



**ISLE OF WIGHT COVID-19 HEALTH IMPACT ASSESSMENT EXECUTIVE
SUMMARY**

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INTRODUCTION

On 11 March 2020 the World Health Organisation declared COVID-19 a pandemic. Over a year on, this report aims to look at the impact COVID-19 has had on the residents of the Isle of Wight.

SARS-CoV-2 is a newly emergent virus causing COVID-19 disease, and even now there is still much more to understand. The impacts of COVID-19 will be felt for many years, and some may still not yet be realised. This report provides a retrospective view of what the pandemic has meant to our local populations, reviewing national guidance and policy to date and what the potential impacts have been and will be on our populations.

COVID-19 has exposed, exacerbated, and created health and social care needs and new inequalities. People across the UK, and indeed the world, have been harmed by the virus in very different ways. Both the first and second waves of the pandemic have brought challenges. We need to understand how the consequences of the COVID-19 pandemic have disproportionately affected different population groups (age, gender, ethnicity, occupations, co-morbidities, deprivation) and how we minimise the negative impacts and maximise the positive benefits.

At the time of writing this report the country is still in response mode of the pandemic and evidence pertaining to the impact of COVID-19 continues to grow. Each wave has been very different in terms of interventions, national policies such as testing and dominant variant, and these factors should be considered when reviewing the data and trends.

Over the last 18 months our population movements, how we interact and work, have all been restricted and impacted on due to the public health non pharmaceutical interventions (NPIs). These NPIs were used, in the absence of a medical intervention such as vaccination, to suppress and slow down the spread of COVID-19. The direct health and clinical impacts of these policies are evident. Across the Isle of Wight, high levels of population compliance with measures such as social distancing and 'Stay at home' rules resulted in suppressed infection rates and will have undoubtedly resulted in fewer people being hospitalised and dying. However, the social and mental well being impacts could be less positive.

The Build Back Fairer: COVID-19 Marmot Review¹ found that England has had higher mortality from COVID-19 and a greater number of excess deaths in the first half of 2020 than other European countries. It states that *'this is not just a factor of population age structure, or of high rates of employment in particular sectors, nor is it solely to do with the management of the pandemic, although that is important. It relates to conditions prior to the pandemic'*. Therefore, when examining the impact of the pandemic on the Isle of Wight it is important to understand our population health baseline prior to the pandemic.

The Isle of Wight's population is older and ageing faster than England's which has implications for current and future health and social care needs. The Isle of Wight population is less diverse than England, however diversity is increasing. Overall ethnic populations have a younger age structure when compared to the White population group. The greatest

¹ [Build Back Fairer: The COVID-19 Marmot Review](#)

proportion of people from an ethnic minority are in Parkhurst A & B (likely due to a more ethnically diverse prison and hospital population), St Johns West A and Cowes Castle East.

There is marked variation of deprivation across the area. The Isle of Wight is ranked 80 out of 317 Local Authority areas (1 being the most deprived). Three LSOAs rank in the most deprived decile for IMD overall these are Pan A, Pan B and Ryde North East B.

The Health Index data², developed by the Office for National Statistics (ONS), suggests the health of the population of the Isle of Wight is generally worse than that observed in England and has further deteriorated between 2015 and 2018. Exploring sub-domains in the Health Index suggests that physical health, mental health and musculoskeletal conditions are all worse on the Isle of Wight than England and have deteriorated further. These areas will have been significantly impacted upon further due to COVID-19.

Across the Isle of Wight life expectancy improvements have slowed, particularly in females and in the more deprived areas. While life expectancy is one important indicator of health, how long a person can expect to live in good health is an even more significant measure of quality of life. Healthy life expectancy in Isle of Wight has decreased for both males and females, but this decrease is greatest in females.

The patterns and trends observed are similar to the national picture and suggests that before the pandemic, improvements in our population's health had stagnated and even deteriorated in some areas.

The following sections of the report summarise the impact of COVID-19 on the Isle of Wight's population and is structured into three sections based on the ONS Health Index domains:

- Healthy people: Looks at the impact of the pandemic on different groups, such as age, gender and ethnicity
- Healthy lives: Considers how different lifestyle behaviours related to health have been impacted by the pandemic
- Healthy places: Investigates how COVID-19 has impacted populations differently depending on the area they live

HEALTHY PEOPLE

Nationally, diagnosis rates increased with age, and rising rates in the over 60 years population were a strong predictor for higher hospital admission rates.³ Local data is comparable to national findings. Demographic factors such as age and gender correlated with higher rates of hospitalisation and death due to COVID-19, as older people and males across the Isle of Wight were disproportionately affected by these severe COVID-19 outcomes.

Higher numbers of cases were reported in females when compared to males, this may be linked to occupation (for example, a higher proportion of females work in caring occupations with regular testing). Exploring emerging local primary care data suggests that the burden of Long COVID (long-term effects that continue beyond the initial illness) may

² [Health Index: England](#)

³ [Disparities in the risk and outcomes of COVID-19](#)

disproportionately fall on the female working age population when compared to other age groups and males.

Care homes were disproportionately affected by the COVID-19 outbreak as residents and those working in care homes were more vulnerable to the virus. People living in care homes are often frailer and more likely to have underlying conditions than the population in general. Employees of care homes work in an environment where social distancing and infection control may potentially be even more challenging than in hospitals.

Data from the ONS and analysis by Public Health England (PHE), now the UK Health Security Agency (UKHSA), found that deaths in care homes accounted for 27% of deaths from COVID-19 up to the 8th May 2020. The data also indicate that 41.8% of all COVID-related deaths on the Isle of Wight occurred in care homes, with the number of deaths in care homes peaking in January and February 2021. It should be noted that these figures will not include all deaths of care home residents who died elsewhere.⁴

In addition to national policy, the impact on care homes may be due to a number of reasons; how the virus spread geographically, how quickly and effectively care homes were able to reduce transmission routes from hospitals and the community, implement infection prevention and control (IPC) measures, as well as the availability of personal protective equipment (PPE). In addition, care home use of agency staff who may work across a number of settings may have impacted the trends observed.

Along with age and gender, people from ethnic minority groups were more likely to be diagnosed with COVID-19 and were disproportionately affected by severe health outcomes. Nationally, people from Black ethnic groups were most likely to be diagnosed with COVID-19 and also had the highest admission rates. It is not possible to look at ethnic minority group data robustly at a local level and in detail, however, analysis has shown that across Isle of Wight a higher proportion of people in ethnic minority groups tested positive when compared to the white population group.

The whole population has been impacted by policy; however, particular groups have been impacted in different ways and experienced varying levels of hardship over the course of the pandemic. The variations in the impact of COVID -19 on our population can be largely summarised by the broad stages of life.

Older people were more vulnerable to serious illness and deaths from COVID-19 and more likely to shield. The impact of restrictions on non-essential services has resulted in decreased social connectiveness. Older people are also less likely to use online communications to supplement their interactions, as they are one of the population groups who are less likely to have home internet access.⁵ Lack of mental stimulation and socialising during the pandemic has also caused concerns for new and emerging cognitive decline. Age UK reported that one in five older people said that since the start of lockdown, they are finding it harder to remember things.⁶

Anxiety and depression among older people has increased during the pandemic, which can result in self-neglect and loss of confidence.⁷ Older people with pre-existing mental health conditions have seen an increase in the severity of their symptoms, while others are struggling for the first time.⁸ National Institute for Health and Care Excellence (NICE)

⁴ [Disparities in the risk and outcomes of COVID-19](#)

⁵ [Digital divide narrowed by the pandemic, but around 1.5m homes remain offline](#)

⁶ [The impact of COVID-19 to date on older people's mental and physical health](#)

⁷ [The impact of COVID-19 to date on older people's mental and physical health](#)

⁸ [The impact of COVID-19 to date on older people's mental and physical health](#)

guidelines were issued concerning rising self-harm in the over 60s due to mental health issues during the pandemic, including loneliness, bereavement and access to services.⁹ There is also growing concern of cognitive decline due to lack of mental stimulation and socialising.

Carers and Social Care Nationally, there has been an increase in unpaid carers during the pandemic as people provide informal help for family members.¹⁰ The impact of social distancing restrictions has also compounded social isolation and reduced mobility, so people may require social care services earlier than they may have done otherwise. COVID-19 will also have impacted younger people, especially those with learning disabilities who receive support services. Many services, such as day centres, were closed during social distancing restrictions which may have resulted in increased social isolation. Children with disabilities, and their families, have experienced difficulties in accessing medical services. Sixty percent of families reported delays in appointments, which can be compounded when disabled children experience multiple diagnoses, and therefore a higher number of appointments. Carers and families of these children have reported a decline in mental health and increased isolation.¹¹

Working age population Over the pandemic some people have experienced financial strain, longer working hours, poorer work life balance or increased fear of potential exposure to COVID-19. One in five adults have experienced some form of depression, double that observed before the pandemic.¹² Younger adults and women were more likely to experience some form of depression with over four in 10 (43%) women aged 16 to 29 years experiencing symptoms of depression (compared to 26% of men the same age). Studies examining the links between wellbeing, employment and low income are emerging, but earlier findings suggest low income or loss of income is associated with increasing levels of loneliness during lockdown and higher levels of anxiety and mental distress. Women in lower socio-economic jobs were more likely to be furloughed than those in higher positions (including key worker roles) and men in general.¹³

Children Evidence shows that the number of children living in relative poverty has been steadily increasing prior to COVID,¹⁴ and the economic impact of COVID has disproportionately impacted low-income families, potentially further driving and widening the inequalities for these children.

Young people Although at low clinical risk of severe health outcomes from contracting COVID-19, adolescence is a key period for social cognitive development,¹⁵ and in July 2020, 92% of young people reported missing being face-to-face with people.¹⁶ The main pressures reported by children and young people during the pandemic were: increased feelings of loneliness and isolation, concerns about school, college or university work, trouble sleeping, anxiety about catching and spreading COVID-19 and a breakdown in routine.¹⁷ Many young

⁹ [Self-harm and suicide in adults Final report of the Patient Safety Group](#)

¹⁰ [Unseen and undervalued: The value of unpaid care provided to date during the COVID-19 pandemic](#)

¹¹ [No End in Sight. The Impact of the Pandemic on Disabled Children, their Parents and Siblings](#)

¹² [Coronavirus and depression in adults, Great Britain: January to March 2021](#)

¹³ [COVID-19: mental health and wellbeing surveillance report. Important findings](#)

¹⁴ [Public Health Outcomes Framework - Data - PHE](#)

¹⁵ [Is Adolescence a Sensitive Period for Sociocultural Processing?](#)

¹⁶ [Back on Track. Support Young People Out of Lockdown](#)

¹⁷ [What children are saying to Childline about coronavirus](#)

people also expressed fears about the future. Online bullying¹⁸ and an increase in online gambling has also been reported in young adults.¹⁹

HEALTHY LIVES

Our lifestyles, behaviours and existing health conditions affect our population's health, and in turn they have been impacted by the pandemic. Comorbidities were predictors of worse health outcomes from COVID-19 and were especially evident for those with a history of non-communicable diseases such as obesity, diabetes, heart disease, hypertension and those living in more deprived areas.²⁰

Analysis across Hampshire and the Isle of Wight found that the most prevalent risk factors for testing positive for COVID-19 were excess weight and frailty.

Mortality rates were also found to be affected by co-morbidities. Public Health England's analysis of national data found that among deaths with COVID-19 on the death certificate, a higher percentage mentioned diabetes, hypertensive diseases, chronic kidney disease, chronic obstructive pulmonary disease and dementia than all cause death certificates.²¹

National data has reported a link between occupation and severe outcomes from contracting COVID-19. Men working as security guards, taxi drivers and chauffeurs, bus and coach drivers, chefs, sales and retail assistants, lower skilled workers in construction and processing plants, and men and women working in health and social care had significantly high rates of death from COVID-19.²² Additionally, men from ethnic minority groups are much more likely to work in high risk occupations. They are overrepresented in eight out of the ten highest death rate occupations; this is particularly true for taxi and cab drivers.²³ Long COVID is also more prevalent amongst those working in the health and social care sector, and those with long term health conditions such as obesity.²⁴

The Isle of Wight has a higher proportion of its population working in the 'caring, leisure and other services' sector than the South East or Great Britain (13.0% compared to 8.7% for South East and 8.8% nationally). This is also the case for 'sales and customer service' occupations (7.9% compared to 6.2% for the South East and 6.9% nationally). These sectors were at greater risk of catching COVID-19 with less opportunity for home working. The Island is also higher than the national average and the South East for those working in 'skilled trade' occupations (Isle of Wight, 11.4%, South East 8.9%, and Great Britain 9.2%) and 'elementary' occupations²⁵ (Isle of Wight, 11.7%, South East 7.8% and Great Britain 9.2%) both also sectors less likely to be able to work from home.

¹⁸ [Online Harms White Paper: Full government response to the consultation](#)

¹⁹ [Gambling by young adults in the UK during COVID-19 lockdown](#)

²⁰ [Build Back Fairer: The COVID-19 Marmot Review. The Pandemic, Socioeconomic and Health Inequalities in England](#)

²¹ [Disparities in the risk and outcomes of COVID-19](#)

²² [Disparities in the risk and outcomes of COVID-19](#)

²³ [COVID-19, Health Inequalities and Recovery](#)

²⁴ [Prevalence of ongoing symptoms following coronavirus \(COVID-19\) infection in the UK: 1 April 2021](#)

²⁵ Elementary Occupations (Group 9 in SOC) include jobs such as security guards, parking and civil enforcement officers, cleaners, postal workers, packers, canners etc [ONS Standard Occupational Classification \(SOC\) Hierarchy \(onsdigital.github.io\)](#)

National evidence of the indirect impacts of COVID-19 and how our lifestyles, behaviours and existing health conditions may have impacted our population's health through the pandemic are summarised below.

Physical activity levels have been impacted by the pandemic, for those aged 16 and over physical activity declined during the early stages of the pandemic. Children saw a decrease in overall activity levels.²⁶ Sporting activities saw a large decrease, whilst walking, cycling and at home fitness activities saw a large increase. Positive attitudes towards sport and physical activity had decreased, with boys seeing the largest drop in activity levels and girls seeing an increase. Those living in less affluent areas had consistently lower levels of activity. Other studies have reported a decline in children's physical fitness and increase in weight.²⁷ Additionally 2 million children will have missed out on swimming lessons over the past year.²⁸

During social distancing restrictions many people experienced reduced levels of activity,²⁹ however, for those with long term conditions who were shielding, this impact would have been even greater. A reduction in exercise can result in deconditioning which leads to an increased risk of reduced bone mass and muscle strength, dependence and confusion. The term 'Deconditioning syndrome' is used to describe this effect and includes the physical, functional and psychological decline that can be experienced from reduced mobility.³⁰ A survey conducted by Age UK³¹ asked older people how their health has changed since the start of the pandemic. One in three said they have less energy. One in four older people were unable to walk as far as before, and one in five feel they were less steady on their feet.

On the Isle of Wight over the course of the pandemic approximately 7,000 people were shielding. Spending months with reduced activity is suggested to have an impact on the four aspects of physical fitness (strength, stamina, suppleness and skill) and also on cognitive function and emotional wellbeing. This will increase dependency and reduce life expectancy.³²

The long term impact locally of the risk of deconditioning due to inactivity and evidence pertaining to behaviours such as smoking rates, alcohol consumption and diet are mixed and will need to be analysed over longer time periods.

Diet has been impacted by the pandemic with hospitality closed more people were cooking from home, however, the quality of food has varied across different groups. Children from disadvantaged background were most likely to eat more junk food and less likely to be eating more fruit and vegetables³³ and children who were entitled to free school meals may also have experienced food insecurity. Low mood, lack of support for meal preparation, deteriorating physical health, and increased pain has impacted on some older people's appetite and diet³⁴. Older people also reported finding it more difficult to prepare food than before lockdown.

²⁶ [Children's activity levels down but many embrace new opportunities](#)

²⁷ [Impact of Lockdown Report, Schools Active Movement](#)

²⁸ [Impact of Coronavirus on School Swimming and Water Safety report](#)

²⁹ [Research into how the coronavirus crisis has affected people's activity levels and attitudes towards exercise](#)

³⁰ [Prevalence, severity, and nature of preventable patient harm across medical care settings: systematic review and meta-analysis](#)

³¹ [The impact of COVID-19 to date on older people's mental and physical health](#)

³² [Covid-19 will be followed by a deconditioning pandemic](#)

³³ [The National Food Strategy: Part One – July 2020](#)

³⁴ [The impact of COVID-19 to date on older people's mental and physical health](#)

Alcohol purchases (as measured by total volume of duty-paid alcohol) decreased by 1.2% over the year of the pandemic (2020/21) compared to the previous year³⁵. However, there were large peaks in alcohol purchasing over the two periods of social restrictions with increases of alcoholic drinks and tobacco products.³⁶

Obesity is an area in which information is still emerging in the wake of the COVID-19 pandemic. Given recent trends in diet and physical activity it is likely that current levels of obesity may have been adversely impacted for adults and children, and inequalities may have increased³⁷.

Smoking rates have declined over the course of the pandemic, with an estimated one million people stopping smoking since the beginning of the pandemic.³⁸ However, contrary to this there is a concern that some of those who stopped smoking may have taken up smoking again due to the stress experienced during the pandemic and that existing smokers may be smoking more frequently.³⁹

Work-life balance During the pandemic many people's working arrangements changed with nearly half (46.6%) of people in employment doing some work from home from April 2020.⁴⁰ Of these, around one third (30.3%) worked a greater number of hours than usual. Working long hours has been shown to be a risk to health, with people working 55 hours or more per week having an increased risk of heart disease or stroke.⁴¹ Reported benefits of working from home include: reduced time spent travelling to work, reduced sickness absence rates, helping fathers to be more present and have greater involvement in childcare.⁴² Many workers have reported that they would like to continue some home working once social distancing restrictions end.⁴³

HEALTHY PLACES

The Marmot Review⁴⁴ highlighted how place matters and is a driver of health and social care outcomes. A person's socio-economic situation, including place of residence, are important factors to consider when exploring local data and trends.

Analysis of local COVID-19 wave one and wave two data consistently show a concentration of cases around institutions such as care homes, the hospice and the hospital highlighting those the more vulnerable and at risk groups due to age, health or working in a caring profession with increased exposure to COVID-19.

³⁵ [Monitoring alcohol consumption and harm during the COVID-19 pandemic \(publishing.service.gov.uk\)](#)

³⁶ [Retail sales, Great Britain: February 2021](#)

³⁷ Bakaloudi DR, Barazzoni R, Bischoff SC, Breda J, Wickramasinghe K, Chourdakis M. Impact of the first COVID-19 lockdown on body weight: A combined systematic review and a meta-analysis [published online ahead of print, 2021 Apr 20]. *Clin Nutr.* 2021;S0261-5614(21)00207-7. doi:10.1016/j.clnu.2021.04.015

³⁸ [A million people have stopped smoking since the COVID pandemic hit Britain](#)

³⁹ [UK Smoking Cessation and E-cigarettes Market Report 2021](#)

⁴⁰ [Coronavirus and homeworking in the UK: April 2020](#)

⁴¹ [Long working hours increasing deaths from heart disease and stroke: WHO, ILO](#)

⁴² [Lockdown Fathers the untold story](#)

⁴³ [Most workers want to work from home after COVID-19](#)

⁴⁴ [Health Equity in England: The Marmot Review 10 Years On](#)

There are further smaller areas on the Isle of Wight which data suggest are more vulnerable to COVID-19. Local vulnerability indices have been constructed to help further understand the impact of COVID-19 on these smaller areas and are summarised later in this report.⁴⁵

A review of the evidence and how place based factors have been indirectly impacted on by COVID-19 is summarised below.

Education has been significantly impacted on due to school closures. Time spent learning declined during lockdown for secondary school pupils, from 6.6 hours per day before the pandemic to 4.5 hours during the pandemic.⁴⁶ This varied by area, for example, those schools in higher areas of deprivation had greater months of learning lost when compared to schools in lower deprivation areas.⁴⁷ There are many reasons why those children from deprived backgrounds had reduced participation in learning. For example, reduced access to digital resources and support required for distance learning may have been a barrier.⁴⁸ Home schooling may also have been especially challenging in households with overcrowding, where parents have lower educational attainment or reduced language skills.⁴⁹ Concerns were also raised for vulnerable children who in lockdown became a 'hidden population' due to reduced contact and social interaction with educational and health professionals.

Access to green space The social distancing restrictions and stay at home measures impacted people very differently depending on where they lived and their type of accommodation. Data from UKHSA indicate that access to a private garden space varies by social class and by ethnicity.⁵⁰ Those people living in smaller, more crowded homes with less access to private garden space would have experienced greater stress during social distancing restrictions than those with a garden and additional living space.

Air quality has been positively impacted on. During the lockdown period in late March and April 2020 motor vehicle travel was 63% lower than during the same months in 2019. Overall, in 2020 motor vehicle travel reduced by 21.3% compared with 2019. The largest decrease was shown for buses and coaches, followed by cars, whilst the use of pedal cycles increased by almost 50%.⁵¹

Crime data present a mixed picture depending on the type of crime. Police data indicates that crime has been impacted by the pandemic and associated policies.⁵² Robbery and theft dropped dramatically during 2020, however, there are reports of young people being at increased risk from county lines as criminal groups find new online ways and social media platforms to coerce young people into drug running.⁵³ Domestic abuse has also seen an increase during the pandemic, the national domestic abuse helpline reported a 66% rise in

⁴⁵ Detailed reports to be published on the Isle of Wight Joint Strategic Needs Assessment website late 2021

⁴⁶ [Family time use and home learning during the COVID-19 lockdown](#)

⁴⁷ [Understanding progress in the 2020/21 academic year Interim findings January 2021](#)

⁴⁸ [National Foundation for Educational Research: The challenges facing schools and pupils in September 2020](#)

⁴⁹ [Young Mind submission to Education Committee's inquiry into coronavirus and the impact on education and children's services](#)

⁵⁰ [Wider Impacts of COVID-19 on Health \(WICH\) monitoring tool](#)

⁵¹ [Road Traffic Estimates: Great Britain 2020](#)

⁵² [Crime in England and Wales: year ending December 2020](#)

⁵³ [Between the lines](#)

calls and a 950% increase for visits to the website compared with pre-COVID-19.⁵⁴ With the increase in domestic abuse the number of children in care increasing is a concern.

Economic and employment policy has been introduced throughout the pandemic designed to mitigate the negative impact of the public health interventions on businesses and employees. Around 80% of hospitality and food businesses ceased trading during the lockdown period.⁵⁵ Consequently, those working in food service, accommodation, arts and entertainment were the workforce most affected. National data suggest that the young working age population had the highest rates of furlough, the most likely age to be furloughed during the first half of the pandemic was 17 years old.⁵⁶ This age group was also less likely to be able to work from home due to their roles. Occupations requiring higher qualifications and more experience were more likely to provide homeworking opportunities than elementary and manual occupations.⁵⁷

Employment rate across the population decreased by 1.4% from the start of lockdown. People aged 16 to 24 years and those aged 65 years and over were the main drivers for the annual decrease in the number of people in employment, whilst people aged 50 years and over were most affected by redundancy. In these times of economic uncertainty, there was a sharp and large increase in the number of people who claimed for universal credit during 2020.⁵⁸

The unemployment rate for people from a minority ethnic background increased by a larger proportion than those from a white background from October to December 2020.⁵⁹ This inequality maybe in part driven by the types of occupation and industry sector ethnic communities work in. The service and hospitality industries were most affected, national reports suggest that around a third of taxi drivers and chauffeurs are Bangladeshi or Pakistani men⁶⁰ and almost one third (29%) Asian / Asian British workers are employed in the service sector.⁶¹

Social deprivation is a risk factor for poorer outcomes, evident in higher mortality and hospital admission rates for those living in the most deprived areas.⁶² People in these areas are also more likely to be employed in insecure work without financial reserves. The economic impact on this population could be severe, potentially widening existing inequalities with families losing the benefits of free school meals and having to meet increasing home costs.

Food poverty is a growing issue across England, including in our Hampshire districts and neighbouring unitary regions. The COVID-19 pandemic has exacerbated existing, already growing health inequalities. Adverse effects on employment, loss of social and support networks and sudden closure of schools all contributed to increased hunger, and as a result we saw a further rise in both formal and informal food aid initiatives being established across

⁵⁴ [Refuge reports further increase in demand for its National Domestic Abuse Helpline services during lockdown](#)

⁵⁵ [Furloughing of workers across UK businesses: 23 March 2020 to 5 April 2020](#)

⁵⁶ [Coronavirus Job Retention Scheme statistics: July 2020](#)

⁵⁷ [Coronavirus and homeworking in the UK: April 2020](#)

⁵⁸ [Coronavirus: Universal Credit during the crisis](#)

⁵⁹ [Labour market overview, UK: December 2020](#)

⁶⁰ [Disparities in the risk and outcomes of COVID-19](#)

⁶¹ [2011 Census](#)

⁶² [Disparities in the risk and outcomes of COVID-19](#)

the country⁶³. The districts of Havant, Gosport, Rushmoor, as well as the Isle of Wight, all had a large proportion of LSOAs within the three deciles with the highest risk of food insecurity.

VULNERABILITY INDICES

It has been identified that certain communities and individuals across the Isle of Wight are more vulnerable to harm from the indirect impacts of COVID-19. Different factors have contributed to this vulnerability and are strongly linked to the wider determinants of health.

To help understand how the indirect impacts have affected our communities, a Mental Wellbeing Index and Business Vulnerability Index have been developed.⁶⁴ These compile datasets from a range of sources identified through statistics and literature published throughout the first and second wave of COVID-19 in 2020. Using population, business and economic data for the Isle of Wight, the indices aim to cover a wide range of characteristics which were identified as creating inequalities between people's or businesses' experiences of COVID-19 in the pandemic.

The indices are not intended to be used as a standalone tool but within the context of local knowledge and other available data.

Mental Wellbeing Vulnerability Index

The population groups who were affected most by the NPIs during the early stages of COVID-19 may not have had any mental health challenges before COVID-19. They may not live in areas typically associated with poor mental health (such as areas with high levels of socio-economic deprivation^{65, 66, 67}). Regardless, there is evidence that aspects of the restrictions could have taken a toll on their mental health.

It is also important to recognise the general low feeling amongst the population due to the changes to daily life which were experienced during the first lockdown, as well as the subsequent periods in lockdown, or tight restrictions. This may create difficulty when trying to identify groups who have experienced vulnerable mental health for the first time during COVID-19, as they may not be able to distinguish their mental health challenges from this general low mood which was widely reported during the first lockdown. It is vital that those with mental health challenges are able to recognise their symptoms, so that they can be made aware of the services which are available to them and how to access them. Without proper support, these populations are at risk of their mental health worsening beyond COVID-19 if they are unable to return to life as normal.

These populations need to be supported appropriately, alongside those with long-term, ongoing mental health conditions who are also at increased risk of worsening mental health as a result of restrictions in place during COVID-19. These populations have also seen a change to the mental health support they've been able to receive during COVID-19, which will present them with challenges managing their conditions.

⁶³ Food Foundation (2021) [FF_Impact-of-Covid_FINAL.pdf](https://www.foodfoundation.org.uk/wp-content/uploads/2021/04/FF_Impact-of-Covid_FINAL.pdf) ([foodfoundation.org.uk](https://www.foodfoundation.org.uk))

⁶⁴ Detailed reports to be published on the Isle of Wight Joint Strategic Needs Assessment website late 2021

⁶⁵ [Mental health and wellbeing: JSNA toolkit. Mental health: environmental factors](#)

⁶⁶ [Neighbourhood deprivation and health: does it affect us all equally?](#)

⁶⁷ [Poverty and mental health](#)

The Mental Wellbeing Vulnerability Index suggests that no population group in the Isle of Wight's population has been unaffected by COVID-19 restrictions. Throughout COVID-19 the entire population has been at risk of declining mental wellbeing, not just those with certain characteristics or existing mental health conditions.

People who live in deprived areas are not necessarily more likely to have vulnerable mental wellbeing as a result of COVID-19 restrictions, although in many cases deprivation and mental wellbeing vulnerability are related. The main areas to focus on are Parkhurst, Newport, Ryde and Cowes Castle East. These are the areas where the populations most likely to have vulnerable mental wellbeing as a result of COVID-19 restrictions live.

The two groups which consistently have vulnerable mental wellbeing as a result of COVID-19 restrictions on the Isle of Wight are young people and ethnic minorities. The characteristics which make people vulnerable to poor mental wellbeing in rural and urban areas differ on the Isle of Wight. Those in urban areas tend to be vulnerable to poor mental wellbeing due to their demographics; being young, belonging to an ethnic minority group and also working in industries most affected by furlough. Those in rural areas tend to be vulnerable to poor mental wellbeing due to factors relating to their employment and health, particularly in the northeast of the Island.

Business Vulnerability Index

In 2020 the Institute for Fiscal Studies (IFS) reported on the varying impact of COVID-19 and COVID-related policy on parts of England.⁶⁸ The findings included that there was no single measure of vulnerability that could summarise which areas of the country would be hardest hit. However, some areas are more vulnerable than average on health, economic and social factors. The IFS identified nine local authorities within this particularly vulnerable group, these were spread around the country and included both urban and rural areas. Even within this group, Torbay and the Isle of Wight stood out; their elderly populations, economic reliance on tourism and hospitality, and pockets of socio-economic deprivation driving high levels of vulnerability along all three dimensions.

The Business Vulnerability Index was created to assess the variations in how vulnerable businesses are to the impacts of the COVID-19 pandemic restrictions across Isle of Wight.⁶⁹ This tool provides an assessment of the relative impacts during the COVID-19 pandemic across the area. The Index is constructed from a range of indicators. These aim to capture the employee and business aspects of the impacts which arose from the COVID-19 pandemic restrictions.

The sector, size, and location of a business alongside the mobility of customers were found to determine the vulnerability of a business, with the impacts of the COVID-19 pandemic disproportionately affecting physical in-store and small businesses, with online and larger firms being more likely to survive.⁷⁰

The impacts of the COVID-19 pandemic on employment were worse on the Isle of Wight compared to England and the South East. The proportion of working aged adults claiming out of work benefits increased by 3.71% between February 2020 and March 2021 compared

⁶⁸ <https://ifs.org.uk/uploads/The-Geography-of-the-COVID19-crisis-in-England-final.pdf>

⁶⁹ A detailed report on the vulnerability indices will be published on the JSNA web pages

⁷⁰ [COVID-19 and the retail sector: impact and policy responses](#)

to an increase of 3.6% in England. 20.5% of the eligible jobs on the Isle of Wight were put on furlough in February 2021, which was higher than the England and South East average, 15.62% and 15.78% respectively.

The younger aged working population was impacted more during the COVID-19 pandemic with the claimant count rate of the younger aged working population increasing by 5.14% between February and 2020 and March 2021, with the older aged working population only increasing by 2.43%.

Businesses in the Isle of Wight were found to be more vulnerable to the impacts of the COVID-19 pandemic compared to Hampshire. Businesses on the Isle of Wight were more vulnerable to the impacts of COVID-19 for three indicators, Coronavirus Job Retention Scheme (Furlough), industry sector and unemployment and less vulnerable compared to the Hampshire average for the mobility of consumers and size of business indicators.

Businesses were impacted during the early 2021 lockdown restrictions similarly to Summer 2020 lockdown restrictions, with furlough uptake and the claimant count rate being similar in the early 2021 lockdown as during the Summer 2020 lockdown. Both these measures peaked during the early 2021 lockdown in February 2021.

People who lived in urban areas were more vulnerable to the impacts of the COVID-19 pandemic, with urban areas typically experiencing a higher increase in claimant rate compared to rural areas. The areas of the east coast around the towns of Ryde, Sandown and Shanklin, were identified as having a large presence of businesses who operate in the identified vulnerable sectors and a large increase of people claiming out of work benefits.

Businesses operating in the accommodation and food service are likely to quickly rebound as restrictions ease, with businesses in this sector experiencing a turnover level in August 2020 just below what was experienced in February 2020. These businesses are also likely to quickly rebound as the Isle of Wight is also likely to be a popular destination for holiday trips, with 608,000 holiday trips taken to the Isle of Wight between 2017 to 2019.

Self-employed construction businesses in the Isle of Wight were particularly vulnerable, with these businesses likely to account for a large proportion of the first three Self-Employment Income Support Scheme claims across Isle of Wight.

AREAS OF FOCUS

The burden of illness and death due to coronavirus as well as the indirect impacts of COVID-19 have not been shouldered equally, disproportionately affecting different population groups.⁷¹ It is very clear that the importance of health inequalities has been brought to everyone's attention, existing health and social care vulnerabilities have been exacerbated and vulnerabilities are evident in population groups not traditionally considered. The Living Safely with COVID report⁷² stated that "health outcomes are driven by a wide range of factors. If we are truly going to 'build back fairer' we need a comprehensive recovery strategy that incorporates preventative action at every level".

Areas of focus are presented which emulate the sentiment of The Health Foundation COVID-19 impact inquiry report⁷³ and look to focus our work on those main drivers of

⁷¹ [Inequalities and deaths involving COVID-19](#)

⁷² [Living Safely with Covid](#)

⁷³ [Unequal pandemic, fairer recovery](#)

inequalities which have been contributors to the direct and indirect impacts of COVID-19 on our population.

Key areas of focus 1: Many of the underlying health risk factors for COVID-19 are the result of poor conditions associated with the social determinants of health. The rate of improvement of the health of the Isle of Wight population has slowed and is unequal with the proportion of time spent in good health decreasing.

- Provide Public Health leadership to the population health management programme – provide evidence and support to enable focus on modifiable behaviours and the wider determinants of health alongside clinical data.
- Focus on lifestyle interventions at person and place level importantly smoking, obesity and physical activity. Public Health should explore conducting a lifestyle survey to provide greater insight and understanding into lifestyle behaviours within local communities, working with relevant stakeholders including Districts and Healthwatch.
- Whilst the present report examines some of the impacts of the pandemic on mental and physical wellbeing, there are longer-term impacts that remain unknown. Public health will continue to monitor trends in the general population for instance the mental wellbeing of our young, working age and older populations, obesity and alcohol consumption.
- Capitalise on good joint working between councils, the voluntary sector and the NHS to focus on tackling the wider determinants of health, focusing on health inequalities.

Key areas of focus 2: Older people, ethnic minority groups & those living in deprived areas were disproportionately affected by the severe outcomes of COVID-19.

- Commissioned services should ensure disadvantaged population groups have equity of access. Recommendations from the Hampshire and Isle of Wight (HIOW) Ethnic Minority and COVID-19 Needs Assessment need to be addressed as a system.
- Providers of commissioned services should be outcomes focused. Health equity impacts should be conducted to look at the impacts and health outcomes of the service provision across different population groups. This requires good data collection to identify population groups and measure outcomes which should form part of the key performance indicator data collection.
- Providers of commissioned services should analyse their service activity data to help understand what impact COVID has had on accessing services and subsequent delays in treatments or service provision. Has this disproportionately impacted certain populations?
- Work with the HIOW COVID-19 Vaccination Programme to maximise uptake of the primary and booster dose in populations most affected by the severe outcomes of COVID-19.

Key area of focus 3: Women of working age have been disproportionately affected by Long COVID

- Public health departments have an important role in continuing to monitor long term outcomes for those populations recovering from COVID.
- Reform workplace occupational health policy to recognise and anticipate Long Covid as a debilitating condition and plan support for employees physically and mentally.
- Primary Care Network health and wellbeing coaches could provide a supportive role providing practical lifestyle advice.

Key areas of focus 4: Children and young people have experienced disrupted education and have been significantly impacted by economic polices. The pandemic has affected their education, health and wellbeing. Evidence has shown that these impacts are greater for those living in deprived areas driving concerns that health inequalities will have widened for an already vulnerable population.

- Public Health needs to work with partners to better understand what the impacts of the pandemic have been on our children and young people especially those children already identified as vulnerable. Disseminate findings and recommendations from the Hampshire and Isle of Wight 0-25 Mental Health Needs Assessment and Impact of COVID-19 Review
- Share HIA report with our corporate, education and children's services colleagues as well as other public sector partners to identify possible actions (e.g. digital and remote learning experiences – lessons learnt).
- Work with the business sector to encourage more opportunities for young people such as apprenticeships and work experience to provide economic and educational certainty.

Key area of focus 5: Build on and consolidate relationships established during the pandemic to work more creatively and capitalise on the positives COVID has created.

- Public Health should capitalise on the general increase in community groups and mutual support in the wake of the pandemic. Continue to utilise and strengthen initiatives like the community researchers and insight work that has been conducted.
- Public Health should drive changes in information governance, data dissemination, sharing to improve data completeness and enable better local analysis of local inequalities.
- The Health Foundation report refers to groups who currently lie 'below the data line' such as some ethnicity minority communities. People belonging to inclusion health groups have extremely poor health outcomes, often much worse than the general population, lower average age of death, and it contributes considerably to increasing health inequalities⁷⁴. This includes homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveler communities, sex workers, people in contact with the justice system and victims of modern slavery. The Public Health Joint Strategic Needs Assessment needs to better understand these Inclusion Health Groups at a local level; who they are, where they live, and what are their challenges?

Key area of focus 6: Focus on staff health and wellbeing – in particular we need to recognise and support those who have worked in the pandemic response who may be suffering stress, feeling burnt out or experiencing trauma

- Reform workplace occupational health policy to recognise the impact and potential trauma the pandemic has caused for those working in the pandemic response

Key area of focus 7: Identify and build on the positive impacts of COVID-19 for example:

- COVID-19 lockdown events have led to declines in air pollution and put a big focus on air quality.

⁷⁴ [Inclusion health: applying All Our Health](#)

- Maintain the gains made in the environment, sustain the momentum in home fitness activities in the post COVID-19 era.
- Greater community support and resilience.
- Greater awareness of infection prevention, control and vaccination.