Merton Council
Health and Wellbeing Board
23 June 2020
Supplementary agenda

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Covid-19 Impact in Merton

Overview of initial data on infections & deaths and planned future work for Merton Health and Wellbeing Board 23rd June 2020

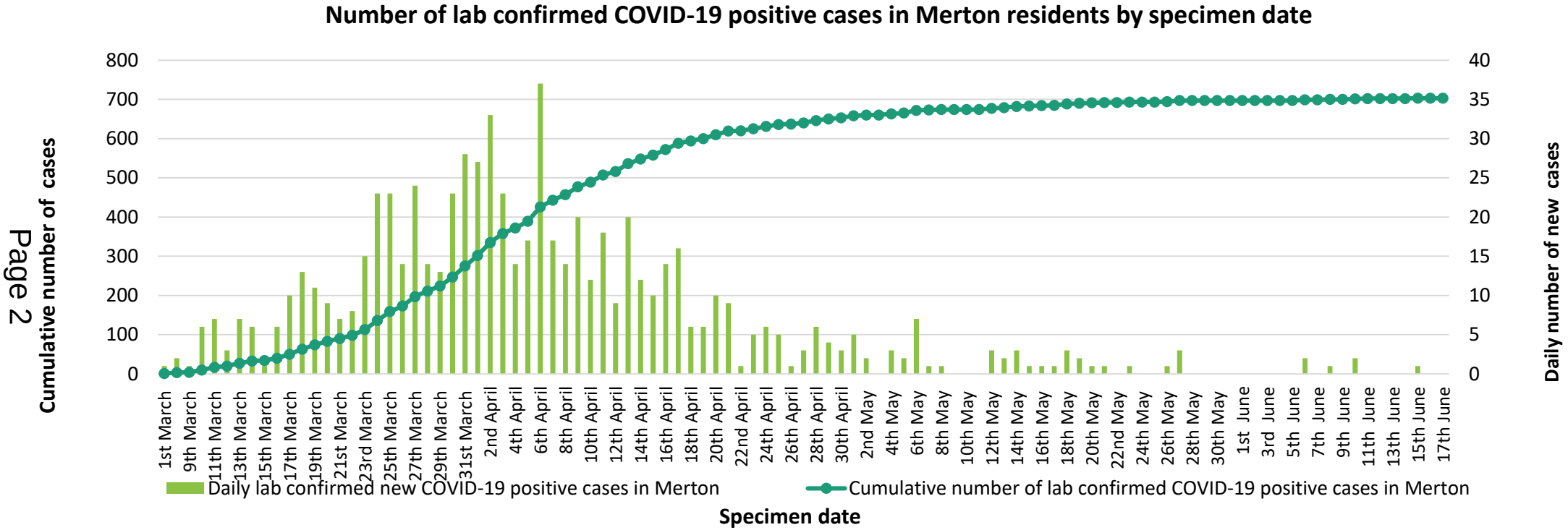
Dr Dagmar Zeuner, Director of Public Health

Version 1.4 22 June 2020

Number of hospital lab-confirmed COVID-19 positive cases among Merton residents by specimen date

Source: PHE/Pillar 1 testing only (pillar 2 to be added when located by date)

Reporting frequency: Daily (1.03.2020 – 17.06.2020)



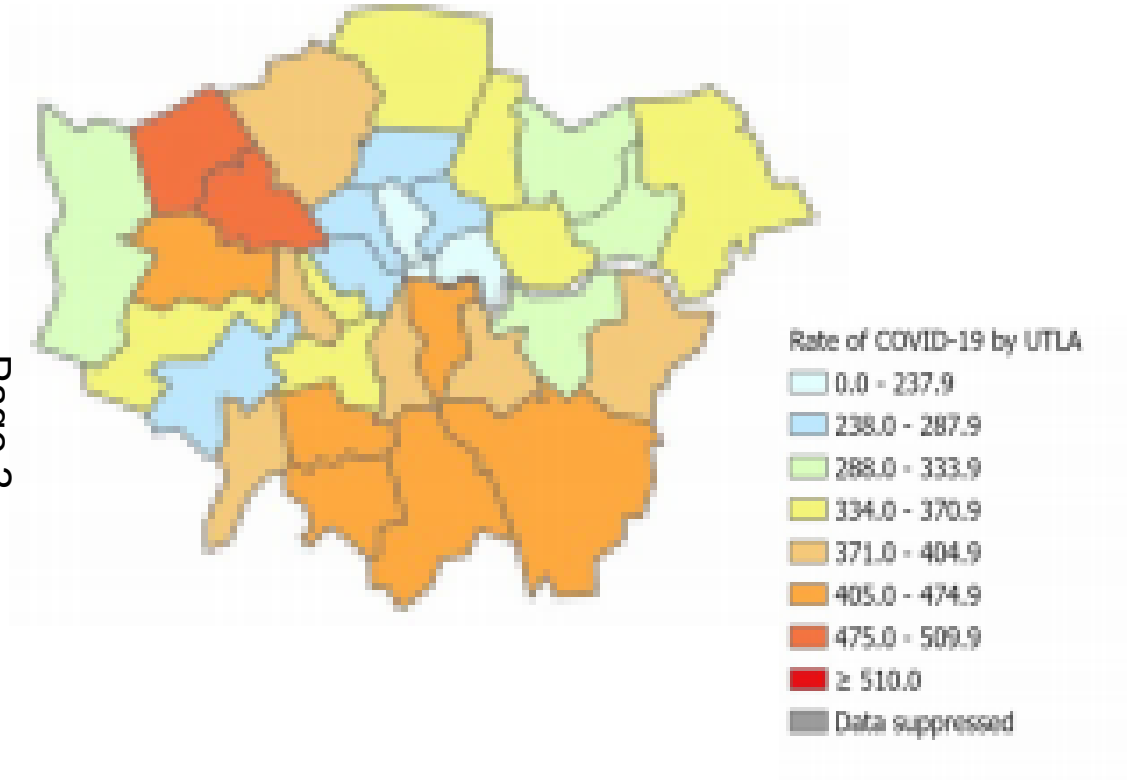
Cumulative number of lab-confirmed cases in Merton Date: 17th June
703

Rate of cumulative lab confirmed COVID-19 positive cases in Merton (per 100,000 population) Date: 17th June	Current Rank by rate (1 = lowest rate)
341 per 100,000 population	23rd out of 32 London boroughs

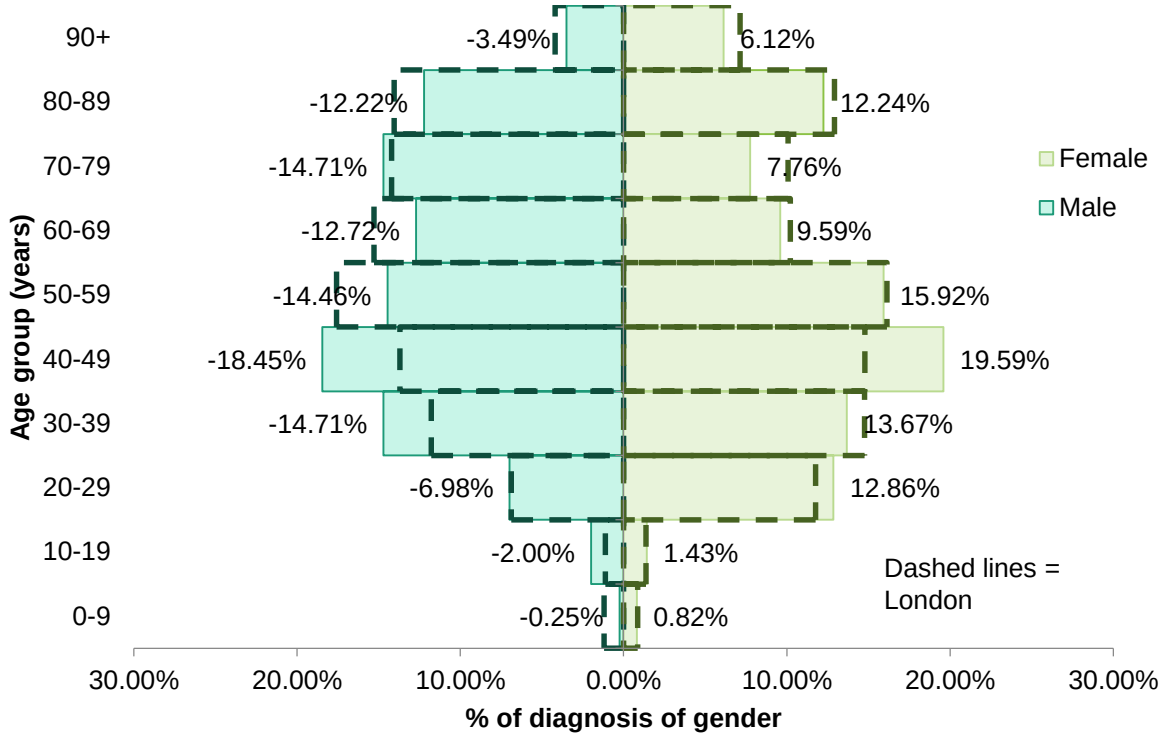
Cumulative number of lab-confirmed cases in London Date: 17th June
27,353

Note: number of lab confirmed COVID-19 positive cases are residents in Merton determined by home postcode provided by person being tested.

Total number of confirmed positive cases (pillar 1 and 2 testing)



Cumulative rate of confirmed positive cases per 100,000 by London local authority as at 29th May
Source:PHE



Age-sex pyramid of Covid-19 diagnoses as a proportion of all diagnoses in Merton. Dotted line shows equivalent distribution for London
Source:PHE

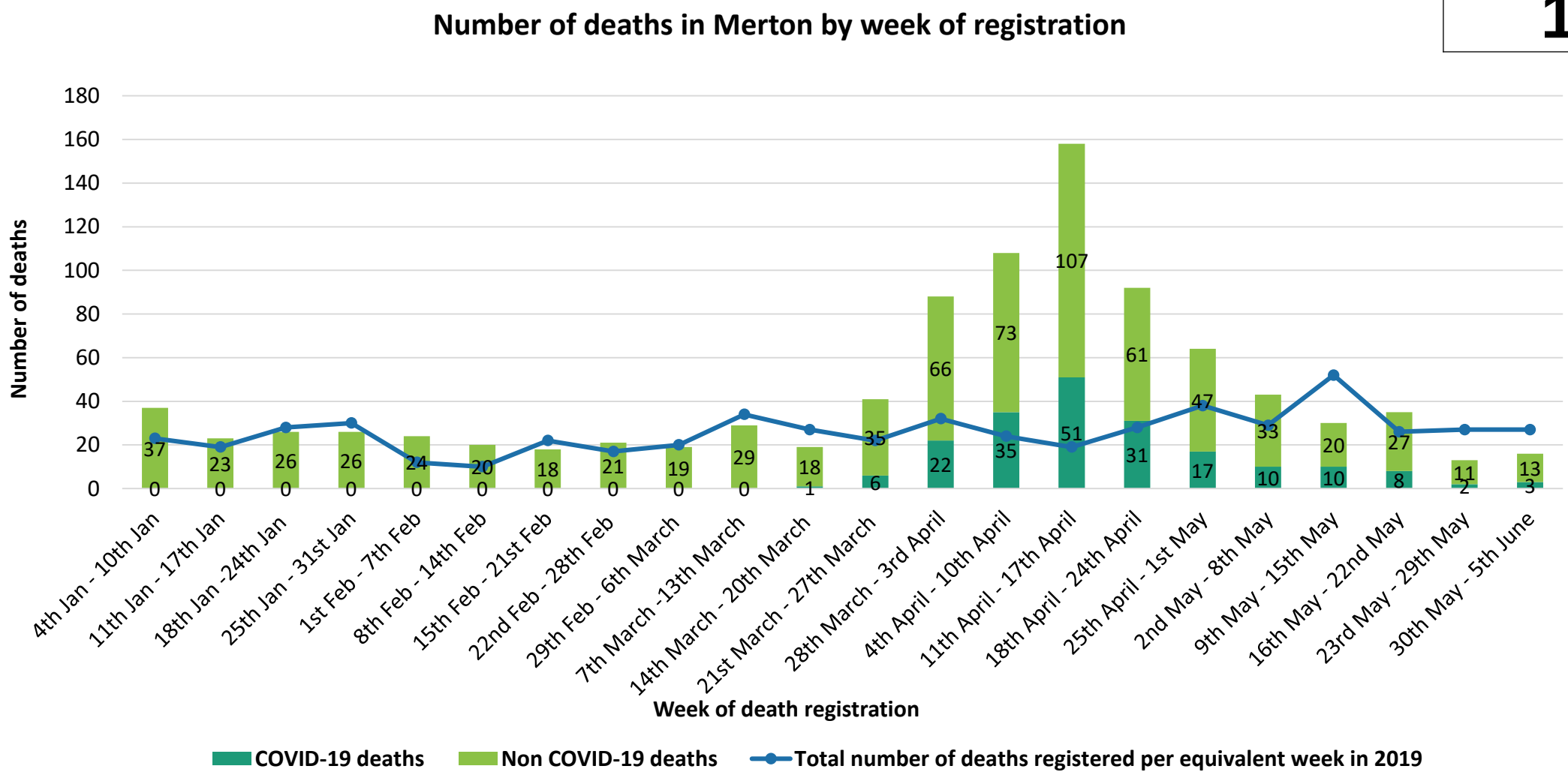
Total number of positive test results in Merton residents on June 3rd 2020= 890

Number of Covid-19 related deaths registered among Merton residents

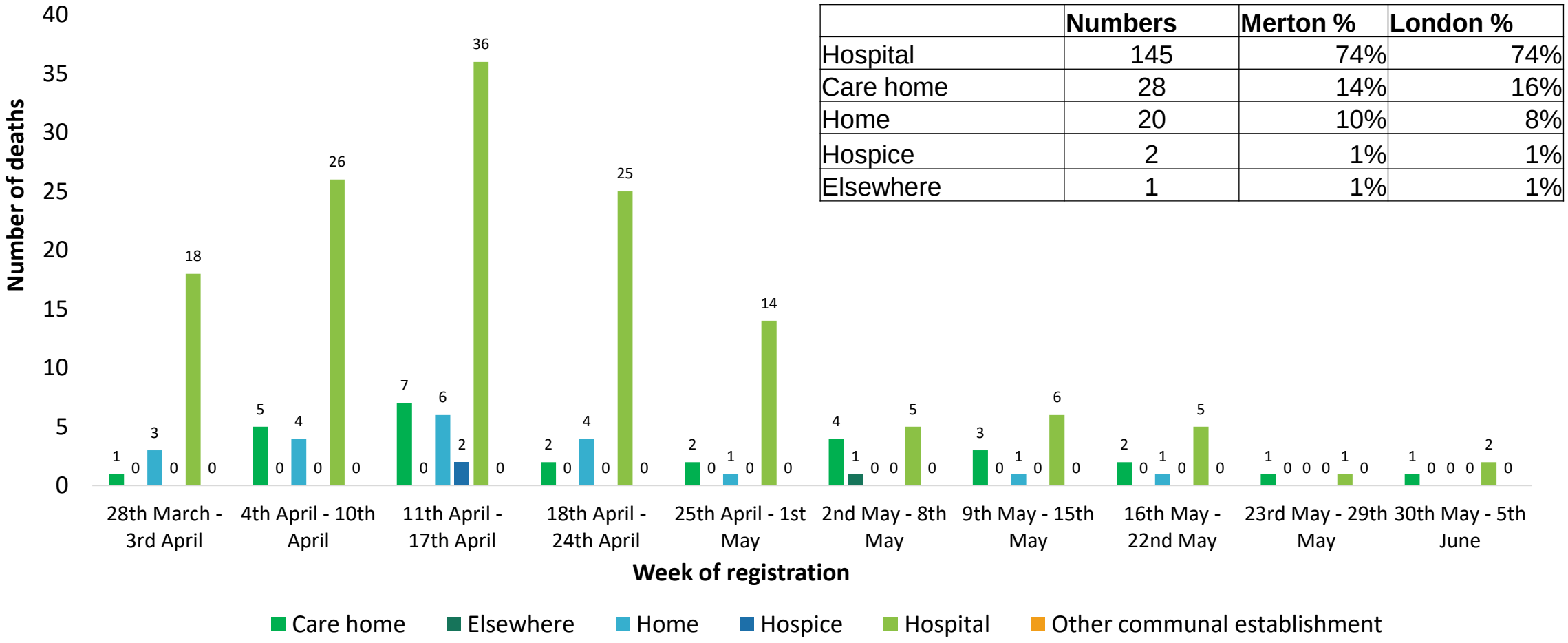
Source: ONS

Reporting frequency: Weekly (04.01.2020 – 05.06.2020)

Cumulative number of COVID related deaths registered in Merton (04.01.2020 – 05.06.2020)
196

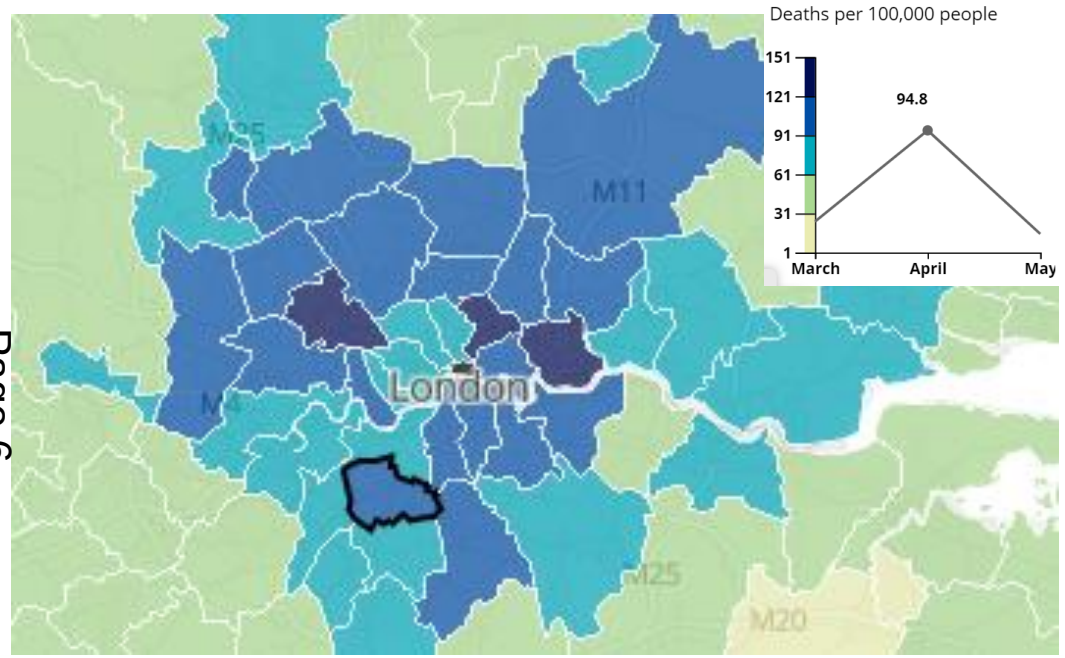


Number of Covid-19 deaths by place of occurrence and week of registration among Merton residents



	Numbers	Merton %	London %
Hospital	145	74%	74%
Care home	28	14%	16%
Home	20	10%	8%
Hospice	2	1%	1%
Elsewhere	1	1%	1%

Covid-19 related deaths



Age standardized Rate of Covid-19 related deaths per 100,000 total resident population by London local authority in April 2020 – **94.8 in Merton.**

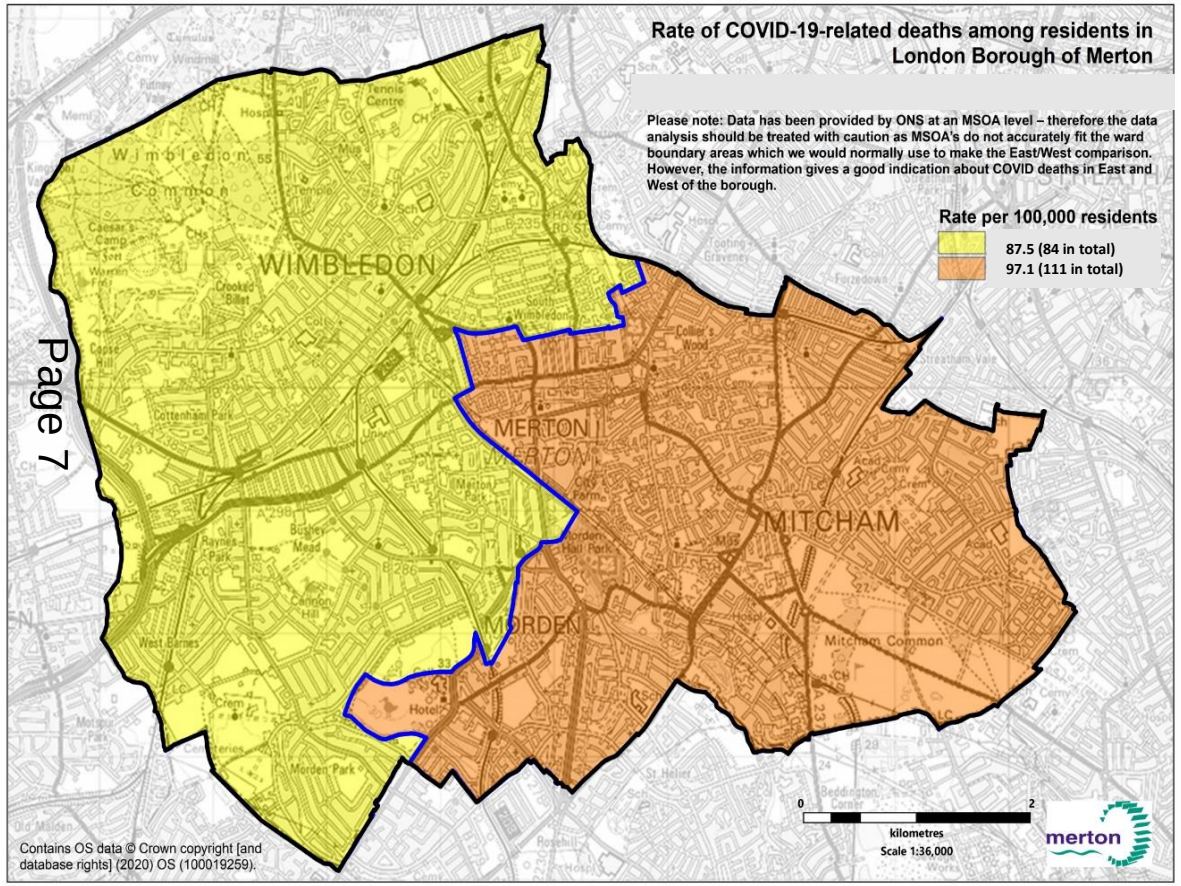
Cumulative rate between 1st March and 31st May 2020 in Merton = **134.9 per 100,000 population**
Current rank (1=lowest) – **14 out of 32 boroughs**

Age Group	Males	Females
<5	0	0
5-9	0	0
10-19	0	0
20-29	0	0
30-39	1	1
40-49	4	1
50-59	10	3
60-69	17	6
70-79	31	12
80+	70	40

Modelled estimates of Covid-19 related deaths by age and sex among Merton residents (17th June 2020)
Source: PHE/ONS

Covid-19 impact on Merton

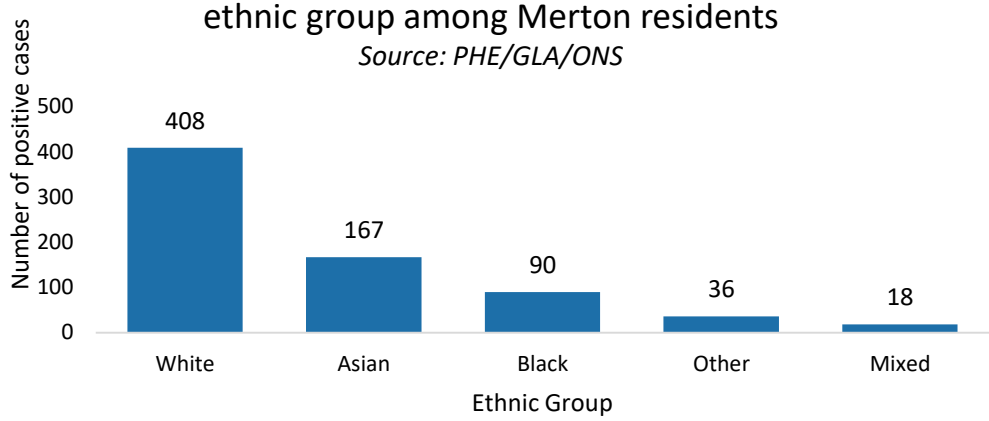
Rate of COVID 19 related deaths among residents in Merton between 1st March and 31st May



Previous data released by ONS calculated that between 1st March and 17th April, the difference in death rate per 100,000 residents between East and West Merton was 17.7 however the difference is now 9.6.

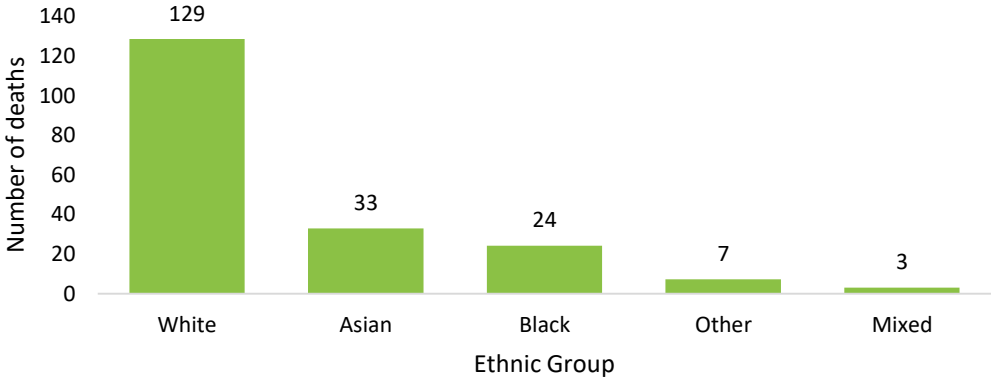
Modelled estimates of number of positive cases by ethnic group among Merton residents

Source: PHE/GLA/ONS



Modelled estimates of number of deaths by ethnic group among Merton residents

Source: PHE/GLA/ONS



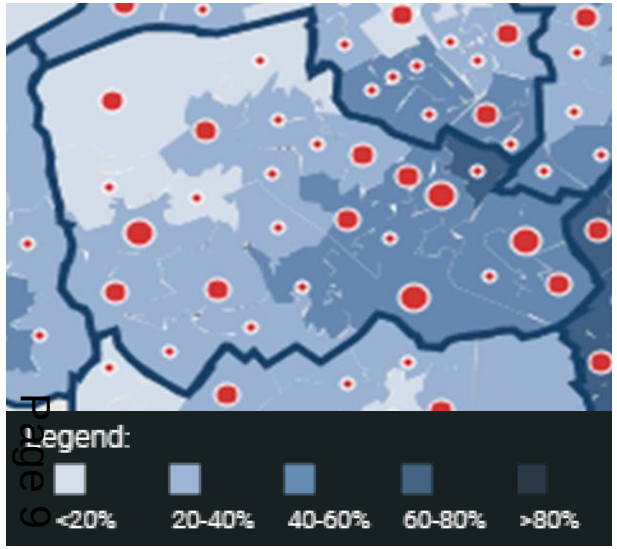
Disparities in COVID mortality

Risk Factor	Increased risk of death
Age	People > 80 years with positive tests have x70 risk of death compared to those < 40years. The majority of excess deaths observed in the period 20 March- 7 May compared to the same dates in previous years (75%) occurred in those aged 75 and over.
Sex	Working age males diagnosed with COVID-19 are twice as likely to die than females.
Black and Minority Ethnic (BAME)	People from BAME backgrounds are disproportionately affected by Covid-19. Not only deaths, but also rates of infection and hospital admission are increased compared to white people. The main underlying determinants are deprivation, high risk occupations, overcrowded housing, and increased prevalence of co-morbidities such as diabetes. Black males have x4.2 risk, and Bangladeshi/Pakistani males x3.5 risk of COVID-19-related death compared to White males. South Asian people are 20% more likely to die once admitted to hospital in the UK than white people. Other minority ethnic groups did not have a higher death rate in this study.
Deprivation	Age standardised death rates in the most deprived fifth of the England and Wales population were 2.3 times the rate in the least deprived fifth amongst males, and 2.4 times in females.
Co-morbidity	Diabetes, hypertensive diseases, chronic kidney disease, COPD and dementia are more associated with COVID deaths than deaths from all causes. Diabetes was mentioned on 21% of death certificates where COVID was also listed. This proportion was higher in BAME groups being 43% in the Asian group and 45% in the Black group.
Occupation	Men working as security guards, transport workers, chefs, sales assistants, lower skilled workers in construction, and men and women working in social care all have significantly higher rates of death from COVID than the general population. Individuals from BAME groups are more likely to be working in many of these occupations. In London, nearly 50% of NHS and CCG staff come from a BAME group.
Housing density	Every 5% increase in the rate of overcrowding by LA (2011 census) is associated with 30 additional COVID deaths/100,000 population , after adjusting for age and sex but not other factors. In London, 30% of Bangladeshi households, 16% of Black African households, and 18% of Pakistani households have more residents than rooms compared with only 2% of white British households.
Care homes	May contribute >50% deaths caused directly or indirectly by the COVID-19 crisis.

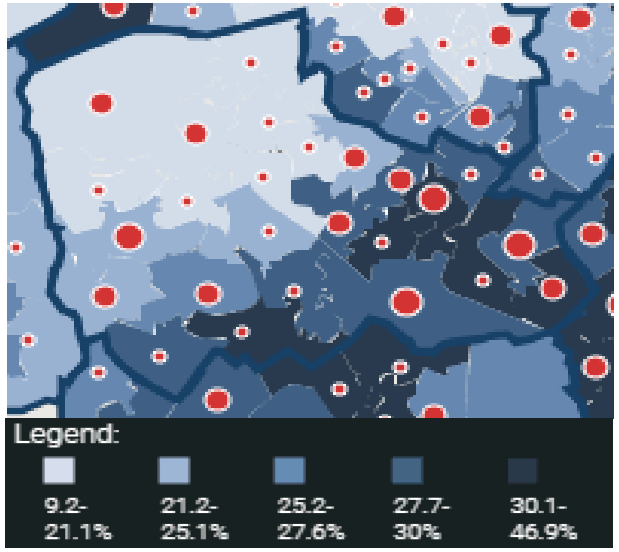
References
PHE. Disparities in the risk and outcomes of COVID-19. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/891116/disparities_review.pdf [accessed 11 June 202]
ONS. Coronavirus (COVID-19) related deaths by ethnic groupwww.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronavirus
Harrison EM. Ethnicity and Outcomes from COVID-19: The ISARIC CCP-UK Prospective Observational Cohort Study of Hospitalised Patients. http://dx.doi.org/10.2139/ssrn.3618215
PHE. Beyond the data: Understanding the impact of COVID-19 on BAME groups. https://bit.ly/beyond-the-data
Inside Housing. https://www.insidehousing.co.uk/insight/insight/the-housing-pandemic-four-graphs-showing-the-link-between-covid-19-deaths-and-the-housing-crisis-66562
William Laing. www.laingbuissonnews.com/care-markets-content/news/care-home-deaths-from-covid-19-could-reach-26000-in-england-by-end-of-may-says-laing/

Relationship between Covid 19 deaths and selected population characteristics

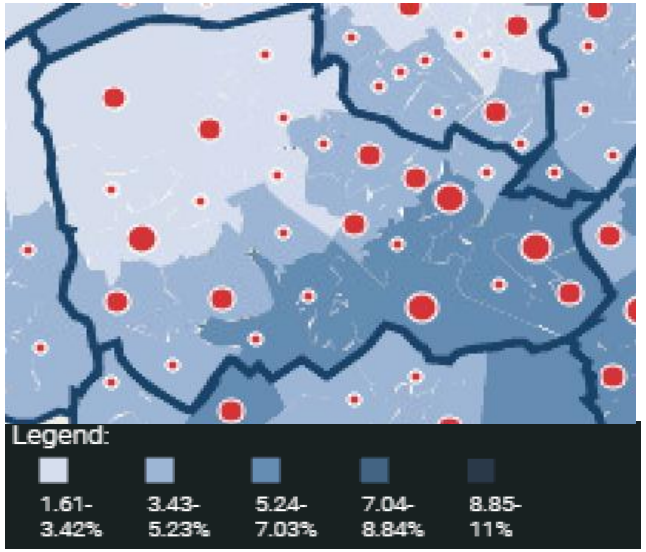
% BAME (all ethnic minorities)



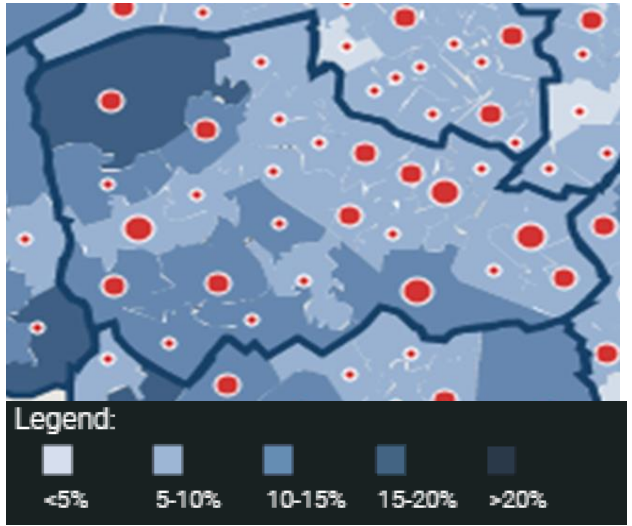
% in high-risk occupations



% with diabetes



% residents age 70 and over



Source: GLA. Covid-19 deaths mapping tool. https://data.london.gov.uk/dataset/covid-19-deaths-mapping-tool (accessed 12.6.2020)

Recommendations from PHE review "Beyond the Data: Understanding the Impact of COVID-19 on BAME Communities"

Topic	Summary of Recommendation
Data collection	Mandate comprehensive and quality ethnicity data collection and recording as part of routine NHS and social care data collection systems, including the mandatory collection of ethnicity data at death certification, and ensure that data are readily available to local health and care partners to inform actions to mitigate the impact of COVID-19 on BAME communities.
Further research	Support community participatory research, in which researchers and community stakeholders engage as equal partners in all steps of the research process, to understand the social, cultural, structural, economic, religious, and commercial determinants of COVID-19 in BAME communities, and to develop readily implementable and scalable programmes to reduce risk and improve health outcomes.
Service user experience	Improve access, experiences and outcomes of NHS, local government and integrated care systems commissioned services by BAME communities including: regular equity audits; use of health impact assessments; integration of equality into quality systems; good representation of BAME communities among staff at all levels; sustained workforce development and employment practices; trust-building dialogue with service users
Occupational risk assessment	Accelerate the development of culturally competent occupational risk assessment tools that can be employed in a variety of occupational settings and used to reduce the risk of employee's exposure to and acquisition of COVID-19, especially for key workers working with a large cross section of the general public or in contact with those infected with COVID-19.
Prevention campaigns	Fund, develop and implement culturally competent COVID-19 education and prevention campaigns, working in partnership with local BAME and faith communities to reinforce individual and household risk reduction strategies; rebuild trust with and uptake of routine clinical services; reinforce messages on early identification, testing and diagnosis; and prepare communities to take full advantage of interventions.
Health promotion programmes	Accelerate efforts to target culturally competent health promotion and disease prevention programmes for non-communicable diseases promoting healthy weight, physical activity, smoking cessation, mental wellbeing and effective management of chronic conditions including diabetes, hypertension and asthma
Wider determinants of health	Ensure that COVID-19 recovery strategies actively reduce inequalities caused by the wider determinants of health to create long term sustainable change. Fully funded, sustained and meaningful approaches to tackling ethnic inequalities must be prioritised.

Reference
PHE. Beyond the data: Understanding the impact of COVID-19 on BAME groups. https://bit.ly/beyond-the-data

Proposed future work

Further data analysis

- Using JSNA refresh process, including indirect COVID health impact (with focus on health inequalities)
- For exploration: joint spec across SWL / WW&M / MHCT board for health service data analysis from NEL CSU

Lived experience

- Qualitative action research & engagement with local voluntary sector & community (ABCD approach)
- Focus on BAME, age, dementia, learning difficulties/autism, other (tbd)

Action planning (aligned with MHCT board)

- Immediate - to protect from COVID in case of further outbreaks / waves (linked to outbreak prevention and control duty of LA), ie pre-habilitation, targeted diabetes work
- Short-medium term - to mitigate main adverse health impacts from COVID response;
- Medium-longer-term actions - to shape safe, fair and green recovery for Merton people and Merton as a place (in line with HWBB strategy and LHCP)

Merton Care Homes Support Plan

Health and Wellbeing Board - 23rd June 2020

Hannah Doody, Director of Community and Housing

Dr Dagmar Zeuner, Director of Public Health

Aims

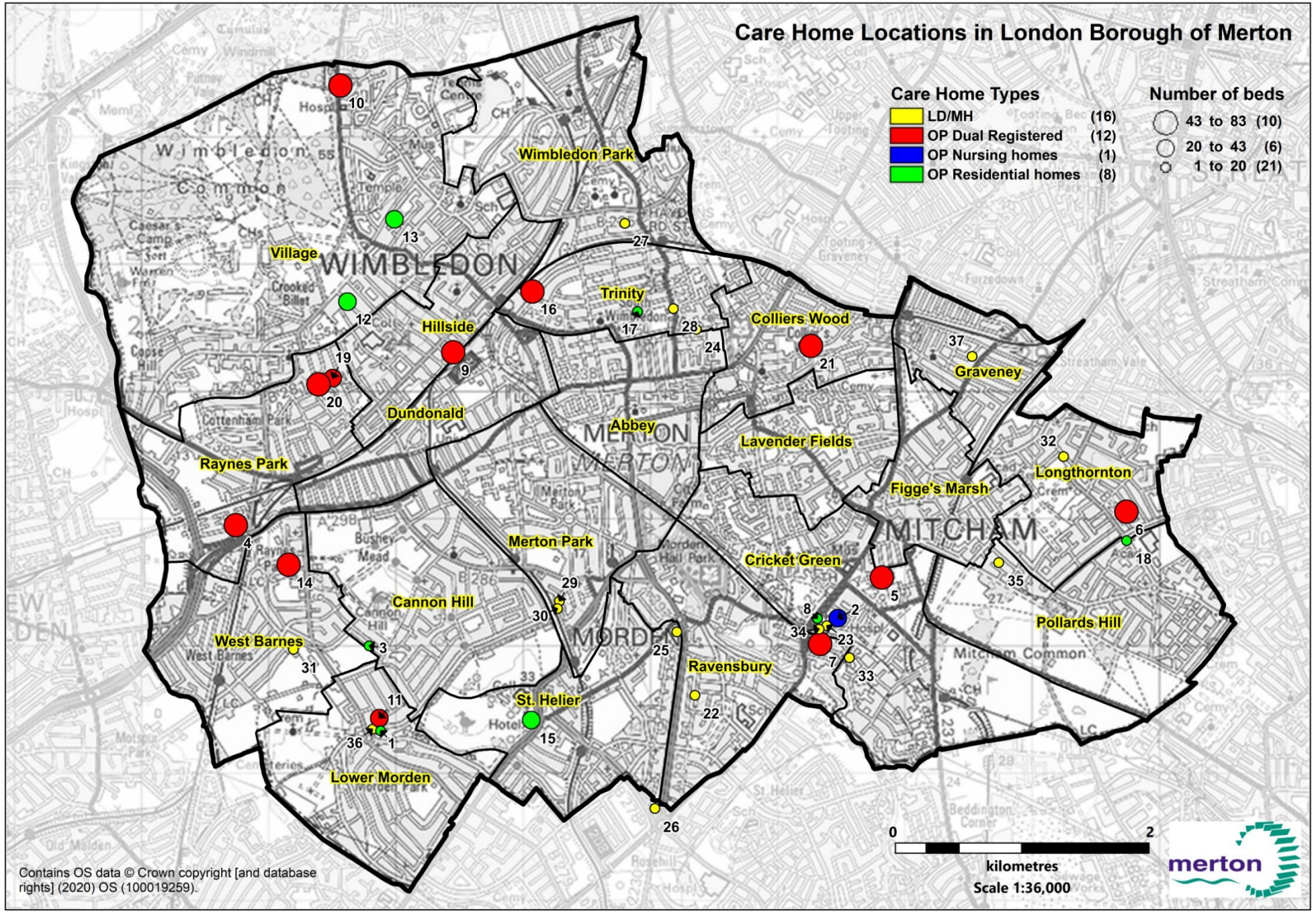
- Provide an overview of Merton response to pro-active and re-active support to care homes in Merton during Covid-19.
- Signpost HWB to the formal response to the Minister of State for Care.
- Present key learning so far and identify areas for future work.

Merton response to Minister of State for Care

- Full response, submitted on 29/5/2020, can be accessed at https://mertonnews.files.wordpress.com/2020/05/mhclg-letter-290520-web.pdf
- Market resilience and infection control
  - Care home training in infection prevention & control (IPC) enhanced (incl train the trainer), dashboard developed for regular monitoring and support calls, single point of access to multi-disciplinary response team and 601,877 items of PPE distributed
- System's collective level of confidence
  - IPC part of wider care improvement package, led by ESCH (enhanced support to care homes) subgroup of MHCT board, Mutual Aid agreement across SWL, plan discussed by Safeguarding Adults Board and proposed for scrutiny
- Approach to short-term financial pressures
  - Over £1m committed to providers (including £800k of PPE at no cost) and £335k in additional re-ablement capacity.
- Alternative accommodation
  - Secured additional bed capacity and integrated approach to discharge to minimise risk.
- Co-ordination of returning clinical staff and volunteers
  - Engaged with Proud to Care initiative, development of the Community Hub and link to Prince's Trust workforce project

Key learnings and going forward

- Key learning
  - Collaboration across system and different levels critical e.g. London, SWL ICS and MHCT; multi-disciplinary response team
  - Relationships with care home staff, joint problem solving, real passion/will from care homes to protect their staff and residents
  - Smaller homes often need additional support
- Going forward
  - Development of Local Outbreak Control Plan
  - Opening up and preparedness for possible wave 2, align to SWL approach
  - Need to consider the sustainability of care homes
  - Contact tracing and support on social distancing in the workplace
  - Testing strategy (longer-term, incl repeat testing, antibody testing)
  - Maintain core safeguarding duties, under Care Act 2014 and Mental Capacity 2005
  - Engagement and dialogue about experience and learning, led by safeguarding board
  - Support for other high risk settings such as home care


Care Home Locations in London Borough of Merton
Care Home Types
LD/MH (16)
OP Dual Registered (12)
OP Nursing homes (1)
OP Residential homes (8)
Number of beds
43 to 83 (10)
20 to 43 (6)
1 to 20 (21)
Wimbledon Common
WIMBLEDON
Village
Wimbledon Park
Trinity
Hillside
Dundonald
Raynes Park
Abbey
MERTON
Lavender Fields
Colliers Wood
Graveney
Figge's Marsh
Longthornton
MITCHAM
Merton Park
Cricket Green
Pollards Hill
Cannon Hill
West Barnes
MORDEN
Ravensbury
St. Helier
Lower Morden
Mitcham Common
10
13
27
16
12
17
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11
36
1
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26
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2
kilometres
Scale 1:36,000
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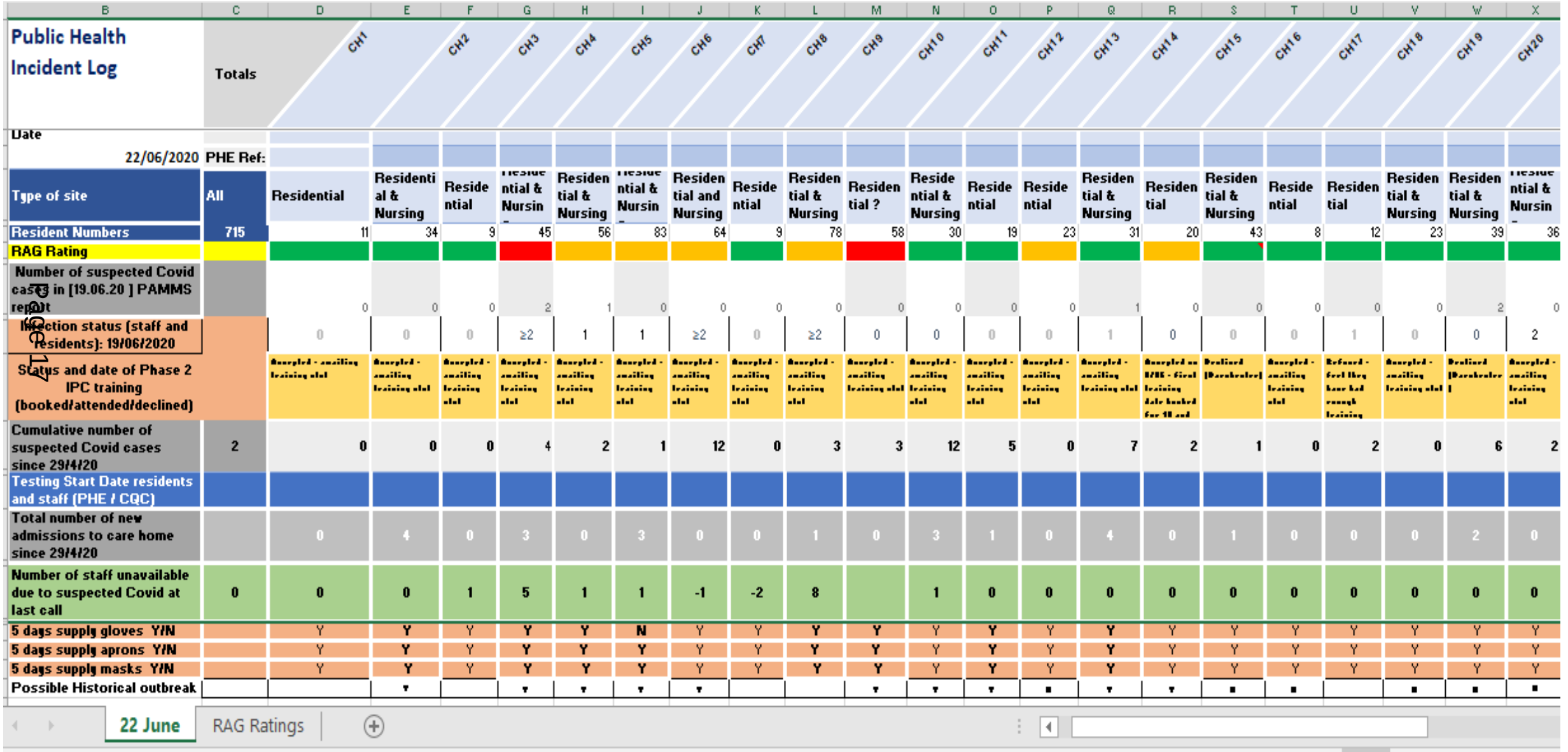
merton

Snapshot of dashboard (anonymised)



Public Health Incident Log	Totals	CH1	CH2	CH3	CH4	CH5	CH6	CH7	CH8	CH9	CH10	CH11	CH12	CH13	CH14	CH15	CH16	CH17	CH18	CH19	CH20
Date																					
22/06/2020	PHE Ref:																				
Type of site	All	Residential	Residential & Nursing	Residential	Residential & Nursing	Residential & Nursing	Residential & Nursing	Residential and Nursing	Residential	Residential & Nursing	Residential ?	Residential & Nursing	Residential	Residential	Residential & Nursing	Residential	Residential & Nursing	Residential	Residential	Residential & Nursing	Residential & Nursing	Residential & Nursing
Resident Numbers	715	11	34	9	45	56	83	64	9	78	58	30	19	23	31	20	43	8	12	23	39	36
RAG Rating																						
Number of suspected Covid cases in [19.06.20] PAMMS report		0	0	0	2	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	2	0
Infection status (staff and residents): 19/06/2020		0	0	0	≥2	1	1	≥2	0	≥2	0	0	0	0	1	0	0	0	1	0	0	2
Status and date of Phase 2 IPC training (booked/attended/declined)		Accepted - awaiting training slot	Accepted - awaiting training slot	Accepted - awaiting training slot	Accepted - awaiting training slot	Accepted - awaiting training slot	Accepted - awaiting training slot	Accepted - awaiting training slot	Accepted - awaiting training slot	Accepted - awaiting training slot	Accepted - awaiting training slot	Accepted - awaiting training slot	Accepted - awaiting training slot	Accepted - awaiting training slot	Accepted - awaiting training slot	Accepted on 8/6/20 - first training date booked for 18 and	Declined [Bereaved]	Accepted - awaiting training slot	Refused - feel they have had enough training	Accepted - awaiting training slot	Declined [Bereaved]	Accepted - awaiting training slot
Cumulative number of suspected Covid cases since 29/4/20	2	0	0	0	4	2	1	12	0	3	3	12	5	0	7	2	1	0	2	0	6	2
Testing Start Date residents and staff (PHE / CQC)																						
Total number of new admissions to care home since 29/4/20		0	4	0	3	0	3	0	0	1	0	3	1	0	4	0	1	0	0	0	2	0
Number of staff unavailable due to suspected Covid at last call	0	0	0	1	5	1	1	-1	-2	8		1	0	0	0	0	0	0	0	0	0	0
5 days supply gloves Y/N		Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
5 days supply aprons Y/N		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
5 days supply masks Y/N		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Possible Historical outbreak			▼		▼	▼	▼	▼			▼	▼	▼	■	▼	▼	■	■		■	■	■

22 June | RAG Ratings

Merton Voluntary Sector

- Voluntary, community & faith organisations experienced seismic transformation
- Small to large organisations involved from neighbourhood to borough level

Impact of Covid-19 (survey 57 VCF sector organisations)

- **55%** adjusted services – **40%** stopped services – **5%** continuing as previously
- **81%** experienced financial losses – **9%** not sure yet – **14%** concerned about survival
- **57%** expecting reduced or cancelled service delivery as a result of financial losses
- **61%** of respondents thought MVSC could best help with funding / funding advice

Merton Giving Fund

- **£150,000** opening total with contributions from MVSC, Merton Council, Wimbledon Foundation, Clarion Futures, Moat Housing, plus Merton Giving donations, including from local businesses
- **61** applications to date
- **£119,880** awarded to **49** organisations with an average grant of **£2,300**

Future

- Significant adjustment to ‘new normal’
- Longer-term funding a major challenge
- Greater emphasis on partnership & collaboration across sectors

Merton Community Response Hub

- Many examples of collaboration across the borough
- Rapid mobilisation of voluntary sector support – **no hesitation, the answer is yes**
- Highlights the impact and potential of **Merton Health & Care Together**

Impact of the Hub

From 23 March to 29 May 2020 **(10 weeks)**

- **2,000+** calls to the Hub – **8%** offering help – **92%** seeking help
- **1,454** onward referrals to **Age UK Merton (33%)**, **Commonside Development Trust (12%)**, **Friends in St Helier (12%)**, **Merton & Morden Guild (8%)**, and **Wimbledon Guild (35%)**
- **1,800+** existing customers receiving support in addition
- **16%** of all referrals needed help with prescriptions – **MVSC Social Prescribers**
- **43%** referrals aged 70+
- **62% East** – **32% West**
- **519** emergency food parcels distributed – significant co-ordinated effort on food

Future

- Uncertainty – complex needs of residents - digital exclusion
- Community Response Hub to provide ongoing triage & rapid response for borough residents
- Ongoing partnership delivery model
- Addressing both immediate and longer-term needs

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