COVID-19: Inequalities Impact Assessment

Southwark's Joint Strategic Needs Assessment

Knowledge & Intelligence Team

Southwark Public Health Division

March 2021

GATEWAY INFORMATION

Report title:	**COVID-19 : Inequalities Impact Assessment.**
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Suggested citation:	COVID-19: Inequalities Impact Assessment. Southwark Council: London. 2020.
Contact details:	publichealth@southwark.gov.uk
Date of publication:	11 March 2021

Health Intelligence aim to build a local understanding on the unequal impact of COVID-19 in Southwark

INTRODUCTION

COVID-19 has had direct and wider health, social and economic impacts. These impacts have been felt unequally across communities, and have widened existing inequalities. To understand the impact of COVID-19 at a local level, Health Intelligence have worked on:

- Impact assessments to understand regional and national published knowledge and evidence on the direct and wider impacts of COVID-19 across society.
- A survey, conducted by Social Life, to understand local economic and social impacts of COVID-19, and concerns and priorities for the future.
- A survey, conducted by Community Engagement, to understand local impacts, community responses and attitudes towards the future.
- A survey, with Communications, on vaccine hesitancy to understand what concerns different groups have on vaccinations.

A combination of these resources will help to inform local recovery and renewal plans to best support all residents in the next stages of the pandemic.

The information here is representative of current knowledge at point of publication. We will continually review the information available to provide the most up-to-date intelligence.

This report summarises the health, social and economic impact of COVID-19 on our residents

INTRODUCTION

This presentation provides an overview of the direct and wider impacts of COVID-19 at a local level and considers how this differs across population groups. This helps us to understand the inequity of COVID-19, linked to the objective of the Health Inequalities Framework to better understand need and monitor outcomes for different groups.

The document is structured around three key sections:

- The acute impacts of COVID-19
- Medium and longer term impacts
- Summary and mitigating factors

The intelligence and evidence regarding COVID-19 are evolving rapidly. This presentation presents our best understanding at time of publication. Further information will be added as it becomes available. Unless otherwise stated, statistics are based on Southwark-level data.

While there have been health, social and economic improvements, challenges remained prior to COVID-19

INEQUALITIES PRIOR TO COVID-19: OVERVIEW

Population
Southwark has a rapidly growing population. Just over 317,000 people now live in Southwark, up from 256,700 in 2001.
Southwark is an ethnically diverse borough. This varies markedly across age groups, with the population under 20 much more diverse than other age groups.

Health & Wellbeing
Our residents are living longer than ever before; the prevalence of key risk factors are often comparable or better than the national average and there has been a significant reduction in preventable mortality. However significant health inequalities remain within the borough.

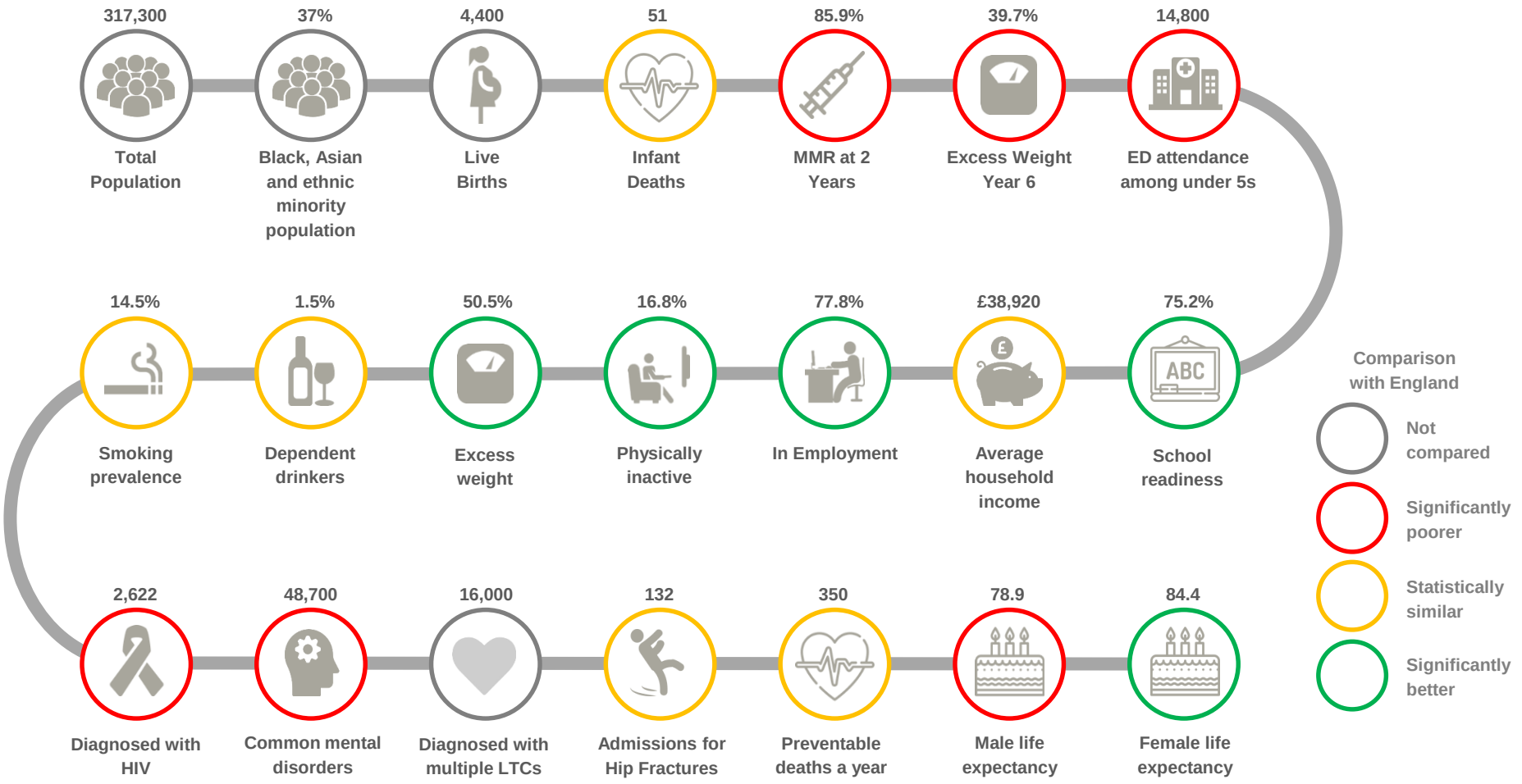
Wider Challenges
There has been a substantial improvement in relative deprivation in Southwark since monitoring began, however significant inequalities remain within the borough. There are also a range of wider challenges facing local residents, including adverse childhood experiences, issues of loneliness and social isolation, and food security.

It is important to recognise that for many residents health, social and economic inequalities coincide, magnifying the challenges they face.

Slide 5

While there have been health, social and economic improvements, challenges remained prior to COVID-19

INEQUALITIES PRIOR TO COVID-19: OVERVIEW



References

1. Public Health England Local Health Profiles.
2. CACI Paycheck – Southwark Borough Report 2018.
3. Flaticon: Freepik and Smashicon.

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

WHO IS MOST AFFECTED?

There is a large evidence base on the unequal risk of adverse health outcomes from COVID-19 infection which have identified several groups who have been disproportionately affected by COVID-19 infection.

- The following slides summarise the current available evidence on the most affected groups. However, the majority of available information is based on the first wave, as published literature is not yet available to on the second wave.

- Emerging evidence on the second wave shows:
  - Continued disproportionate case and mortality rates in London's Black, Asian and ethnic minority population.
  - High case numbers in London's most deprived communities.
  - Lower proportion of all deaths in care settings, compared to the first wave.
  - Reduced mortality rates in the older groups, as a result of improved shielding and protection of care homes.
  - A relatively younger profile of hospital admissions and deaths.
  - Slight reduction in deaths of people with a learning disability, likely due to the reduction in proportion of deaths in care settings.

- Some groups face multiple disadvantage with higher risk of infection due to employment and where they live, and poorer outcomes with higher risk of death due to comorbidities.
  - For example, people from Black, Asian and ethnic minority backgrounds are more likely to work in front-facing sectors which continue during lockdowns and live in areas of higher deprivation to increase risk of infection, and experience a higher burden of comorbidities associated with increased risk of death.

- Health inequalities, as influenced by the wider determinants of health, have led to a disproportionate direct impact of COVID-19 amongst people who already experience worse health outcomes.

Socio-demographic and clinical factors influence outcome of COVID-19 infection

DIRECT IMPACTS OF COVID-19

There is a large evidence base on the unequal risk of adverse health outcomes from COVID-19 infection which have identified several groups who have been disproportionately affected by COVID-19 infection. National evidence shows:

Age

Age is the single largest risk factor for hospitalisation and death.

Sex

Working age males diagnosed with COVID-19 were twice as likely to die as females, in first wave.

Comorbidities

Diabetes was on 1 in 5 COVID-19 death certificates, higher in more deprived areas, in first wave.

Ethnicity

Those from some Black, Asian and ethnic minority backgrounds are at higher risk of infection, severe illness, hospitalisation and death.

Deprivation

Mortality rates in the most deprived areas were more than double the least deprived in the first wave, once adjusting for ethnicity.

Occupation

Front-facing occupations (elementary, caring, leisure, other services) saw highest COVID-19 mortality rates in 2020.

Care homes

1 in 4 COVID-19 deaths to May 2020 occurred in care homes. Second wave saw substantially lower proportion of all COVID-19 deaths in care homes.

Disability

People with physical and/or a learning disability have higher risk of COVID-19 mortality

Age is the single largest risk factor for hospitalisation and death from COVID-19 infection

WHO IS MOST AFFECTED?

Age

In the first wave:

- Largest numbers of cases in critical care were aged 50-70, with only small numbers aged 80+.
- The small numbers of patients aged 80+ may have been affected by ‘rationing’ of critical care beds during the peak in the hardest hit regions with limited capacity, and/or decisions about clinical benefits from treatment.
- Those who tested positive aged 80 or older were 70 times more likely to die, compared to those who tested positive aged under 40, in the first wave.

Sex

- Men made up 46% of diagnosed cases but almost 60% of deaths from COVID-19 and 70% of admissions to intensive care units, in the first wave.
- Working age males diagnosed with COVID-19 were twice as likely to die as females, in the first wave.
- There is uncertainty around why males have worse outcomes, with women experiencing reduced risk even after controlling for age, comorbidities and obesity. Differences in outcomes across sexes may be due to differences in:
  - Acquiring infection
  - How different sexes develop symptoms
  - Access to care and diagnosis
  - Biological and immune differences may also put men at greater risk.

References

1. PHE, August 2020. Disparities in the risk and outcomes of COVID-19.

Higher risk of COVID-19 infection, severe disease and mortality for Black, Asian and ethnic minority populations

WHO IS MOST AFFECTED?

Ethnicity

- In the first wave, people of Bangladeshi ethnicity had twice the risk of dying from COVID-19 compared to people of White ethnicity, once adjusting for sex, age, deprivation and region. People of Chinese, Indian, Pakistani, Other Asian, Black Caribbean and Other Black ethnicity had 10-50% higher risk of death compared to people of White British.
- All-cause mortality for Asian and Black ethnic groups is normally lower than White, whilst deaths from COVID-19 are the opposite with higher death rates for Asian and Black, compared to White. This highlights the extent to which COVID-19 disproportionately impacted these ethnic groups.
- In October, analysis by the Race Disparity Unit (RDU) identified that most of the increased risk of infection and death from COVID-19 amongst people from Black, Asian and ethnic minority backgrounds is explained by factors such as occupation, where people live, household composition, and pre-existing health conditions. However, they note a part of the excess risk "remains unexplained" in some groups such as Black men.
- There is conflict in literature from RDU and PHE about whether structural racism contributed to the higher mortality rates seen in people from Black, Asian and ethnic minority backgrounds.
- PHE London analysis of the second wave shows ethnicity continues to be a major factor in health outcomes. Both case rates and mortality show London's Asian population worst affected, followed by Black communities.
- It is not possible to understand the impact of COVID-19 on Latin Americans, and other minority ethnic groups which are not formally collected in national datasets.
  - No individual analysis has been conducted to understand if people of Latin American ethnicity have been disproportionately affected by COVID-19 infection.
  - The key demographic and social structural issues which contributed to a disproportionate impact on Black, Asian and ethnic minority communities are also present in Latin American communities, which may have led to increased risk of infection, hospitalisation and death.

References

1. PHE, August 2020. Disparities in the risk and outcomes of COVID-19.
2. HM Government – Race Disparity Unit, October 2020. Quarterly report on progress to address COVID-19 health inequalities
3. PHE – Public Health Matters blog 3 Feb 2021. Tackling London's ongoing COVID-19 health inequalities (online)
4. IRMO Feb 2021. The impact of the COVID-19 pandemic on the lives of Latin American migrants and IRMO's response

COVID-19 has widened the existing inequality in mortality across levels of deprivation in England

WHO IS MOST AFFECTED?

Deprivation

- Some ethnic groups most affected by COVID-19 are overrepresented in the most deprived areas in England.
- 31% of Pakistani, 28% of Bangladeshi, 20% of Black African, 18% of Black Caribbean people live in the 10% most deprived areas. These specific ethnicities also experienced the highest risk of COVID-19 mortality in the first wave.

In the first wave:

- A greater inequality for COVID-19 related mortality is observed across levels of deprivation, compared to all-cause mortality between 2014-2018, indicating a widening of the existing inequality
- Mortality rates from COVID-19 in the most deprived areas were more than double the least deprived areas, for males and females. This remains once adjusted for ethnicity.
- The risk of death for confirmed COVID-19 cases of working age in the most deprived areas was almost double that of the least deprived areas, once adjusted for sex, age group, ethnicity and region.
- PHE London analysis of the second wave shows deprivation continues to be a major factor in health outcomes, with highest case numbers in more deprived areas.

Occupation

From March to December 2020:

- Analysis of all deaths in working age population showed highest mortality rates in elementary occupations (security guards, cleaners, construction workers) or caring, leisure and other service occupations, for both men and women.
- Men and women who worked in social care both had significantly higher mortality rates. Almost 3 in 4 deaths in social care occupations were in care workers and home carers.
- Men who worked in healthcare had a significantly higher mortality rate, whilst the rate among women was similar to the population.
- Analysis adjusted for age but not ethnicity, place of residence or deprivation. Occupation types are associated with these factors and may contribute to the differences seen.
- Among workers in occupations that are more likely to be in frequent contact with people and exposed to disease, 3 in 4 are women and 1 in 5 are from Black, Asian and ethnic minority backgrounds.

References

1. Razai et al. (2021) Mitigating ethnic disparities in COVID-19 and beyond BMJ 2021;372:m4921
2. PHE, August 2020. Disparities in the risk and outcomes of COVID-19.
3. ONS May 2020. Which occupations have the highest potential exposure to COVID-19? (Online)
4. ONS January 2021. COVID-19 related deaths by occupation, England and Wales: deaths registered between 9 March and 28 December 2020
5. PHE – Public Health Matters blog 3 Feb 2021. Tackling London's ongoing COVID-19 health inequalities (online)

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Diabetes, hypertensive disease and obesity increased risk of poor COVID-19 outcomes

WHO IS MOST AFFECTED?

Comorbidities

11,034 were initially identified in Southwark as clinically extremely vulnerable (CEV), based on comorbidities. As knowledge grew on the wider factors associated with COVID-19 risk, an additional 15,435 were identified as CEV on 26 Feb.

In the first wave:

- Diabetes was on 1 in 5 death certificates where COVID-19 was also mentioned. This was highest in males aged 60-69, and all Black, Asian and ethnic minority backgrounds.
- Diabetes was more likely to be mentioned on death certificates in more deprived areas, 26% in most deprived compared to 16% in least deprived.
- Hypertensive disease was more frequently on death certificates for men than women and highest amongst men aged 60-69. Again, this was higher across all Black, Asian and ethnic minority backgrounds, ranging from 33-40%, compared to White (17%).
- Studies report an increased risk of adverse outcomes in obese or morbidly obese people.

Care homes

- There were 2.3 times the number of deaths expected in care homes between 10 March to 7 May. 46% listed COVID-19 as reason, which indicates underreporting of deaths from COVID-19 in these settings and/ or an increase in deaths from other causes, as an impact of COVID-19 pressures.
- 27% of all COVID-19 deaths up to 8 May occurred in care homes, which doesn't include deaths of care home residents who died elsewhere e.g. hospital.
- In the second wave, a substantially lower proportion of all COVID-19 deaths were in care homes.

References

1. PHE, August 2020. Disparities in the risk and outcomes of COVID-19.
2. ONS February 2021. Deaths registered weekly in England and Wales, provisional: week ending 29 January 2021.

Disabled people made up 6 in 10 COVID-19 deaths aged over 30, a significant disproportionate effect

WHO IS MOST AFFECTED?

Physical disability

- Disabled people are identified based on their disability status as reported in the 2011 Census, with a distinction between those who reported their day-to-day activities were 'limited a little' or 'limited a lot' as a result of a long term condition. People who have become disabled since 2011 census will not be represented.
- Disabled people made up 6 in 10 deaths involving COVID-19 up to 20 Nov 2020, whilst only making up 17.2% of the known population.
- When adjusting for age, individuals who were disabled in 2011 have significantly higher rate of death than those non disabled. The level of disability is also shown to affect the risk of death.
- Age, residence, socio-economic and geographical circumstance, and pre-existing health conditions all contribute to the raised risk for less-disabled people, but there is a significantly unexplained risk for more disabled people.
- The excess risk of death involving COVID-19 mortality for disabled people was consistent across first (to 12 Sept) and second waves (to 20 Nov).

Learning disability

- There are an estimated 7,000 adults in Southwark with a learning disability.
- Learning disability is based on clinical diagnosis, so comparisons with physical disability aren't possible due to difference in diagnosis.
- 59% of those identified with a learning disability also self-identified as disabled in the 2011 Census.
- People with a learning disability made up 6 in 100 deaths involving COVID-19 up to 20 Nov 2020, whilst only making up 1.2% of the known population.
- The largest identified influencer on risk of COVID-19 mortality was place of residence.
- Age, residence, geography, socio-economic and demographic factors and health all were shown to influence risk of death, but there is still a significantly unexplained risk for people with a learning disability.
- There was a slight reduction in risk of death between first (to 12 Sept) and second waves (to 20 Nov), which may be as a result of a lower proportion of deaths in the second wave that were in care homes.

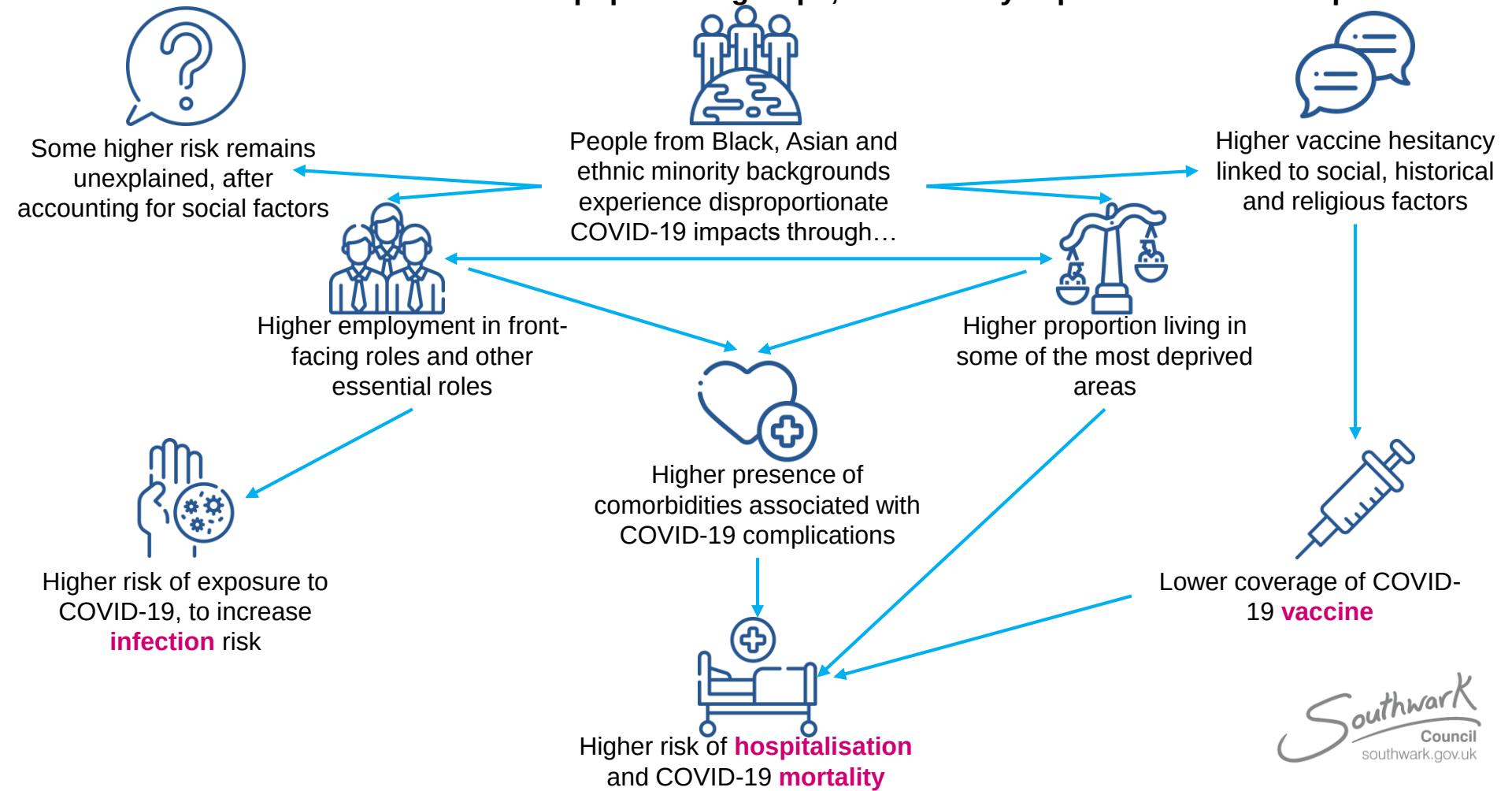
References

1. ONS February 2021. Updated estimates of COVID-19 related deaths by disability status, England: 24 January to 20 November 2020

COVID-19 risk factors coincide to create substantial increased risk for ethnic minorities, and deprived areas

WHO IS MOST AFFECTED?

Socio-economic factors associated with increased risk of COVID-19 infection, hospitalisation and death are linked to existing wider determinants of health. The interactions of these factors results in substantial increased risk for certain population groups, who already experience health inequalities.



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COVID-19 is having wider impacts on health, social and economic aspects of the population

MEDIUM AND LONG TERM 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 widen inequalities.

- Some groups face multiple, inter-related impacts both now and in the future, to result in multiple disadvantage.
- Understanding these can help inform local recovery efforts to work to reduce inequalities.

Examples of COVID-19 impacts on our population and services

Health Impacts	Social Impacts	Economic Impacts
▪ Acute healthcare ▪ Chronic and long-term conditions ▪ Long COVID-19 disease ▪ COVID-19 vaccinations	▪ Wellbeing ▪ Loneliness ▪ Mental health ▪ Education	▪ Job security ▪ Household income ▪ Financial security ▪ Homelessness ▪ Food security

Over one in ten residents received furlough pay in December 2020, leading to medium-term job insecurity

ECONOMIC IMPACTS – JOB SECURITY

Since March 2020, many have seen a change in employment to include furlough, redundancy and working reduced hours, particularly those working in sectors such as retail, hospitality, and culture.

- In June- July 2020, one in four respondents to a local survey reported a change in their work due to COVID-19.
- The proportion of eligible residents who are on furlough has changed during the pandemic, to reflect changes in restrictions and policy. This was highest in July (19%) then declining over the summer to a low of 9% in October, likely influenced by a change in policy.
- Since national restrictions were reintroduced in November, the proportion of residents on furlough increased to 14% and has remained constant to the end of 2020. This is equal across genders.
- Local survey data shows that those of Mixed/ Other ethnicity and aged 25-29 are most likely to be on furlough. Across England in December 2020, furlough was highest in under 18 and 18-24 age groups.
- Local surveys have shown that those whose work has changed through redundancy/ furlough/ reduced hours have experienced a larger negative impact on mental health, physical health and finances.
- National research showed that mental health and wellbeing was more severely impacted for those who received persistently lower pay during the pandemic, to demonstrate the downstream impacts financial changes.
- Looking forward, many who are on furlough currently may face future unemployment in sectors most impacted by continued restrictions. The financial, and wider, impacts of the pandemic are likely to continue to worsen for these groups over the next year.

Who is most affected?
Young people, people who work in retail, hospitality, culture and creative sectors

References
1. Southwark Council/ ComRes 2020. Impact of COVID-19 in Southwark: ComRes telephone survey (unpublished)
2. HMRC Coronavirus Job Retention Scheme Statistics June 2020- January 2021
3. Health Foundation 3 Feb 2021. Mental health and wellbeing for people recieiving persistently lower pay during the pandemic. [Online]

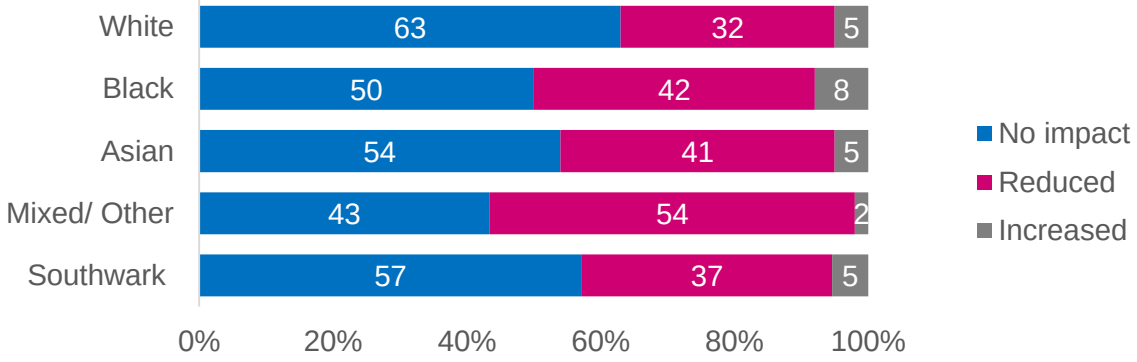
Reduction in household income has resulted in reduced ability to spend on essentials and erosion of savings

ECONOMIC IMPACTS – HOUSEHOLD INCOME

Many on low incomes have had erosion of financial resilience to result in serious financial stress. Conversely, those on higher income have increased savings. The pandemic has further widened the gap in ability to save for the future across income levels.

- In a local survey in June- July 2020:
  - Over a third of respondents reported a reduction in household income, as a result of the pandemic.
  - Almost one in three respondents reported struggling to pay for rent/ mortgage, utilities, food and other bills. This was substantially higher for Black, Asian and ethnic minority respondents (Black, 44%; White, 17%).
  - One in five respondents expected to be financially worse off in six months time.

Figure 1: The impact of COVID-19 on household income, by ethnicity (ComRes survey)



Who is most affected?
People with low incomes, limited savings, young people

References
1. Southwark Council/ ComRes 2020. Impact of COVID-19 in Southwark: ComRes telephone survey (unpublished)
2. ONS December 2020. Coronavirus and the social impacts on different ethnic groups in the UK: 2020

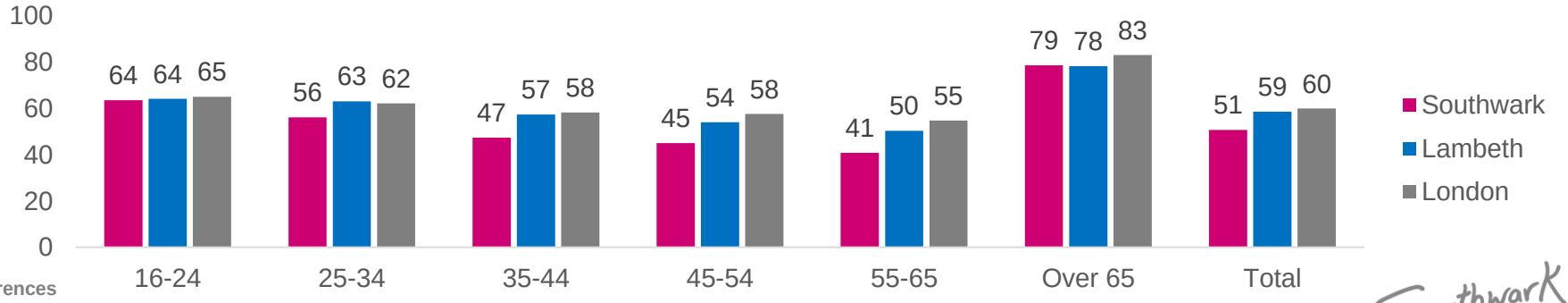
The number of residents aged 16+ who receive Universal Credit has doubled from January to December 2020

ECONOMIC IMPACTS – FINANCIAL SUPPORT

Many on low incomes have had erosion of financial resilience to result in serious financial stress. Conversely, those on higher income have increased savings, with the pandemic widening the gap in ability to save for the future.

- The proportion of residents aged 16+ who received Universal Credit (UC) doubled between January and December 2020, from 8.2% to 16.7%, which equates to an increase from 21,265 to 43,197 claimants.
- The number of residents who received UC in 2020 continually increased over the year, with the number of residents who are financially insecure growing during the pandemic. The largest month-on-month increases seen in April and May.
- Our local survey in June-July 2020 showed that respondents from Black and Asian ethnic groups were more likely to both apply for UC and council financial support.
- This survey also showed that respondents who had received shielding advice were substantially more likely to have applied for UC (20%) and accessed council financial services (17%), compared with those who had not (10% and 8%, respectively).

Figure 2: Percentage change in Universal Credit recipients from January to December 2020



References

1. DWP. People on Universal Credit. Data to Dec 2020 (Dec 2020 data is provisional)

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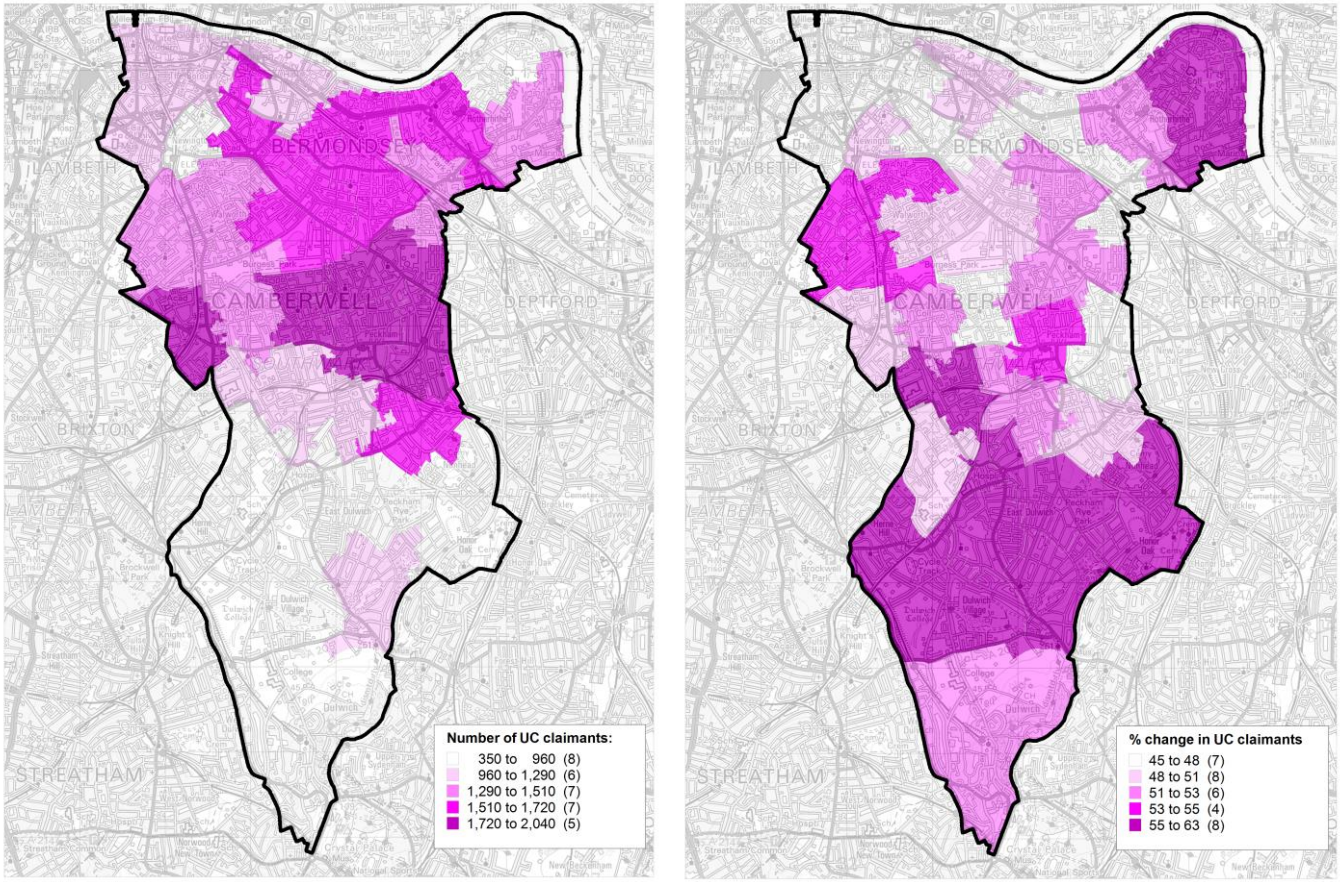
Demand for Universal Credit has grown most substantially in the areas of the borough where demand is normally low

ECONOMIC IMPACTS – FINANCIAL SUPPORT

Figure 3: a) number of Universal Credit recipients in Dec 2020 b) % change in Universal Credit recipients from Jan – Dec 2020



- The largest number of claimants are in the centre and north of the borough, though there have been large increases in the lesser deprived neighbourhoods over 2020 to show financial stress grew in all areas.
- This does not show the true number of people with financial insecurity as some may have applications rejected, find alternative sources of emergency financial support, as well as people with no recourse to public funds who will not be able to apply.

References

1. DWP. People on Universal Credit. Data to Dec 2020 (Dec 2020 data is provisional)

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Homelessness applications to the council doubled in 2020, with more from people who were already homeless

ECONOMIC IMPACTS – HOUSING SECURITY

Housing insecurity has increased across the borough as a result of unemployment and financial insecurity. Young people made up almost half of homelessness applications in 2020, and were also shown to be disproportionately impacted financially, through higher numbers of Universal Credit claimants.

- Applications from people who are already experiencing homelessness increased in 2020 in both number and proportion of total, with more people needing emergency temporary accommodation.
  - From March to September 2020, there was an 18% increase in households in temporary accommodation, with 3,275 in September.
  - Whilst Housing Solutions aim to work with households to prevent homelessness, the increase in emergency situations highlights the rapid impact of COVID-19 on housing insecurity.
- Friends and family evictions and domestic abuse were more frequent reasons for homelessness in 2020, with a fall in private rented sector evictions due to the ban on evictions followed by an extended six month period. However, as these temporary rules end there may be an increase in the number of people in the private rented sector facing homelessness.
- Those aged under 35 made up almost half (48%) of homelessness applications during the pandemic, compared to a third (33%) a year earlier. This reflects the national picture that younger people have been disproportionately impacted, likely due to a higher number who live in shared and insecure accommodation.
- A council rent arrears fund to support residents from eviction saw a 171% increase in spending in the year to Jan 2021, compared to previous year, with a 200% increase in the number of cases of homelessness prevented (81, compared to 27). This highlights the substantial impact on housing security beyond those directly facing homelessness.
  - Additional residents may have made alternative emergency financial action to prevent eviction, which may impact other areas of livelihood.

Who is most affected?
Young people, people with insecure accommodation, people living with friends or family, survivors of domestic abuse

References
1. COVID-19 impact report on residents approaching as homeless, 20 Dec 2020 (unpublished)

Extended periods of social isolation and uncertainty have resulted in poor wellbeing for many groups

SOCIAL IMPACTS - WELLBEING

Restrictions and social isolation have impacted wellbeing and loneliness across society, with many feeling worried and anxious about the impact of COVID-19 on themselves and family, and the uncertainty around the future.

- Personal wellbeing has changed nationally over the pandemic to mirror changes in restrictions.
  - At the beginning of Jan 2021, anxiety was reported at 4.6/10, the highest score since April 2020.
  - At the end of Jan 2021, ONS reported national personal wellbeing scores for life satisfaction, feeling life is worthwhile, and happiness were at some of the lowest since March 2020.
- A local survey in June-July 2020 showed that impacts on wellbeing were most significantly felt by those who had received shielding guidance or had medical conditions which increased vulnerability to COVID-19, and those expecting financial loss.
- These groups, with the addition of people of Black ethnicity, were also most worried about the impacts of COVID-19 on their life. 61% worried about the impact on their wellbeing, the most frequent answer.
- National research showed that those who have experienced persistently lower pay during the pandemic are more likely to report poor mental health and wellbeing, with reduced pay most common in the lowest income groups, and the youngest and oldest working populations.
- Uncertainty and concerns about the future contribute to poor wellbeing, especially for those who have had changes to employment, reduction in household income and expect to be financially worse off in the future.

Who is most affected?
Shielding, low income households, disabled

References
1. ONS 5 Feb 2021. Coronavirus and the social impacts on Great Britain
2. Southwark Council/ ComRes 2020. Impact of COVID-19 in Southwark: ComRes telephone survey (unpublished)
3. Health Foundation 3 Feb 2021. Mental health and wellbeing for people recieiving persistently lower pay during the pandemic. [Online]

Loneliness has become a greater problem during COVID-19, contributing to poor wellbeing

SOCIAL IMPACTS – LONELINESS

In 2019, the Survey of Londoners reported 8% of Londoners felt lonely often or always and 27% felt isolated. COVID-19 has increased the number of people who feel lonely, and worsened the loneliness felt by those who already suffered.

- In a local survey, those aged 45-64 were most likely to experience loneliness often whilst those aged 65+ were most likely to never experience loneliness. These results show a change from the pre-COVID-19 picture.
- In November 2020 (second national lockdown), almost half (47%) of Londoners felt lonely, the highest rate since the pandemic began. Chronic loneliness was more common for 16-29 yr olds (23%), compared to 7% of 50+ yr olds, and people not living with a partner (18% vs 4%).
- Digital isolation promotes loneliness during restrictions where people rely on technology to socialise. Low income families, older people and asylum seekers were identified as more likely to be digitally isolated in London in 2019.
- Nationally, disabled people were more likely to report their wellbeing was affected due to feeling lonely (45%) and spending too much time alone (40%), compared to non-disabled people (32% and 29%, respectively).
- An online consultation of Southwark residents in Jan-Feb 2021 highlighted the impact of extended periods of lockdown, with 87% feeling lonely at least some of the time. Whilst the sample was small and not representative of the local population, the impact on social isolation is clear.
  - 40% felt supported by their neighbours and local community during the first national lockdown, with people using local WhatsApp groups, NextDoor app, doing shopping for others to stay connected.
  - 87% were concerned about their mental health or feeling lonely in the future, with those who felt currently lonely more concerned.
  - Many respondents had less virtual social contact during the third lockdown, compared to the first.

Who is most affected?
Digitally isolated, low income households, disabled, young people

References
1. Southwark Council/ ComRes 2020. Impact of COVID-19 in Southwark: ComRes telephone survey (unpublished)
2. GLA. March 2021 Socio-economic impact of COVID-19
3. Thrive LDN 2020, Working paper 5
4. ONS November 2020. Coronavirus and the social impacts on disabled people in Great Britain: September 2020
5. Southwark Council. Lonely in Lockdown results (unpublished)

Those with the poorest mental health pre-pandemic have experienced the largest deterioration, widening inequality

SOCIAL IMPACTS – MENTAL HEALTH

Those with the poorest mental health pre-pandemic are also more likely to experience economic and health impacts as a result of COVID-19 which further impact their mental health.

- Across many groups, there are differences in the mental health impact of COVID-19. Women, younger people, and people from Black, Asian and ethnic minority backgrounds are more likely to report feeling anxious, lower levels of happiness and life satisfaction.
- Locally, a higher proportion of women and people with disabilities reported an impact on their mental health. Whilst reporting of impact didn't differ by ethnicity, people from Black, Asian and ethnic minority backgrounds were more likely to report a large impact on their mental health.
- In June 2020, rates of depression had doubled since pre-pandemic, with younger adults, women, those unable to afford an unexpected expense or disabled people most likely to experience depression. In December 2020, this was shown to still be at record high levels.
- People with existing mental health conditions, including severe mental illness, have experienced loneliness, social isolation and a lack of access to normal support.
- People with learning disabilities and autism have experienced an increase in anxiety, distress and challenging behaviour due to changes in routine and daily activities, alongside reduced social interaction.
- In addition, LGBT+ people, expectant mothers and survivors of domestic abuse have had increased challenges of isolation, fear and anxiety which negatively impacts their mental health.

Who is most affected?
People from Black, Asian and ethnic minority backgrounds, women, young people, low income households, disabled, existing mental health conditions, learning disabilities, LGBT+, survivors of domestic abuse, expectant mothers

References
1. Potential impacts of COVID-19 on population mental health in England. PHE, 2020
2. ONS 2020. Shielding Behavioural Survey

The direct impacts of COVID-19 have created new mental health challenges

SOCIAL IMPACTS – MENTAL HEALTH

The direct consequences of COVID-19 have created new mental health challenges for those who were infected, work in healthcare, have had changes to employment or who are bereaved.

- People with long term conditions, including people shielding, have experienced fear, stress and anxiety related to higher risk of severe COVID-19 disease if infected.
  - 45% of those shielding reported a worsening of mental health in June since receiving shielding guidance, with younger people and women more likely to report this.
- Experience of COVID-19 infection, self-isolation, hospitalisation and long COVID disease can lead to anxiety and isolation, and may result in PTSD in severe cases.
- People from Black, Asian and ethnic minority backgrounds have experienced fear, stress and anxiety related to disproportionate morbidity and mortality, and an increased risk of bereavement.
- Health and social care staff have reported increased mental ill-health:
  - Anxiety around becoming infected, and infecting family.
  - Continued exposure to highly stressful and traumatic situations leading to depression and anxiety.
  - Half of health and social care staff felt their mental health declined in the first two months of the pandemic, with this likely substantially higher after repeated high pressure over Winter 2020/21.
- People who are bereaved during the pandemic are at greater risk of complex grief which can lead to downstream mental and physical health issues.

Who is most affected?
Shielding, LTCs, people who had COVID-19, people from Black, Asian and ethnic minority backgrounds, health and social care staff, bereaved

References
1. ONS 2020. Shielding Behavioural Survey
2. PHE 2020. Potential impacts of COVID-19 on mental health
3. IPPR 2020. Care fit for carers

More than 4 in 10 parents thought homeschooling negatively impacted the wellbeing of their children

SOCIAL IMPACTS – EDUCATION

Most children were required to learn remotely from April to June 2020 and again in January – March 2021, with the exception of vulnerable children and children of key workers. Education was also disrupted in the Autumn with class bubbles required to isolate as a result of COVID-19 cases.

- In a local survey in June-July 2020,
  - One in five children did not have sufficient access to technology for homeschooling. This was substantially higher for children of Black (29%) and Asian (30%) respondents, compared to White respondents (12%).
  - Access to sufficient technology for homeschooling was associated with continued learning. One in three children who did not have sufficient technology did not continue to learn, compared with one in ten children who did.
  - Since this survey, 1,168 laptops have been secured by 'Laptops for Learning' for children across Southwark. This will help improve equal access to remote learning for continued education.
- Nationally, from April to June 2020, the majority (52%) of parents said their child was struggling to continue their education at home, with three-quarters (77%) giving lack of motivation as a reason.
- Nationally, one in three (34%) of women said homeschooling was negatively affecting their wellbeing, compared to one in five (20%) of men. Almost one in three (30%) parents in employment said it was negatively affecting their job.
- In addition, single parents were substantially more likely to agree that homeschooling affected their job (38%), in a local survey.
- The continued disruption to education will have likely worsened the picture shown here. There is a lack of recent evidence to show the impact of disruption to in-school teaching over Autumn 2020 and the second period of homeschooling from Jan – March 2020.

Who is most affected?
Children who don't have access to devices, single parents, mothers

References
1. Southwark Council/ ComRes 2020. Impact of COVID-19 in Southwark: ComRes telephone survey (unpublished)
2. ONS 2020. Coronavirus and homeschooling in Great Britain: April to June 2020

‘Long COVID-19’ will place a heavy and unequal burden on individuals and healthcare systems

HEALTH IMPACTS – LONG COVID

Most people recover from COVID-19 in about two weeks but some are ill for much longer. One in five are estimated to have persistent clinical signs and symptoms for five weeks or longer, and one in ten for 12 weeks or longer.

- ‘Long COVID-19 disease’ is a broad term which refers to ongoing symptoms after COVID-19 infection. These include: fatigue, cough, headache, loss of test and/or smell, myalgia, chest pain or tightness, ‘brain fog’, insomnia, heart palpitations, dizziness.
- NICE define ‘post-COVID-19 syndrome’ as signs and symptoms that develop during or following an infection consistent with COVID-19 which continue for more than 12 weeks and are not explained by an alternative diagnosis. These symptoms may change over time and affect any system within the body.
- Many who experience ‘post-COVID-19 syndrome’ also experience generalised pain, fatigue, persisting high temperature and psychiatric problems.
- Patients who were hospitalised with COVID-19 experienced increased rates of metabolic, cardiovascular, kidney and liver disease compared to non-hospitalised COVID-19 patients of similar demographic and clinical profiles over the same period (March to August 2020).
  - However, this doesn’t limit longer term COVID-19 clinical impacts to those who were hospitalised.
- Ongoing clinical symptoms of COVID-19 place a burden on those affected. As risk of infection differs across society, this impacts the relative risk of ‘long COVID-19 disease’.
- Support is needed for those with ‘long COVID-19 disease’ where it impacts their day-to-day activities, in employment, healthcare and medical research.

Who is most affected?
People infected with COVID-19, people hospitalised with COVID-19

References
1. ONS 16 Dec 2020. The prevalence of long COVID symptoms and COVID-19 complications
2. NICE, SIGN, RCGP, 30 Oct 2020. UK guidance on long-term COVID management.
3. NHS 18 Feb 2021 Long term effects of coronavirus [Online]

Changes in healthcare as a result of increased pressure has most impacted those with pre-existing and incident conditions

HEALTH IMPACTS – SHORT TERM HEALTHCARE

Changes in primary and secondary care have impacted people with pre-existing conditions, and the diagnosis and initial treatment of new conditions, including cancer. Delayed initiation of treatment or care for conditions may have led to deterioration of both physical and mental wellbeing.

Cancer early diagnosis and treatment

- Cancer screening programmes were paused during the first wave, with delays in invitations and follow up appointments since.
- Almost half of those who had a potential cancer symptom during the first wave did not see a GP as they didn't want to waste healthcare professionals time, overstretch limited healthcare resources or were concerned about COVID-19 infection.
- Later detection of more developed cancers will lead to more invasive treatment for the individual, and more care from the health system.

Pre-existing conditions

- Many with long-term conditions experience comorbidities and may have been unable to access several routine services. Nationally, cancer and mental health services have been most impacted.
- 1 in 4 (26%) respondents to a local survey in February – March 2021 had not been able to see or speak to a GP during the pandemic.
  - Around 1 in 5 reported medical tests postponed/ cancelled (22%) or scheduled medical treatment/ surgeries postponed/ cancelled (18%). Those with a disability reported a substantially larger impact for both, compared to those without.
  - Healthcare behaviours have also changed, including not reporting symptoms to a GP or speaking to a professional about their mental health, with a larger change in those with a disability
- Increasing NHS pressure since September will have likely increased both the number of people with reduced/cancelled treatment, and the proportion of these who feel their health has worsened as a result.

Who is most affected?
People with long-term conditions, disabilities, comorbidities

References
1. ONS November 2020. Coronavirus and the social impacts on disabled people in Great Britain: September 2020
2. COVID Health and Help-seeking Behaviour Study 24 Feb 2021 Policy briefing report: 1. Symptom help-seeking
3. DJS research. March 2021. Research on COVID-19 vaccinations and access to health – Southwark

Post-pandemic healthcare services will face long-term burdens from mental and physical illness and economic recession

HEALTH IMAPCTS – LONG TERM HEALTHCARE

NHS services will take several years to recover from the disruption of COVID-19. Increased health challenges as a direct and indirect consequence of COVID-19 will further add to the pressure on NHS.

Health and social care staff

- Burnout and resignation of health and social care staff as a result of extended high pressure will create challenges with the anticipated increased demand.

Primary care

- Disruption to routine immunisation programmes must be addressed to prevent cohorts of children with limited protection against infectious diseases.
- COVID-19 vaccinations may require boosters which will increase long-term seasonal pressure for vaccination delivery to eligible groups.
- Increased numbers of people who require GP support for conditions which arose during the pandemic but were not addressed.
- Cancer screening programmes must work to improve attendance to make up for the pause in service.

Secondary care

- Before the pandemic, around 1 in 6 people on waiting list for routing hospital treatment had waited more than 18 weeks
- Growing lists of people who require care combined with reduced NHS non-COVID-19 services will substantially increase waiting times, with an impact over several years.
- Late diagnoses of cancers and other conditions may lead to more advanced disease and increased care demand.

Who is most affected?
Health and social care staff, undiagnosed cancer patients, people with newly developed conditions

References
1. Health Foundation 28 May 2020. Shock to the system: COVID-19's long-term impact on the NHS [Online]

Post-pandemic healthcare services will face long-term burdens from mental and physical illness and economic recession

HEALTH IMAPCTS – LONG TERM HEALTHCARE

NHS services will take several years to recover from the disruption of COVID-19. Increased health challenges as a direct and indirect consequence of COVID-19 will further add to the pressure on NHS.

Mental health services

- Disruption to treatment for existing mental illnesses may result in a further deterioration, resulting in increased care demand.
- Mental health disorders and referrals will increase, due to new and exacerbated current disorders, frontline worker PTSD, bereavement and financial stress; patients with existing long-term conditions will be more at risk.
- Anxiety and PTSD-related disorders will predominate.

Digital access to healthcare

- Rapid adoption of digital technology in NHS, particularly in primary care, helped to enable remote working and reduce risk of infection.
- Evaluation and research on the impact on clinical practice, patients' access to and quality of care, and staff and patient experience is needed to ensure correct adoption of digital technologies.
- Sufficient investment in resources (infrastructure, workforce) is needed to help digital healthcare be effective and sustainable.

Wider determinants of health

- The wider determinants of health have been affected by the socio-economic impacts of COVID-19.
- Some groups will experience a negative impact on multiple wider determinants of health and must be proactively supported to prevent a further widening of health inequalities.

Who is most affected?
People with new/ existing mental health conditions, digitally isolated

References
1. Health Foundation 28 May 2020. Shock to the system: COVID-19's long-term impact on the NHS [Online]
2. Nuffield Trust August 2020 The impact of COVID-19 on the use of digital technology in the NHS

COVID-19 vaccination delivery aims to prioritise those with highest clinical risk of hospitalisation and death

HEALTH IMPACTS – COVID-19 VACCINATIONS

Vaccination prioritisation is based on broad groups and will likely miss some of the more nuanced health differences across priority groups.

- The top nine priority groups for COVID-19 vaccination include those deemed at higher risk by JCVI, with the aim to provide the first dose of the vaccine to all in these groups by 1 April. These groups cover:
  - People aged over 50
  - People who are clinically extremely vulnerable, or in an at-risk group based on a clinical condition
  - People who work in frontline health and social care
- Routine health records do not adequately capture inclusion health groups, their clinical vulnerabilities, or their vaccination status.
  - Asylum seekers, people experiencing homelessness and other marginalised health groups have low routine vaccination uptake. COVID-19 vaccination delivery must proactively include these groups.
- Almost half of the Latin American community were not registered with a GP in 2014. Barriers include language, no formal proof of address and rejections from front line staff who were uncertain of their entitlement. Improving GP registration for Latinx residents will support equal access to vaccinations.
- Available vaccination data for Southwark indicates lower coverage (number of people vaccinated) in the most deprived areas of the borough. Local vaccination delivery must work to support equal uptake across the borough.

Who is most affected?
People not registered with a GP, people who live in most deprived areas of the borough

References
1. ADPH 11 Jan 2021 Explainer: COVID-19 Vaccination [Online]
2. GOV.UK 23 Feb 201 COVID-19 vaccination first phase priority groups
3. CLAUK Register with a GP [Online]

Vaccine hesitancy is highest amongst some of the groups most impacted, both directly and wider, by COVID-19

HEALTH IMPACTS – COVID-19 VACCINATIONS

Many of the groups who have been disproportionately impacted by COVID-19 are also those who are least likely to say they will be vaccinated. This risks a further widening of health inequalities.

- 1 in 5 (21%) of respondents to a local survey in February – March 2021 were hesitant to be vaccinated. This was substantially higher for Black respondents (36%) and younger respondents (31%, aged 18-39). Main reasons were side effects and concerns about safety. These patterns are consistent with London-wide surveys.
- Research across Lambeth and Southwark in December 2020 showed a range in vaccine opinions:
  - Interviewees had clinical vulnerabilities/ precarious economic situations/ caring responsibilities other than their children.
  - 26% of respondents planned to have the vaccine, as they thought it would protect them from infection an/ or would help a return to normal life.
  - 72% of respondents were opposed or unsure against the vaccine, citing distrust in the Government, the healthcare system and COVID-19 messaging, long-standing medical scepticism within the Black community and other ethnic minority/ religious communities, and concerns around side effects.
- The reasons for vaccine hesitancy are multifactorial and complex. Concerns must be addressed in communications and not dismissed or ignored which would further isolate people who are hesitant.

Who is most affected?
Some ethnic minority groups, some religious groups, people with low trust in Government/ medical scepticism, young people

References
1. ADPH 11 Jan 2021 Explainer: COVID-19 Vaccination. [Online]
2. GLA Jan 2021 COVID-19 vaccine hesitancy Jan 2021 Poll results
3. DJS research. March 2021. Research on COVID-19 vaccinations and access to health – Southwark
4. TSIP January 2021. COVID-19 Lived Experience Research – Insights into vaccine hesitancy (Southwark and Lambeth)

CONTENTS

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. health/ social care, 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.

The interplay of health, social and economic impacts of COVID-19 result in multiple disadvantages for some groups

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.

- The summary matrix on the following slide shows that the wider impacts of COVID-19 have impacted all groups.
- However, there are some groups which have both been impacted more severely and across more aspects of life.
- People from Black, Asian and ethnic minority backgrounds, low-income households, disabled and shielding have experienced multiple disadvantages as a result of COVID-19.

- The interplay of wider impacts result in multiple disadvantages. For example:
  - People who have received persistently lower pay have experienced poorer mental health and wellbeing.
  - People who have been shielding have experienced loneliness and financial insecurity, both as a result of their isolation.
  - People from Black, Asian and ethnic minority backgrounds are more likely to report a decline in household income, and worry about the impact of COVID-19 and have concerns about the future which impacts their wellbeing.

Available evidence on the impacts of COVID-19 demonstrates the multiple disadvantages felt by some

X- Low impact XX- Medium impact XXX- High impact		Impacts on:								
		Job security	Household income	Financial insecurity	Food security	Wellbeing	Loneliness	Mental health	Education	Healthcare
Key groups	Black, Asian and ethnic minority backgrounds	XX	XX	XX	XX		XX	XXX	XXX	XX
	Young people	XXX		XXX			XXX	XX		
	Elderly			XX						
	Shielding			XXX	XX	XXX		XX		XXX
	Long term conditions					XXX		XX		XXX
	Existing mental health conditions							XXX		XX
	LGBT+							XX		
	Disabled					XXX	XXX	XXX		XXX
	Low-income households		XXX	XXX		XXX	XX	XX	XXX	

Note: this summary matrix represents the available information discussed in this slide deck, and not all evidence. Impact is only shown where evidence is available, so a lack of X does not mean there was no impact. This also highlights areas where more research is needed to understand impacts across groups.

In addition to assessing impacts of COVID-19 we have been considering potential mitigating actions

SUMMARY

1) **Adapt programmes to build resilience in the population and mitigate impact**
   - Focus on the most affected communities and increasingly target interventions to tackle health inequalities in our most vulnerable residents and ensure they are accessible and appropriate.
   - Anticipate areas of health need, and look to implement a holistic and cross-system response.

2) **Develop new opportunities and strengthen partnerships**
   - Collaborate with partners, including the NHS and local businesses, to address wider issues linked to poverty and social exclusion, taking an evidence based approach to tacking the wider social determinants of health, and striving for social justice.
   - Mapping of community infrastructure, identifying areas requiring additional support, working with the VCS to co-ordinate support for vulnerable residents and communities most affected.

3) **Support services to adapt and be delivered in new ways, e.g. digitally, to improve access to the most vulnerable**
   - Explore new ways of working, for example using digital technology to target communities and provide tailored support to improve their lifestyle behaviours and management of their well-being.

4) **Build on existing communication strategies and develop new ways of communicating with at risk groups**
   - Strengthen support and communications on services and initiatives for those at risk e.g. those at risk of domestic abuse, those in financial hardship, and work closely with the community e.g. faith networks.

Local recovery efforts must have a person-centred approach to support those most impacted by COVID-19

SUMMARY

As focus begins to shift to local recovery efforts to support residents with the medium and long term impacts of COVID-19, it is important to consider populations within Southwark who will require additional support.

Multiple disadvantage

- The summary matrix identifies groups who have experienced multiple disadvantage as a result of COVID-19.
- However, a lack of evidence on certain groups limits a complete understanding of how all have been affected.

Local intelligence

- Local engagement is needed to best understand how residents have been impacted which can support the evidence discussed here, to inform change.
- Work with VSC to co-design approaches to address the unequal impact of COVID-19 will best support residents.

Renewal to address long-standing problems

- Unfortunately, many of these inequalities were part of society long before COVID-19, and were further exacerbated by the pandemic.
- Local recovery efforts should work to address these underlying inequalities at the source as we plan for the future.

The Health Inequalities framework provides a pathway for addressing some of these issues. A better understanding of the current inequitable impacts will inform work to deliver approaches to tackle inequity and work towards fairer communities.

Find out more at
southwark.gov.uk/publichealth

Southwark Public Health Division