DECISION-MAKER:	**Health and Wellbeing Board**
SUBJECT:	**COVID-19 Health Impact Assessment**
DATE OF DECISION:	**15 December 2021**
REPORT OF:	**Cabinet Member for Health and Adult Social Care**

CONTACT DETAILS				
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STATEMENT OF CONFIDENTIALITY
None

BRIEF SUMMARY

A COVID-19 Health Impact Assessment has been conducted to highlight emerging direct and indirect health impacts of the pandemic on people living in Southampton. The assessment takes the form of a slide set which is accessible as a separate attachment. The disproportionate impact of direct COVID-19 health effects across different population groups are not yet fully understood nor the scale and impact of the indirect health effects such as delays in diagnoses, elective care, and management of long-term conditions. This also includes the detrimental economic and educational effects known to be powerful wider determinants of health.

This health impact assessment will be used to inform and support prioritisation of specific actions within the Southampton health and wellbeing strategy. Through our learning from local data, evidence and insight, we can ensure that we are doing as much as we can with the resources available to protect and improve the health and wellbeing of the residents of Southampton in COVID-19 recovery over the months and years to come.

Key Points

- Southampton is an ethnically diverse city, with significant pockets of deprivation, and a high burden of chronic disease.
- Clinical vulnerability to COVID-19 infection, vulnerability to acquiring infection, and vulnerability to the impact of policy decisions on managing the pandemic are likely to have been experienced differently across the city.
- Highest age-standardised COVID-19 mortality can be seen in some of our most deprived neighbourhoods. Comparing the 20% most deprived with the 20% least, there are significantly higher age-standardised case rates and hospitalisations in those living in most deprived neighbourhoods across the city.

• Existing health inequalities are likely to have been exacerbated by the pandemic but the evidence for this is yet to be fully realised including what the long-term impacts might be. • The direct impacts of COVID-19 infection on health are captured by hospital admissions and deaths; these direct effects are likely to have been experienced differently across different segments of the population. The same is likely to be true for indirect health impacts such as delays in diagnoses or management of long-term conditions and elective care. Evidence for the scale and distribution of these impacts will take time to emerge. • Effects on the wider determinants of health are most evident on the economic and educational impacts; the long-term consequences of these impacts on health and wellbeing are uncertain • There was an increase in the proportion of the working age population who claimed universal credit and in the overall claimant count due to the pandemic response; so far only the claimant count has begun to reduce as the restrictions have eased and the economy has opened up again		
RECOMMENDATIONS:		
	(i)	To acknowledge the significant impact of the COVID-19 pandemic on the health of Southampton residents
	(ii)	To accept the findings of this initial assessment and recognise that many indirect health impacts are yet to be fully realised including the longer-term impact from the negative economic and educational effects of the pandemic
	(iii)	To review the Board's strategy for health and wellbeing in Southampton in light of the findings and to prioritise key areas as highlighted
	(iv)	To recommend that the impact of COVID-19 should continue to be assessed as part of the regular Joint Strategic Needs Assessment updates
	(v)	To consider how we can best learn more about the lived experiences of Southampton residents across the course of the pandemic to help add depth and greater understanding to what the data is telling us
REASONS FOR REPORT RECOMMENDATIONS		
1.	We are in the infancy of our understanding about the direct and indirect impacts of the COVID-19 pandemic on Southampton but they are likely to be substantial. It is important that we recognise what we currently know and continue to monitor data to better understand some of the medium and long-term effects. We can use these early insights to help inform any review of the health and wellbeing strategy.	
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED		
2.	N/A	
DETAIL (Including consultation carried out)		
	Rationale and objectives	
3.	The direct health impacts of the coronavirus pandemic on Southampton can be seen from the number of COVID-19 cases, hospitalisations and deaths	

	that have occurred in our city residents over the last 18 months. The indirect health impact from the measures required to control the virus and the way in which different groups of people may have been disproportionately affected requires more detailed investigation. This includes understanding more about where the wider determinants of health have been negatively impacted such as in education and employment/income.
4.	This health impact assessment aims to review what we know so far about the direct and indirect impacts of the pandemic on health in Southampton across different populations, geographic areas and sectors. Where data is available, it aims to explore how health changed against a pre-covid baseline, and how the city responded to the challenge of supporting its residents. Finally, it aims to understand where the city could focus its collective recovery effort to improve health and address health inequalities as we build back fairer and learn to live with COVID-19.
	Methods
5.	Between August and October 2021, members of the Data, Intelligence and Insight team worked closely with members of the Public Health team to collect and analyse a wide selection of data to inform our understanding of the direct and indirect effects of the pandemic. Local data was included where this was available although many likely impacts can be extrapolated from national findings. Local data used included case rates, hospitalisations, deaths, vaccination, benefit claimants, employment support scheme usage, educational cases and outbreaks, air quality, SCC service indicators and local resident survey results. Impact assessments of COVID-19 from other geographic areas and sectors were also reviewed.
6.	The impact of COVID-19 on some subpopulation groups in Southampton cannot be fully realised at the current time and where there are gaps in our understanding, we need to build further assessments into our future work. For example, understanding the disproportionate impact of COVID-19 on people from minority ethnic groups will only be better understood when the 2021 Census data becomes available next year to understand changes in our population over the last 10 years.
7.	This assessment should be read against these caveats. It will be updated on an ongoing basis as new data are published.
	Key findings
8.	All parts of Southampton society were affected by the pandemic, either directly by contracting COVID-19 or indirectly through its wider effects, but effects were not felt equally across the city. Modelling of clinical vulnerability to severe infection, vulnerability to acquiring infection, and vulnerability to the policy decisions used to control the pandemic show how many of the already most deprived neighbourhoods were most likely to be most impacted by COVID-19.
9.	There are likely to be short, medium, and long-term impacts of the pandemic. The full impact is still not known and will not be known for many years to come and at present it is not possible to know what the medium and long-term effects will be.
10.	Direct health impacts:

	• There have been 37,919 confirmed cases of COVID-19 and 444 covid-related deaths in people living in Southampton as of the 25th November 2021, and on the 23rd November there were 76 patients in University Hospital Southampton with COVID-19 including 13 requiring ventilation. Age-standardised COVID-19 hospitalisation admission rates are currently only available until May 2021 which showed a higher rate in Southampton residents compared to Hampshire, the South-East and England. In total there were 1,158 COVID-19 hospital admissions in Southampton from the start of the pandemic to May 2021. Age-standardised COVID-19 mortality rates between March 2020 and April 2021 shows Southampton was similar to Portsmouth and the South East average, significantly lower than the England average, but significantly higher than Hampshire and the Isle of Wight.
	• Comparing the period of the pandemic from March 2020 to October 2021 there were 289 excess deaths than the equivalent average time period from 2015-19. This is less than the total number of COVID-19 related deaths suggesting on average some of these COVID-19 related deaths would have been likely to have occurred for other reasons in the absence of COVID-19 during this period of time.
	• Southampton's average weekly infection rate from February 2020 to October 2021 was 461 per 100,000 population, which was higher than the South-East (448) and England (414) averages and lower than Hampshire (536). Average weekly infection rate in the Isle of Wight was 423 and Portsmouth 411 per 100,000.
	• There is evidence of inequality in COVID-19 mortality, with those disproportionately affected including:
	  ○ People living in some of the most deprived neighbourhoods in Southampton (Southampton data)
	  ○ People from minority ethnic groups (national data)
	  ○ Older people including those living in care homes (Southampton data)
	  ○ Males (Southampton data)
	  ○ People with existing illness (national data) which disproportionately affects people living in more deprived neighbourhoods and from ethnic minority backgrounds
	  ○ People with learning disabilities (national data)
	• Between 3% and 11.7% of people infected with COVID-19 go on to suffer Long Covid with symptoms following a suspected or confirmed case of COVID-19 infection that last more than 12 weeks (national data)

11.	Indirect health impacts: • Impact on health and care system, with long waiting lists for elective care and referrals, variability in access to face-to-face healthcare consultations, deteriorating health conditions and deconditioning (national data) • Displacement of usual societal activities by COVID-19 response, with reduction in some types of support for vulnerable people (especially face to face support) (Southampton and national data) • Impact of non-pharmaceutical interventions (NPIs) e.g. lockdowns, social distancing, self-isolation, business closure, suspension of schooling for most pupils etc (Southampton and national data) which

	affected people's mental health and wellbeing, economic and educational experiences.
12.	There was evidence of inequalities in almost every aspect assessed and people who were already disadvantaged felt the negative effects more. Some groups were not able to adhere as closely as others to the recommended measures to reduce their risk of infection. It is likely that inequalities in Southampton have widened as a result of the pandemic.
13.	The impact of the pandemic also affected people's ability to lead healthy lives, with reported reductions in healthy eating and physical activity in some groups, and increased consumption of alcohol and drugs and alcohol-related harm (national data).
14.	Effects on health were mostly negative. However, there were some positives: • An increase in healthy behaviour in some populations e.g. quitting smoking (national data) • People reported that they valued clean air and used and valued green spaces more (Southampton data) • Strengthened community support, connectivity and assets (Southampton data) • Southampton's vulnerable population is now more easily identified for the future through e.g. the shielding list (Southampton data)
	Looking to the future and recovery
	Opportunities
15.	• Capitalise on the renewed attention on health inequalities, public health and the importance of physical and mental wellbeing for society • The pandemic has shown how closely health can be related to the economy which supports the Health in All Policies approach • To build upon community engagement using new and refreshed partnerships and new ways of working to build capacity • Use key learning from the pandemic response and strong partnerships that have developed to prepare for any future pandemic • There are now clear areas to inform the HWB strategy going forward
	Priorities for the HWB's strategy
16.	In terms of continuing to protect the public from covid-19 infection it is crucial that we: • continue with vaccination, contact tracing strategies and preventative measures to reduce risk of covid-19 transmission and consequences • continue to work through community engagement and targeted/general communications to help people learn to live with covid-19 and continue to understand how risk can be reduced To ensure that the HWB strategy supports COVID-19 recovery, the recommendation is that we continue to, and amplify, our approach to reducing health inequalities in Southampton, using the 'build back fairer' framework to inform approach. These 'build back fairer' principles are already included within our strategy: 1. Reducing inequalities in early years

	2. Reducing inequalities in education 3. Build back fairer for children and young people 4. Creating fair employment and good work for all 5. Ensuring a healthy standard of living for all 6. Creating and developing healthy and sustainable places and communities 7. Strengthening the role and impact of ill health prevention The HWB agreed at their last meeting to prioritise giving children and young people the best start in life, this aligns with the first 3 principles above and clearly principles 4 to 7 will enable children and young people to have the best start in life.
RESOURCE IMPLICATIONS	
Capital/Revenue	
17.	None
Property/Other	
18.	None
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
19.	Health and Social Care Act 2012
Other Legal Implications:	
20.	None
RISK MANAGEMENT IMPLICATIONS	
21.	None
POLICY FRAMEWORK IMPLICATIONS	
22.	None

KEY DECISION?	**No**
WARDS/COMMUNITIES AFFECTED:	All
SUPPORTING DOCUMENTATION	
Appendices	
1.	Southampton COVID-19 Health Impact Assessment PDF

Documents In Members' Rooms

	None

Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.	**No**
Data Protection Impact Assessment	
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out.	**No**
Other Background Documents **Other Background documents available for inspection at: N/A**	

Title of Background Paper(s)		**Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)**
	None	