

Public Document Pack

# **Health and Wellbeing Board**

**17 JUNE 2020**

**PRESENTATIONS**

## PRESENTATIONS

- 1 **POTENTIAL IMPACTS OF COVID-19 ON HEALTH INEQUALITIES IN SOUTHAMPTON**
- 2 **SOUTHAMPTON CITY SUICIDE PREVENTION PLAN**

# Potential impacts of Covid-19 on health inequalities in Southampton

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Health and Wellbeing Board, 17<sup>th</sup> June 2020

Dr Debbie Chase – Interim Director of Public Health

A city of opportunity where everyone thrives



Agenda Item 8

# Health Inequalities

## What?

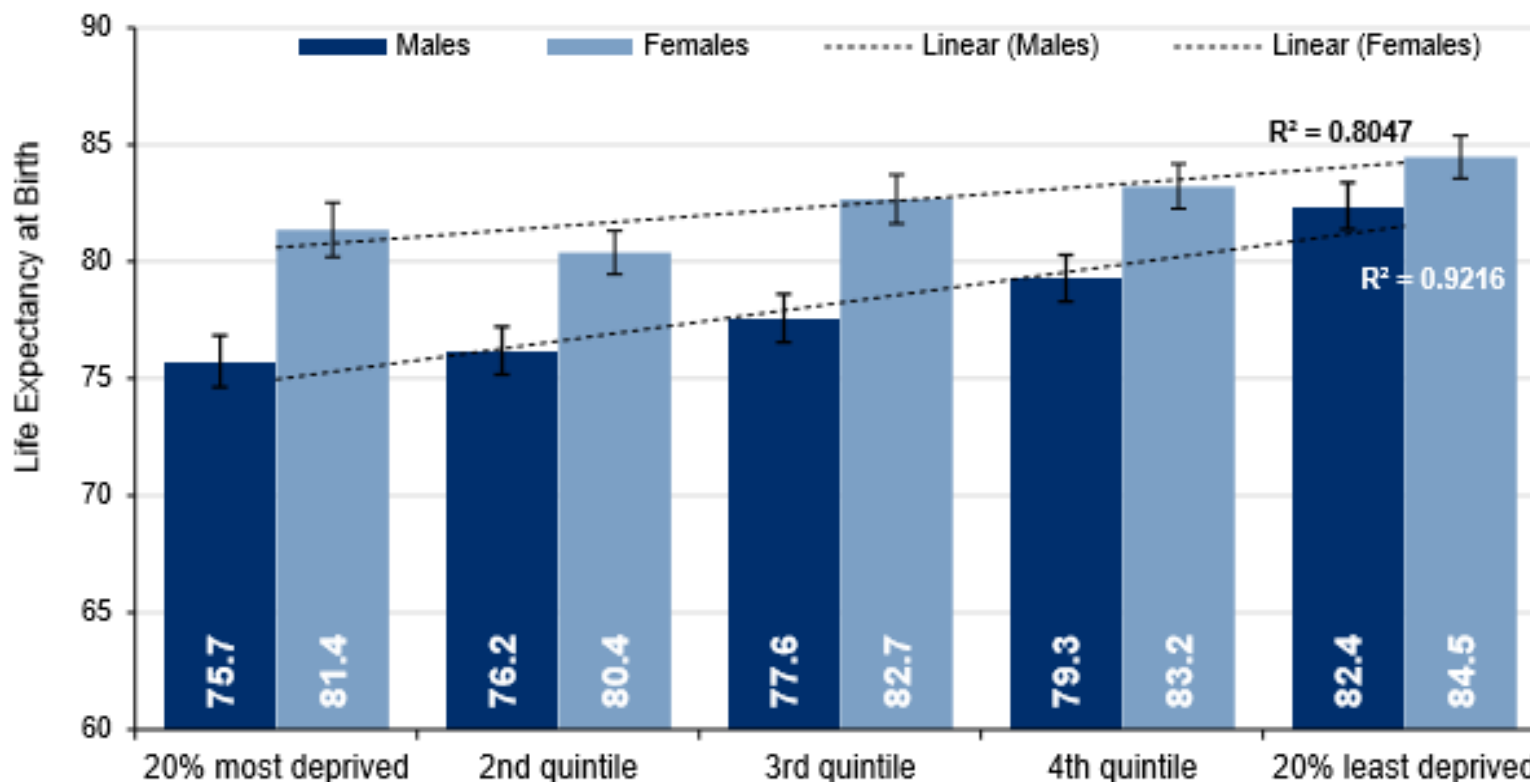
*“differences between people or groups due to social, geographical, biological or other factors. These differences have a huge impact, because they result in people who are worst off experiencing poorer health and shorter lives.” (NICE, 2012)*

## Why?

- Statutory aim of HWBB
- SCC - statutory responsibility
- NHS Long Term Plan
- Health and Wellbeing Strategy priority
- Health and Care Strategic Plan goal

# Health Inequalities in Southampton pre Covid-19

Life Expectancy at Birth by Local Deprivation Quintile (IMD 2015):  
2015 to 2017 (pooled)



Sources: NHS Digital Primary Care Mortality Database, ONS Mid-Year Population Estimates & IMD (2015)

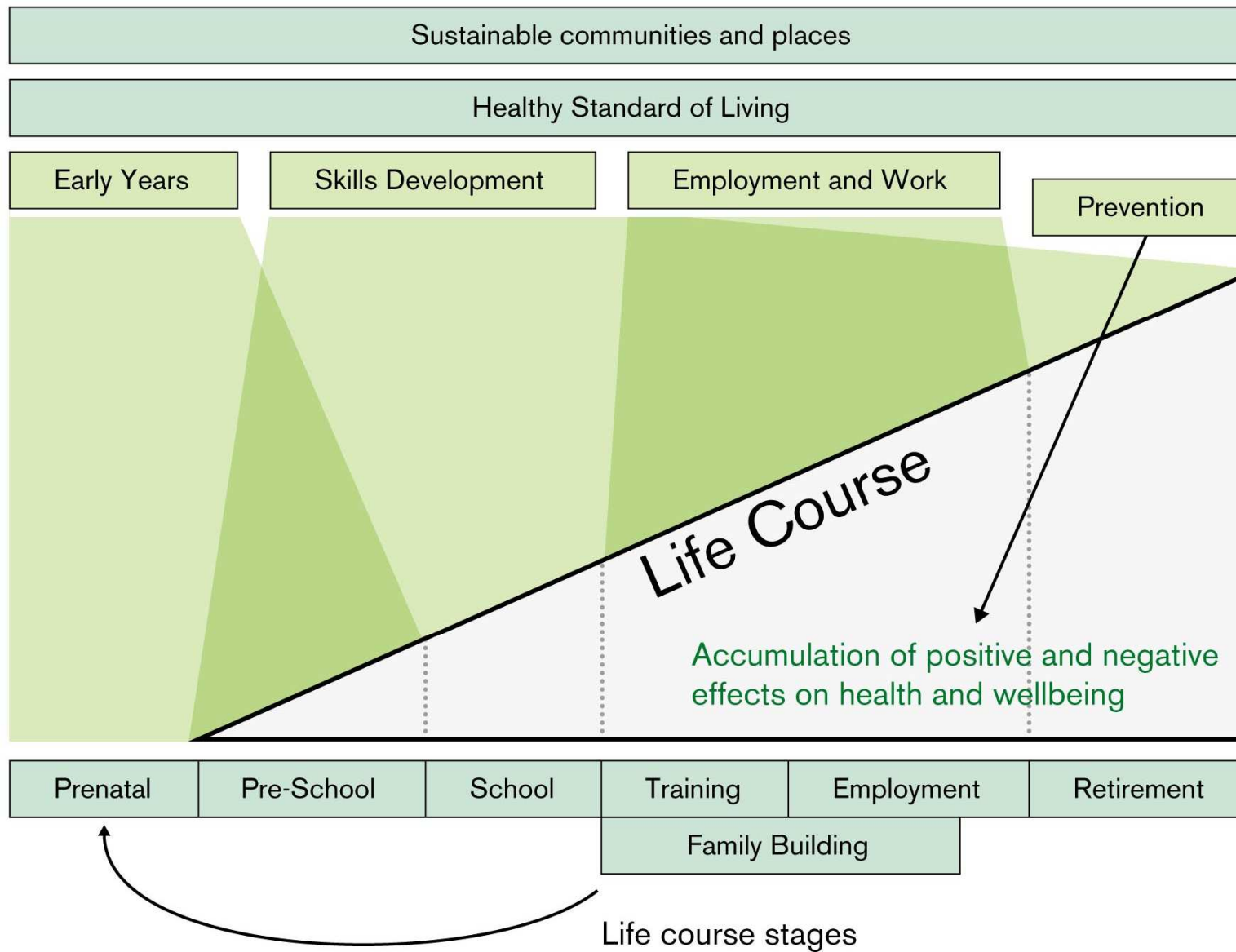
# Relative contribution of the determinants of health

Health Behaviours 30%	Socio-economic Factors 40%	Clinical Care 20%	Built environment 10%
Smoking 10%	Education 10%	Access to Care 10%	Environmental Quality 5%
Diet/Exercise 10%	Employment 10%	Quality of care 10%	Built Environment 5%
Alcohol use 5%	Income 10%		
Poor sexual health 5%	Family/Social Support 5%		
	Community Safety 5%		

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**Source:** Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute. Used in US to rank counties by health status

# A life-course approach



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## Direct impacts of actions on health outcomes

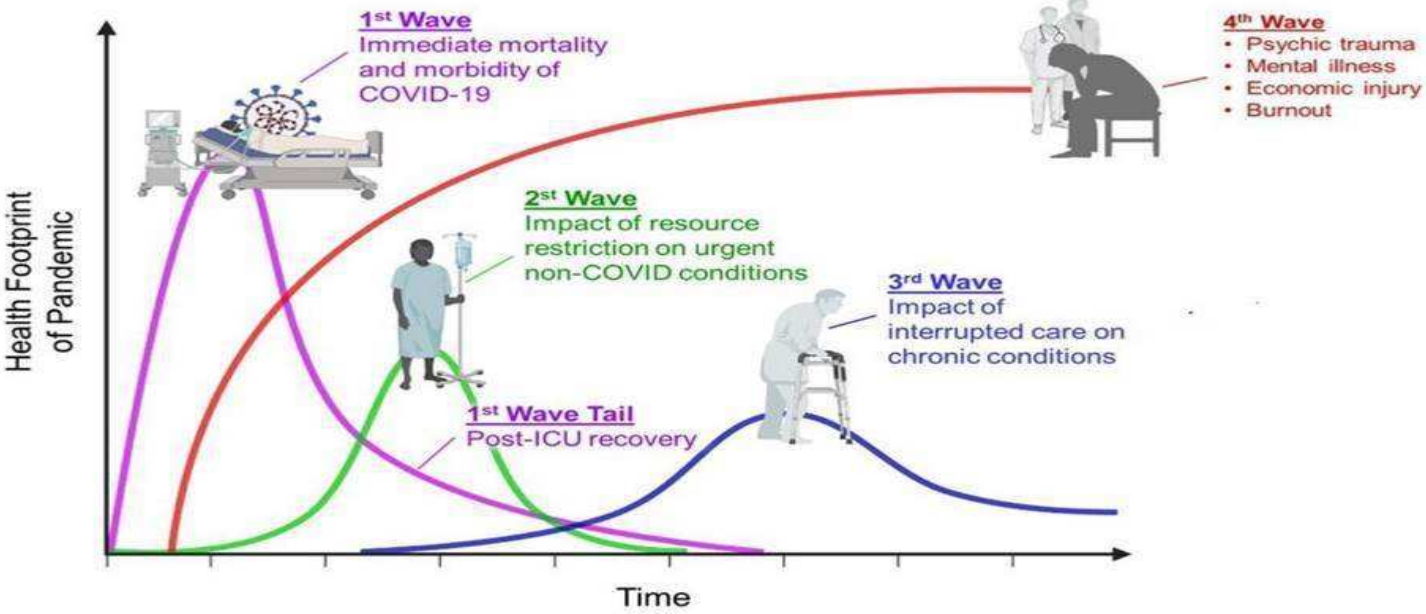
Area	Scale of problem in relation to public health	Strengths of evidence of actions	Impact on health	Speed of impact on health	Contribution to reducing inequalities
Best start in life	Highest	Highest	Highest	Longest	Highest
Healthy schools and pupils	Highest	Highest	Highest	Longer	Highest
Jobs and work	Highest	Highest	Highest	Quicker	Highest
Active and safe travel	High	High	High	Longer	Lower
Warmer and safer homes	Highest	Highest	High	Longer	High
Access to green spaces and leisure services	High	Highest	High	Longer	Highest
Strong communities, wellbeing and resilience	Highest	High	Highest	Longer	High
Public protection	High	High	High	Quicker	High
Health and spatial planning	Highest	High	Highest	Longest	Highest

9 <http://www.kingsfund.org.uk/publications/improving-publics-health>



# Impact of covid-19 on health inequalities

## Health footprint of #coronavirus pandemic



# Impact of covid-19 on health inequalities

## Impact

- Risk and outcomes of Covid-19
- Access to urgent care
- Care for long-term conditions
- Long term mental and socio-economic impact

## Differences across

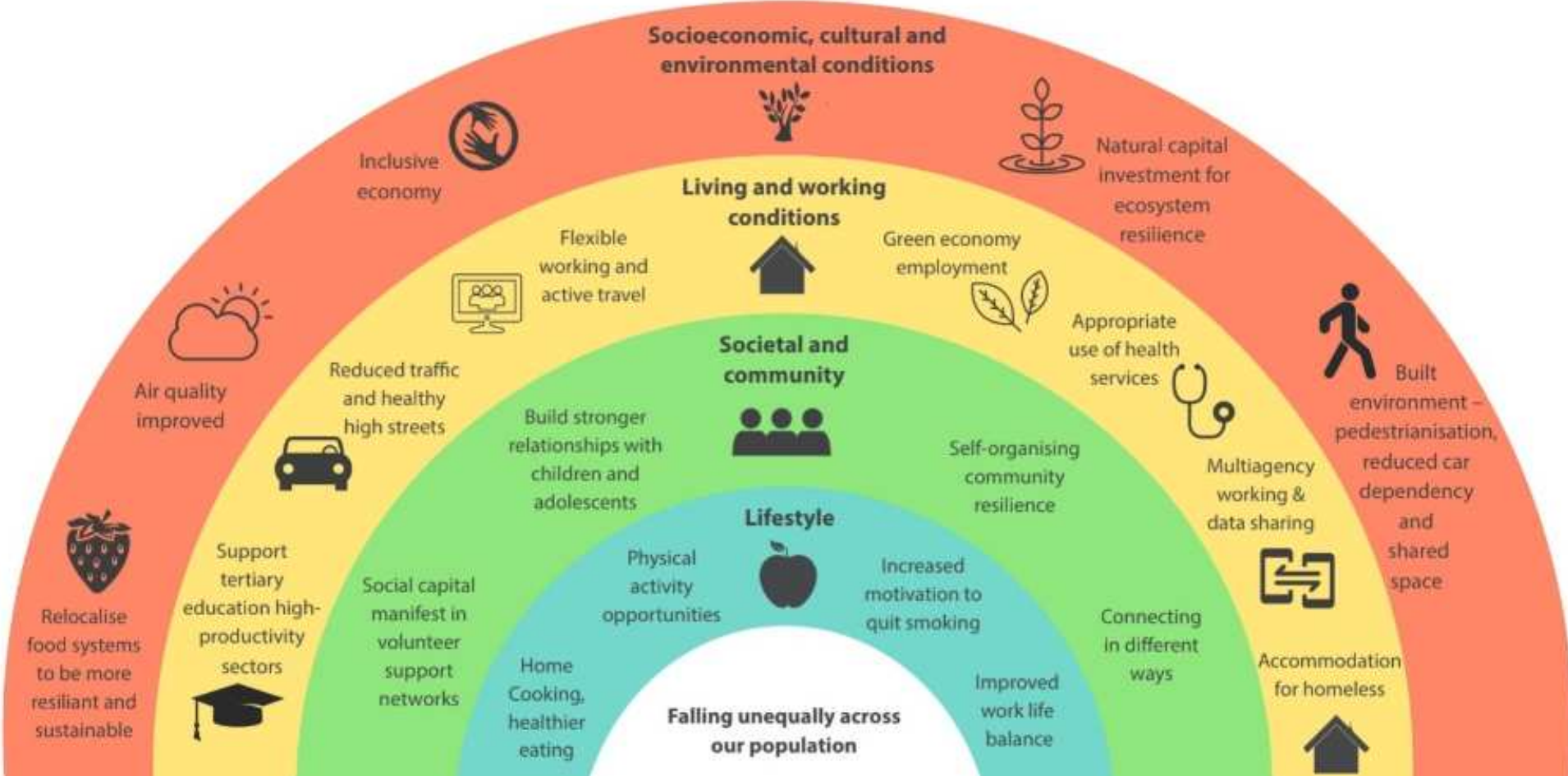
- Age
- Gender
- Ethnicity
- Deprivation
- Geography
- Occupation
- Co-morbidities
- Other risk factors

# Opportunities

- **Rebalance in response to Covid 19**
- **Opportunity for reducing health inequalities at the heart of the system**
- **Focus on the wider determinants of health provides greatest impact**
- **Good evidence for the effectiveness of interventions across the life-course**
- **Requires a 'whole systems' place-based approach**
- **Leaders of 'anchor institutions'**
- **Leadership of Health and Wellbeing Board**

# Rebalancing

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Source: West Berkshire Council

# Summary

- **Significant health inequalities In Southampton before Covid-19**
- **Covid-19 likely to exacerbate health inequalities**
- **Evidence is emerging, so use intelligence to inform decision-making**
- **Evidence-based approaches require a ‘whole-system’ approach.**
- **The Health and Wellbeing Board is well-placed to lead this approach**

## Recommendation

**That the board agree in principle to consider the impact on health inequalities when developing Covid-19 recovery, or ‘rebalancing’ plans and consider what they require to enable this.**

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# Southampton Suicide Prevention Plan

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**Debbie Chase, Interim Director of Public Health**

**Amy McCullough, Consultant in Public Health**

**Sabina Stanescu, Public Health Practitioner**

June 2020

Agenda Item 9

## Deaths by suicide in Southampton

- The suicide rate has fallen in recent years from 15 deaths per 100,000 in 2012-14 to 12.7 in 2016-18.
- However, Southampton continues to have a significantly higher rate of suicides (12.7 per 100,000) than the national (9.6 deaths per 100,000) and South East (9.2 deaths per 100,000) average.

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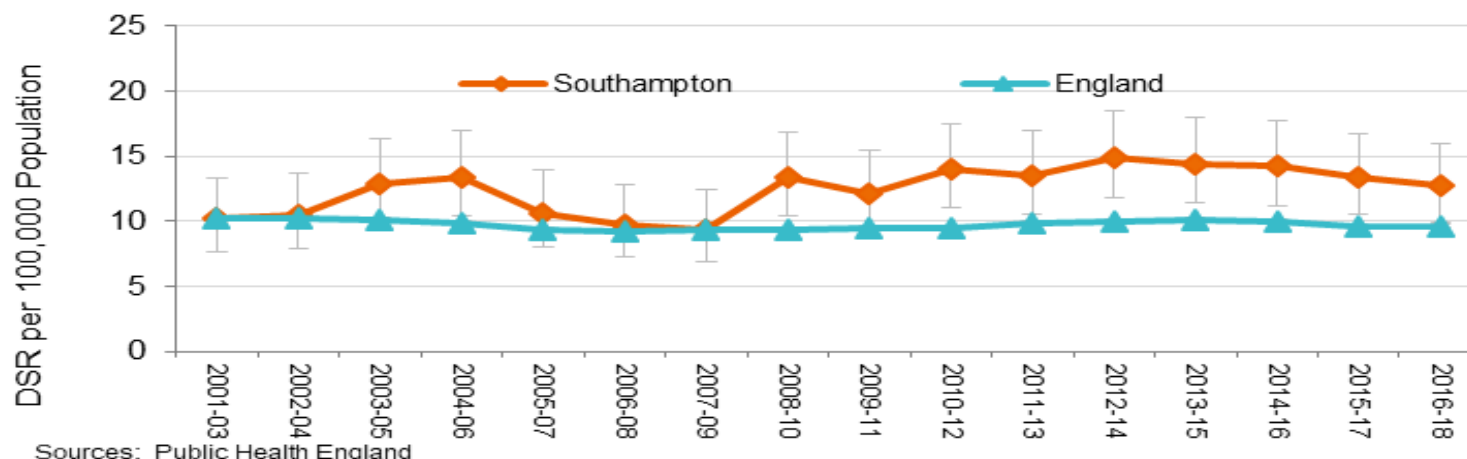


Figure 2. Southampton and England suicide rates per 100,000 from 2001-2003 to 2016-2018



### Key findings:

- 71% (27) were male, and 28% (11) female.
- The highest proportion of deaths took place in men aged 51-60 years.
- 90% were White British (for 5% ethnicity is unknown).
- 52% were known to mental health services (48% were not), and 31% had been in contact with their GP in the 4 weeks prior to taking their life.
- 47% were known to have previously attempted to take their life by suicide, and 23% were known to have a history of self-harm.
- 42% of those that died were employed, 29% unemployed, 13% retired, and 13% had a long-term disability which meant they could not work.
- Mental health problems (65%), relationship problems such as separation (52%), physical health problems (52%), job problems (28%), history of contact with the criminal justice system (28%), financial issues (26%), adverse childhood experiences (26%), and being a victim of abuse (21%) were the most common recorded “life event” risk factors.

# The impact of the covid-19 pandemic across the life course

- The impact of COVID19 will affect people of all ages from young children to older people. It will affect workforce and those who are volunteering to support the COVID19 effort. Bereavement will affect a considerable number of our residents in H&IW.
- See H&IW STP “update from rapid reviews” slide-set, which outlines key findings from research on the impact of previous pandemics on mental health and wellbeing.

## Mental Health Impact of COVID-19 Across Life Course



	Pre-Term	0-5 Years	School Years	Working Age Adults	Old Age
Key issues to consider	<ul style="list-style-type: none"> <li>• Anxiety about impact of COVID on baby</li> <li>• Financial worries</li> <li>• Anxiety about delivery and access to care</li> <li>• Isolation</li> </ul>	<ul style="list-style-type: none"> <li>• Coping with significant changes to routine</li> <li>• Isolation from friends</li> <li>• Impact of parental stress and coping on child</li> </ul>	<ul style="list-style-type: none"> <li>• School progress and exams</li> <li>• Boredom</li> <li>• Anxiety or depression or other MH problems</li> <li>• Isolation from friends</li> <li>• Impact of parental stress</li> </ul>	<ul style="list-style-type: none"> <li>• Balancing work and home</li> <li>• Being out of work</li> <li>• Carer Stress</li> <li>• Anxiety about measures and family or dependents or children</li> <li>• Financial Worry</li> <li>• Isolation</li> </ul>	<ul style="list-style-type: none"> <li>• Isolation and disruption of routine</li> <li>• Anxiety from dependent on services</li> <li>• Financial worry</li> <li>• Fear about impact of COVID if infected</li> </ul>
Staff/ Vols	Cumulative load of stress from significant changes. Traumatic incidents. Isolation from work colleagues. Having to manage working from home. Potential bullying from or to others as part of not coping				
Loss	Loss of loved ones dying may be particularly severe and grieving disrupted because of inability to do normal grieving rites eg as be physically close to dying person, have usual funeral rites, attend funeral etc				
Specific Issues	Impact of delayed diagnoses and treatment (eg chronic conditions,surgery, people living in pain). Suicide and self harm risk for most at risk populations. Members of faith communities may feel disconnected during closure of premises. Domestic abuse may be issues across lifecourse. Drug and Alcohol issues .People reliant on foodbanks or on low incomes or self employed may have additional stress.				

Source: Hertfordshire County Council (and will adapt the third box to include specific reference to those with existing MH diagnosis, loss of income and financial stress, poverty, inequalities etc.

## Process informing the development of the Plan

- National Plans
- Published evidence base
- Suicide Audit of Coroners records
- Other intelligence and data, including Public Health Outcomes data and monthly data from Hampshire Police on suspected suicides

### Stakeholder consultation

- Southampton's Suicide Prevention Partnership (responsible for overseeing the development and delivery of the Plan)
- Health Overview and Scrutiny Panel (HOSP)
- Southampton Drugs and Alcohol Partnership Group
- MH Partnership Group
- CYP Social and Emotional Health Partnership
- Residents with lived experience through Solent Mind (via two focus groups) and the MH network facilitated by communicare

# Aim and priority areas

**Aim of the Plan:** To reduce the number of suicides in Southampton, and ensure provision of support to those bereaved by suicide, focusing on but not limited to groups at high risk of taking their own life.

## Seven key priority areas:

- Achieve city wide leadership for suicide prevention
- Reduce the risk of suicide in key high-risk groups
- Tailor approaches to improve mental health in specific groups
- Reduce access to the means of suicide
- Provide better information and support to those bereaved or affected by suicide
- Support the media in delivering sensitive approaches to suicide and suicidal behaviours.
- Support research, data collection and monitoring

System-wide collaboration and coordination key – suicide “everyone’s business”.



- Actions split across the seven priority areas;
  - Respond to stakeholder feedback
  - Comprehensive, and include action on self-harm
  - Accelerated the pace of some actions as a result of COVID-19
- Includes actions that the STP Suicide Prevention Programme is taking forward
- Monitoring and how we will measure success
- Delivery and governance

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