

A photograph of a fountain with a central vertical jet and several lower jets, set against a stone wall. The water is illuminated from below, creating a bright, shimmering effect.

COVID-19 Impact Assessment



Southampton – 1st December 2021

Public Health and Data, Intelligence & Insight Team





- 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.
- Higher 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 most deprived living 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.





Introduction

This section provides a summary of Southampton's demographic and health baselines pre-covid, and a summary of COVID-19 cases, hospitalisations and deaths in the city. It describes how the conditions in which people are born, grow, live, work and age affect health and how this is likely to have affected how the city was impacted by the pandemic.

Healthy People

The impact of COVID-19 has been felt differently in different groups of people in Southampton. This section explores which groups were affected more than others, why that might be the case, and how different groups were supported. It also considers the extent to which different groups were able to take steps to protect themselves from infection and from the wider effects of COVID-19 e.g. testing, vaccination, self-isolation etc. There are a limited number of characteristics available within the current case data to fully understand who has been most impacted by COVID-19 infection, hospitalisation and death in the city. For example, our case data does not contain data about pre-existing conditions like heart disease, respiratory disease and diabetes, or other clinical vulnerabilities and occupation.



Healthy Living

This section describes how the pandemic affected people's ability to lead healthy lives.

Healthy Places

This section summarises how the impact of the pandemic was felt in different parts and sectors of the city: wards, deprivation, environmental issues and crime

 **Conclusions: looking to the future and recovery** 

As more data becomes available, we will be able to better understand the impacts of the COVID-19 pandemic in Southampton. Already we can see a disproportionate affect in those living in the most deprived neighbourhoods both in the direct and indirect health impacts. Where we have relied on national data for England/UK, it is important to remember that Southampton has higher deprivation on average than England, so the effects of COVID-19 may be even greater. Impacts may be further amplified when we are able to better understand variation in impacts across ethnicity when the 2021 Census data becomes available.

In almost every area, inequalities in the effects of COVID-19 are evident, with groups who were already disadvantaged suffering more. In general, the least deprived were protected from the worst effects of the pandemic.

The ability for people to lead healthy lives and enhance their wellbeing was also affected.

Who were most affected?

- People living with deprivation and illness, those of older age and those from ethnic minority groups and other vulnerable populations – people who in many cases had no choices about how they could respond to the pandemic
- Children and young people's lives including educational disruption with long-term effects not yet quantifiable



Introduction

This section provides a summary of Southampton's demographic and health baselines pre-covid, and a summary of COVID-19 cases, hospitalisations and deaths in the city. It describes how the conditions in which people are born, grow, live, work and age affect health and how this is likely to have affected how the city was impacted by the pandemic.



Southampton population and deprivation

The impact of COVID-19 will be felt very differently from local authority to local authority because of differences in local demography and because the conditions in which people live affect how healthy they are and how vulnerable they are to COVID-19.

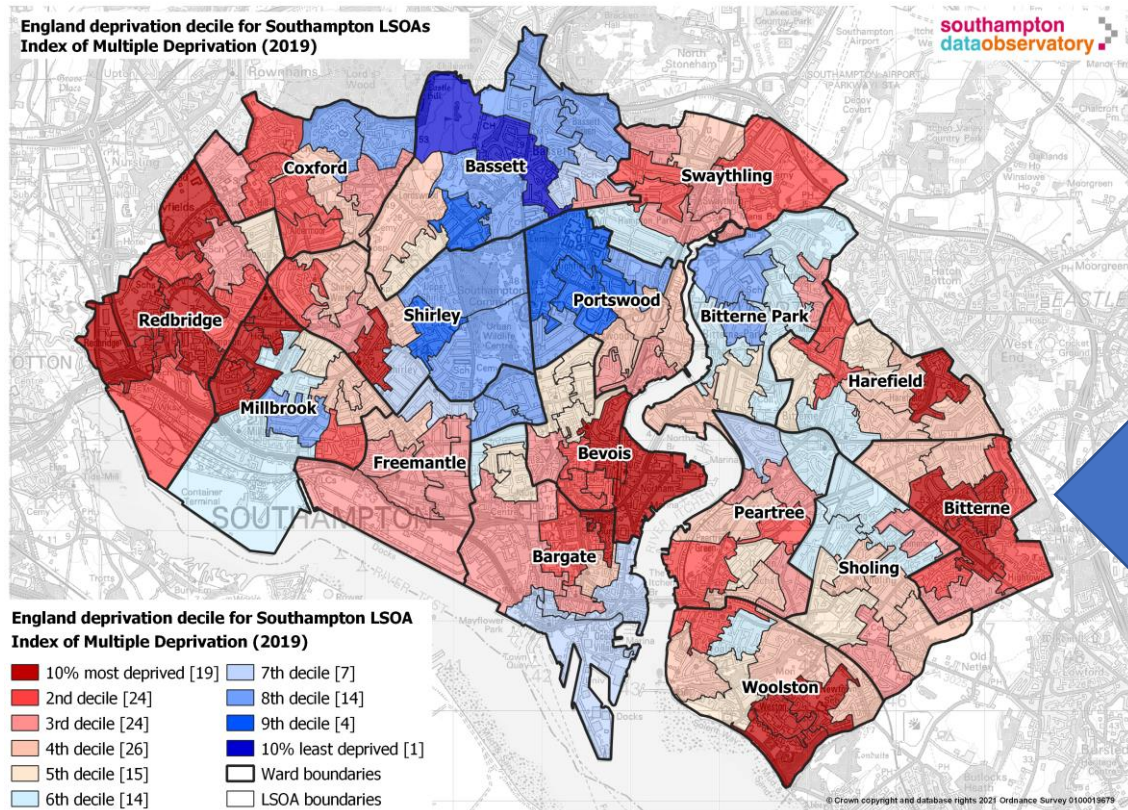
Southampton has an estimated population of **260,111** residents, of which **132,501** (50.9%) are **male** and **127,610** (49.1%) are **female** (2020).

Southampton has a relatively young population compared to geographic neighbours with higher rates of **deprivation, diversity** and pre-existing **disease**. A shift towards an ageing population has been forecast for the city.

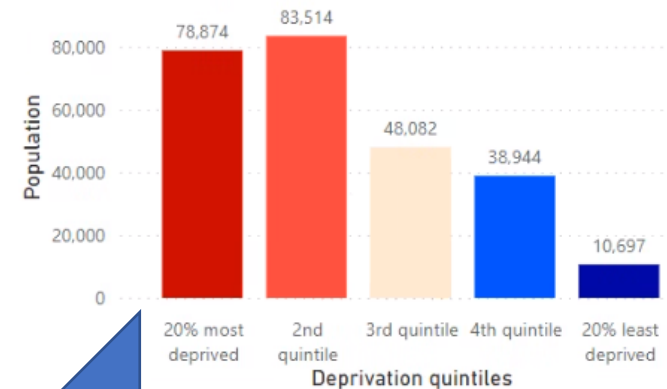
Deprivation is generally associated with poor health outcomes.

Southampton is ranked the 55th (previously 54th) most deprived out of 317 local authorities in England.

28% of Southampton's population live in neighbourhoods within the 20% most deprived nationally Southampton is ranked 3rd worst in the country for crime deprivation and is in the worst 20% of local authorities for 5 other deprivation domains.



Southampton population estimates for England IMD quintiles: 2020



This map shows how deprivation is distributed across different neighbourhoods in the city with red areas experiencing much higher deprivation compared to blue areas.

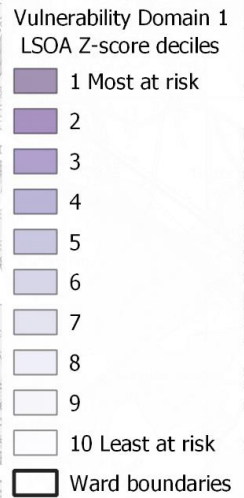
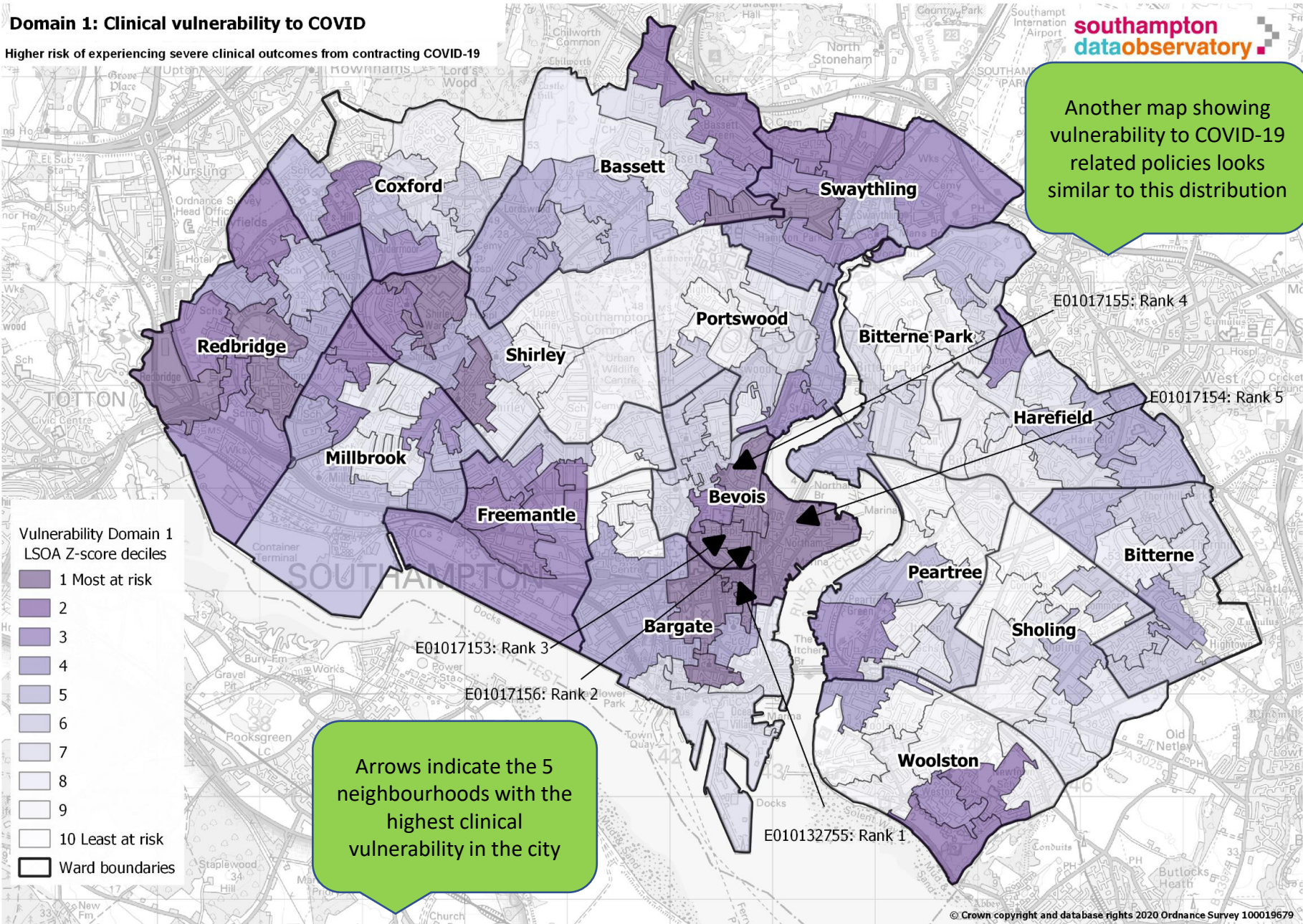
The Index of Multiple Deprivation consists of 7 domains including income, employment, health and disability, education, crime, housing and living environment.



Clinical Vulnerability to COVID-19

Domain 1: Clinical vulnerability to COVID

Higher risk of experiencing severe clinical outcomes from contracting COVID-19



Clinical vulnerability to COVID

Higher risk of experiencing severe outcomes from contracting COVID-19

- Male (%)
- Older age (% 70+ per LSOA)
- BAME (%)
- Clinical risk factors < 70s from CSU*
- Deprivation score

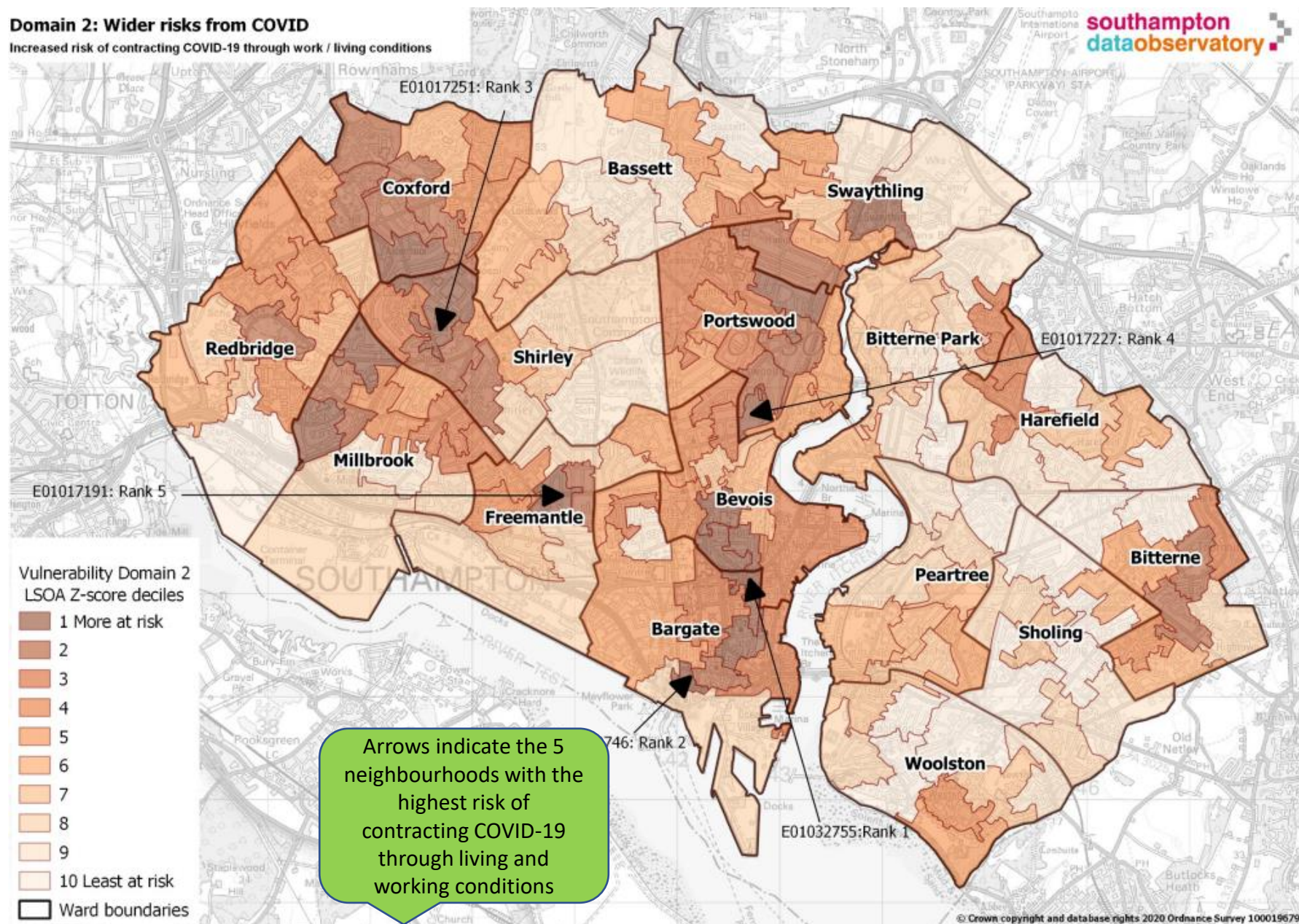
This map shows how clinical vulnerability to severe outcomes from COVID-19 is distributed across the city using an index comprising the factors in the table. There are pockets of the city with very vulnerable populations to severe disease and death from COVID-19



Wider risks for exposure to COVID-19 infection

Domain 2: Wider risks from COVID

Increased risk of contracting COVID-19 through work / living conditions



Wider risks from COVID

Increased risk of contracting COVID-19 through work / living conditions

Working in human health and social work activities (%)

Working in Education (%)

Working in transport and Storage (%)

Overcrowded housing (%)

High population density (%)

This map shows how risk of exposure to COVID-19 is distributed across the city. There are pockets of the city with populations more vulnerable to risk of contracting COVID-19 through living and working conditions



GOV.UK Published Cases

Cases in last 7 days	Change in last 7 days	Average cases per day (last 7 days)	Data up to
1260	-74	180.0	25/11/2021

Select date range

30/01/2020

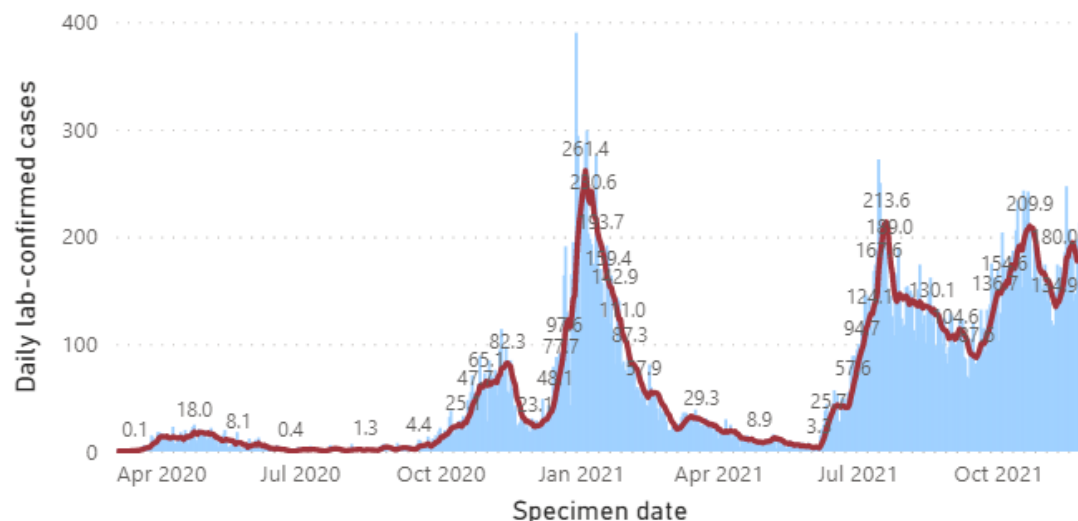
25/11/2021

Cases for selected dates

37919

Number of COVID-19 cases per day and 7-day rolling average in Southampton for selected dates

● Daily lab-confirmed cases ● GOV Rolling 7 day average



There have been **37,919 confirmed cases** of COVID-19 in **Southampton** (includes both pillar 1 and 2 cases). There were **1260 confirmed cases** in the **last 7 days**, which is a **reduction of 74** compared to the **previous 7 days**.

Data is correct at time of publication, but is subject to change due to reporting delays and corrections. Therefore, any changes in the number of infections should be **interpreted alongside overall trends**, as there will be daily fluctuations. It is more important to consider any **sustained increases or decreases** that may occur.

The chart to the left shows the **daily number of confirmed cases** and the **7 day moving average** (to smooth out fluctuations) in Southampton.



Southampton COVID-19 Data Dashboard



What is coming?

27/11/2021

Southampton 7 day infection rate per 100k

464.9

South East 7 day infection rate per 100k

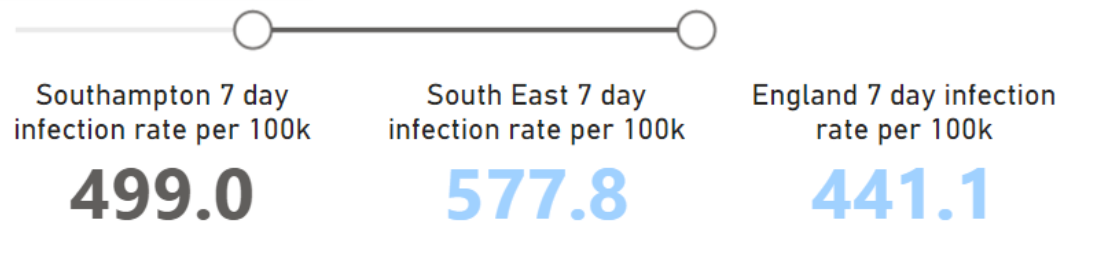
565.4

England 7 day infection rate per 100k

430.8

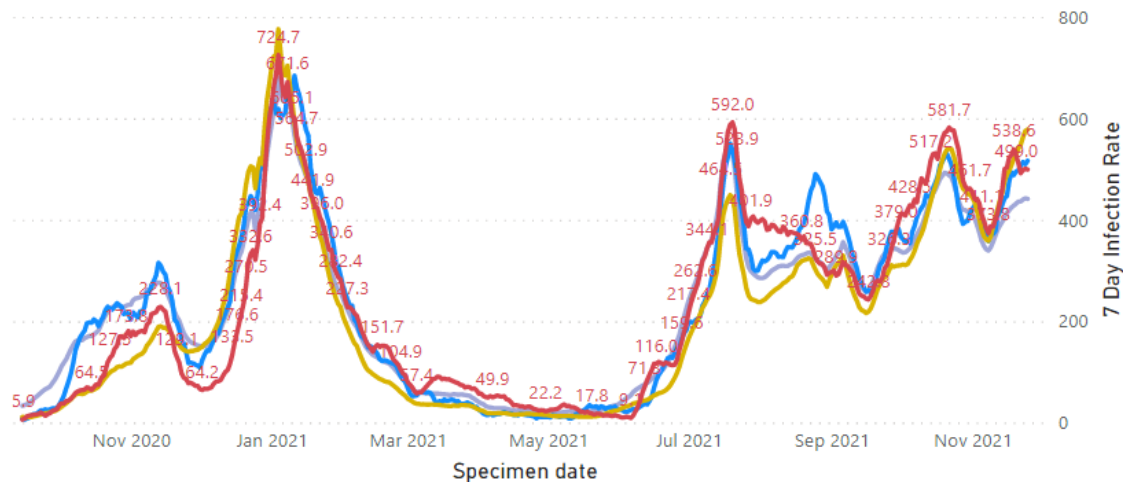
Select dates (last date drives rates below and charts to the right)

Area name (CTRL to select multiple)

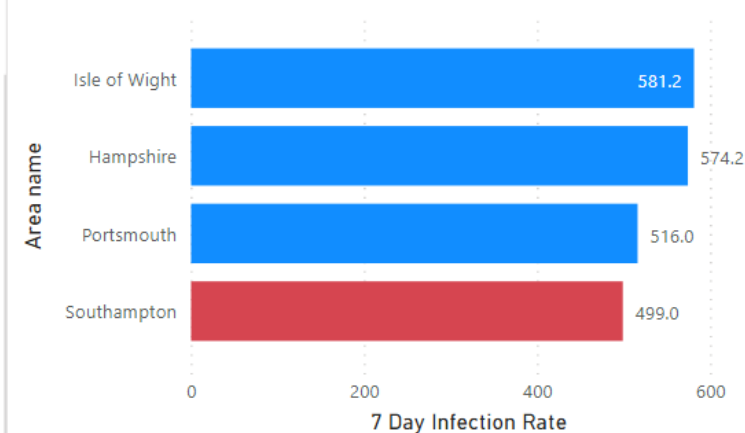


COVID-19 7-day rolling case rate per 100,000 population

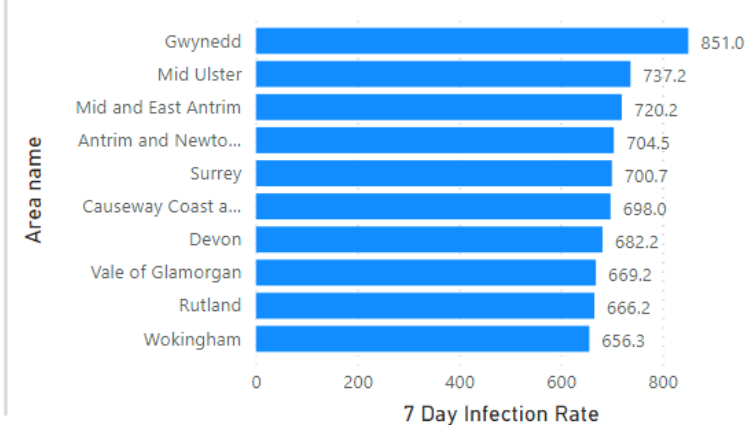
Area name ● England ● Portsmouth ● South East ● Southampton



Infection rate per 100,000 population: HIOW LAs



Infection rate per 100,000 population: TOP TEN LAs





← University Hospital Southampton Admissions



Patients admitted

21 November

5

Total admissions over the last 7 days

40

Patients in hospital

23 November

76

Patients on ventilation

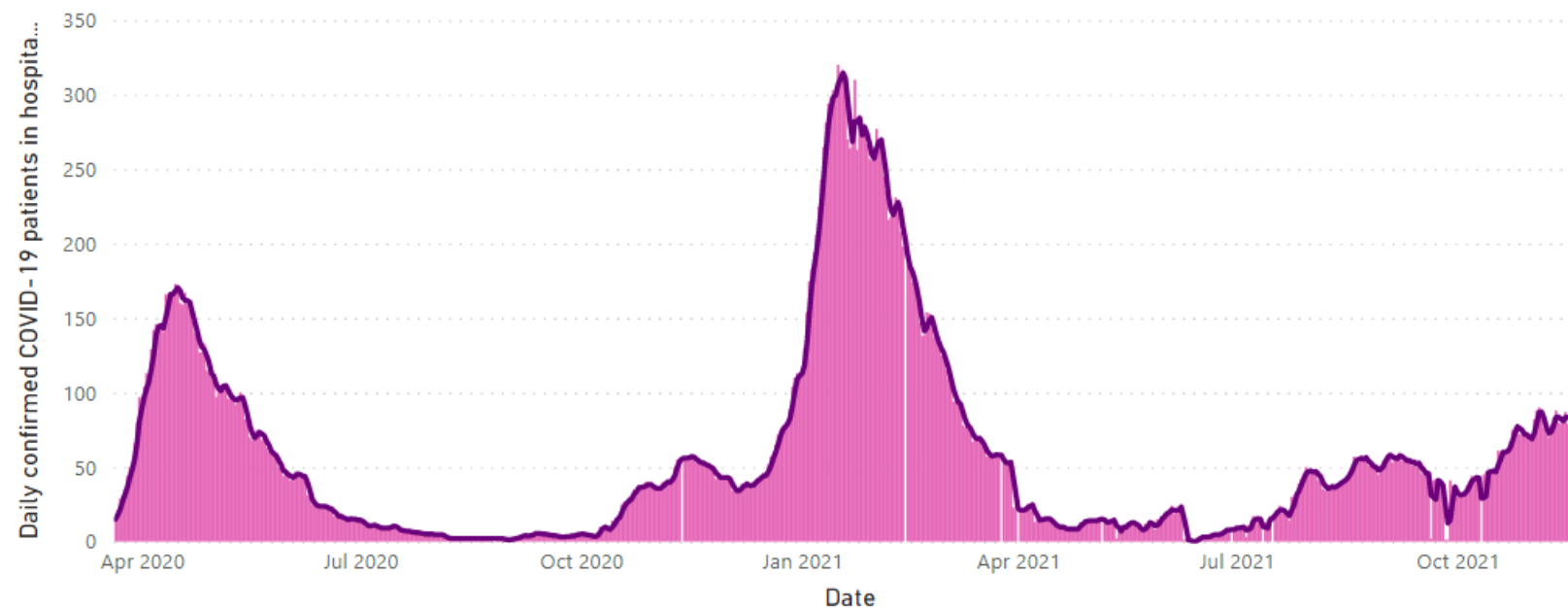
23 November

13

There were **76** COVID-19 patients on the **23 November**, which is **a decrease** of **-3** compared with the previous week. The admissions data relates to the patients of University Hospital Southampton so doesn't just include Southampton residents.

University Hospital Southampton COVID-19 daily confirmed COVID-19 patients in hospital at 8am

● Daily confirmed COVID-19 patients in hospital at 8am ● 3-day average of COVID-19 patients



19/03/2020 23/11/2021





COVID-19 related deaths

Includes deaths up to 19 November, all deaths registered up to 27 November



Total COVID related deaths

444

of which

Hospital

300

Community

144

(105 of which in care homes)

COVID Deaths during the week to 19 November

4

Change in deaths from previous week

+1

COVID-19 deaths

There have been a total of **444** COVID-19 related resident deaths in Southampton. There was **4** COVID-19 related deaths in the most recent week, which is **an increase** of **+1** when compared to the previous week.

The chart to the rights shows the number of COVID-19 related deaths by week and setting.

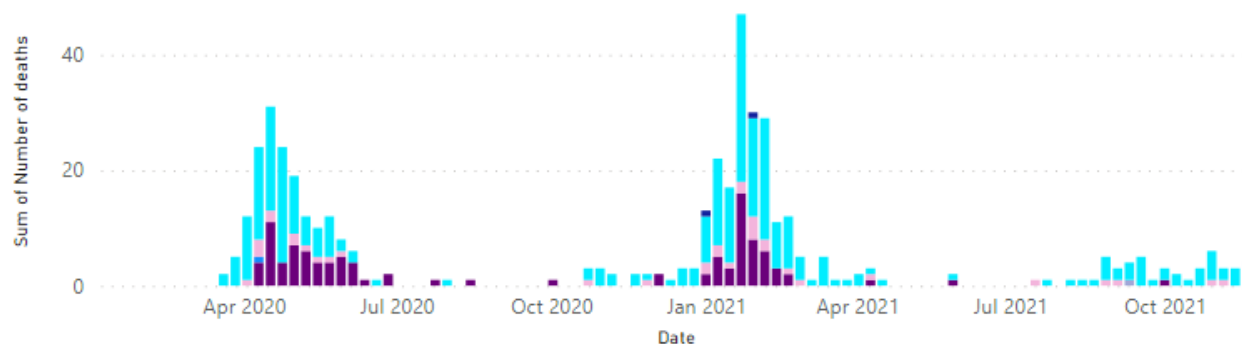
Latest data shows that there was **5 COVID-19** related deaths in **University Hospital Southampton** (UHS) between the 17th November up to 23rd November. This data is different from that published by ONS as it doesn't necessarily include Southampton residents, only those who have died at UHS.

Excess deaths (COVID and non-COVID)

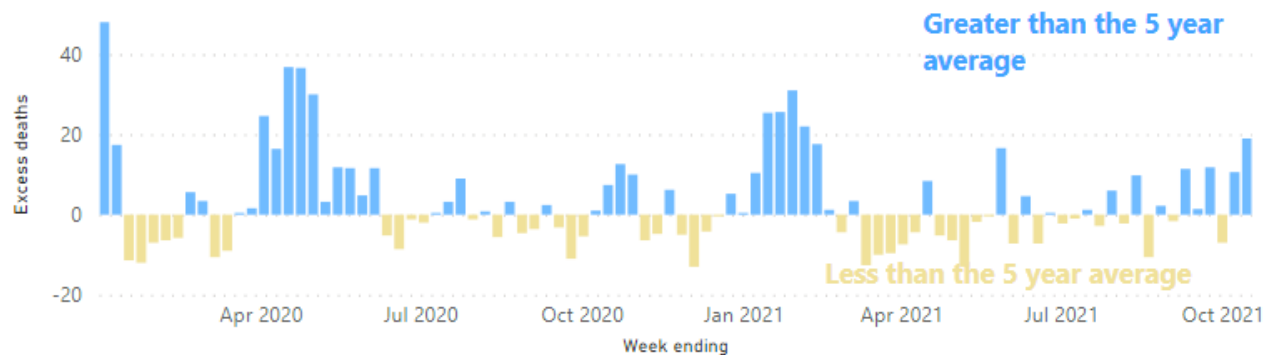
In Southampton, **resident deaths** are now at **higher levels** compared to previous years as shown in the graph to the right. This shows the death occurrence by week compared to the average deaths count, by week, for the years 2015 to 2019.

Deaths by week and place of occurrence

Place of death ● Care home ● Elsewhere ● Home ● Hospice ● Hospital ● Other communal establishment



Excess deaths by week



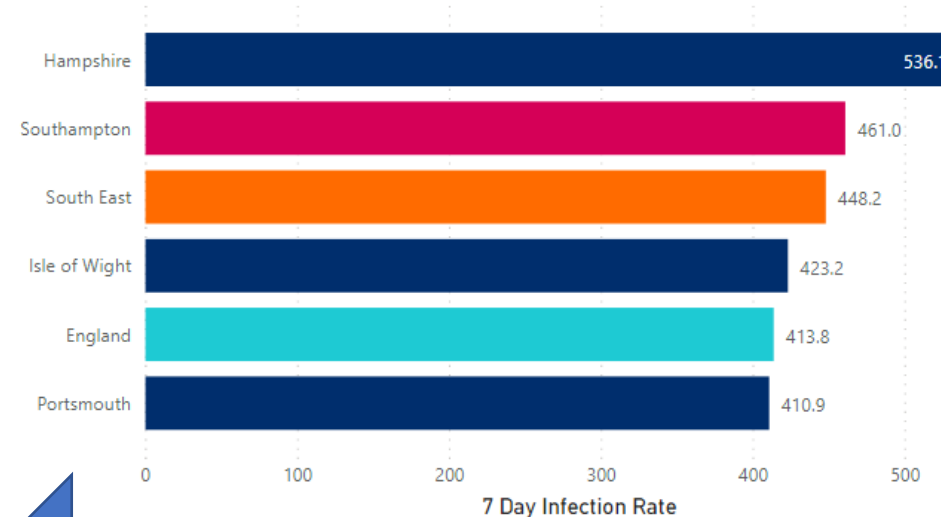
Please note: data correct at time of publication, but may be revised in future weeks due to reporting delays



Southampton COVID-19 infections and hospitalisations

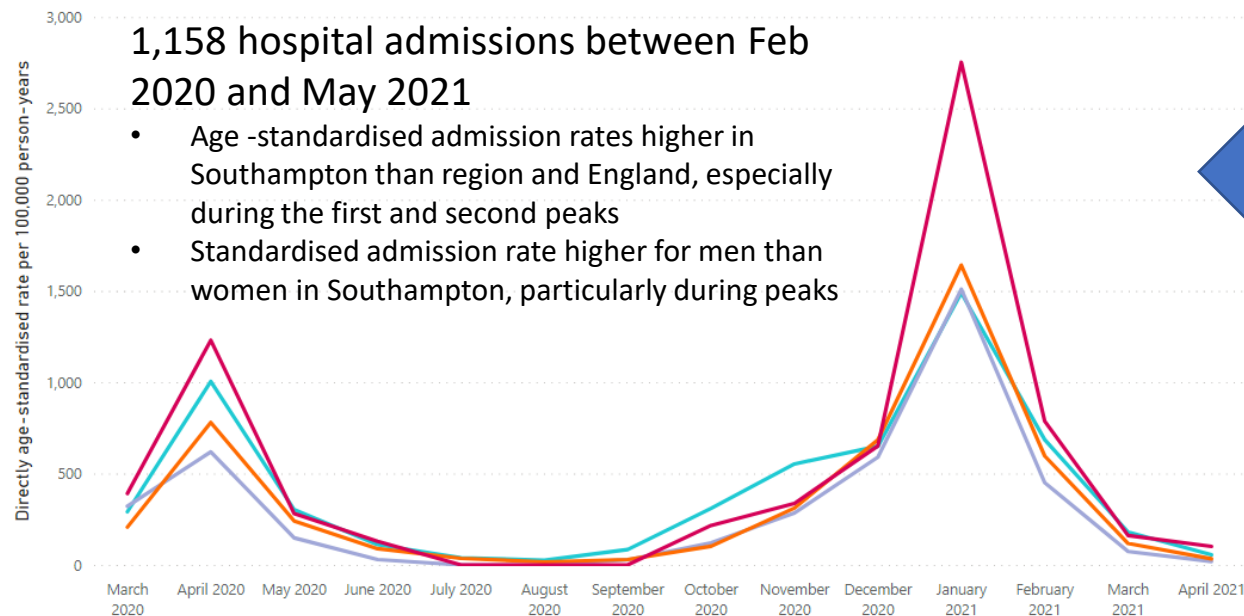
This chart shows that as an average we have had a higher case rate than the Isle of Wight, Portsmouth, and the South-East and England average. Only Hampshire has had a higher average weekly case rate compared to Southampton. However, Southampton case rates have been similar to our geographic neighbours across the entire course of the pandemic.

Average weekly infection rate per 100,000 population: February 2020 to October 2021



Monthly age-standardised COVID-19 hospital admissions, rate per 100,000 person-years, England, South East, Hampshire and Southampton, March 2020 to April 2021

Key: England Hampshire South East Southampton



There were 1,158 COVID-19 hospital admissions from the start of the pandemic up to May 2021. Age-standardised admissions show that Southampton had a higher rate of hospitalisations compared to Hampshire, and the South-East and England averages.

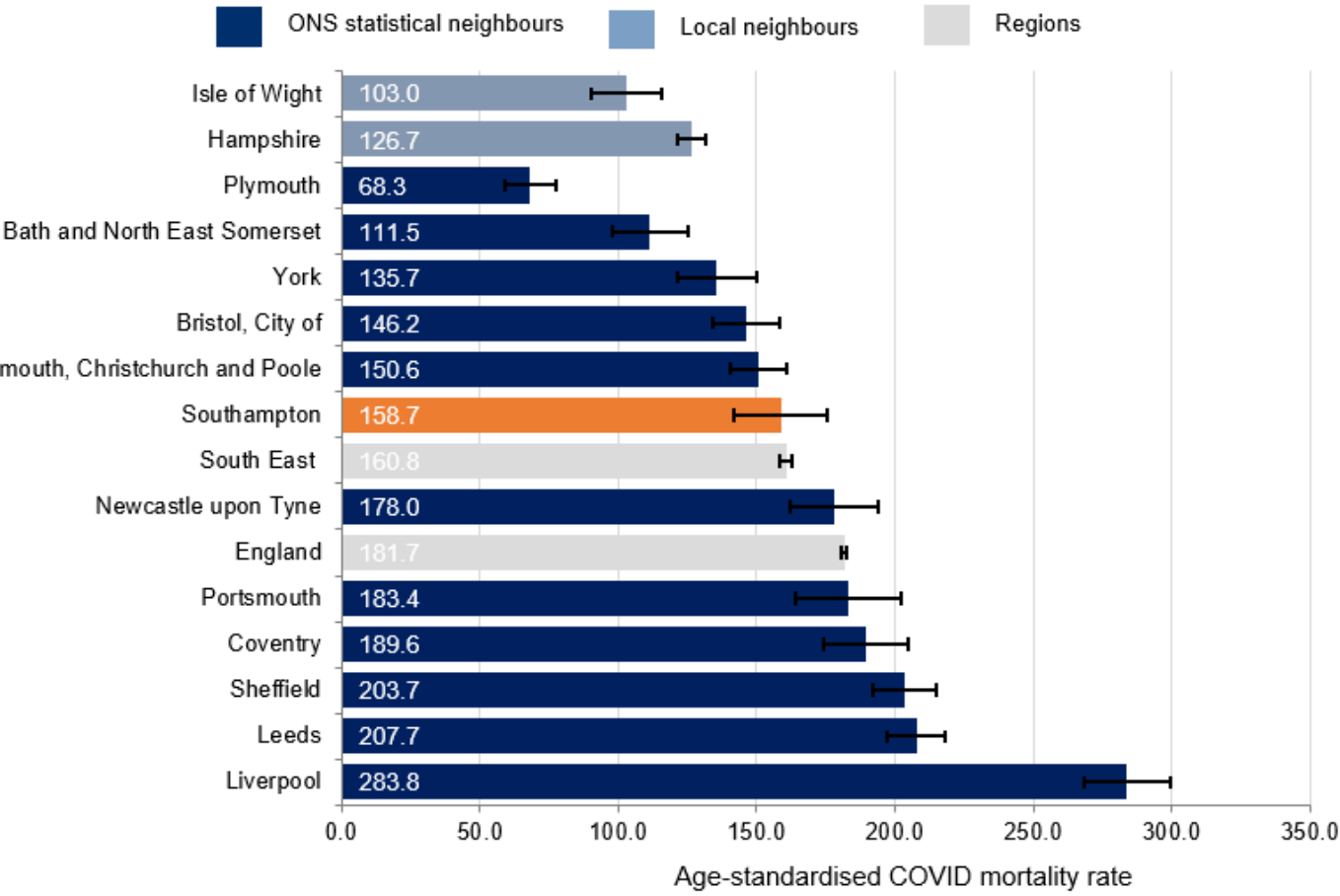
The first case of novel coronavirus was officially recorded in Southampton on 15 March 2020



Southampton COVID-19 mortality

Age-standardised COVID mortality rates: March 2020 to April 2021, Southampton, ONS Comparator Local Authorities, Regions: Persons

Chart Area



This chart shows that age-standardised COVID-19 mortality rates in Southampton, between March 2020 and April 2021, were similar to Portsmouth and the South East average, significantly lower than the England average, but significantly higher than Hampshire and the Isle of Wight. Southampton was similar or fared better than a lot of its statistical comparators (cities with similar population characteristics)



National policy decisions and wider impacts

The direct impacts on health from COVID-19 infection can be seen in case rates, hospitalisations and mortality. Indirect impacts include the displacement in management of long-term conditions, elective care, and delays in diagnosis as well as the deconditioning of people during lockdowns and the effect on mental health and wellbeing. The scale of the impact on Southampton residents is yet to be fully understood. Indirect impacts of the pandemic on the wider determinants of health will likely result from the negative effects on employment and education.

	Jan 2020	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan 2021	Feb	Mar	Apr	May	Jun	Jul
Alert level	Low	Med	High	V. H	4		3			4			5		4	3			
Schools	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open
Retail	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open
Hospitality	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open
Health and beauty	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open
Leisure / sports	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open
Work places	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open
Care home visiting	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open
Social distancing	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open

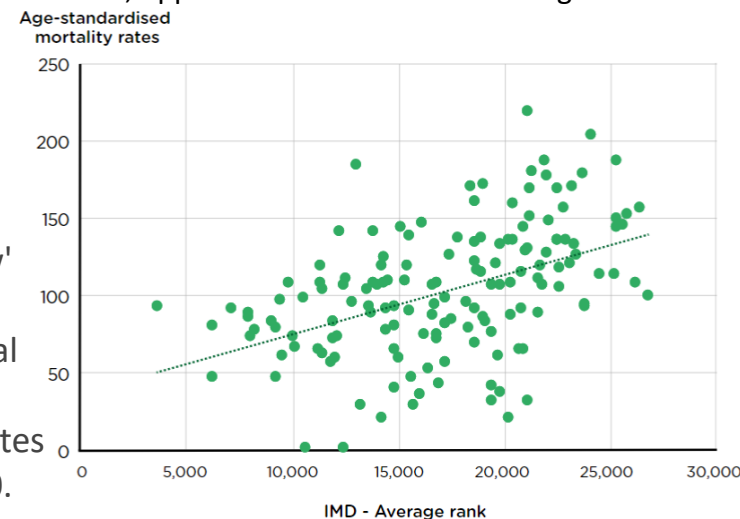
Open
Some restrictions
Restrictions
Closed

Government policy decisions to reduce transmission of the virus through lockdowns, school closures, restrictions on movement and how people interacted, were successful in leading to reduced case numbers, hospitalisations and deaths.

This chart shows how different sectors of the economy were affected by national policy restrictions at different stages of the pandemic

'Build Back Fairer: The COVID-19 Marmot Review' reported that more deprived local authorities had higher mortality rates in March-July 2020.

Age-standardised COVID-19 mortality rates (per 100,000) for March to July 2020 and IMD average rank, upper tier local authorities in England



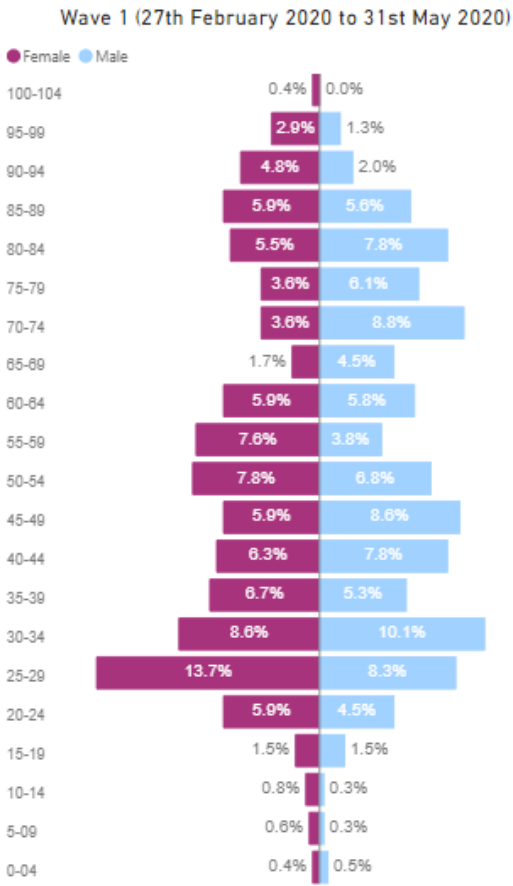


Healthy People

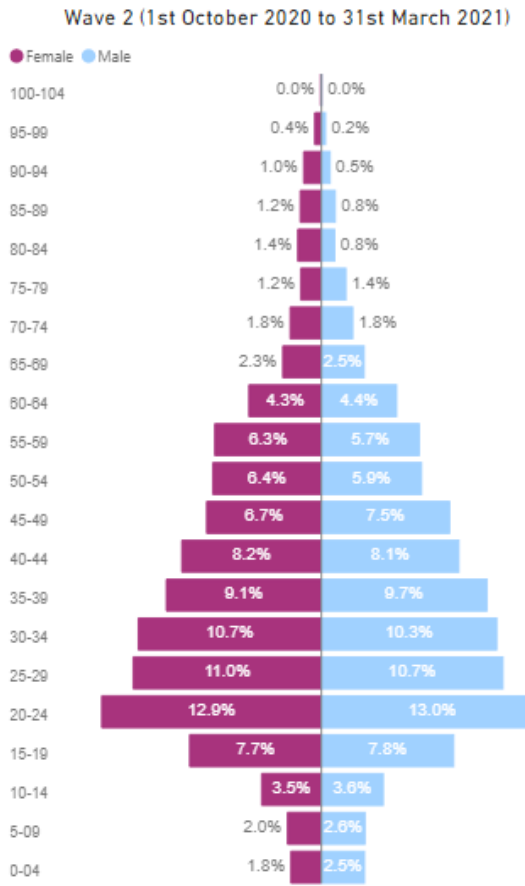
The impact of COVID-19 has been felt differently in different groups of people in Southampton. This section explores which groups were affected more than others, why that might be the case, and how different groups were supported. It also considers the extent to which different groups were able to take steps to protect themselves from infection and from the wider effects of COVID-19 e.g. testing, vaccination, self-isolation etc. There are a limited number of characteristics available within the current case data to fully understand who has been most impacted by COVID-19 infection, hospitalisation and death in the city. For example, our case data does not contain data about pre-existing conditions like heart disease, respiratory disease and diabetes, or other clinical vulnerabilities and occupation.



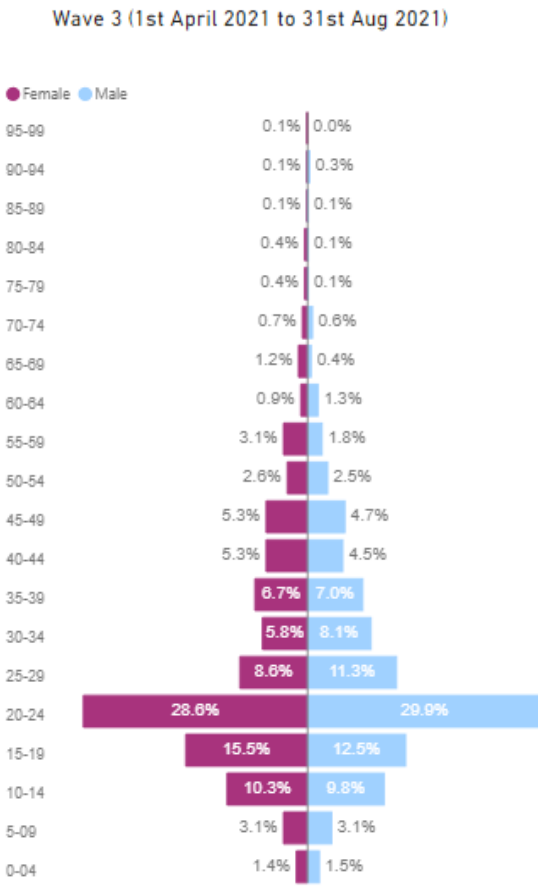
Cases by age and wave of the pandemic



874 recorded cases



13,239 recorded cases



19,268 recorded cases

These population pyramids show distribution of cases by age for the three waves of the pandemic in the UK. Older age groups are at the top and younger age groups at the bottom. Importantly there was a shift in proportion of cases away from older age groups due to a mixture of restrictions including shielding advice, vaccinations and personal behaviours to reduce risk.

Testing was not widely available in wave 1 and the total number of recorded cases is likely to be a fraction of true cases in the community



Mortality Demographics – Age & Gender

Last updated 17 September 2021

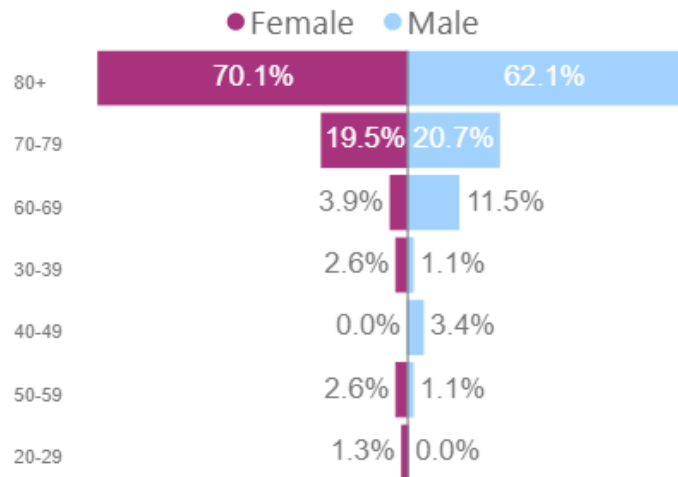
March 2020 to September 2021

Total Deaths **417** of which **Male 239 57%** **Female 178 43%**

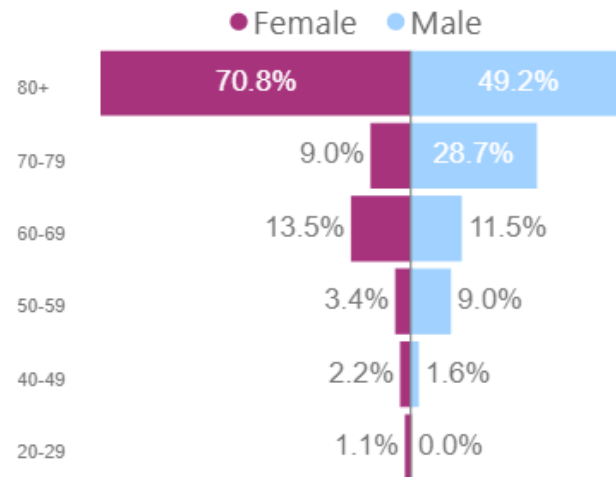
Median Age 83

These charts show the distribution of COVID-19 deaths across age groups across the three waves of the pandemic. Age is the one of the greatest risk factors for COVID-19 mortality.

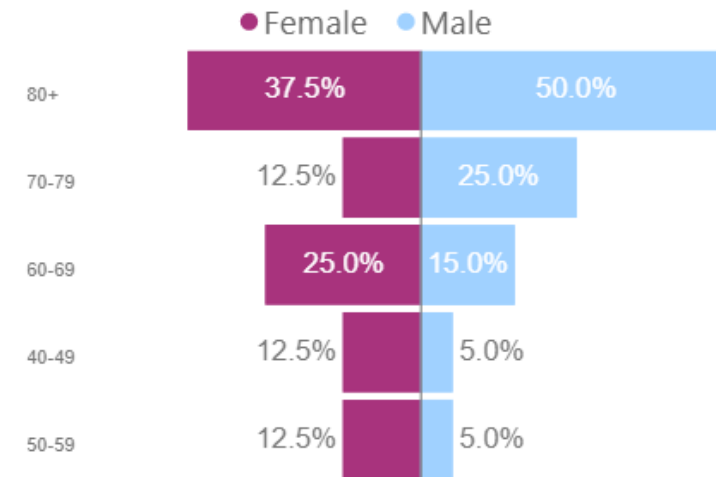
Percentage of deaths by age band and gender: Southampton residents. Wave 1 (21st March 2020 to 12th June 2020)



Percentage of deaths by age band and gender: Southampton residents (wave 2: 24th October 2020 to 18th March 2021)



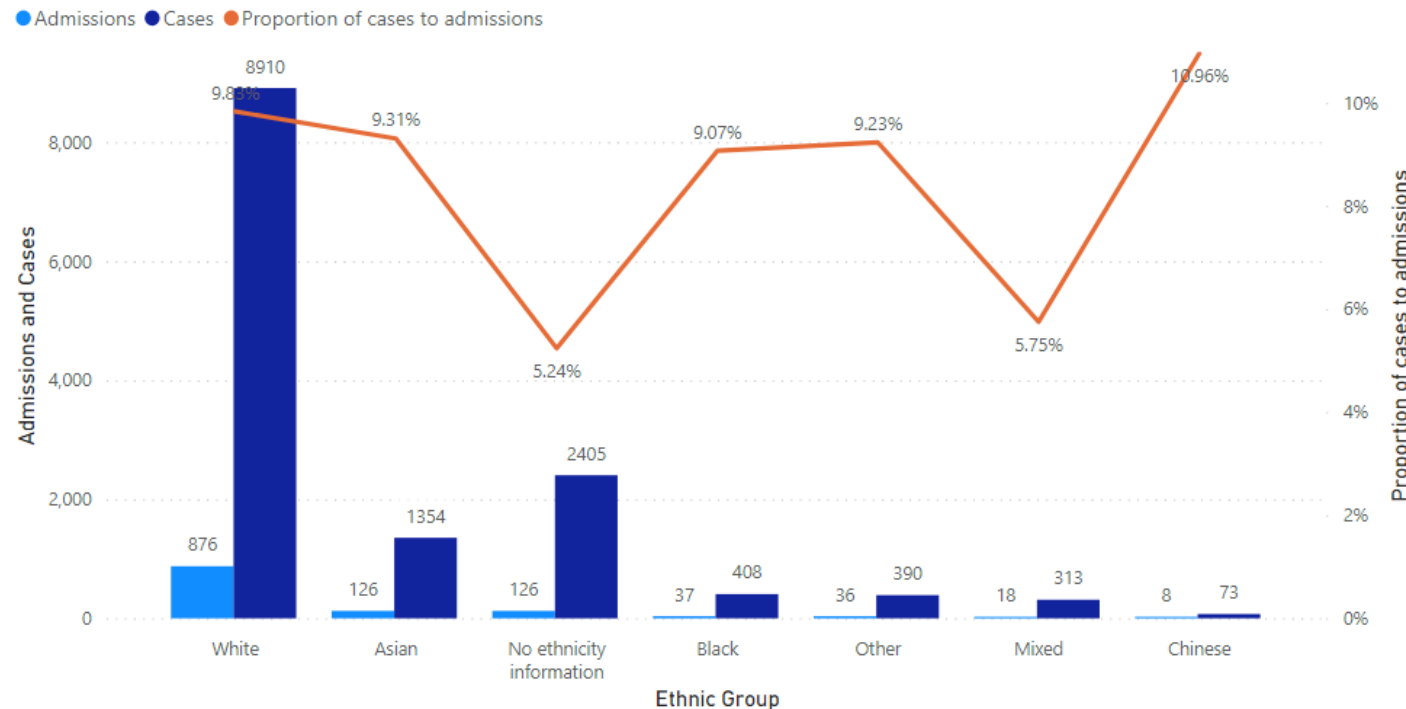
Percentage of deaths by age band and gender: Southampton residents (wave 3: 1st April 2021 to 30th September 2021)



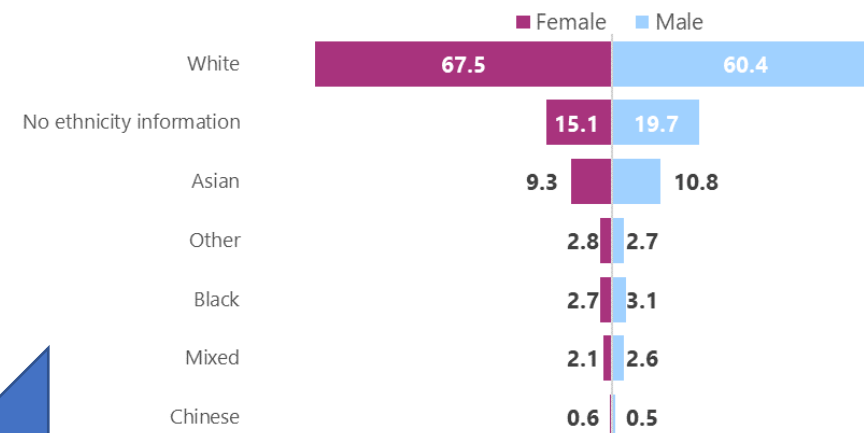


Impact of COVID-19 on different ethnic groups

COVID-19 admissions and cases by ethnicity, 20th February 2020 to 31st March 2021



Proportion of cases by ethnic groups and gender (20th February 2020 to 31st March 2021)



This chart shows number of cases (dark blue), hospitalisations (light blue), and a case to hospitalisation % (orange) which shows that severity of infection may have been more equally experienced across many of the ethnic groups.

- The disproportionate negative effect of the pandemic on people from ethnic minority groups is well documented
- When the 2021 Census data becomes available next year we will be able to more accurately understand how rates of infection and hospitalisation have been experienced differently across ethnicities
- Ethnicity is not yet routinely available in mortality data for city residents and the disproportionate effect across ethnicities is likely to be similar to national data
- ONS data has shown that during the first wave people from all ethnic minority groups had higher rates of death involving COVID-19 compared with the White British population; 2.6-3.7 times greater for Black African, 1.9-3.0 for Bangladeshi, 1.8-2.7 for Black Caribbean and 2.0-2.2 for Pakistani ethnic groups. The gap reduced for most ethnic minority background in the second wave except Bangladeshi groups which increased to 4.1-5.0 times. A genetic variation has been identified which doubles risk of respiratory failure from COVID-19 and is more common in people from South Asian ethnic groups.

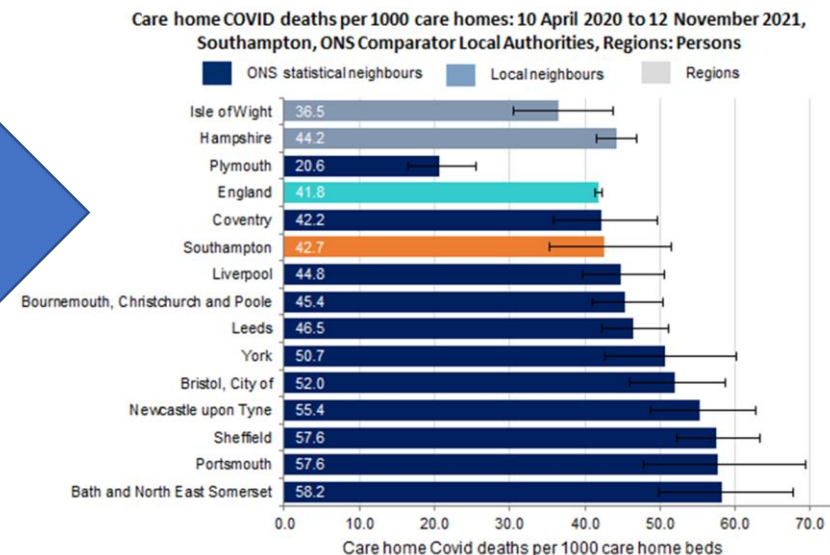


Care home COVID-19 deaths

People living in Southampton care homes have been disproportionately affected by COVID-19, with 105 (24%) of all deaths occurring in care homes.

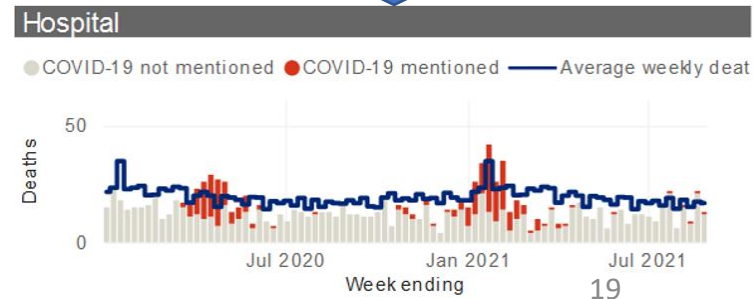
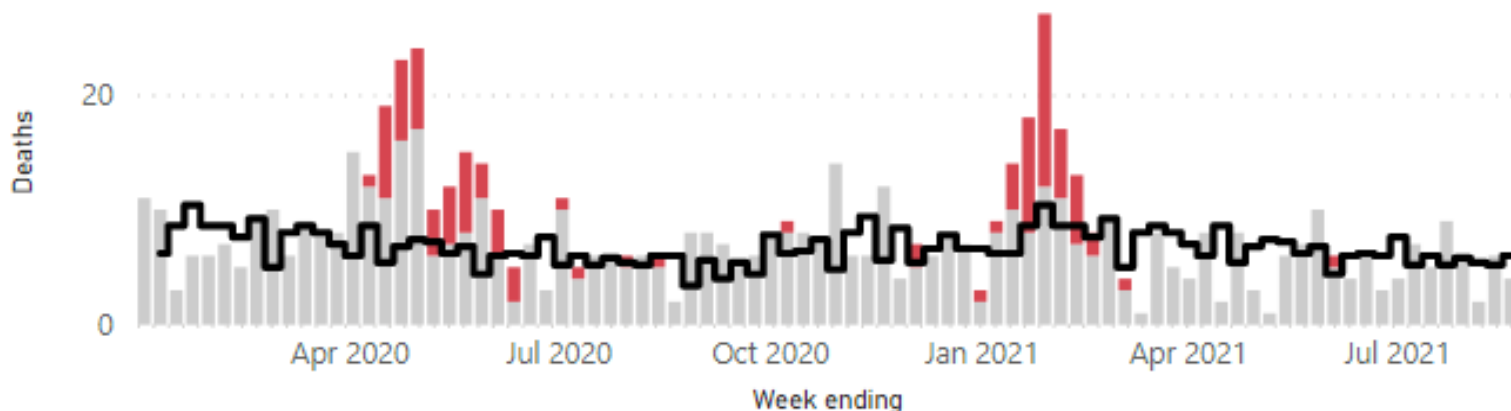
This chart shows COVID-19 related and non-COVID-19 deaths in care homes across the course of the pandemic and compared to average deaths in 2015-2019. There were an excess of non-COVID-19 deaths during the peak of the first and second wave suggesting unrecognised COVID-19 deaths or changes in the way patients were managed across the whole system as a result of the pandemic

This chart shows that compared to the national average Southampton had a higher (but not significantly) rate of care home COVID-19 deaths and 3rd lowest amongst our 12 ONS local authority comparator group



In hospitals excess deaths were COVID-19 related during peaks and there was lower than average non-COVID-19 deaths in hospital at other stages of the pandemic

● Sum of COVID-19 not mentioned ● Sum of COVID-19 mentioned ● Sum of Average weekly deaths





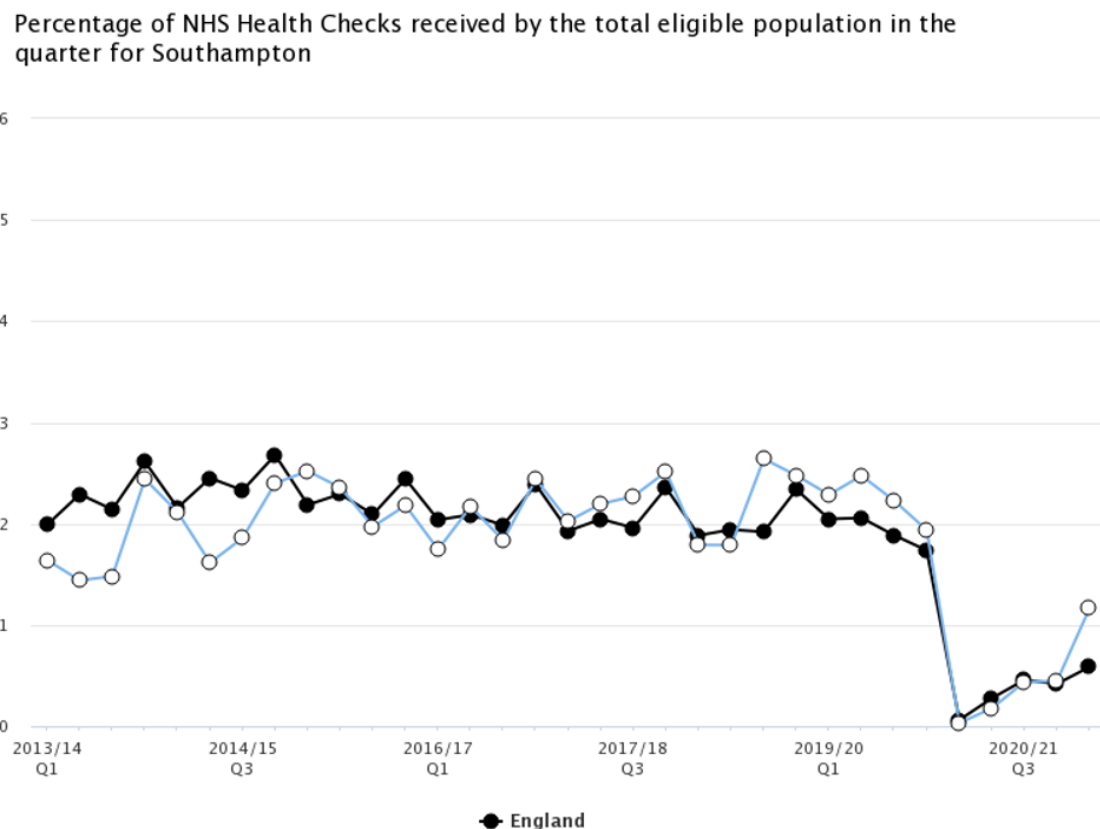
Impact on mortality and morbidity

Excess deaths: Between 20/03/2020 to 15/10/2021 Southampton has had 3,165 deaths, 10% (289) more deaths when compared to the 2015-19 average (2,876).

Visits to A&E fell by 57% in England in April 2020 compared to the previous year.

Waiting lists: Analysis by the Health Foundation found that "6 million fewer people completed elective care pathways between January 2020 and July 2021 than would have been expected based on pre-pandemic numbers." And "access to elective treatment fell further in the most socioeconomically deprived areas of England between January 2020 and July 2021 than in less deprived areas." [Elective care: how has COVID-19 affected the waiting list? \(health.org.uk\)](https://www.health.org.uk/news/articles-and-opinions/elective-care-how-has-covid-19-affected-the-waiting-list)

This chart shows how health checks were suspended when the pandemic first began and have now restarted but activity is still below pre-pandemic levels



Using national data, we can estimate that in Southampton the reduction in NHS Health Checks from March 2020 to March 2022 could mean that:

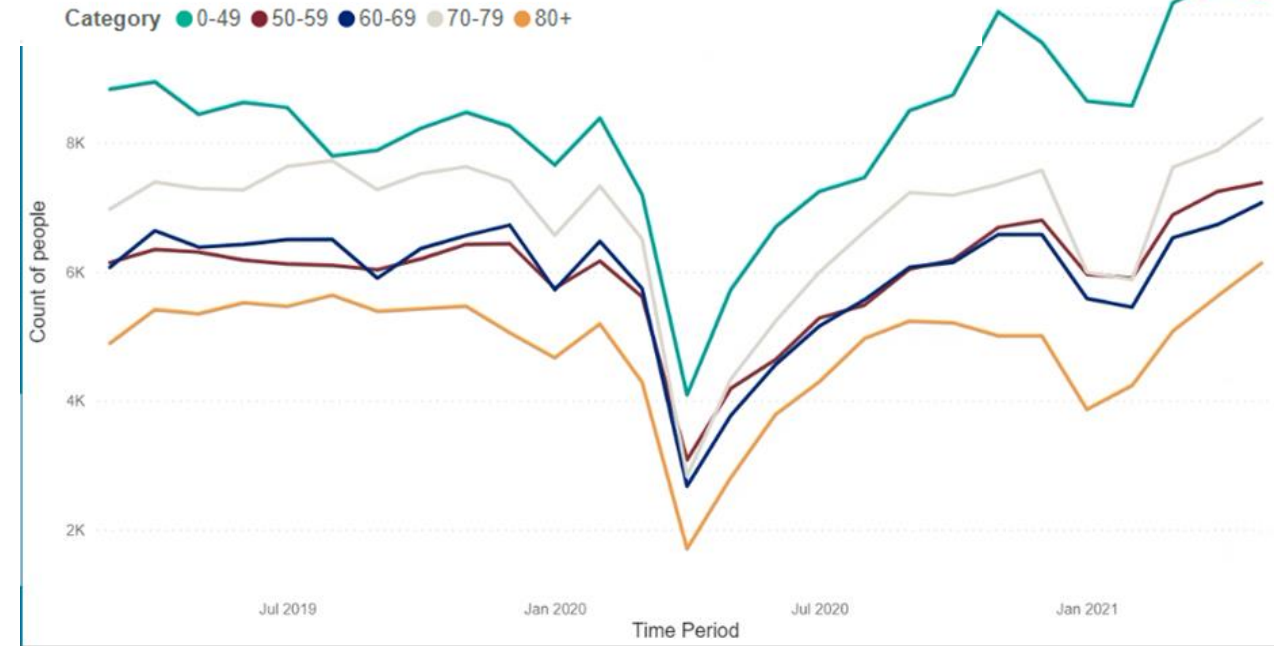
- 192-256 individuals might be diagnosed with hypertension at a later point than they would have been
- 38-96 individuals might be diagnosed with type 2 diabetes at a later point than they would have been
- 770-1,283 individuals at high risk of cardiovascular disease in the next 10 years have not yet been identified as they otherwise would have



The pandemic has affected people with **existing illness** in many ways:

- People with a pre-existing illness were more likely to experience severe outcomes from COVID-19
- Reduction in access to care, including monitoring and treatment due to suspension of clinics, elective surgery and support networks
- Suspension of normal care to enable greater capacity for COVID-19 patients
- Concern about potential infection or adding pressure to the NHS led some patients to stay away from healthcare
- Impact of the move to online consultations (and the speed with which this was done) in primary care may have affected accessibility, particularly for chronic disease management
- Difficulties accessing treatments due to reduced transport opportunities
- Suspension of clinical trials
- Contracting COVID-19 may have exacerbated existing illness
- Physical deconditioning due to impact on daily life
- Reduced opportunities to diagnose disease early for example through NHS health checks which were suspended across the country during earlier parts of the pandemic

Cancer Referrals by Age in the South East Region



Source: COVID-19 Cancer Equity Data Pack produced by Cancer Alliance Data, Evidence and Analysis Service (CADEAS) and PHE NCRAS.

Taken together, it is likely that the pandemic will lead to earlier deaths, long waiting lists for treatment and a greater burden of illness in society. Gathering evidence for some of these impacts will take time.

This chart shows that during periods of restrictions/peaks of pandemic waves there were drops in the number of cancer referrals across all age groups in the South East, with periods of recovery in between



Clinically extremely vulnerable (CEV) people

Those identified as CEV were asked to take more stringent measures to protect themselves from infection. 'Shielding' included not going to work, remaining at home other than to seek medical care and avoiding contact with anyone outside their household. There were 14,965 people in Southampton in the shielding list which is 5.92% of the population.

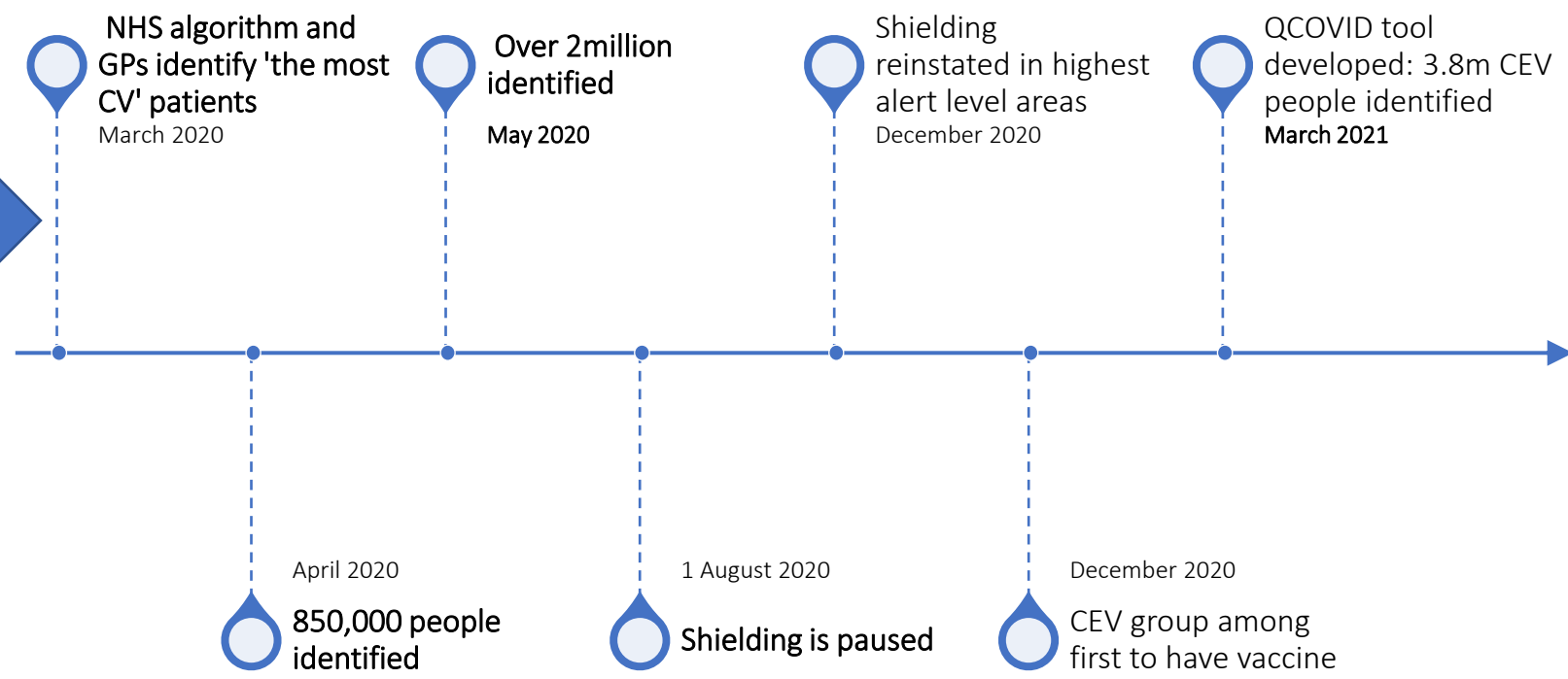
England - 3.7 million (6.6%)

Hampshire, IOW and Southampton - 6.05%

Southampton - 14,965 5.92%

The direct effects of infection on this group of CEV people living in Southampton is yet to be fully understood and how effective the shielding policy was in protecting the most vulnerable

This chart shows the timeline for Shielding. At stages of the pandemic shielding was paused, the eligibility list was increased when there was a composite tool applied to patient lists, and now shielding has been permanently discontinued due to the success of the vaccine programme



Assessing the impact of COVID-19 on the clinically extremely vulnerable population
October 2021

"the COVID-19 pandemic resulted in a substantial burden of severe infection and mortality among the clinically extremely vulnerable population"



Ability to adhere to protective measures

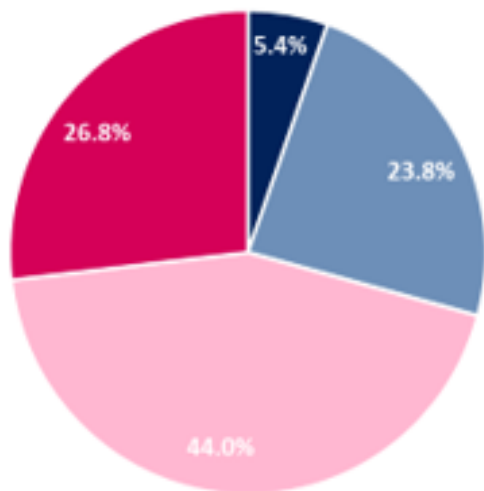
Regular symptom-free testing using lateral flow devices helps to identify infection at the earliest opportunity before symptoms begin or in those who may have no symptoms but who could still spread the infection. It helps to limit the transmission of infection especially when mixing with other people in social situations, educational and work settings.

We asked residents about their testing frequency in the 6th residents survey in August 2021

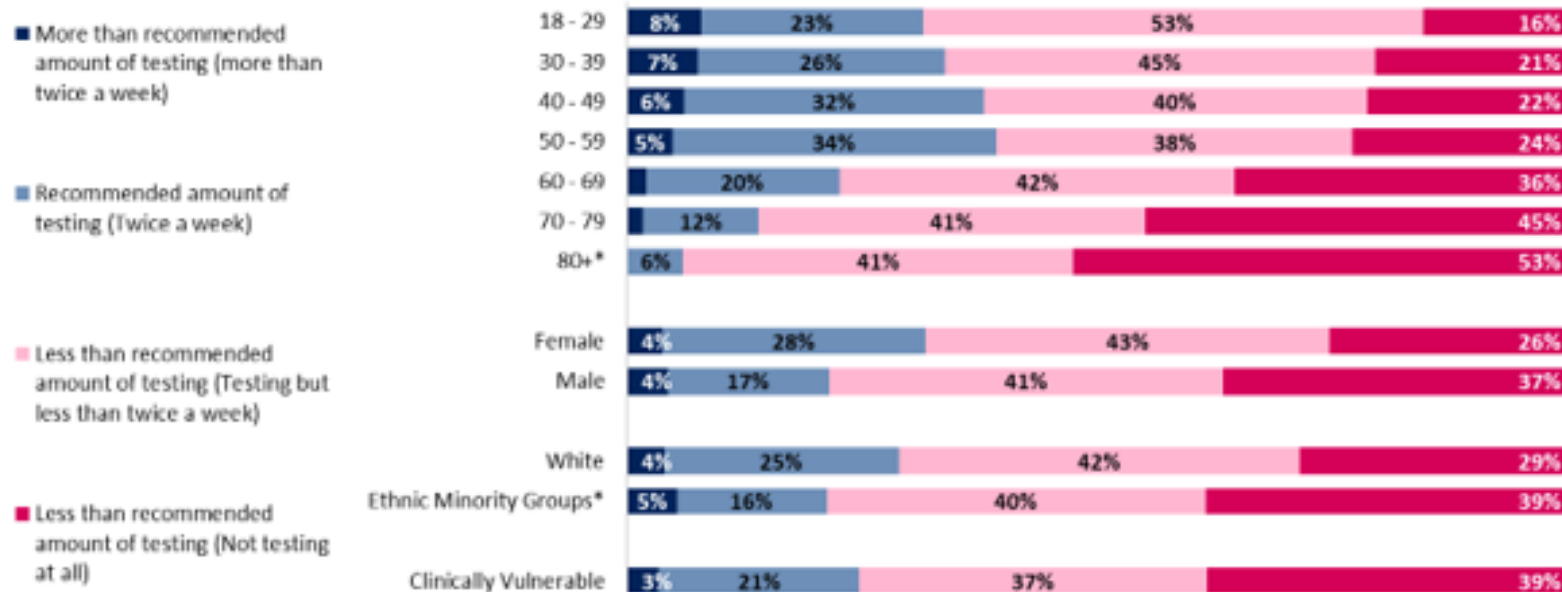
Roughly how often do you use your symptom-free testing kit?

This chart shows the frequency of symptom-free testing; older people aged over 60 years, males, people from ethnic minority backgrounds and clinically extremely vulnerable tended to test less often than average for the city

Overall:



Broken down by demographics:





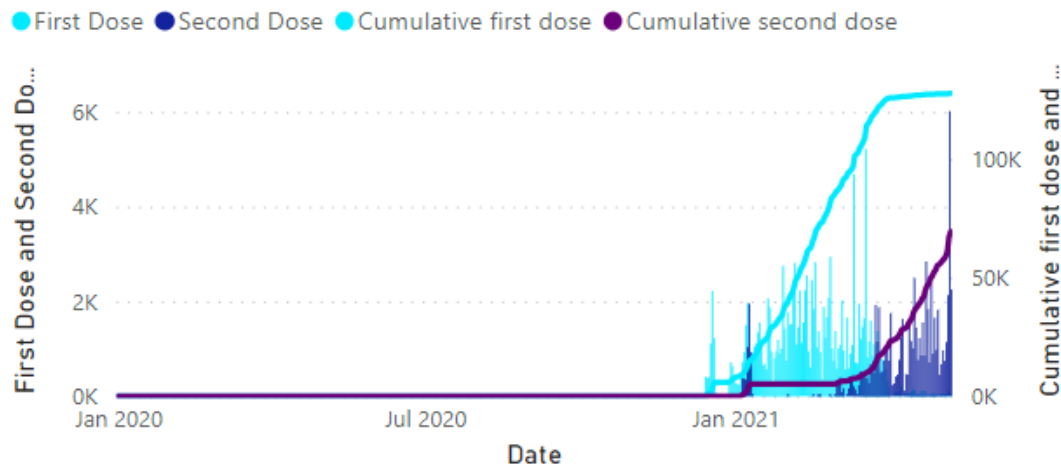
Vaccination coverage: Priority group 1-9

Source: National Immunisation Management System (NIMS)

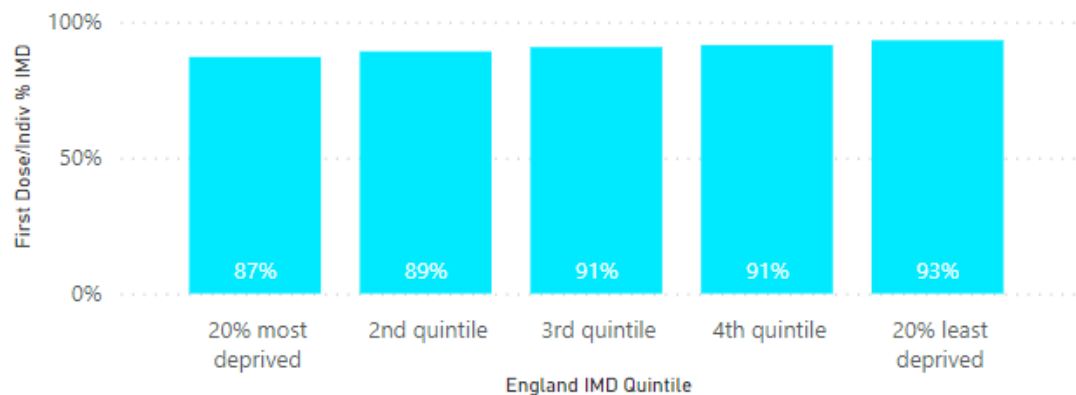
Summary table

Grouping	Individuals	First Dose	First Dose/Indiv %	Second Dose	Second Dose/Indiv %
Age 70 +	27,081	25,760	95.12%	25,527	94.26%
NHS and social care Worker	8,381	7,981	95.23%	7,718	92.09%
Clinically Extremely Vulnerable	15,684	14,542	92.72%	14,154	90.24%
Carers - Other	2,042	1,876	91.87%	1,816	88.93%
Age 50 - 69	57,078	49,854	87.34%	48,680	85.29%
COVID19 at risk	35,519	30,649	86.29%	29,130	82.01%
Carers - DWP	4,013	3,231	80.51%	2,973	74.08%
Total	149,798	133,893	89.38%	129,998	86.78%

Cumulative and daily total first dose covid-19 vaccination Southampton CGG registered patients



Total first dose COVID-19 vaccination coverage in NHS Southampton registered patients by England Deprivation Quintile



Across those cohorts at highest risk of death from COVID-19 infection there has been inequality in uptake across people from different ethnic minority groups ranging from 71% to 93% for first dose uptake

This chart shows first dose vaccine uptake by deprivation and highlights an average 6% lower uptake between those living in the most deprived neighbourhoods in the city compared to the least deprived



Test and Trace: Service Demand



03/12/2020 24/10/2021



28384

Positive cases in Southampton

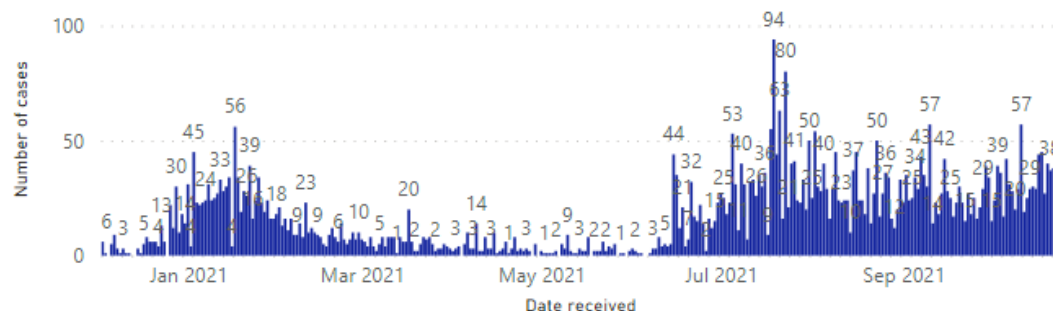
5510

Positive cases referred to ST&T

19.47%

Percentage of cases referred to ST&T

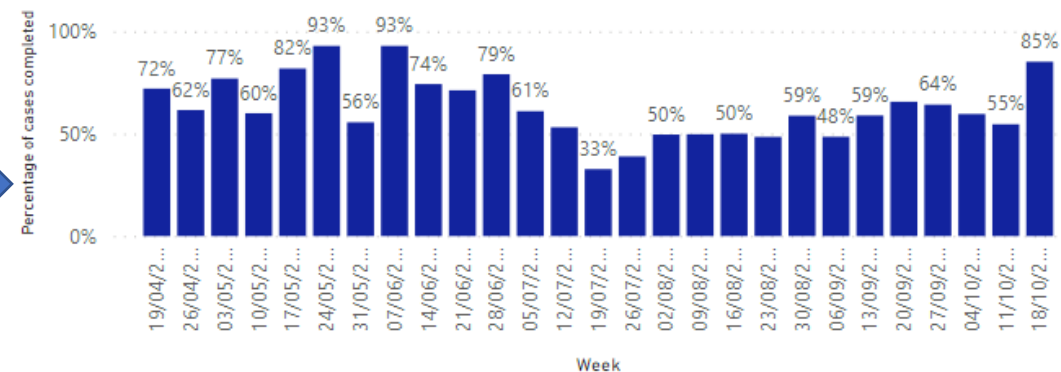
Cases referred to ST&T by day



Case status

Case status	Number of cases	Percentage of cases
Referred back to National Test and Trace	55	1.0%
In progress	140	2.5%
Follow up failed - reached	552	9.9%
Follow up failed - not reached	1778	32.0%
Completed	2994	53.8%
Total	5510	99.2%

Percentage of completed cases



Southampton local Test & Trace receives details for people who have tested positive with PCR and who have not responded to digital or telephone contact from the national NHS Test & Trace service within the first 28 hours so that further attempts to provide support and advice and carry out contact tracing can be made

This chart shows some people are less likely to engage with Southampton local Test & Trace to receive advice about self-isolation requirements and help with contact tracing and this has worsened overtime



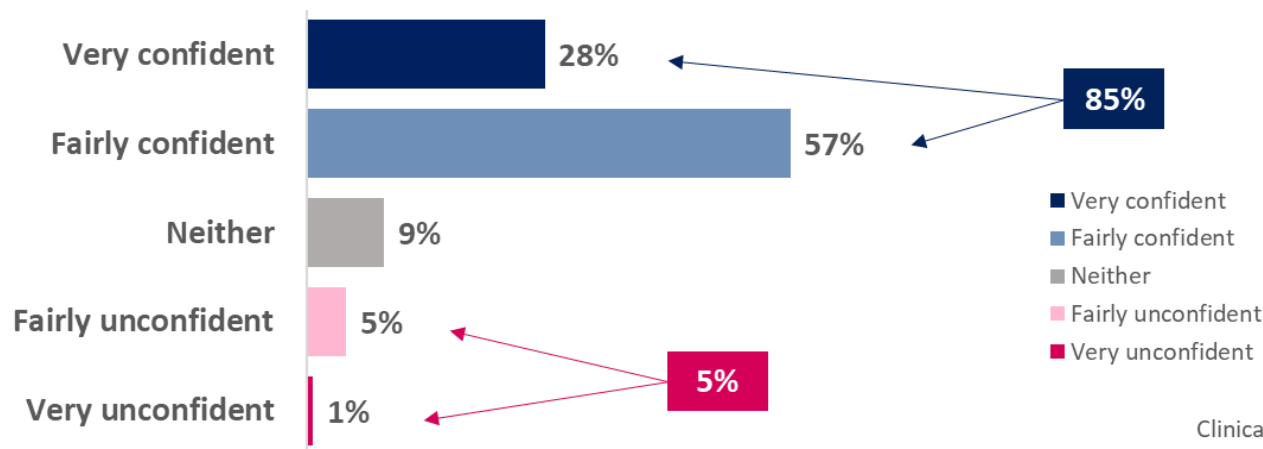
Ability to adhere to protective measures

Understanding guidance and restrictions throughout different stages of the pandemic has been a challenge for all of us due to how quickly the situation was changing. In November 2020 we asked our residents how confident they were in understanding the current rules and guidance in the 4th COVID-19 resident survey.

This chart shows that confidence was generally very high but younger age groups, minority ethnic groups and parents were least confident in understanding COVID-19 rules and guidance compared to other groups

Question: How confident are you that you understand the current rules and guidance?

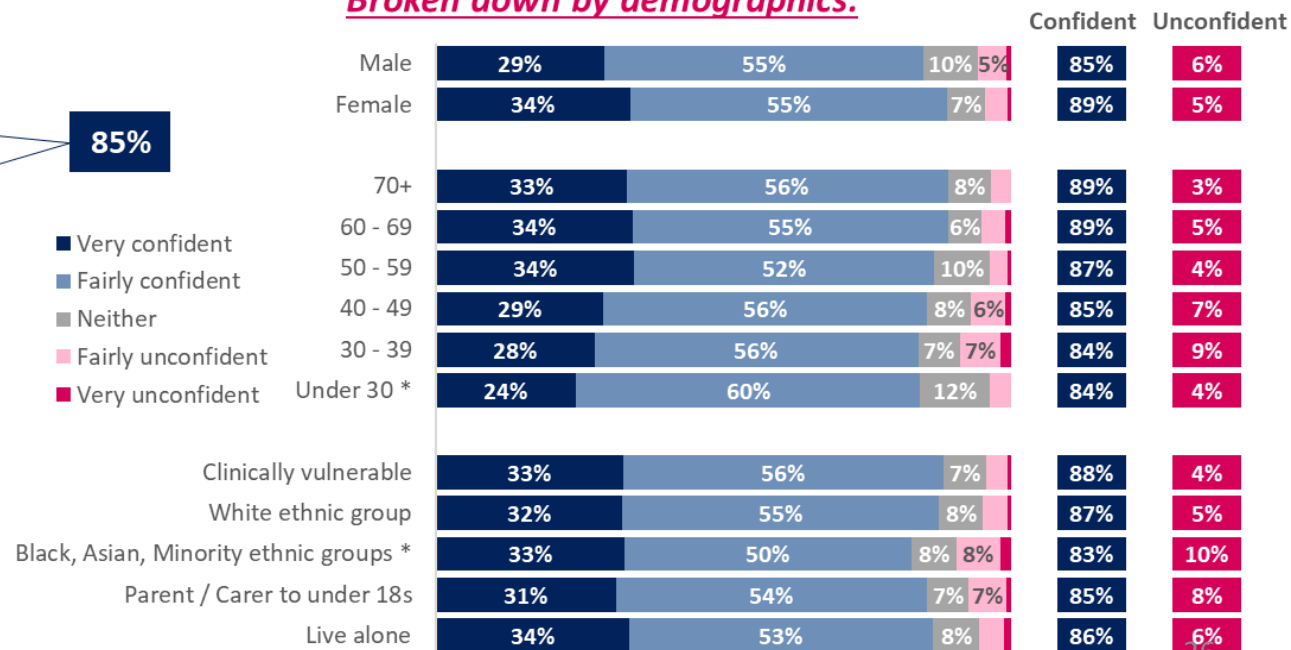
Overall:



Comparison to previous surveys:



Broken down by demographics:

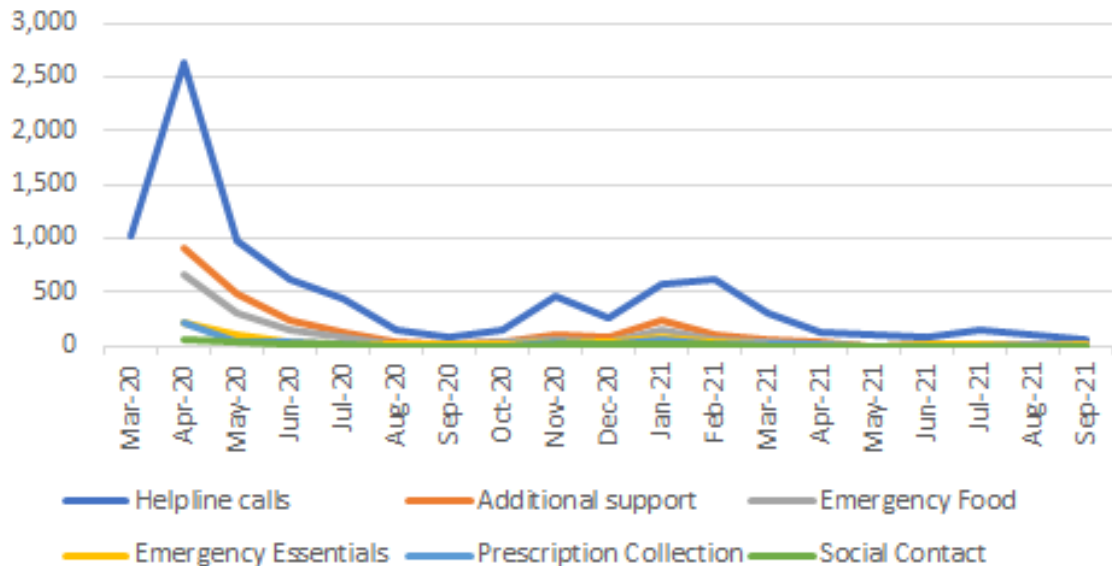


* Small sample size – fewer than 100 respondents



Supporting vulnerable groups in Southampton

SCC helpline and support



This chart shows that support has been sought at all stages of the pandemic but with peaks in calls to the SCC helpline and other support have mirrored the waves of infection in the city

COVID-19 Community Champions

Future Communities

Community Cohesion Forum

Community Participatory Action Research

Engagement Leads Network

A small selection of SCC community support and engagement groups



Self-isolation support payments
From 9th October 20 to 14th October 21
4742 applications

Scheme	Successful	Paid
Main	829	£414,500
Discretionary	298	£149,000

28.4%

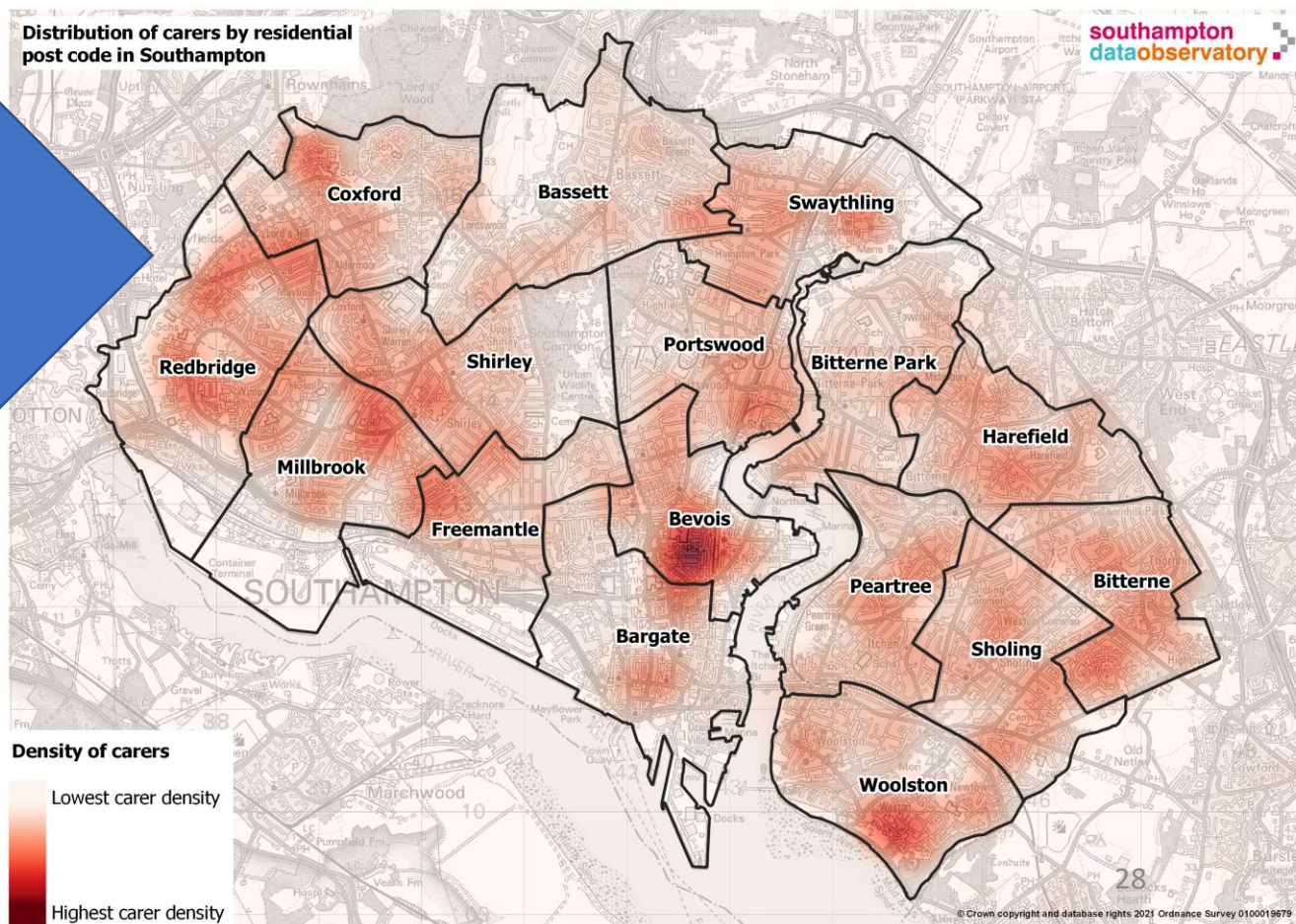
Number of times SCM fed people – increase between 2019 & 2020



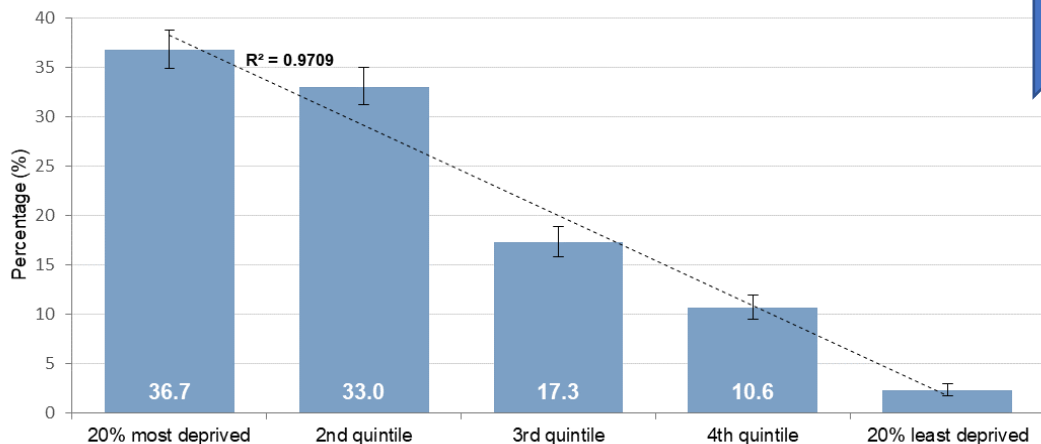
Vulnerable groups in Southampton: carers

In Southampton, the burden of caring falls more heavily on those who live in deprived areas. During the pandemic, carers were less able to provide the support that was required due to lockdowns and restrictions on movement (especially in the early weeks when it was unclear what was permitted under national guidance), illness, closure of services and support etc. 'Carers in Southampton' told us that there were large increases in traffic on their webpages that provided advice about assisted shopping, food banks and food services, hospital ward numbers and LD passport, free legal advice, mobility aids and emergency plans. There was a sustained uplift in use of Carers in Southampton's online referral and self-referral forms. We also know that carers are more likely to suffer from poor health and their needs will have been exacerbated by the pandemic.

This map shows a snapshot from early 2021 of carers by place of residence in Southampton: Much greater proportions of carers live in areas considered to be in the 20%/40% most deprived in the country. Main hotspots of carers living centrally in Bevois, in Bitterne and Woolston in the east, and in a stretch from Freemantle to Redbridge across the western localities. These are similar neighbourhoods with high levels of clinical vulnerability to COVID-19 and vulnerability to the policy measures to control the spread of infection



Proportion of carers by England Deprivation Quintiles, Southampton





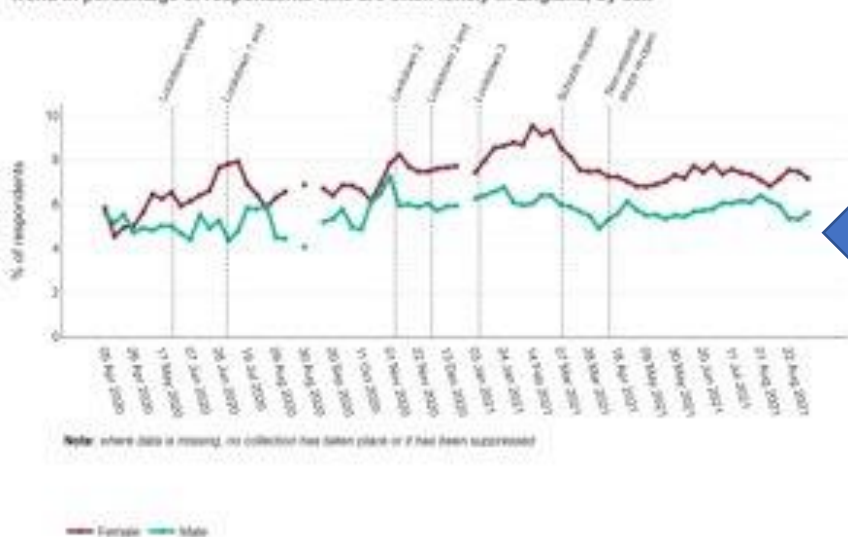
People with learning disabilities

A national PHE report from November 2020 found that deaths from COVID-19 in people with learning disabilities were much higher than the general population (up to 6.3 times higher when adjusting for age and gender). The direct impact of COVID-19 on people with learning disabilities living in Southampton requires further analysis.

A Local Government Association report from 2021 listed the following additional impacts:

- COVID-19 restrictions affected routines, support and occupational activity which may have limited people's independence
- Increased risk of physical complications due to COVID-19 infection
- Reduced access to healthcare and physical health reviews, potential for delayed presentation
- Increased risk of mental health difficulties and challenging behaviour
- Increased risk of abuse/neglect
- Increased strain on families and carers, especially if support or respite care suspended
- Specialist staff trained to work with people with learning disabilities may have been redeployed elsewhere

Trend in percentage of respondents who are often lonely in England, by sex



This national PHE survey data shows trends in the number of females and males reporting loneliness over the pandemic in England

LGBTQ population

Data for Southampton residents is not available and there is little national data on the impact on the LGBTQ population. However, a 2021 survey report written by an organisation called [Switchboard](#) in partnership with Brighton and Hove City Council found that during the pandemic:

- 74% of LGBTQ respondents reported feeling depressed and anxious; 33% had considered suicide
 - 68% felt lonely and isolated
 - 40% used alcohol and drugs to manage their mental health
 - 22% were living in an unsafe situation
 - 24% could not access support when they needed it
- The UN Development Programme also said that LGBTQ+ people are:
- Less likely to seek medical help or access vital services
 - More likely to work in the informal sector with poor access to sick pay

Homeless Population

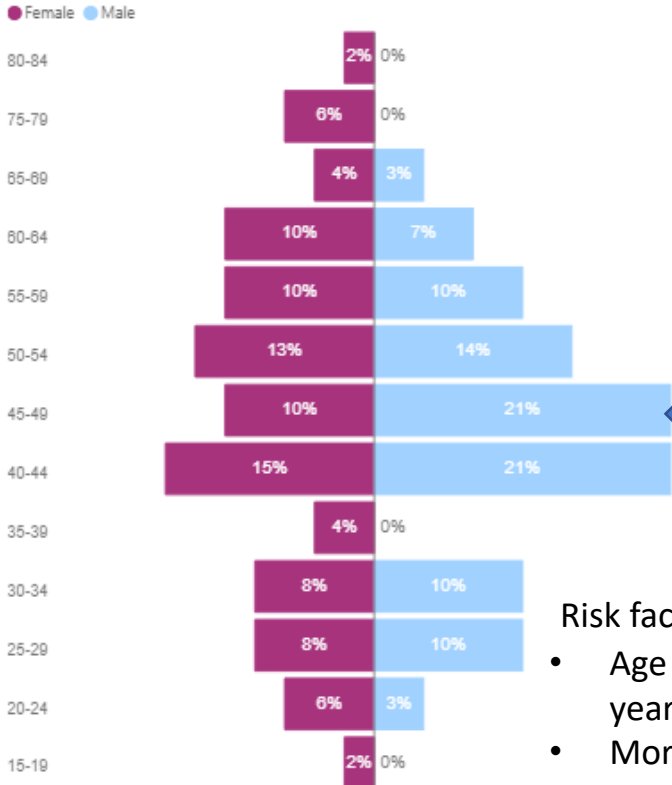
The direct impact of COVID-19 on people experiencing homelessness in Southampton requires further analysis. This population are vulnerable to exposure to the virus such as when sharing accommodation and have a high burden of pre-existing conditions which can put them at greater risk of severe infection. SCC has supported a reduction in risk of transmission in homeless hostels through provision of vaccination and regular testing.



Long covid

Long Covid is an umbrella term that includes symptoms lasting more than 4 weeks (on-going symptomatic COVID-19) and more than 12 weeks (post-COVID-19 syndrome) that develop during or following an infection consistent with COVID-19. A recent ONS study put UK prevalence at between 3% and 11.7% of people who have had a COVID-19 infection and had symptoms at 12 weeks. The impact on people living in Southampton requires further analysis but is likely to mirror the national picture.

Age and sex of patients with a long COVID-19 diagnosis



Common symptoms include fatigue, breathlessness, headaches, joint and muscle pain, chest tightness/pain, sleeping problems, memory and concentration difficulties and persistent cough. The long-term course of Long Covid is unclear but symptoms can last for over a year and be debilitating, impacting on people's ability to work and care for others. This has implications for health and social care and for the local economy.

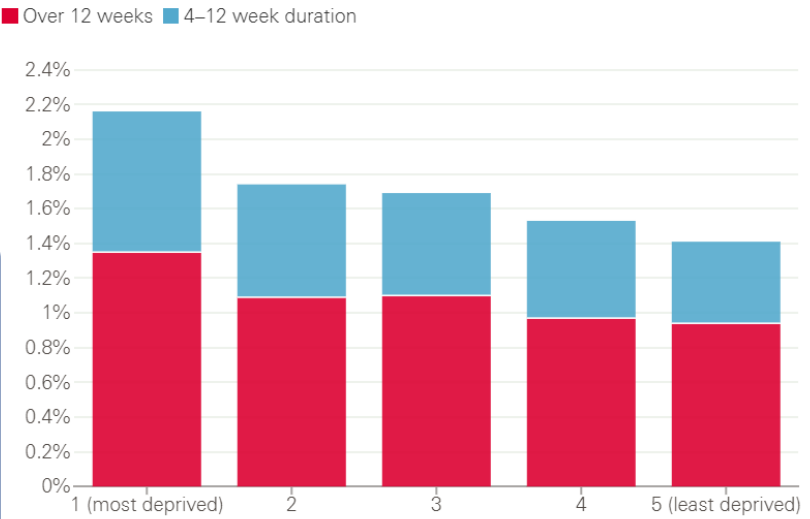
There is a Long Covid service at UHS accepting referrals from general practice.

This chart shows distribution of people with a read code for long COVID-19 in a snapshot of Southampton GP data with COVID-19 diagnoses between January and April 2021 (48 females, 29 males total)

- Risk factors for Long Covid include:
- Age – highest prevalence in 35-69 years
 - More women are affected than men
 - Deprivation
 - Working in health and social care
 - Pre-existing health conditions

Long Covid can be a debilitating disease that impacts on people's ability to go about daily activities, which has important implications for health and social care and the local economy.

Long COVID prevalence in the population by area deprivation

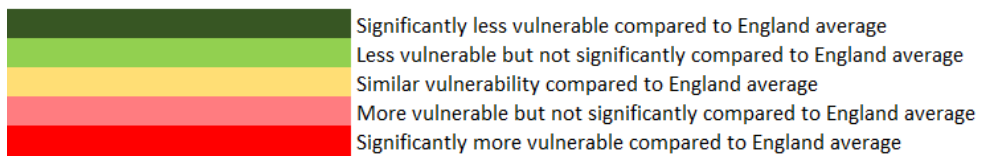


The Health Foundation © 2021 Source: Source: ONS, Prevalence of ongoing symptoms following coronavirus (COVID-19) infection in the UK: 1 April 2021. The data is based on self-reported long COVID status based on a follow-up to a positive test in the ONS infection survey after four weeks.



Business Vulnerability Index

Area	Mobility - Retail and Recreation percent change from baseline (average 16/03/20 to 21/06/21)	Coronavirus Job Retention Scheme (Average take-up rate July 2020 to May 2021)	Self-Employment Income Support Scheme (Average take-up rate Grant 1 to 4)	Vulnerable Industry (per 1,000 business)	Vulnerable business size (per 1,000 business)	Claimant Count Rate (Increase between Feb 2020 and Feb 2021 - proportion of residents aged 16-64)	Sum of Z-Score	Z-Score Ranking (1 = most vulnerable)
England		12.6	67.4	119.5	896.8	3.5		
South East		12.5	65.3	110.3	902.5	3.2		
Southampton	-51.3	11.5	70.6	112.7	911.0	3.7	0.71	6
Newcastle upon Tyne	-55.3	13.2	69.2	192.1	849.8	3.7	-0.13	7
Liverpool	-47.5	12.6	72.5	160.3	881.1	4.1	3.15	3
York	-45.6	13.2	67.3	165.0	874.6	2.2	-1.12	9
Sheffield	-47.4	11.5	70.8	147.1	866.9	3.2	-1.05	8
Leeds	-48.5	11.7	68.3	119.9	881.7	3.6	-1.23	10
Coventry	-42.1	11.5	69.6	113.6	895.8	3.6	0.77	5
Portsmouth	-44.2	12.8	73.4	160.6	888.7	3.9	4.46	2
Isle of Wight	-30.6	14.9	64.5	204.6	864.4	3.6	4.81	1
Hampshire	-41.0	11.6	63.9	98.6	893.3	2.7	-3.17	12
Bath and North East Somerset	-53.2	13.6	63.0	136.6	887.6	2.1	-3.65	14
Bournemouth, Christchurch and Pool	-40.7	13.9	67.7	126.7	887.1	3.6	2.23	4
Bristol	-52.8	11.7	67.1	135.9	879.7	3.5	-1.99	11
Plymouth	-44.8	10.2	69.5	153.0	867.2	2.5	-3.23	13



These six measures were identified as key business vulnerabilities

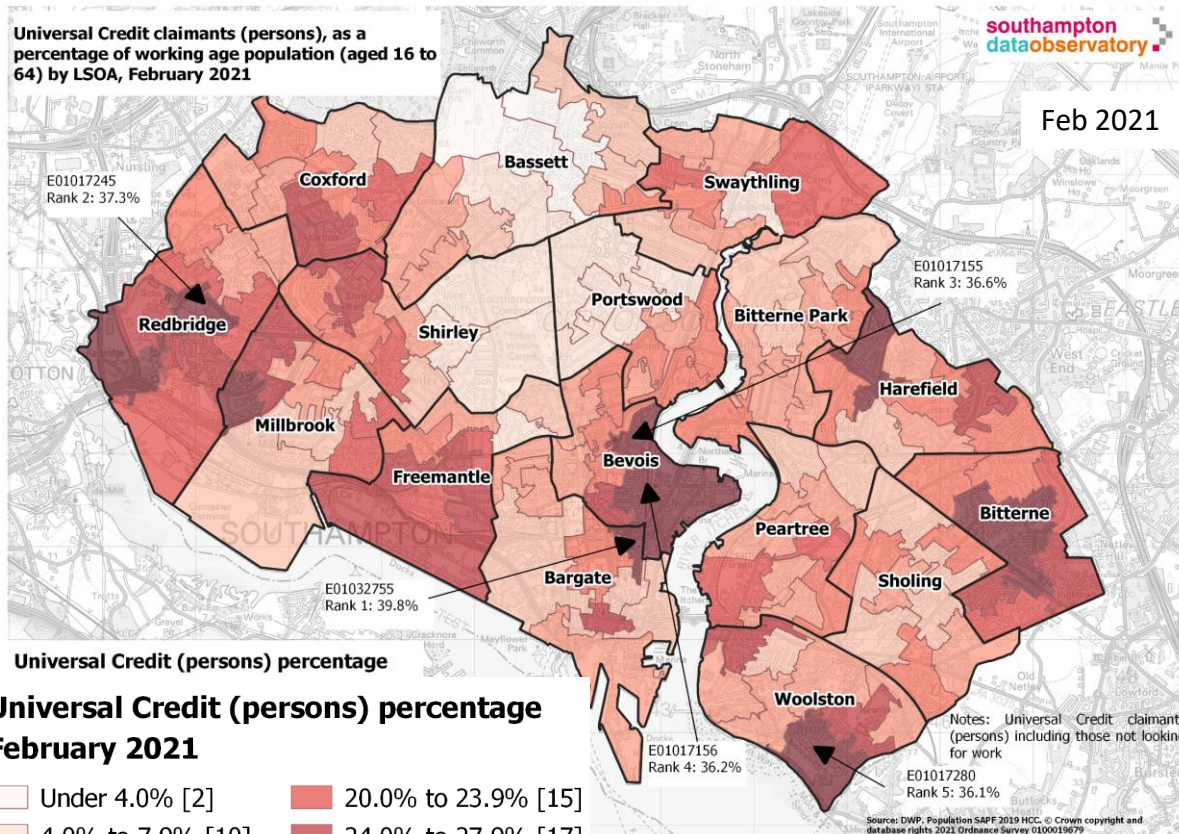
The tartan rug compares Southampton and ONS Comparators to national averages, significance assessed using 95% confidence intervals

Overall, businesses in **Southampton** deemed to be **sixth most vulnerable** out of 14 comparators - the higher rate of small businesses and greater proportion of SEISS take-up highlighted in Southampton

Local authorities with more vulnerable industries and therefore greater increase in claimant counts and take-up of the CJRS and SEISS appear to be more vulnerable – particularly the Isle of Wight, Portsmouth, Liverpool and Bournemouth, Christchurch & Poole

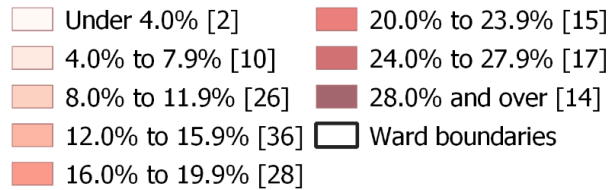


Impact on benefits: Universal Credit

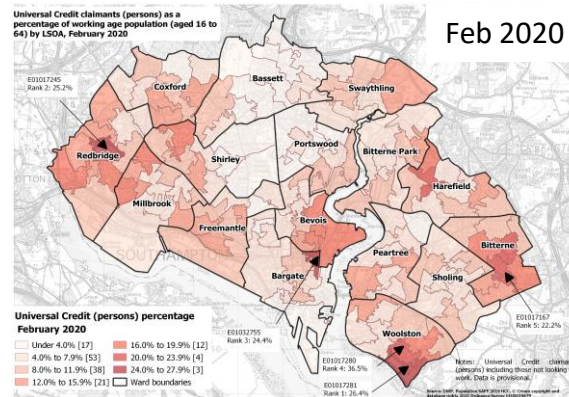


This map shows the distribution of the population claiming universal credit in Feb 2021 which had increased from a city average of 8.8% in Feb 2020 to 16.7% in Feb 2021 and remains over 16% to date

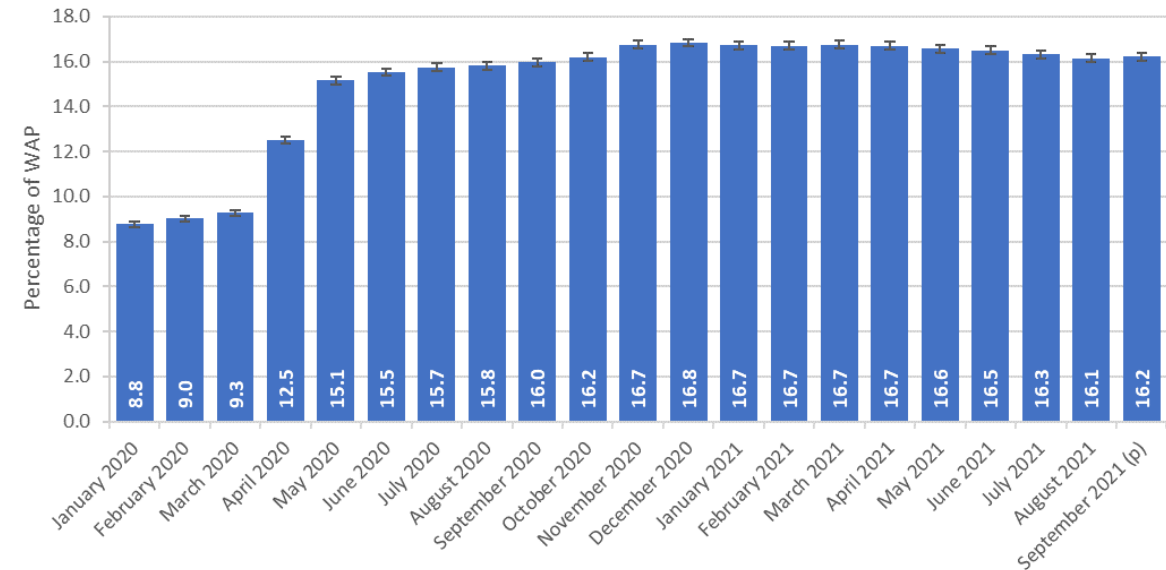
Universal Credit (persons) percentage February 2021



The greatest increases in Universal Credit claimants were in the most deprived areas of the city risking widening of inequalities



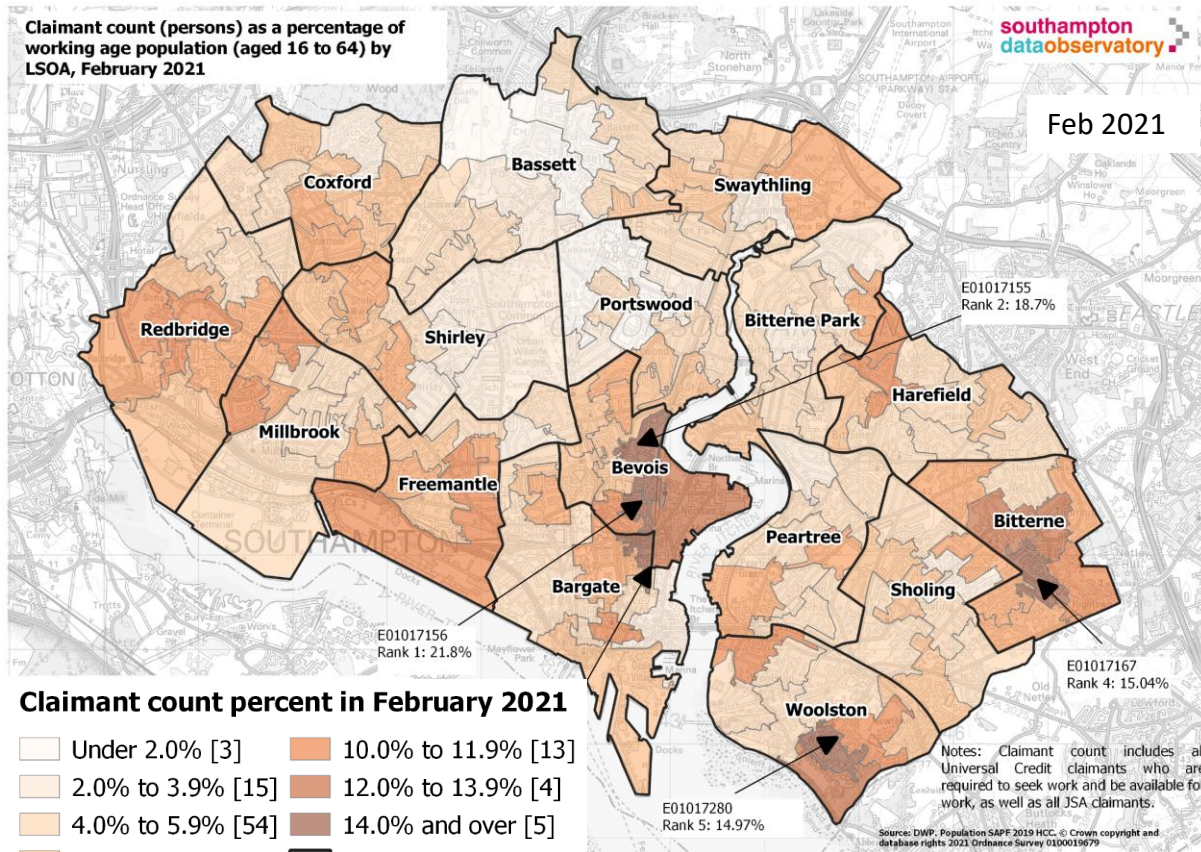
People on Universal Credit (total): Southampton January 2020 to September 2021 (p) percentage of working age population (WAP) ¹



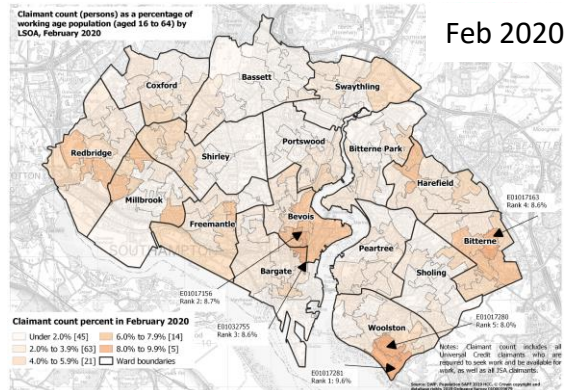
Source: DWP 2021 (via Stat-Xplore). (p)-provisional
¹ Population - WAP Feb 2020 to March 2021 - HCC SAPF 2019. WAP from April 2021 - HCC SAPF 2020



Impact on benefits: Claimant Count

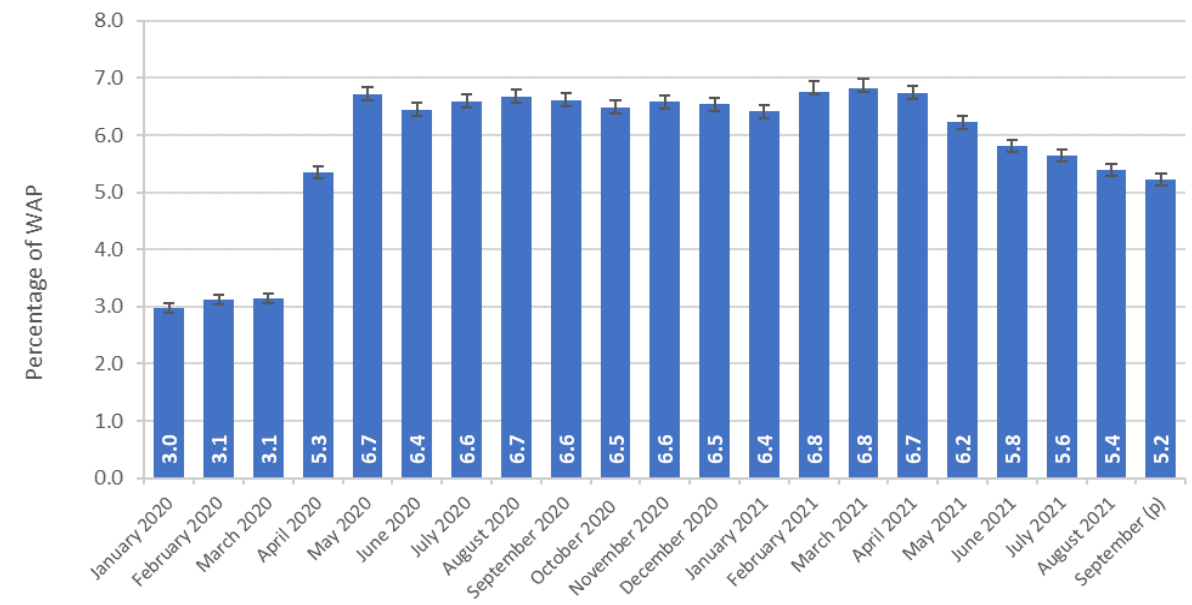


The greatest increases in claimant counts were in the most deprived areas of the city risking widening of inequalities; Southampton had a higher rate of claimant counts than the South-East and England average



This map shows the distribution of the population claiming benefits in Feb 2021 which had increased from a city average of 3.0% in Feb 2020 to 6.8% in Feb 2021 and has only recently started to fall since the easing of restrictions

Claimant Count: Southampton January 2020 to September 2021 (p). Percentage of working age population (WAP) ¹



Source: DWP 2021 (via NOMIS). (p)-provisional

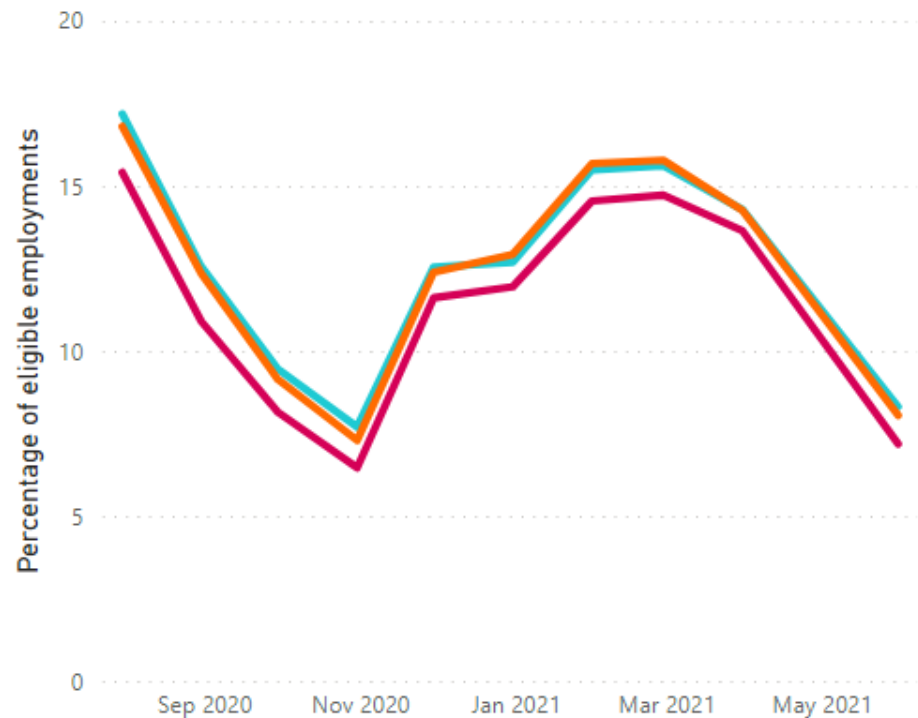
¹ Population - WAP Feb 2020 to March 2021 - HCC SAPF 2019. WAP from April 2021 - HCC SAPF 2020



Coronavirus Job Retention Scheme (CJRS) - Furlough

Percentage of employments on furlough via CJRS in eligible employments, Southampton, South East and England: July 2020 to May 2021

Area ● England ● South East ● Southampton

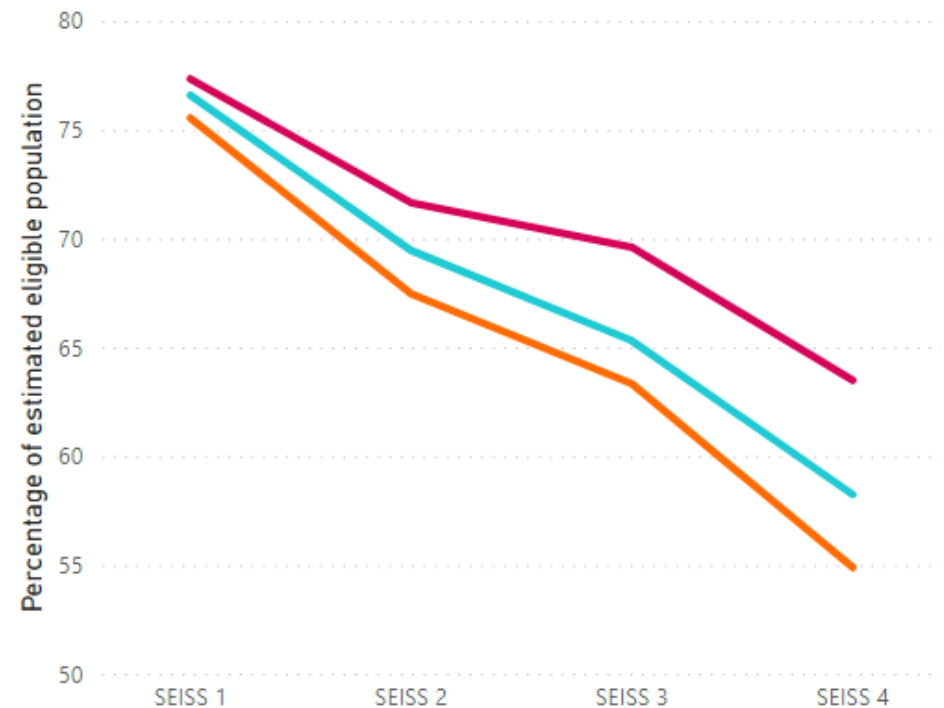


There was a lesser uptake in the CJRS in Southampton than England and South-East overall, but followed a similar trend throughout the pandemic, indicating that restrictions had similar impacts on our businesses

Self Employment Income Support Scheme (SEISS)

Percentage of SEISS claims made in the estimated eligible population, Southampton, South East and England: Grant 1 to 4 (May 2020 to June 2021)

Area ● England ● South East ● Southampton



There was a greater proportion of SEISS claims in Southampton than England and South-East, plus slower decline over time through the second, third and fourth schemes possibly indicating that the self-employed in Southampton were more vulnerable during the pandemic



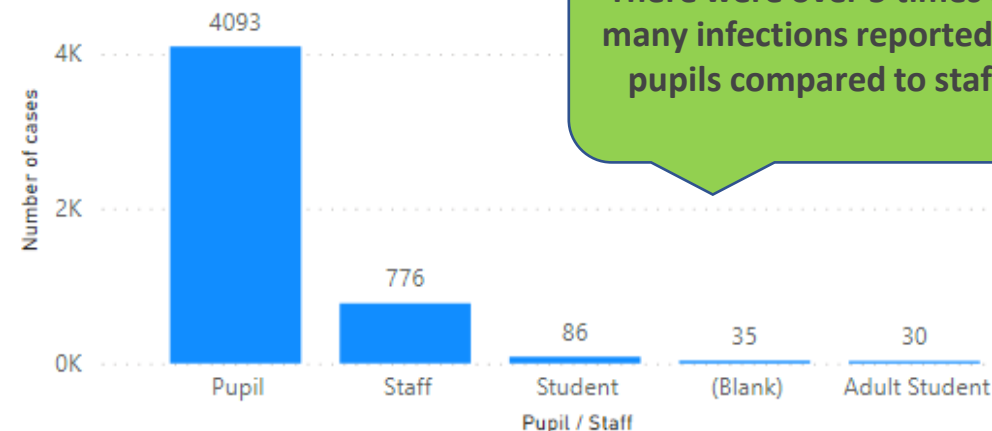
Impact on education

The pandemic has had an enormous impact on education with schooling hugely disrupted and vulnerable children most affected. Published data on the impact on attainment outcomes is not yet available but [national estimates](#) of the potential impact include:

- each day of individual pupil absence results in around 0.3% to 0.4% of a standard deviation reduction in attainment
- an overall impact of between 6% to 10% of a standard deviation reduction in attainment due to time out of school in the 2019 and 2020 academic year

Other impacts of school closures include emerging learning difficulties missed, mental health deterioration, reduced physical activity, safeguarding opportunities missed, negative impact of additional time spent online (exposure to inappropriate content, digital dependency etc), disruption to vaccination programmes, reduced access to services, free school meals, extended periods of remote learning leading to poorer educational outcomes.

Number of cases by pupil or staff

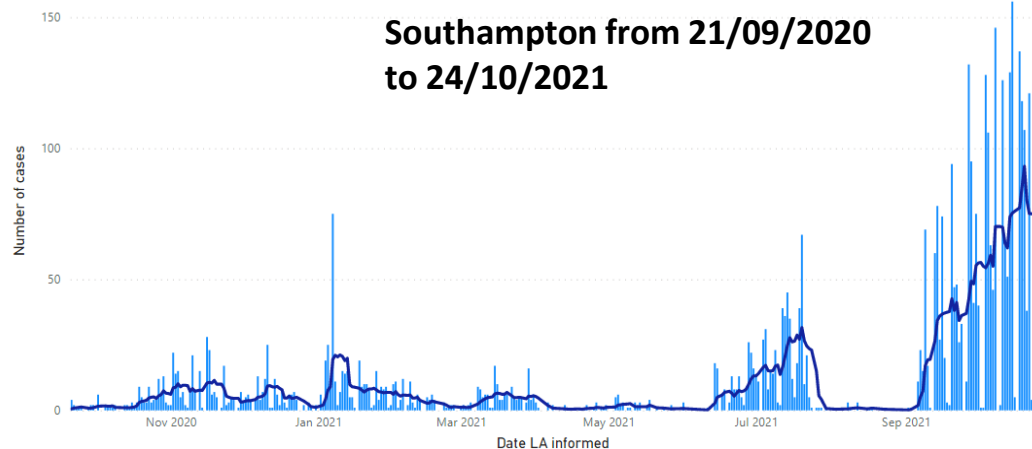


There were over 5 times as many infections reported in pupils compared to staff

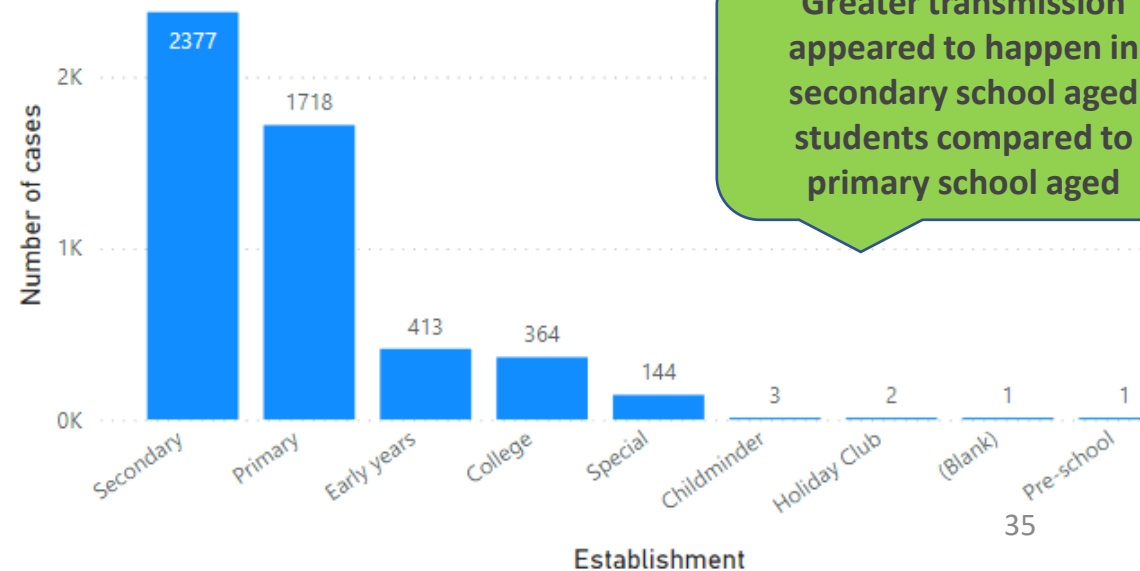
4382 Total number of cases
24,311 Number of Pupils who have isolated
2,567 Number of Staff who have isolated
90 Closed Settings
48% Percentage of cases with a positive LRF

Number of COVID-19 cases over time

● Number of cases ● School cases 7 day average



Number of cases by sector



Greater transmission appeared to happen in secondary school aged students compared to primary school aged



Healthy Living

This section describes how the pandemic affected people's ability to lead healthy lives.



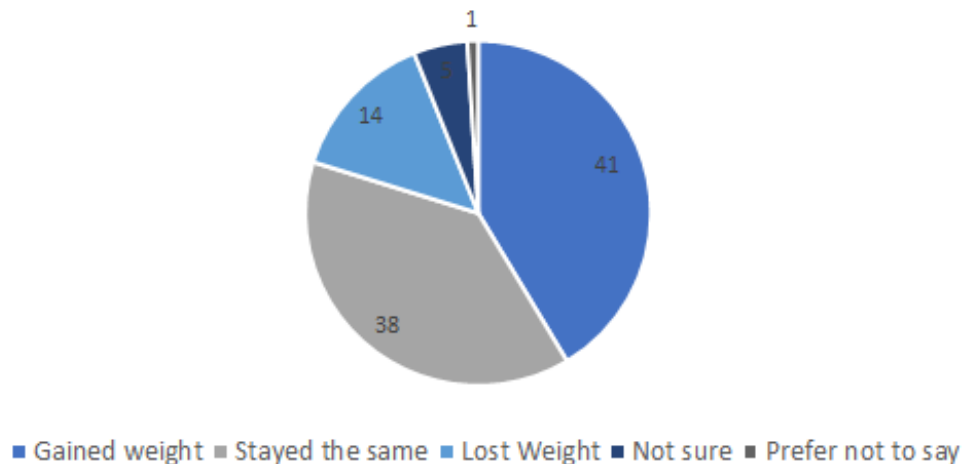
Local data on how the pandemic has affected healthy weight behaviour and outcomes is not yet available. However, we do know there has been a reduction in people accessing weight management services in Southampton. There is likely to have been an impact on people's weight through changes in e.g. eating habits and the way we work.

Childhood obesity prevalence nationally has increased since 2019/20, with the National Child Measurement Programme reporting:

- In Reception, obesity prevalence has increased - 9.9% in 2019/20 to 14.4% in 2020/21
- In Year 6, obesity prevalence has increased - 21.0% in 2019/20 to 25.5% in 2020/21
- Boys have a higher obesity prevalence than girls for both age groups
- Children living in the most deprived areas were more than twice as likely to be obese than those living in the least deprived areas

The PHE national survey Better Health and PHE obesity campaign: attitudinal survey data published July 2021 found that 41% of adults in England said they had put on weight since the start of Lockdown in March 2020 and that on average 4.1kg (over half a stone) was gained by those who said they had put on weight. Where weight was gained, nearly half who responded said unhealthy eating habits were the main reasons.

Since the start of lockdown 23rd March 2020 have you gained weight, lost weight or has it not changed?
National survey of 5000 people in July 2021



This chart shows the percentage of respondents by self-reported changes in weight since March 2020 to July 2021 and shows 41% gained weight, 38% stayed the same, and 14% lost weight.

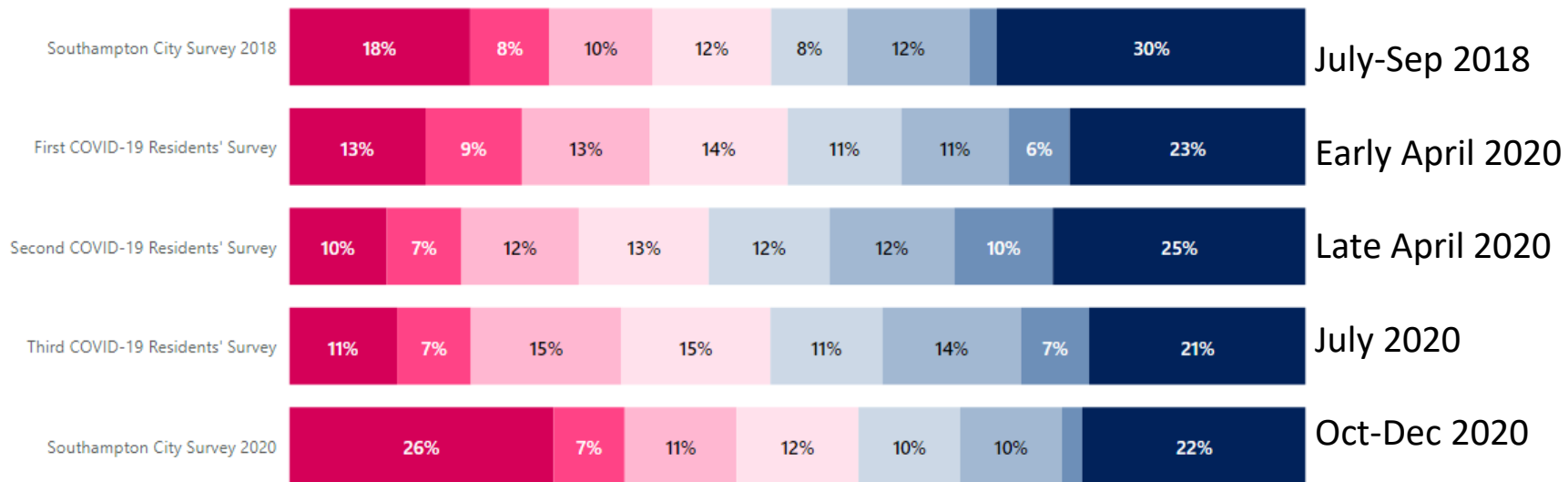


Impact on physical activity

Question: In the past week, on how many days have you done a total of 30 minutes or more of physical activity?

Days ● 0 ● 1 ● 2 ● 3 ● 4 ● 5 ● 6 ● 7

Survey period



Percentage

National data: Sport England April 2021

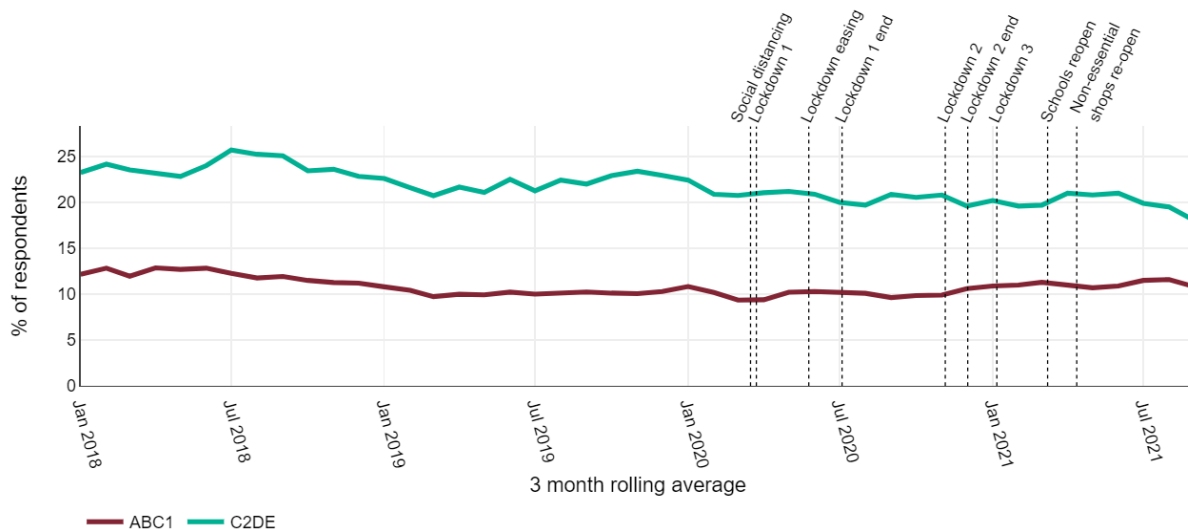
“The majority of physically active adults in England managed to maintain their habits despite the challenges of the coronavirus (Covid-19) pandemic, according to our latest Active Lives Adult Survey... However, the first eight months of coronavirus restrictions, as well as the storms that had a huge impact on outdoor activity in early 2020, also led to a worrying increase in the number of people who were inactive – doing less than 30 minutes of activity a week or nothing at all... Not all groups or demographics were affected equally though, with women, young people aged 16-24, over 75s, disabled people and people with long-term health conditions, and those from Black, Asian, and other minority ethnic backgrounds most negatively impacted beyond the initial lockdown period.”

Southampton residents self-reported physical activity levels were reasonably consistent across the course of the pandemic. Variation may also be influenced by season.

This chart shows a time series of Southampton resident survey responses to the question on number of days achieving 30 minutes or more of physical activity; blue indicates higher and pink lower number of days when this was achieved



Prevalence of cigarette smoking (STS) in England by social class



Social Class

ABC1: higher and intermediate managerial, administrative and professional workers, supervisory, clerical and junior managerial, administrative and professional workers, **C2DE:** skilled manual workers, semi-skilled and unskilled manual workers, people on long term state benefits, casual and lowest grade workers, unemployed with state benefits (including pension) only

Source: Smoking Toolkit Study, UCL, www.smokinginengland.info

Data from [Wider Impacts of COVID-19 \(phe.gov.uk\)](http://phe.gov.uk)

This chart shows a small narrowing of the gap between social classes in the prevalence of smoking, with a small decline in smoking in manual and casual workers and people on long term state benefits

YouGov/ASH June 2020

- 4.6% of respondents gave up smoking due to COVID-19 in the previous 4m
- 7.4% gave up for other reasons
- Estimated 1million quit during the first lockdown

Addiction study First lockdown

- Increased smoking prevalence in ages 18-34
- Increased quit attempts in ages 18-34
- Increased successful cessation in ages 18-34

Smoking at the time of delivery

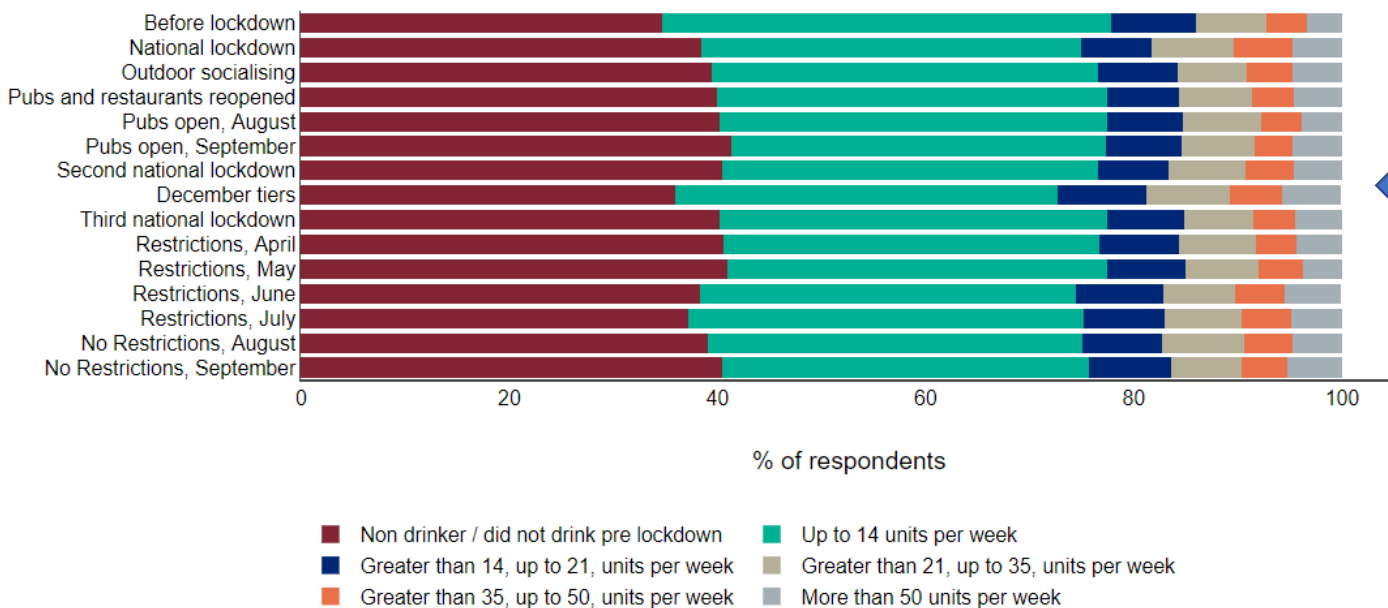
- 9.6% of women were smokers at time of delivery in 2020-21 – an 0.8 percentage point decrease from 2019-20 (10.4%), but still above the current national ambition of 6% or less

National data shows a mixed picture of increased quitting in the early phase of the pandemic but more younger people taking up smoking. Up to September 2020, there were marginally more people who reported smoking more during lockdown than people who reported smoking less. Just under 50% of people said they were smoking about the same amount.



Impact on use of drugs and alcohol

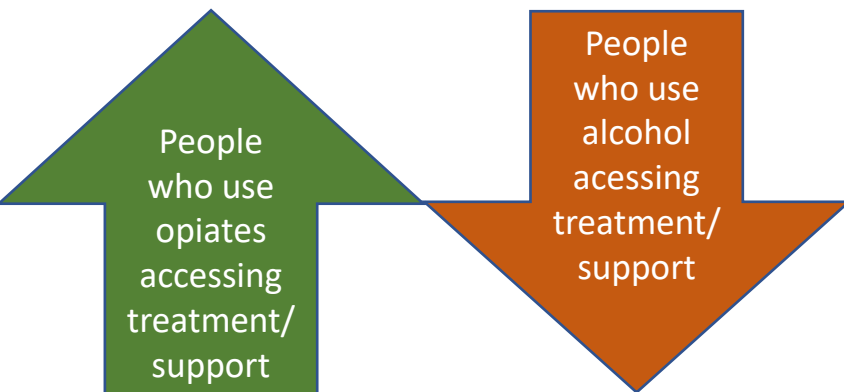
Percentage of respondents aged 18+ years who consumed each of the unit groupings during a typical week in England



This chart suggests that there were not huge shifts in drinking behaviour as a result of the pandemic. However, high risk drinking increased during lockdowns and this rate of consumption has not returned to pre-pandemic levels. The number of people not drinking any alcohol has increased over the period of the pandemic.

Data from [Wider Impacts of COVID-19 \(phe.gov.uk\)](https://www.phe.gov.uk)

Use of local services in Southampton (National Drug Treatment Monitoring System)

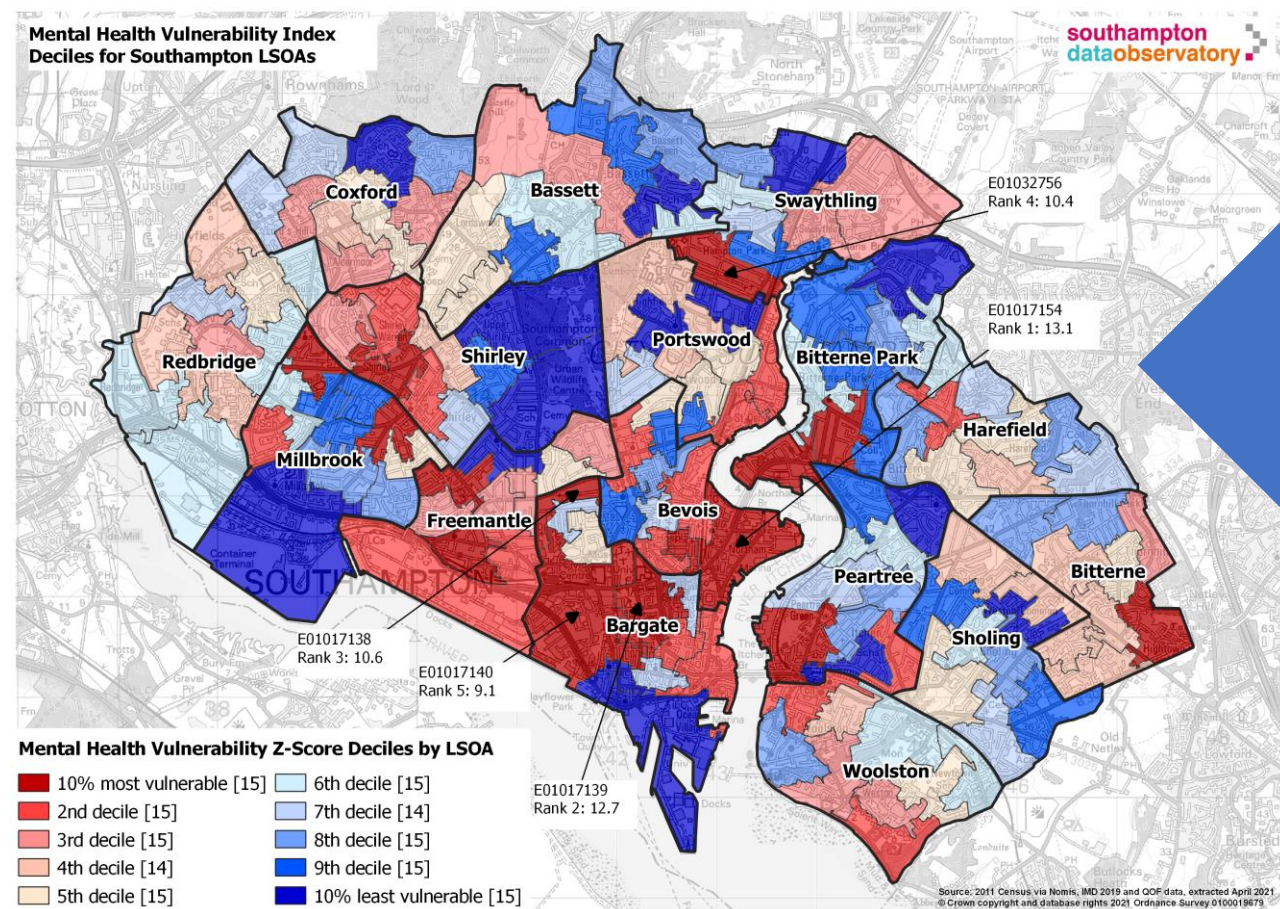


The Global Drugs Survey found that between May and June 2020 in the UK there was an increase in consumption of cannabis, prescription benzodiazepines and prescription opioids. There was a reduction in cocaine use, MDMA and ketamine.

National data is not conclusive but there are indications that high risk drinking increased over periods of lockdown. There was also an increase in consumption of some types of drugs but a reduction in use of stimulants. Locally, the number of people using opiates who access treatment and support increased, but there was a decrease in the number of people using alcohol who accessed treatment and support.



Impact on adult mental health



This map shows the areas in Southampton whose residents are more likely to have vulnerable mental health because of restrictions put in place during the COVID-19 pandemic. The most vulnerable areas are in the more deprived parts of the city centre and areas with more students. Vulnerability is less widespread in the east and west of Southampton, although there are clusters of more vulnerable areas, especially in more deprived areas in eastern and western wards.

Southampton residents were already vulnerable to mental health difficulties before the pandemic. Existing mental health difficulties are likely to have been exacerbated due to isolation from family and friends, bereavement, anxiety about infection and effects on others/wider society, financial and employment concern and reduced access to treatment and support. National data shows a mixed picture of periods of deterioration in mental health coinciding with lockdowns, followed by recovery in some indicators.

National data

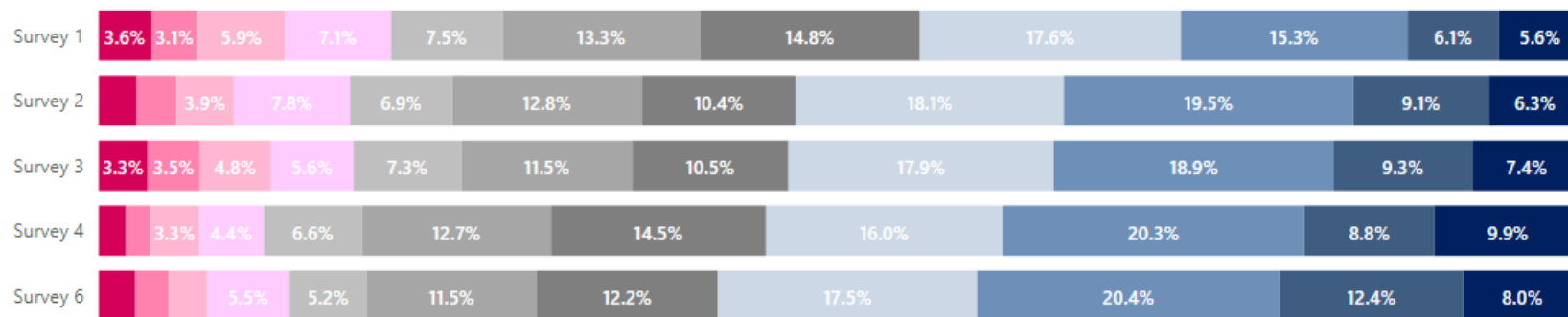
A PHE national surveillance report found 'deteriorations in mental health and wellbeing between March and May 2020, followed by a period of improvement from July, stabilising at levels comparable to before the pandemic between August and September... [More recent evidence](#) suggests that there was a second deterioration in population mental health and wellbeing between October 2020 and February 2021, followed by a period of recovery.' However, data from ONS indicates higher proportions of adults reporting low self-worth during the period of the pandemic compared to a 2019 baseline.



Overall, how happy did you feel yesterday?

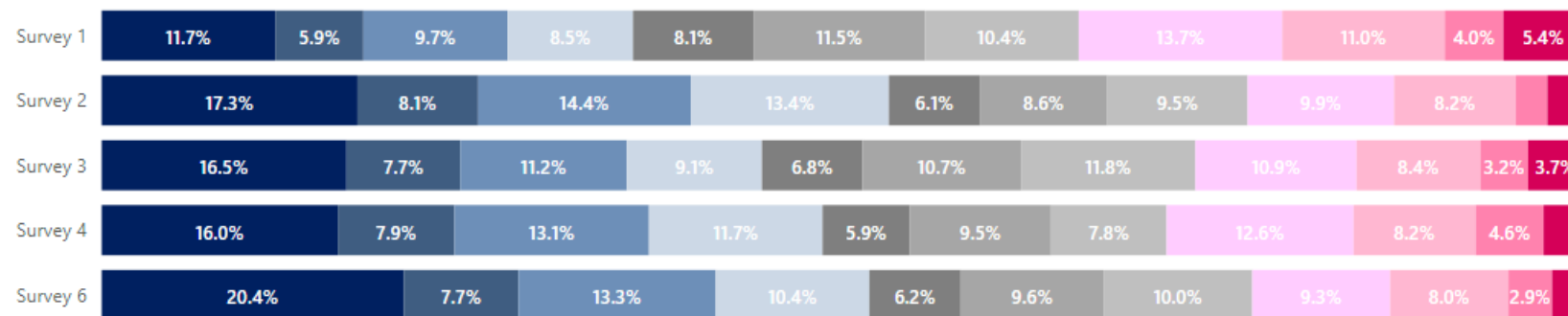
Score ● 0 (not at all) ● 1 ● 2 ● 3 ● 4 ● 5 ● 6 ● 7 ● 8 ● 9 ● 10 (completely)

Southampton Residents Surveys 2020-21



Overall, how anxious, nervous or on edge did you feel yesterday?

Score ● 0 (not at all) ● 1 ● 2 ● 3 ● 4 ● 5 ● 6 ● 7 ● 8 ● 9 ● 10 (completely)



These charts suggest that people's happiness and anxiety levels in Southampton changed over time. Happiness increased over time, particularly when compared with the early stages of the pandemic. Anxiety levels fluctuated more but lower levels were reported in the most recent survey (August 2021)

Dates of Southampton Residents Surveys:

1st: Early April 2020; 2nd: Late April 2020; 3rd July 2020; 4th November 2020, 5th: February 2021*; 6th: August 2021

* the 5th survey did not replicate these questions



Pre-pandemic, across England the number of children and young people (CYP) experiencing mental health difficulties was increasing.

An NHS England [survey](#) of CYP in July 2020 found that:

- the number of children with probable mental health disorders had increased from 10.8% in 2017 to 16% in 2020
- CYP with a probable mental disorder were more likely to say that lockdown had made their life worse than CYP unlikely to have a MH disorder

Southampton City Children and Young People's Emotional and Mental Health Wellbeing Plan: 2021 – 2024

found evidence that COVID-19 and related interventions, such as social distancing and stay at home guidance including school and early years setting closures, have likely had a negative effect on some children and young people's mental health and wellbeing.



Southampton City Children and Young People's Emotional and Mental Health Wellbeing Plan: 2021 - 2024

The Plan anticipates MH needs as a result of Covid-19 to include:

- Increase in crisis presentations including self-harm
- Increase in complexity of cases presenting to CAMHS
- Higher volume of mental health difficulties including depression, behavioural difficulties and family relationship challenges
- Increased anxiety e.g. due to lockdown/virus fears, transition back to school, separation anxiety
- Worries about exam cancellation and moving into next phase of education
- Increase in mental health presentations will have a negative impact on wider family
- Increased incidents of domestic abuse, and child abuse due to family/parental stress
- Increased number and severity of eating disorders
- Bereavement and loss
- Increase in violent crime – impact on mental health and aspirations

The number of CYP experiencing mental health difficulties was increasing pre-pandemic, but COVID-19 has exacerbated this. Local CAMHS has seen a sharp rise in demand between 2020 and 2021

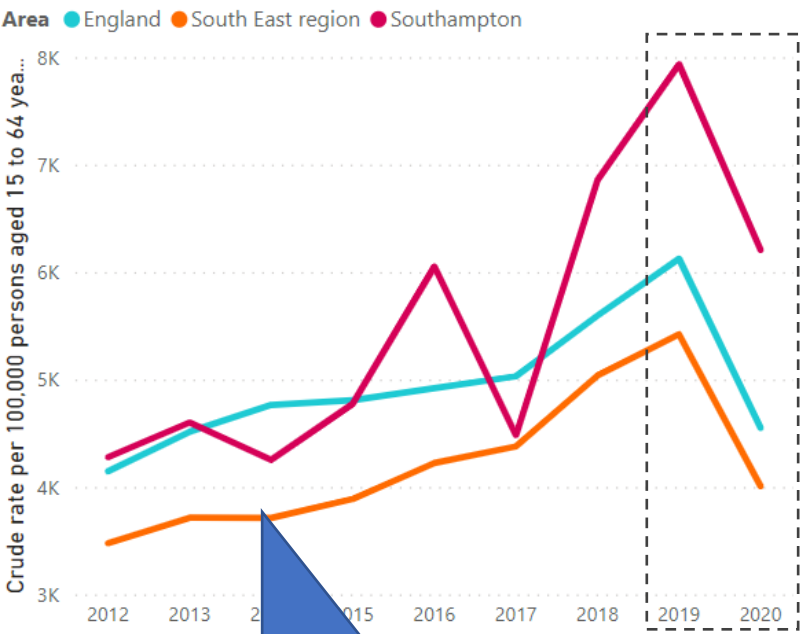
Impact on local CAMHS April-June 2021 compared to April-June 2020

Referrals	87% increase compared with same 2019 period (370 increasing to 690)
Eating disorder caseload	138% increase since 2020 (37 in May 2020 increasing to 88 in July 2021)
A&E psychiatric presentations aged 12-17 yrs	48% increase compared with same 2019 period (83 increasing to 123)

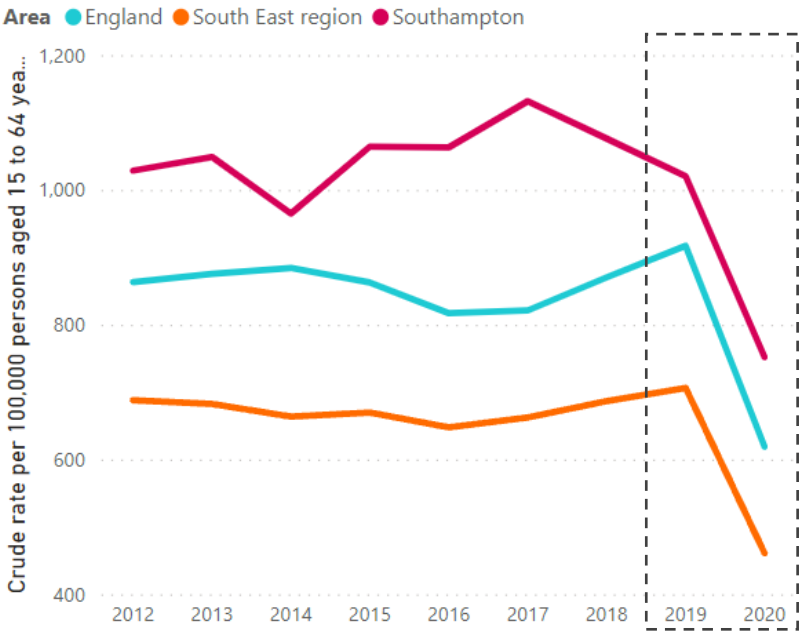


Impact on Sexual Health

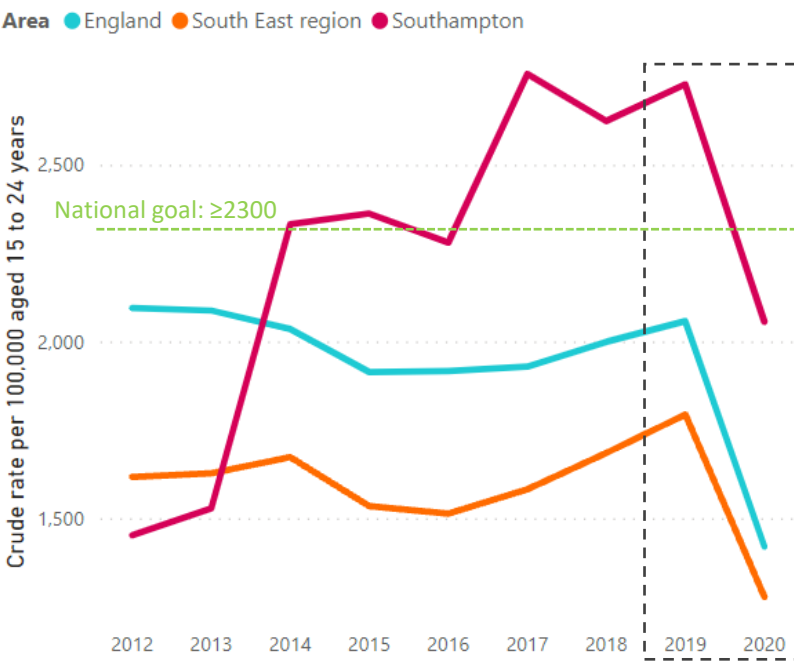
STI tests, crude rate per 100,000 persons aged 15 to 64 years (excluding chlamydia in persons aged under 25 years), England, South East region, Southampton: 2012 to 2020



New STI diagnoses (excluding chlamydia in persons aged under 25 years) crude rate per 100,000 persons aged 15 to 64 years, England, South East region, Southampton: 2012 to 2020



Chlamydia diagnoses, crude rate per 100,000 persons aged 15 to 24 years, England, South East region, Southampton: 2012 to 2020



These charts show a sharp decline in STI testing, STI diagnoses and chlamydia diagnoses between 2019 and 2020 across Southampton, the South East and England

Sexual health services across England were reconfigured as part of the national response to COVID-19. As noted in a national PHE report, between March and May 2020 there was a reduction in consultations, in testing capacity and in diagnoses.

"There is a critical need to evaluate the impact of these changes on health inequalities, as hepatitis C virus, HIV and many STIs predominantly affect socially disadvantaged and/or marginalised groups who already experience poor health outcomes, including people who inject drugs and experience homelessness, and certain black and Asian ethnic minorities."

[COVID-19: impact on STIs, HIV and viral hepatitis, 2020 report \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

Although testing and diagnosis in sexual health reduced during the first lockdown, it is difficult to draw conclusions about the health impact and whether this was due to reduced sexual activity, lack of access or a combination of the two. The impact will become clearer over time and may reveal a widening of inequality.



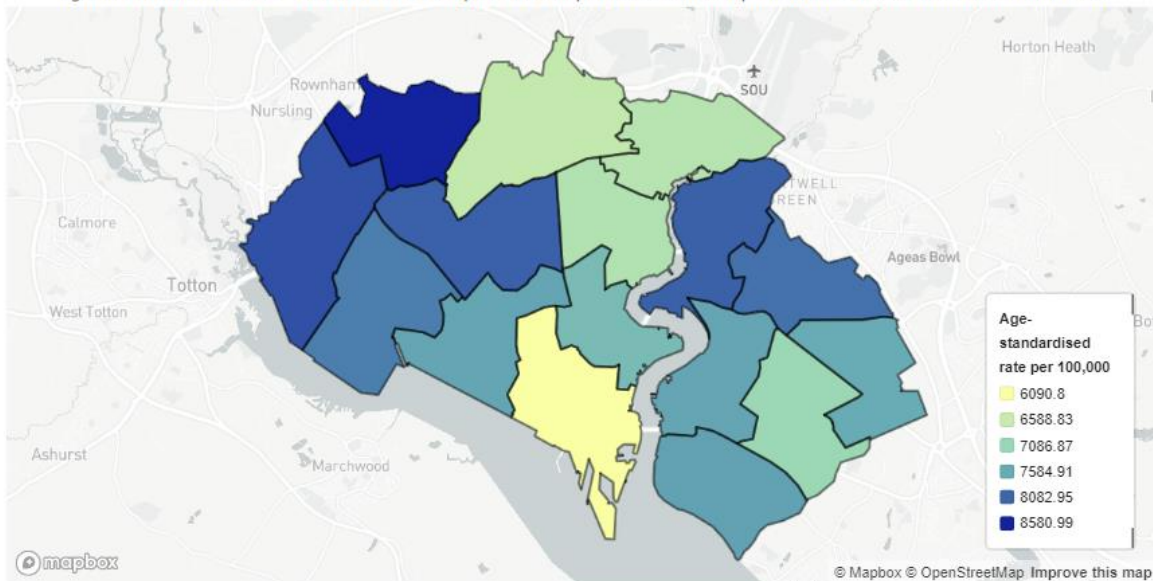
Healthy Places

This section summarises how the impact of the pandemic was felt in different parts and sectors of the city: wards, deprivation, environmental issues and crime

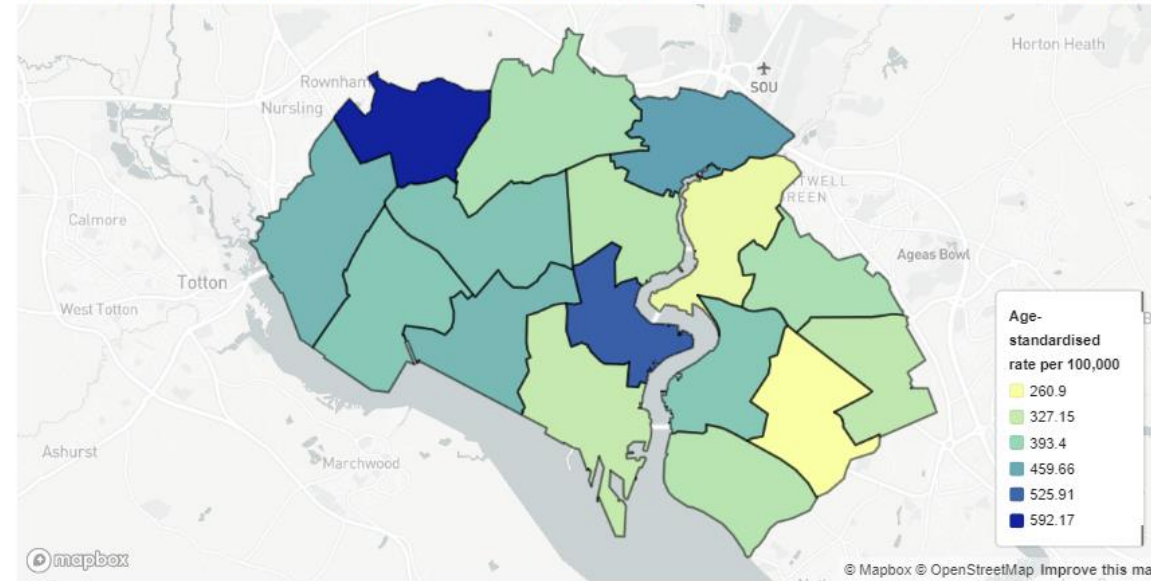


Impact by city ward

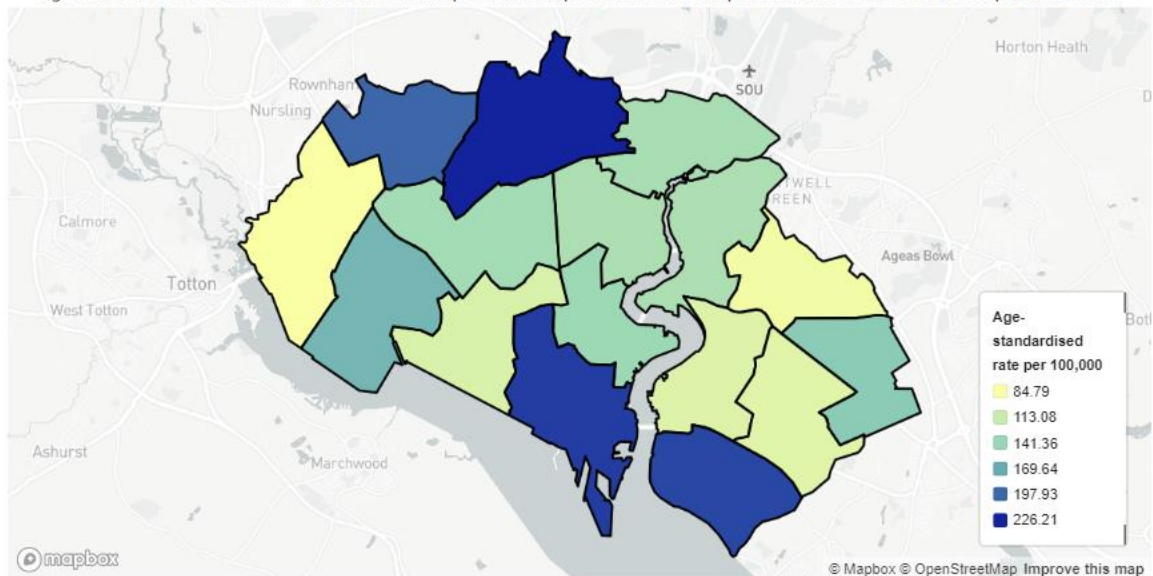
Age-standardised COVID-19 infections, rate per 100,000 persons, Southampton wards: March 2020 to October 2021



Age-standardised COVID-19 hospital admissions, rate per 100,000 persons, Southampton wards: January 2020 to May 2021



Age-standardised COVID-19 mortalities, rate per 100,000 persons, Southampton wards: March 2020 to September 2021



Infections (March 2020 to October 2021):

- Portswood, Bargate, Bassett and Swaythling showed significantly lower standardised infection rates than the city average (7,465 per 100,000)
- Millbrook, Bitterne Park, Redbridge, Harefield, Shirley and Coxford showed significantly higher infection rates than the city average (7,465 per 100,000)

Hospital Admissions (January 2020 to May 2021):

- Sholing and Bitterne Park showed significantly lower standardised hospital admission rates than the city average (394 per 100,000)
- Coxford showed a significantly higher standardised hospital admission rate than the city average (394 per 100,000)

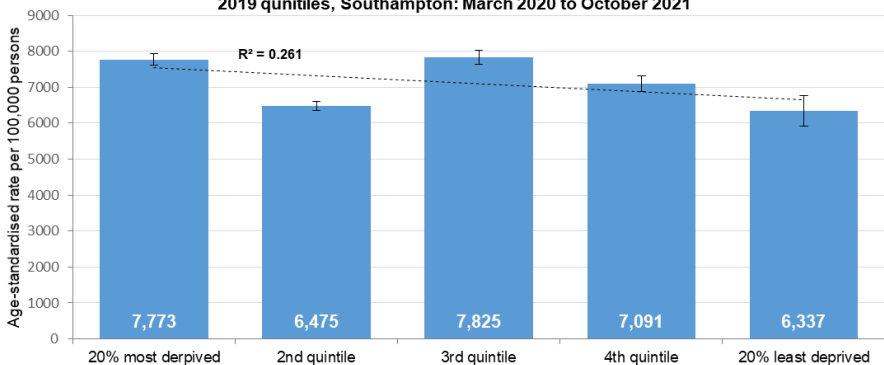
Mortalities (March 2020 to September 2021):

- Bassett showed a significantly higher standardised mortality rate than the city average (144 per 100,000)



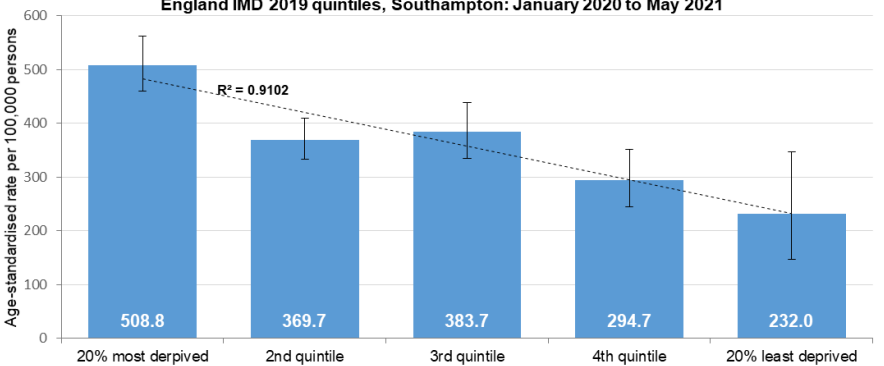
Impact by deprivation

Age-standardised COVID-19 infections, rate per 100,000 person-years by England IMD 2019 quintiles, Southampton: March 2020 to October 2021



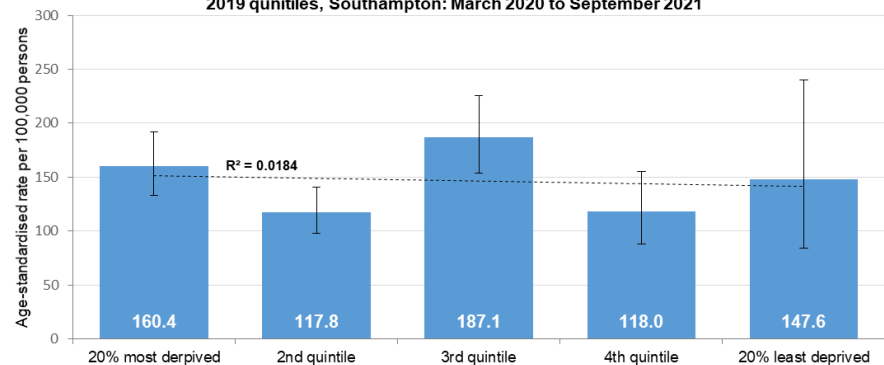
Source: NHS Digital & HCC SAPF (2020)

Age-standardised COVID-19 hospital admissions, rate per 100,000 person-years by England IMD 2019 quintiles, Southampton: January 2020 to May 2021



Source: SUS PBR Inpatients from South, Central & West CSU, extracted June 2021 & HCC SAPF (2020)

Age-standardised COVID-19 mortalities, rate per 100,000 person-years by England IMD 2019 quintiles, Southampton: March 2020 to September 2021



Source: Primary Care Mortality Database - NHS Digital & HCC SAPF 2020

These charts show age-standardised rates of infections, hospital admissions and deaths across different time periods based on data availability. Overall there are no clear gradients across all deprivation quintiles from COVID-19 infections and mortalities, although a trend in hospital admissions is more apparent. There are significant differences in case rates and hospital admissions when comparing those living in the 20% most deprived neighbourhoods with those living in the 20% least deprived with higher rates in the most deprived; for COVID-19 deaths this difference is not statistically significant. Given national trends, these gaps in deprivation may have been wider during the peaks of the pandemic.

National and regional data via the [CHIME tool](#) suggests that a deprivation gap did exist between standardised rates of mortality and hospital admissions – especially during the first and second peaks; there were lesser differences in infection rates across deprivation during most of the pandemic.



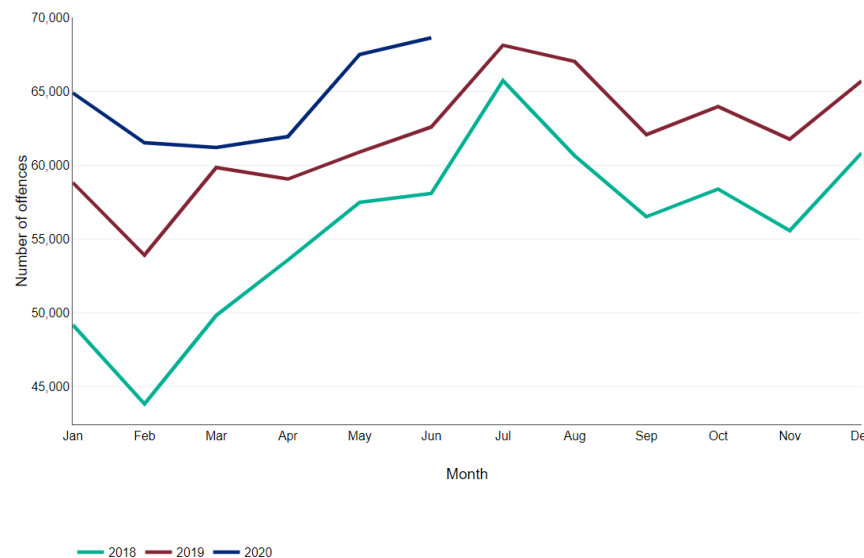
Impact on crime and safety: domestic abuse

The Office for National Statistics reported an increase in demand for domestic abuse victim support services, including a **65% increase in calls and contacts logged by the National Domestic Abuse Helpline** between April and June 2020, compared with the first three months of the year.

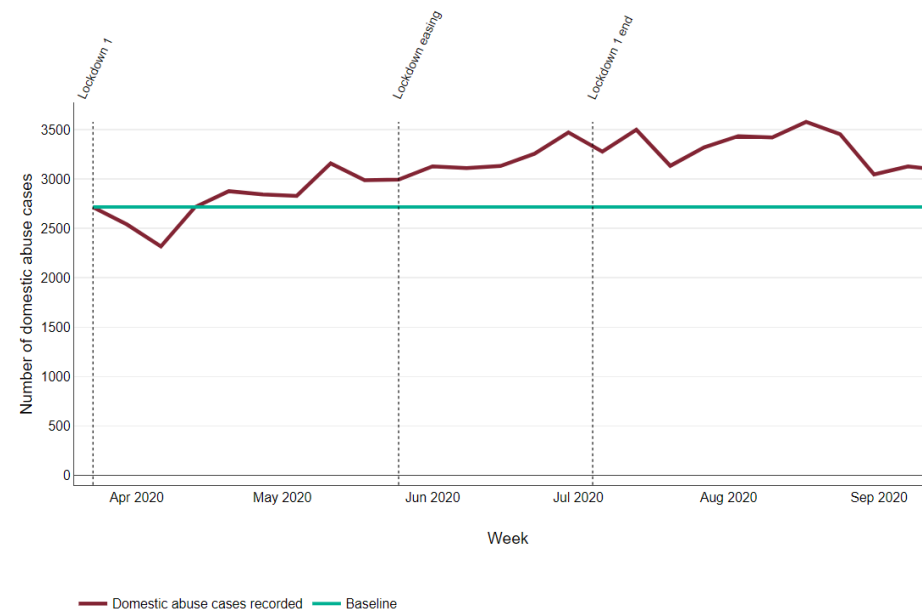
Several national indicators suggest that rates of domestic abuse increased during the early period of the pandemic and the first lockdown. Contributing factors may have included restricted movement out of the home, increased unemployment/furlough, financial and emotional stress, and reduced access to support. As we move towards recovery it will be important to enable access to support services for those affected.

There were 4,804 recorded domestic flagged crimes in Southampton during 2020/21, which is a 2.6% increase compared to the previous year. It is important to emphasise that domestic abuse is a 'hidden' crime and therefore police recorded crime figures only provide a partial picture.

Total number of offences (excluding fraud) flagged as domestic abuse-related, by month, January 2018 to June 2020, England and Wales (excluding Greater Manchester Police)



Weekly number of domestic abuse cases recorded in Victim Support's case management system

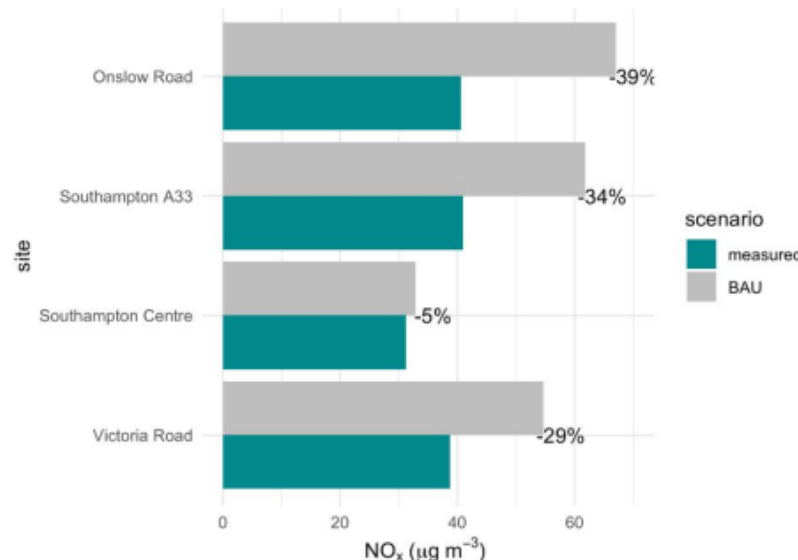


These charts of national data show an increase in domestic abuse-related offences in the early part of 2020, higher than previous years (Home Office data) and a higher number of domestic abuse cases logged between May 2020 and September 2020 compared to March 2020 baseline (Victim Support data)



Southampton City Council undertook an [air quality analysis](#) during the first lockdown, March – June 2020, which found:

- Road traffic levels declined rapidly following the introduction of government restrictions and guidelines
- Nitrogen Oxide (NO_x) levels were on average a third lower at roadside sites during lockdown compared to business as usual
- Nitrogen Dioxide (NO₂) levels were on average 12% lower at roadside sites during lockdown compared to business as usual
- Particulate matter (PM) increased during lockdown, but Southampton PM concentration is influenced by wind, wood burning, industrial activity and windblown contributions from outside of Southampton
- Weather had a larger effect on pollutant concentrations than emissions themselves during lockdown

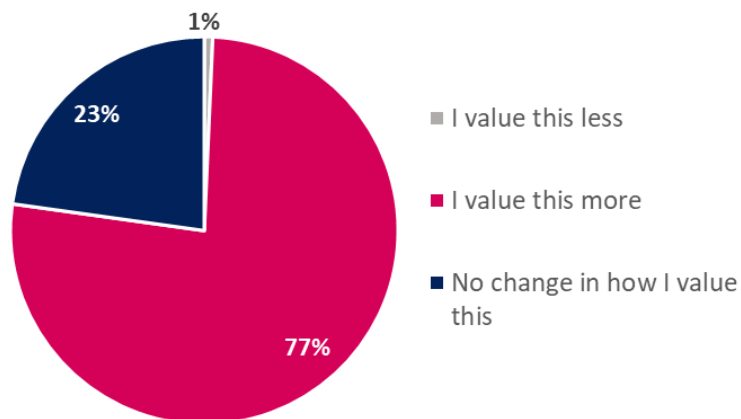


There was a reduction in average roadside NO_x levels during lockdown compared to business as usual (BAU)

How have these observations during the lockdown changed how you value reduced air pollution?

We asked residents about air pollution in the third resident's survey (July 2020):

77% of respondents reported valuing reduced air pollution more



The first lockdown benefited air quality in Southampton with reduced traffic and roadside emissions and residents reported that they valued improved air quality more. Although lockdown volumes of traffic cannot be maintained, there is scope to substantially reduce emissions with reduced traffic levels.

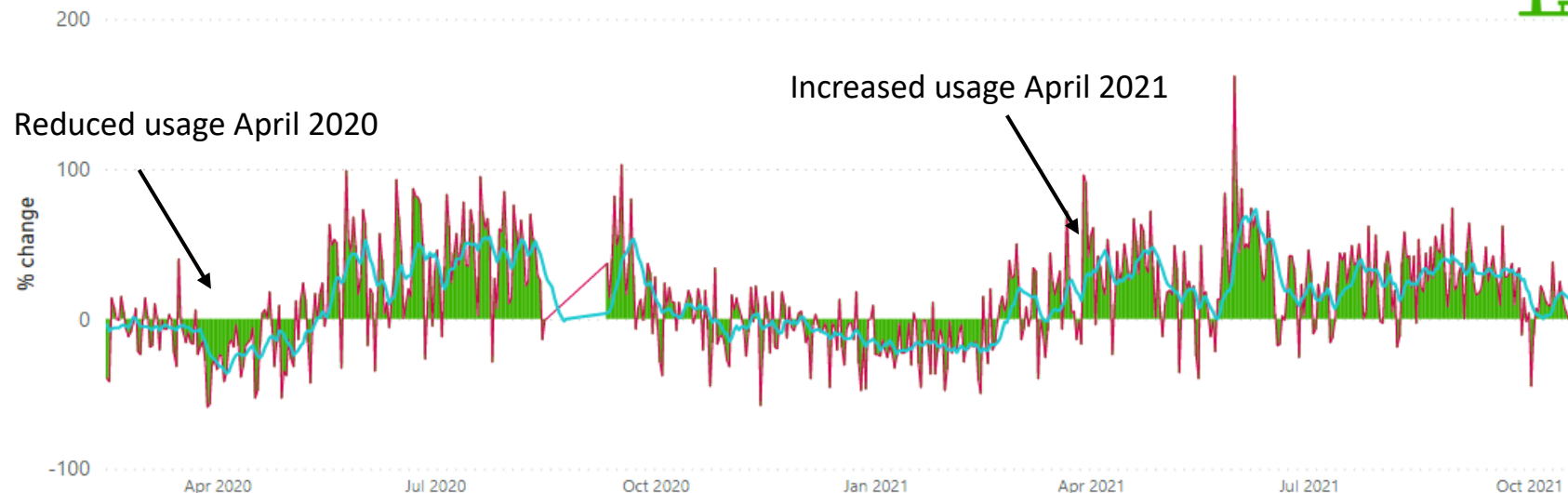


Impact on environment: use of green spaces



Southampton - Parks: % change in mobility from baseline, 10 day moving average and UK % change

Key: ● Parks percent change from baseline ● UK % change (Parks) ● 10 day moving average (Parks)



This chart of Google mobility data indicates that residents' use of parks fluctuated with the seasons but was affected by the COVID-19 restrictions especially in the first lockdown

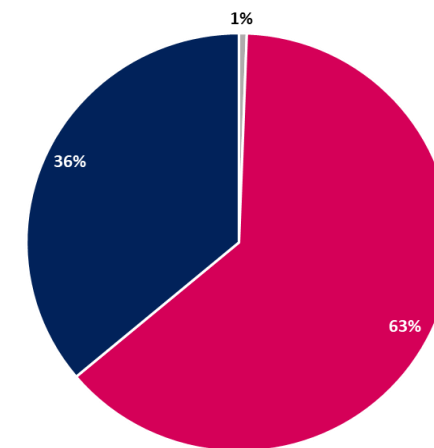
Use of green spaces was initially reduced during the first lockdown, but as government measures increasingly recognised the public health importance of physical activity and allowed more time to be spent outside the home, use of green spaces increased. Southampton residents subsequently placed more value on green spaces

We asked residents about green spaces in the third resident's survey (July 2020):

Residents observed increased use of greenspace throughout lockdown, as well as better air quality and quieter streets

63% of respondents reported valuing green space more

Have these observations during lockdown changed how you value green spaces?





As more data becomes available, we will be able to better understand the impacts of the COVID-19 pandemic in Southampton. Already we can see a disproportionate affect in those living in the most deprived neighbourhoods both in the direct and indirect health impacts. Where we have relied on national data for England/UK, it is important to remember that Southampton has higher deprivation on average than England, so the effects of COVID-19 may be even greater. Impacts may be further amplified when we are able to better understand variation in impacts across ethnicity when the 2021 Census data becomes available.

In almost every area, inequalities in the effects of COVID-19 are evident, with groups who were already disadvantaged suffering more. In general, the least deprived were protected from the worst effects of the pandemic.

The ability for people to lead healthy lives and enhance their wellbeing was also affected.

Who were most affected?

- People living with deprivation and illness, those of older age and those from ethnic minority groups and other vulnerable populations – people who in many cases had no choices about how they could respond to the pandemic
- Children and young people's lives including educational disruption with long-term effects not yet quantifiable



Challenges for the road ahead – how will we prioritise need?

- Deprivation
 - Close association between deprivation and vulnerability to COVID-19 and its wider affects; lower uptake of vaccine
- Older people
 - More affected, shielded more, support reduced, isolation increased, iatrogenic
 - Care homes: essential to maintain high standards of infection, prevention and control
- Minority ethnic groups
 - Disproportionately affected, occupational effects, lower uptake of vaccine
- Children and young people
 - Mental health
 - Education and prospects
 - Resilience
- Those with existing illness and new illness
 - Exacerbated effects
 - Long Covid
 - Carers
- Mental health
- Healthy behaviours and underlying factors

Opportunities

- 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 our 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
- Use these insights to help inform the Health & Wellbeing Strategy going forward
- Capitalise on the finding that people value air quality and green spaces more by promoting the Green City agenda and encourage more outdoor activity



On the basis of our local data and evidence of impact, the recommendation is to continue to focus on reducing health inequalities to improve overall health and wellbeing. The following 'build back fairer' approach is already incorporated in Southampton's health and wellbeing strategy as underlying principles for delivery. For recovery we must amplify actions, with emphasis on the early years:

[Build Back Fairer](#) Priorities:

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

[Build Back Fairer: The COVID-19 Marmot Review - The Health Foundation](#)