Isle of Wight COVID-19 Health Impact Assessment Summary

Hampshire & Isle of Wight Public Health Intelligence Team

October 2021

Hampshire & IOW Public Health Intelligence

ISLE of WIGHT COUNCIL

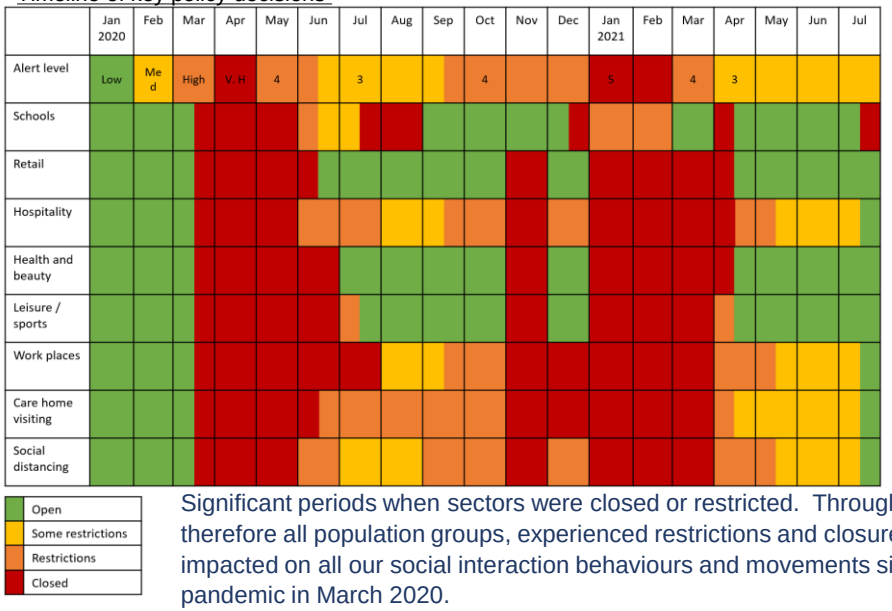
Contents

1. Strategic context

How have COVID-19 policies impacted on population movements, work patterns, socialisation and connectiveness?

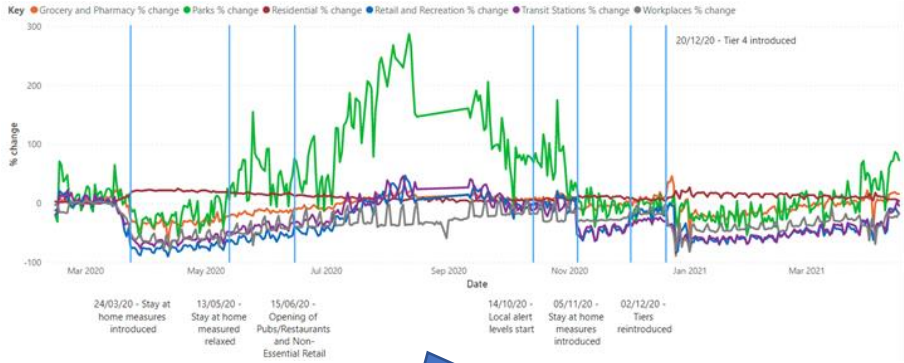
- The direct health and clinical impacts of these policies are evident - suppressed infection rates resulting in fewer people being hospitalised and dying.
- The social and mental well-being impacts could be less positive, with reports of increased loneliness through reduced social connectiveness and increased anxiety and depression during times of great uncertainty. The long-term impact of school closures on student's education, health and wellbeing outcomes. Policies addressing businesses and employment, such as the Coronavirus Job Retention Scheme, have been significant. Economic indicators suggest wide reaching, and perhaps long term, impacts on the current and future working age populations.
- The Institute for Fiscal Studies have identified the IOW (alongside Torbay) as one of two most vulnerable local authorities (LAs) in the country to the COVID-19 pandemic on health, economic and social lines. This reflects the elderly population of the IOW, its economic reliance on tourism and hospitality, and pockets of local socio-economic deprivation.

Timeline of key policy decisions



Significant periods when sectors were closed or restricted. Throughout 2020 all sectors, and therefore all population groups, experienced restrictions and closures. Social distancing has impacted on all our social interaction behaviours and movements since the start of the pandemic in March 2020.

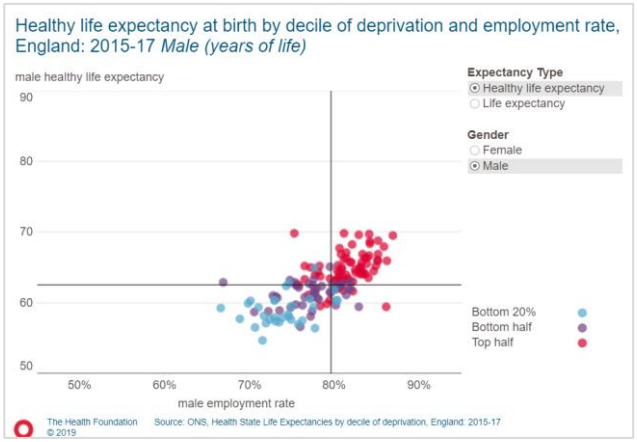
Population movement trends over time by category of place

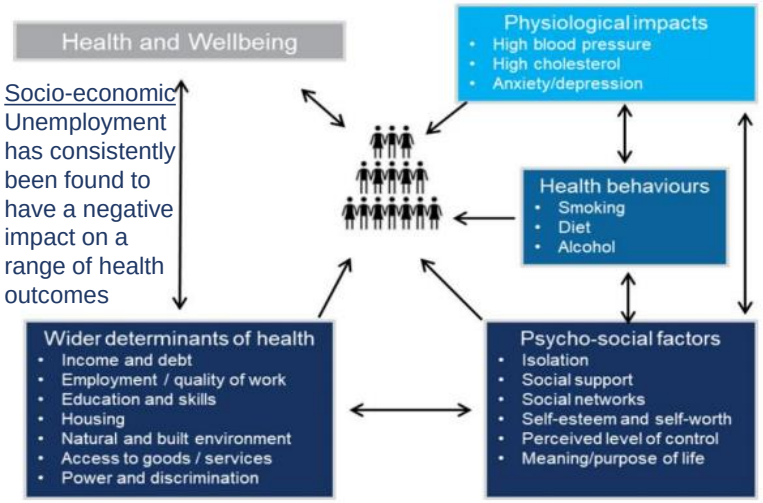


Source: Google COVID-19 Community Mobility Reports

Mobility data show significant population compliance with non pharmaceutical intervention policies. Adapting behaviours accordingly for example working from home, shopping online and staying local.

Health and mental wellbeing outcomes are driven by a wide range of factors. We must consider and understand the impacts of the wider determinants, physical and health behaviours which drive these.





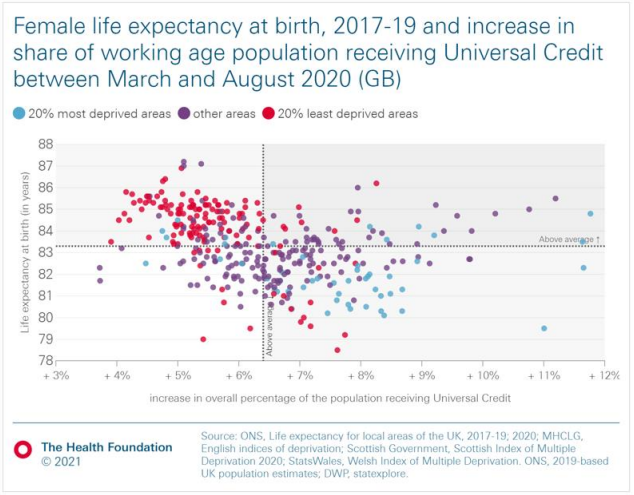
Socio-economic
Unemployment has consistently been found to have a negative impact on a range of health outcomes

Long term conditions
Around 30 per cent of all people with a long-term physical health condition also have a mental health problem with a higher proportion reporting high levels of anxiety

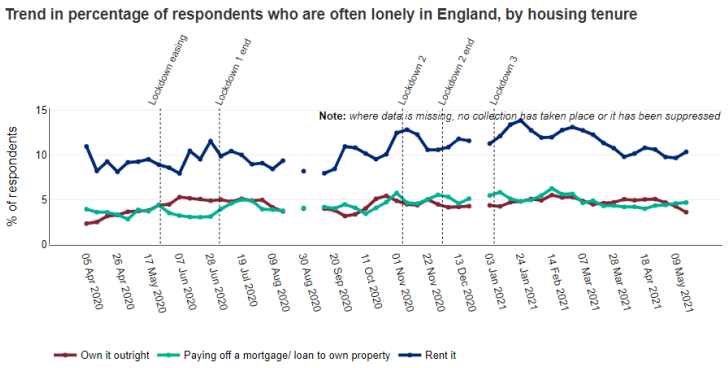
Health behaviors
Adults with depression are twice as likely to smoke as adults without depression.

People with schizophrenia are three times more likely to smoke than other people and tend to smoke more heavily.

Social connectiveness
Those with an underlying health condition more likely to feel lonely often – especially in the younger 16 to 24-year-old population groups



Socio-economic
Greater increases in the share of the population receiving Universal Credit have tended to be in more deprived areas and those with lower life expectancy.



Housing
Those in rented accommodation more likely to feel lonely often – especially in the younger 16 to 24-year-old population groups

2. Isle of Wight demographics and health index baseline

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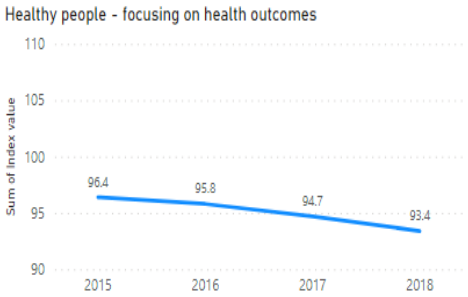
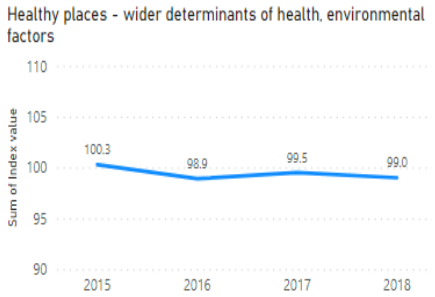
How healthy were the population of the Isle of Wight before the pandemic?

- Older population ageing at a faster rate than England overall
- Less ethnically diverse population compared to England but growing diversity.
- Demographic structure of the population who are from an ethnic minority group is younger compared to the white population.
- IOW is ranked the 80th most deprived local authority (out of 317 in total), there are areas of significant deprivation affecting children and older people.
- Before the pandemic improvements in our population's health had stagnated and in some areas deteriorated. Mental health and physical health such as 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.
- Population density and inter-connectedness varies across Isle of Wight and only partly explaining the distribution of infection and deaths
- Provisional national data indicate there was no baby boom as a result of the first lockdown restrictions.

ONS Health Index data uses a broad definition of health, including health outcomes, health-related behaviours and personal circumstances, and wider determinants of health and suggests that population health is worse then England and trend data show a continued deterioration.





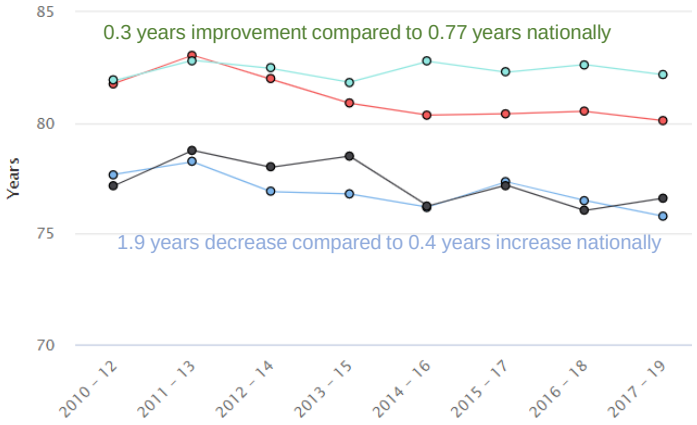
'Inequalities in social and economic conditions before the pandemic contributed to the high and unequal death toll from COVID-19'

Build back fairer: The COVID-19 Marmot Review

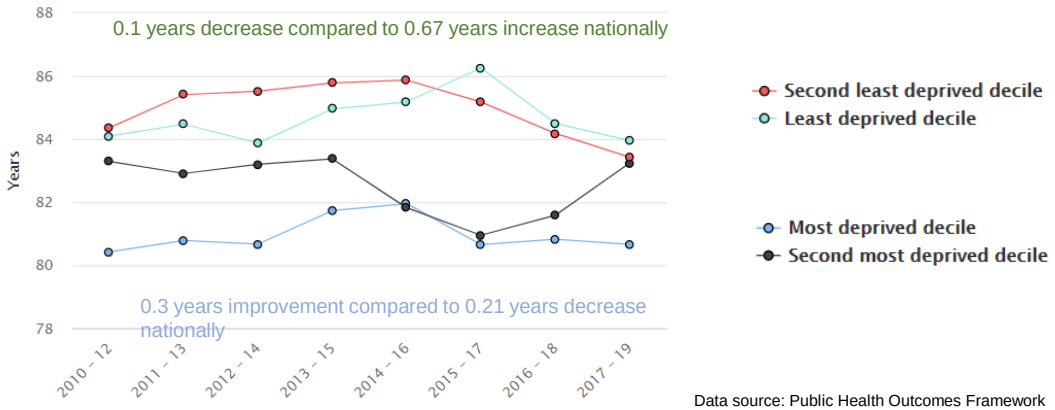
Data source: ONS Health Index

How healthy were the population of the Isle of Wight before the pandemic?

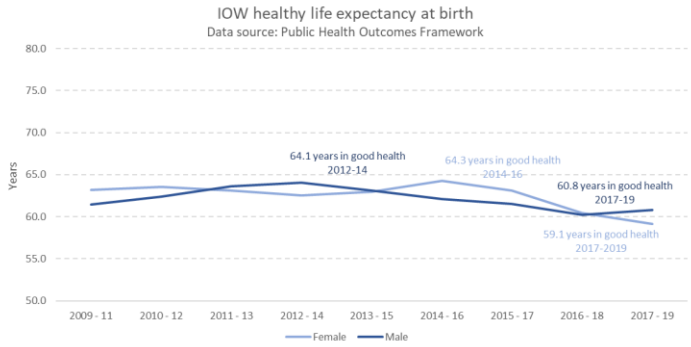
Isle of Wight life expectancy at birth (males): inequalities



Isle of Wight life expectancy at birth (females): inequalities



Data source: Public Health Outcomes Framework



Life expectancy improvements have been stagnating particularly in the more deprived areas, this is most evident in female life expectancy

The time spent in good health for both IOW males and females has decreased over the past five to seven years, by 5.2 years for females and 3.2 years for males

3. COVID-19 Outcomes on the Isle of Wight

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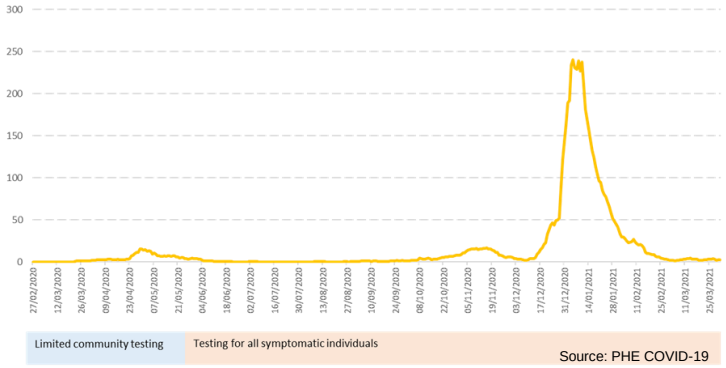
Data Summary: How many people on the Isle of Wight were infected, hospitalised and died due to COVID-19 during the first and second wave?

COVID-19 cases (7 day average) from 27/02/2020 to 31/03/2021

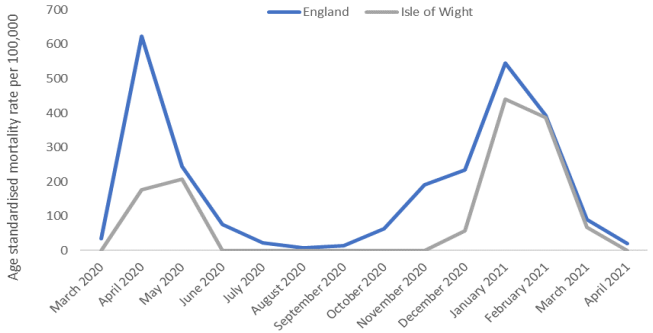


Source: PHE COVID-19 Dashboard

6,728 confirmed COVID-19 cases in Isle of Wight, this a rate of 4,745.7per 100,000 of the population.

Over 1,500 people on the Isle of Wight were experiencing Long COVID for 12 weeks or longer

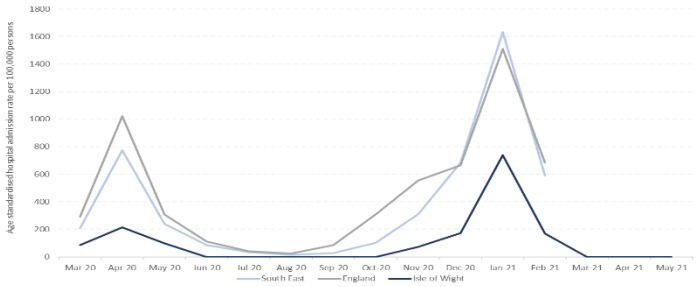
Age standardised mortality rates due to COVID-19



Source: Deaths due to COVID-19 by local area and deprivation, 20th May 2021 release, ONS

298 deaths due to COVID-19. Mortality due to COVID-19 was at its highest during the second wave of the pandemic.

Isle of Wight monthly age-standardised hospital admission rate per 100,000 person-years, for COVID-19 in England, South East - March 2020 to February 2021 and Isle of Wight to May 2021



Source: SUS PbR Inpatients from South, Central & West CSU, extracted June 2021 and PHE COVID-19 Health Inequalities Monitoring for England (CHIME) tool

412 emergency admissions for Isle of Wight residents where COVID-19 was recorded

Isle of Wight rates suggest a greater burden from COVID-19 was evident in our population during Wave 2.

Note: How the waves are defined varies depending on the data being presented, for local analysis the cases, hospital admissions and mortality wave time periods have been driven by the peak month. When interpreting data it is important to consider the policy context between Wave 1 and Wave 2, such as the change in testing strategies and clinical treatment

4. Healthy people

The impact of the pandemic on different groups

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What demographic factors drove the direct impacts of COVID -19 on our population?

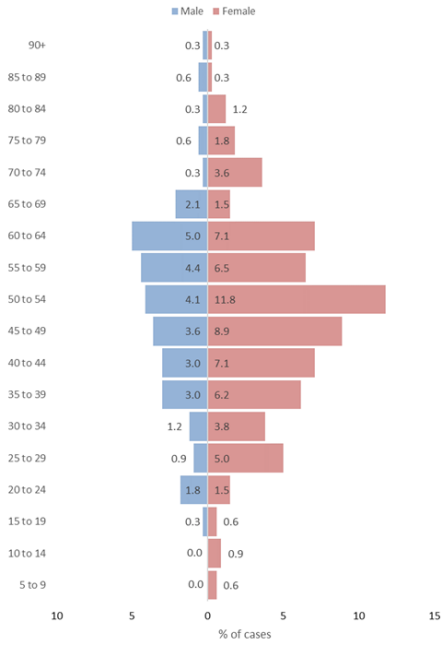
AGE

Advancing age (>60 years) was a strong predictor of poor outcomes - increasing hospital admission rates and deaths.

Older people were disproportionately affected by severe COVID-19 outcomes

Younger people (aged 70 or below) and women are more likely to experience Long COVID.

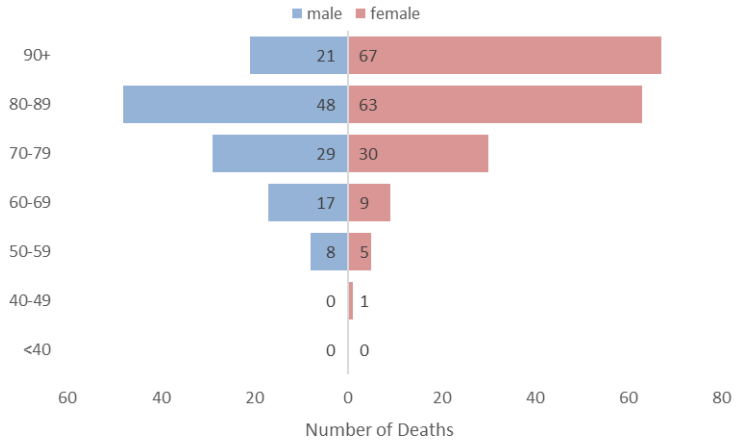
Age and sex of patients with a post COVID-19 diagnosis



Across Hampshire and the Isle of Wight working age women, especially those aged 45 to 64, are most likely to require on-going support with their health after contracting COVID-19.

Source: Care and Health Information Exchange (CHIE) extract May 2021

Distribution of deaths by age group and sex



The number of COVID-related deaths was highest amongst the older population, with over two thirds of deaths among people aged 80 years and over (66.8%)

Source: Civil Registrations Data, NHS Digital

What demographic factors drove the direct impacts of COVID -19 on our population?

GENDER

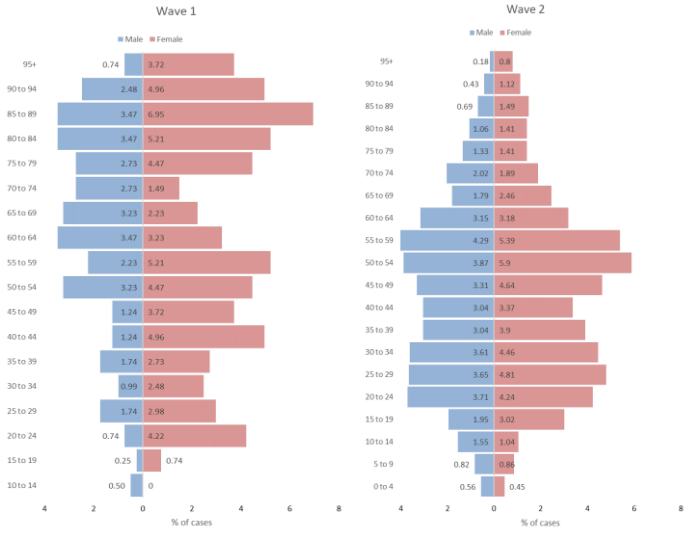
Higher numbers of cases were reported in females when compared to males.

- This is possibly linked to occupation for example, a higher proportion of females work in caring occupations with regular testing
- Women are more likely to experience Long COVID and so most likely to require on-going support with their health after contracting COVID-19.

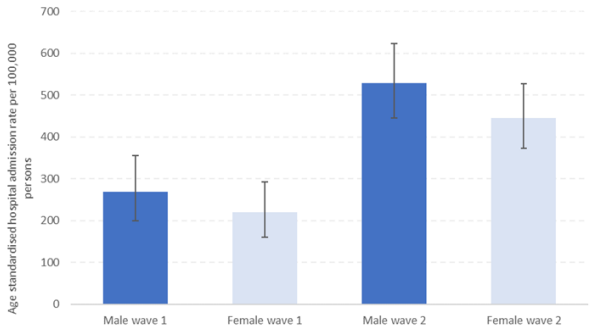
Males were disproportionately affected by the severe health outcomes due to COVID-19

- During both waves the male admission rate was significantly higher than female rate. Males and females both experienced significantly higher admission rates in Wave 2 compared to Wave 1.
- 58% of IOW COVID-related deaths were among females, comparing the male and female COVID-19 age standardised rates shows that the mortality rates are comparable and are not statistically different.

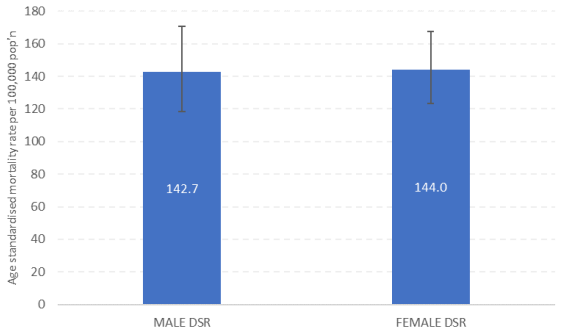
Demographics of COVID-19 cases in Wave 1 (4 March 2020 to 31 May 2020) compared with Wave 2 (1 October 2020 to 31 March 2021)



Age-standardised hospital admission rate per 100,000 by gender



Age-standardised COVID-19 mortality rate per 100,000 by gender. March 2020 to April 2021



What demographic factors drove the direct impacts of COVID -19 on our population?

Ethnic group

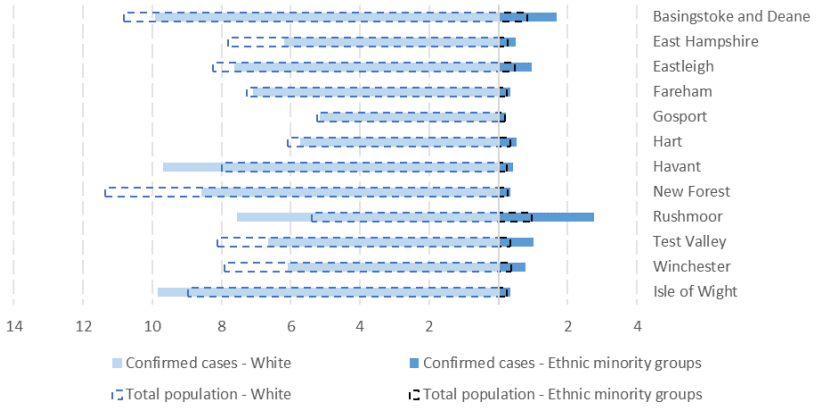
People from ethnic minority groups were more likely to be diagnosed with COVID-19

- Nationally people from Black ethnic groups were most likely to be diagnosed with COVID-19

People from ethnic minority were disproportionately affected by the severe health outcomes due to COVID-19

- In England as a whole, the Black ethnic group had the highest rate of hospital admissions although at the peak of the second wave the difference is small.
- At the peak of the first wave the admission rate in the Black group was 3.9 times higher than the White group, but was 3.2 times higher at the peak of the second wave.
- Among the Asian ethnic group, the Bangladeshi group had a particularly high admission rate at the peak of the second wave
- The admission rate in the Asian group was 2.8 times higher than the White group at the peak of the first wave and increased to 3.3 times higher.

COVID-19 cases compared with population structure by district, 27/02/2020 to 31/03/2021



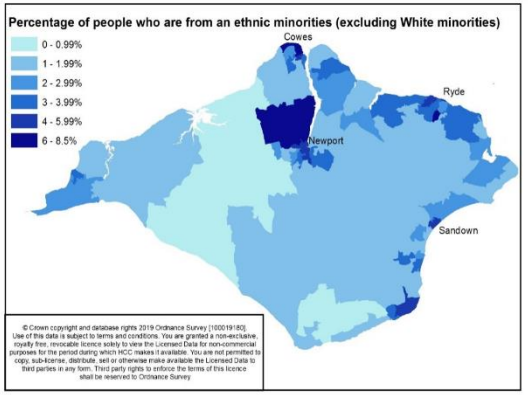
The chart shows the proportion of cases by ethnic group compared with the structure of the population and demonstrates that cases have been higher in ethnic minority backgrounds in almost all areas of Hampshire and the Isle of Wight.

It is not possible to explore the local admissions data by ethnic minority groups. Census 2011 data can be used to identify which ethnic minority groups live on the Island and therefore suggest areas of those populations who may be more vulnerable from the severe health outcomes due to COVID-19.

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

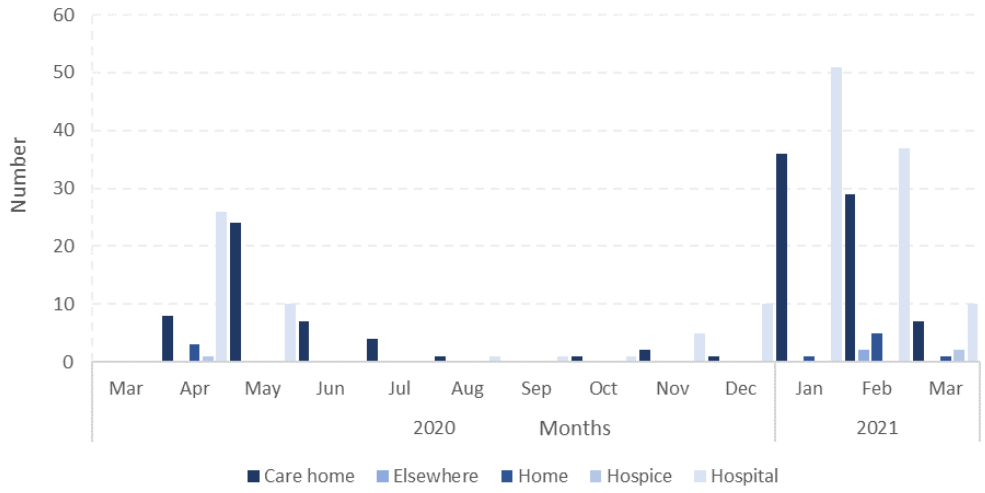


What demographic factors drove the direct impacts of COVID -19 on our population?

Care home settings

Care homes were disproportionately affected by the COVID-19 outbreak as residents and those working in care homes were more vulnerable to the virus.

Number of deaths where COVID-19 was mentioned on the death certificate by place of death



Data from the Office for National Statistics indicates that 41.8% of all COVID-related deaths on the Isle of Wight occurred in care homes. The number of deaths in care homes peaked in January and February 2021. These figures will not include all deaths of care home residents who died elsewhere, particularly in wave one when many may have been in hospital.

What were the indirect impacts of COVID-19 on our population ?

The whole population has been impacted by the policies, however, particular groups have been impacted in different ways and have experienced different levels of hardship over the course of the pandemic. Variation is mainly accounted for by the broad stages of life.

The full effect of these impacts may be long lasting and some may not be evident for a number of years.

Older people were more vulnerable to serious illness and deaths from COVID-19 and more likely to shield. Decreased social connectiveness for older people who were also less likely to use online communications to supplement their interactions. Impacted on mental health with increased anxiety and depression reported as well as increases in cases of self neglect and self harm including self neglect. 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 inform help for family member . Carers and families of these children have reported a decline in mental health and isolation. 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 otherwise have done Service closures such as day centres will have impacted those with Learning Disabilities who receive support service. Children with disabilities, and their families, have also been impacted accessing medical services and experienced delays in appointments

Working age 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 the observed before the pandemic. Younger adults and women were more likely to experience some form of depression with women in in lower socio-economic jobs were more likely to be furloughed than any other positions (including key worker roles) and men in general. Low income or loss of income is associated with increasing levels of loneliness during lockdown and higher levels of anxiety and mental distress.

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

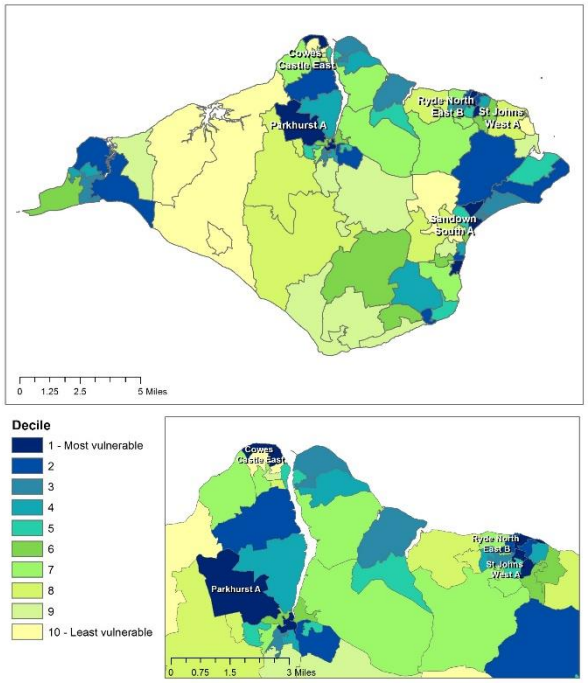
Young people – although at low clinical risk of severe health outcomes from contracting COVID-19 adolescence is a key period for CYP social cognitive development and the policies will have impacted on this development for some. The main pressures reported by CYP during the pandemic were; increased feelings 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. Many young people also expressed fears about the future. Online bullying and an increase in online gambling has also been reported in young adults.

Who in our population may have vulnerable mental wellbeing?

COVID-19 and the associated restrictions have both had an impact on the population's mental health, with groups who in the past have had robust mental health being affected alongside those with pre-existing experience or diagnosis of mental health conditions.

Using data from a range of sources, a wellbeing vulnerability index has been created to identify and map populations on the Isle of Wight who are more likely to have vulnerable mental health because of the restrictions put in place during COVID-19

Isle of Wight Mental Wellbeing Vulnerability by LSOA



The LSOAs with the highest level of vulnerability overall as identified in the index are: Sandown South A, Parkhurst A, Cowes Castle East, St Johns West A, Ryde North East B, Shanklin South B, Newport North B, Sandown South B, Ryde South East B and Ryde North West A. These LSOAs feature highly for different reasons including;

- High levels of furlough
- Occupation type
- High proportion of the population with long term health conditions
- High levels of those self employed
- Ethnic minority populations
- Prison population

The full report is due to be published on the JSNA web pages in the Autumn 2021

5. Healthy lives.

How different lifestyle behaviours which effect health have in turn been impacted by the pandemic

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How have our lifestyles, behaviours and existing health conditions directly impacted our population's health through the pandemic?

Existing Health Conditions

Comorbidities predicted worse outcomes, especially evident for those with a history of non-communicable diseases such as obesity, diabetes, heart disease, hypertension and poorer for those living in more deprived areas.

- Exploring primary care data found that across Hampshire and Isle of Wight the most prevalent risk factor was excess weight, over half of the patients had a BMI which categorised them as overweight or obese, this is reflective of the general adult population prevalence
- The prevalence of moderately or severely frail patients with COVID-19 is much higher when compared to the overall proportion in the general population, supporting evidence that this population were at high risk of contracting COVID-19.
- Admissions data for COVID-19 by physical health or lifestyle risk factors for Hampshire and Isle of Wight residents suggested that obesity was the most prevalent risk factor

Public Health England 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.

This is likely seen locally on the Island but due to small numbers the data is less reliable and it is not possible to robustly analyse.

Patients with COVID-19 positive test of GP record, comparison of conditions against population prevalence

Condition	Proportion with condition testing positive for COVID-19 (%)	HIOW STP Prevalence in population (QOF, 2019/20) (%)
Chronic Kidney Disease	5.0	3.7
Chronic Obstructive Pulmonary disease	3.2	2.0
Cardiovascular disease	0.7	1.2
Dementia	3.5	0.9
Diabetes	8.7	6.6
Hypertension	18.5%	14.8

Source: Care and Health Information Exchange (CHIE) extracted May 2021. QOF data source: NHS Digital

How have our lifestyles, behaviours and existing health conditions directly impacted our population's health through the pandemic?

Occupation National data has reported a link between occupation and severe outcomes from contacting 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.

Long COVID is also more prevalent amongst those working in the health and social care sector.

Men from ethnic minority groups are much more likely to work in high risk occupations such as taxi or cab drivers.

The Isle of Wight has a higher proportion of workers in the Caring, Leisure and Other Service Occupations compared to the South East and 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 SE 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 (IOW 11.4%, SE 8.9%, GB 9.2%) and Elementary Occupations (IOW 11.7%, SE 7.8% and GB 9.2%) both sectors include job roles which are less likely to be able to work from home.

How have our lifestyles, behaviours and existing health conditions indirectly impacted our population's health through the pandemic?

Lifestyles and behaviours

Across the Isle of Wight and over the course of the pandemic approximately 7,000 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.

Physical activity levels have impacted by the pandemic, for those aged 16 and over physical activity declined during the early stages of the pandemic. Children also saw a decrease in activity levels further affected by school closures as children could not engage in PE and swimming lessons. A reduction in exercise can result in deconditioning which leads to an increased risk of reduced bone mass and muscle strength, increased dependence and confusion. During social distancing restrictions many people experienced reduced levels of activity, however, for those with long term conditions who were shielding, this impact would have been even greater.

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 vegetables and these children, who were entitled to free school meals, may also have experienced food insecurity.

Alcohol: There were also large peaks in alcohol purchasing over the two periods of social restrictions with increases of alcohol, drinks and tobacco products.

Obesity: Whilst information is emerging on the impact of the pandemic on obesity, given 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 increased.

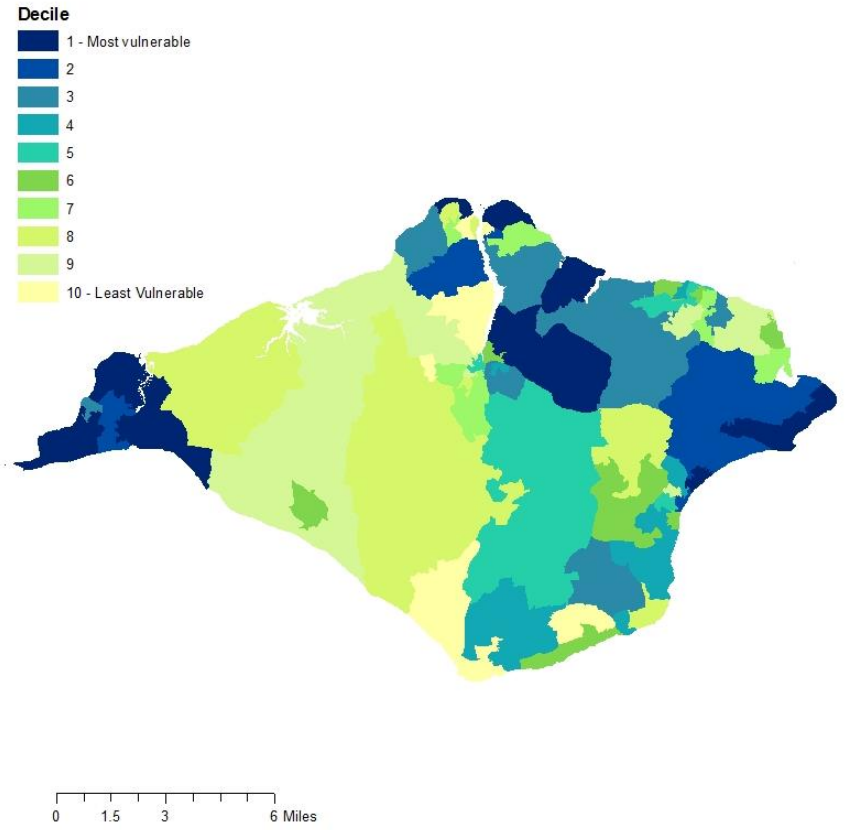
Smoking rates have declined over the course of the pandemic, with an estimated million people stopping smoking since the beginning of the pandemic. However contrary to this there is a concern that some of those who stopped smoking may have taken up smoking again due to the stress experienced during the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

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. Of these around one third (30.3%) worked a greater number of hours than usual. Working long hours has been shown to be an risk to health, with people working 55 hours or more per week having an increased risk of heart disease or stroke. Reported benefits of working from home include; reduced time spent travelling to work, reduced sickness absence rate, helping fathers to be more present and have greater involvement in childcare. Many workers have reported that they would like to continue some home working once social distancing restrictions end.

Who in our population may be more at risk of health vulnerabilities?

The Health Vulnerability index has been produced calculated by combining the factors, such as long term condition prevalence, age ,overcrowding, which have been shown to be high risk for severe outcomes from contracting COVID-19 and provides an overall estimate of the vulnerability of people living in these areas to severe health outcomes from COVID-19.

Overall, the areas with higher vulnerability due to health include parts of Sandown, Freshwater, Cowes, East Cowes, Wootton, Newport and Bembridge.



6. Healthy places.

How COVID-19 has impacted populations differently depending on where they live and circumstances

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Place: Where has been directly impacted upon by COVID-19?

Place

The cases rate of COVID-19 cases has varied across the Isle of Wight with some areas experiencing higher rates of infection.

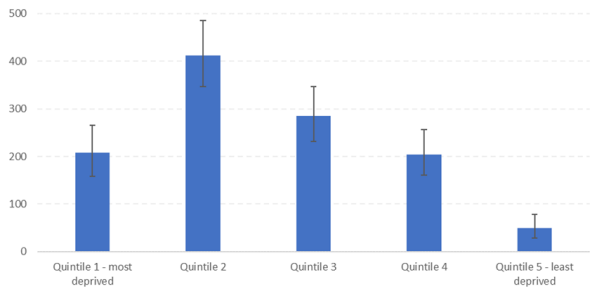
In the main, the distribution of the cases show concentration around care institutions such as care homes, the hospice and the hospital highlighting those at risk groups due to age, health or working in a caring profession with increased exposure to COVID-19.

Deprivation

Nationally, throughout the pandemic the more deprived areas had higher admission and mortality rates.

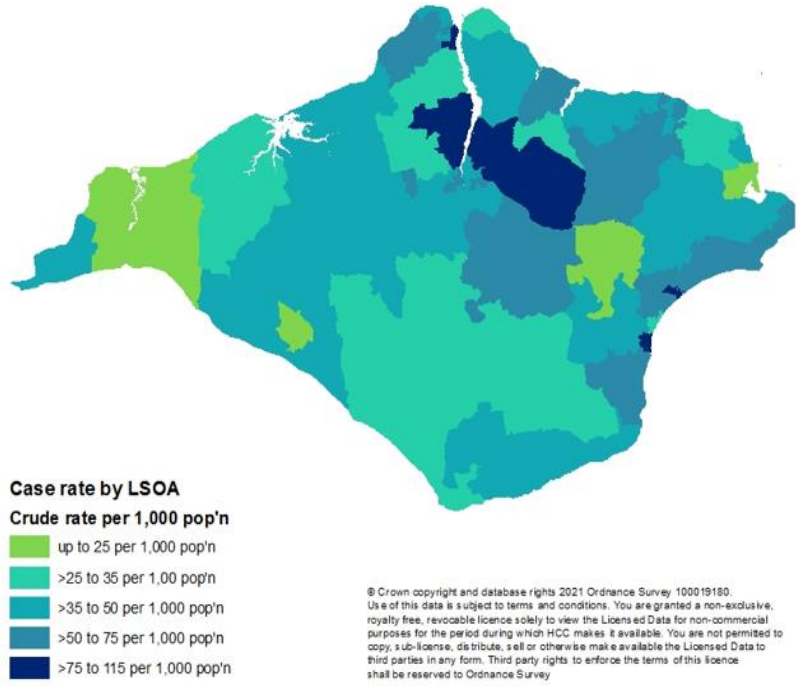
Locally a gradient in the overall COVID-19 admission rates by deprivation is evident. The correlation between deprivation and mortality rates is less pronounced and is likely to be due to the small numbers involved

COVID-19 hospital admission rates by national deprivation quintile. Directly Age Standardised Rates (DSR) per 100,000 population



The highest admission rates are seen in quintile two where rates were eight times higher than those in the least deprived areas. Care should be taken when interpreting these results due to small numbers

Case rates across the Isle of Wight, 4 March 2020 to 31 March 2021. Crude rates per 1,000 population



Place: What has been indirectly impacted upon by COVID-19?

Education has been significantly impacted on due to school closures. Time spent learning declined for secondary pupils with the greatest loss evident in areas of higher deprivation. There are many reasons why those children from deprived background had reduced participation in learning. For example reduced access to digital resources, parental educational attainment, language barriers and challenges for home schooling in overcrowded households. Concerns 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 will have impacted people very differently during lockdown depending on where they lived and their type of accommodation. 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 garden and additional living space.

Air quality has been positively impacted on. During the 'Stay at Home' restrictions motor vehicle travel was 63% lower than in the same month 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%.

Crime data present a mixed picture depending on the type of crime. 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. Domestic abuse has also seen an increase during the pandemic, national domestic abuse helpline reported a 66% rise in calls and a 950% increase for visits to the website compared with pre-COVID-19. With the increase in domestic abuse the number of Children in care is also increasing.

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 creased trading during lockdown. Consequently, those working in food service, accommodation, arts and entertainment were the workforce most affected. Young working age population had the highest rates of furlough. 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. The unemployment rate for people from a minority ethnic background increased by a larger proportion than those from a White background.

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 the country. 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.

Which businesses were more vulnerable due to economic policy?

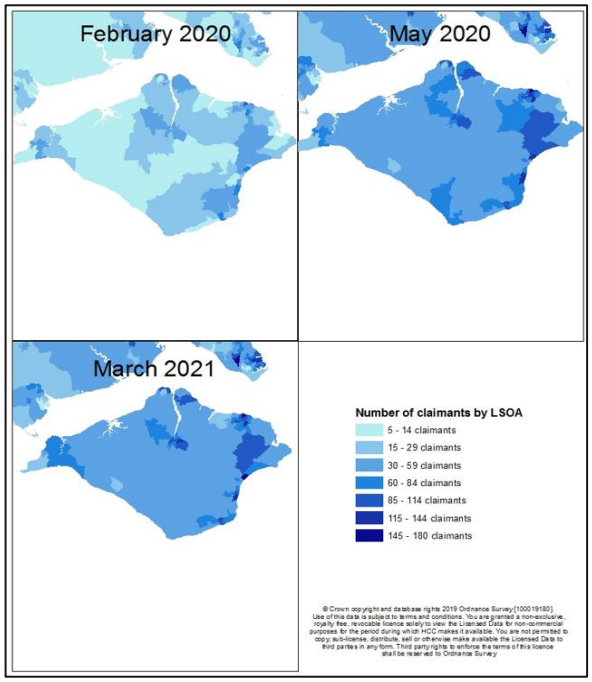
Hampshire & IOW Public Health Intelligence

The index aims to assess the variations in how vulnerable businesses are to the impacts of the COVID-19 pandemic restrictions across Hampshire and Isle of Wight.

Based on a review of evidence, four key vulnerability factors were identified:

- Business Size - businesses with under 10 employees most vulnerable [NOMIS]. Business income used SEIS and CJRS as proxy [HMRC]
- Sector that the business operates in - Sectors most vulnerable – Accommodation and Food Service Activities, Arts, Entertainment and Recreation and Other Service Activities [NOMIS]
- Mobility of consumers [Google Mobility data]
- The type of business (e.g. operating online or in-store) – data not available

Number of people claiming out of work benefits changed during the COVID pandemic



Source: NOMIS

Claimant count percentage uptake by working age group

Source: NOMIS

Claimant count was higher and increased significantly more in the younger working age, 18-44 years

Which businesses and districts across Hampshire and Isle of Wight were more vulnerable due to economic policy?

Business Vulnerability Index: Sum of Ranks

	Coronavirus Job Retention Scheme (Furlough) - Average monthly uptake (%)	Mobility of consumers	Self-Employment Income Support Scheme (Average takeup rate by grant)	Vulnerable Industry Sector (Rate per 1,000 business)	Vulnerable Business Size (Rate per 1,000 business)	Claimant Count Rate Increase as a proportion of residents aged 16-64	Sum of Ranks
	July 2020 - January 2021	16th Mar 2020 - 5th Feb 2021	Grants 1 to 3	2020	2020	Feb 2020 - Feb 2021	
South East	**12.15%**	**N/A**	**68.70%**	**110.31**	**902.50**	**3.22%**	
Hampshire	**11.24%**	**-44.04**	**67.55%**	**98.56**	**893.27**	**2.72%**	
Basingstoke and Deane	10.26%	-46.28	66.26%	82.65	908.58	2.68%	33
East Hampshire	11.71%	-43.74	65.35%	95.38	906.15	2.66%	37
Eastleigh	11.38%	-45.20	70.37%	83.27	909.92	2.37%	36
Fareham	11.71%	-44.99	69.23%	100.66	884.03	2.49%	38
Gosport	10.22%	-36.08	71.30%	170.16	897.91	3.43%	39
Hart	11.47%	-51.57	66.67%	94.26	912.91	2.46%	43
Havant	11.45%	-44.16	74.07%	106.90	905.64	3.61%	50
New Forest	12.88%	-37.39	67.36%	120.45	890.84	2.59%	39
Rushmoor	11.30%	-46.89	70.21%	100.73	871.72	3.20%	40
Test Valley	9.93%	-42.48	65.22%	89.97	899.71	2.35%	16
Winchester	11.34%	-52.89	62.71%	93.96	845.68	2.41%	25
Isle of Wight	13.95%	-35.82	68.22%	205.72	863.59	3.75%	

Less vulnerable compared to the South East average
Similar vulnerability compared to the South East average
More vulnerable compared to South East average

For each indicator, every district was compared to the South East average and the colours of the tartan rug were calculated based on statistically difference to the South East

Isle of Wight experienced a higher furlough uptake and claimant count rate per month than the South East average. This was due to the large number of businesses in the Isle of Wight which operate in the identified vulnerable sectors, 20.6% of businesses in the Isle of Wight operating within these sectors compared to only 11% of businesses in the South East.

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.

7. Key areas of focus

"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"

Living Safely with Covid. Moving toward a Strategy for Sustainable Exit from the Pandemic.

Key areas of focus

- 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 Hampshire 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.
  - 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, focussing on health inequalities
- 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 indictor 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

"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"

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Key areas of focus

- 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 advise.

- 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.

"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"

Living Safely with Covid. Moving toward a Strategy for Sustainable Exit from the Pandemic.

Key areas of focus

- 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 inequalities. 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?

- 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.
- 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.
  - 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.


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