COVID-19 Impact Assessment (Refresh)

Southampton – August 2022

Public Health and Data, Intelligence & Insight Team

Key Findings

- 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.

Contents

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, 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.

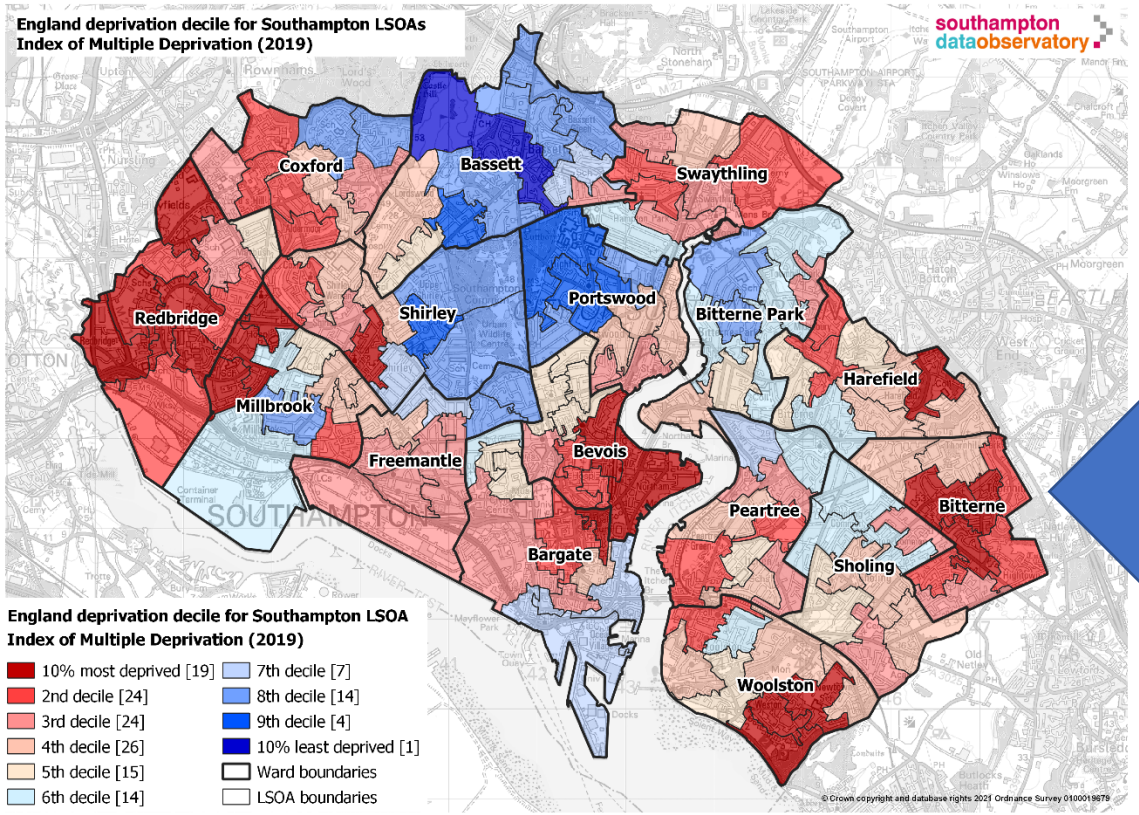
Southampton population and deprivation

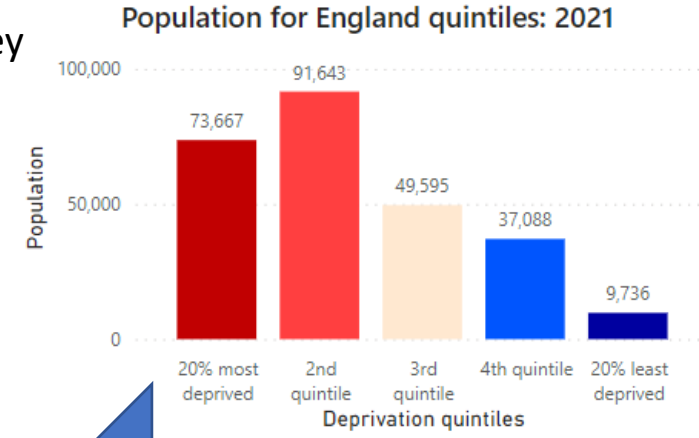
The impact of COVID-19 will be felt very differently from local authority to local authority because of differences in local demography and because the conditions in which people live affect how healthy they are and how vulnerable they are to COVID-19.

Southampton population estimates are **261,729** residents, of which **133,357** (51.0%) were **male** and **128,372** (49.0%) were **female** (2021).

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.





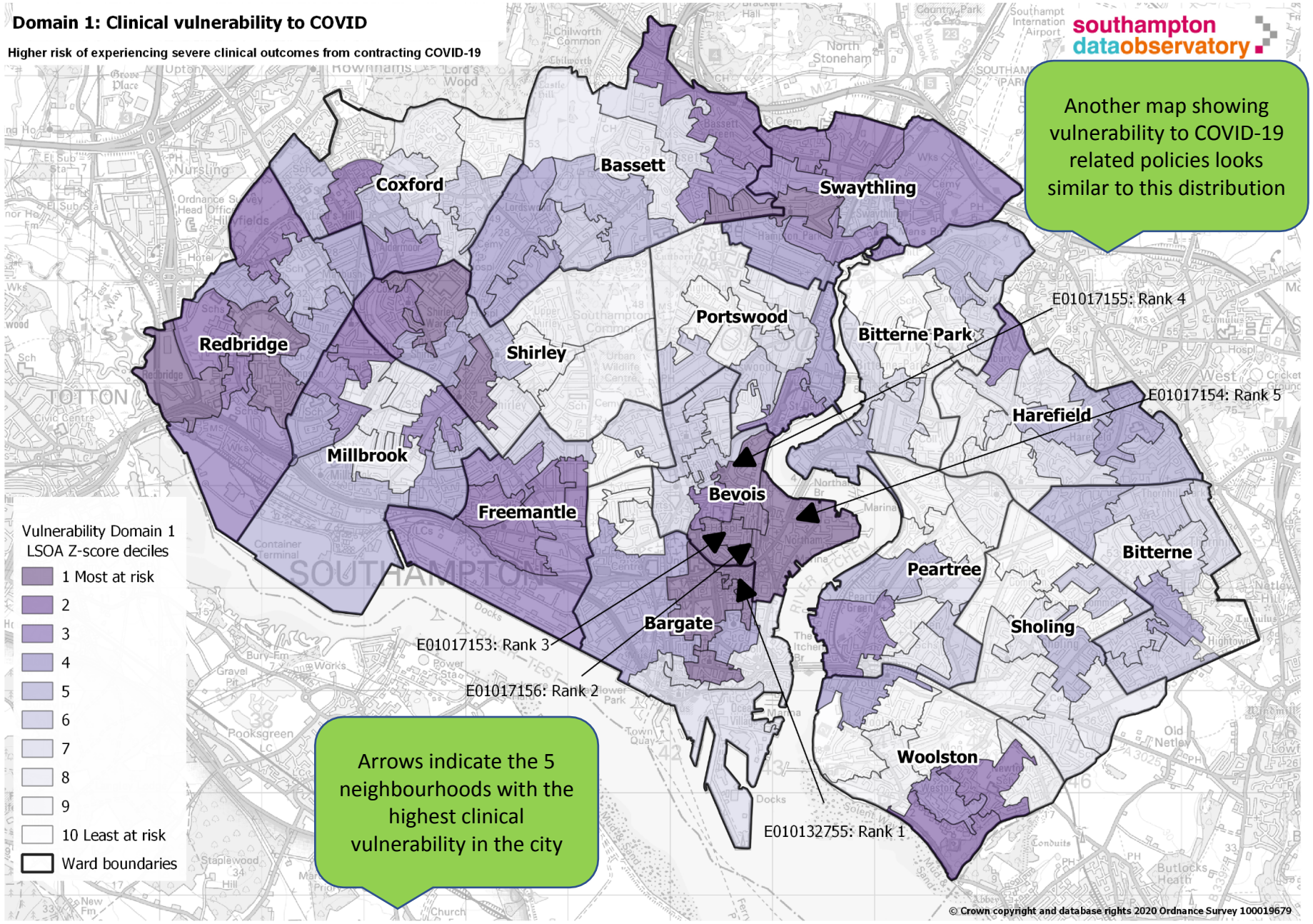
This map shows how deprivation is distributed across different neighbourhoods in the city with red areas experiencing much higher deprivation compared to blue areas.

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.

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



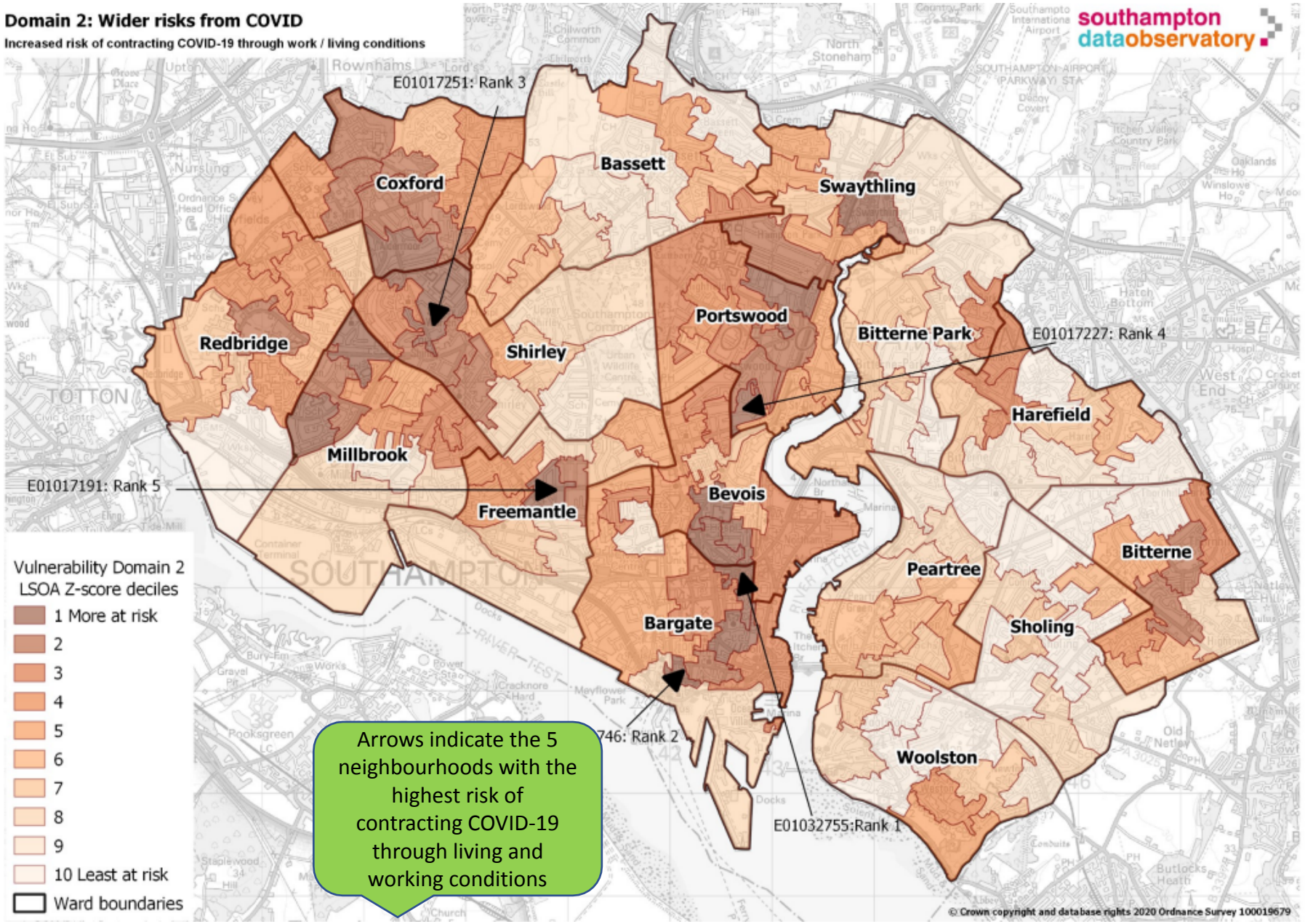
Clinical vulnerability to COVID

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



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.

Infections for Public Slides

Last updated 10th August 2022

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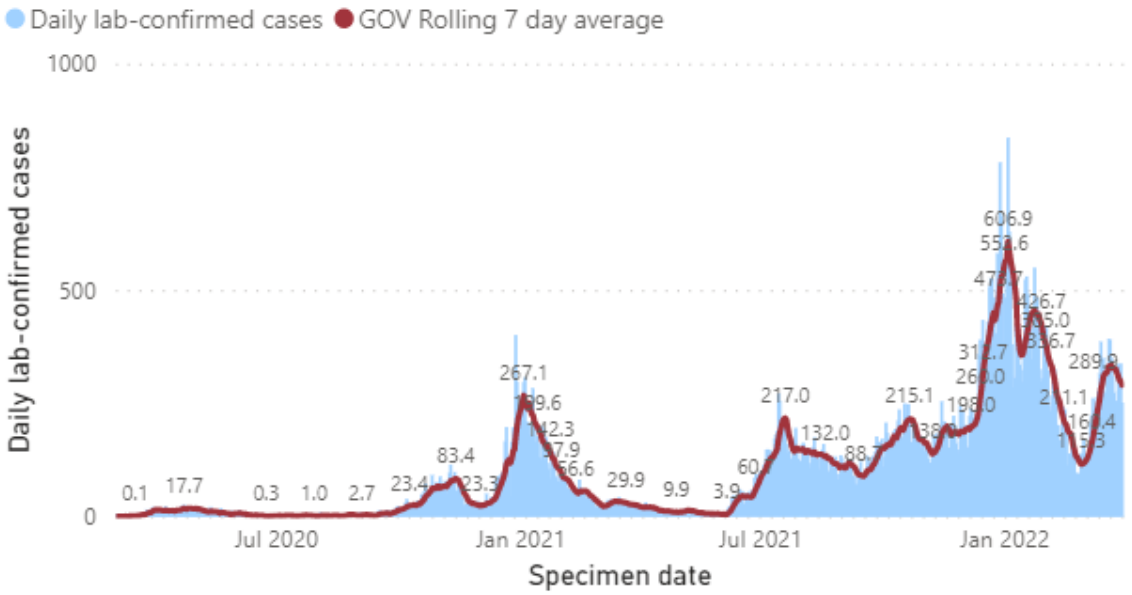
GOV.UK Published Cases

Cases in last 7 days	Change in last 7 days	Average cases per day (last 7 days)	Data up to
2029	-260	289.9	31/03/2022

Select date range: 30/01/2020 – 31/03/2022

Cases for selected dates: 78523

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



There have been **78,523 confirmed cases** of COVID-19 in **Southampton** (includes both pillar 1 and 2 cases) up to 31st March 2022. There were **2,029 confirmed cases** in the **last 7 days**, which is **a reduction** of **-260** 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 31st March 2022 was the end of community testing and is set as the cut off point for comparable trend data.

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

Weekly Infection Rates – for public slides

Last updated 16th August 2022

Southampton COVID-19 Data Dashboard

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

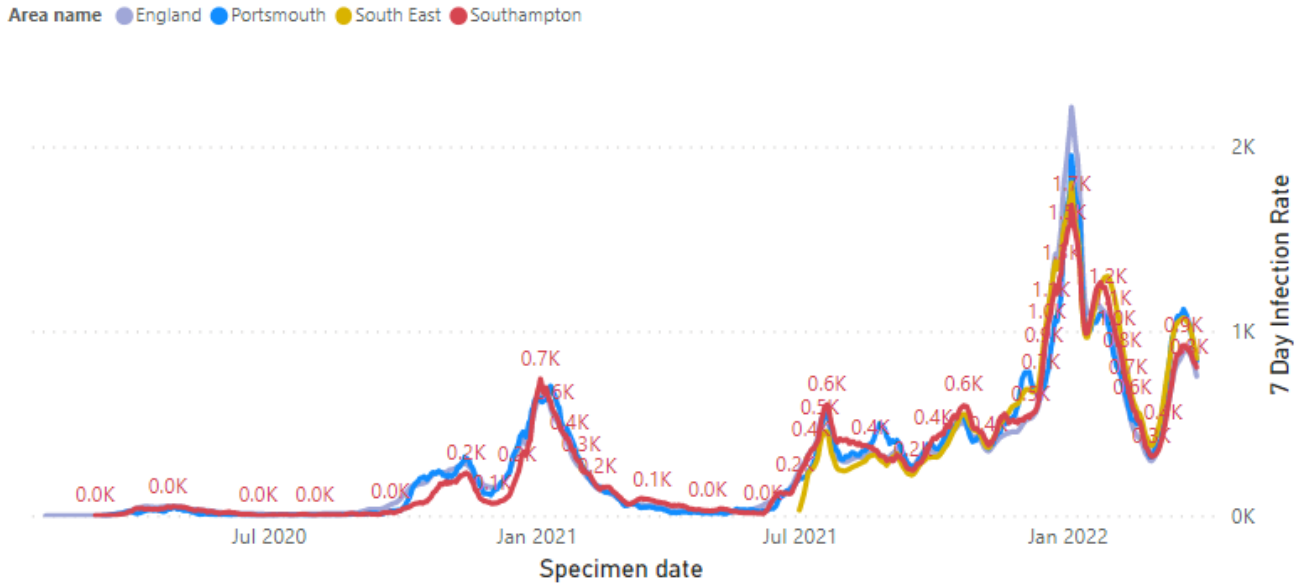
30/01/2020 31/03/2022

Area name (CTRL to select multiple)

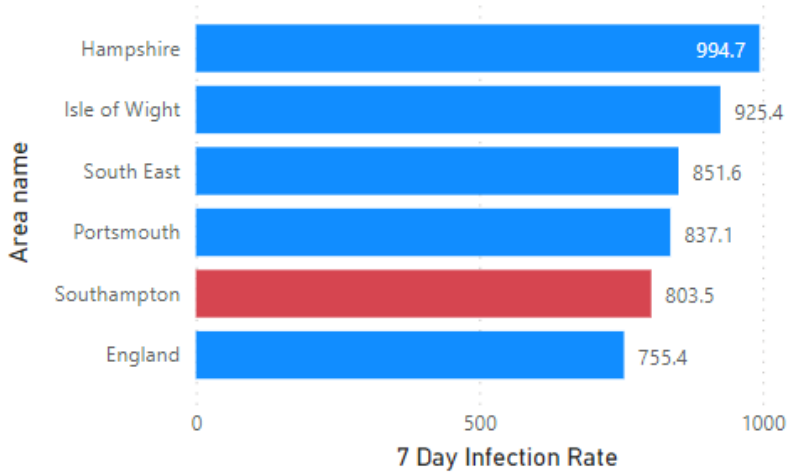
Multiple selections

Southampton 7 day infection rate per 100k	South East 7 day infection rate per 100k	England 7 day infection rate per 100k
803.5	851.6	755.4

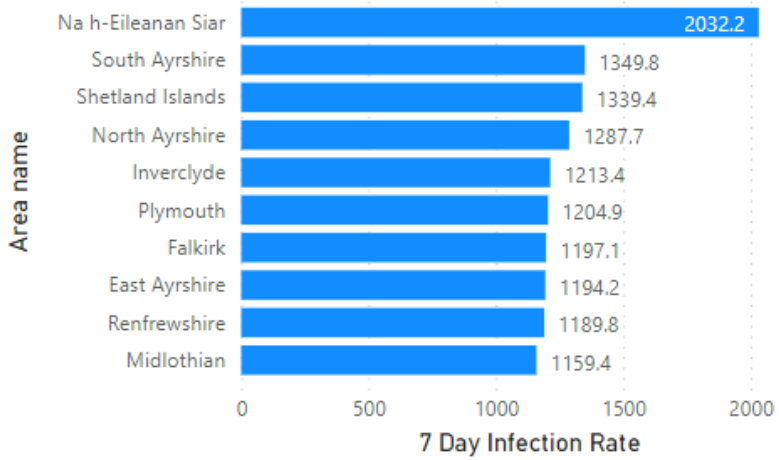
COVID-19 7-day rolling case rate per 100,000 population



Infection rate per 100,000 population: HIOW LAs



Infection rate per 100,000 population: TOP TEN LAs

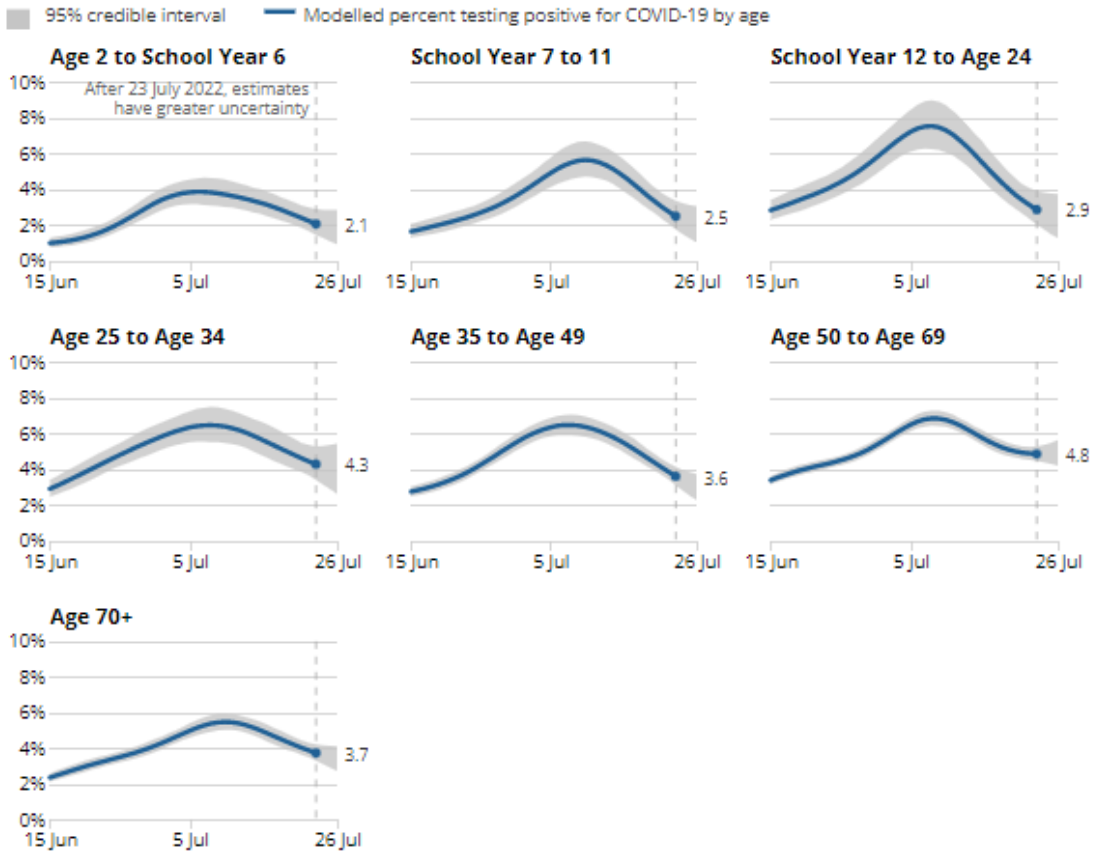


ONS survey positivity

Last updated 9th August 2022

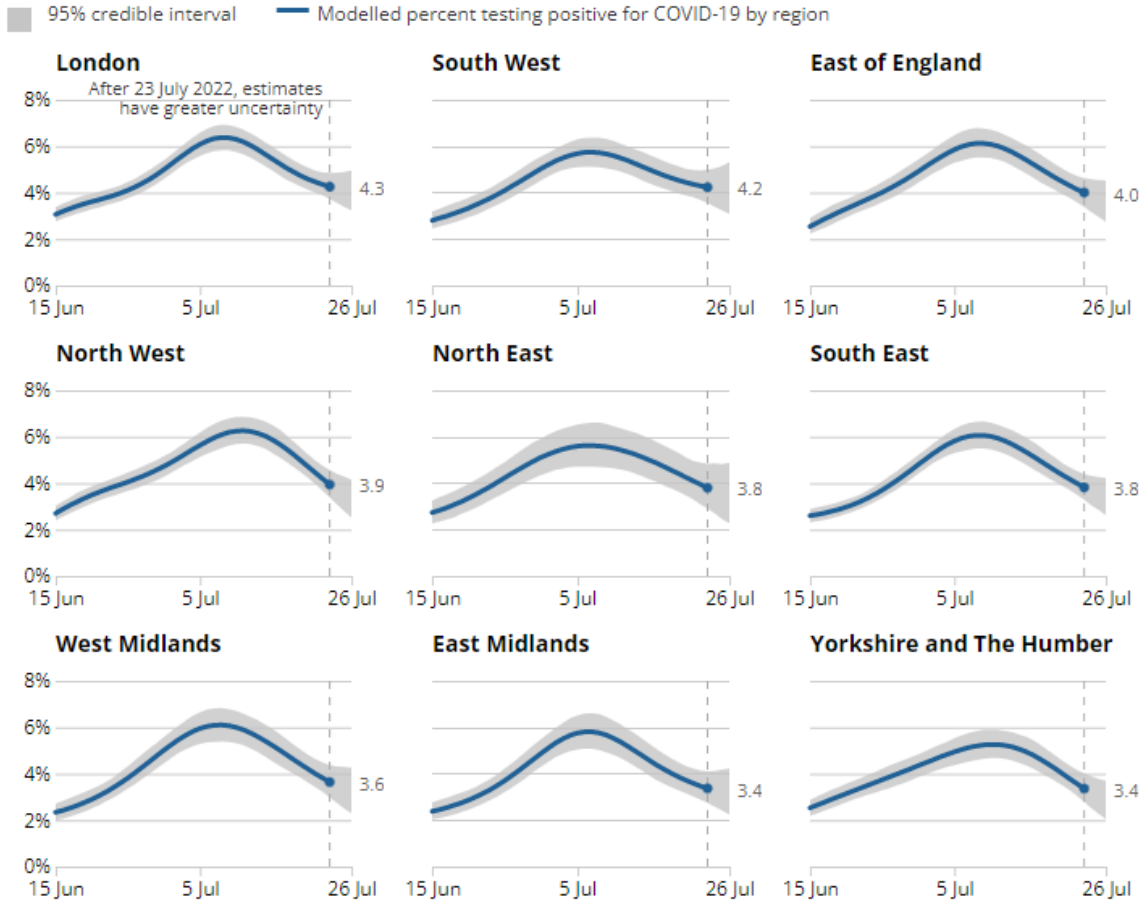
Free community testing was no longer freely available and reportable from 1 April 2022. Since then, the ONS infection survey data gives the best estimates of the trends of COVID-19 infections. It is available for regions and also for age groups

Modelled daily percentage of the population testing positive for coronavirus (COVID-19) on nose and throat swabs, by age group, England, 15 June to 26 July 2022



Source: Office for National Statistics – Coronavirus (COVID-19) Infection Survey

Modelled daily percentage of the population testing positive for COVID-19 on nose and throat swabs by region, England, 15 June to 26 July 2022



Source: Office for National Statistics – Coronavirus (COVID-19) Infection Survey

University Hospital Southampton Admissions

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Patients admitted

07 August

6

Total admissions over the last 7 days

29

Patients in hospital

09 August

89

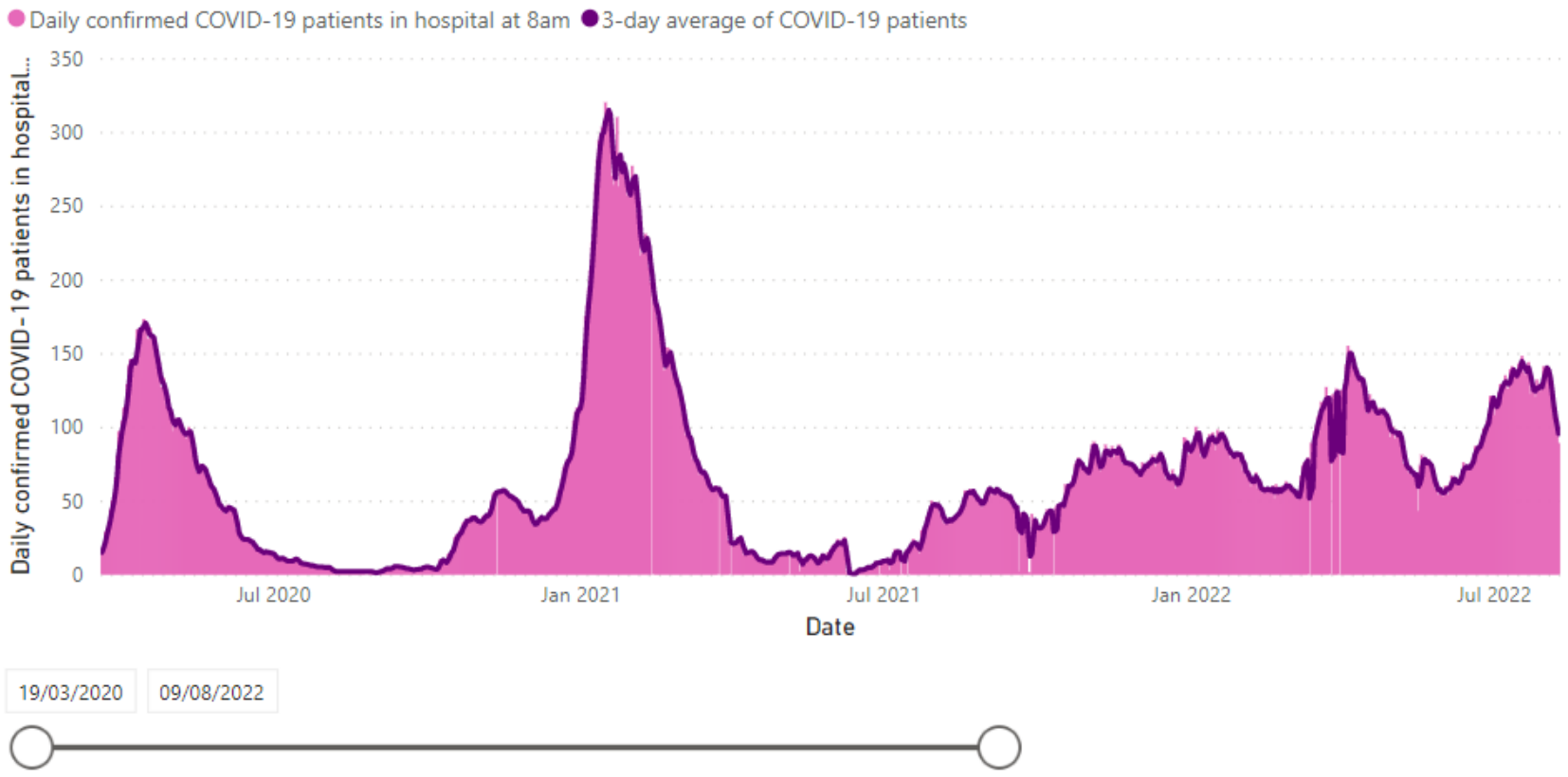
Patients on ventilation

09 August

5

There were **89** COVID-19 patients on the **09 August**, which is **a decrease** of **-52** 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



COVID-19 related deaths

Includes deaths up to 5 August, all deaths registered up to 13 August

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Total COVID related deaths		Hospital	Community		COVID Deaths during the week to 5 August	Change in deaths from previous week
552	of which	373	179	(126 of which in care homes)	2	+0

COVID-19 deaths

There have been a total of **552** COVID-19 related resident deaths in Southampton. There was **2** COVID-19 related deaths in the most recent week, which is **no change** of **+0** when compared to the previous week.

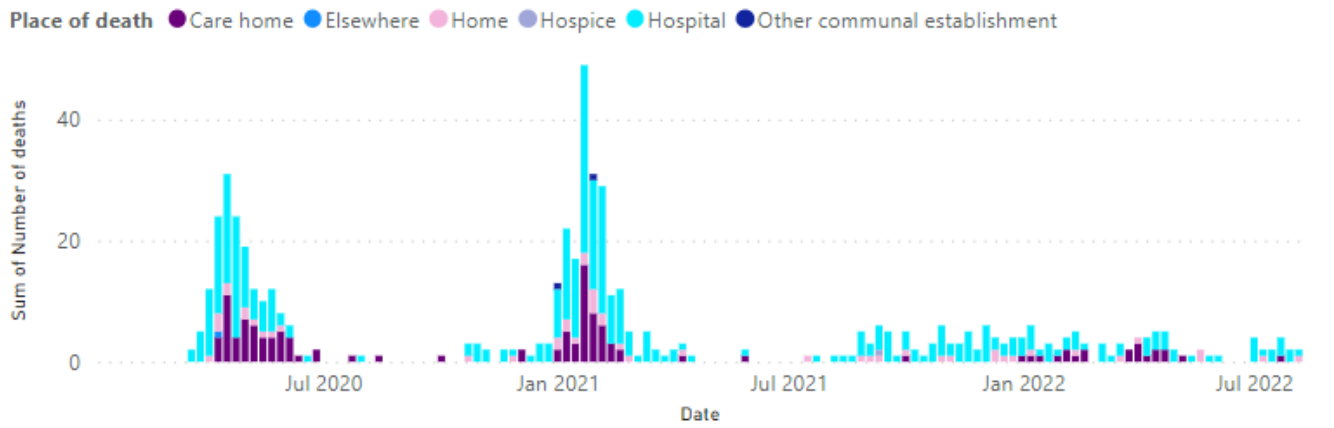
The chart to the rights shows the number of COVID-19 related deaths by week and setting.

Latest data shows that there was **3 COVID-19** related deaths in **University Hospital Southampton** (UHS) between the 30th July up to the 5th August. This data is different from that published by ONS as it doesn't necessarily include Southampton residents, only those who have died at UHS.

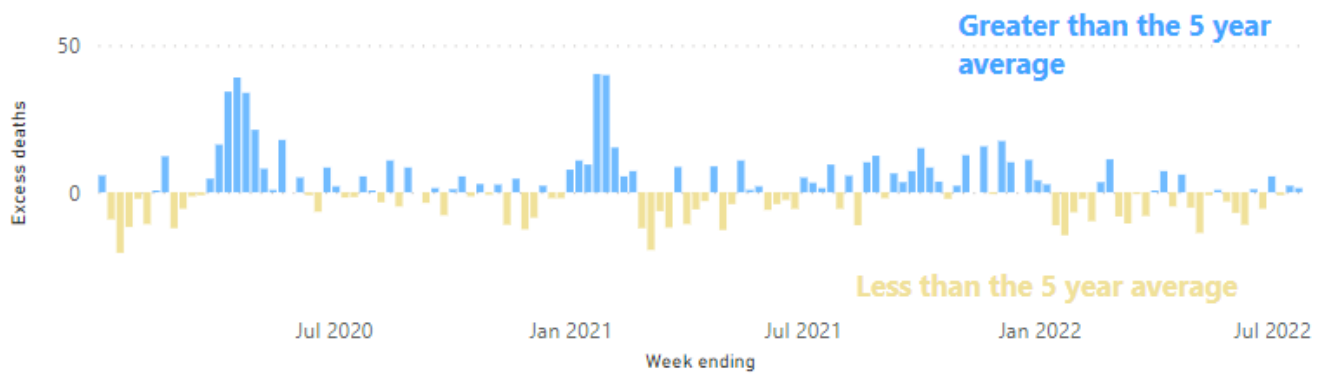
Excess deaths (COVID and non-COVID)

In Southampton, **resident deaths** are now at **lower 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



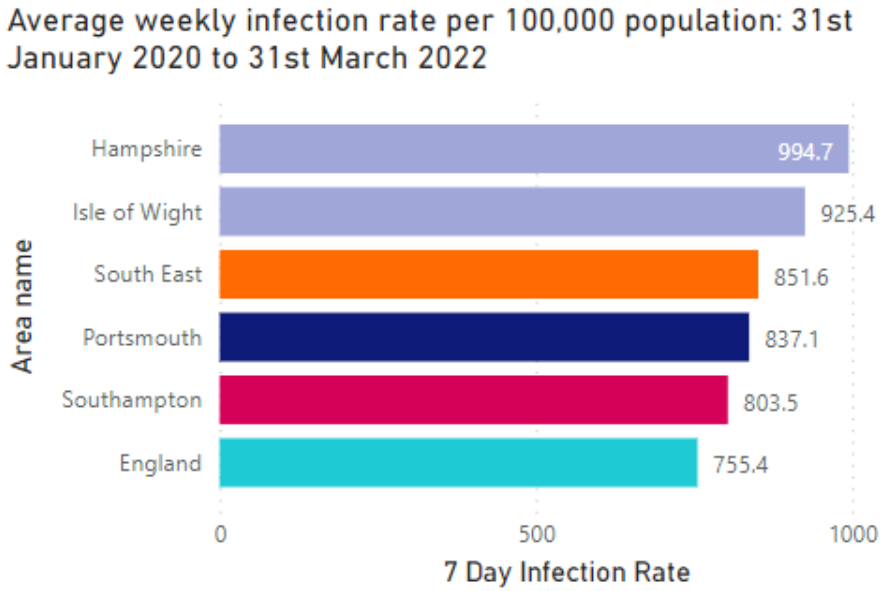
Excess deaths by week

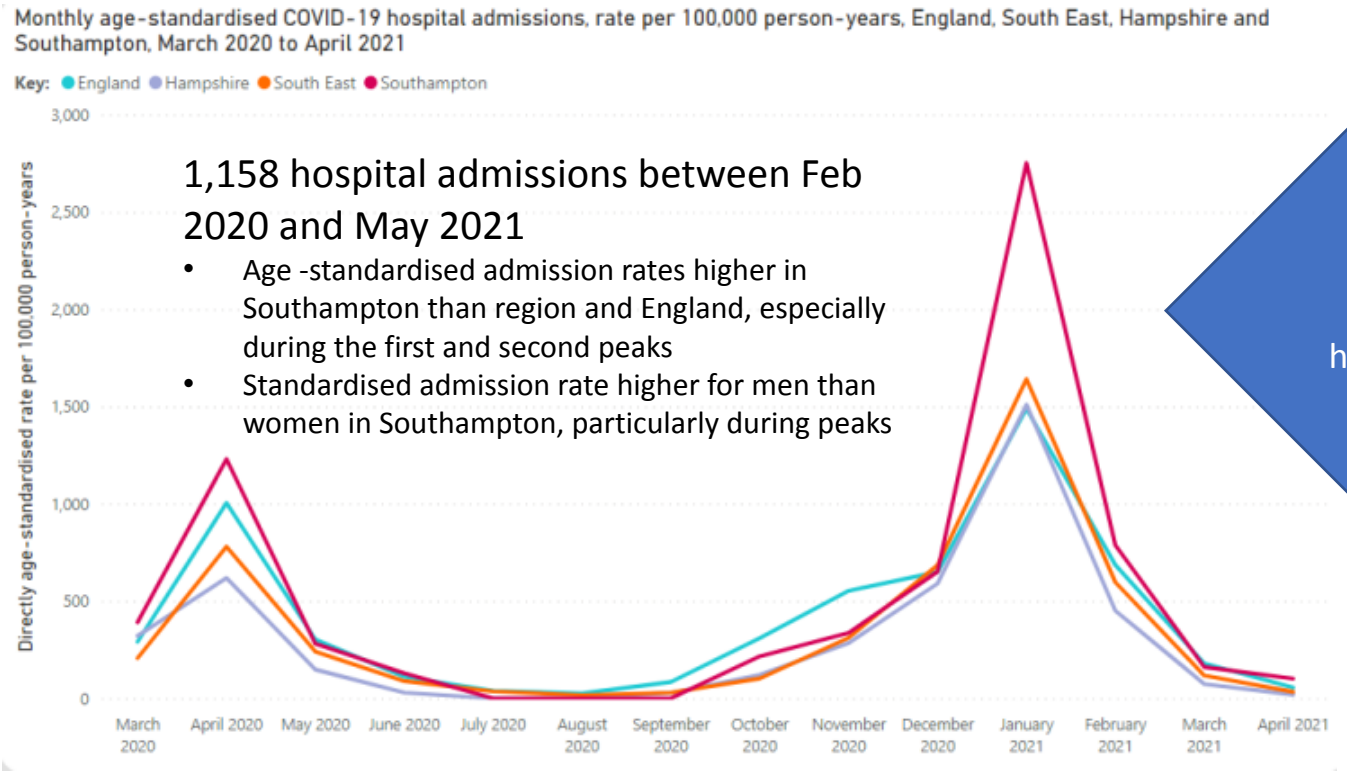


Please note: data correct at time of publication, but may be revised in future weeks due to reporting delays

Southampton COVID-19 infections and hospitalisations

This chart shows that as an average we have had a lower case rate than Hampshire, the Isle of Wight, the South-East and Portsmouth. However, Southampton case rates are higher than the England average.





1,158 hospital admissions between Feb 2020 and May 2021

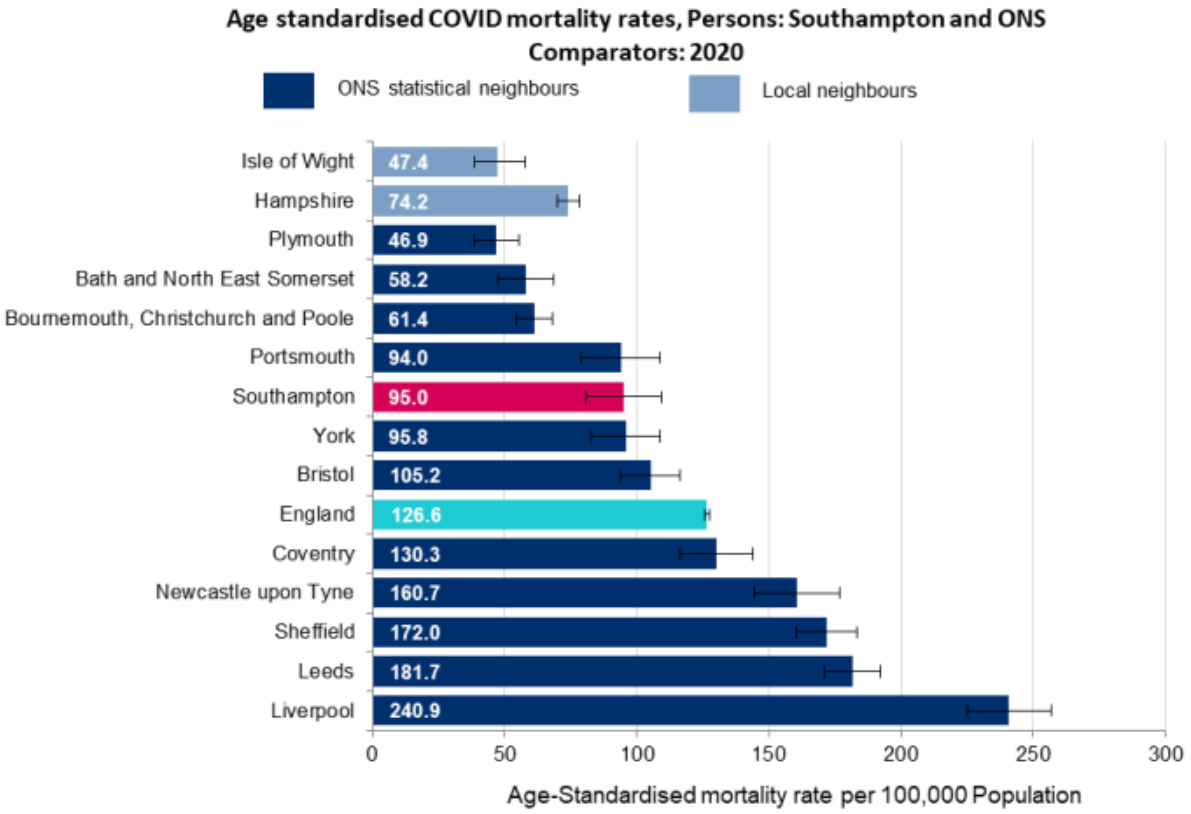
- Age -standardised admission rates higher in Southampton than region and England, especially during the first and second peaks
- Standardised admission rate higher for men than women in Southampton, particularly during peaks

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.

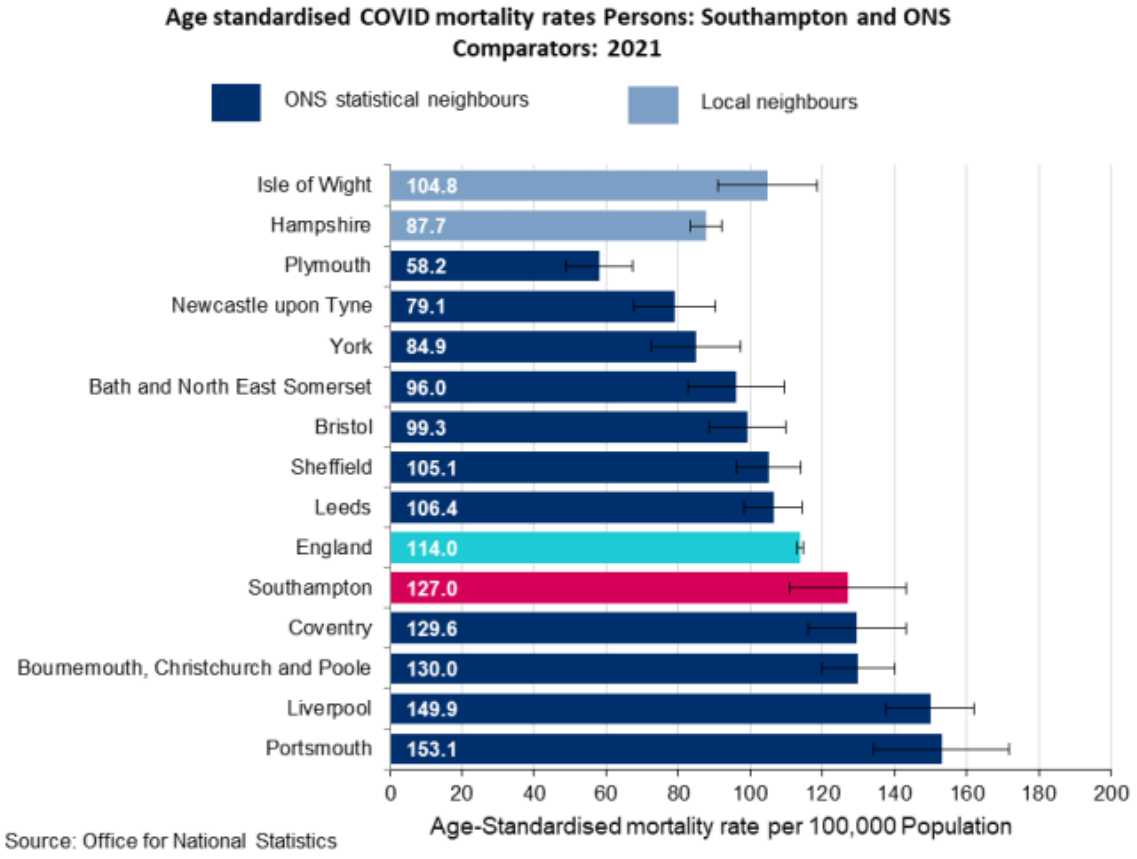
The first case of novel coronavirus was officially recorded in Southampton on 15 March 2020

Southampton COVID-19 mortality

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



Source: Office for National Statistics

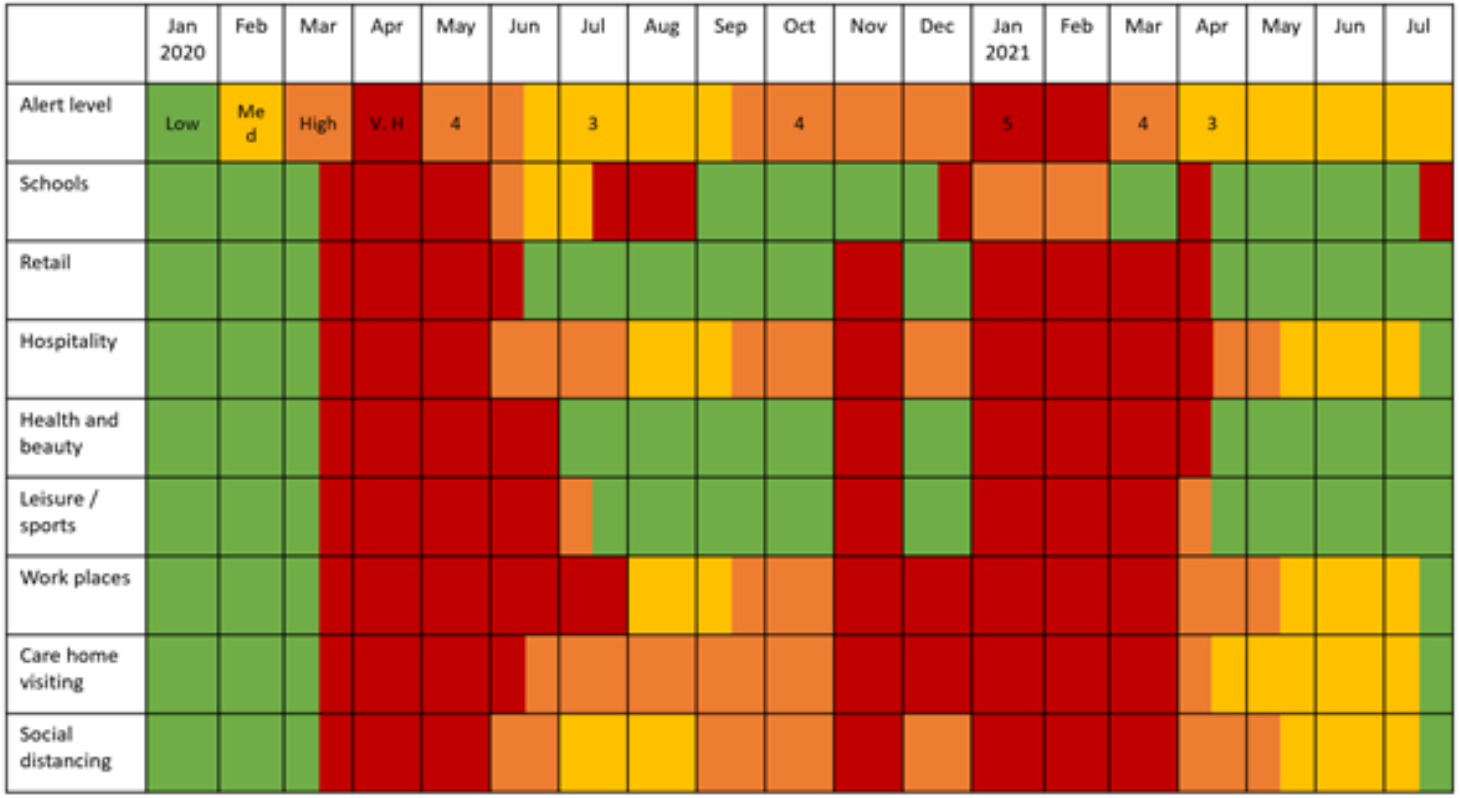


Source: Office for National Statistics

The age-standardised COVID-19 mortality rate in Southampton increased from 95.0 in 2020 to 127.0 in 2021 per 100k population. In 2021, Southampton was statistically similar to the England average, but the 5th highest amongst its comparators. Together, the charts show there is no correlation between the levels of mortality rates for local authorities in 2020 and then in 2021.

National policy decisions and wider impacts

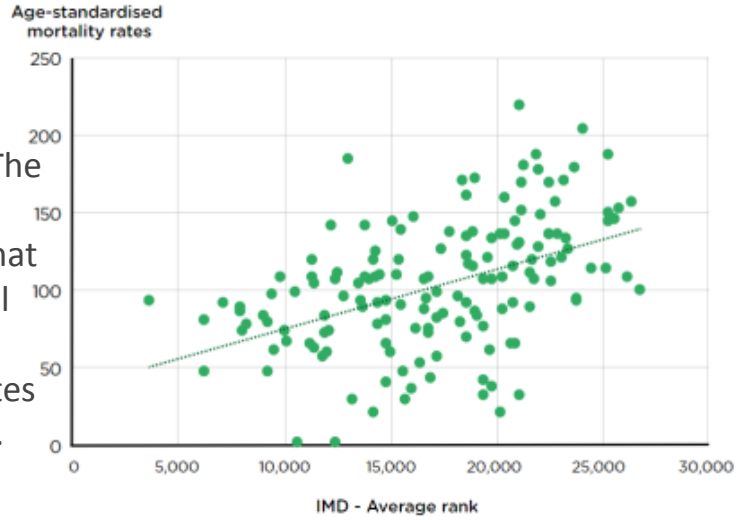
The direct impacts on health from COVID-19 infection can be seen in case rates, hospitalisations and mortality. Indirect impacts include the displacement in management of long-term conditions, elective care, and delays in diagnosis as well as the deconditioning of people during lockdowns and the effect 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.



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

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



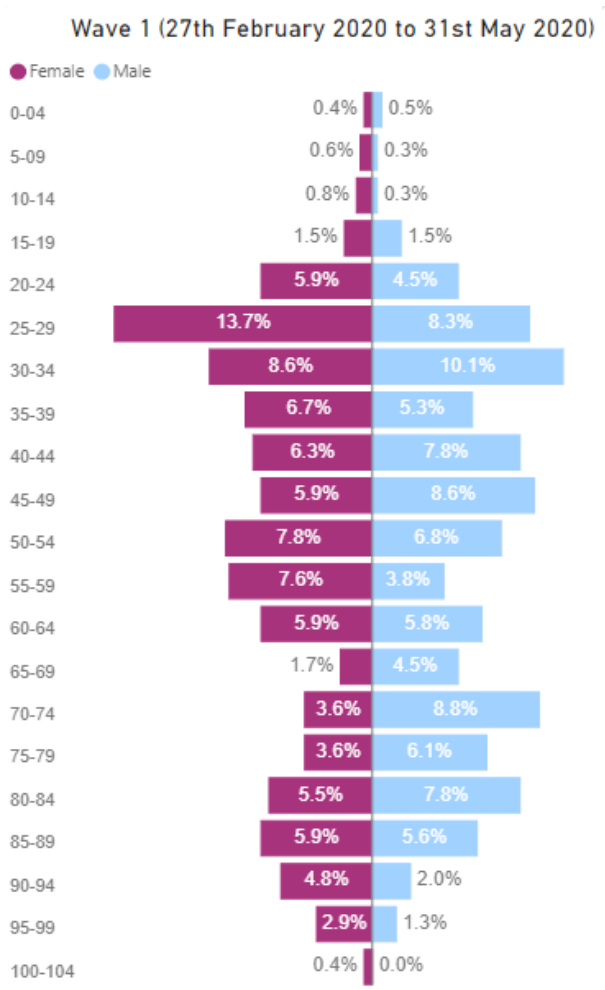
'Build Back Fairer: The COVID-19 Marmot Review' reported that more deprived local authorities had higher mortality rates in March-July 2020.

Build Back Fairer: The COVID-19 Marmot Review
The Pandemic, Socioeconomic and Health Inequalities in England

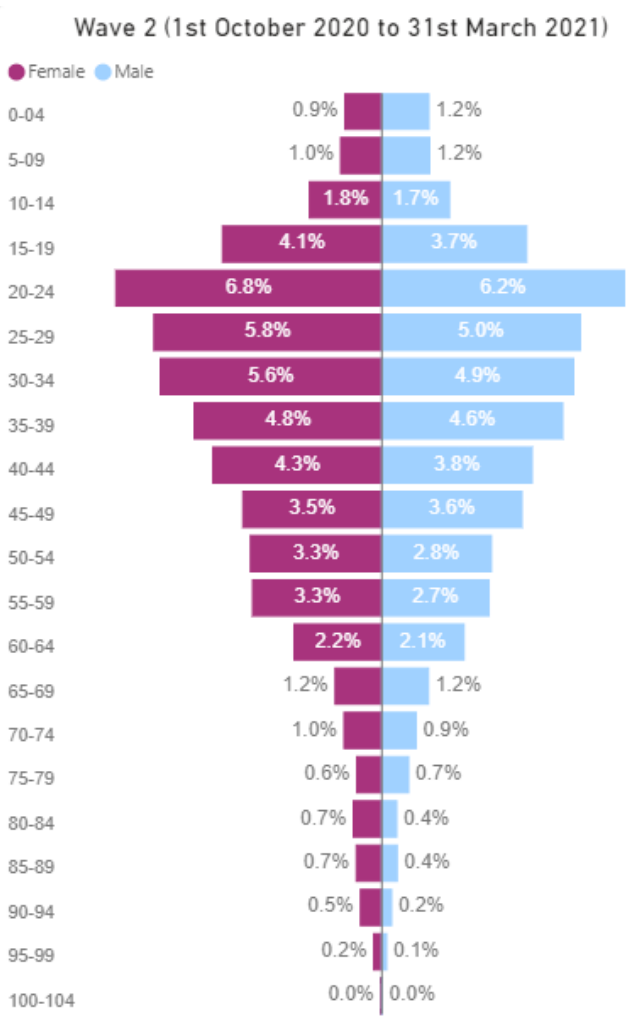
Healthy People

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.

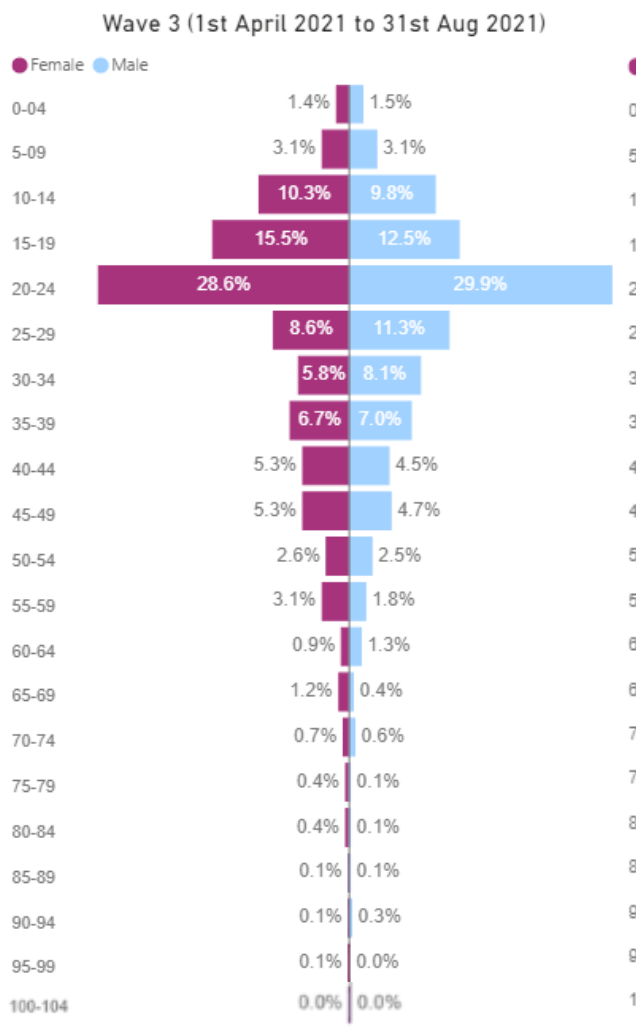
Cases by age and wave of the pandemic



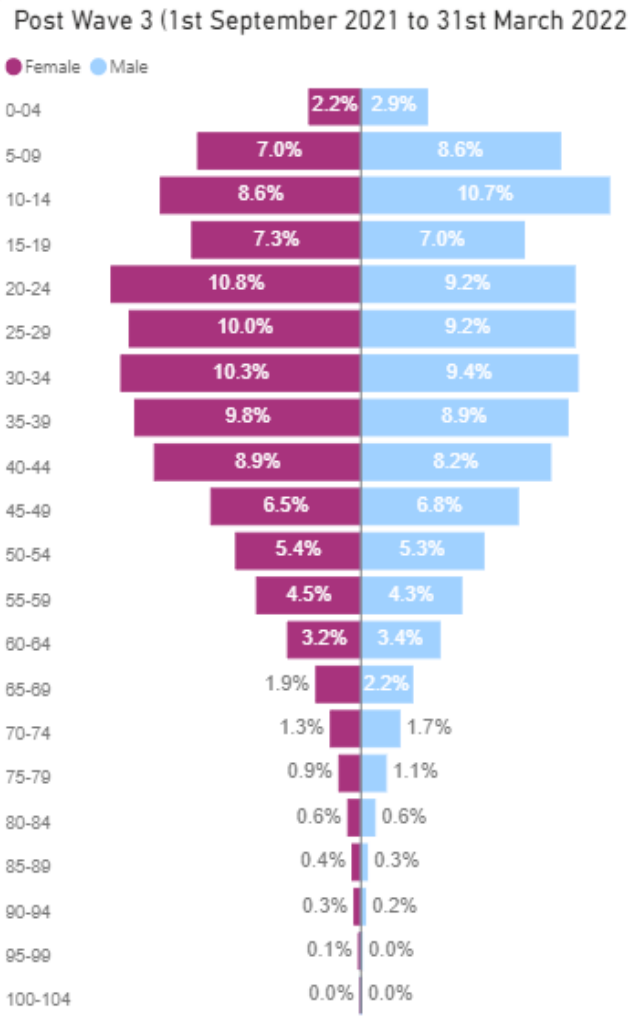
849 recorded cases



14,764 recorded cases



25,431 recorded cases



53,092 recorded cases

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

These population pyramids show distribution of cases by age for the three waves of the pandemic in the UK. Cases numbers shown are not just first episodes but include reinfections so may not sum to totals on slide 8. Older age groups are at the bottom and younger age groups at the top. 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.

Mortality Demographics – Age & Gender

Last updated 17 August 2022

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Total Deaths

441

20 March 2020 to 31 March 2022

of which

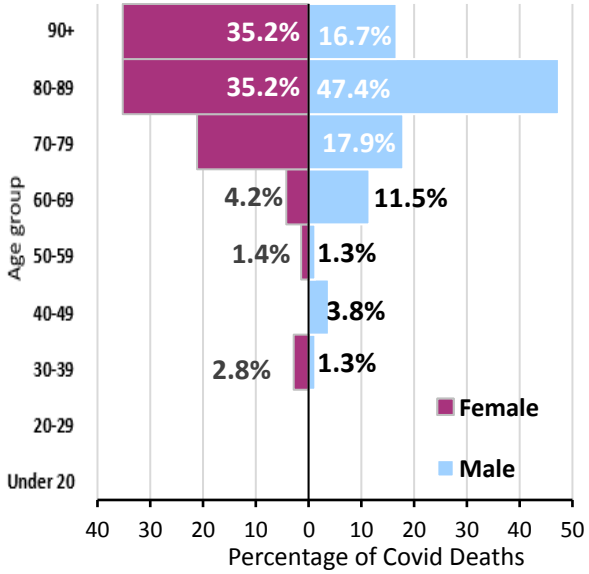
Male	Female
249	191
57%	43%

Median Age

83

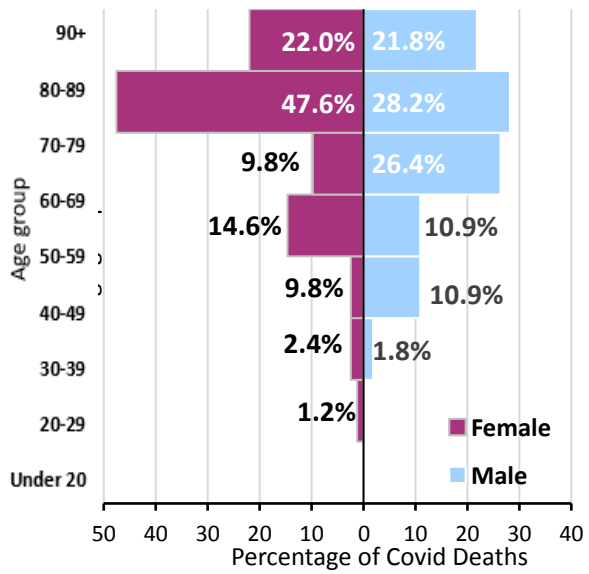
These charts show the distribution of COVID-19 deaths across age groups across the three waves of the pandemic. Age is the one of the greatest risk factors for COVID-19 mortality.

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



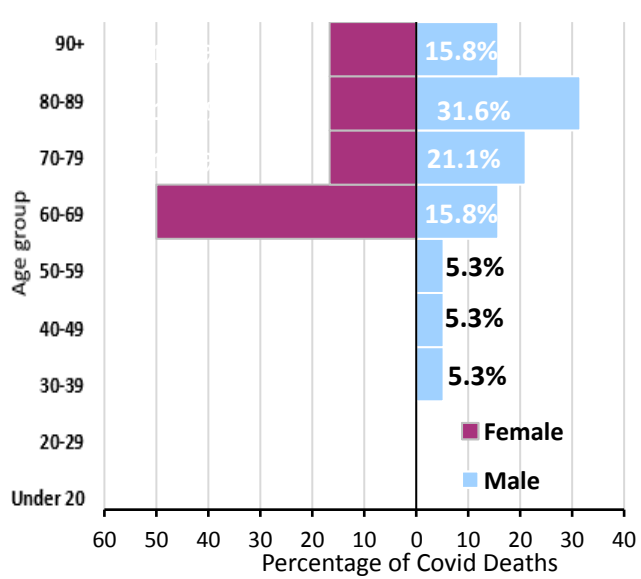
Data source: Primary Care Mortality Database

Percentage of deaths by age band and gender, Southampton residents, Wave 2 24th October 2020 to 18th March 2021



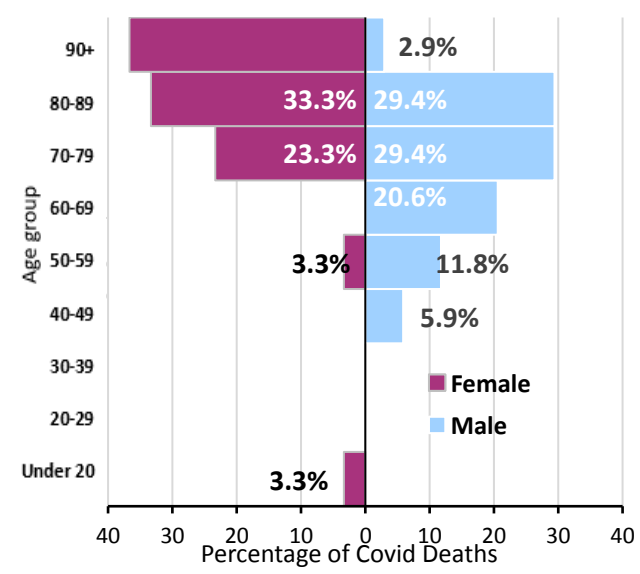
Data source: Primary Care Mortality Database

Percentage of deaths by age band and gender, Southampton residents, Wave 3 1st April 2021 to 30th September 2021



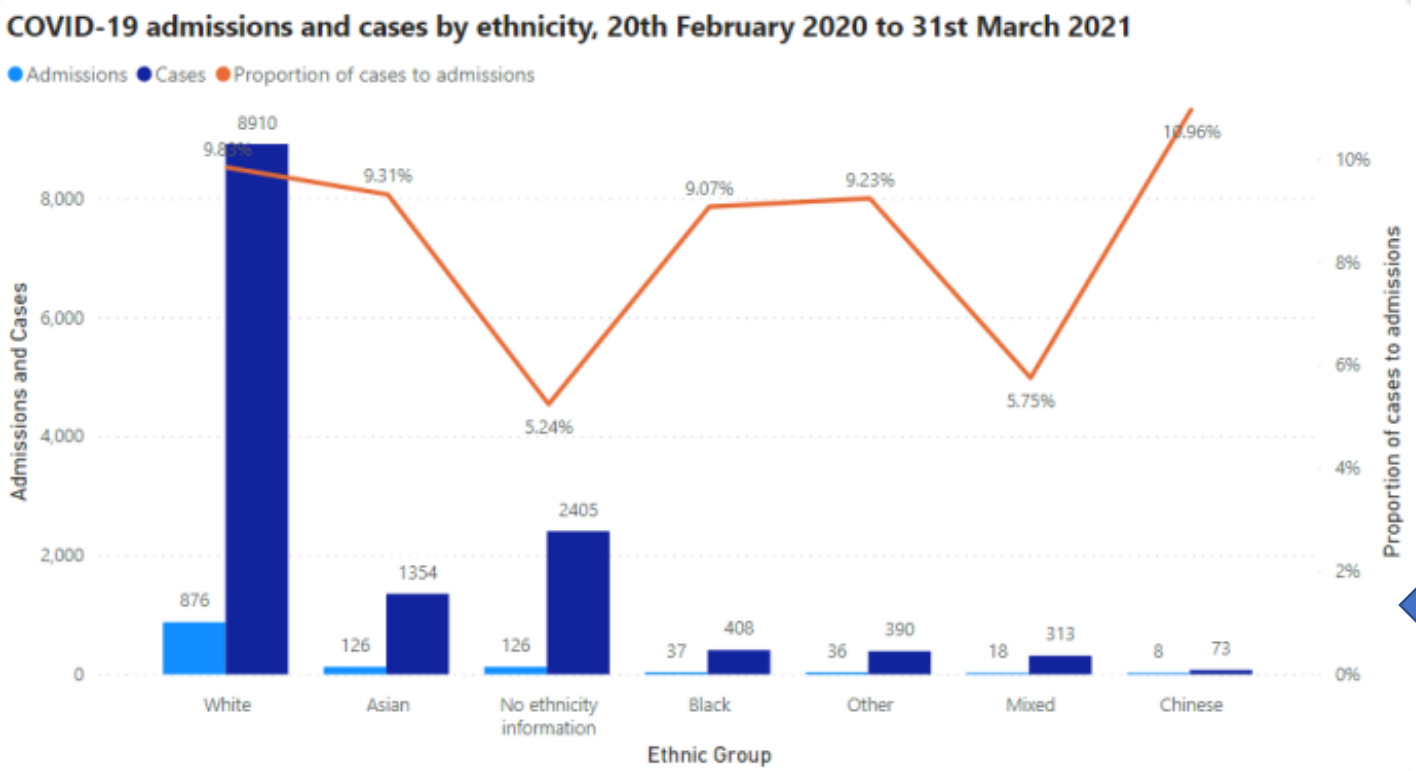
Data source: Primary Care Mortality Database

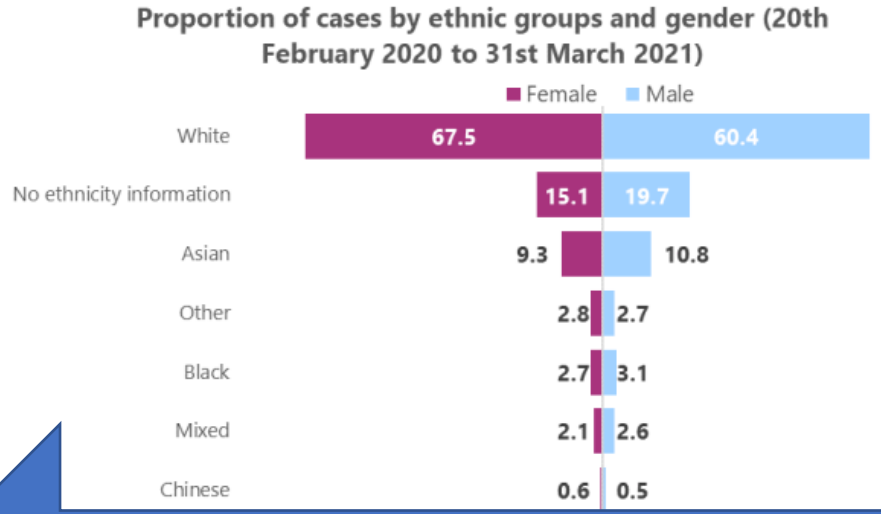
Percentage of deaths by age band and gender, Southampton residents, Post Wave 3 1st October 2021 to 31st March 2022



Data source: Primary Care Mortality Database

Impact of COVID-19 on different ethnic groups





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.

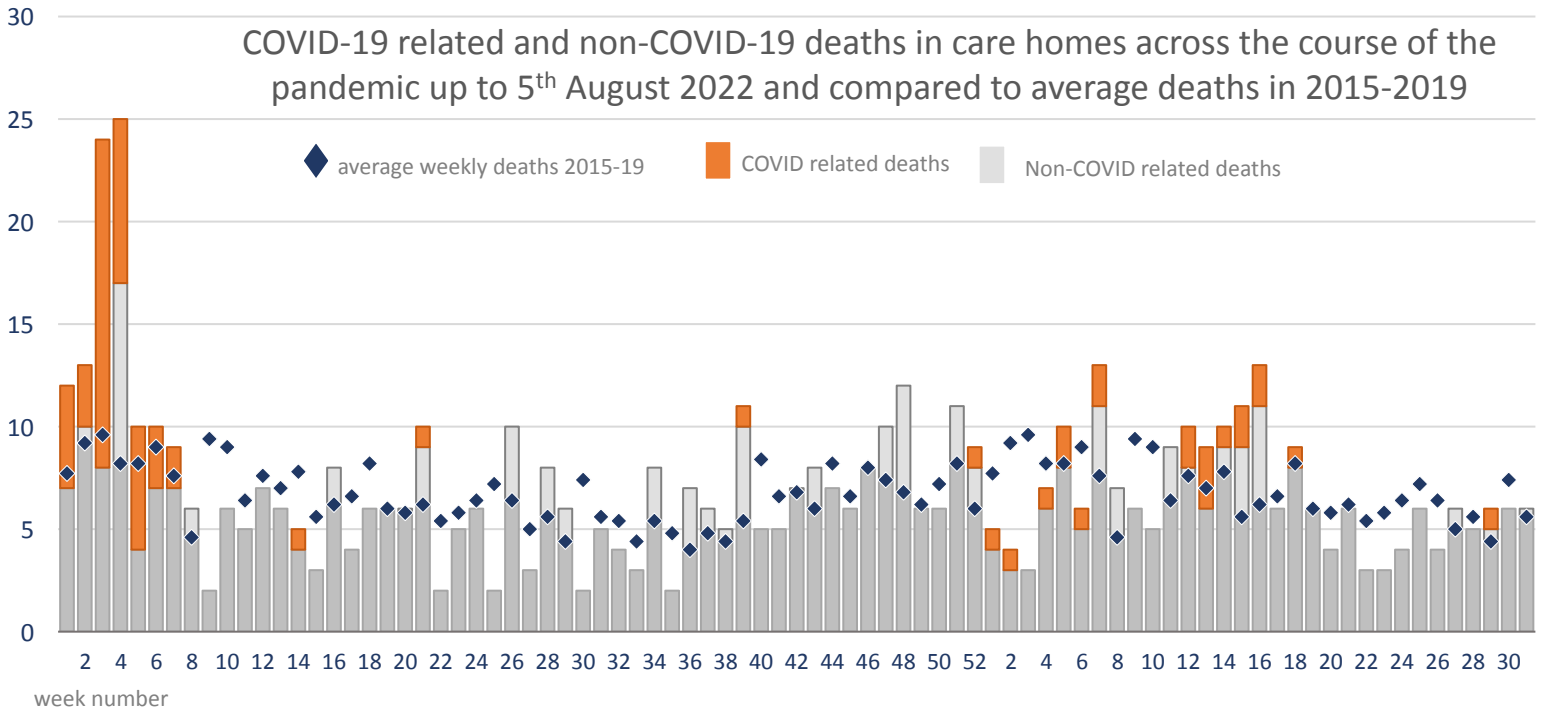
- The disproportionate negative effect of the pandemic on people from ethnic minority groups is well documented.
- When the 2021 Census data becomes available next year we will be able to more accurately understand how rates of infection and hospitalisation have been experienced differently across ethnicities.
- 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.

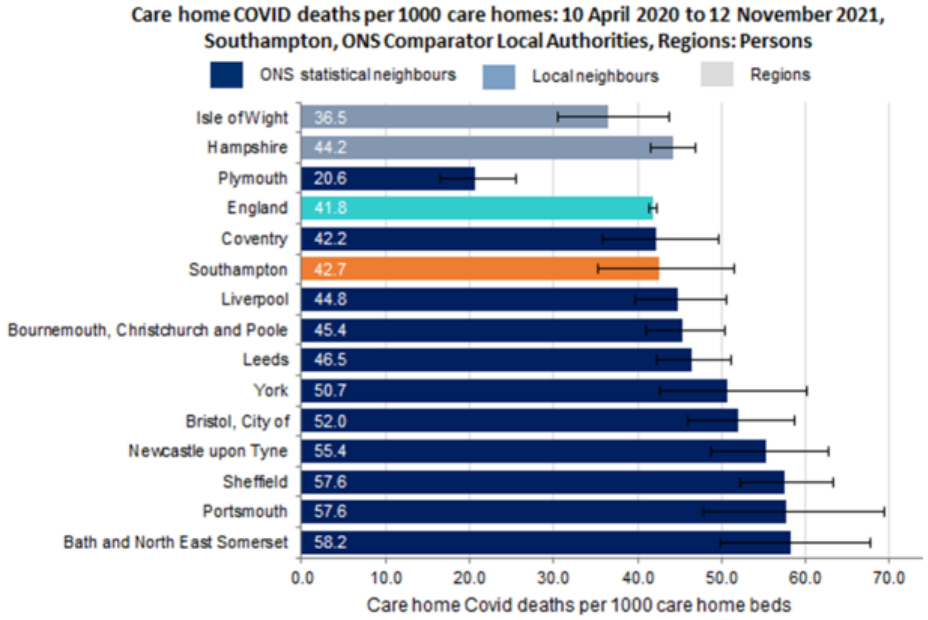
Care home COVID-19 deaths

People living in Southampton care homes have been disproportionately affected by COVID-19, with 126 (23%) of all deaths occurring in care homes up to 5 August 2022.

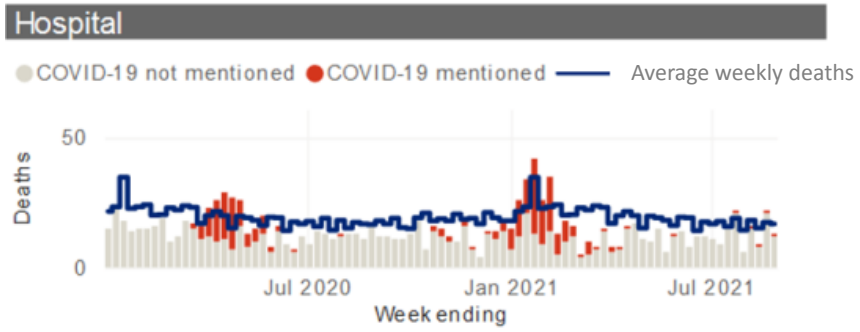
This chart shows COVID-19 related and non-COVID-19 deaths in care homes across the course of the pandemic and compared to average deaths in 2015-2019. There were an excess of non-COVID-19 deaths during the peak of the first and second wave suggesting unrecognised COVID-19 deaths or changes in the way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

The chart on the right shows that compared to the national average, Southampton had a higher (but not significantly) rate of care home COVID-19 deaths compared to the national average and was the 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.



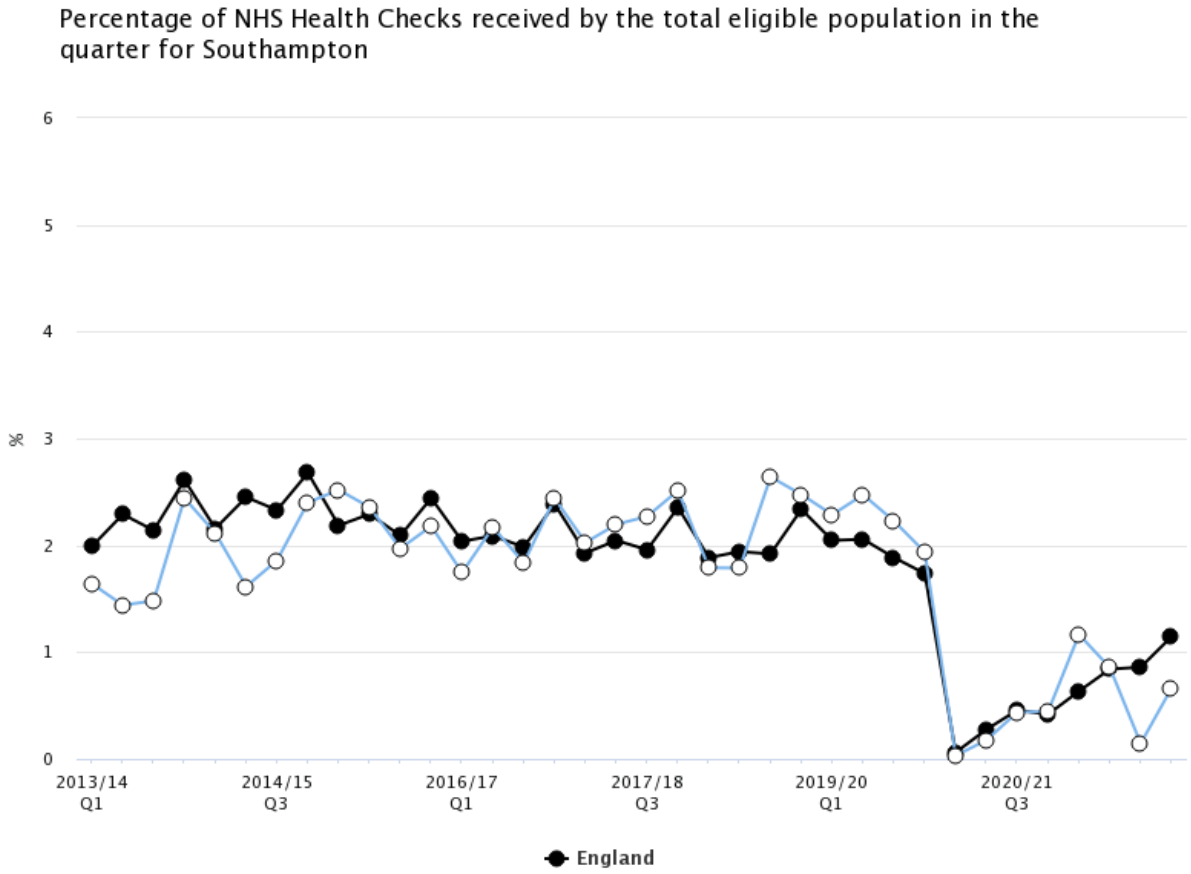
Impact on mortality and morbidity

Excess deaths: Between 20/03/2020 to 31/03/2022 Southampton had 4,135 deaths (2,629 year average), 42% (778 more deaths per year) when compared to the 2015-19 average (1,851 per year).

Visits to A&E: This 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)]

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:

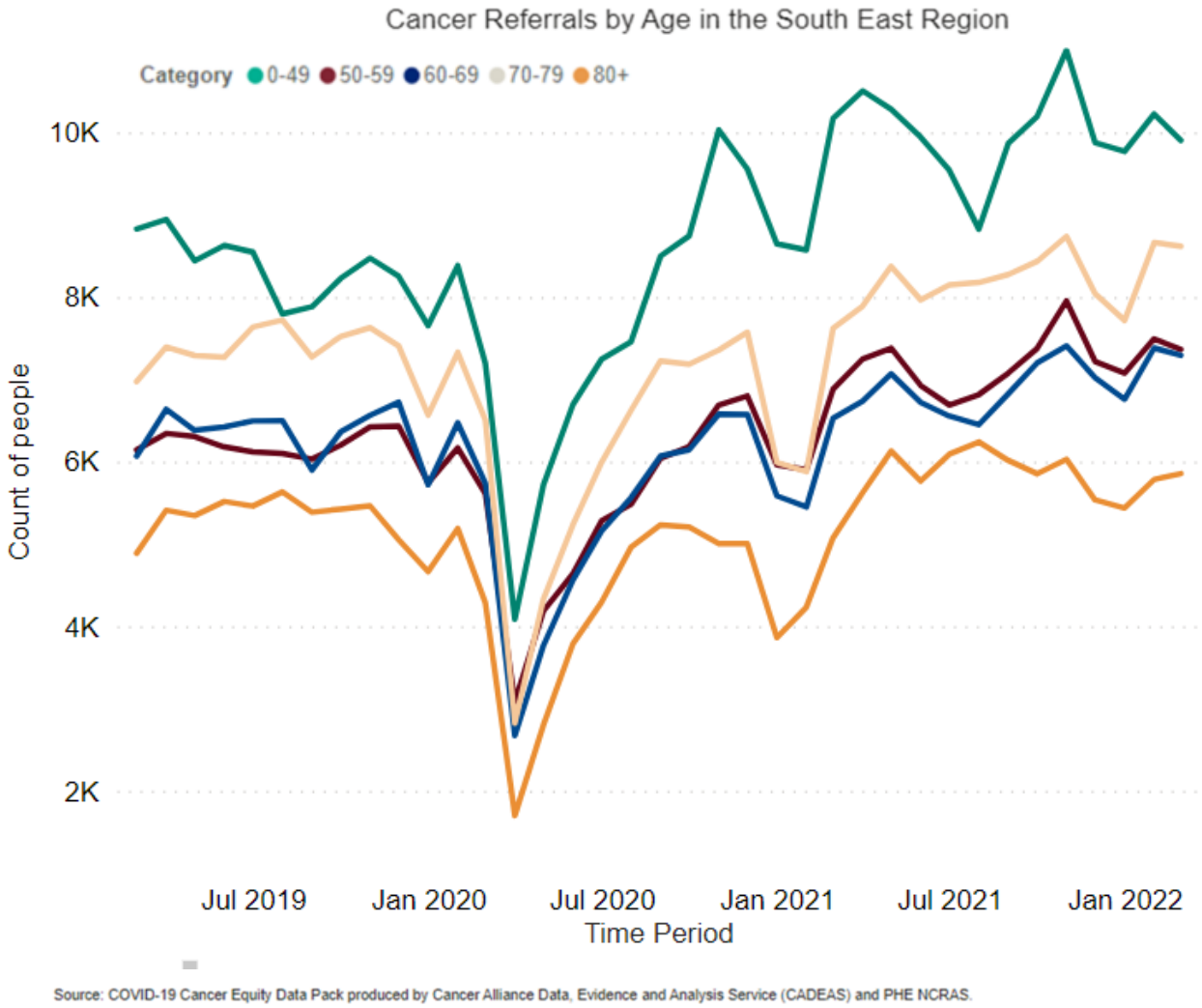
- 192 to 256 individuals might be diagnosed with hypertension at a later point than they would have been.
- 38 to 96 individuals might be diagnosed with type 2 diabetes at a later point than they would have been.
- 770 to 1,283 individuals at high risk of cardiovascular disease in the next 10 years have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

Impact on mortality and morbidity

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 though NHS health checks which were suspended across the country during earlier parts of the pandemic

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.



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

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.

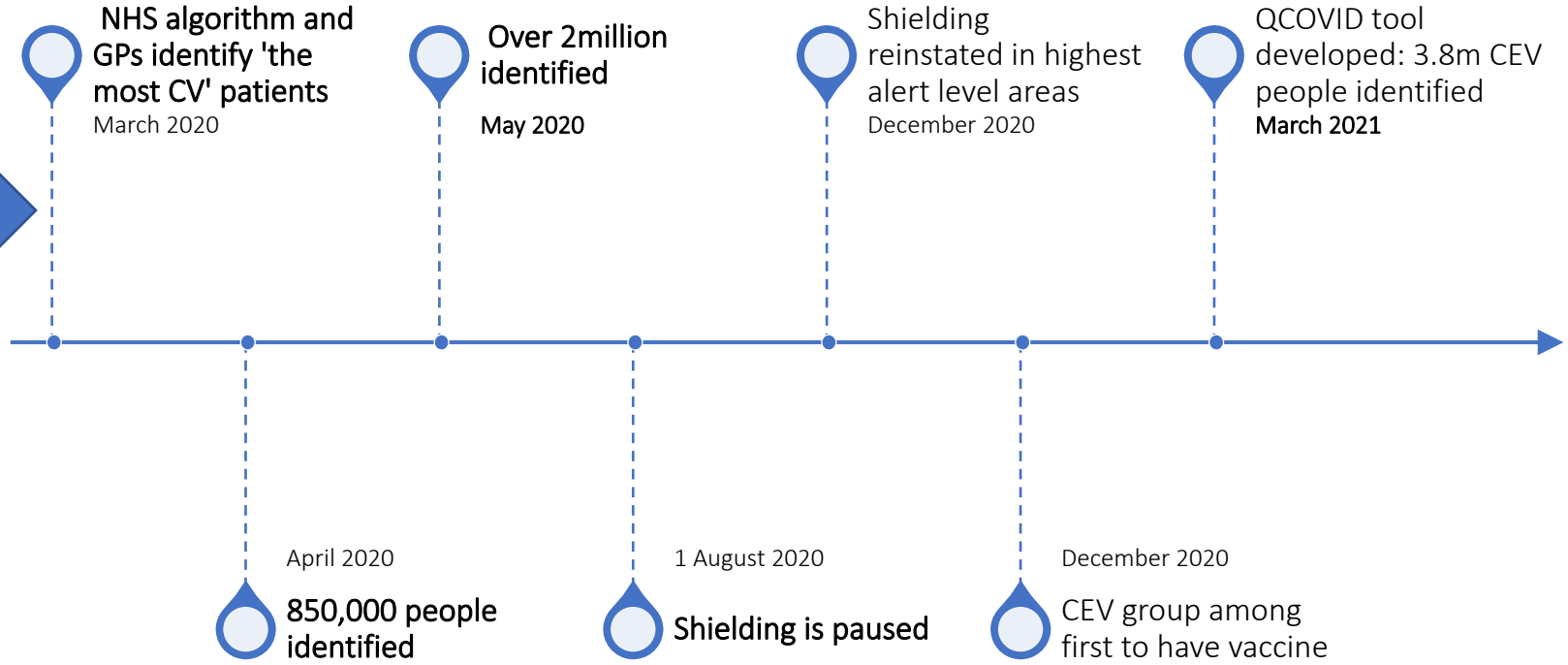
Clinically extremely vulnerable (CEV) people

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 Health Foundation

"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

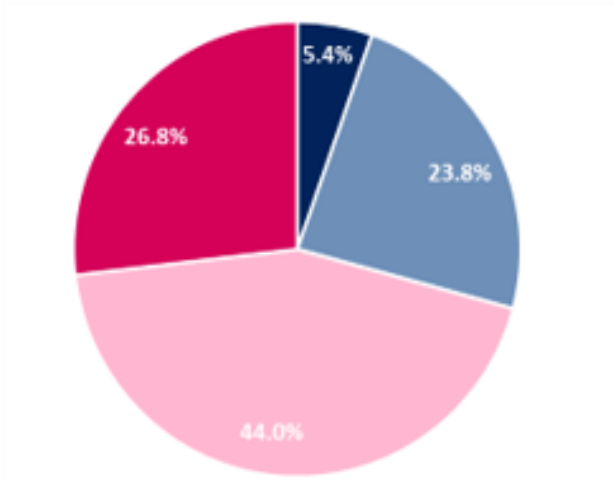
Regular symptom-free testing using lateral flow devices helps to identify infection at the earliest opportunity before symptoms begin or in those who may have no symptoms but who could still spread the infection. It helps to limit the transmission of infection especially when mixing with other people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

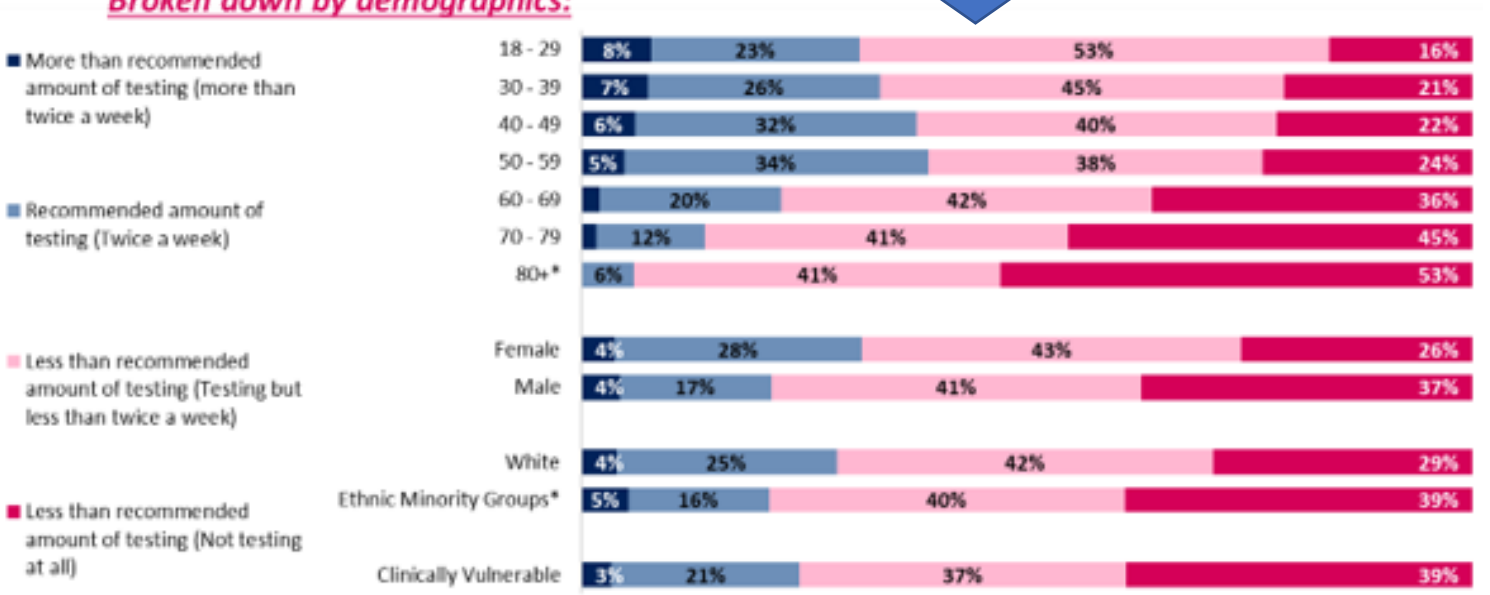
This chart shows the frequency of symptom-free testing; older people aged over 60 years, males, people from ethnic minority backgrounds and clinically extremely vulnerable tended to test less often than average for the city

Overall:



Total respondents: 2,457

Broken down by demographics:



* Small sample size – fewer than 100 respondents

Vaccination coverage

Last updated 16th August 2022

southampton dataobservatory

Current vaccination uptake

Percentage received 1st dose over 12s **74.8%** Av. 6 a day

Percentage received 2nd dose over 12s **70.0%** Av. 10 a day

(From 14th July 2022)

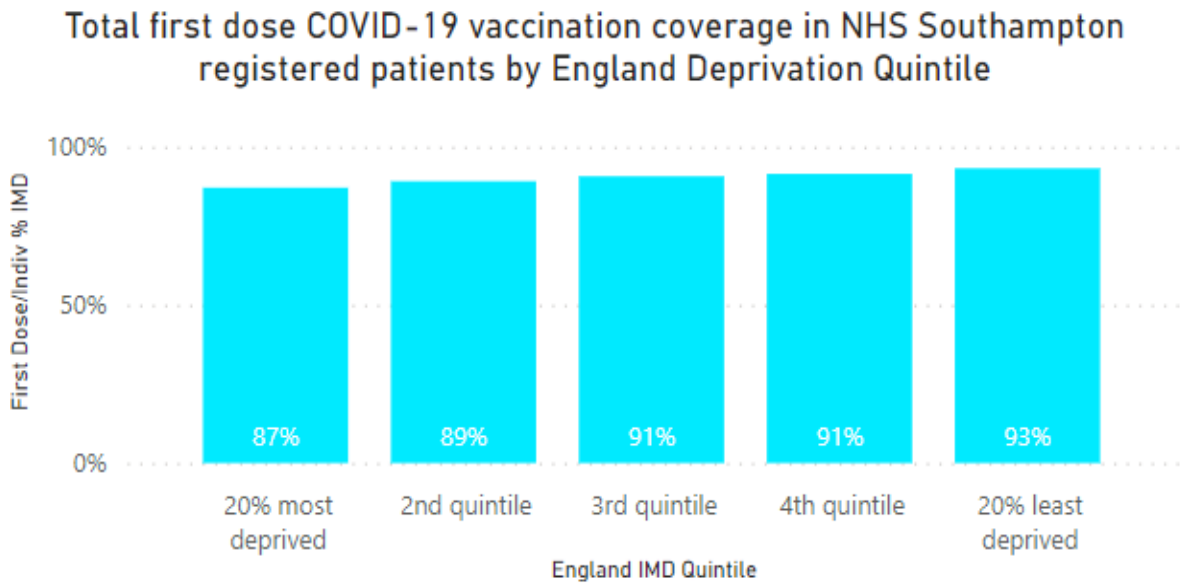
Percentage received booster 1 over 12s **77.5%**

Percentage received booster 2 over 75s and severely immunosuppressed **85.0%**

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

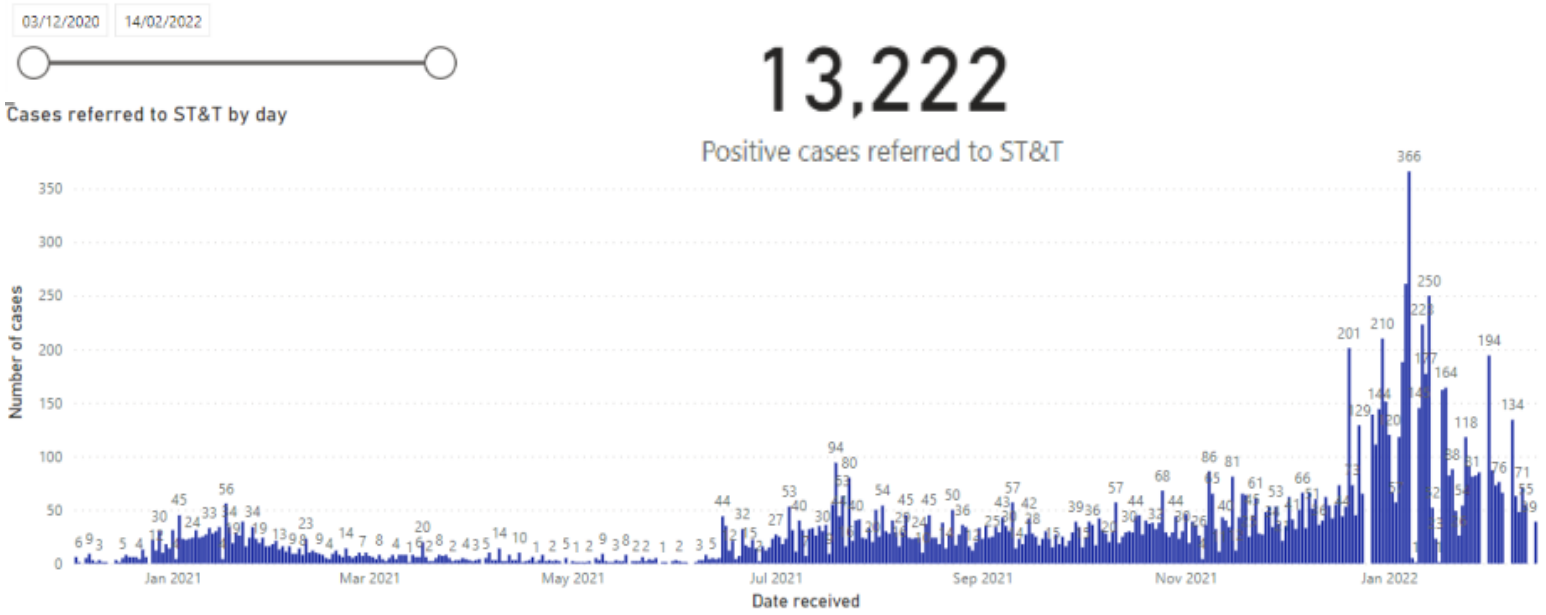
Primary vaccine (doses 1+2) course uptake for those aged 75+ is 95%, in those most clinically extremely vulnerable is 92% and among NHS and social care workers is 95%.

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



Link

Southampton Test and Trace



Test and Trace: Service Demand

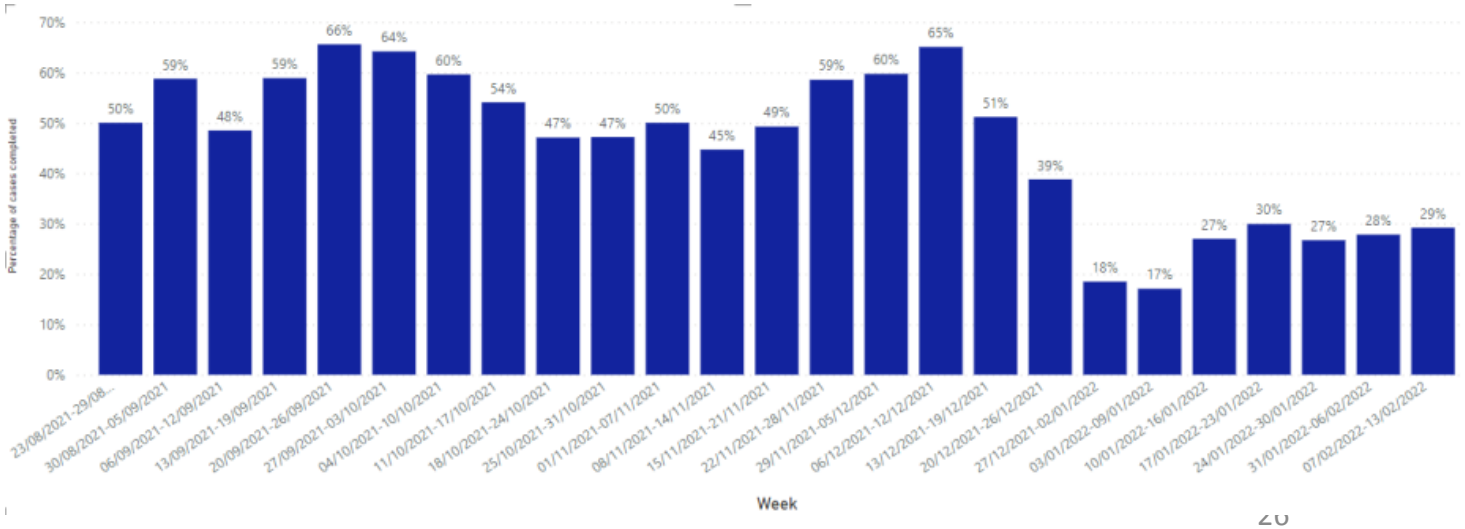
Case status

Case status	Number of cases	Percentage of cases
Referred back to National Test and Trace	81	0.6%
In progress	133	1.0%
Follow up failed - reached	1526	11.5%
Follow up failed - not reached	5876	44.4%
Completed	5618	42.4%
Total	**13222**	**100.0%**

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

Percentage of completed cases



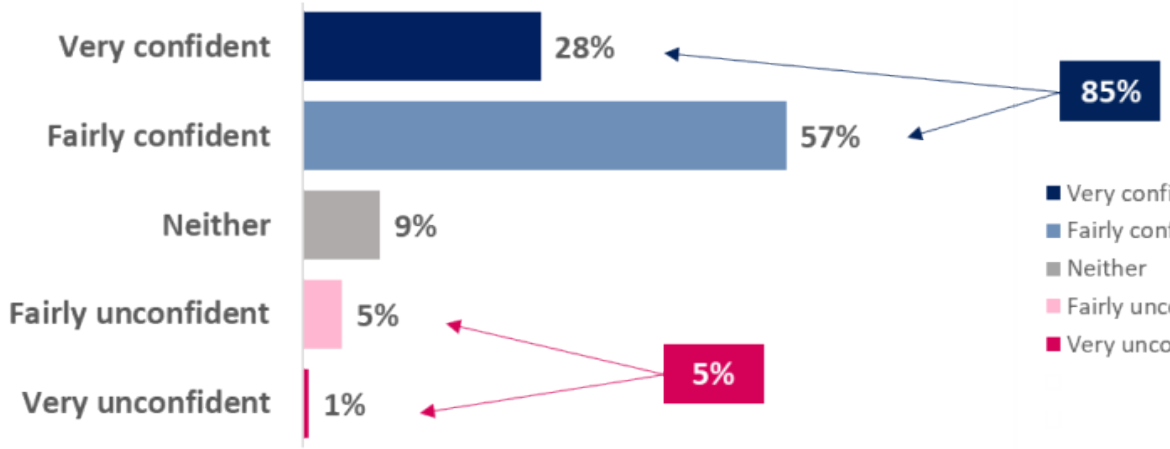
Ability to adhere to protective measures

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.

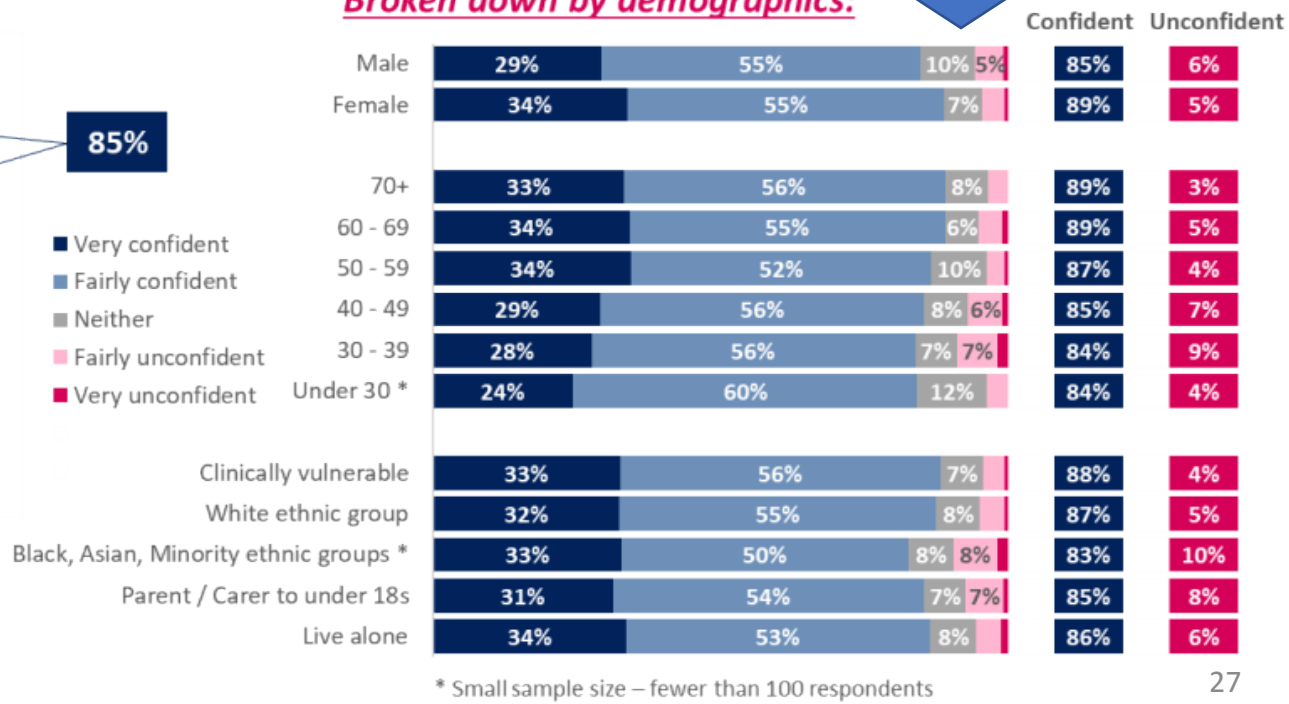
This chart shows that confidence was generally very high but younger age groups, minority ethnic groups and parents were least confident in understanding COVID-19 rules and guidance compared to other groups

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

Overall:



Broken down by demographics:

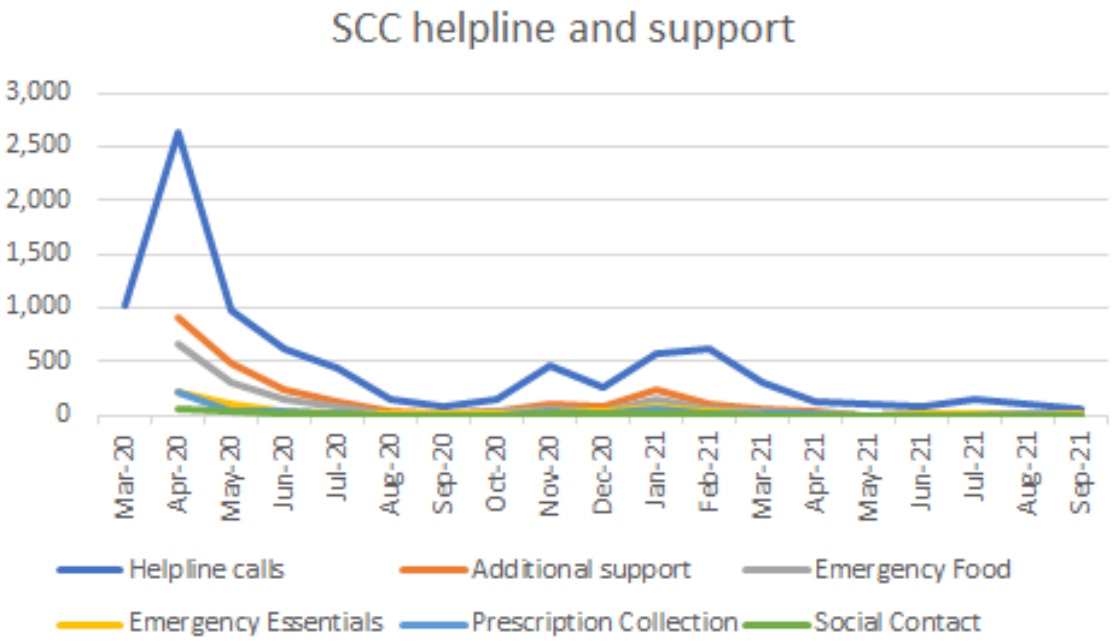


* Small sample size – fewer than 100 respondents

Comparison to previous surveys:

July: 80% November: 85% (Those that said very or fairly confident)

Supporting vulnerable groups in Southampton



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

SCM Basics Banks: vouchers used
Jan 2020 – October 2021

Southampton City Mission

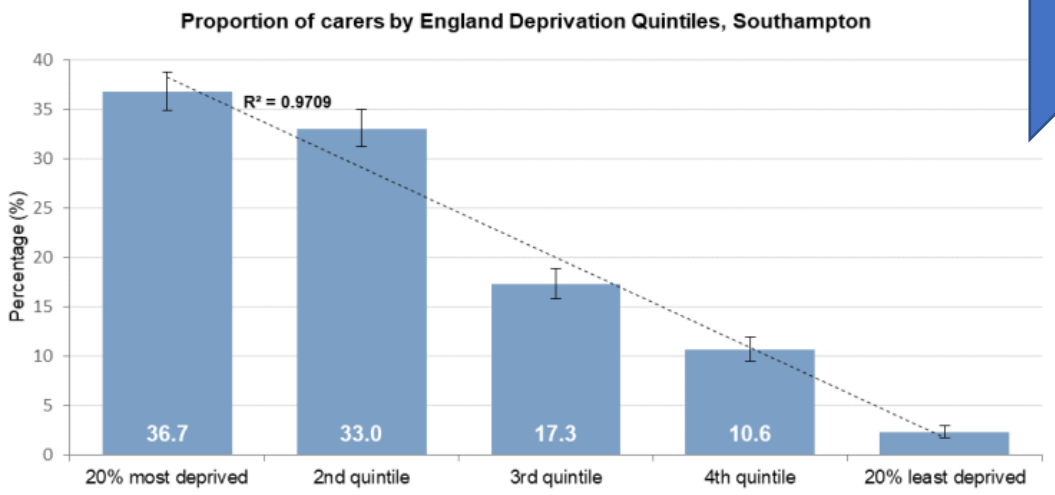
28.4%

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

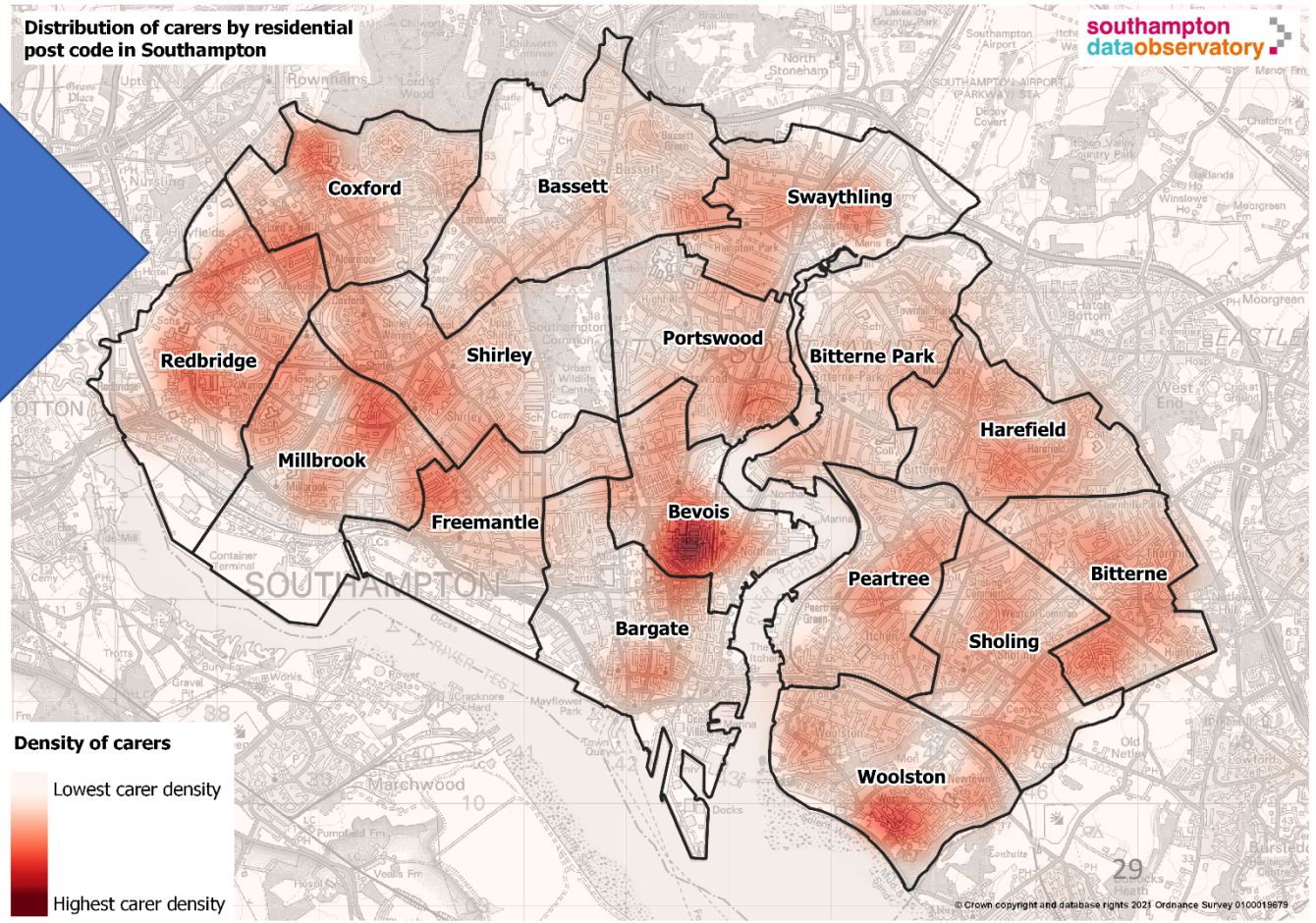
Vulnerable groups in Southampton: carers

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



Source: Carers in Southampton (2021)



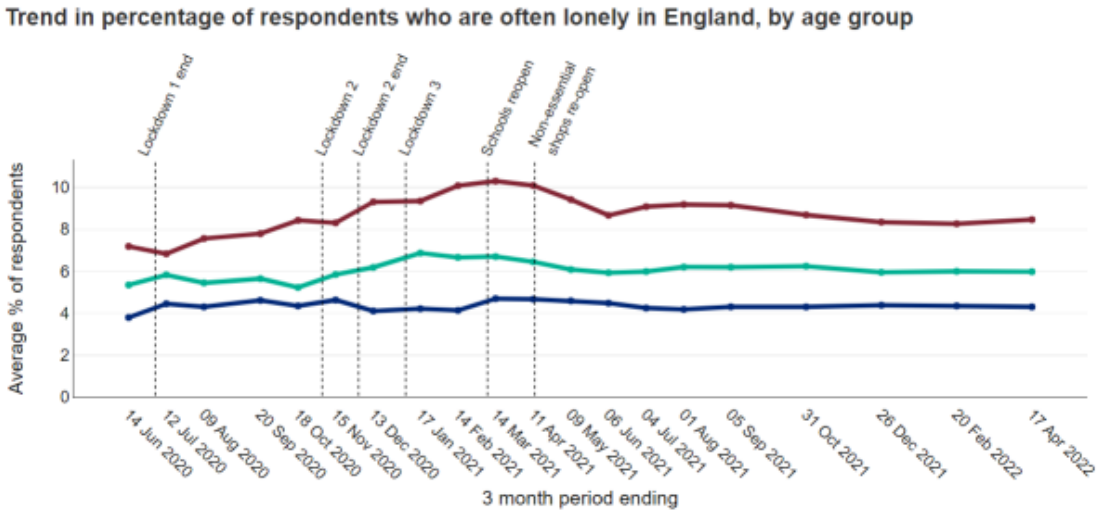
Vulnerable groups in Southampton

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



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

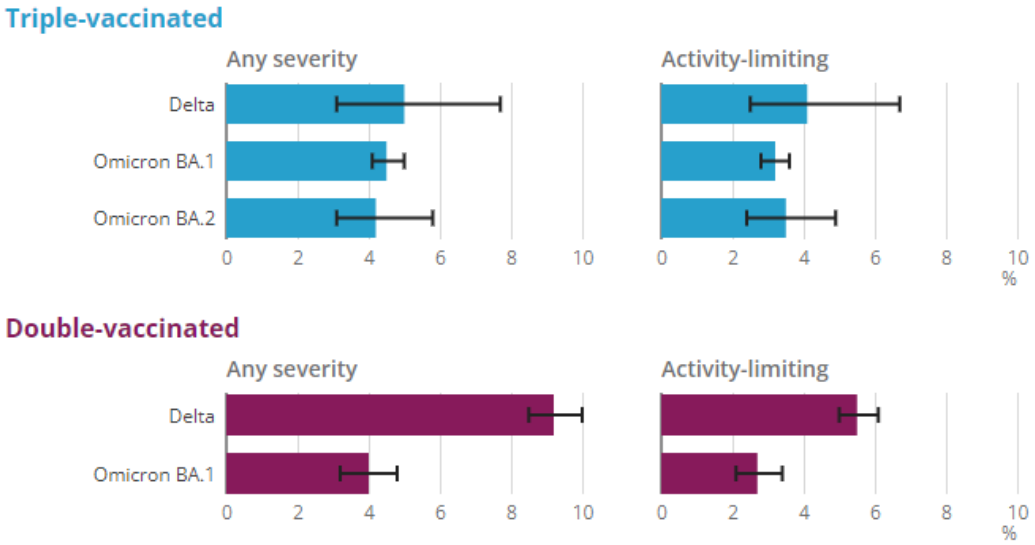
Homeless Population

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 (1)

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.

Percentage of study participants aged 18 years and over with self-reported long COVID 12 to 16 weeks after a first coronavirus (COVID-19) infection, stratified by compatible COVID-19 variant and vaccination status when infected, UK, 17 May 2021 to 27 May 2022



Source: Office for National Statistics - Coronavirus (COVID-19) Infection Survey

This chart shows there was a higher percent of people aged 18 years and over who were double vaccinated with self-reported long covid after the Delta variant than Omicron BA.1. However, for people triple vaccinated there were a similar percentage of self-reported people with long covid across all 3 variants.

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 states as of 2nd July 2022, 1.8 million people in the UK (2.8% of the population) were experiencing self reported Long Covid. The impact on people living in Southampton requires further analysis, however we can estimate 5,933 people could be experiencing Long covid (using the national percentage).

Self-reported long COVID was more common in:

- Those aged 35 to 69 years
- Females
- People living in more deprived areas
- Those working in social care
- Those aged 16 years and over who were not students or retired, and were not in or looking for paid work
- Those with another activity-limiting health condition or disability

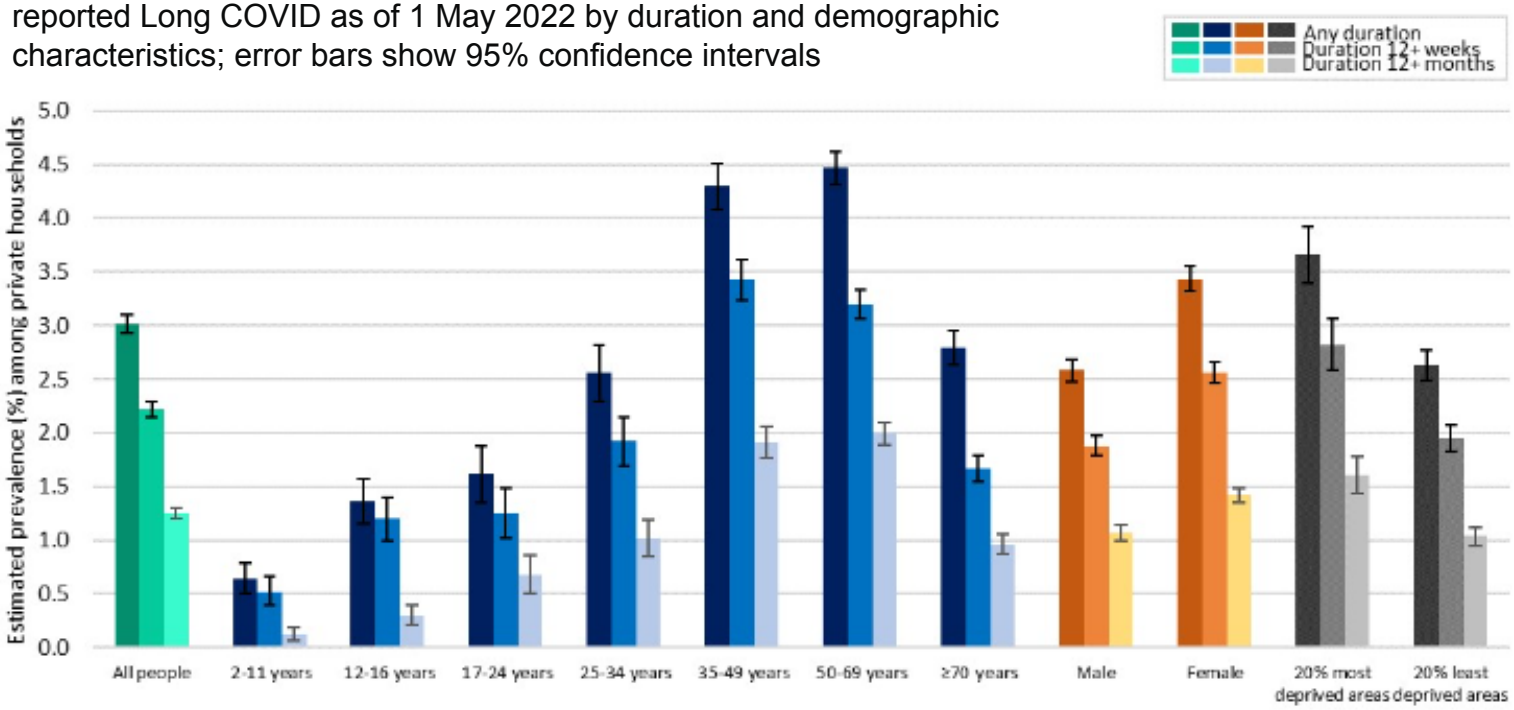
Common symptoms include:

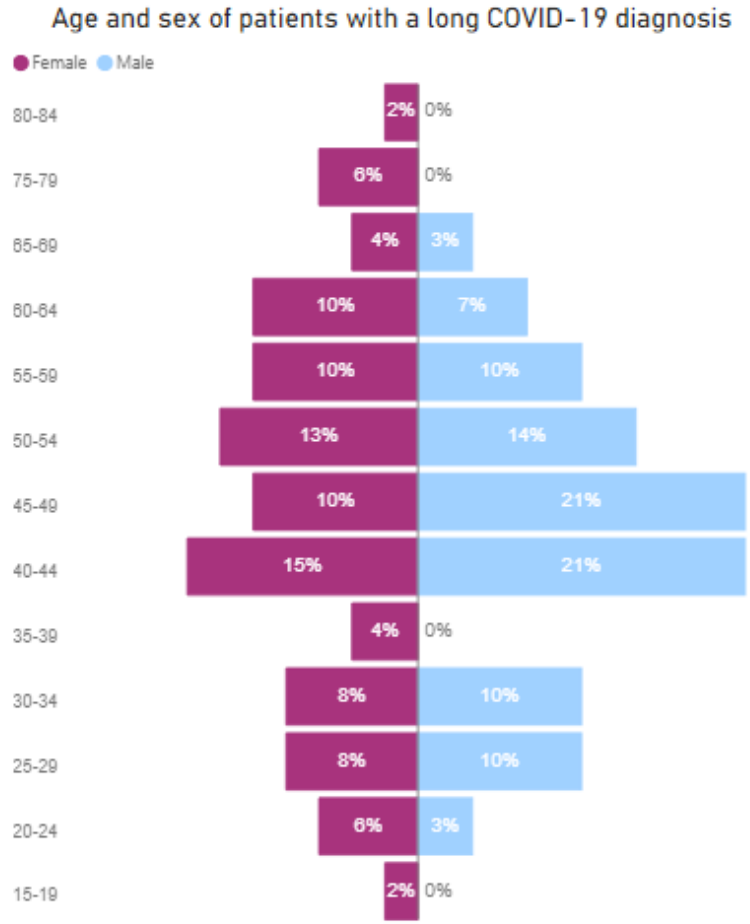
- Fatigue
- Breathlessness
- Headaches
- Joint and muscle pain
- Chest tightness/pain
- Sleeping problems
- Memory and concentration difficulties
- Persistent cough

Long covid (2)

The chart below using 2021 data shows the highest prevalence of long covid is in the most deprived areas. There is higher prevalence of long covid over 12 weeks across all areas compared to between 4 and 12 weeks.
Further research by ONS in 2022 shows the highest Long Covid Prevalence by sub groups are; by age – 35 to 69 year olds, by gender – females, by deprivation quintile – 20% most deprived.
A range of international studies have found persisting health problems after acute COVID-19 looks to be increasing the burden on the healthcare system. These health problems include significantly greater risk of cardiovascular disease, mental health conditions, and diabetes up to 12 months post infection.

Estimated percentage of people living in private households with self-reported Long COVID as of 1 May 2022 by duration and demographic characteristics; error bars show 95% confidence intervals





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).

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

- Significantly less vulnerable compared to England average
- Less vulnerable but not significantly compared to England average
- Similar vulnerability compared to England average
- More vulnerable but not significantly compared to England average
- Significantly more vulnerable compared to England average

These six measures were identified as key business vulnerabilities

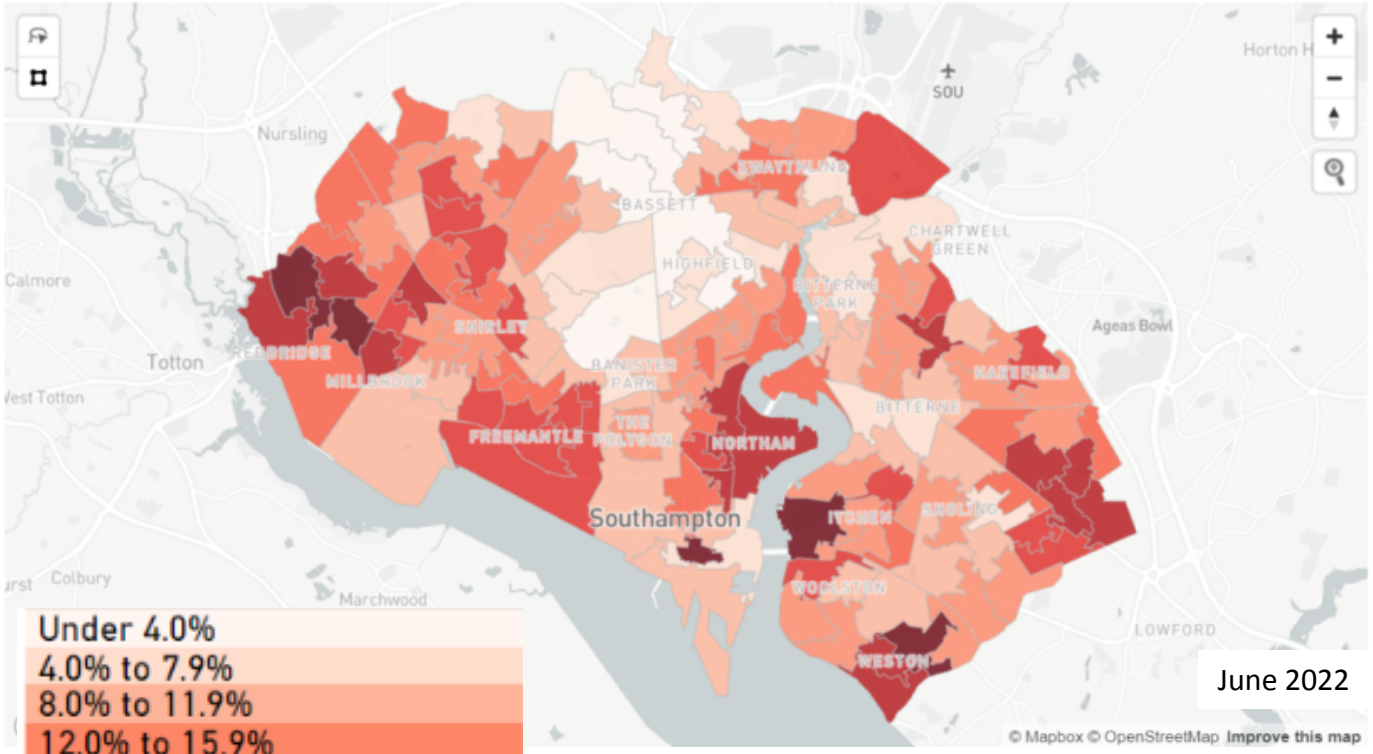
The tartan rug compares Southampton and ONS Comparators to national averages, significance assessed using 95% confidence intervals

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

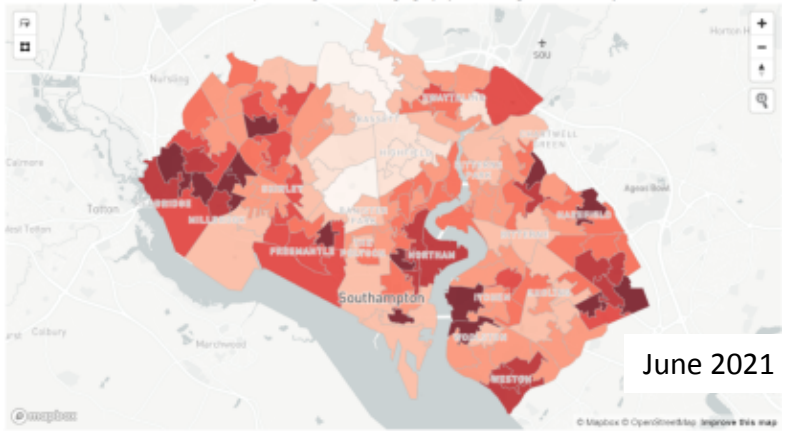
Impact on benefits: Universal Credit

Universal credit claimant, (Total), as a percentage of working age population (aged 16 to 64) by LSOA, June-2022



June 2022

Universal credit claimant, (Total), as a percentage of working age population (aged 16 to 64) by LSOA, June-2021

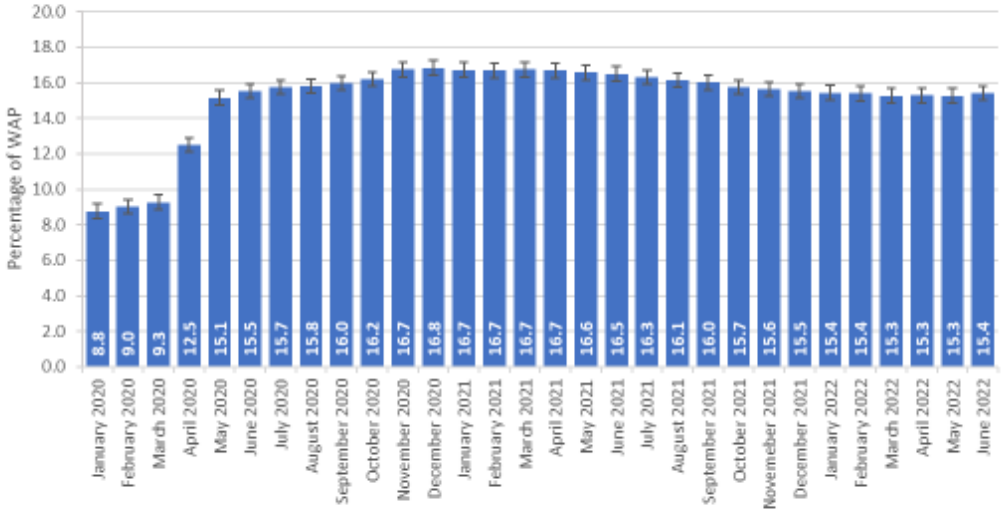


June 2021

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

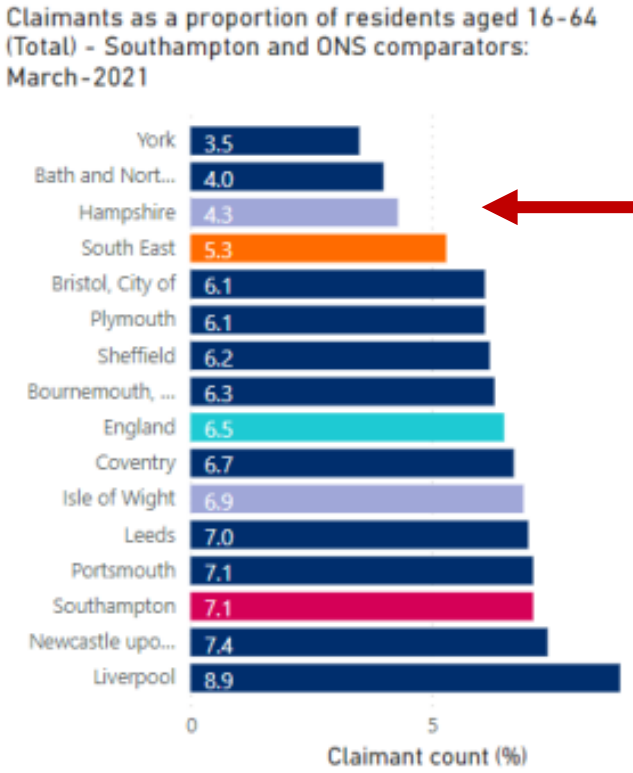
This map shows the distribution of the population claiming Universal Credit in June 2022 which had increased from a city average of 8.8% in Feb 2020 to 16.7% in Feb 2021 and has remained over 15% since October 2021 to June 2022.

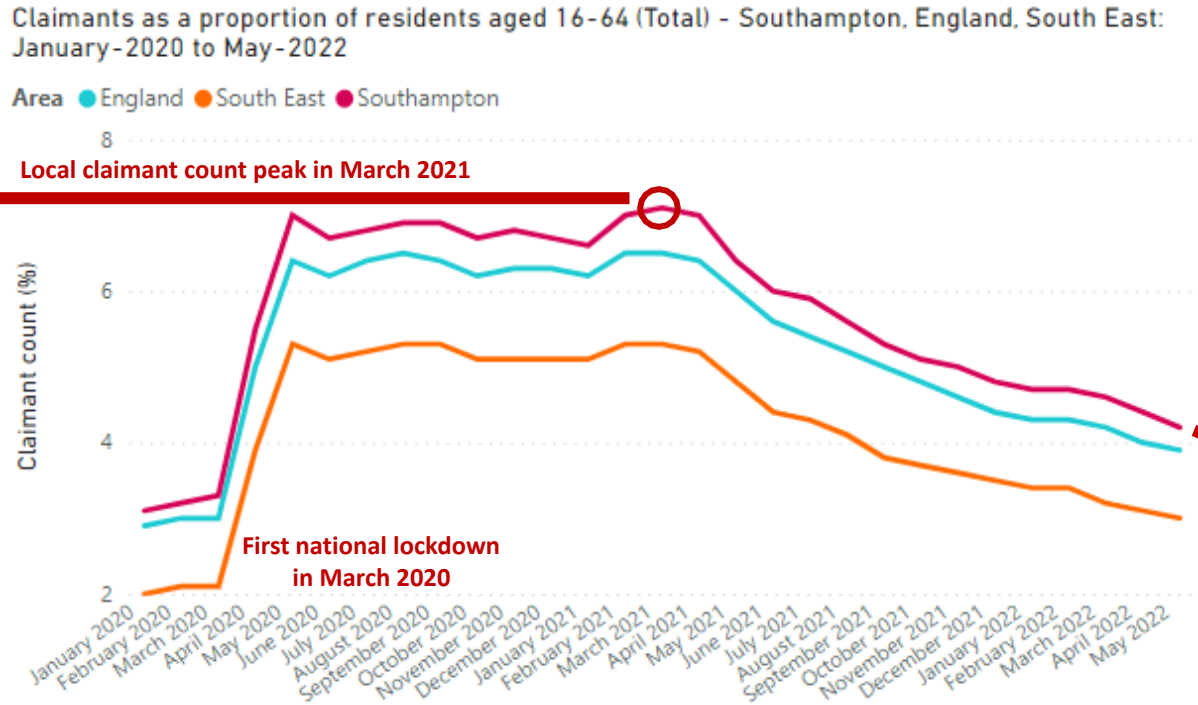
People on Universal Credit (total): Southampton January 2020 to June 2022
percentage of working age population (WAP) [1]

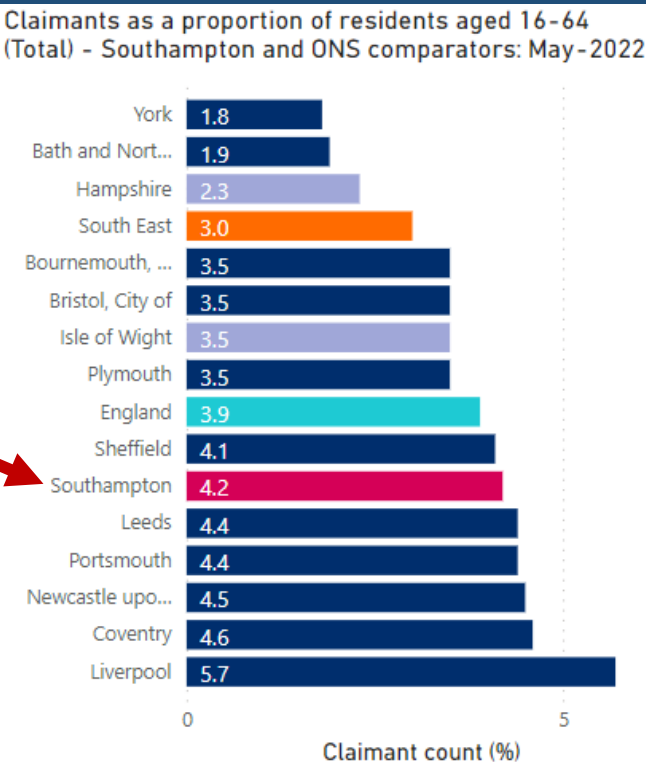


Source: DWP 2022 (via Stat-Xplore).
[1] Population - WAP Feb 2020 to March 2021 - HCC SAPF 2019. WAP from April 2021 - HCC SAPF 2020

Impact of COVID on Unemployment – Claimant Count







- Locally and nationally the number of adults claiming out of work benefits more than doubled from March 2020 to March 2021 during the COVID-19 pandemic
- 7.1% (12,145) of the working aged population in Southampton were claiming out of work benefits in March 2021; an increase of 6,550 (117%) since March 2020
- Claimant count has decreased by -4,280 (-35%) between March 2021 and March 2022 locally, highlighting the progress that has been made in recovering from the COVID-19 pandemic;
- Although, Southampton is yet to return to the pre-pandemic baseline (less than 3.5% in January to March 2020)

Change March 2020 to March 2021:

117% Southampton

116% England

148% South East

Change March 2021 to March 2022:

-35% Southampton

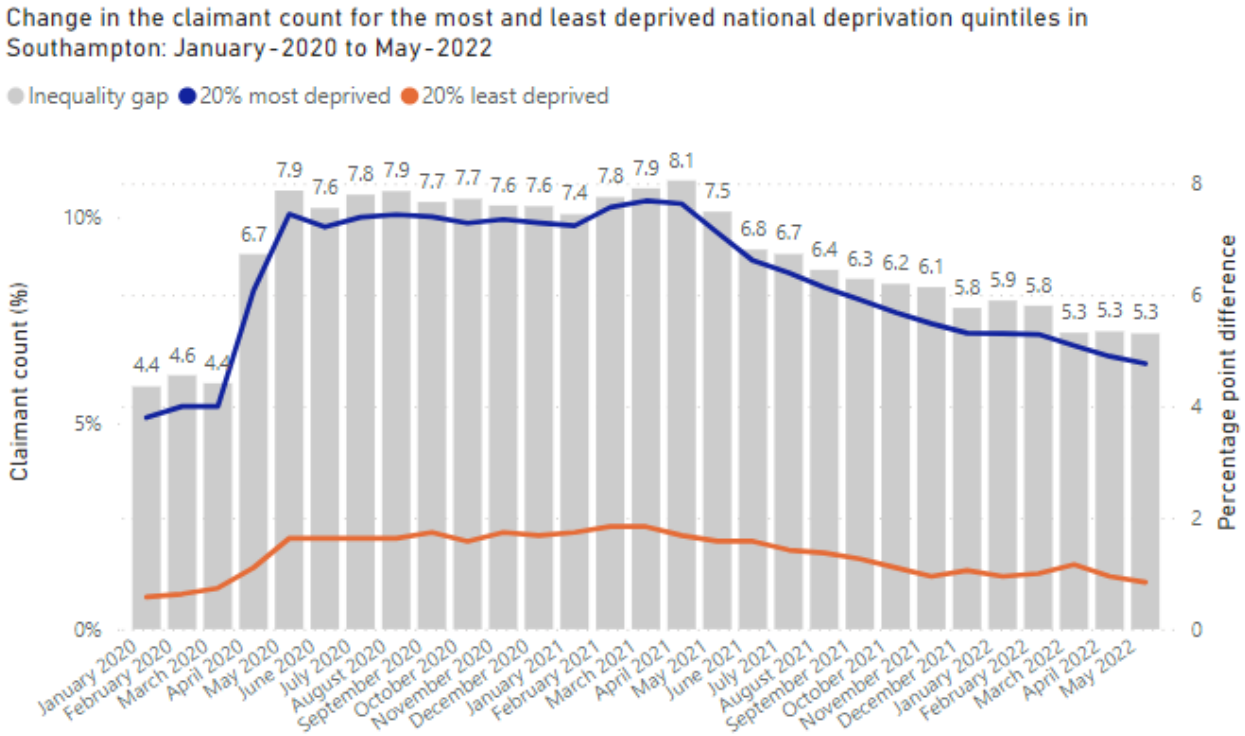
-36% England

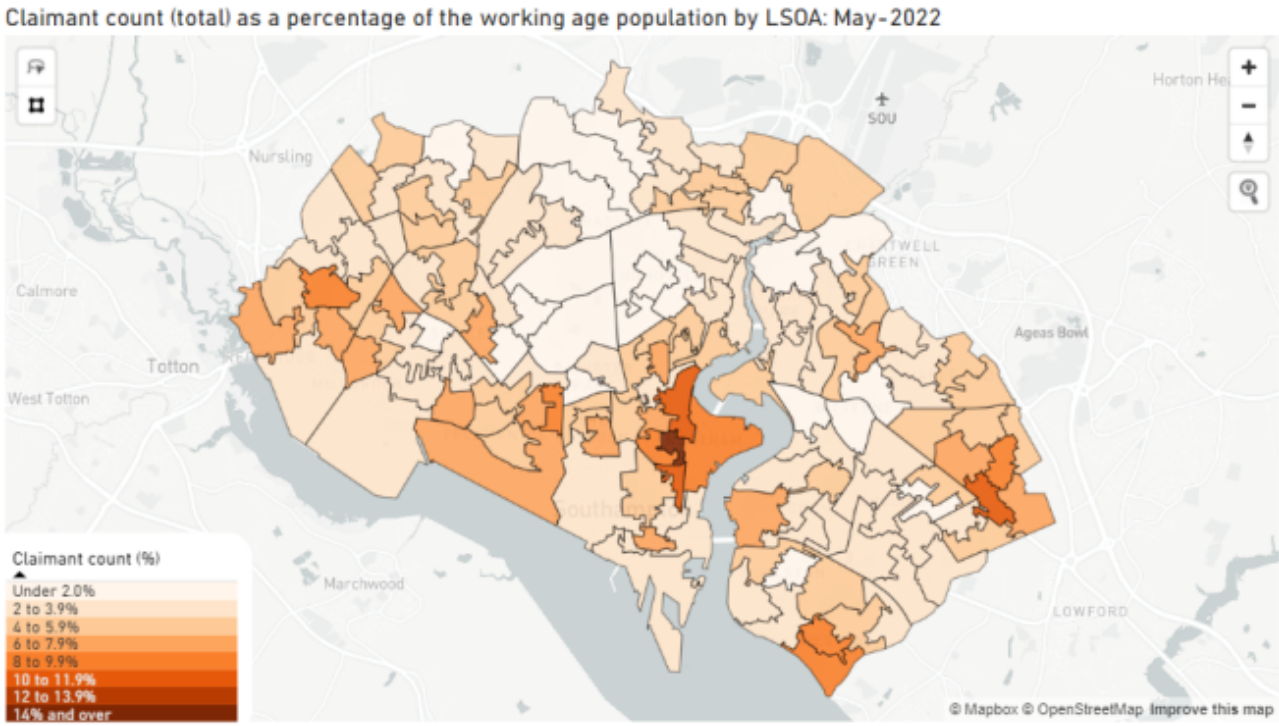
-39% South East

Source: Department for Work and Pensions

Impact of COVID on Unemployment – Claimant Count

- The map below shows the claimant count (%) by Southampton neighbourhoods - May 2022
- There have been increases in the claimant count across Southampton; particularly neighbourhoods in Bitterne, Woolston, Bevois and Redbridge wards, which is where some of the most deprived neighbourhoods in the city are located
- The chart below shows the inequality gap in the claimant count between the most and least deprived neighbourhoods over time, which has increased from a percentage point gap of 4.4 in March 2020 to a peak of 8.1 in April 2021, whilst the inequality gap worsened by the pandemic appears to be closing, it has not yet returned to pre-pandemic levels (average 4.6 percentage point gap throughout 2019)



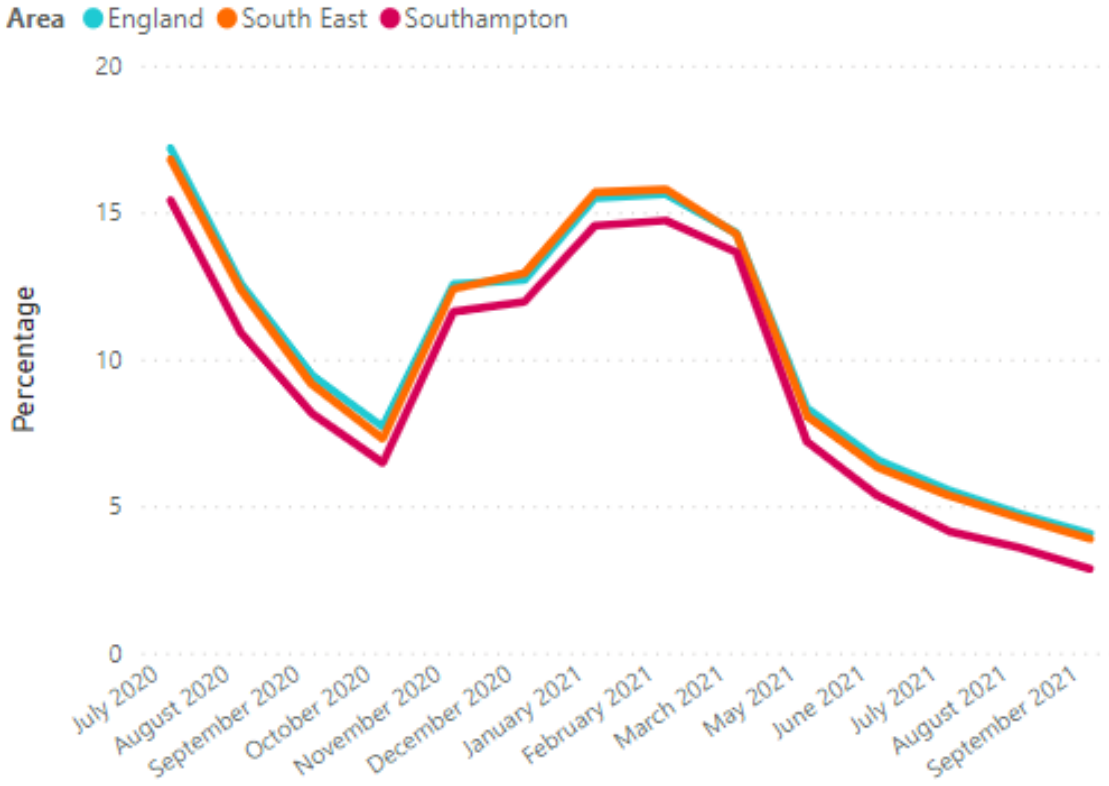


Source: Department for Work and Pensions

Impact on employment

Coronavirus Job Retention Scheme (CJRS) - Furlough

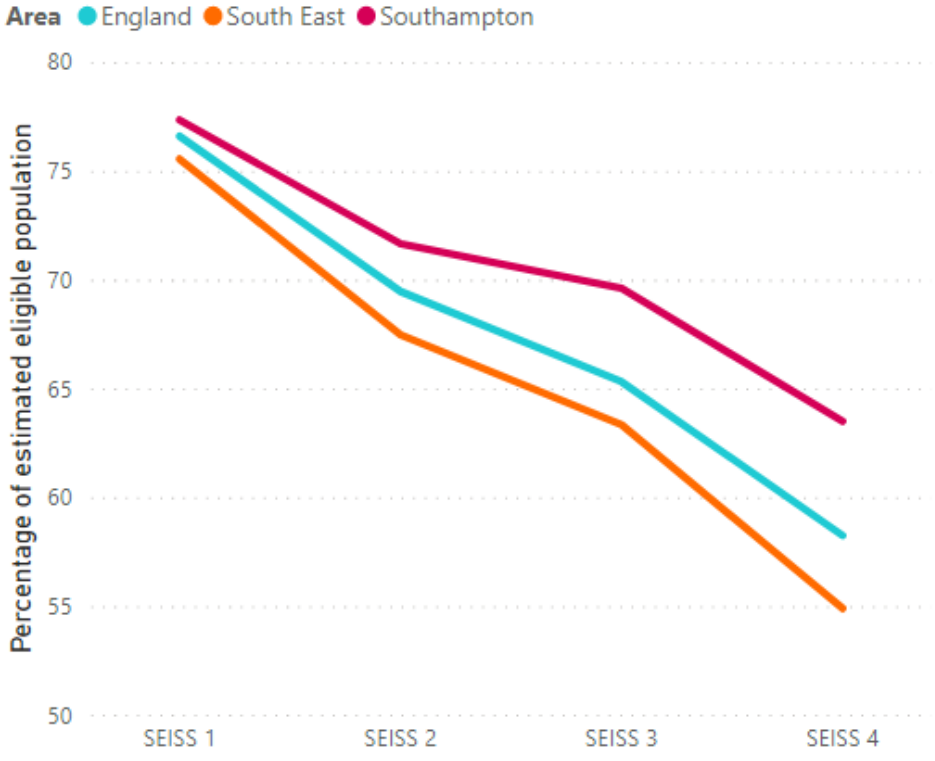
Percentage of employments on furlough via CJRS in eligible employments, Southampton, South East and England: July 2020 to September 2021



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)



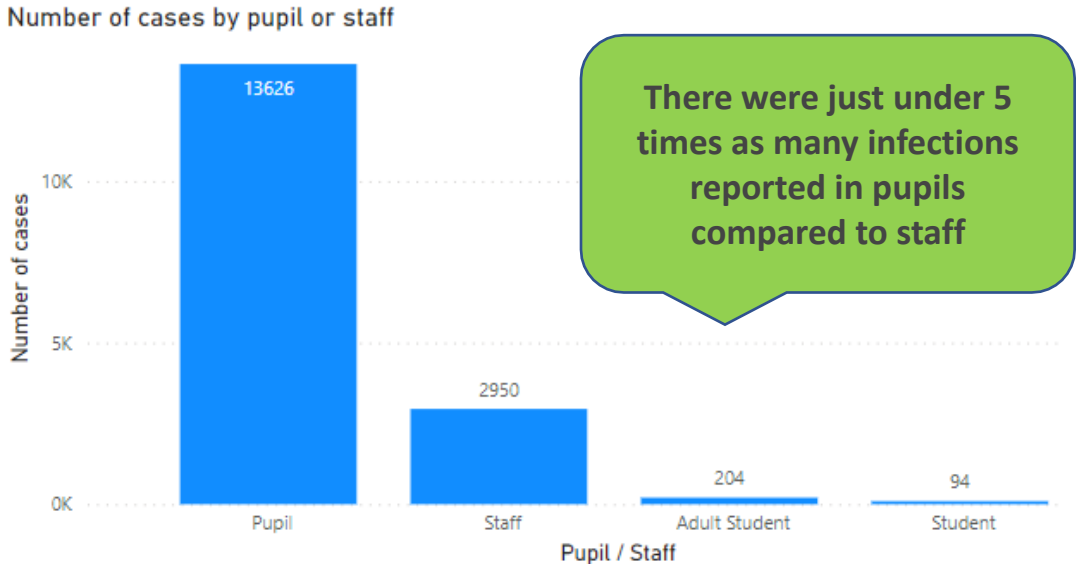
There was a greater proportion of SEISS claims in Southampton than England and South East, plus slower decline over time through the second, third and fourth schemes possibly indicating that the self-employed in Southampton were more vulnerable during the pandemic

Impact on education

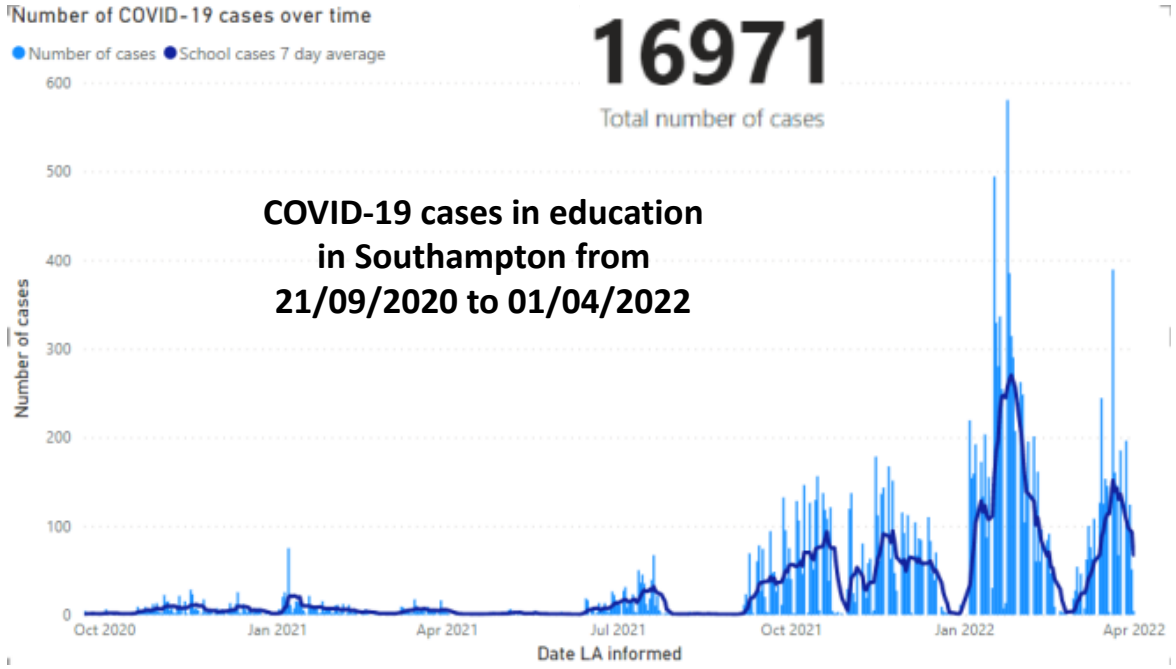
The pandemic has had an enormous impact on education with schooling hugely disrupted and vulnerable children most affected. Published data on the impact on attainment outcomes is not yet available but national estimates of the potential impact include:

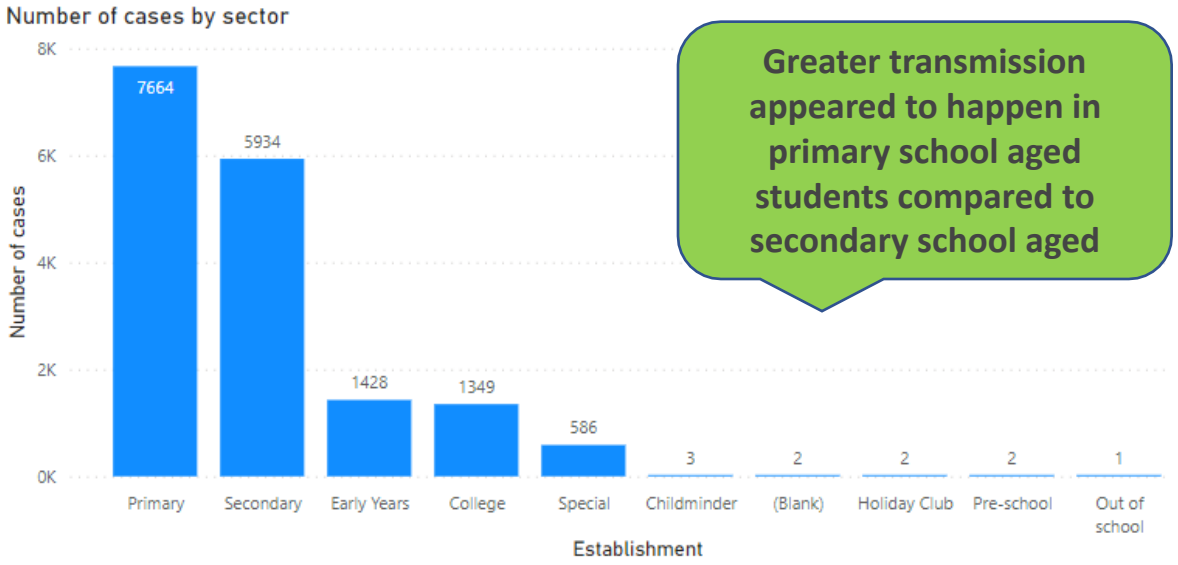
- each day of individual pupil absence results in around 0.3% to 0.4% of a standard deviation reduction in attainment
- an overall impact of between 6% to 10% of a standard deviation reduction in attainment due to time out of school in the 2019 and 2020 academic year

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.



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





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

Healthy Living

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

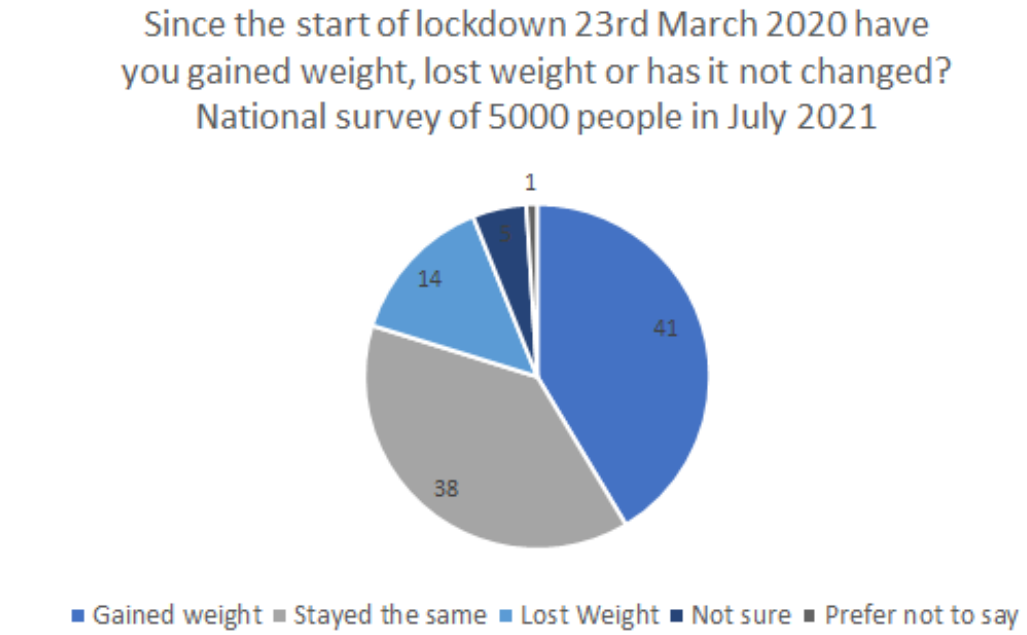
Impact on healthy weight

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:

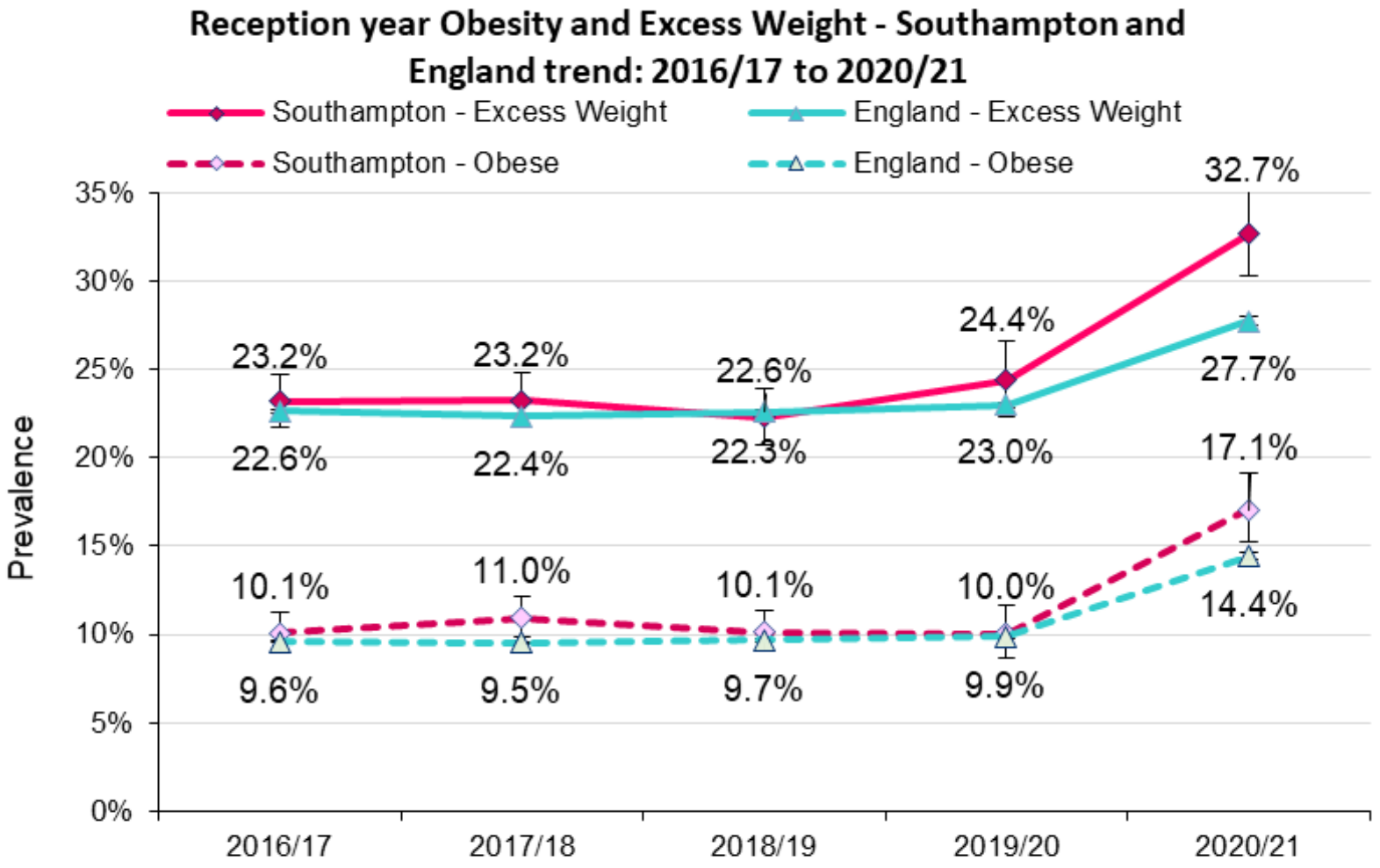
- In Reception, obesity prevalence has increased - 9.9% in 2019/20 to 14.4% in 2020/21
- In Year 6, obesity prevalence has increased - 21.0% in 2019/20 to 25.5% in 2020/21
- Boys have a higher obesity prevalence than girls for both age groups
- Children living in the most deprived areas were more than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



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.

Childhood obesity – Reception Year (year R)



Source: NHS Digital NCMP Enhanced data sets 2016/17 to 2020/21 with 95% Confidence Intervals (Wilson)

2020/21 England - Year R: Obese 14.4% Excess Weight 27.7%
Southampton - Year R: Obese 17.1% Excess Weight 32.7%

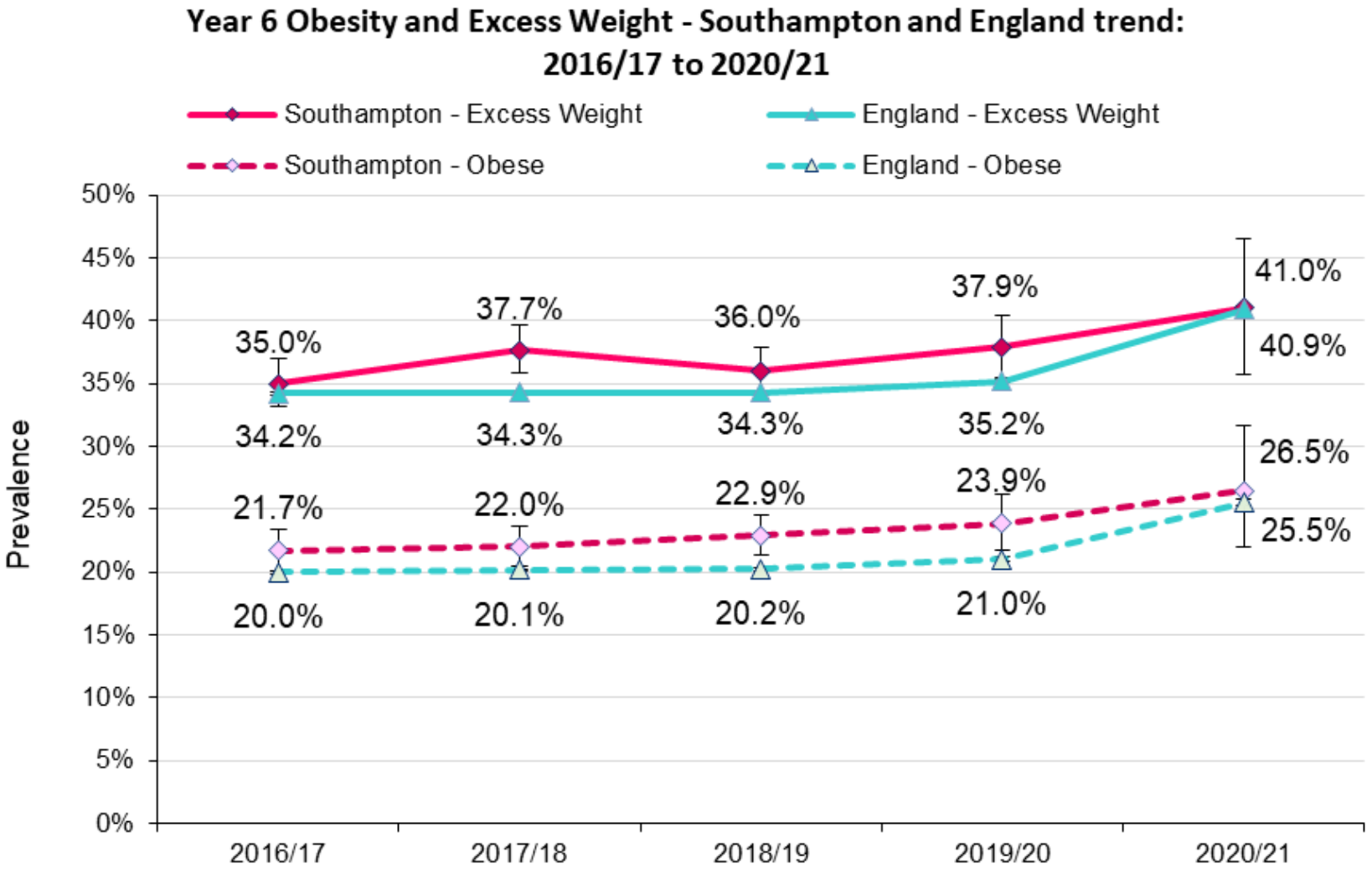
Between 2016/17 and 2019/20 level of childhood obesity and excess weight for year R children locally and nationally have largely remained at statistically similar levels*.*(Except for in 2017/18 Southampton had a significantly higher level than the national average for Year R obesity)

Latest data for 2020/21 shows a significantly higher increase for obesity and excess weight prevalence in year R locally and nationally compared to the previous four years. The prevalence of obesity and excess weight for Southampton year R children is significantly higher than nationally levels whereas previously it was similar.

Childhood obesity – Year 6

The Year 6 2020/21 sample for Southampton was too small to make robust statistical comparisons

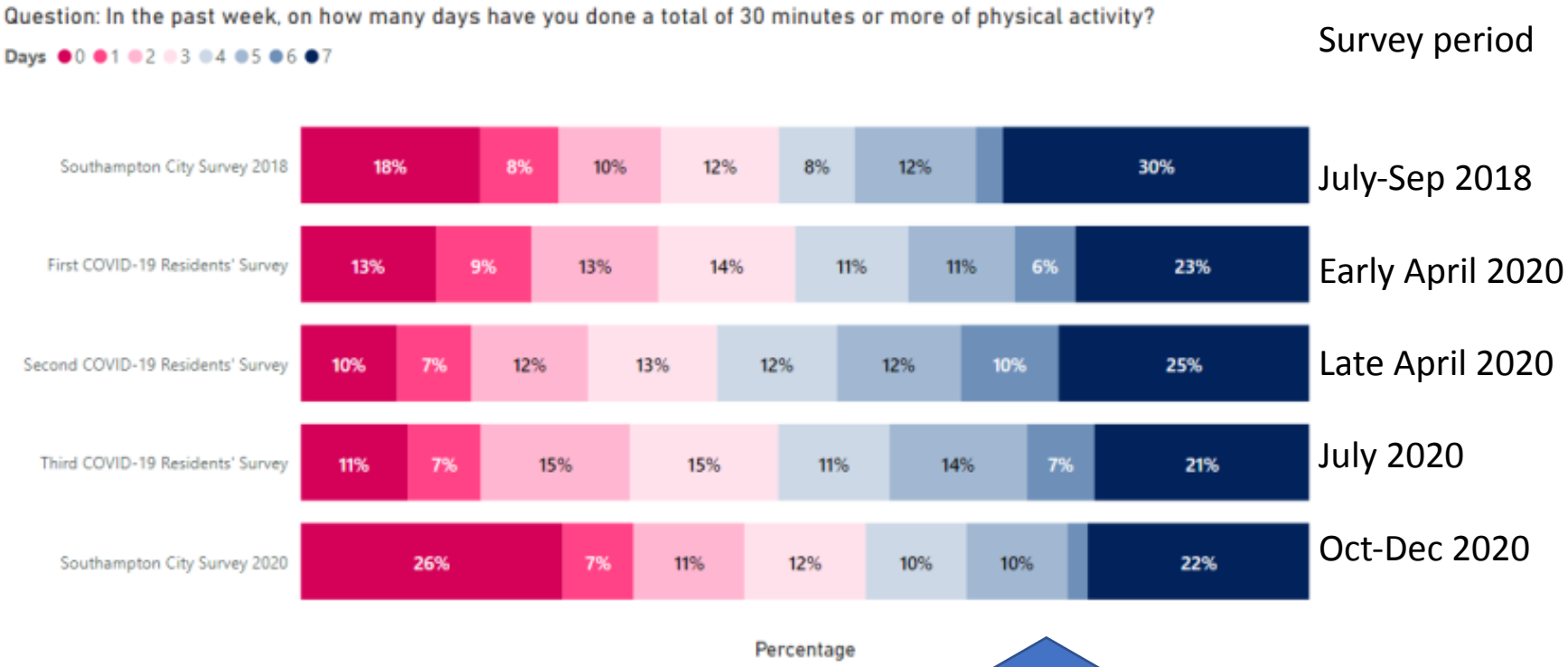
However the prevalence for Year 6 obesity (26%) and excess weight (41%) mirrors the national figures and increasing prevalence in the trend data follows the national direction of travel.



Source: NHS Digital NCMP Enhanced data sets 2016/17 to 2020/21 with 95% Confidence Intervals (Wilson)

2020/21 England - Year 6: Obese 25.5% Excess Weight 40.9%
Southampton - Year 6: Obese 26.5% Excess Weight 41.0%

Impact on physical activity



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

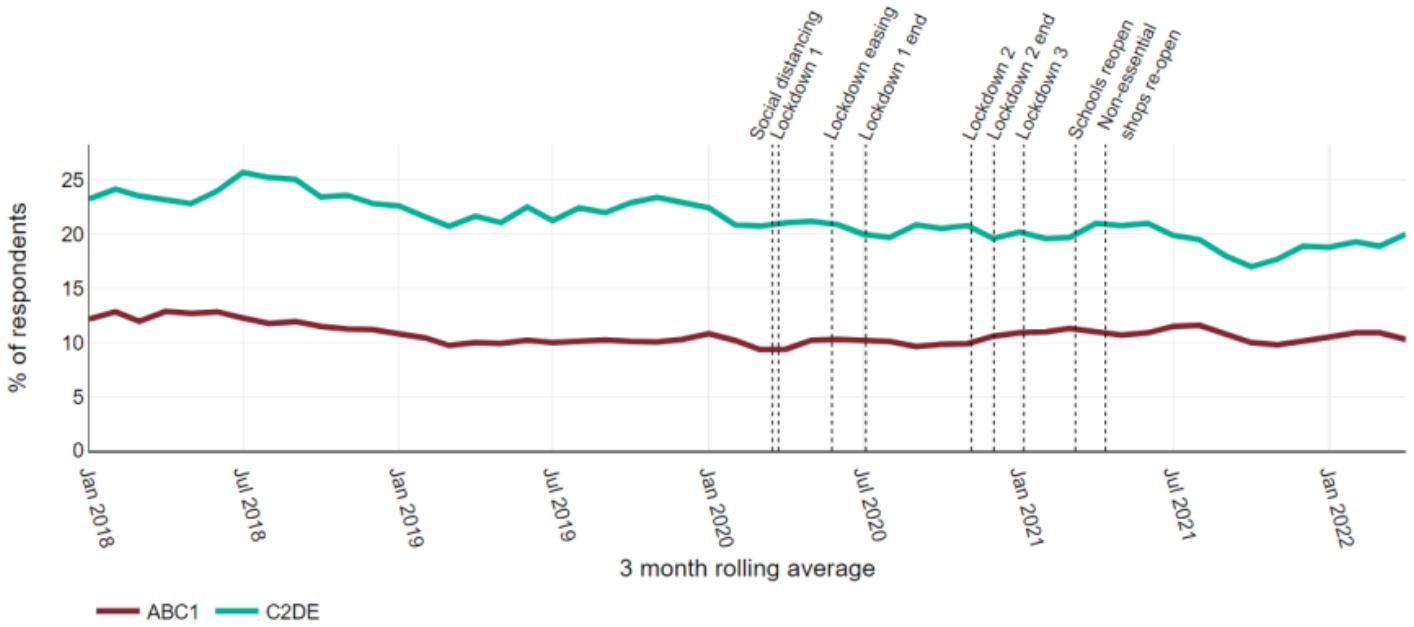
This chart shows a time series of Southampton resident survey responses to the question on number of days achieving 30 minutes or more of physical activity; blue indicates higher and pink lower number of days when this was achieved

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."

Impact on smoking

Prevalence of cigarette smoking (STS) in England by 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

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 to 34
- Increased quit attempts in ages 18 to 34
- Increased successful cessation in ages 18 to 34

Smoking at the time of delivery

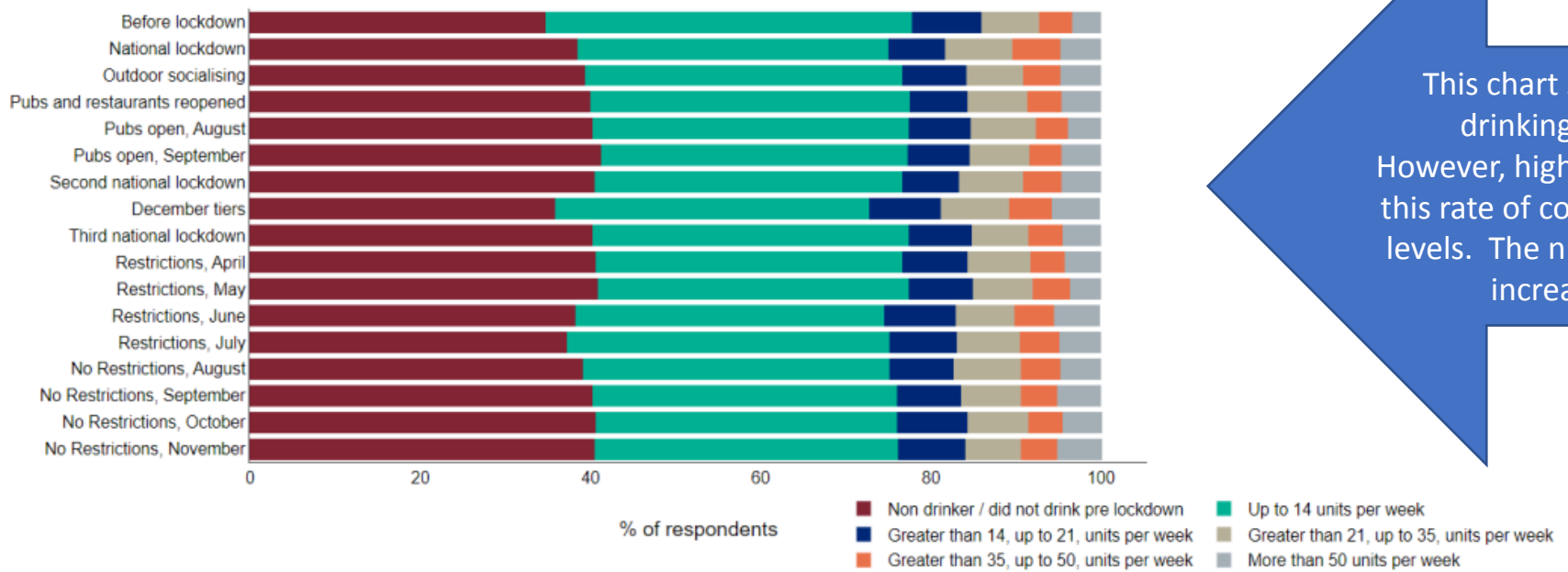
- 9.6% of women were smokers at time of delivery in 2020-21 – an 0.8 percentage point decrease from 2019-20 (10.4%), but still above the current national ambition of 6% or less. Locally this percentage was 10.7%

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.

Data from Wider Impacts of COVID-19 (phe.gov.uk)

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.

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

People who use opiates accessing treatment /support

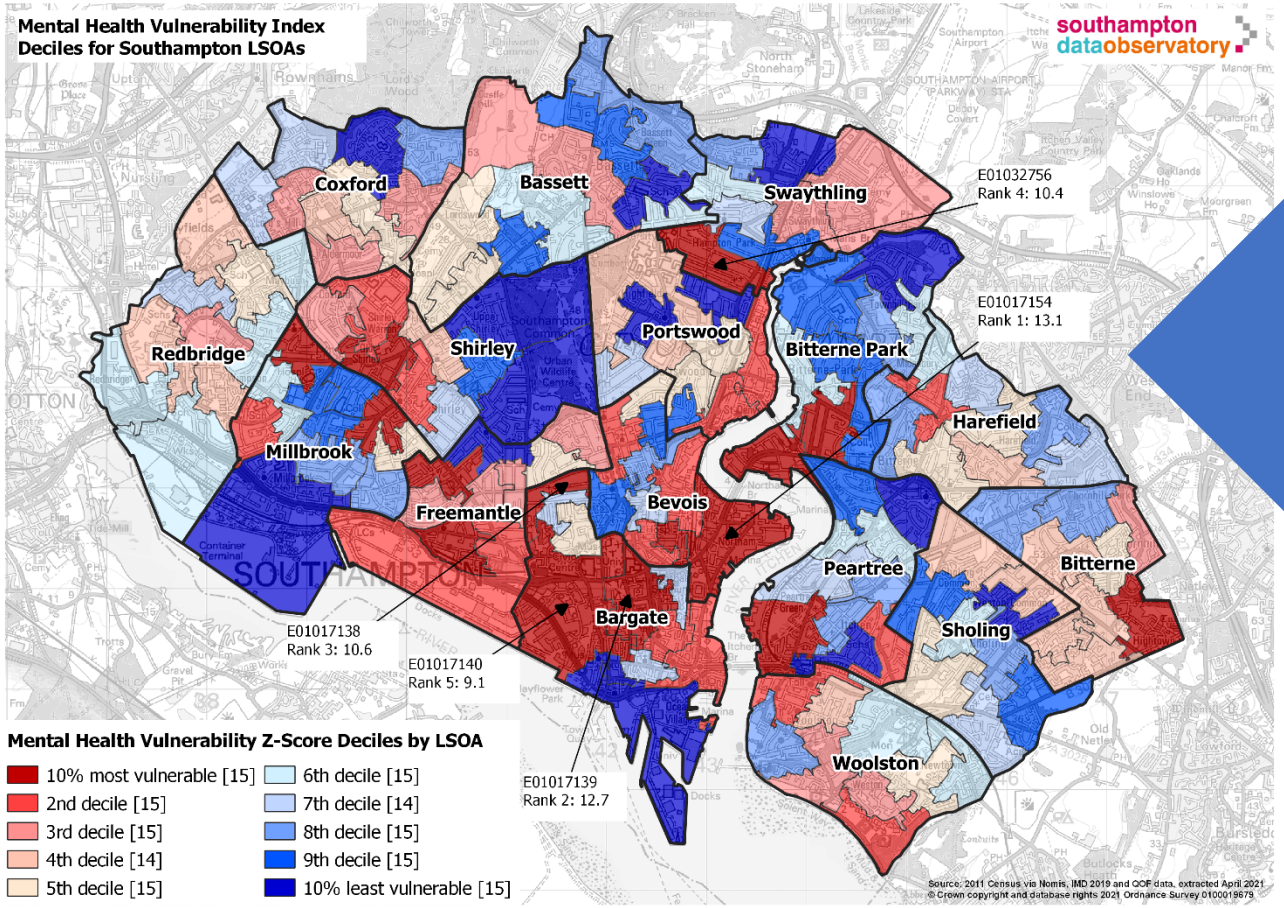
People who use alcohol accessing treatment /support

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 shows prevalence of increasing or higher risk alcohol consumption rose during the early pandemic and has persistently remained above pre-pandemic levels – higher for those in manual occupations. 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.

Data from Wider Impacts of COVID-19 (phe.gov.uk)

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.

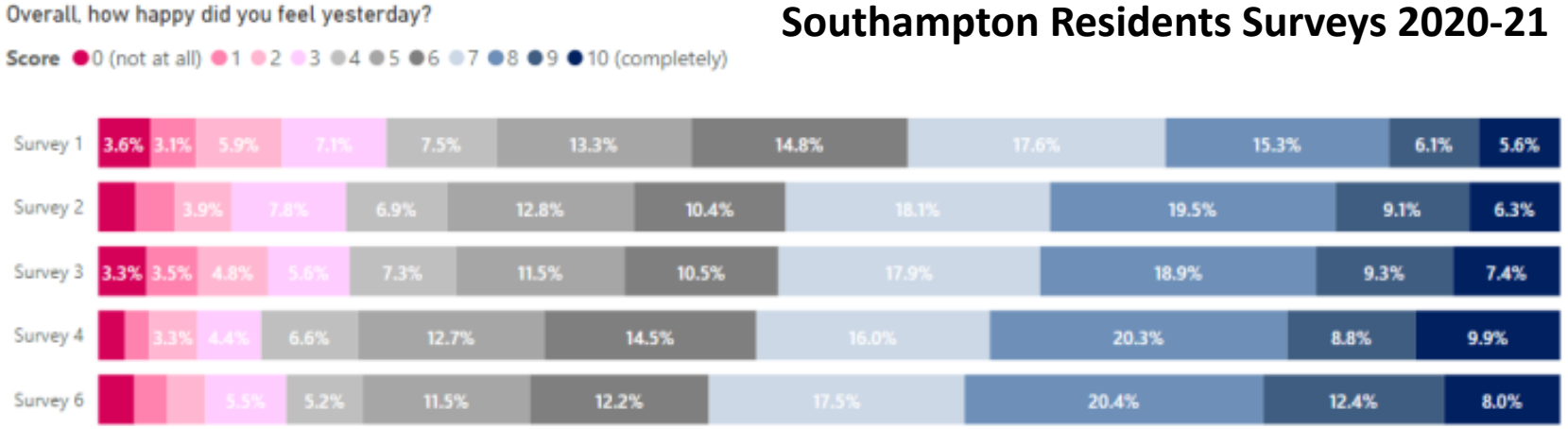
Southampton residents were already vulnerable to mental health difficulties before the pandemic. Existing mental health difficulties are likely to have been exacerbated due to isolation from family and friends, bereavement, anxiety about infection and effects on others/wider society, financial and employment 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.

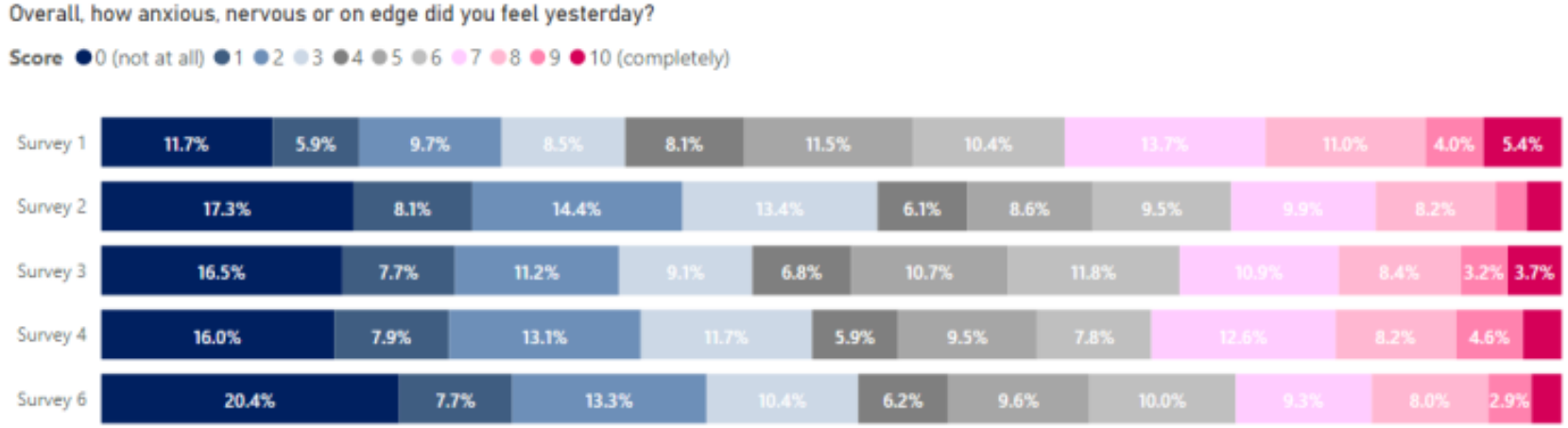
National data

A OHID 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.

Wellbeing across the pandemic

Southampton Residents Surveys 2020-21





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*

Impact on children and young people's mental health

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

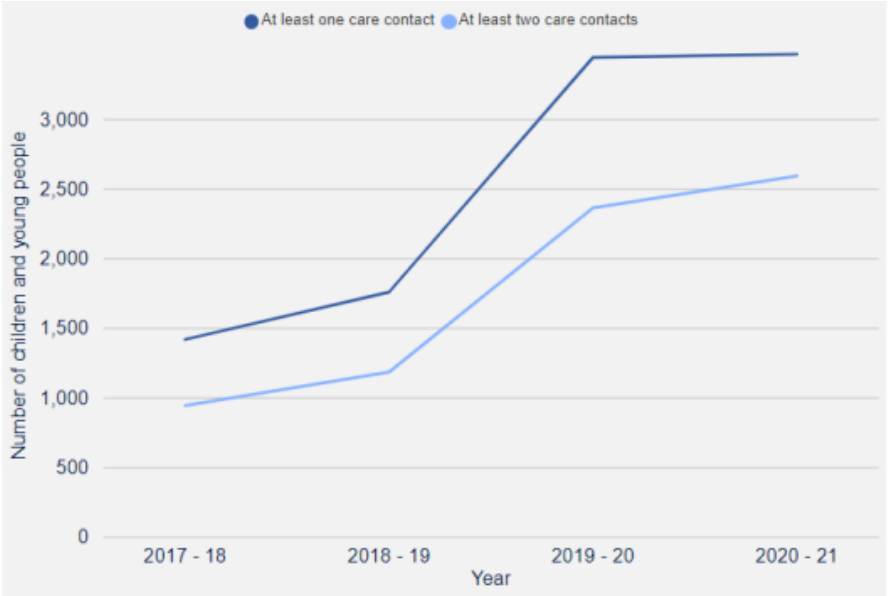
National NHS data for March 2021 showed that rates of probable mental health disorders increased since 2017 from 1 in nine children aged 6-16yrs (11.6%) to 1 in six (17.4%). In Southampton this is estimated to mean 7,350 (15.9%) of CYP aged 6-19 years have a probably mental health disorder, a 50% increase since 2017.

The pandemic disrupted mental health services and other support and increased known risk factors for mental health disorders in CYP, putting pressure on health services. The number of CYP accessing mental health services in England increased from 572,912 in March 2021 to 689,379 in May 2022.

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

National evidence shows the number of referrals and people in touch with mental health services are above pre-pandemic levels and children's mental health needs continue to grow.

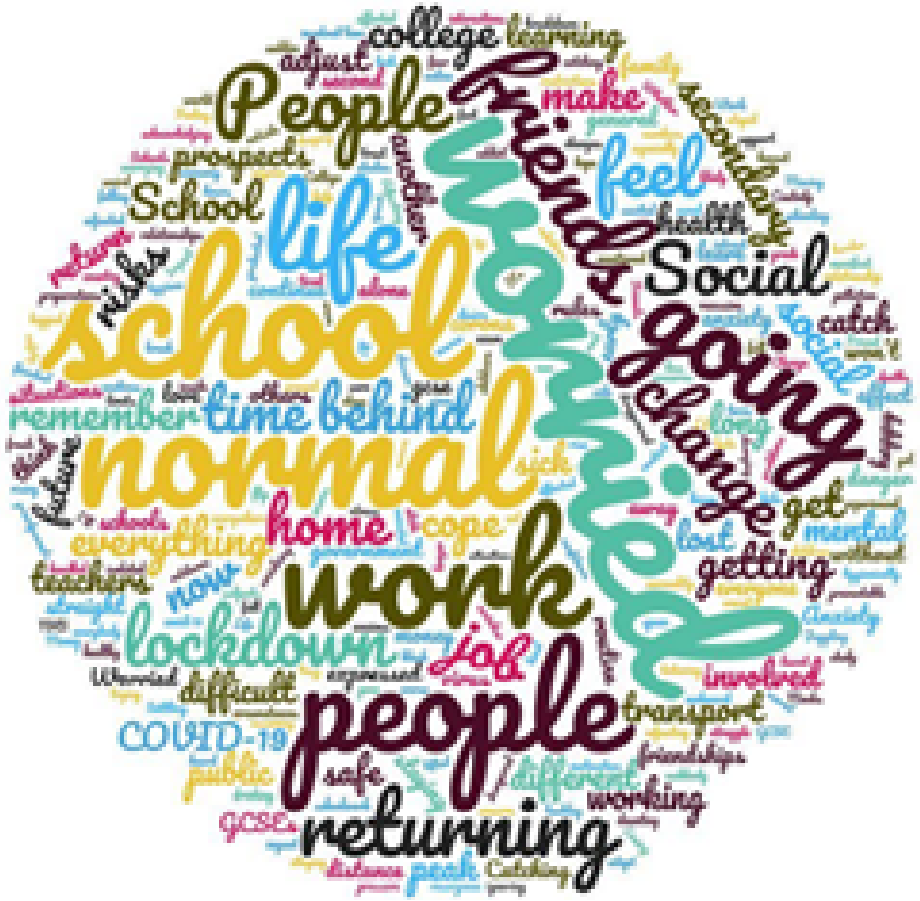
This chart shows a steep rise in the number of children and young people in Southampton receiving at least one or two care contacts for mental health



Impact on local CAMHS 2021-22 compared to 2020-21	
Referrals	2,776 received by Single Point of Access (71% increase)
New Eating Disorder cases	72% increase since 2020-21, and 243% increase since 2019-20
CYP accessing the CAMHS Community Crisis Care pathway	88% increase

Impact on children and young people's mental health

No Limits carried out a survey of 462 Southampton and Hampshire children and young people aged 8-25yrs between November 2020-January 2021 [New-Normal-Report-.pdf (nolimitshelp.org.uk)]

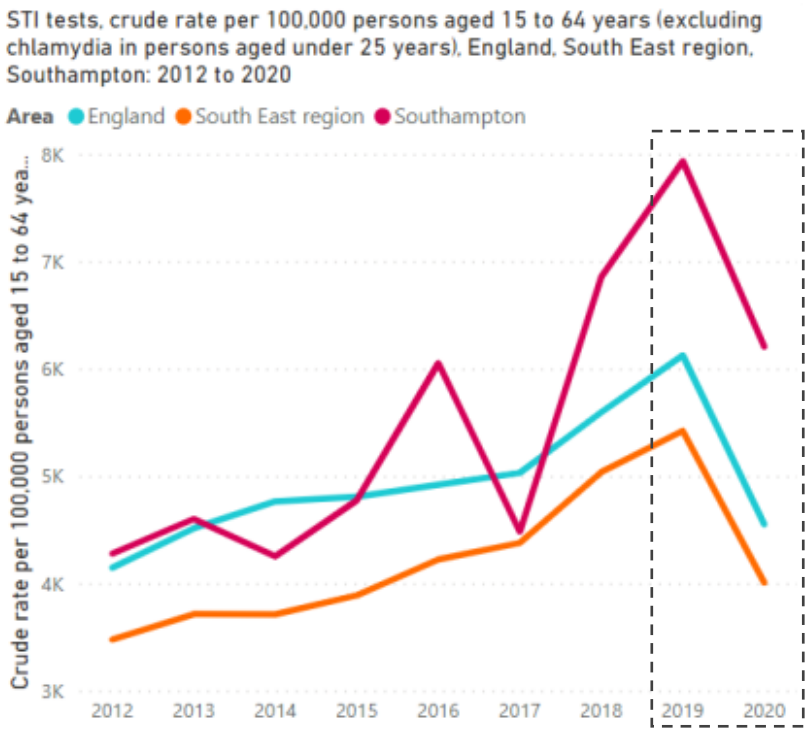


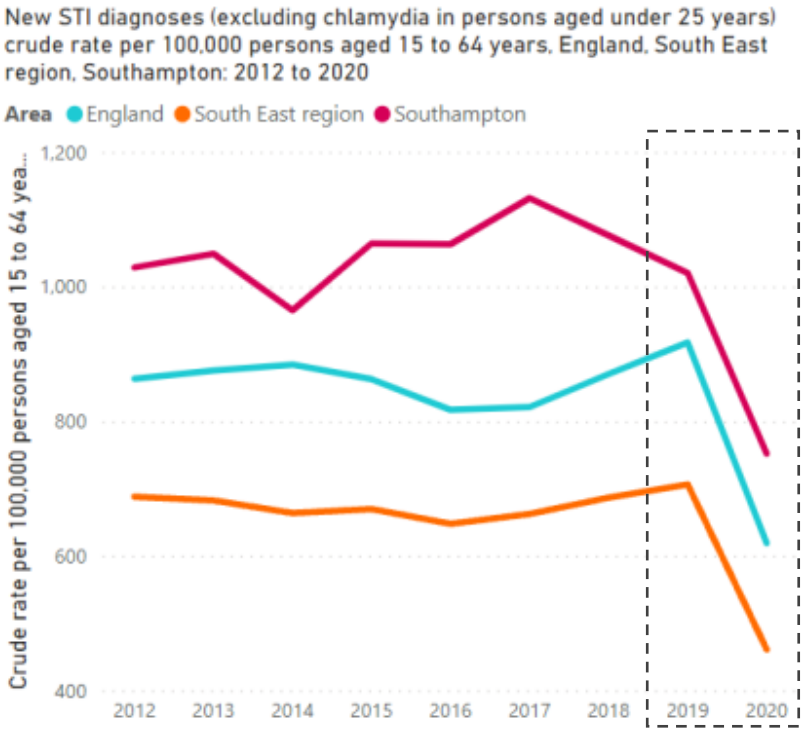
Word cloud showing the issues that worried children and young people about going back to the new normal – from No Limits survey

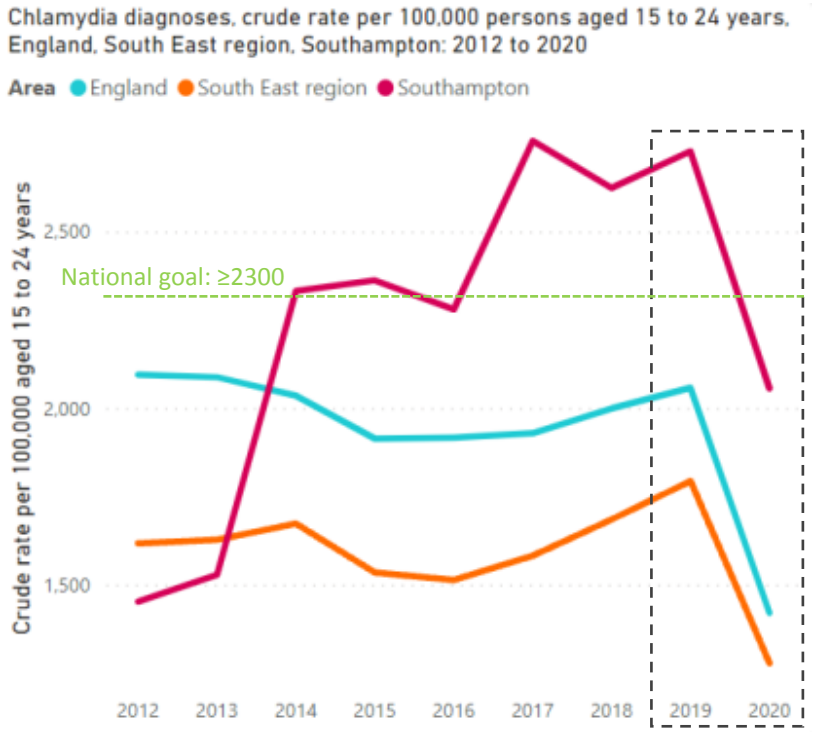
- 1 in 3 children and young people reported that their mental health got worse or continued to get worse when returning to school in the autumn.
- 82% of all young people aged 15+ are worrying about their long-term future.
- Almost two thirds of young people are worrying about: their mental health.
- 81% of young adults are worried about not having enough money to live on
- 36% of girls and young women feel they needed more support in returning to school, college or work compared with 24% of boys and young men.
- 10% of young people felt they had nowhere to go for support with their emotional or mental wellbeing

COVID-19 has affected the social and emotional development of children and young people, as well as their education. Children and young people in Southampton report negative impacts of the pandemic on their mental health. They are worried about their own mental health and about the future

Impact on Sexual Health







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)]

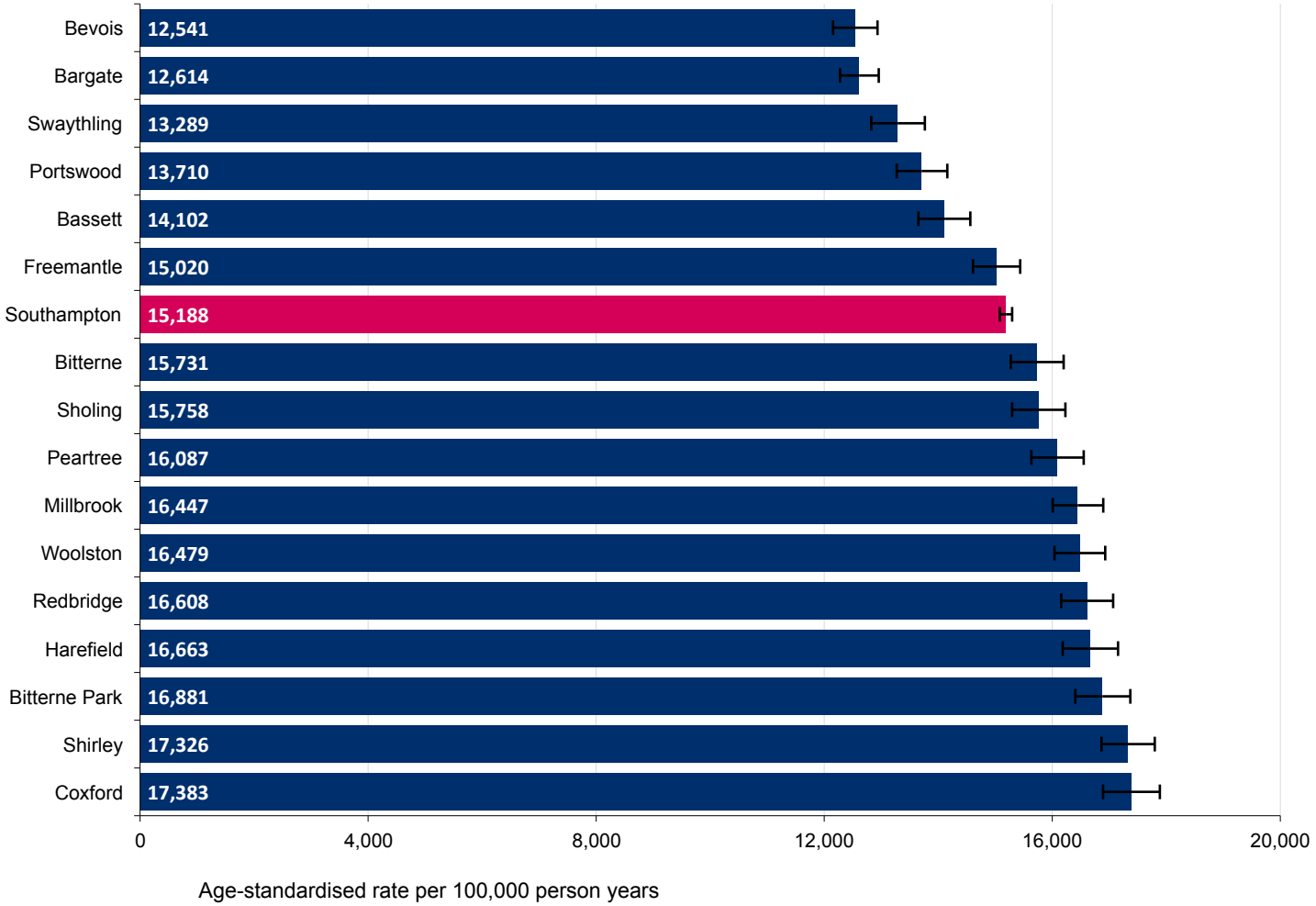
Although testing and diagnosis in sexual health reduced during the first lockdown, it is difficult to draw conclusions about the health impact and whether this was due to reduced sexual activity, lack of access or a combination of the two. The impact will become clearer over time and may reveal a widening 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 cases, rate per 100,000 person-years by Southampton ward: 20/01/2020 to 31/03/2022

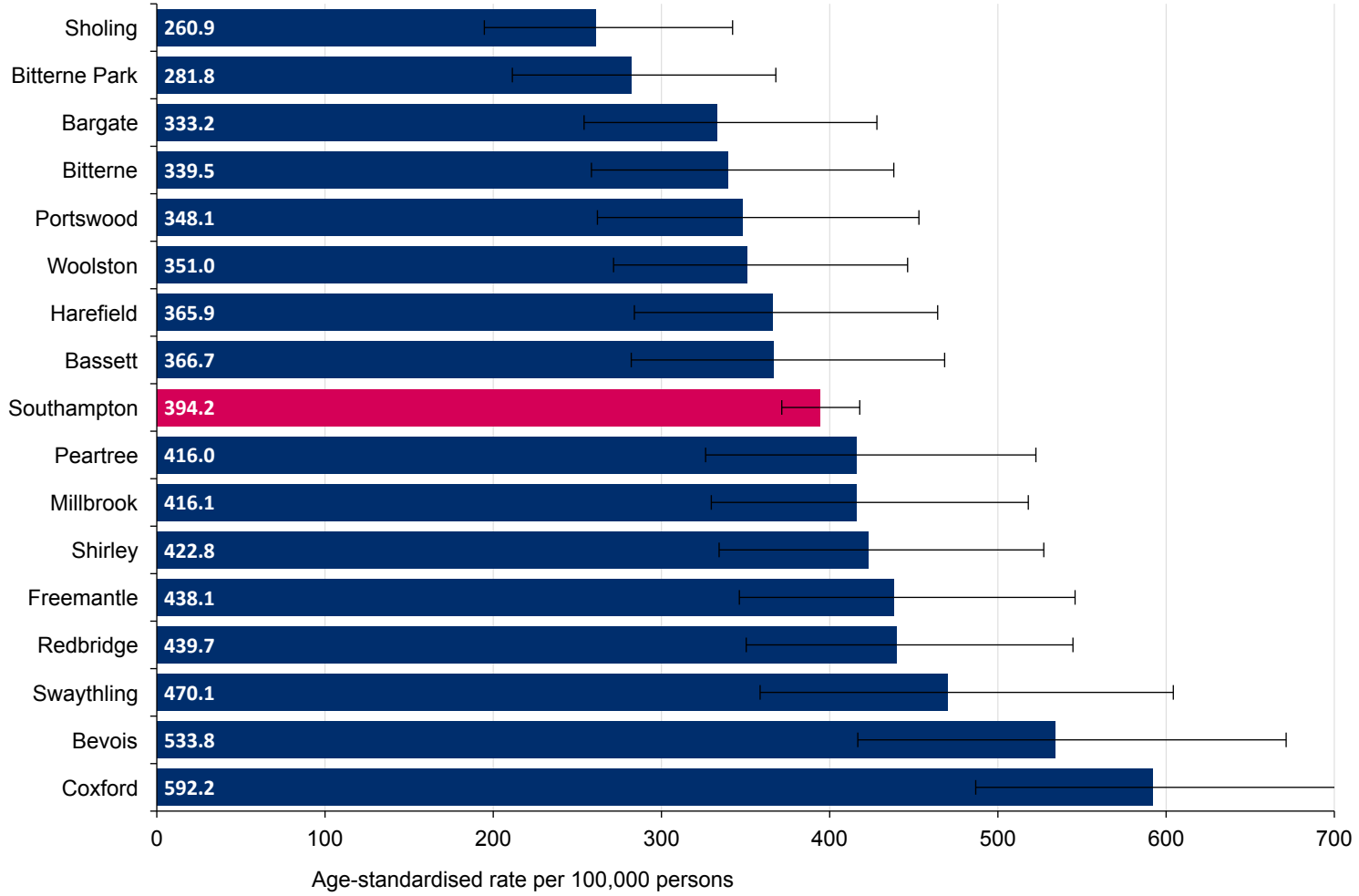


Source: UKHSA reported case data (first episode only) and HCC SAPF (2020 & 2021) with 95% Confidence Intervals (Dobson Bryars)

Infections (March 2020 to March 2022):
Bevois, Bargate, Swaythling, Portswood and Bassett showed significantly lower standardised infection rates than the city average (15,188 per 100,000 persons)
Coxford, Shirley, Bitterne Park, Harefield and Redbridge showed the five highest significantly higher infection rates than the city average (15,188 per 100,000 persons).

Impact by city ward

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

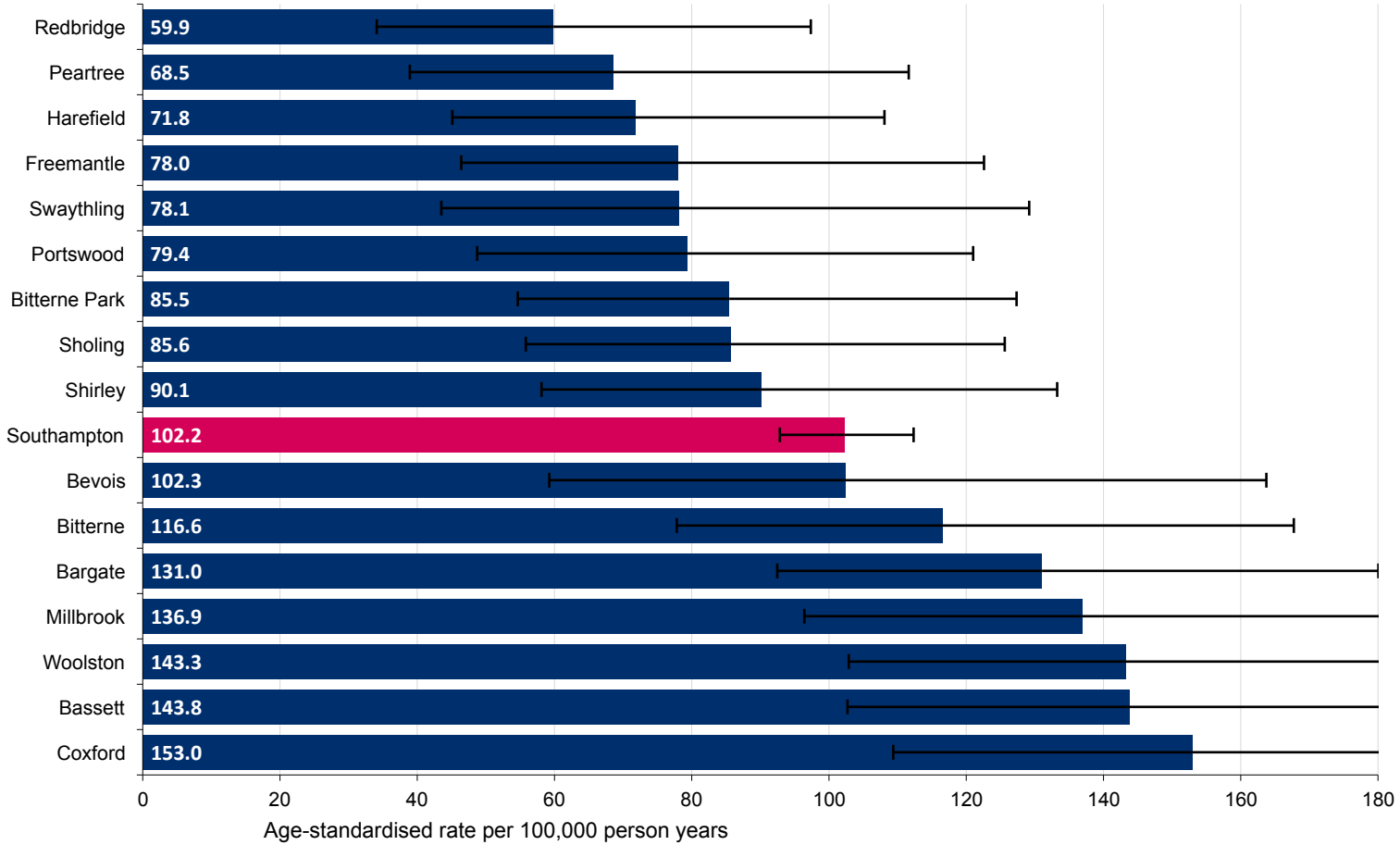


Hospital Admissions (January 2020 to May 2021):
Sholing and Bitterne Park showed significantly lower standardised hospital admission rates than the city average (394 per 100,000 persons)
Coxford showed a significantly higher standardised hospital admission rate than the city average (394 per 100,000 persons).

Source: SUS PbR Inpatients from South, Central & West CSU, extracted June 2021 & HCC SAPF (2020) with 95% Confidence Intervals (Dobson Bryars)

Impact by city ward

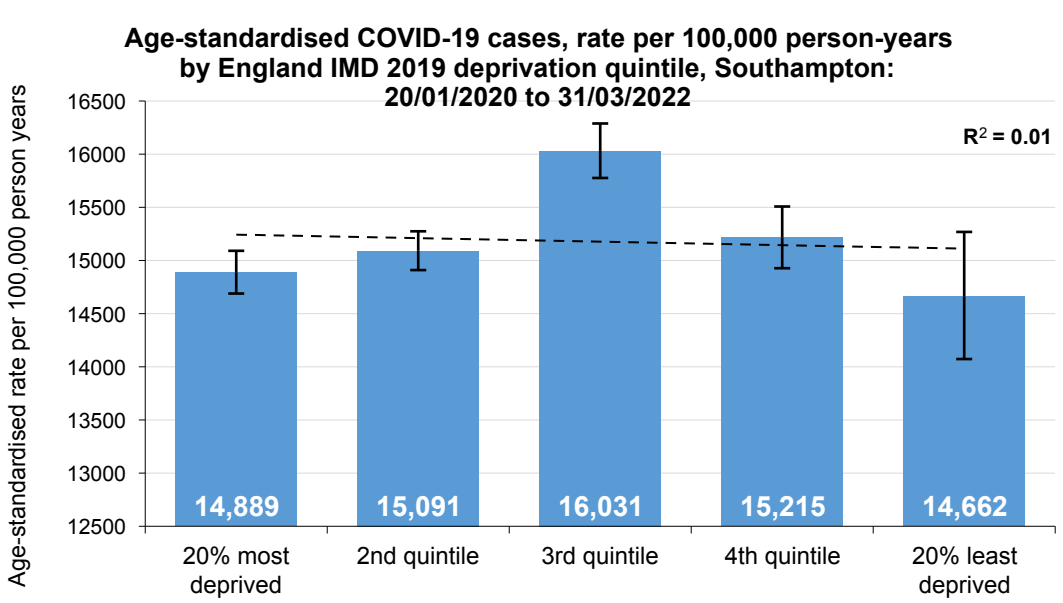
Age-standardised COVID-19 mortality, rate per 100,000 person-years by Southampton ward: 20/01/2020 to 31/03/2022



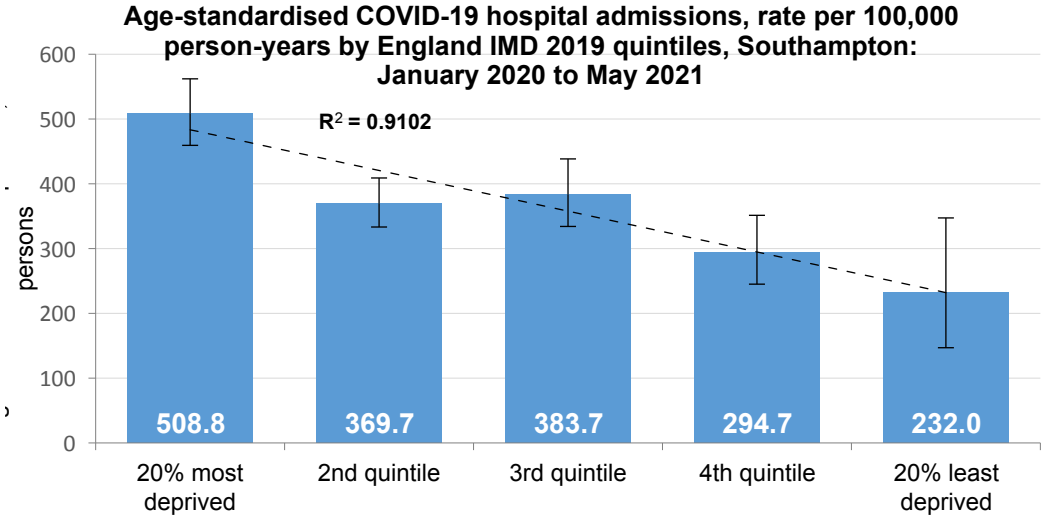
Mortalities (March 2020 to March 2022):
Coxford showed the highest standardised mortality rate (153 per 100,000 persons) a 50% increase on the city average (102 per 100,000 persons). Redbridge's rate was 41% lower than the city average.

Source: Primary Care Mortality Database and HCC SAPF (2020 & 2021) with 95% Confidence. Intervals. (Dobson Bryars)

Impact by deprivation

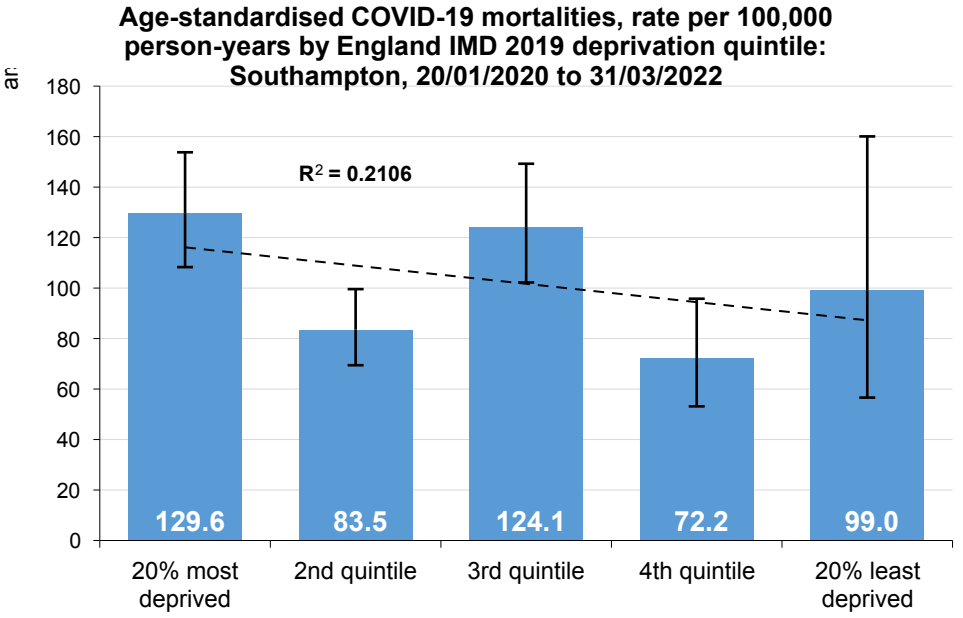


Source: UKHSA reported case data (first episode only) and HCC SAPF with 95% Confidence Intervals (Dobson Bryars)



Source: SUS PbR Inpatients from South, Central & West CSU, extracted June 2021 & HCC SAPF (2020) with 95% Confidence Intervals (Dobson Bryars)

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.



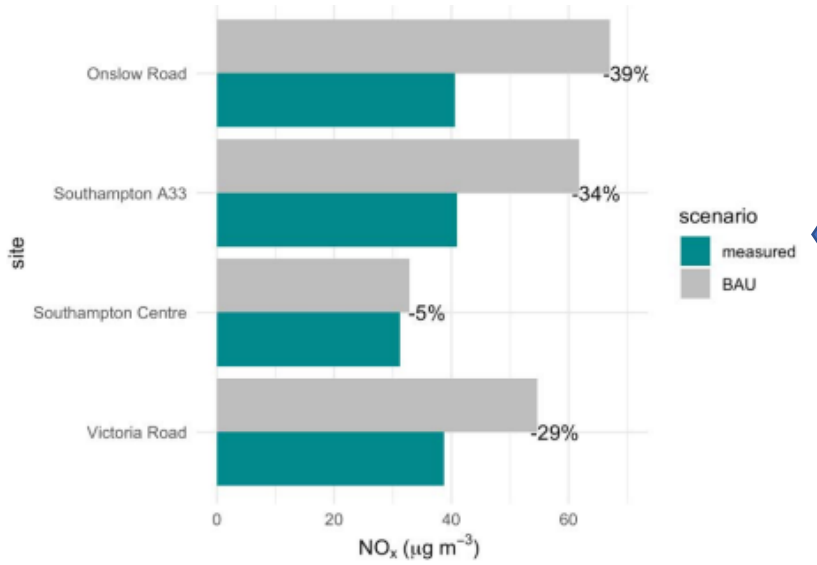
ce: Primary Care Mortality Database and HCC SAPF with 95% Confidence Intervals (Dobson Bryars)

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 environment: air quality

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

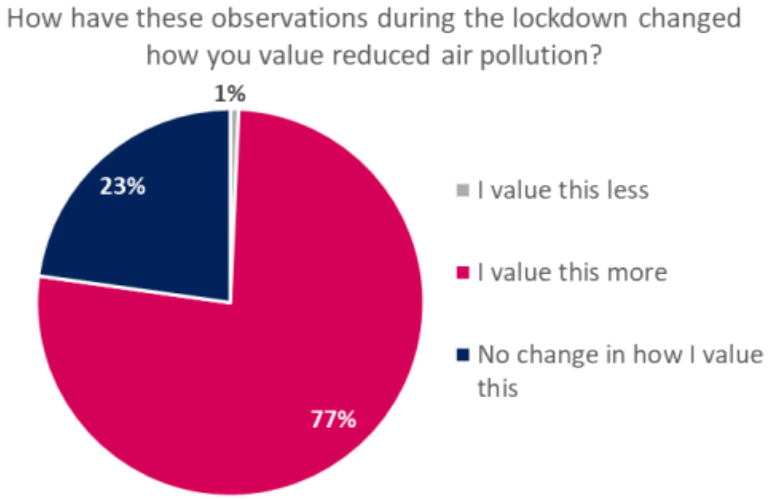
- Road traffic levels declined rapidly following the introduction of government restrictions and guidelines
- Nitrogen Oxide (NOx) levels were on average a third lower at roadside sites during lockdown compared to business as usual
- Nitrogen Dioxide (NO_2) levels were on average 12% lower at roadside 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 NOx levels during lockdown compared to business as usual (BAU)

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

77% of respondents reported valuing reduced air pollution more



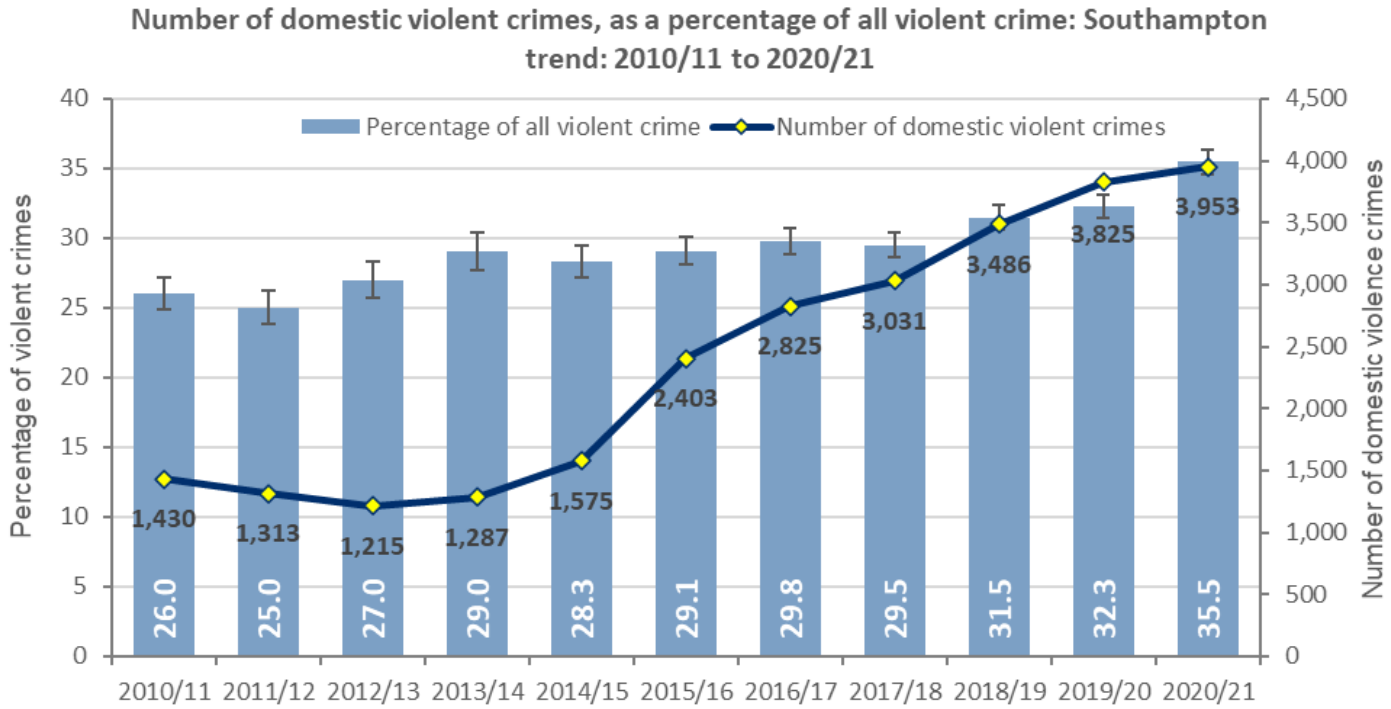
The first lockdown benefited air quality in Southampton with reduced traffic and roadside emissions and residents reported that they valued improved air quality more. Although lockdown volumes of traffic cannot be maintained, there is scope to substantially reduce emissions with reduced traffic levels.

Impact on 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.

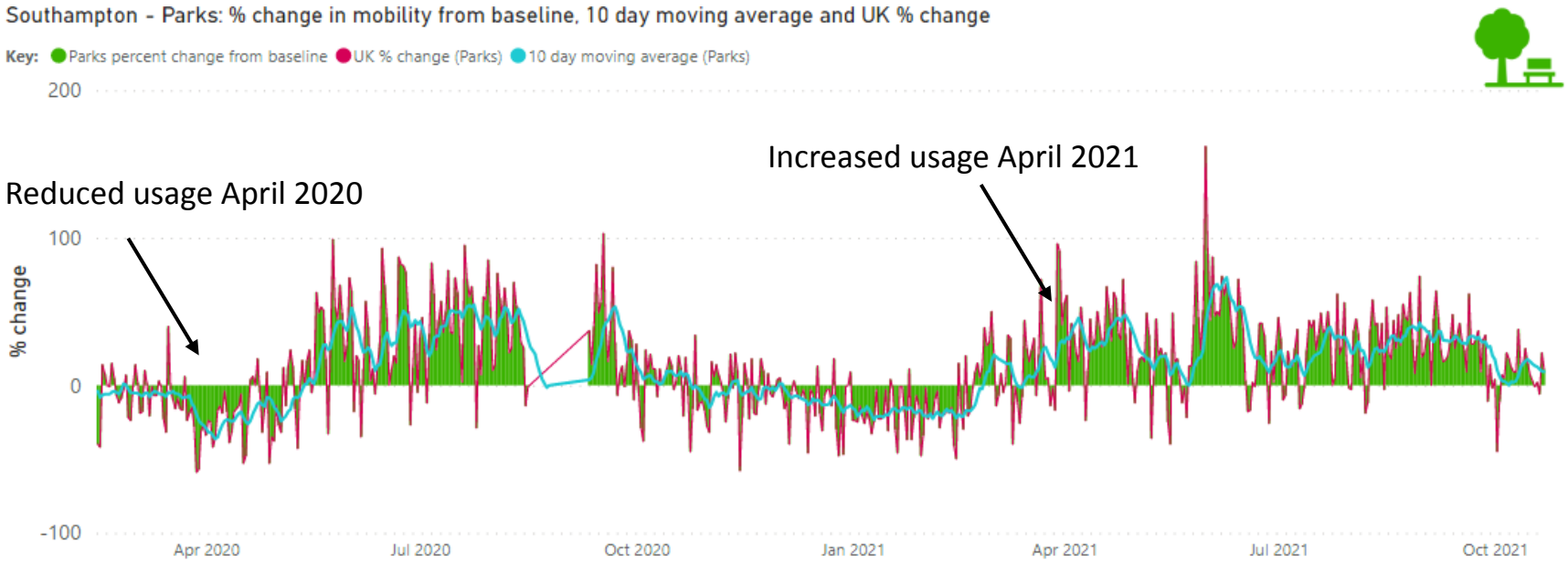


Source: Hampshire Constabulary

It is difficult to say whether the increase seen in domestic abuse-related crimes, such as domestic violent crimes over the last year reflects a true increase.
National evidence suggests that victims experience of domestic abuse intensified during lockdown periods. Increased reporting and recording may also be related to local work done on violence in the home. People at home during the day, hearing incidents and providing third party reporting and child on parent violence – children off school during periods of lockdown may also be a factor. Domestic abuse remains a significant issue in Southampton and has again been highlighted as a priority for the Safe City Partnership

Impact on environment: use of green spaces

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

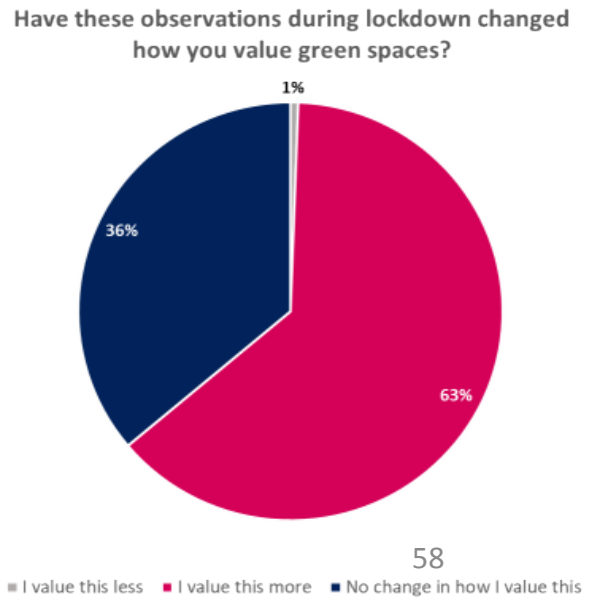


Use of green spaces was initially reduced during the first lockdown, but as government measures increasingly recognised the public health importance of physical activity and allowed more time to be spent outside the home, use of green spaces increased. Southampton residents subsequently placed more value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



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
- Adult social care has long-lasting pressures pre-dating COVID-19, including workforce pressures, nationally evidence shows in many cases this has been exacerbated by the pandemic and may lead to indirect health impacts.

Conclusions: looking to the future and recovery

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

Conclusions: Approach for future focus and recovery

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