DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL
SUBJECT:	IMPACT OF COVID-19 ON SOUTHAMPTON'S HEALTH AND WELLBEING
DATE OF DECISION:	1 SEPTEMBER 2022
REPORT OF:	DIRECTOR OF PUBLIC HEALTH

CONTACT DETAILS				
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STATEMENT OF CONFIDENTIALITY
None

BRIEF SUMMARY

A COVID-19 Health Impact Assessment was presented to the Southampton Health and Wellbeing Board in December 2021. This impact assessment has been updated with the latest data and intelligence on health and wellbeing alongside information on actions taken subsequently by the Health and Wellbeing Board and Health and Care Partnership Board for presentation to the Health Overview and Scrutiny Panel.

This health impact assessment highlights emerging direct and indirect health impacts of the pandemic on people living in Southampton. The assessment takes the form of a comprehensive slide set (Appendix 1). 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. We will continue to update our data and intelligence to help inform local action.

This health impact assessment is being used to inform and support prioritisation of specific actions within the Southampton Health and Wellbeing Strategy and Southampton's Health and Care Plan. 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 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. This reflects recently published national trends.

- 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.
- Both Southampton's Health and Wellbeing Board and Health and Care Partnership Board have taken the immediate position of prioritising key elements of their strategy and plan respectively to reduce the health inequalities resulting from the covid-19 pandemic.
- Health and care providers continue to support covid-19 response alongside delivery of their recovery plans.

RECOMMENDATIONS:

	(i)	To acknowledge the significant impact of the COVID-19 pandemic on the health of Southampton residents, recognising that many indirect impacts are yet to be fully realised and to recommend that the impact of covid-19 continues to be assessed as part of the regular Joint Strategic Needs Assessment updates.
	(ii)	To acknowledge the ongoing work of the Health and Wellbeing Board and Health and Care Partnership Board in prioritising action on the basis of covid impact and available resource provision.

REASONS FOR REPORT RECOMMENDATIONS

1.	We are still 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 prioritisation of our actions and future refresh of the Health and Wellbeing Strategy (scheduled in 2025).

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 2 and a half years. 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 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. In August 2022, the slide set was revised with the most recently available to include the period covering Plan B restrictions between December 2021 and February 2022 and the end of community testing for all on 31 March 2022.
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 this Autumn/Winter (2022/23) 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 impacts:
	• There have been 78,523 confirmed cases of COVID-19 up to 31 March 2022 and 555 covid-related deaths in people living in Southampton as of 12th August 2022, and on 9th August 2022 there were 89 patients in University Hospital Southampton with COVID-19 including 5 requiring ventilation. Age-standardised COVID-19 hospitalisation admission rates are currently only available until May 2021 which showed a higher rate in Southampton 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.
	• Southampton's average weekly infection rate to March 2021 was 803.5 per 100,000 population, which was higher than the England (755.4) average and lower than Hampshire (994.7). Average weekly infection rate in the Isle of Wight was 925.4 and Portsmouth 837.1 per 100,000.
	• There is evidence of inequality in COVID-19 mortality, with those disproportionately affected including:
	  o People living in some of the most deprived neighbourhoods in Southampton (Southampton data)
	  o People from minority ethnic groups (national data)
	  o People living in the most deprived neighbourhoods (Southampton data)
	  o Older people including those living in care homes (Southampton data)
	  o Males (Southampton data)
	  o People with existing illness (national data)
	  o People with learning disabilities (national data)
	• Between 3% and 11.7% of people infected with COVID-19 go on to suffer Long Covid (national data) defined by symptoms lasting more than 12 weeks. The most recent national survey data as of 2nd July 2022 put this at 3%.

11.	Indirect health impacts: • Impact on health and care system, with long waiting lists for elective care and referrals, 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 health impact of COVID-19 was most prominent in the following areas/groups: • People with existing illness (including those who were Clinically Extremely Vulnerable), who had worse COVID-19 outcomes and whose illness is likely to have been exacerbated by the wider effects of the pandemic (national data). • Carers and those they care for, with disruption to their usual caring role and who disproportionately live in more deprived areas and have more pre-existing illness (Southampton and national data). • Older people, who were more at risk with the recognition that age was the greatest risk factor for severe infection (local and national data). • People with Long Covid, who are more likely to be female, working in health and social care, have higher deprivation and have pre-existing health conditions (national data). • Those whose income was reduced as a result of the pandemic (Southampton data). • More deprived groups, with increases in the number of people claiming benefits including universal credit over the course of the pandemic. Overall claimant count has reduced but the increased proportion of working age population that is claiming universal credit has not (Southampton data). The inequality gap in the claimant count between the most and least deprived neighbourhoods still remains higher than pre-pandemic levels. • Children, whose physical and mental health were significantly affected as well as suffering huge disruption to their education, which is an important determinant of future health (Southampton and national data). Nationally and locally, children at the start of primary school had significantly higher rates of excess weight and obesity in 2020/21 compared to the years 2016/17 to 2019/20. • People with mental health difficulties, with increases in the number of people reporting loneliness and anxiety (Southampton and national data).
14.	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).
15.	Effects on health were mostly negative. However, there were some positives: • An increase in healthy behaviour in some populations e.g. quitting smoking. • 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). • 3,000 more carers in the city made themselves known (for vaccine eligibility), allowing signposting to additional support through SCC and voluntary services such as Carers in Southampton.
	Looking to the future and recovery

	Opportunities
16.	• 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 Health and Wellbeing Board strategy going forward.
	Priorities for the Health and Wellbeing Board
17.	In terms of continuing to protect the public from covid-19 infection it is crucial that we: • Continue with vaccination 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 Health and Wellbeing 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 Health and Wellbeing Board 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. The Board also agreed, given the considerable impact covid-19 has had on mental health, that improving mental health is a strategic priority across all workstreams.
18.	Priorities for the Health and Care Partnership Board
	Southampton Health and Care Partnership Board, working through the Southampton Transformation Delivery Group (previously known as Better Care Steering Board), are currently prioritising areas of the current health and care plan in light of the covid impact assessment and partners' feedback. Decisions on intent will be agreed at the next delivery group meeting.

	In terms of local health and care system priority areas as a result of impact, these are: • Adult and social care market • Children and young peoples' mental health Proposed priority areas related to the 5 year health and care strategy are – *Start Well* 1. Reducing childhood obesity 2. Improving children and young people's emotional and mental wellbeing 3. Improving outcomes in the Early years - personal, social and emotional development; communication and language; and physical development *Live Well* 4. Improving Mental Health & tackling loneliness 5. Improving lives for the most vulnerable, e.g. people with LD, MH problems, people living in most deprived areas 6. Tackling smoking, drugs and alcohol misuse *Age Well* 7. Proactive Care approach *Die Well* 8. Early identification of people at End of Life 9. Promote accessibility of End of Life care for all 10. Out of Hospital End of Life Care Coordination.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
19.	N/A
<u>Property/Other</u>	
20.	N/A
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report</u>:	
21.	The duty for local authorities to undertake health scrutiny is set out in National Health Service Act 2006. The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.
<u>Other Legal Implications</u>:	
22.	None
RISK MANAGEMENT IMPLICATIONS	
23.	The analysis is being utilised to inform actions and approaches that are designed to mitigate, where possible, the impact of the pandemic on outcomes for Southampton's residents.
POLICY FRAMEWORK IMPLICATIONS	

24.	The analysis will help to inform priorities within the Health and Wellbeing Strategy and the Health and Care Plan and the next iterations of these documents.

KEY DECISION?	**No**
WARDS/COMMUNITIES AFFECTED:	N/A

<u>SUPPORTING DOCUMENTATION</u>

Appendices

1.	Impact of covid-19 on Southampton's health and wellbeing - presentation

Documents In Members' Rooms

1.	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:

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