

This page is intentionally left blank

Health and Wellbeing Board Community Sub Group 6 October

Weekly COVID-19 Situational Awareness Report

Page 1

Merton Public Health Intelligence

For current data period 24th September to 30th September

(previous data period 17th September to 23rd September)

1st October 2020

Prepared by Ben Bezuidenhout. Enquiries: ben.bezuidenhout@merton.gov.uk

Summary of weekly situational awareness report

Current value refers to data reported 24th September – 30th September
 Previous value refers to data reported 17th September – 23rd September

Indicator	Area	Value	Previous value	Change	
Main indicators	R value	London	1.2-1.5	1.1-1.4	↑
	JBC level	England	4	3	↑
Cases	New ONS estimated cases rate (per 100,000)	London	250	200	↑
	New confirmed cases total	Merton	47	27	↑
		Merton	19.4	14.1	↑
	Official 7 day total rate (per 100,000)*	London	35.0	20.5	↑
	7 day rate rank among SW London boroughs (1 st = lowest 7 day total rate)	Merton	1st	3rd	↑
	New potential incidents as reported by LCRC (COVID cases linked to a named location)	Merton	3 (see key messages)	5	↓
	West and East 7 day total rate (per 100,000)	Merton	27.8 (West) 17.0 (East)	15.9 (West) 8.9 (East)	↑(West) ↑(East)
Daily average		Merton	147.4	106.9	↑
	London	148.0	105.2	↑	
	Merton	2.0%	1.2%	↑	
	London	3.9%	2.7%	↑	
Contacting	% Cases completed by NHS T&T – cumulative (cases completed/total cases)	Merton	82% (254/309)	81% (210/258)	↑
		London	74%	77%	↓
	% Contacts completed by NHS T&T – cumulative (contacts completed/total contacts)	Merton	66% (500/752)	68% (442/654)	↓
		London	71%	72%	↓
Data	7 day total 111 triages (7 day rate per 100,000)	Merton	103 (50 per 100k)	126 (61 per 100k)	↓
		London	5,094 (57 per 100k)	6,450 (72 per 100k)	↓
	Number of confirmed COVID inpatients	SWL	15	9	↑
		London	260	215	↑
	Number of confirmed COVID ITU/HDU inpatients	SWL	4	1	↑
London		58	43	↑	

Key Messages

47 new cases this week, rate of infections increased in both West and East Merton. 3 community clusters identified; Cannon Hill, Wimbledon Chase and Wimbledon Broadway South

3 new incidents reported by LCRC since last week

- 1 incident at school – Merton school pupil tested positive and self-isolating. School notified
- 2 incidents at care homes - both involving asymptomatic staff testing positive. Both care homes have no further staff or residents with symptoms. Both are sufficient in PPE and testing

Total testing rate in Merton and London improved. Merton RAG rating improves from RED to GREEN

NHS 111 triages rate decreased in Merton and COVID inpatients and COVID ITU/HDU inpatient numbers increased in SWL to 15 and 4 respectively but lowest among London NHS trusts.

No new reported COVID deaths in Merton.

Merton Indicator	RAG rating (current)	RAG rating (previous)
7 day positive case rate per 100k	GREEN	RED
7 day test positivity	GREEN	RED
7 day test rate per 100k	GREEN	RED
14 day exceedance	GREEN	RED

* Official 7 day total rate is for week ending 23rd September, therefore change in rate might not match change in total number of cases.

change in total number of lab confirmed positive cases reported to NHS Test and Trace Service and exceedance RAG rating by date

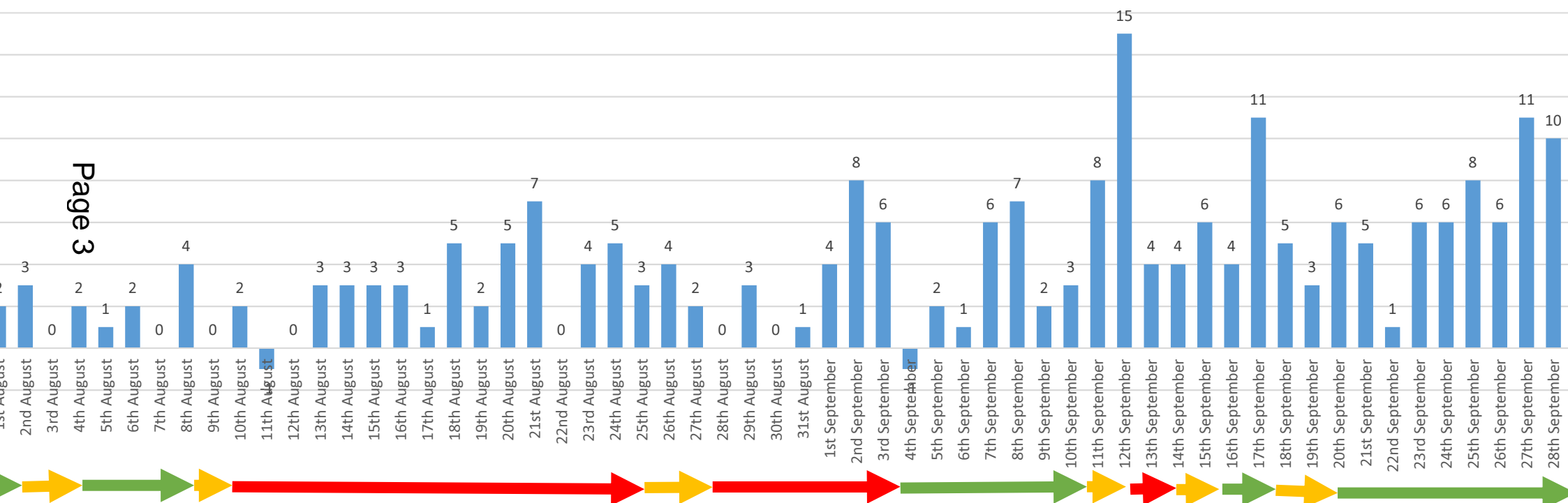
1st October 2020

1 & 2

Source: PHE/Contact Tracing UTLA

Reporting frequency: Daily

Daily change in the number of lab confirmed positive cases (Pillar 1 and 2) among Merton residents reported to NHS Test and Trace Service



Page 3

Coloured arrows refer to RAG rating of exceedance for those periods of time in Merton

Note: lab confirmed positive cases are reported to NHS T&T with a 1 day lag. As it is a live system, figures are subject to change therefore minus figures can occur.

Current exceedance RAG rating - **Green**

Number of deaths registered among Merton residents

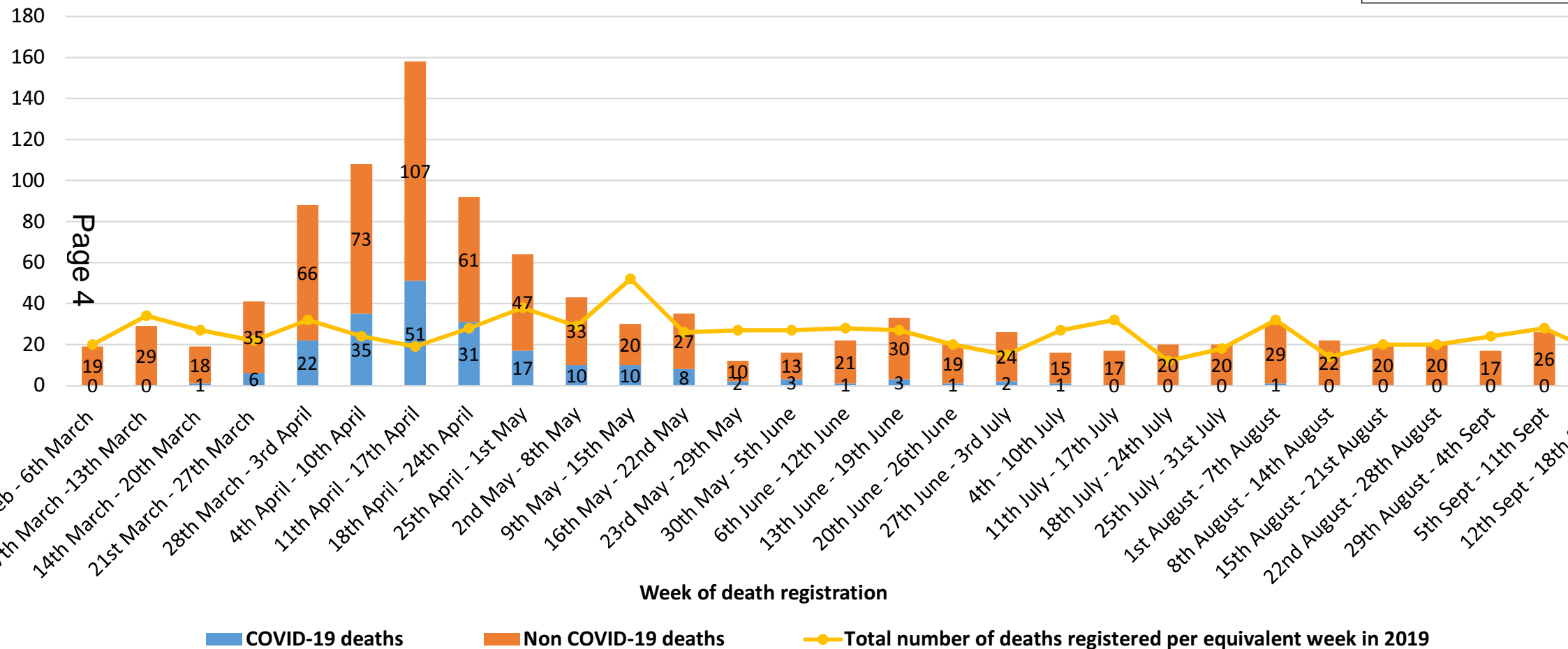
Source: ONS

Reporting frequency: Weekly (most recent 12.09.2020 – 18.09.2020)

Number of deaths in Merton by week of registration

Cumulative number of COVID related deaths registered in Merton (04.01.2020 – 18.09.2020)

205*



This figure does not account for the recent change to how COVID related deaths are defined in England. COVID deaths in Merton that were reclassified as non-COVID if they occurred more than 28 days after a positive COVID-19 test result. We think these changes will reduce the number of COVID deaths in Merton by approximately 10%.

Prepared by Ben Bezuidenhout.
 Ben.bezuidenhout@merton.gov.uk

7-day rate of confirmed positive cases per 100,000 population in Merton compared to South West London boroughs (Pillar 1 & 2)

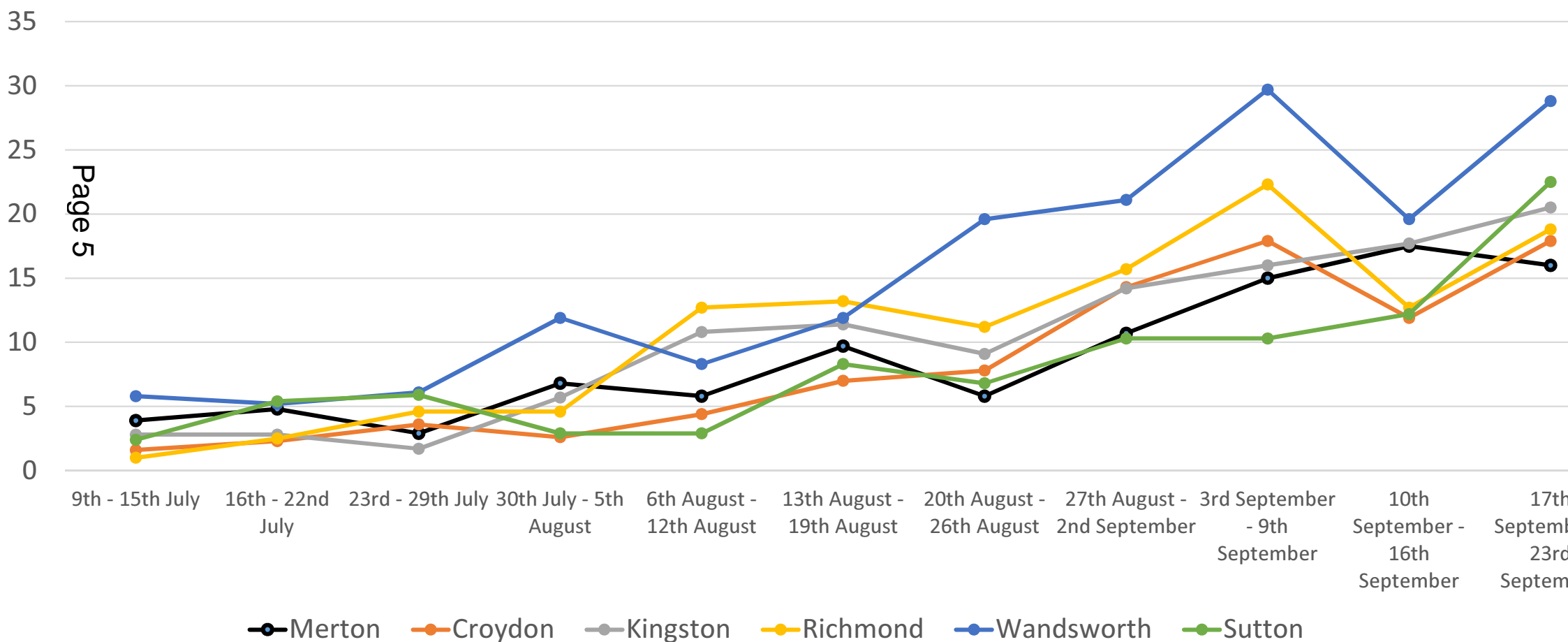
1st October 2020

Source: PHE/PHEC Daily Report

Reporting frequency: Daily

7-day rate of confirmed positive cases per 100,000 population

Source: PHE (Pillar 1+2)



Cumulative cases per 100,000 RAG rating across London boroughs*

Source: PHE

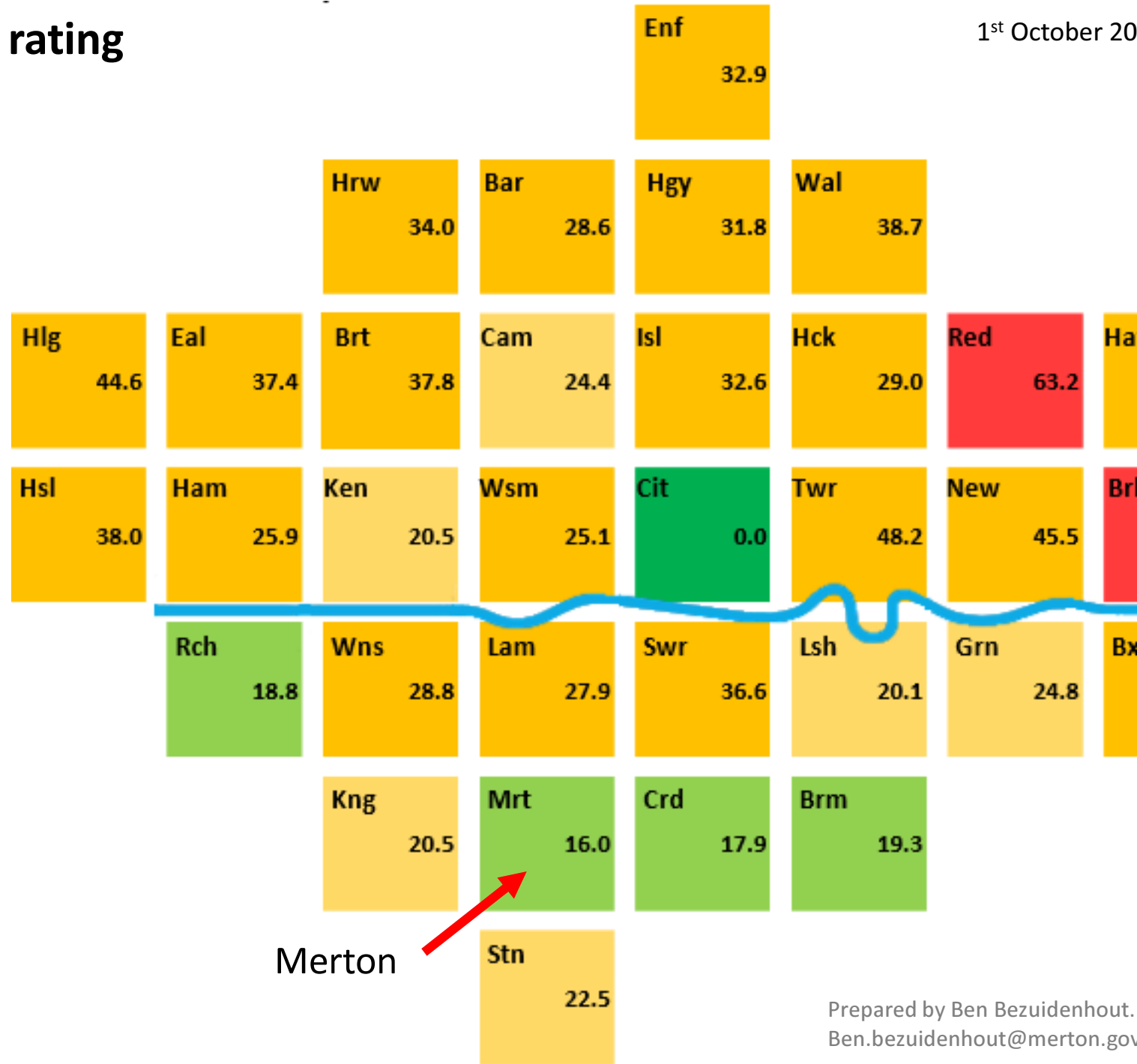
Reporting frequency: Weekly (19.09.2020 – 23.09.2020)

Each box illustrates weekly cases per 100,000 for that week

Key: 7-day rate per 100,000 and Epidemic Level

0 - 10.0		1A
10.1 - 20.0		1A
20.1 - 25.0		1B
25.1 - 50.0		2
>50.0		3

1st October 2020

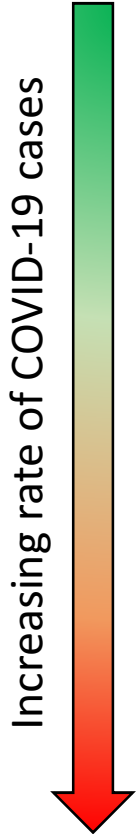


Merton

Epidemic level ranking in London

Source: PHE
Reporting frequency: Weekly

London is currently
at 1A Epidemic



Epidemic Level	7-day cases per 100,000	Epidemic Phase	Key epidemic measures to be considered	Wider Local Authority actions	Wider Political leadership actions
1A	0 - 20	Areas requiring watching brief	Business as usual Testing and Contact tracing Community outreach and support Mass media campaigns Reinforce prevention messaging Support local readiness including best-practice sharing Input into assurance of local readiness	Lead incident response and plan/implementation of actions Increase testing capacity Monitor and maintain test positivity <5% Trace complex cases, identify contacts, within scope of Tier 1b Lead delivery of local public comms & engagement plan Identify and plan for most vulnerable	Build local outbreak readiness outbreak control plans Build local capacity and capability Ensure the necessary local preventative actions are enacted Proactively monitor local data/feeds Ensure local schools, business, homes COVID-secure Develop ad test proposed escape routes and criteria
1B	20 - 25	Areas of national concern	All of the above plus: Increase MTU access Widen Testing and screening options Targeted campaigns Strengthen CT activity Community Outreach	Organise and scale up MTU and testing activity Reduce test positivity <5% Ensure at risk communities engaged Monitor care homes, hospitals, workplaces for outbreaks	Assure local readiness incl. capability/capacity Work with PHE, NHSTT, JBC to implement range of available interventions Draw on stakeholders to access additional support & resource Support co-ordination across boundaries including sub-regional
2	25 - 50	Areas of enhanced support	All of the above plus: Reintroduce epidemic controls Close settings driving epidemic Mandatory masks Restrict social contacts Restrict religious gatherings	Scale up testing rate to >500-1000 per 100,000 Manage public communications Support most vulnerable communities Consider use of local authority powers to reduce transmission risk Work with sub-regional, regional and national partners	Drive E2E system readiness and optimise performance Provide integrated dashboards support local monitoring Proactively monitor data and flag with regional and national teams
3	>50	Areas of intervention	All of the above plus: Consider local lockdown Target intervention dependent upon drivers	Lead delivery of local public comms & engagement plan Draw on stakeholders to access additional support & resource Support co-ordination across boundaries beyond a UTLA	Manage lifting/lowering of national restrictions as appropriate Provide guidance on demand to local capacity build Parliamentary accountability for health of the nation

Engagement with communities on the Impact of Covid-19

Health and Wellbeing Community sub-group
6th October 2020

Dr Dagmar Zeuner, Director of Public Health, LBM
Barry Causer, Head of Strategic Commissioning, LBM
Rob Clarke, Chief Executive, AGE UK

Aim and key messages

Aim is for the Health and Wellbeing Board Community Subgroup to:

- receive an update on progress and initial findings for their **oversight role**
- hear an example of how a member is **working with their community** to understand impact
- have a discussion on opportunities and training and communication needs to support their **engagement and leadership role**

Page 9 Key messages

- **Working with the community** is a key principle and central part of the Merton Outbreak Control Plan.
- We need to listen to, and work with, our communities to build upon our strengths and the **resourcefulness of local organisations**.
- COVID-19 is affecting all communities in Merton, but **some are being impacted more than others** and we are particularly focussing on BAME, carers, older people, young people and residents with a disability.
- Support vulnerable residents and reduce the impact of COVID-19, by **using the insight we gain** to inform work with our NHS and VCS colleagues.

Progress...so far

- **Community Engagement Workshops** – over 50 people explored the impact of COVID-19. Identifying assets to help build awareness of key messages and learning to inform comms and engagement through the HWB Community sub-group.
- **Network of Community Champions** – weekly drop-in sessions (12 to 1pm and 7pm to 8pm) to receive and then share trusted comms to family, friends and networks e.g. on T&T app and bring feedback on messaging. Over 60 people taking part, so far.
- BAME Voice commissioned to **engage broadly with BAME communities** to understand impact, build resilience and increase awareness of key messages.
- Listening to and collating **lived experience of the challenges residents face** through NHS and voluntary and community groups including Wimbledon Guild, Age UK, Carers Support Merton and others.
- Our **Young Inspectors** will lead work to engage and **bring the voice of young people** and their experiences on the impact of Covid-19; building resilience and creating positive messaging e.g. short films of young leaders. Work jointly funded by Public Health and CCG.
- Working with NHS on **Covid-fit (Pre-habilitation)** e.g. managing long term conditions and flu.
- Allocated **Local Outbreak Control funds** to work with VCS (via Merton Giving) to increase reach of key messages – range of grants e.g. £1k and £10k.

FEEDBACK (SO FAR) FROM OUR COMMUNITIES ON THE IMPACT OF COVID-19

Government messages have not been clear or consistent

All groups are worried about mental health and social isolation

Residents are scared and frightened; some people feel unsafe to leave their house

Digital exclusion is a real concern – need a range of hard and digital resources

Page 11
Anxiety around what's coming e.g. children returning to school and another 'lockdown'

Healthy lifestyles – increase in alcohol use, being less active and putting on weight

Need to provide timely advice and guidance (and resources) so services can open up safely

Community want to and will take a part in tackling COVID-19

Lack of awareness on flu jabs – who, how and priority groups

Guidance is complex and mis-understood - need to prioritise messages e.g. testing

Merton specific messages are better than national – use local people who have 'recovered'

Build on existing assets e.g. faith groups, MA and Dons as they have networks already

Rob Clarke

Chief Executive Officer
Age UK Merton

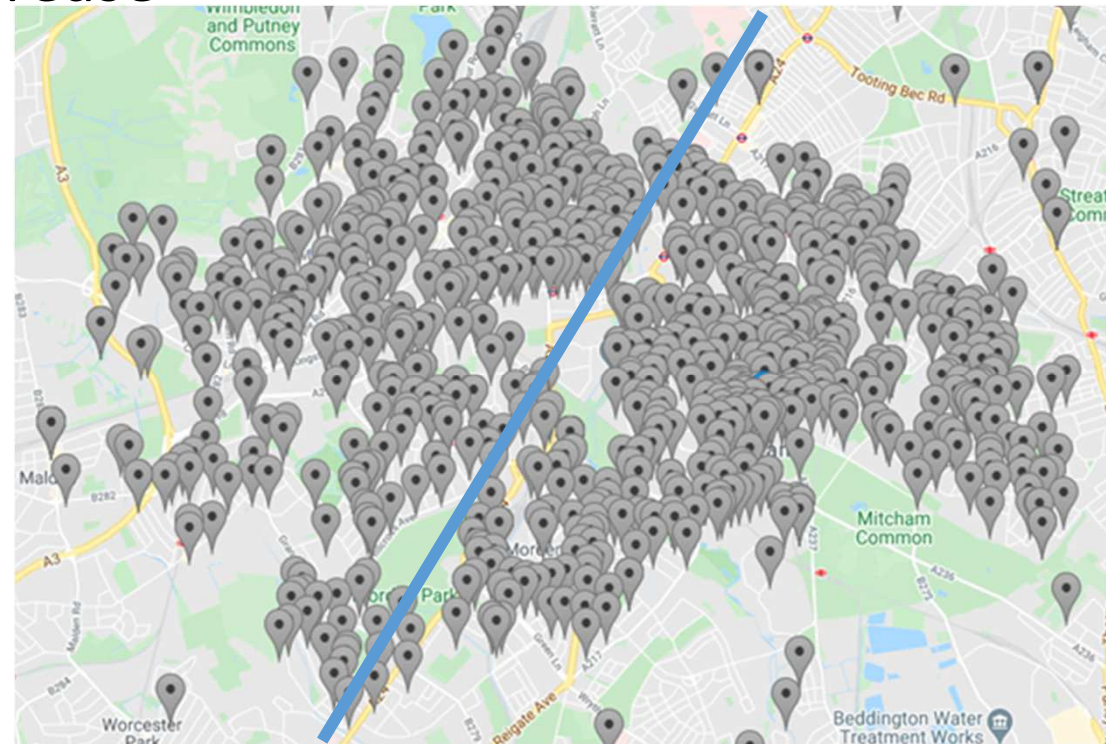
Older adult impact summary

Age UK Merton (March – July)

- **32% increase in the number of people seeking support** compared to the same period last year – **2,000 residents in total**
- **96% increase in the number of contacts** – indicating growth in complexity and multiple needs
- September data indicates continued increase

Demographic shift

- **4% increase in BAME**
- **6% increase in under 65s**
- **65% East / 35% West**



Older adult impact summary

The Lived Experience of Covid-19

- Significant **direct impact** of C-19, well evidenced
- Higher risks with an **intersectional** lens

BUT

- Staff, volunteer and client feedback & case studies to explore the **indirect impact**
- **Long, sharp sting for older adults' mental & physical wellbeing**
- Amplified **complexity of need** and made identifying solutions increasingly difficult due to remote delivery

Social connection & mental wellbeing

- Increased **loneliness** as a result of self-isolation and **reduced social connection**
- **Decreased confidence, reduced cognition** and in some cases **self-neglect**
- Increased levels of **anxiety**, primarily due to the **fear of the virus**
- **Low mood** and in some cases **feelings of despair** and **suicidal ideation**

Older adult impact summary

Physical health

- Barriers to access for key community and health services
- Reduction in physical activity has seen pronounced **deterioration in the physical health**
- **Reduced confidence, mobility and emotional wellbeing** and **increased frailty** and instance of **falls**
- Increasing risk of **extended periods without underlying or presenting health conditions being addressed**
- Decline in clients **proactively managing their health conditions**
- **neglected established routines** and **lost motivation to manage their conditions**

Finances

- Working age clients losing income through **loss of work** or older clients who have reported a **negative impact on pension returns**
- Restrictions during lockdown resulted in **lower return in benefits uptake**, particularly Attendance Allowance
- **Food insecurity** and increasing **food poverty**
- Access to **digital** and virtual support very mixed across older adult population

Solutions

Community Response

- Extensive **partnership working** to co-ordinate, share and support
- **Preventative** work undertaken and ongoing – preparing people for restrictions
- Outbreak control & **community engagement**

Page 6

Taking the sting out of the tail

- Redoubling efforts to provide **meaningful social connection**
- Distraction techniques and **light at the end of the tunnel**
- Growing capacity in **advanced navigation** services
- Growing capacity in **practical support** from benefits to domestic assistance
- Promoting and enabling **active ageing**
- **Workforce wellbeing**

Discussion

- **What impact have you seen in the community and what can we do to mitigate or amplify it?**
- **How can the HWB sub-group help tackle the health inequalities that have been exposed and exacerbated by COVID-19?**
- **How can the HWB sub-group link to the work of the Primary Care Networks in supporting residents to access health services e.g. access a flu-jab and manage Long Term Conditions?**

Training and Communication Opportunities

Health and Wellbeing Community sub-group
6th October 2020

Dr Dagmar Zeuner, Director of Public Health, LBM

Barry Causer, Head of Strategic Commissioning, LBM

What training and communications support do the HWB sub-group need to

- establish on-going **dialogue with the community** to better understand the lived experience, help prevent outbreaks and mitigate (social and health) harm, in partnership with NHS.
- deliver **pro-active comms** e.g. videos of trusted local leaders and residents to support key messages.
- increase the reach and effectiveness of the **Community Champions**.
- work with LBM and SWL CCG on **tackling health inequalities**.

This page is intentionally left blank