

## People and places in London most vulnerable to COVID-19 and its social and economic consequences – standalone summary

### Introduction

This report identifies groups of people whose socio-economic status puts them at higher risk of: either catching COVID-19 or passing it on, experiencing harm to their health and wellbeing during lockdown; or experiencing harm as both lockdown and the emergency measures introduced to alleviate it, are lifted. The report is divided into four sections, looking at people and households who face higher risks as a result of: COVID-19 itself and the wider pandemic; the economic recession; housing insecurity; and having pre-existing additional support needs.

Built around a set of statistical indicators, the report offers a picture of the scale of vulnerability and how it varies across London boroughs. Half the indicators show the background (pre-pandemic) position and half show how things have changed since March 2020. Four of the 29 indicators are restricted to London (or London sub-regions) while one is national.

### Fatalities from COVID-19

Fatalities from COVID-19 are a fundamental part of the context of this report. Summary results from Public Health England (PHE) about Londoners who tested positive for the virus up to the end of July 2020 show what are known as ‘infection fatality ratios’ (IFRs), that is, the chance that someone known to be infected dies from the virus. The results are split between those under the age of 65 and those aged 65+. Older people are clearly much more at risk: 81% of those who died were aged 65+. However, the 1,250 working-age deaths (the other 19%) are still substantial. That said, the under-65s have also accounted for 19% of all deaths in London over the past five years.

Analysis provided in this report indicates that the patterns for working-age people and those aged 65+ are very different. Among those aged 65+, the only inequalities were the 27% higher risk faced by men compared with women and the 11% higher risk faced by those of Pakistani or Bangladeshi ethnicity compared with White British. Among those of working age, those living in the most deprived fifth of local areas faced double the risk of those living in the least deprived areas, men faced more than double

the risk for women, while those of Black ethnicity faced a 63% higher risk than White British.

It must be emphasised that these IFRs are specific to what was happening between March and July 2020, especially the testing regime and the treatment of COVID-19. They cannot be relied upon to predict what might happen in future.

The report also includes data from the Office for National Statistics (ONS) showing deaths where COVID-19 was mentioned on the death certificate, by borough of residence and whether death took place in hospital, in a care home, at home or elsewhere. Besides showing a more than twofold difference in this COVID-19 fatality rate between the boroughs, this measure also shows that deaths in care homes were a much smaller proportion of all COVID-19 deaths in London (16%) than in the rest of England (33%).

### The risk of infection

The ONS classification of some 300 occupations’ generic risk of infection shows whether one occupation faces more risk than another (although it cannot show by how much). It offers insight into which are the big occupation groups that are high up the list and the people doing these higher-risk jobs. The highest-risk occupations are mainly in health or care and include dental nurses and practitioners, ambulance staff, paramedics, midwives and medical practitioners. The largest of the high-risk occupations are nursing and care work but the top 10 also includes teaching, waiting, and taxi and cab driving. Information is also provided showing how different groups of working Londoners by gender and ethnicity are spread between low- and high-risk occupations.

Data is also presented concerning the overcrowding at home that many Londoners contend with and which marks the capital out from the rest of the country. Besides overcrowding, which contributes towards the risk of infection within households, the report also considers those over the age of 70 – who, by virtue of their age, are at higher risk of more

serious outcomes – who share a home with people of working age.

### **Risks to employment and income**

During the national lockdown, the furloughing of employees and similar arrangements for self-employed people held the worst effects of the economic recession at bay. Even so, jobs have been lost and, with the support schemes coming to an end, further severe impacts are likely.

Unless employers chose to make up the difference between the 80% of furloughed workers' pay that was covered by the Government and the workers' full pay, those who have been furloughed have lost income. Combining data on furloughed London residents with data on those newly claiming an out-of-work benefit, the report shows that eight boroughs saw more than 40% of their working-age residents lose income over the period April to June.

This data also reveals marked variations across the boroughs in the extent to which employed residents work in economic sectors at greatest risk (judged by London-wide furlough data) of shedding jobs in the months ahead. These 'high-risk' sectors include construction, hotels and restaurants, retail and distribution, recreation, entertainment and the arts – where more than half of all employees have been furloughed – and manufacturing – where more than 4 in 10 have been.

### **Housing risks**

The cost and insecurity of housing in London are a source of vulnerability in their own right and also magnify the vulnerabilities due to unemployment and loss of income.

Many Londoners faced 'unaffordable' housing (defined as housing taking more than 30% of income) before the pandemic. In 2018/19, three quarters of Londoners with incomes in the poorest fifth had unaffordable housing, as did a third with average incomes. London also had high rates of homelessness.

Financial support for private sector tenants through Universal Credit (UC) will only fully cover the lowest 30% of rents in the local rental market area. Over the first three months of the pandemic, the number of private sector tenants claiming the housing element of UC across London rose sharply. The report shows that by May, more than 30% of all private tenants were

claiming the housing element in 15 boroughs and more than 40% in seven. It is inevitable that some tenants in these boroughs claiming UC will not be getting their housing costs met in full.

UC provides no financial support for housing costs to those with a mortgage. UC claims without a housing element, mainly made by owner-occupiers, also rose sharply over the same period. Data is not available on how many of them must make mortgage payments, but for those who do, they must meet those costs from other sources.

### **Pre-existing conditions and wider vulnerabilities**

One of the challenges that the pandemic and its attendant economic recession poses is that the groups who are vulnerable vary greatly in size.

The report includes indicators presenting data on physical and mental health and wellbeing (across all ages). Borough-level figures are shown for: the numbers on the shielded patient list (SPL) – including the 19,000 children on that list – and with moderate risk conditions (diabetes, asthma and hypertension), as well as the prevalence of depression and anxiety. Data on GP appointments and the number of first outpatient consultations for 'specific acute conditions' shows the extent to which these fell during the national lockdown.

Throughout the report, there are a number of indicators specific to children and young people. School disruption and soaring unemployment will undoubtedly have an adverse impact on young adults' assessment of gaining qualifications and their chances of finding a job. It is for this reason that they are included as a vulnerable group in their own right.

Indicators focussed on long-standing groups of children with particular needs include the number with Education, Health and Care (EHC) plans (where, as a result of the pandemic, there may be more children in need of such plans and for those with a plan, their needs may require reassessment and updating), rates of vaccination of children across the boroughs, the prevalence of mental health problems and use of Children and Young People's Mental Health Services (CYPMHS) and numbers entitled to free school meals.

The report also highlights long-standing groups of vulnerable adults, namely those with learning

disabilities, those with dementia and people seeking asylum. All face a range of difficulties with regard to their access to education, employment, care and support. Some are more likely to have health conditions that leave them at higher risk of becoming seriously unwell with COVID-19.

The report also points out that asylum seekers and others who have the right to work but have no recourse to public funds are entitled to furlough support but not to UC. If the withdrawal of furlough means they lose their job, the financial impact on them and their dependants will be even more severe.

### Conclusion

The economic and housing indicators in this report show similar patterns across the boroughs, with several boroughs consistently recording some of the highest risks on numerous indicators. The five boroughs where the risks are highest are all in the east or north-east of London: Barking & Dagenham, Newham, Waltham Forest, Haringey and Enfield. Among the next five, Redbridge is part of the eastern cluster, Croydon is an isolated but large presence in the south, while Hounslow, Ealing and Brent form a second cluster in the west.

The report also presents borough-level data on deaths up to the end of July where COVID-19 was mentioned on the death certificate. Again, the boroughs with the highest mortality rates are in two clusters – Brent, Harrow and (to a lesser extent) Ealing in the west, and Newham, Haringey and Hackney in the east – followed here too by Croydon.

While the overlap between those near the top of the two lists is clear, the exceptions – Harrow for its COVID-19 mortality and Hounslow and Barking & Dagenham for their economic and housing risks – are especially worthy of closer research, including through use of additional data and borough insight.

Identifying one group as vulnerable is not at the expense of another. While the report is clear that the pandemic and the recession will have a severe impact on younger people, this is never intended to downplay the impact on older people.

The report's main message is that the vulnerabilities flowing from the pandemic and the accompanying recession affect more and

different people than those who are usually seen as vulnerable. This broadening of what it means to be vulnerable is not just about those most at risk of becoming severely ill from COVID-19. While the need to protect older people from the virus remains paramount, the report concludes that the pandemic and recession should be seen as a crisis for people of working-age, especially those in the 20s, 30s and 40s, and their children.

Four particular groups should now be seen as vulnerable. They are:

- people working in occupations at high risk of contracting the virus
- people of all ages living in overcrowded homes
- people working in occupations and sectors at high risk of substantial job loss
- people renting their home from a private landlord, or buying it with mortgage, who have made a new claim for UC since the start of the national lockdown.

These groups are in addition to the groups that have long been recognised as vulnerable. Some but by no means all of these have been included in the report. All such groups with long-recognised vulnerabilities now face four problems. First, the needs of some people in the group have changed since the pandemic started. Second, some newly vulnerable have not been identified or diagnosed. Third, some rights to provision have been reduced. Fourth, the competition for resources has become even fiercer.

A response to the pandemic and its wider consequences cannot be at the expense of those adults and children who were previously recognised as being vulnerable.

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