID-19 Vulnerability Index and scores, see https://docs.google.com/document/d/1aWpzgvLKGEF5Ay_xVps17nnbT1zIEki7RGIIJXL5APo/edit#heading=h.6576u7dtopmw British Red Cross (https://www.redcross.org.uk/) 2020

Indicator name	Indicator details
Hardship fund vulnerability score	Shows the hardship fund vulnerability index score, where higher is more vulnerable. This analysis aimed to target the most economically vulnerable Local Authorities, according to eligibility criteria developed for the British Red Cross's Hardship Fund. Using the following underlying indicators: People working in arts, entertainment, recreation and other services, accommodation and food services (hospitality), retail; Adults and children in Income Support families, Adults and children in income-based Jobseeker's Allowance families, Adults and children in income-based Employment and Support Allowance families, Adults and children in Pension Credit (Guarantee) families, Adults and children in Working Tax Credit and Child Tax Credit families not already counted, Adults and children in Universal Credit families where no adult is in 'Working - no requirements' conditionality regime, Asylum seekers in England in receipt of subsistence support, accommodation support, or both, Proportion of people aged 70+, Homelessness (measured as rate of acceptances for housing assistance under the homelessness provisions of the 1996 Housing Act), People living alone (as a proxy for social isolation, in the absence of more specific isolation measures), Asylum seekers are included in the 'income deprivation' indicator, CACI Financial Vulnerability score. The bespoke measure of vulnerability was calculated using the same method as the overall Vulnerability Index, see https://docs.google.com/document/d/1aWpzgvLKGEF5Ay_xVps17nnbT1zlEki7RGIIJXL5APo/edit#heading=h.6576u7dtopmw British Red Cross (https://www.redcross.org.uk/) 2020
Carers Allowance claimants	Shows the proportion of working age people receiving DWP benefits due to caring responsibilities. Figures are derived from 100% sample of administrative records from the Work and Pensions Longitudinal Study (WPLS), with all clients receiving more than one benefit counted only by their primary reason for interacting with the benefits system (to avoid double counting). The majority of those receiving benefits will be eligible for Income Support or Carer Allowance. Rate calculated as = (Working-age DWP benefit claimants, Carer)/(Population aged 16-64)*100 Department for Work and Pensions (DWP) (https://www_gov_uk/government/organisations/department-for-work-pensions/about/statistics): November 2019
Provides unpaid care	Shows the proportion of people providing unpaid care. Figures are based on self reported responses to the 2011 Census. A person is a provider of unpaid care if they give any help or support to family members, friends, neighbours or others because of long-term physical or mental health or disability, or problems related to old age. The figures include all people of all ages providing unpaid care. Rate calculated as = (Provides no unpaid care (census KS301))/(All usual residents (census KS301))*100 Census 2011

Indicator name	Indicator details
Overcrowded housing	Households are classified as overcrowded if there is at least one room fewer than needed for household requirements using standard definitions. Figures are based on responses to Census questions on the number of rooms and numbers of persons in a household. Rate calculated as = (Occupancy rating (rooms) of -1 or less (census KS403))/(All households (census KS403))*100 Census 2011
Addresses with private outdoor space	Addresses with private outdoor space based on Analysis of Ordnance Survey (OS) data on access to private gardens, public parks and playing fields in Great Britain, available by country, region, Local Authority and Middle Layer Super Output Area. https://www.ons.gov.uk/economy/environmentalaccounts/datasets/accesstogardensandpublicgreenspaceingreatbritain Ordnance Survey https://www.ons.gov.uk/economy/environmentalaccounts/datasets/accesstogardensandpublicgreenspaceingreatbritain
Households with no car	Shows the proportion of households who do not have a car or van. Figures are based on responses to the 2011 Census car ownership question which asks information on the number of cars or vans owned, or available for use, by one or more members of a household. It includes company cars and vans available for private use. The count of cars or vans in an area is based on details for private households only. Cars or vans used by residents of communal establishments are not counted. Rate calculated as = (No cars or vans in household (census KS404))/(All households)*100 Census 2011
Pensioner living alone	Shows the proportion of households that are comprised of one person aged 65+ living alone. Figures are self-reported and taken from the household composition questions in the 2011 census. Rate calculated as = (One person household: Aged 65 and over (census KS105))/(All households (census KS105))*100 Census 2011
Living alone (aged under 65)	Shows the proportion of households that are comprised of one person aged under 65 living alone. Figures are self-reported and taken from the household composition questions in the 2011 census. Rate calculated as = (One person household: Other (census KS105))/(All households (census KS105))*100 Census 2011

Indicator name	Indicator details
No people in household have English as a main language	This indicator shows the proportion of households where no people in the household have English as a main language. This information was created from responses to the languages spoken question in the 2011 Census which aims to classify households by the combination of adults and children within a household that have English (English,) as a main language question. The question covers all people aged 16+ usually resident in the area. Rate calculated as = (No people in household have English as a main language (English or Welsh in Wales) (census KS206))/(All households (census KS206))*100 Census 2011
Learning Disabilities prevalence	Shows the estimated percentage of Learning Disabilities prevalence. The estimate is calculated based on the number of people listed on GP registers in 2017/18, and the number of people recorded as having the relevant health conditions. The data from England's GP practices was published by NHS digital. Please note that these are only estimates and that they are sensitive to the accuracy of GP data reporting. For some conditions (e.g. obesity and dementia), GP-recorded prevalence is lower than the proportion of people living with the condition. For full notes, methodology, and limitations, please see https://commonslibrary.parliament.uk/social-policy/health/diseases/constituency-data-how-healthy-is-your-area/ for more details. House of Commons Library (https://commonslibrary.parliament.uk/social-policy/health/diseases/constituency-data-how-healthy-is-your-area): 2017/18
Small Area Mental Health Index	Small Area Mental Health Index. The SAMHI is a composite annual measure of population mental health for each Lower Super Output Area (LSOA) in England. The SAMHI combines data on mental health from multiple sources (NHS-Mental health related hospital attendances, GP Patient Survey â€" Q34 Best describe your own health state today, Prescribing data â€" Antidepressants, QOF - depression, and DWP - Incapacity benefit and Employment support allowance for mental illness) into a single index. A higher score indicates that an area is experiencing high levels of mental health need. For more details see: https://pldr.org/dataset/2noyv/small-area-mental-health-index-samhi Place-Based Longitudinal Data Resource (PLDR) https://pldr.org/dataset/2noyv/small-area-mental-health-index-samhi 2017

Appendix B:
Left behind neighbourhoods

Ward Name	Local Authority
Becontree	Barking and Dagenham
Fieldway	Croydon
Breightmet	Bolton
Farnworth	Bolton
Harper Green	Bolton
Charlestown	Manchester
Harpurhey	Manchester
Miles Platting and Newton Heath	Manchester
Woodhouse Park	Manchester
Balderstone and Kirkholt	Rochdale
Smallbridge and Firgrove	Rochdale
West Heywood	Rochdale
West Middleton	Rochdale
Little Hulton	Salford
Hyde Godley	Tameside
Longdendale	Tameside
Atherton	Wigan
Leigh West	Wigan
Pemberton	Wigan
Belle Vale	Liverpool
Norris Green	Liverpool
Speke-Garston	Liverpool
Yew Tree	Liverpool
Parr	St. Helens
St Oswald	Sefton
Bidston and St James	Wirral
Rock Ferry	Wirral
Seacombe	Wirral
Dearne North	Barnsley
Dearne South	Barnsley
Monk Bretton	Barnsley

Ward Name	Local Authority
St Helens	Barnsley
Maltby	Rotherham
Valley	Rotherham
Wingfield	Rotherham
Windy Nook and Whitehills	Gateshead
Byker	Newcastle upon Tyne
Walker	Newcastle upon Tyne
Woolsington	Newcastle upon Tyne
Bede	South Tyneside
Biddick and All Saints	South Tyneside
Simonside and Rekendyke	South Tyneside
Whiteleas	South Tyneside
Castle	Sunderland
Hendon	Sunderland
Hetton	Sunderland
Redhill	Sunderland
St Anne's	Sunderland
Sandhill	Sunderland
Southwick	Sunderland
Washington North	Sunderland
Bartley Green	Birmingham
Hodge Hill	Birmingham
Kings Norton	Birmingham
Kingstanding	Birmingham
Longbridge	Birmingham
Shard End	Birmingham
Stechford and Yardley North	Birmingham
Stockland Green	Birmingham
Weoley	Birmingham
Binley and Willenhall	Coventry
Henley	Coventry
Longford	Coventry

Ward Name	Local Authority
Hateley Heath	Sandwell
Langley	Sandwell
Princes End	Sandwell
Kingshurst and Fordbridge	Solihull
Smith's Wood	Solihull
Bloxwich West	Walsall
Darlaston South	Walsall
Bilston East	Wolverhampton
East Park	Wolverhampton
Tong	Bradford
Middleton Park	Leeds
Airedale and Ferry Fryston	Wakefield
Hemsworth	Wakefield
Knottingley	Wakefield
South Elmsall and South Kirkby	Wakefield
Wakefield East	Wakefield
Eston	Redcar and Cleveland
Grangetown	Redcar and Cleveland
Kirkleatham	Redcar and Cleveland
Hardwick and Salters Lane	Stockton-on-Tees
Mandale and Victoria	Stockton-on-Tees
Norton South	Stockton-on-Tees
Roseworth	Stockton-on-Tees
Stainsby Hill	Stockton-on-Tees
Stockton Town Centre	Stockton-on-Tees
Appleton	Halton
Halton Castle	Halton
Grange	Halton
Halton Brook	Halton
Halton Lea	Halton
Hough Green	Halton
Mersey	Halton
Norton South	Halton
Bloomfield	Blackpool
Bransholme East	Kingston upon Hull, City of
Bransholme West	Kingston upon Hull, City of
Longhill	Kingston upon Hull, City of

Ward Name	Local Authority
Marfleet	Kingston upon Hull, City of
Orchard Park and Greenwood	Kingston upon Hull, City of
St Andrew's	Kingston upon Hull, City of
Southcoates East	Kingston upon Hull, City of
Southcoates West	Kingston upon Hull, City of
Bestwood	Nottingham
Clifton South	Nottingham
Boscombe West	Bournemouth
Paulsgrove	Portsmouth
Bitterne	Southampton
Moorclose	Allerdale
Moss Bay	Allerdale
Barrow Island	Barrow-in-Furness
Sandwith	Copeland
Shirebrook North West	Bolsover
Loundsley Green	Chesterfield
Rother	Chesterfield
Littlemoor	Weymouth and Portland
Sidley	Rother
Lee Chapel North	Basildon
Pitsea North West	Basildon
Pitsea South East	Basildon
Vange	Basildon
Alton Park	Tendring
Golf Green	Tendring
Harwich East	Tendring
Pier	Tendring
Rush Green	Tendring
St Marys	Tendring
St Osyth and Point Clear	Tendring
Walton	Tendring
Grange	Gosport
Bondfields	Havant
Warren Park	Havant
Town and Pier	Dover
Shepway South	Maidstone

Ward Name	Local Authority
Cliftonville West	Thanet
Dane Valley	Thanet
Eastcliff	Thanet
Newington	Thanet
Northwood	Thanet
Brunshaw	Burnley
Gawthorpe	Burnley
Clover Hill	Pendle
Irwell	Rossendale
Stacksteads	Rossendale
Moorside	West Lancashire
Magdalen	Great Yarmouth
Nelson	Great Yarmouth
Yarmouth North	Great Yarmouth
Avondale Grange	Kettering
Camp Hill	Nuneaton and Bedworth
Gorse Hill	Worcester
Warndon	Worcester
Crewe St Barnabas	Cheshire East
Abbey Hulton and Townsend	Stoke-on-Trent
Bentilee and Ubberley	Stoke-on-Trent
Blurton West and Newstead	Stoke-on-Trent
Meir North	Stoke-on-Trent
Meir South	Stoke-on-Trent
Tunstall	Stoke-on-Trent
Kings Heath	Northampton
Talavera	Northampton
Newgate	Mansfield
Oak Tree	Mansfield
De Bruce	Hartlepool
Headland and Harbour	Hartlepool
Jesmond	Hartlepool
Manor House	Hartlepool
Annfield Plain	County Durham
Aycliffe West	County Durham
Blackhalls	County Durham
Coundon	County Durham
Craghead and South Moor	County Durham

Ward Name	Local Authority
Deneside	County Durham
Easington	County Durham
Ferryhill	County Durham
Horden	County Durham
Peterlee East	County Durham
Peterlee West	County Durham
Shildon and Dene Valley	County Durham
Shotton and South Hetton	County Durham
Stanley	County Durham
Trimdon and Thornley	County Durham
Woodhouse Close	County Durham
Choppington	Northumberland
College	Northumberland
Cowpen	Northumberland
Isabella	Northumberland
Kitty Brewster	Northumberland
Newbiggin Central and East	Northumberland
Clarkson	Fenland
Staithe	Fenland
Waterlees Village	Fenland
Sheerness	Swale
Sheppey East	Swale
Fenside	Boston
Gainsborough East	West Lindsey
Berwick Hills & Pallister	Middlesbrough
Brambles & Thorntree	Middlesbrough
Hemlington	Middlesbrough
North Ormesby	Middlesbrough
Park End & Beckfield	Middlesbrough
Brookside	Telford and Wrekin
Folkestone Central	Shepway
Queensway	Wellingborough
Greenhill	North West Leicestershire
Kingswood & Hazel Leys	Corby
Gamesley	High Peak
Central & New Cross	Ashfield
Adwick le Street & Carcroft	Doncaster

Ward Name	Local Authority
Balby South	Doncaster
Bentley	Doncaster
Mexborough	Doncaster
Stainforth & Barnby Dun	Doncaster
Southey	Sheffield
Hartcliffe and Withywood	Bristol, City of
Cherryfield	Knowsley
Halewood South	Knowsley
Northwood	Knowsley
Page Moss	Knowsley
Shevington	Knowsley
St Michaels	Knowsley
Stockbridge	Knowsley
Poplars and Hulme	Warrington

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Left
Behind
Neighbourhoods

Local Trust

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