DECISION-MAKER:		Health and Wellbeing Board		
SUBJECT:		Potential impacts of Covid-19 on health inequalities in Southampton		
DATE OF DECISION:		17th June 2020		
REPORT OF:		Interim Director of Public Health		
CONTACT DETAILS				
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STATEMENT OF CONFIDENTIALITY

BRIEF SUMMARY

Southampton experienced significant health inequalities before Covid-19. The expectation of the impact of Covid-19 is that health inequalities will be exacerbated. However, the evidence is emerging and future decision-making to reduce health inequalities should be informed by clinical, public health and wellbeing intelligence.

There are a range of evidence-based interventions for reducing health inequalities, which take a lifecourse and place-based approach. A focus on the wider determinants of health will have the maximum population impact. These approaches require a 'whole-system' approach. The Health and Wellbeing Board is well-placed to lead this approach to reduce health inequalities and improve health outcomes for the city.

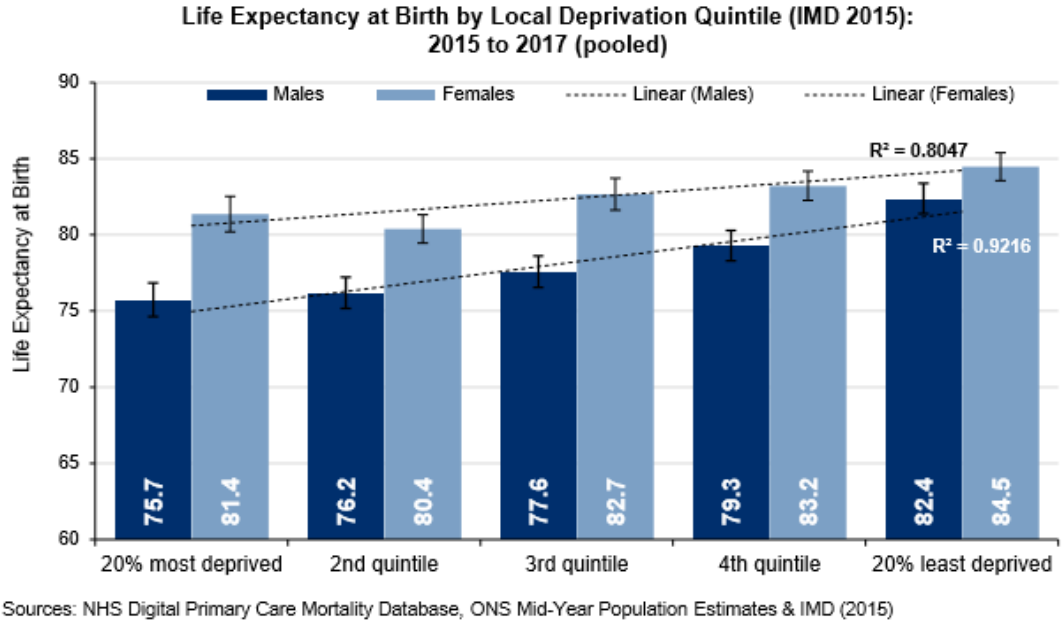
RECOMMENDATIONS:

	(i)	That the board notes the content of this report.
	(ii)	That the board agree in principle to consider the impact on health inequalities when developing Covid-19 recovery, or 'rebalancing' plans and consider what they require to enable this.

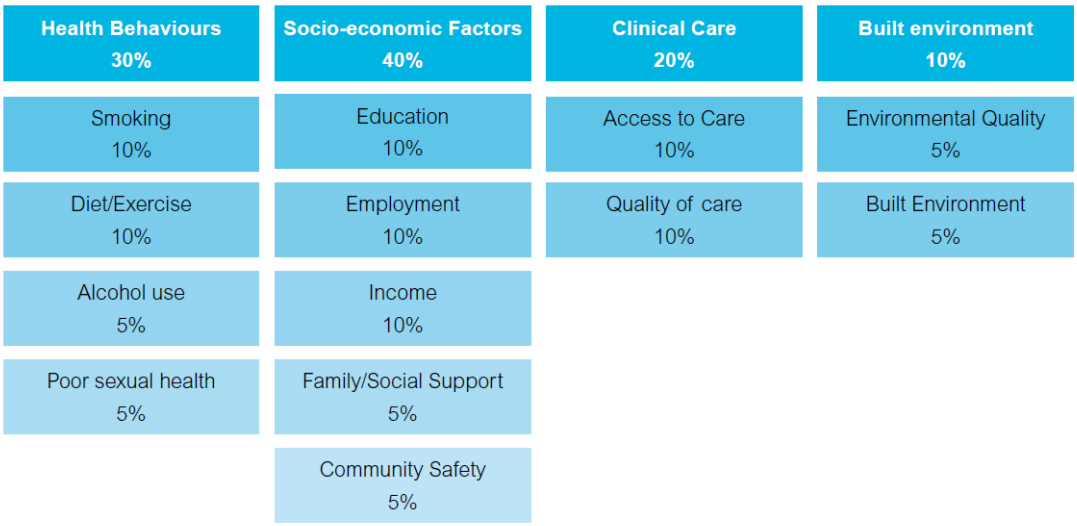
REASONS FOR REPORT RECOMMENDATIONS	
1.	The Health and Wellbeing Board has made a commitment to reduce health inequalities and many of its member organisations have a duty to do so.
2.	Health inequalities are expected to be exacerbated and to affect a greater proportion of our residents following the impact of Covid-19.
3.	The leadership of the Health and Wellbeing Board is essential for the whole system approach required to reduce health inequalities by putting this at the heart of plans to rebalance following Covid-19.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
	None

DETAIL (Including consultation carried out)

	Background
1	The Health and Wellbeing Board is a statutory board that aims to; improve the health and wellbeing of the people in their area; reduce health inequalities; and, promote the integration of services. Southampton City Council as a member of the Board has an independent statutory responsibility to improve the health and wellbeing of residents and to reduce health inequalities. The NHS, another statutory member of the Board has also committed to strengthening its' contribution to reducing health inequalities through the NHS Long Term Plan.
2	Health inequalities are defined as "differences between people or groups due to social, geographical, biological or other factors. These differences have a huge impact, because they result in people who are worst off experiencing poorer health and shorter lives." (NICE, 2012)
3	The Health and Wellbeing Strategy prioritises reducing inequalities in health outcomes and is supported by the Health and Care Strategic Plan through the goal to target health inequalities and confront deprivation.
4	A major incident was declared by Hampshire and the Isle of Wight Local Resilience Forum in March 2019, in response to Covid 19, the disease caused by a novel coronavirus spreading in the community. The virus and measures put in pace to control its' spread have had large and far-reaching impacts across society.
5	Given HWBB and partners' responsibilities and commitments to reduce health inequalities, this paper considers the impact of Covid 19 on health inequalities and the implications for recovery planning.
	Health Inequalities in Southampton pre Covid-19
6	Men living in the most deprived quintile in Southampton live on average 6.6 years less than those in the most affluent quintile. For women this difference is 3.1 years. The graph below shows a clear relationship between life expectancy and deprivation.  Sources: NHS Digital Primary Care Mortality Database, ONS Mid-Year Population Estimates & IMD (2015) People living in the most deprived quintiles in Southampton are almost twice as likely to die prematurely (under 75 years old) than those in the most affluent.

7	People living in the most deprived quintile in Southampton are more likely to have long term health conditions compared to those in the most affluent quintile. For example, they are almost three times as likely to have COPD, over one and a half times more likely to have diabetes. Those in the most deprived quintile are 1.78 times more likely to have depression and 2.77 times more likely to have schizophrenia.[1]
8	People living in the most deprived quintile in Southampton are 1.93 times more likely to smoke and 2.6 times more likely to be inactive and children 1.7 times more likely to have excess weight compared to those in the most affluent quintiles.[1]
9	Southampton had significant health inequalities before the major incident in response to covid-19. This difference was seen across a range of different health outcomes, both in mortality and morbidity and across physical and mental health outcomes.[1]
	The determinants of health
10	Our health is affected by a wide range of factors as shown in the figure below. The biggest determinant of health is socio-economic factors, followed by health behaviours, then clinical care and the built environment. The socio-economic and environmental are referred to as the wider determinants of health.
11	The distribution of social, economic and environmental assets impacts differently on health outcomes across society and results in inequalities in health outcomes. This impact starts before birth and builds over the life-course, as the positive and negative impacts of the wider determinants of health accumulate over time.



Source: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute. Used in US to rank counties by health status

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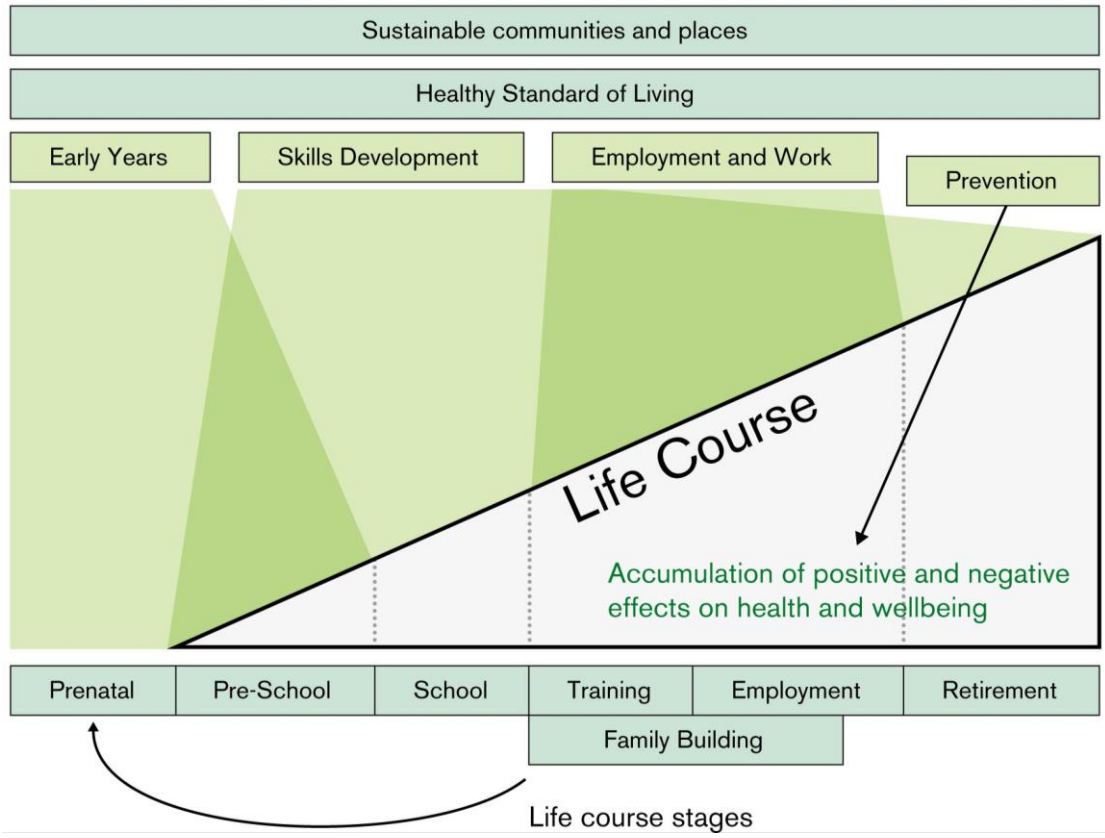


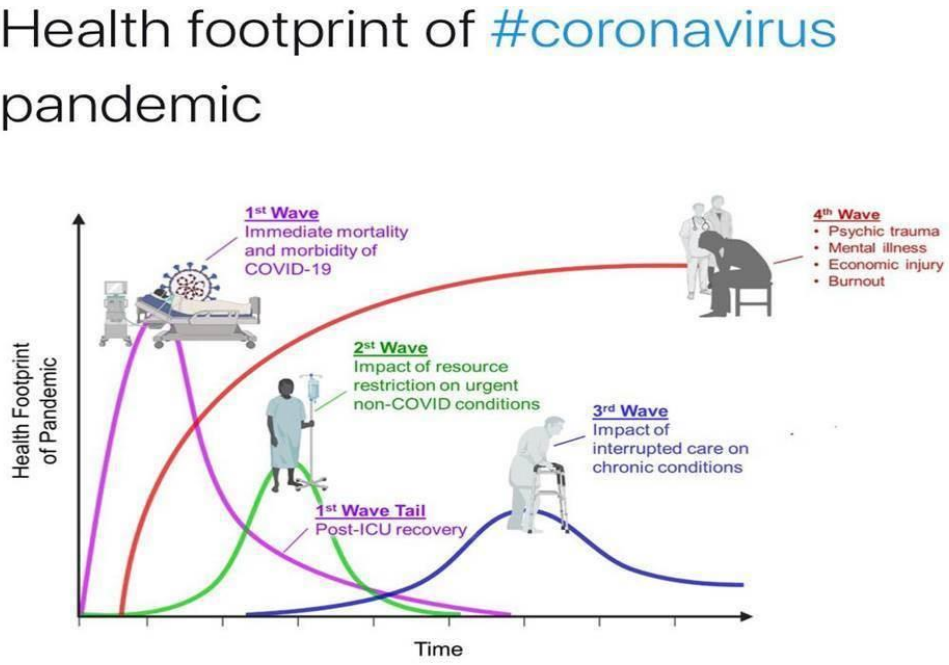
Marmot 'Fair Society, Healthy Lives' 2010.

12 This evidence has informed the life-course approach to reducing health inequalities, which recognises that no one agency can implement any of these objectives on its own. Reducing health inequalities requires collaboration, partnership and collective action in many different spheres of activity.

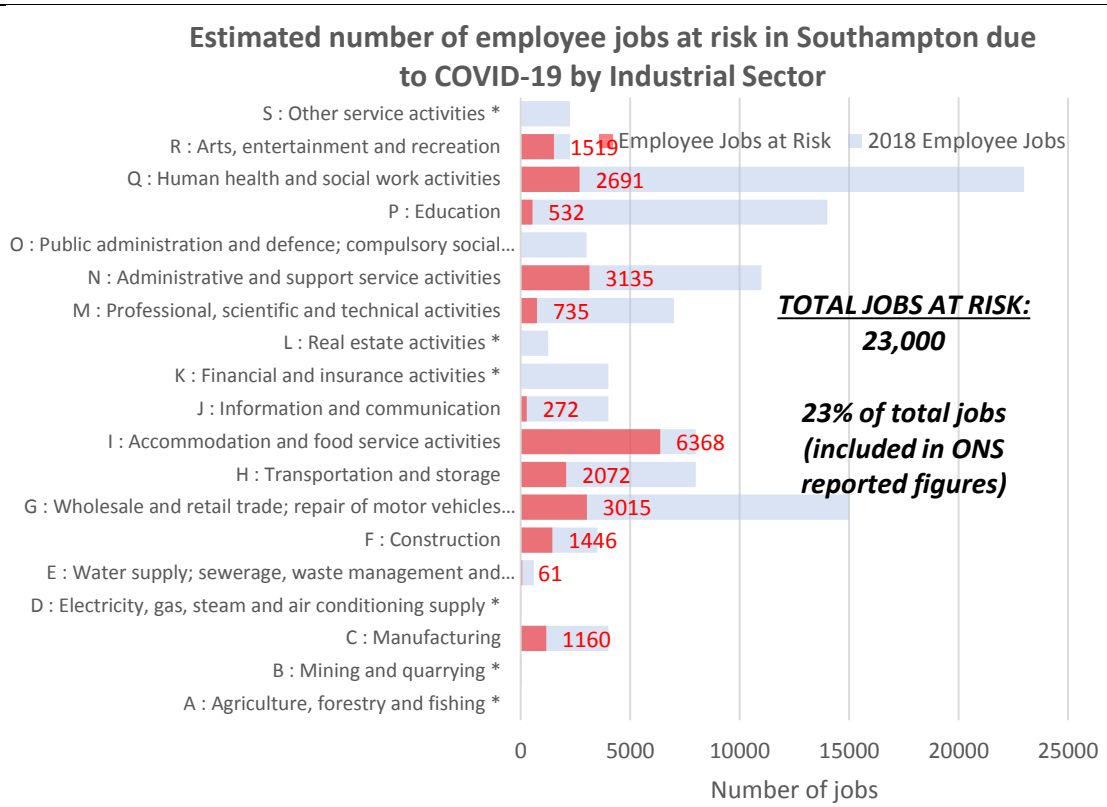
13 The chart below shows the impact of actions taken across the life-course on health outcomes, health inequalities and both the speed of this impact and the strength of evidence for its effectiveness. Action on the best start in life, healthy schools and pupils, jobs and work, access to green space and leisure opportunities and health and spatial planning have the highest impact on health inequalities.

Area	Scale of problem in relation to public health	Strengths of evidence of actions	Impact on health	Speed of impact on health	Contribution to reducing inequalities
Best start in life	Highest	Highest	Highest	Longest	Highest
Healthy schools and pupils	Highest	Highest	Highest	Longer	Highest
Jobs and work	Highest	Highest	Highest	Quicker	Highest
Active and safe travel	High	High	High	Longer	Lower
Warmer and safer homes	Highest	Highest	High	Longer	High
Access to green spaces and leisure services	High	Highest	High	Longer	Highest
Strong communities, wellbeing and resilience	Highest	High	Highest	Longer	High
Public protection	High	High	High	Quicker	High
Health and spatial planning	Highest	High	Highest	Longest	Highest

9 http://www.kingsfund.org.uk/publications/improving-publics-health

	Impact of covid-19 on health inequalities
14	The health impacts of Covid-19 include the impact of mortality and morbidity from Covid-19, followed by the further impacts due to restricted care on both urgent and log-term conditions, and then longer-term impacts on mental health and poor health due to the economic impact of measures to control its spread. 
15	Covid-19 and the measures put in pace to control its spread have been experienced differently across different parts of the community and differentially across the lifecourse. This is expected to increase health inequalities. Disparities in the risk and outcomes of Covid 19 are seen across age, gender, comorbidities, geography, occupation, ethnicity and deprivation[2].
16	There is a clear correlation between exposure to coronavirus and risk of disease. BAME groups are over-represented in those occupations more likely to be exposed to those with Covid-19 whilst doing their job, and over a third of these occupations had a median pay lower than the median UK hourly pay.[3]
17	There is an emerging socio-economic gradient emerging of risk of severe illness from Covid-19. Nationally, 25% of critical care patients are from areas in the most deprived quintile, compared to 15% from those in the most affluent. Mortality rates from Covid-19 also vary within the population. People living in more deprived areas have experienced COVID-19 mortality rates more than double those living in less deprived areas.[2,4]
18	The risk of severe illness with covid-19 is much higher amongst people with existing long-term conditions such as diabetes, respiratory disease and heart disease, as well as an association between obesity and severe Covid-19, potentially exacerbating existing health inequalities[4].
19	The risk of death involving Covid-19 varies significantly with ethnicity. After accounting for the effect of sex, age, deprivation and region, people of Bangladeshi ethnicity had around twice the risk of death when compared to people of White British ethnicity. People of Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity had between 10 and 50% higher risk of death when compared to White British[2].

20	The impacts of Covid-19 have been experienced very differently across the lifecourse. There is a clear link between age and risk of severe illness and mortality from Covid-19. Older people may also be more likely to be shielding so at risk of social isolation.
21	Child poverty is already an issue in the city, and this is expected to be exacerbated by job losses. Those now newly eligible for free school meals may mean more children and families will face food insecurity and digital exclusion is a concern where children and young people are unable to access the equipment and don't have Wi-Fi. There is emerging evidence of the negative impact of Covid-19 on the mental health of young people.
22	BAME communities in the city have expressed concerns with temporary and poorly paid jobs, including zero-hour contracts; children's education and home-schooling; and digital exclusion affecting a range of issues including education, access to welfare and other health and support services.[5]
23	There is evidence of increasing vulnerabilities in the city over the course of lockdown, including an increase in the severity and amount of reported domestic abuse; an increase in child on parent abuse; a reduction in reports to child safeguarding indicating potential 'stored up' neglect and abuse and an increase in demand for mental and emotional support.[5]
24	Covid-19 has had a significant negative impact on incomes in the city. Provisional data suggests that the number of people on Universal Credit increased from around16,500 in March 2020 to 22,200 in April 2020. This represents an increase in the proportion of the working age population claiming UC from 9.5% in March to 12.8% in April and is higher than the proportion in both the South East (8.2%) and England (10.3%).[6] Voluntary services across the city have also reported increased concerns from their service users about debt.[5]
25	Estimates from Business Impact of Coronavirus (COVID-19) Survey (BICS) suggest that 27% of the UK workforce were furloughed at the end of March 2020. The long-term impacts for these jobs is still unknown, however the graph below shows that an estimated 23,000 (23%) of jobs in Southampton are at risk due to Covid-19.

	 *These figures have been estimated based on Wave 2 of the ONS Business Impact of Coronavirus Survey (BICS) which contains data on the furloughing of workers across UK businesses between March 23 to April 5, 2020. These figures have been applied to the local industrial profile to estimate the number and proportion of jobs at risk due to COVID-19.*
26	Evidence suggests that Covid-19 and the measures put in place to reduce its spread have had a disproportionate impact on those already experiencing health inequalities in the city, therefore these health inequalities are likely to be exacerbated.
27	The measures put in place to reduce the spread of Covid-19 have already had an impact on the wider determinants of health. It is likely that the number of people in the city experiencing social and economic hardship will increase, with the risk of an associated negative impact on health outcomes.
	Opportunities
28	Member organisations of the Health and Wellbeing Board will all need to rebalance their services and interventions as they both respond to future waves of Covid-19 and recover. There is an opportunity to reshape the health and care system with reducing health inequalities at its heart as we move into a new normal. This is recognised within the Southampton Health and Care Strategy launched earlier this year.
29	A focus on the wider determinants of health will provide the greatest opportunities to improve health and wellbeing in the city.
30	There is good evidence for the effectiveness of interventions taken across the life-course to have a positive on health outcomes and health inequalities. These approaches utilise a place-based approach, which looks to strongly connect together the components of civic, service and community. This 'whole system response' is particularly important at times of crisis.

31	The Health and Wellbeing Board has a key role to play to harness the leadership of local anchor institutions to develop a whole system response to health inequalities for Southampton.
	Summary
	Southampton experienced significant health inequalities before Covid-19. The expectation of the impact of Covid-19 is that health inequalities will be exacerbated. However, the evidence is emerging and future decision-making to reduce health inequalities should be informed by clinical, public health and wellbeing intelligence. There are a range of evidence-based interventions for reducing health inequalities, which take a lifecourse and place-based approach. A focus on the wider determinants of health will have the maximum population impact. These approaches require a 'whole-system' approach. The Health and Wellbeing Board is well-placed to lead this approach to reduce health inequalities and improve health outcomes for the city.
RESOURCE IMPLICATIONS	
Capital/Revenue	
	None
Property/Other	
	None
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
	The Health and Wellbeing Board is a statutory board that aims to reduce health inequalities.
Other Legal Implications:	
	None
RISK MANAGEMENT IMPLICATIONS	
	None
POLICY FRAMEWORK IMPLICATIONS	
	None

KEY DECISION?	**Yes/No**	
WARDS/COMMUNITIES AFFECTED:		N/A
SUPPORTING DOCUMENTATION		
Appendices		
1.	N/A	
2.		

Documents In Members' Rooms

1.	N/A	
2.		
Equality Impact Assessment		
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.		**Yes/No***
** - ESIAs and DPIAs will be undertaken for any decision arising from actions proposed in the COVID-19 recovery plan as required.*		
Data Protection Impact Assessment		
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out.		**Yes/No***
** - ESIAs and DPIAs will be undertaken for any decision arising from actions proposed in the COVID-19 recovery plan as required.*		
Other Background Documents **Other Background documents available for inspection at:** N/A		
Title of Background Paper(s)	**Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)**	
1.	N/A	
2.		

Data Sources

1. Southampton data observatory. Health Inequalities https://data.southampton.gov.uk/health/health-inequalities/health-inequalities/health-inequalities.aspx
2. Public Health England. Disparities in the risk and outcomes from Covid 19. 2nd June 2020. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/889195/disparities_review.pdf
3. ONS. Coronavirus deaths by ethnic group. 7th May 2020. https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronavirusrelateddeathsbyethnicgroupenglandandwales/2march2020to10april2020
4. ONS. Deaths involving Covid-19, England and Wales; deaths occurring in April 2020. 15th May 2020. https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsinvolvingcovid19englandandwales/deathsoccurringinapril2020
5. HIOW LRF, Protecting our Vulnerable Residents Group. Provisional Intelligence gathering to inform Community Impact Assessment.
6. Department for Work and Pensions (DWP). People on Universal Credit - Southampton, South East and England monthly trend: April 2019 to April 2020.