

COVID-19: Scrutiny Report

Southwark's Joint Strategic Needs Assessment

Knowledge & Intelligence Team
Southwark Public Health Division

10 July 2020

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GATEWAY INFORMATION

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This report provides a local update on the latest COVID-19 trends in Southwark

INTRODUCTION

This report provides an overview of the COVID-19 pandemic at a local level and considers the impact on different population groups. The report is structured around three key sections:

- Overview of COVID-19
- Inequalities
- Health, social and economic impacts
- Summary

Please note that the evidence regarding COVID-19 continues to evolve rapidly. This document presents our best understanding at time of publication. Further information will be added as it becomes available.

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The number of daily confirmed cases of COVID-19 infections has fallen since early April

CASES

As at 30 June there have been 1,434 confirmed cases of COVID-19 in Southwark, with the pattern of infection broadly comparable to neighbouring Lambeth.

- Daily figures show a fall in the number of new diagnoses in Southwark from early April to late May, then a levelling off in our cumulative cases.

Figure 1: Confirmed cases (daily) in Southwark

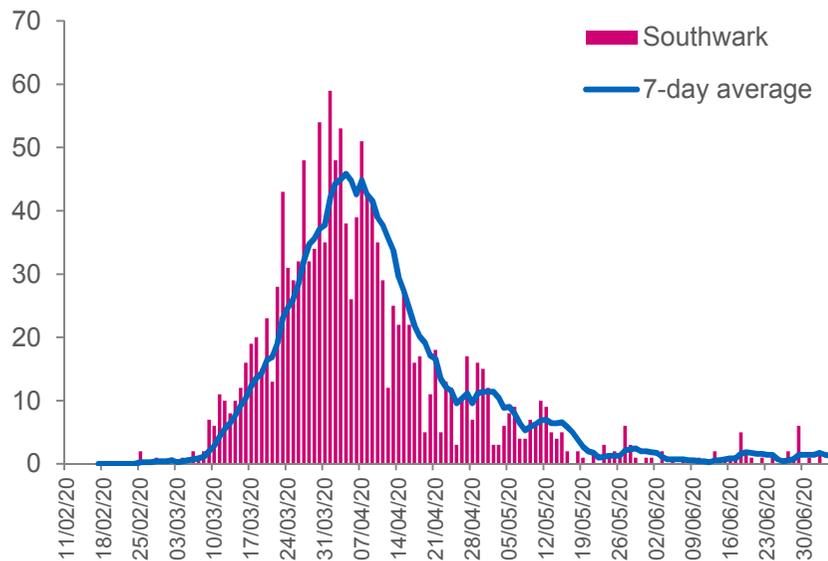
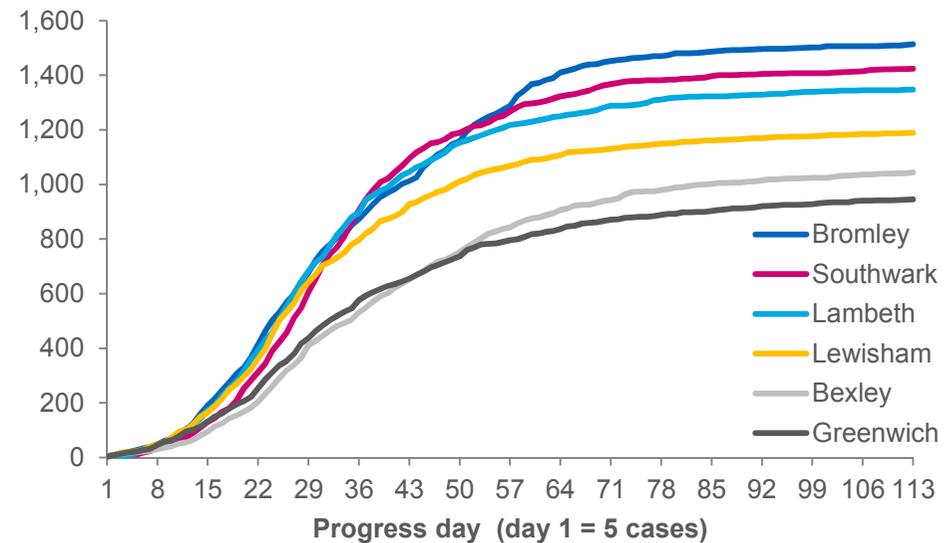


Figure 2: Confirmed cases (cumulative) across South East London



Reference

1. PHE (2020) Coronavirus (COVID-19) cases in the UK. Pillar 1 + Pillar 2 positive cases. <https://coronavirus.data.gov.uk>

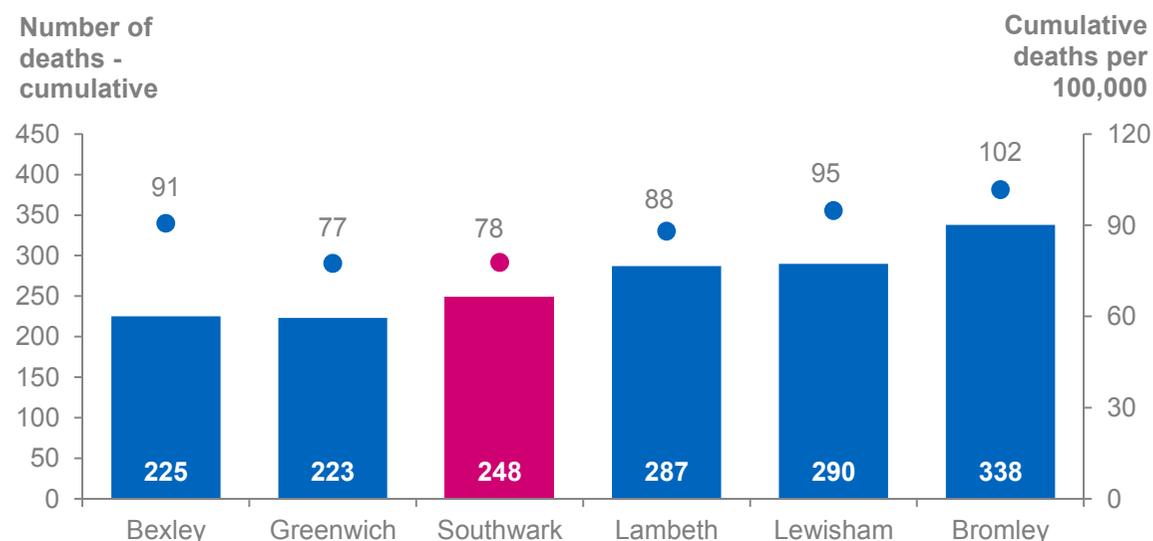
ONS data show there have been 248 COVID-19 related deaths among Southwark residents as at 26 June

MORTALITY

Although less up to date, figures from ONS give a more accurate picture of COVID-19 mortality than daily NHS reports as they include both hospital and non-hospital deaths, as well as medically suspected cases.

- The first COVID-19 deaths in Southwark were registered in late March, with 248 registered cases (78 per 100,000 residents) since then.
- Numbers of COVID-19 deaths in Southwark are broadly comparable to those in neighbouring Lambeth.

Figure 3: Cumulative COVID-19 related deaths across South East London



References

1. User Guide to Mortality Statistics. ONS, 2019.
2. Deaths registered weekly in England and Wales, provisional: week ending 26 June 2020. ONS, 2020.

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Almost two-thirds of COVID-19 deaths have occurred in hospital, and over one-quarter in care homes

MORTALITY

Weekly data from ONS also allow us to monitor all COVID-19 registered deaths among Southwark residents based on place of death.

- As at 26 June there had been 248 COVID-19 related deaths in Southwark, representing over 1 in 4 deaths since the beginning of the year.
- The majority of COVID-19 deaths among Southwark residents have occurred within hospital (67%), reflecting the national and regional pattern.

Table 1: Cumulative COVID-19 related deaths registered between 1 Jan 2020 to 26 June 2020

Area	Hospital	Care home	Home	Hospice	Elsewhere	Other communal establishment	Total
Southwark	165	59	20	2	2	0	248
South East London	1,237	234	100	30	7	3	1,611
England	29,822	14,118	2,123	666	178	204	47,111

Reference

1. ONS, 2020. Deaths registered weekly in England and Wales, provisional: week ending 26 June 2020.

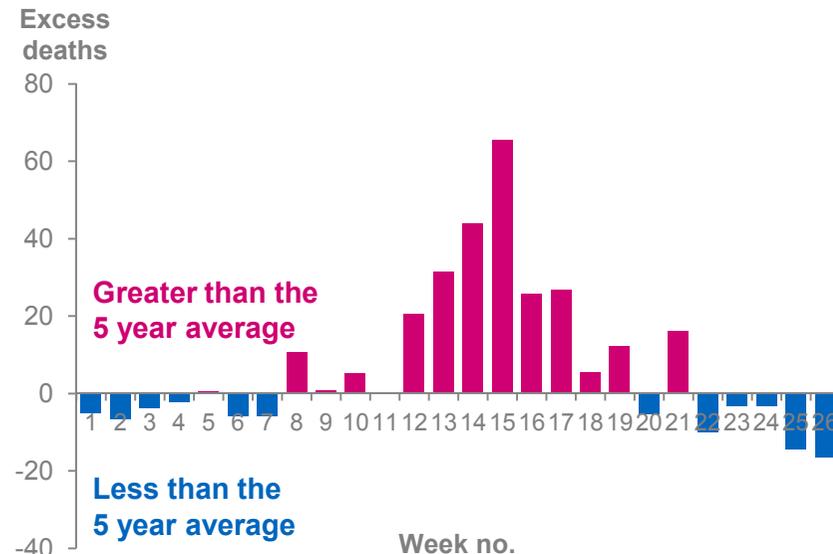
Between the start of 2020 and 26 June, there have been 183 more deaths in Southwark than we would normally expect

MORTALITY

Excess deaths measure the additional deaths within the population compared to what we would normally expect. It is generally considered the best indication of the pandemic impact on mortality.

- The number of deaths among Southwark residents exceeded what we would normally expect between weeks 12 and 19 (14 March to 8 May) (see Figure 6).
- This was mainly associated with the increase in COVID-19 related deaths over the same period, as shown in Figure 7.

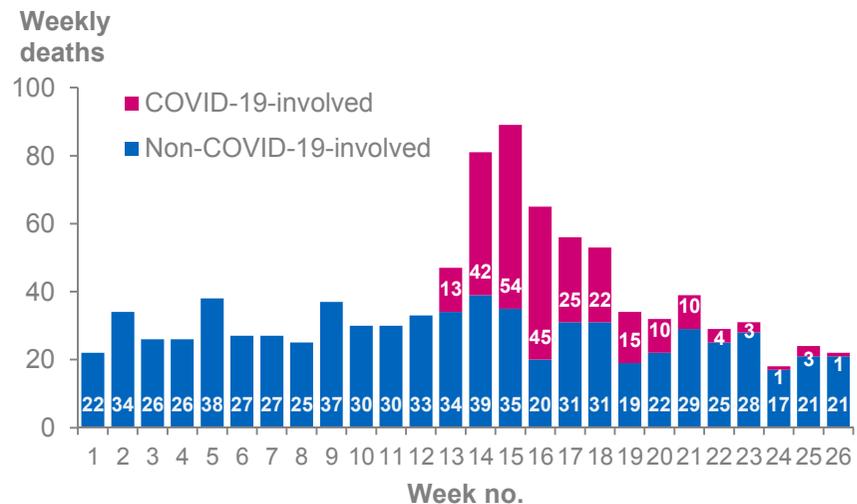
Figure 4: Weekly excess deaths in Southwark



Reference

1. ONS, 2020. Deaths registered weekly in England and Wales, provisional: week ending 26 June 2020.

Figure 5: Weekly registered deaths in Southwark



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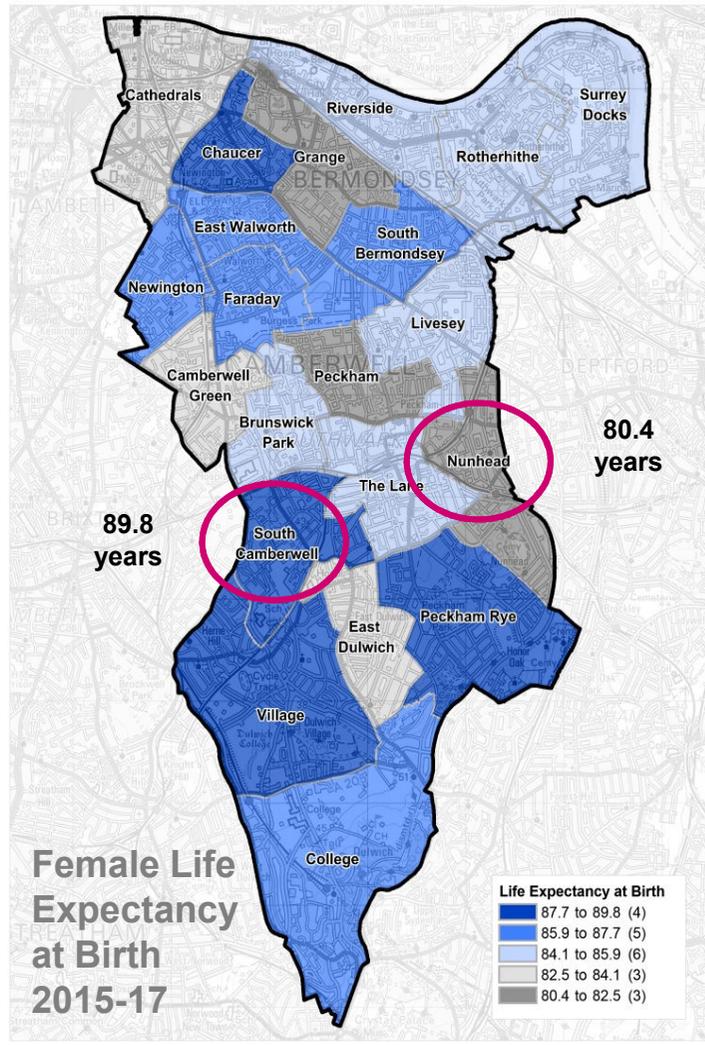
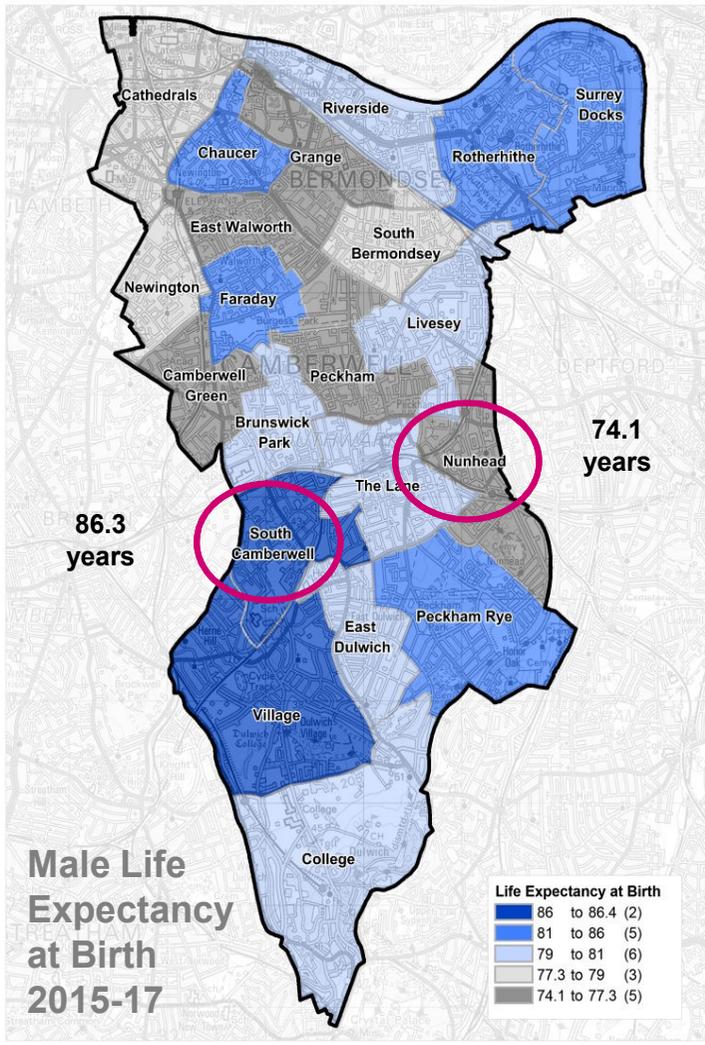
Section 2: Inequalities

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Prior to COVID-19 there were health, social and economic inequalities within the borough

INEQUALITIES PRIOR TO COVID-19



Reference

1. © OS Crown copyright & database rights 2018. Ordnance Survey (0)100019252.

Analysis from PHE and ONS highlight a number of groups that are most affected by COVID-19

WHO IS MOST AFFECTED?

Age & sex

Age is the largest driver of disparity, with the majority of those dying from COVID-19 being aged over 65 years, with almost half aged over 85.

Mortality among working age men is more than twice that of their female counterparts.

Ethnicity

Significantly higher mortality rates have been found among certain ethnic groups, most notably those of black and Asian ethnic backgrounds.

Health

The majority of those dying from COVID-19 have had multiple underlying health conditions, including diabetes, hypertension, COPD and dementia.

Several studies, also report an increased risk of adverse outcomes in obese or morbidly obese people.

Deprivation

People who live in deprived areas have higher diagnosis rates and death rates than those living in less deprived areas. The mortality rates from COVID-19 in the most deprived areas are more than double the least deprived areas.

Geography

Local authorities with the highest diagnoses and death rates are mostly urban. Death rates in London from COVID-19 are more than three times higher than in the South West of England.

Occupation

Those in public facing roles such as care workers, security guards, and transport workers have higher COVID-19 mortality.

For many occupations, however, the number of deaths is too small to draw meaningful conclusions.

Care homes

PHE analysis indicates there were 2.3 times the number of deaths in care homes than expected between 20 March and 7 May when compared to previous years.

Other groups

When compared to previous years, there has been a larger increase in deaths among people born outside the UK.

Higher diagnosis and mortality rates are also expected among rough sleepers and those with no fixed abode.

References

1. ONS, 2020. Coronavirus (COVID-19) Round-up – 13 May 2020.
2. PHE, 2020. Disparities in the risk and outcomes of COVID-19.

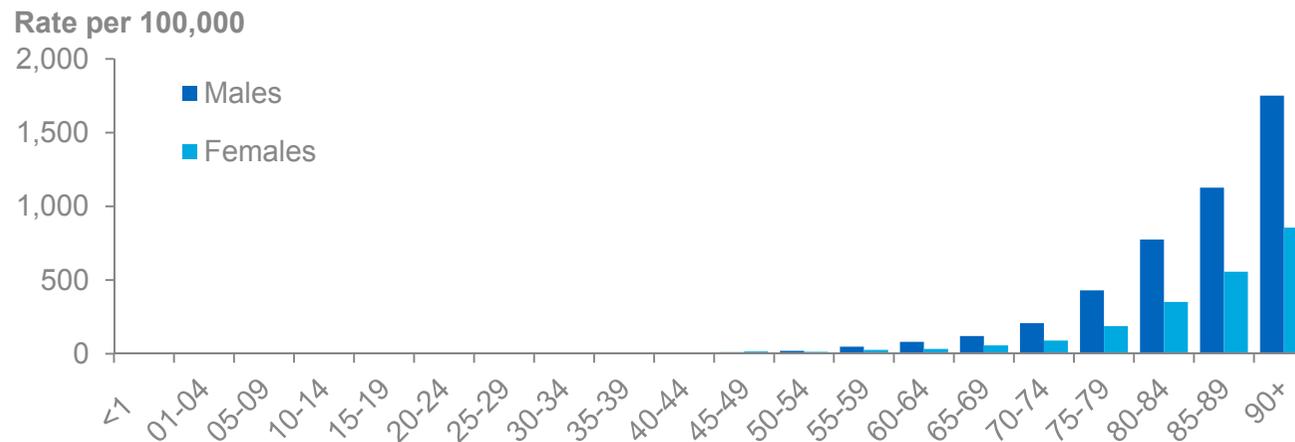
People who were 80 or older are seventy times more likely to die from COVID-19 than those under 40

AGE & SEX

Older age and being male are both associated with significantly higher levels of COVID-19 mortality.

- Over two-thirds of all COVID-19 related deaths have been in those aged 80+. Survival analysis for those with confirmed COVID-19 indicates those aged 80 and over are seventy times more likely to die than those aged under 40.
- Mortality rates among working age men are more than double their female counterparts. It is not clear what is driving the difference between sexes, whether this is related to exposure, access to care or underlying biological differences.

Figure 6: Age-standardised mortality rate for COVID-19 in England (March 2020)



References

- English deaths in March and April. ONS, 2020. Deaths involving COVID-19, England and Wales: deaths occurring in April 2020.
- PHE, 2020. Disparities in the risk and outcomes of COVID-19.

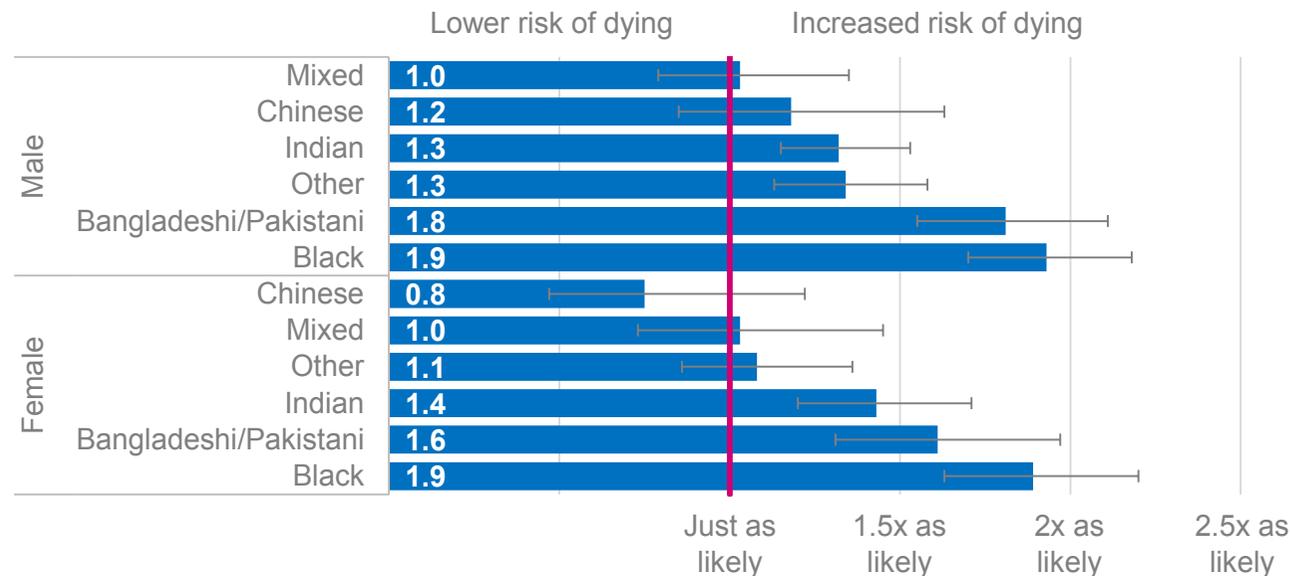
When comparing COVID-19 related death by ethnicity, risk is highest among Black ethnic groups

ETHNICITY

The Office for National Statistics has undertaken analysis of COVID-19 deaths across England & Wales by broad ethnic group.

- Their results show differences in risk between ethnic groups that are not currently explained by age, deprivation, housing composition, education, region, rural / urban setting, or health status at the time of the 2011 Census.
- When taking account of these factors, the risk of COVID-19 related death among Black ethnic groups is almost twice than among those of white ethnicity.

Figure 7: Risk of COVID-19 related death by ethnic group, compared to white population



Reference

1. ONS, 2020. Coronavirus (COVID-19) related deaths by ethnic group, England and Wales: 2 March 2020 to 10 April 2020

Community engagement has identified key factors influencing COVID-19 impact on BAME communities

ETHNICITY

Public Health England conducted extensive community engagement as part of their national review into the impacts of COVID-19 on black, Asian and minority ethnic groups. The engagement identified a number of themes, including:

Long-standing health inequalities

COVID-19 has exacerbated long-standing inequalities affecting BAME groups, including poorer socio-economic circumstances. Associated poor health outcomes (e.g. asthma, obesity, diabetes, cardiovascular disease and mental health problems) raise the risk of severe COVID-19 illness.

COVID-19 exposure

BAME people are more likely to work in occupations which increase their chances of COVID-19 exposure, via (i) greater general social contact, and (ii) greater contact with people likely to be COVID-19-positive.

Healthcare and disease prevention

Existing health promotion and clinical healthcare programmes are not accessible and effective enough to reduce chronic disease levels. Chronic physical and mental health problems raise the risk of severe COVID-19 illness and death.

Racism, stigma and fear

Stress due to chronic racism depletes physical and mental health. Previously experienced stigma and discrimination, plus fear and lack of information, reduce health-seeking and delay COVID-19 diagnosis and treatment. Workplace bullying erodes self-advocacy and compounds occupational risks.

Reference

1. Public Health England, 2020. Beyond the data: Understanding the impact of COVID-19 on BAME groups.

Underlying health conditions have been observed in 90% of all COVID-19 related deaths

HEALTH

Those with underlying health conditions are at higher risk of poor COVID-19 outcomes than those without.

- Underlying health conditions have been observed in 90% of all COVID-19 related deaths, with the average case having more than two pre-existing conditions.
- COVID-19 deaths are more likely to include reference to conditions such as cardiovascular diseases, diabetes and chronic respiratory conditions (COPD).

Condition	% all deaths where condition is mentioned	% of COVID19 deaths where condition is mentioned
Cardiovascular disease	44.1%	44.5%
Diabetes	14.6%	21.1%
Hypertension	14.5%	19.6%
COPD	10.6%	11.5%
Chronic kidney disease	8.5%	10.8%
Dementia	23.8%	25.7%

Several studies also suggest an increased risk of adverse outcomes in obese and morbidly obese people.

References

- English deaths in March and April. ONS, 2020. Deaths involving COVID-19, England and Wales: deaths occurring in April 2020.
- PHE, 2020. Disparities in the risk and outcomes of COVID-19.

People in more deprived and urban areas are more likely to be diagnosed with COVID-19 and have poor outcomes

DEPRIVATION & GEOGRAPHY

A number of studies have shown an association between area-based deprivation and both COVID-19 incidence and mortality.

- Trends in diagnosed cases of COVID-19 show that cases in the least deprived quintile peaked earlier and at a lower level than those in other groups.
- Between 1 March and 17 April 2020 the most deprived areas in England had more than double the mortality rate from COVID-19 than the least deprived areas.
- PHE analysis suggests that inequalities in COVID-19 deaths are greater than those in all-cause mortality.

As at 26 June 2020, London had the highest number of COVID-19 related deaths, with North East England having the lowest.

- Diagnosis rates by local authority are highly clustered; as at 7 July the highest levels were in the North, the Midlands and London. Between March and May, age-standardised death rates were highest in London, the North and the West Midlands.
- Deaths in London as at 26 June were over one-quarter higher than expected.
- At the local authority level a range of underlying factors influence mortality rates, including population density, deprivation and ethnicity.

References

1. PHE, 2020. Disparities in the risk and outcomes of COVID-19.
2. ONS, 2020. Deaths registered weekly in England and Wales, provisional: week ending 26 June 2020.
3. PHE, 2020. Coronavirus (COVID-19) in the UK.
4. ONS, 2020. Deaths involving COVID-19 by local area and socio-economic deprivation: deaths occurring between 1 March and 31 May.
5. ONS, 2020. Five year average weekly deaths by local authority and place of occurrence, England and Wales, deaths registered 2015 to 2019

Those working in a number of public facing roles have been found to have higher levels of COVID-19 mortality

OCCUPATION

There is increasing evidence that a range of public facing occupations may have higher death rates relating to COVID-19.

- ONS identified roles such as transport workers, security guards and some care worker roles as having significantly higher levels of mortality from COVID-19.
- PHE have expanded this analysis and identified nursing auxiliaries and assistants as also having higher mortality levels.

Occupation	All Cause Deaths 2014-2018 average	All Cause Deaths 2020	Relative Increase
Nursing auxiliaries & assistants	52	128	2.5
Security guards & related roles	80	209	2.6
Taxi drivers & chauffeurs	87	217	2.5
All people 20-64	9,440	14,409	1.5

- It is worth noting that analysis by occupational group is complex and should be interpreted with caution.
- Staff within broad occupational groups may have differing levels of exposure due to the nature of their specific roles, particularly during a pandemic.

References

1. ONS, 2020. Coronavirus (COVID-19) related deaths by occupation, England and Wales: deaths registered up to and including 20 April 2020.
2. PHE, 2020. Disparities in the risk and outcomes of COVID-19.

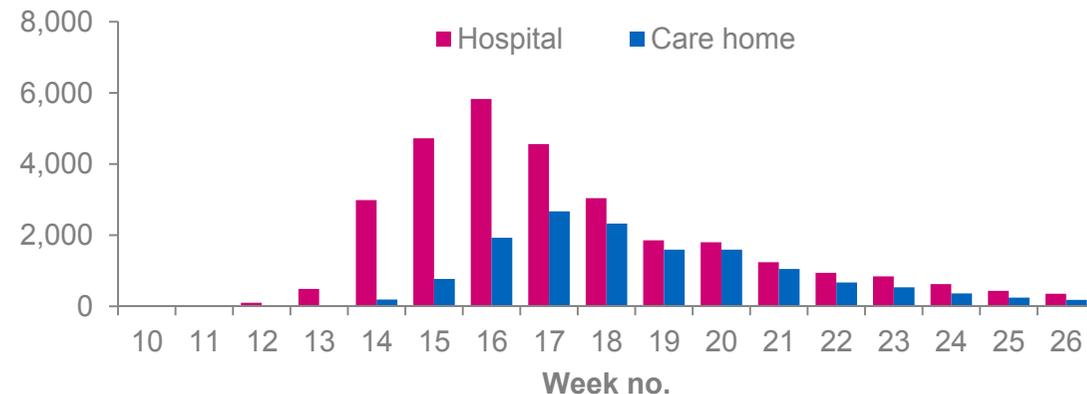
Nationally, deaths within care homes between 20 March and 7 May were 2.3 times what we would normally expect

CARE HOMES

Data from ONS shows there have been 14,118 COVID-19 related deaths within English care homes as at 26 June 2020.

- By early May over 1 in 4 COVID-19 related deaths had occurred within care homes. This excludes care home residents who may have died whilst elsewhere.
- PHE analysis indicates that nationally there were 20,457 excess deaths in care homes between 20 March and 7 May 2020, and 16,016 in hospitals.

Figure 8: Weekly COVID-19 deaths in England by place of occurrence



- Almost half of excess deaths occurring in English care homes up to early May were reported as not related to COVID-19, suggesting there had been an increase in other causes of death, or an under-reporting of COVID-19.

References

1. PHE, 2020. Disparities in the risk and outcomes of COVID-19.
2. ONS, 2020. Deaths registered in England and Wales, provisional: week ending 26 June 2020.

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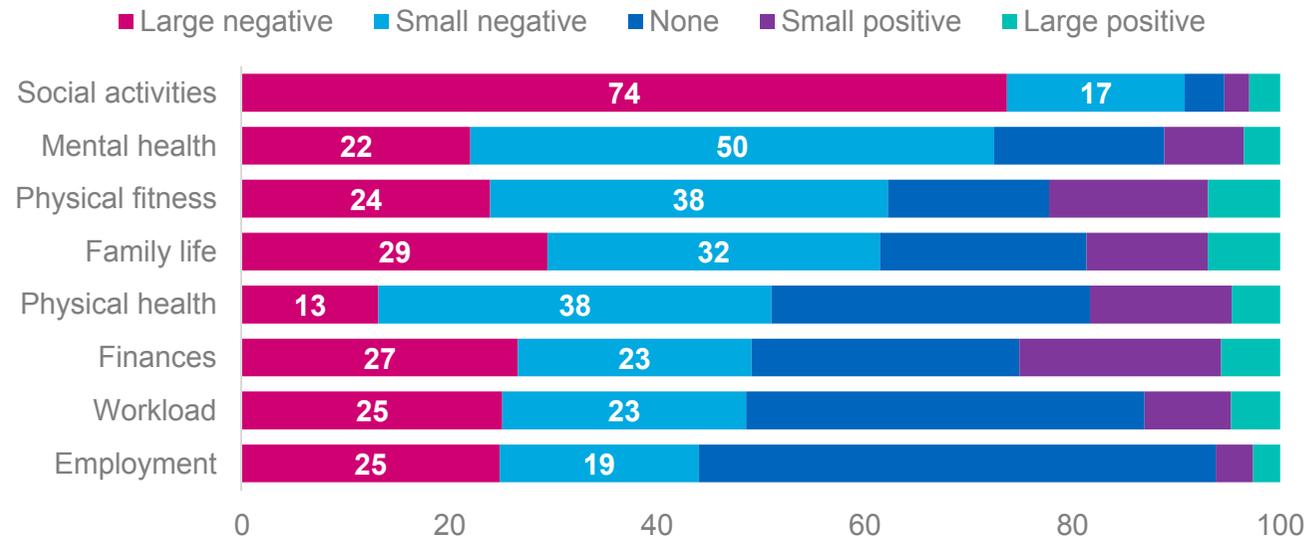
A survey of local residents has highlighted the negative impacts of COVID-19 and lockdown on our communities

HEALTH, SOCIAL & ECONOMIC IMPACTS

Southwark undertook a short survey of local residents to understand the impact of COVID-19 on residents. A total of 1,383 responses were received.

- The largest negative effect of the COVID-19 outbreak and lockdown was on the social activities of respondents (91%), followed by their mental health (72%) and physical fitness (62%).
- By comparison, the smallest negative effect was for respondents employment (44% negative), workload and finances (48% and 50% negative)

Figure 9: The positive and negative effect of COVID-19 and lockdown on respondents.



References

1. COVID-19 Impact Survey 2020. Southwark Council.

COVID-19 will have significant medium and long term health, social and economic impact on our communities.

HEALTH, SOCIAL & ECONOMIC IMPACTS

COVID-19 will have significant medium and long term health, social and economic impact on our communities. These impacts are often inter-related and affect a number of population groups disproportionately.

Examples of COVID-19 impacts on our population and services

Health Impacts	Social Impacts	Economic Impacts
<ul style="list-style-type: none">▪ Chronic and long-term health conditions▪ Acute healthcare▪ Immunisation & Screening▪ Children and young people▪ Sexual health	<ul style="list-style-type: none">▪ Mental health, wellbeing, isolation▪ Safeguarding▪ Behaviours – smoking, alcohol, drugs▪ Healthy behaviours – exercise, healthy eating▪ Outdoor spaces, transport	<ul style="list-style-type: none">▪ Housing, homelessness▪ Food security▪ Job losses▪ Educational impacts

The knock-on effects of COVID-19 will have long-term impacts on population health

Health Impacts		
Area of Focus	Impacts	Vulnerable Groups
Chronic health conditions	<ul style="list-style-type: none"> Economic impacts may lead to an increase in prevalence of chronic conditions. Those with underlying chronic health conditions e.g. cardiovascular disease, cancer, hypertension, respiratory conditions and diabetes, are at a higher risk of complications from COVID-19 and increased risk of death. Across England there was a 30% reduction in GP appointments in March compared to last year. However this may be somewhat offset by telephone and online appointments. 	<ul style="list-style-type: none"> Elderly and shielded
Acute healthcare	<ul style="list-style-type: none"> There have been reports of reduction in number of people attending emergency care, which may impact many aspects of healthcare delivery. Across England use of A&E in April was almost 60% below levels seen last year. 	<ul style="list-style-type: none"> Elderly and shielded CYP
Immunisation & Screening	<ul style="list-style-type: none"> Cancer screening has been paused so there will be a drop in early stage cancer detection and a possible increase in number of cancer deaths. School immunisations have paused. Childhood and essential immunisations in pregnancy (e.g. pertussis) are continuing although anecdotal evidence suggests these may have dropped locally. A drop in coverage could lead to increased vaccine preventable diseases. 	<ul style="list-style-type: none"> Children Adults Elderly

References

1. Janke et al, The impact of COVID-19 on chronic health in the UK, 2020
2. Institute of Fiscal Studies, the wider impact of the coronavirus pandemic on the NHS, 2020

COVID-19 will exacerbate social isolation, loneliness, mental illness and may increase harmful behaviours

Social Impacts		
Area of Focus	Impacts	Vulnerable Groups
Mental health	<ul style="list-style-type: none"> Pre-COVID19 approximately 1,500 CYP and 23,000 adults in Southwark were thought to have depression or anxiety. Stress will likely lead to increase in anxiety and depression, and risks of PTSD in health and care workers. In extreme cases, this could cause an increase in death by suicide. Social distancing will increase loneliness, particularly for those who are shielding and vulnerable – almost 7,700 shielding residents in Southwark. 	<ul style="list-style-type: none"> Elderly Families with young children NRPF
Safeguarding	<ul style="list-style-type: none"> Social distancing increases the risk of domestic abuse and safeguarding difficulties, with long-term negative psychological impacts on families and individuals, and increased risk of harm. Lockdown is also likely to have made reporting abuse more difficult due to a reduction in privacy and alone time. Some victims may be unwilling or unable to disclose abuse during virtual consultations. 	<ul style="list-style-type: none"> Families in need Domestic abuse
Behaviours & risk factors	<ul style="list-style-type: none"> Residents may be less physically active and / or have difficulty accessing healthy food. This is likely to widen inequalities. Alcohol sales in the UK have increased since lockdown. Immediate impacts include risk-taking behaviours, mental health issues and violence, and long-term impacts include risk of liver disease and cancer. 	<ul style="list-style-type: none"> Young adults

References

- IPPR, Care fit for carers: Ensuring the safety and welfare of NHS and care workers during and after Covid-19, 2020 Slide 23
- WHO, Alcohol and COVID-19, 2020

An economic downturn resulting from COVID-19 will have long-term impacts on health and wellbeing

Economic Impacts		
Area of Focus	Impacts	Vulnerable Groups
Housing	<ul style="list-style-type: none"> Those living in overcrowded or multi-generational homes may be at higher risk of contracting and falling ill from COVID-19. There are over 5,000 HMOs in the borough. Increased time spent at home could exacerbate the health impacts of poor housing conditions. Increased risk of people becoming homeless or falling into debt due to an inability to pay rent. 	<ul style="list-style-type: none"> Homeless NRPF Low-income
Food security	<ul style="list-style-type: none"> Food insecurity will likely increase due to the economic impacts. Food banks in the borough have reported an increased in demand from families and a decrease in supply coming in from shops. People who are shielding or extremely vulnerable may have issues accessing food. People experiencing food insecurity are likely to have poor diets and stress which can adversely affect wellbeing and long-term health. 	<ul style="list-style-type: none"> Elderly and shielded NRPF
Economic instability	<ul style="list-style-type: none"> 25% of businesses have temporarily closed, with a rise of almost 500% in Universal Credit claimants. As at the end of May there were 39,200 furloughed jobs in Southwark. Low earners are seven times more likely as high earners to have worked in a sector that is now shut down. 	<ul style="list-style-type: none"> Low income

References

1. ONS, Coronavirus and the economic impacts on the UK, 2020 (23 April 2020)
2. Institute of Fiscal Studies, 2020. Sector shutdowns during the coronavirus crisis: which workers are most exposed?

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COVID-19 is disproportionately affecting a number of population groups and exacerbating inequalities

SUMMARY

COVID-19 is having a significant impact on our communities. The immediate and longer term impacts will not be felt equally and may exacerbate existing health, social and economic inequalities.

- National analysis indicates a number of groups have higher levels of mortality related to COVID-19, including:
 - Older people
 - Males
 - Those with underlying health conditions
 - Certain ethnic minorities, particularly those from a black ethnic background
 - Those in public facing occupational roles e.g. transport

- In addition to COVID-19 itself, measures put in place to reduce transmission have hugely impacted the wider determinants of health.

For many residents the health, social and economic impacts coincide, magnifying the challenges they face.

Find out more at
southwark.gov.uk/publichealth

Southwark Public Health Division

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