DECISION-MAKER:	Health and Wellbeing Board		
SUBJECT:	COVID-19 Update and Health Impact		
DATE OF DECISION: 1 September 2021			
REPORT OF:	Cabinet Member for Health and Adult Social Care		

CONTACT DETAILS					
Executive Director	Title	Executive Director, Wellbeing (Health & Adults)			
	Name:	Guy Van Dichele Tel:			
	E-mail	Guy.VanDichele@southampton.gov.uk			
Author:	Title	Consultant in Public Health			
	Name:	Robin Poole	Tel:		
	E-mail	Robin.Poole@southampton.gov.uk			

STATEMENT OF CONFIDENTIALITY

Not applicable

BRIEF SUMMARY

This briefing note provides an overview of activity taken in Southampton to reduce risk and respond to the threat of the covid-19 pandemic. A short Southampton city COVID-19 data update will be provided at the start of the agenda item including the latest number of cases and case rate, comparison with geographical neighbours and other geographies, COVID-19 hospitalisations and deaths. Progress in the COVID-19 vaccination programme to date will also be provided which will include a phase 3 (booster) update.

The briefing is provided to the Health and Wellbeing Board for information purposes only.

RECOMMENDATIONS:

(i)	To acknowledge the role of agencies in Southampton in responding to the covid-19 pandemic and disproportionate impact it has had on our most vulnerable residents
(ii)	To continue to support efforts to respond to the pandemic and ensure recovery plan prioritises actions to reduce increasing health inequalities and implement a health in all policies approach

REASONS FOR REPORT RECOMMENDATIONS

1. The briefing is provided to the Health and Wellbeing Board for information purposes only.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

None

DETAIL (Including consultation carried out)

2. Annual Report from the Director of Public Health

This year the Annual Report from the Director of Public Health has taken the form of a video interview highlighting the city response to the pandemic since March

2020. The video interview with Dr Debbie Chase, Director of Public Health, Southampton City Council can be accessed here:

Public health annual report 2020/ 21 (southampton.gov.uk)

3. Text accompanies the video on the SCC website, providing a chronology of response. In short summary, the first case of novel coronavirus was officially recorded in Southampton on 15 March 2020. The Public Health team in Southampton were already starting to prepare in early 2020 by reviewing plans with public service partners within the city and across the region, including our port and universities.

4. First national lockdown

On 23 March 2020 the Prime Minister announced that the UK would go into lockdown. We wrote to all residents with reassurance and with details of how to access support as we rapidly redeployed staff and resources to protect and support people through the difficult times to come.

5. **Southampton steps up**

Following lockdown many people found themselves isolated and in need of support for daily essentials like groceries and access to medication. To ensure no one was left behind we rapidly set up a Community Support Hub centred around the Guildhall.

We worked with local GPs, adult care teams and voluntary sector partners to build a clear picture of who may be in need of support and to reach out to provide help.

This offer was accessible through a dedicated support line managed by the Customer Services team at the council. The Customer Services team worked closely with Southampton Voluntary Services

6. Leading the local response

Although the first national lockdown gradually eased into more localised tiers of restrictions in the summer of 2020, it was clear that COVID-19 remained a threat.

To mobilise the local response we developed our <u>Local Outbreak Control Plan</u> working with partners across the city. It describes the measures we all need to take to reduce our risk, and the interventions and processes that are in place to ensure that we prevent spread of COVID-19 infection as far as possible, and can rapidly identify and respond to local outbreaks of COVID-19.

Residents have been key to our response. The high levels of adherence to national policy and public health measures by Southampton residents has meant that we have been able to keep our COVID-19 rates lower than may be expected for a city with our demographic and high levels of deprivation.

7. The second wave

In the Autumn and Winter of 2020, Southampton – along with the rest of the UK – saw a staggering increase in cases. This was attributed to the emergence of a new variant first detected in Kent which became the dominant strain in circulation in the UK. This new strain was more transmissible and as such meant that infection rates climbed rapidly.

The second wave hit Southampton and the rest of the country even harder than the first, with a dramatic increase in hospital admissions and sadly many further deaths.

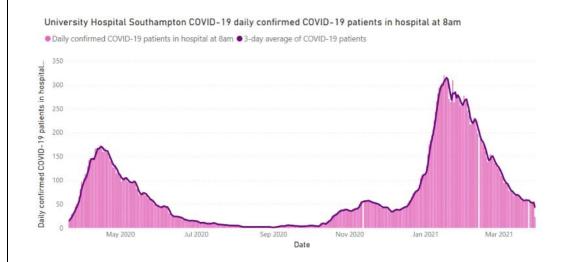
All the measures put in place to support people in Southampton remained in place and we reaffirmed our commitment to do whatever it takes to protect and support people as we entered a second national lockdown.

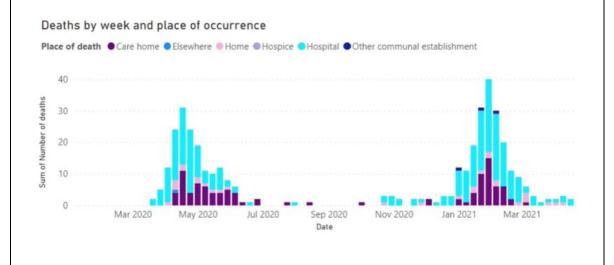
8. The impact of COVID-19 on Southampton

Southampton has seen 16,481 infections and 391 deaths with coronavirus*. Each one of these deaths has been a tragedy. It's easy to forget this is not just a number – each represents the loss of a precious family member or friend. There have also been countless more people blighted by the illness and hospitalised and suffering with the long-term effects of the infection.

This is in addition to the impact of lockdowns on the economy and on our daily lives, with consequences for mental health, employment and education that we will be dealing with for years to come.

*Data for deaths up to 25 June 2021 and cases up to 3 July 2021.





9 Southampton leads the way with mass testing trials

In June 2020, we joined with the University of Southampton and the University Hospital Southampton NHS Foundation Trust to develop and trial COVID-19

mass testing technologies. Weekly, rapid-result saliva tests were piloted with 14,000 community and school participants.

The city took a leading national role in evaluating regular COVID-19 infection testing for households at each stage in the pilot programme, allowing us to assess the feasibility of carrying out home-testing on a large scale.

The home-based saliva-testing pilot has helped pave the way for more regular testing schemes which, along with the NHS Test & Trace programme and national efforts to encourage self-isolation, vaccinations, are helping to stop the spread of the coronavirus.

10. Setting up walk-in testing centres

In September 2020, we worked with the Department of Health and Social Care to set up four walk-in testing centres within easy reach of Southampton neighbourhoods. The testing centres give residents immediate, easy access to getting tested for COVID-19 if they have symptoms and are part of a national network of sites. See Getting tested for coronavirus in Southampton

11. Local test and trace teams

In December, we partnered with NHS Test and Trace and Public Health England to launch a contact tracing service, Southampton Test and Trace. Our call handlers contact residents that have tested positive for COVID-19 and who the national test and trace service has not been able to get through to. They then provide them with self-isolation advice, identify who they may have been in close contact with, and help them access support where they need it. The service has played an important role in making contact with vulnerable residents and ensuring their needs are met.

12. Shirley steps up to take part in surge testing for the South African variant
In February 2021, our Southampton Test and Trace service worked with NHS in
the SO15 postcode area of Shirley to identify and isolate cases of the South
African COVID variant.

As part of the exercise, we wrote to postcode residents, deployed a Mobile Testing Unit (MTU) offering PCR tests (polymerase chain reaction) and issued them home test kits with instructions. Thousands of residents came together to take the tests and help us better understand this variant. The information gathered from this and other variant outbreaks will help us better prepare for future outbreaks of COVID-19, better understand variants, and may contribute to the development of further vaccines.

13. Symptom-free testing

One in three people with COVID-19 don't have symptoms, so could spread the infection without realising it.

Starting in March 2021 our teams have worked to set up <u>symptom free testing</u> <u>sites</u> across Southampton at dedicated sites and in community pharmacies. The symptom-free tests are LFDs or Lateral Flow Devices which give a rapid result within 30 minutes.

We have also been rolling out pop-up test collection sites including one at Westquay shopping centre and at community locations alongside vaccine clinics.

This ensures the message about the importance of testing reaches our whole community and that access is easy and convenient.

14. COVID-19 vaccine rollout

The roll-out of vaccines has undoubtedly had a huge impact and saved hundreds of lives in Southampton already. We're pleased to see that take up has been generally very high, and we will continue to support our partners in the local NHS to roll out the life saving jab.

Despite this we are seeing inequalities in take up, with some groups being less likely to take up the offer than others. The reasons for this are complex, based on many varied factors including age, cultural sensitivities, levels of trust in government institutions and access to quality information.

We have been working to make sure that good information on vaccines is available to everyone in their native language. We worked with a local community interest group to create and promote a <u>series of videos about vaccines</u> which feature trusted voices from within Southampton's diverse communities.

We've also been looking at innovative ways to ensure the roll out of vaccines reaches every community. Successful pop-up clinics have already taken place in local mosques and temples and we have more planned. We will continue to work with communities to ensure the roll out of the jab continues at pace.

15. Community Champions shine

One of the great positives to emerge from the pandemic is the community spirit that has helped us pull through. Whether that be from showing our appreciation for key workers, volunteering with local groups or simply looking out for our neighbours.

Our Community Champions scheme was set up in September 2020 to harness this community spirit. Our network of COVID-19 Community Champions are made up of people who live, work and learn in the city, all playing their part to keep communities safe by sharing important information and advice whilst providing the Public Health and Stronger Communities team with feedback.

This has become a vital part of the response as we seek to dispel myths and combat misinformation and conspiracy which are an ever-present danger to our efforts to get back to a more normal way of life.

16. **COVID Marshalls on patrol**

In November 2020 we were awarded a grant from the Home Office to introduce COVID Marshalls in Southampton. We moved quickly to get a team in place whose role was to engage, explain and encourage members of the public to follow COVID-19 guidelines.

They've had thousands of interactions with people and responded to hundreds of reports from concerned residents and business owners. The outcomes from these interactions have been overwhelmingly positive. They've played a key role in the reopening of the economy by supporting businesses to manage queues and one-way systems, helping to prevent mixing between groups in public spaces and providing advice on how to wear face coverings.

17. COVID-19 innovation projects

Southampton City Council has funded a number of community-led COVID-19 Innovation projects, recognising that community, voluntary and faith sector

groups have crucial links with their communities and can support public health measures in creative ways. A few of the projects delivered so far include:

- developing COVID-19 messages in different languages by trusted members of the community
- social media videos by young people working alongside the University of Southampton LifeLab and Southampton Children's Hospital Youth Ambassador Group
- community training and online engagement events.

18. Crisis communications during a pandemic

Access to good information at the right time continues to be of paramount importance to our response to the COVID-19 pandemic.

The Communications team also play a pivotal role in linking people with the support they need, ensuring people are aware of the implications of restrictions on their daily lives and that they are taking actions to keep themselves and their families safe.

This work has taken many forms – from weekly updates on the latest situation including local case numbers, to getting in touch with over 15,000 people asked to shield and translating and distributing <u>leaflets and posters</u>.

We launched the Keep Southampton Safe campaign as a vehicle to reach our diverse population with important messages on safety and changes in guidance. This work continues to be vital as we focus on reaching people of all ages and ethnicities with information about vaccines, testing and reopening.

19. Next steps and recommendations

COVID-19 has not disappeared. Though we can be positive about the situation in Southampton as cases continue to fall, we know that this can change quickly. And as we've seen here and are now seeing in other parts of the world, the consequences can be devastating.

This means we must continue to prioritise our response to the virus, preparing for further waves and protecting the vulnerable. To do this we will continue to:

- Support the roll out of Covid-19 vaccines, with an emphasis on seeking to address inequalities in uptake to ensure every community benefits
- Support the roll-out of testing both symptomatic and symptom-free as a vital tool to keep outbreaks of the virus under control and break the chains of transmission
- Work with our partners to ensure that settings are well prepared for further outbreaks
- Keep track of the prevalence and impact of the virus on Southampton's communities through an analysis of all available data and use that to inform our decision making
- Communicate in an open and transparent way with residents, visitors and businesses, promoting testing, vaccine uptake and public safety messages

COVID-19 has put a spotlight on existing health inequalities in Southampton that mean people living in more deprived areas on average have a significantly lower life expectancy and suffer from worse health outcomes. We will continue to ensure taking steps to tackle this inequality is at the heart of our work, and move towards adopting a health in all policies approach across the Council.

COVID-19 Impact and Southampton Covid-19 Health Impact Assessment

20.	At the time of preparing this report the UK is amid a third wave of the pandemic. The direct and indirect impacts of COVID-19 continue to be realised. Direct impacts include the number of cases, hospitalisations, and deaths, and how the impact of these have been experienced differentially across the population is important to understand, often varying by age, gender, ethnicity, deprivation, occupation and geography. Covid-19 underlined the structural disadvantage experienced by people from different backgrounds including ethnic minority communities and the economic and social consequences to contain Covid-19 worsened these inequalities.			
21.	Indirect effects of the pandemic include delays in healthcare access for non-Covid related conditions, physical and mental health deconditioning due to long period of COVID-19 restrictions, and changes to people's financial situation due to loss of employment, self-isolation or ill health. Significant loss of educational experience due to lockdowns or self-isolation signal negative impacts for children and young people, long-term impacts that themselves are likely to be experienced differentially across different segments of the population.			
22.	The differential impacts of COVID-19 on people from different subpopulations are thought to be due to a number of factors including differences in pre-existing health conditions (making it more likely to develop severe COVID-19 infection or death) and differences in risk of exposure to the virus due to factors such as occupation type, finances, and housing. Pre-existing ill health is also a risk factor for Long COVID, a condition in which a person experiences a continuation of symptoms past four weeks following the acute phase of infection. An estimated 962,000 people in the UK (1.5% of the population) were experiencing self-reported long COVID at the beginning of July and 18.5% of these people reported that their ability to undertake their day-to-day activities had been "limited a lot" (ONS data).			
23.	To explore and understand how these many issues have affected Southampton residents, Southampton City Council Public Health and Data, intelligence and insights team will work with partners across the city to produce a Southampton COVID-19 Health Impact Assessment (SC19HIA). The impact assessment will utilise all relevant data sources that allow the assessment of the direct and indirect effects of the pandemic and where the latest data available is relevant to the period of the pandemic. Where local data is unavailable then regional or national data will be considered in order to draw conclusions as to the likely impact on Southampton residents. Where possible trends in data will be shown prior to the pandemic and changes in the year 2020-21 will be compared to the average of the previous five years 2014-2019. Currently the data sources and scope of the impact assessment are being explored.			
24	Acknowledging that the impact of COVID-19 will have been experienced differentially across the population, the impact assessment will aim to identify where the city might be able to focus its collective effort to reduce inequalities as we build back fairer. This will not only be relevant to health policies, but all polices that affect the wider health and wellbeing of our residents.			
	RESOURCE IMPLICATIONS			
Capita	I/Revenue			
	None			

Property/Other

	None		
LEGA	LEGAL IMPLICATIONS		
Statut	ory power to undertake proposals in the report:		
	Health and Social Care Act 2012 and associated legislation		
Other	Other Legal Implications:		
	None		
RISK MANAGEMENT IMPLICATIONS			
	None		
POLICY FRAMEWORK IMPLICATIONS			
	None		

KEY DE	CISION?	No		
WARDS/COMMUNITIES AFFECTED:		FECTED:	All	
	SUPPORTING DOCUMENTATION			
Append	Appendices			
1.	None			
2.				

Documents In Members' Rooms

Doddinents in members. Rooms				
1.	None			
2.				
Equalit	Equality Impact Assessment			
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.				
Data Pr	otection Impact Assessment			
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out.				
Other Background Documents Other Background documents available for inspection at:				
Title of Background Paper(s) Relevant Paragraph of the Access Information Procedure Rules / Schedule 12A allowing document be Exempt/Confidential (if applied			ules / locument to	
1.	None			