NEW FOREST COVID-19 DATA PACK

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NEW FOREST COVID-19 DATA PACK INTRODUCTION

- SARS-CoV-2 is a novel virus, much remains to be understood about transmission dynamics and effects on our population, so emerging intelligence is **preliminary** and **subject to change**

- Increasing amounts of COVID-19 intelligence are becoming available and so these data packs aim to collate data from a variety of open sources for each district to explore and better understand potential population health needs, risks and vulnerabilities which exist at a local level, including **Local Outbreak Control Plan** theme settings.

- Local knowledge and intelligence are key when interpreting **localised transmission**, to identify common factors early enough and prevent further spread of COVID-19. Local Authorities know their areas and **should work with Local Authority Public Health and Public Health England (PHE) Health Protection Teams (HPT)** to **provide insights** on localised outbreaks/clusters to ensure an agile and flexible response. This is done in conjunction with **COVID-19 surveillance** to monitor COVID-19 disease and the impact of local social distancing measures.

- Whilst these datapacks provide a **population health overview**, they do not provide timely data to control localised outbreaks/clusters, led by the PHE HPT and therefore should not be used as a proxy for management of COVID-19.

- **Caution** is needed with interpreting some of these data e.g. increasing trends may reflect increased testing, changes in recording, coding or reporting; rather than a true increase in incidence. Likewise, the frequency and timing of updating of data sets differs and thus need to be contextualised.

- Further information and up to date data can be found from the data compendium where many of the data have been extracted from this is accessed via [Resilience Direct](#)
Geography – Urbanisation, Density

- New Forest lies on the South coast of England and borders the counties of Dorset and Wiltshire.
- It covers an area of 291 square miles.
- Largely rural, Much of the district contains the New Forest National Park. The park covers 28,924.5 hectares and is a Special Area of Conservation.
- Most of the district towns and villages lie on the outskirts of the New Forest with a few small settlements scattered throughout.
- Larger towns include Totton and Ringwood

Data source: Public Health England (PHE) Strategic Health Asset Planning and Evaluation (SHAPE) tool
Demography – Population, Age, Gender

Age profile quinary bands

Total population: 179753
Male: 86509, Female: 93244

![Age profile quinary bands chart]

Data source: Public Health England (PHE) Strategic Health Asset Planning and Evaluation (SHAPE) tool
In the New Forest, 98% of the population are White.

The population pyramids show that the Black, Asian and Minority ethnic group residents in the New Forest are of a younger or middle-aged working age.

**Data source:** HIOW LRF Risks and Vulnerabilities Compendium available via Resilience Direct
The maps suggest that there is a higher proportion of Black, Asian and Minority Ethnic group residents in the north east of the district with a small number of “mixed/multiple ethnic groups” residing in the west of the district.

Data source: HIOW LRF Risks and Vulnerabilities Compendium available via Resilience Direct
School Census Ethnic Group Data

- Hampshire County Council conducted a school census in spring term 2020.
- There were a total of 21,306 pupils on roll attending a school in New Forest and number of pupils by ethnicity is shown below.
- The census reported 83 other languages which children spoke and is indicative of the languages spoken at home. The top 15 for New Forest are shown in the table below.

<table>
<thead>
<tr>
<th>Language Description (Top 15)</th>
<th>Number of pupils</th>
</tr>
</thead>
<tbody>
<tr>
<td>Polish</td>
<td>147</td>
</tr>
<tr>
<td>Romanian</td>
<td>47</td>
</tr>
<tr>
<td>Other than English</td>
<td>43</td>
</tr>
<tr>
<td>Chinese</td>
<td>36</td>
</tr>
<tr>
<td>Filipino</td>
<td>33</td>
</tr>
<tr>
<td>Malayalam</td>
<td>25</td>
</tr>
<tr>
<td>Spanish</td>
<td>25</td>
</tr>
<tr>
<td>Bengali</td>
<td>24</td>
</tr>
<tr>
<td>Italian</td>
<td>24</td>
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<tr>
<td>Fijian</td>
<td>24</td>
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<tr>
<td>German</td>
<td>22</td>
</tr>
<tr>
<td>Turkish</td>
<td>20</td>
</tr>
<tr>
<td>French</td>
<td>20</td>
</tr>
<tr>
<td>Portuguese</td>
<td>18</td>
</tr>
<tr>
<td>Lithuanian</td>
<td>18</td>
</tr>
</tbody>
</table>

PHE disparity report recommended that communications work with community leaders is conducted to enhance the depth of reach into BAME communities, ensuring that guidance and media is culturally appropriate and available in different languages using different approaches to mitigate fears and encourage improved uptake of vital prevention services.
Residents from non-white ethnic groups more often reported working in professional, caring, and elementary occupations whilst white residents more commonly worked in senior official, technical, administrative or skilled trades. Amongst New Forest residents, the White ethnic group makes up at least 95% of all occupation levels. Asian / Asian British comprise 3% of the caring/leisure occupation level.

Residents from white ethnic groups made up at least 96% of all sectors of industry. 2% of the ‘Service’ and ‘Education/Health’ sectors are composed of Asian / Asian British residents.

The July 2020 ONS Infection Survey analysis found that infection rates are higher among patient- and resident-facing health and social care roles than other occupations.
Ethnic Group Housing Data

These charts show the breakdown of housing tenure and self-reported health by ethnicity. Followed by the proportion of people in each occupation level or employment sector within each ethnic group across all districts. This data is also sourced from the census.

A higher proportion of the white population own their own homes compared with the other ethnic groups, and the black population are more likely to live in rented homes. Higher proportions of all ethnic groups are in rented accommodation in New Forest.

White residents are less likely to report their health as good, which may be related to the older demographic of this population.

The July 2020 ONS Infection Survey found that rates of positive tests for COVID-19 appear lower for individuals who live in two-person households than in larger households.

Data for New Forest suggest that overcrowding is more prevalent in Asian/Asian British residents – where 18% of households have an occupancy rating of -1 or less. Other ethnic group is the second higher with 9.8%.

Occupancy rating provides a measure of whether a household’s accommodation is overcrowded or under occupied. An occupancy rating of -1 implies that a household has one fewer room/bedroom than required, whereas +1 implies that they have one more room/bedroom than the standard requirement.

Data source: HOIW LRF Risks and Vulnerabilities Compendium available via Resilience Direct.

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Data source: HOIW LRF Risks and Vulnerabilities Compendium available via Resilience Direct.
Co-Morbidities

Health conditions identified by government which make a person at an increased risk of severe illness from coronavirus (COVID-19) include:

- Aged 70 or older (regardless of medical conditions)
- Under 70 with an underlying health condition listed
  - Chronic (long-term) respiratory diseases,
  - Chronic heart disease
  - Chronic kidney disease
  - Chronic liver disease
  - Chronic neurological conditions
  - Problems with your spleen
  - A weakened immune system
  - Being seriously overweight

The maps present the number of people aged under and over 70 years who have two or more of the following conditions expressed as a crude rate per 1,000 population;

- CVD
- Diabetes
- Obesity
- CKD
- COPD
COVID-19 Vulnerability Indices Summary

Assorted factors make people more vulnerable at different stages of the COVID-19 outbreak; response, recovery or both. Evidence shows an increased clinical vulnerability to severe outcomes from COVID-19 such as hospitalisation or dying for certain groups of people, as well as specific employment positions and living conditions also widely further increase risks. Additionally, some groups have greater vulnerability to the negative effects of the ‘lockdown’ and economic policies put in place in the response and recovery phases.

Three separate indices have been developed to support the range of approaches for the local authority in different stages and aim to help us understand the potential direct and indirect impact COVID-19 may have on our communities. The indices are not intended to be used as a standalone tool but within the context of local knowledge and other available data.

Data source: HIOW LRF Risks and Vulnerabilities Compendium available via Resilience Direct

Key points:
- Individual clinical and wider risks to COVID-19, and policies relating to COVID-19, have brought vulnerabilities into sharp focus.
- People facing the greatest deprivation are likely to experience a higher risk of exposure to COVID-19 and existing poor health puts them at risk of more severe outcomes if they contract the virus. However, it is difficult to untangle the interplay between clinical and wider risks, and the quantification of risk.
- Local authorities need to work with partners to consider policies to protect people at increased risk of severe COVID-19 disease.

Data source: HIOW LRF Risks and Vulnerabilities Compendium available via Resilience Direct
The charts show the proportion of LSOAS in each decile by district. The analysis suggests New Forest has a high proportion of neighbourhoods with an increased risk of all three vulnerabilities. These charts should be interpreted with the maps, on the next slide, which help visualise the local areas more at risk of vulnerability.

Data source: HIOW LRF Risks and Vulnerabilities Compendium available via Resilience Direct
COVID-19 Vulnerability Indices Maps

Data source: HIOW LRF Risks and Vulnerabilities Compendium available via Resilience Direct
Shielded Patients

Within the population, certain patients are at the highest risk of severe COVID-19 illness and ‘Shielding’ is an important strategy to protect them.

NHS Digital provides a Shielded Patient List (SPL) which is anonymous summary data of patient counts (age band & gender) by Local Authority.

Data extracted in June 2020 suggests that just over 4.3% of the population in New Forest are identified as shielded patients (n = 7,740). Over half, 52% (n=4,015) are aged 70+yrs. 

Source: NHS Digital
Mapping risks and settings
Population density v/s location of care homes, GP Practices and mental health facility

Population density map source: https://shapeatlas.net

Indices of multiple deprivation v/s location of care homes and schools

New Forest Indices of Multiple Deprivation (IMD) by Lower Super Output Area (LSOA) with Care homes and schools as points

IMD of New Forest by LSOA

<table>
<thead>
<tr>
<th>IMD Decile</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Least deprived</td>
</tr>
<tr>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>1</td>
<td>Most deprived</td>
</tr>
</tbody>
</table>

School type
- Education Centre
- Infant School
- Junior School
- Primary School
- Secondary School
- Special School
- Hampshire Care Homes
- Hampshire and district boundaries

Population density map source: https://shapeatlas.net
COVID-19 outbreak control plan theme settings
Education sites

Schools/Further Education Settings

- 73 schools
- 7 Special schools
- Brockenhurst College
- Applemore College

Data source: Public Health England (PHE) Strategic Health Asset Planning and Evaluation (SHAPE) tool
Children’s care settings

6 Children’s centres

- All Seasons and Seawings Children’s Centre, New Forest
- Cadland and Forest First Children’s Centre, New Forest
- The Bridges and Pathways Children’s Centre, New Forest
- The Patch and The Harbour Children’s Centre, New Forest
- The Phoenix Children and Young People’s Centre, New Forest
- The Waterside Children’s Centre, New Forest

Data source: Public Health England (PHE) Strategic Health Asset Planning and Evaluation (SHAPE) tool
Care home settings

95 Care homes

Data source: Public Health England (PHE) Strategic Health Asset Planning and Evaluation (SHAPE) tool
Workplace settings

- Paultons Park
- National Motor Museum
- New Forest National Park
- Esso Petroleum
- Chevron Business Park
- New Forest Wildlife Park
- Tatchbury Mount Southern Health NHS Trust HQ

Data source: Public Health England (PHE) Strategic Health Asset Planning and Evaluation (SHAPE) tool
Transport access points

- 9 Railway Stations
  Ashurst New Forest Rail Station
  Beaulieu Road Rail Station
  Brockenhurst Rail Station
  Hinton Admiral Rail Station
  Lymington Pier Rail Station
  Lymington Town Rail Station
  New Milton Rail Station
  Sway Rail Station
  Totton Rail Station

- Significant traffic flow through the district, access to the West Country. Especially busy during summer holidays.

Data source: Public Health England (PHE) Strategic Health Asset Planning and Evaluation (SHAPE) tool
The New Forest Local Plan details site specific settings and boundaries in the context of COVID-19 clusters/outbreaks.
COVID-19 surveillance
COVID-19 surveillance

- COVID-19 surveillance provides an indication about COVID-19 transmission - that infection rates within parts of the community have increased or may be about to, or whether particular groups of people are affected. This data is then used to inform public health action to help prevent and control COVID-19 disease.

- Multiple sources of data are used to understand the spread of COVID-19 disease and monitor COVID-19 activity:
  - Cases of COVID-19
  - NHS Pathways 111 data
  - COVID-19 deaths

- It is important to look at emerging trends, overall increases in trends, links with other outbreaks/clusters, areas that aren’t settling as they should i.e. stubborn trends, particular vulnerable groups/settings/localities affected, comparator local authority trends, numbers above threshold and effectiveness of distancing/COVID-19 secure measures.

- No single piece of data tells the whole story and interpretation should be based on a consideration of patterns and trends across all indicators to provide situational awareness, and be viewed in the context of any policy changes.
COVID-19 surveillance indicators

**COVID-19 infection rates** - Daily new confirmed cases and rolling trend by Local Authority

**NHS Pathways Data** - Number of NHS Pathways triages through 111 and 999, and online assessments in 111 online which have received a potential COVID-19 final disposition by CCG

**COVID-19 deaths** - Cumulative total deaths by Local Authority

**National Syndromic Surveillance Summary** - Summary of COVID-19 surveillance systems

Click on images to take you to the data source
The charts show changes in the number of cases over time, the area shaded in grey contains provisional data. Figures in this grey area should be interpreted with caution, as they are not the final figures.

During the first wave of the pandemic across Hampshire, New Forest experienced slower epidemic growth, shown by the low number of confirmed cases.

Source: LG Inform
NHS PATHWAYS DATA: Triage of coronavirus symptoms by callers to NHS 111 and 999 and NHS 111 online

West Hampshire Clinical Commissioning Group (CCG) data for 14 July 2020

- NHS Pathways data is only reported at CCG level and so data for West Hampshire CCG is presented as the New Forest lies within this CCG.
- The chart shows a decline in the number of NHS Pathways triage assessments for a potential COVID-19 final disposition

Source: NHS Digital
The chart above shows age standardised mortality rates for COVID-19 for all persons. Age standardised mortality rates are presented per 100,000 people and standardised to the 2013 European Standard Population. Age-standardised mortality rates allow for differences in the age structure of populations and therefore allow valid comparisons to be made between geographical areas, the sexes and over time.

Rates have been calculated using 2019 mid-year population estimates, the most up to date estimates published. Local authority districts in the Hampshire and IOW LRF are highlighted in a darker shade, as well as aggregate figures for Hampshire county and Hampshire and IOW LRF overall. The bar running across the chart represents the national rate. The New Forest is highlighted in yellow, illustrating its position nationally.

Figures are for deaths occurring between 1st March 2020 and 31st May 2020. Figures only includes deaths that were registered up to (and including) 6th June 2020 and there may be a delay between occurrence and registration. Numbers are subject to revisions, especially most recent numbers.

Data source: HIOW LRF Risks and Vulnerabilities Compendium available via Resilience Direct
In summary, “What should we do, knowing this”? 

The data suggest that New Forest may have relatively few COVID-19 vulnerabilities - a largely rural environment, sparsely populated, low ethnic diversity and small pockets of deprivation. However, it does have a relatively large proportion of older people compared to other Hampshire districts.

So what should we do?

• Know both Local Authority Public Health (LAPH) and Public Health England (PHE) Health Protection Teams (HPT) contacts, to share local intelligence and complement outbreak/incident control. Use this local knowledge and intelligence when investigating/interpreting localised transmission/outbreaks/clusters to provide insight on contact points (Ensure good links/relationships with LAPH/ HPT)

• Work with Local Outbreak Control Plan agencies, who lead on controlling localised clusters in Districts

• Identify common factors early enough to contain and prevent further spread of COVID-19

• Detail possible places where people are likely to become infected for timely local decision making and more targeted control measures; Ensure local areas of high risk are COVID-19 secure

• Be vigilant around COVID-19 surveillance for future spikes/surge in infection.