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Merton Council
Healthier Communities and Older People Overview and Scrutiny Panel

Date: 14 March 2022
Time: 7.15 pm
Venue: Council chamber - Merton Civic Centre, London Road, Morden SM4 5DX

AGENDA

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2	Declarations of pecuniary interest	
3	Minutes of the previous meeting	1 - 4
4	Impact of COVID-19 on Care Homes in Merton	5 - 26
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7	Topic Suggestion requests for 2022-23 Panel Members are asked to put forward suggestions for health scrutiny topics for the new municipal year.	

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Healthier Communities and Older People Overview and Scrutiny Panel membership

Councillors:
Peter McCabe (Chair)
Janice Howard (Vice-Chair)
Nigel Benbow
Pauline Cowper
Mary Curtin
Helena Dollimore
Jenifer Gould
Linda Kirby

Substitute Members:
Hina Bokhari
Joan Henry
David Chung
Andrew Howard
Oonagh Moulton
Dave Ward

Co-opted Representatives
Diane Griffin (Co-opted member, non-voting)
Saleem Sheikh (Co-opted member, non-voting)

Note on declarations of interest

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Scrutiny's work falls into four broad areas:

⇒ **Call-in**: If three (non-executive) councillors feel that a decision made by the Cabinet is inappropriate they can 'call the decision in' after it has been made to prevent the decision taking immediate effect. They can then interview the Cabinet Member or Council Officers and make recommendations to the decision-maker suggesting improvements.
⇒ **Policy Reviews**: The panels carry out detailed, evidence-based assessments of Council services or issues that affect the lives of local people. At the end of the review the panels issue a report setting out their findings and recommendations for improvement and present it to Cabinet and other partner agencies. During the reviews, panels will gather information, evidence and opinions from Council officers, external bodies and organisations and members of the public to help them understand the key issues relating to the review topic.
⇒ **One-Off Reviews**: Panels often want to have a quick, one-off review of a topic and will ask Council officers to come and speak to them about a particular service or issue before making recommendations to the Cabinet.
⇒ **Scrutiny of Council Documents**: Panels also examine key Council documents, such as the budget, the Business Plan and the Best Value Performance Plan.

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HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL
8 FEBRUARY 2022

(7.15 pm - 8.50 pm)

PRESENT: Councillors Councillor Peter McCabe (in the Chair), Councillor Janice Howard, Councillor Nigel Benbow, Councillor Pauline Cowper, Councillor Mary Curtin, Councillor Helena Dollimore, Councillor Jenifer Gould, Councillor Linda Kirby and Di Griffin

ALSO PRESENT: Simon Shimmens, CEO Merton Connected, Catherine Heffernan, NHS England, Jacqueline Walker, NHS England

Stella Akintan (Scrutiny Officer), Phil Howell (Assistant Director for Strategy and Improvement) and Dr Dagmar Zeuner (Director, Public Health)

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

There were no apologies for absence

2 MINUTES OF THE PREVIOUS MEETING (Agenda Item 2)

The minutes of the previous meeting were agreed as a true and accurate record

3 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 3)

Councillor Dollimore declared she is a vaccinator with St Johns Ambulance.

4 IMPACT OF COVID IN MERTON (Agenda Item 4)

The Director of Public Health reported that:

The pandemic is shrinking but there are still high numbers of infections in schools.

There are reduced admissions in hospitals.

The progress with vaccinations has slowed down, they are targeting smaller numbers from groups with lower vaccination rates.

The Director of Public Health said they are waiting further government guidance on planning for further surges and how to live with Covid.

A panel member asked if further Covid variants are on the horizon. The Director of Public Health reported that the original Omicron BA1 and Omicron variant BA2 are

spreading globally and within the UK and BA2 being even more transmissible than BA1. However BA2 is not rated as a new variant of concern because the impact on health and the required protection is not significantly different to BA2.

A panel member asked if we are ensuring that there is outreach to provide immune compromised people with a third dose of the vaccine. The Director of Public Health said they will be contacted by NHS clinicians. It is important this group do not slip through the net and the Director will raise this issue with primary care colleagues.

The Director of Public Health said they are providing information for pregnant women who are reluctant to get vaccinated.

5 IMMUNISATION PROGRAMMES IN MERTON (Agenda Item 5)

NHS colleagues gave an overview of the report.

A panel member said as there was a drop in routine vaccines, we need to look at ward level figures due to inequalities between the East and West of the borough.

The Principal Public Health Advisor for Commissioning Immunisations and Vaccination Services said they recognise we need better access to uptake by GP practice level. They will be resuming projects on these issues which were paused due to Covid.

A Panel member asked about advice given to pregnant women about the flu jab. The Operational Director for Covid and Flu said they reach pregnant women in maternity services in promoting flu vaccination.

Resolved
The Vice chair thanked NHS Colleagues for their report

6 REVIEW OF LUNCH CLUBS IN MERTON (Agenda Item 6)

Simon Shimmens gave an overview of the report, highlighting the purpose is to review lunch clubs to make them sustainable in long term and reduce reliance on council funding.

A panel member asked about funding for the programme. The Chief Executive said funding is to run the network, Merton Council has provided funding for the lunch clubs.

A Panel member asked if there are any collaborations with organisations such as scouts, schools to build collaboration and intergenerational work. The Chief Executive said this is a good suggestion and they will take this to project team.

A panel member thanked the Chief Executive for his work and said the language is important and they should be referred to activity groups which provide lunch. It was asked if there any plans to provide mini buses at reasonable rates. The Chief Executive agreed that the terminology needs to be changed. They have bid for

funding from the Department for Transport on a transport and loneliness pilot which could provide additional opportunities. Other options are also being explored.

RESOLVED
The Chair thanked for all involved in providing this important service.

7 WORK PROGRAMME (Agenda Item 7)

The Work programme was noted

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Healthier Communities and Older People Overview and Scrutiny Panel

Date: 14 March 2022

Subject: Impact of COVID-19 on Care Homes in Merton

Lead officer: Dr Dagmar Zeuner, Director of Public Health and Mark Creelman, Locality Executive Director (Merton and Wandsworth)

Lead member: Councillor Rebecca Lanning, Cabinet Member for Adult Social Care and Public Health.

Contact officers: Barry Causer, Public Health Lead for COVID-19 Resilience; Dr Anita Davies, Senior Public Health Principal; Keith Burns Interim Assistant Director and Annette Bunka, Assistant Head of Transformation – Integrated Care (Merton)

Recommendations:

A. The Panel are asked to discuss the challenges and multi-agency response taken to protect and support care homes in Merton during the COVID-19 pandemic to date.

B. The Panel are asked to note the lessons learnt and the approach taken to transition to living safely and fairly with COVID-19 in Merton, including preparation for the stepping-up of a full COVID-19 response if required.

C. The Panel are asked to offer their formal thanks to all staff working on the front-line in care homes who have worked incredibly hard in challenging circumstances throughout the pandemic.

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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. This joint report between the London Borough of Merton (LBM) and the South West London Clinical Commissioning Group (SWLCCG), provides an overview of the partnership work that delivered actions, at pace and with urgency, to support Care Homes in Merton. It also sets out a number of challenges and the impact of COVID-19 on Care Homes in Merton, identifies lessons learnt and provides insights into actions that should be retained going forward as part of a legacy of the pandemic response.

1.2. This report will focus on the challenges, impact and actions delivered through the pandemic, however as the Merton Safeguarding Adults Board (MSAB) covered safeguarding in its Annual Report in 2020/21 then this is not duplicated in this report but is included as a link in the appendix.

1.3. This report is complemented by a short video that highlights the experiences of Care Home Managers. This will be shared on the evening of the Panel.

2 DETAILS

<u>Introduction</u>

2.1. There are 38 care homes in Merton which provide a wide range of services, including nursing care, residential care, and services for residents with mental health and learning disabilities. Most of the services are provided for elderly people with the remainder for younger people with disabilities.

2.2. Many care home residents have long term health conditions and are affected with physical disabilities and cognitive impairment. This partly explains the vulnerabilities of care home residents to COVID-19. Similar to the rest of London, care home provision in Merton includes large company owned chain homes to small family-owned homes. All care homes are required to have a Care Quality Commission (CQC) registered manager and relevant staff to deliver the services they provide.

2.3. The types, names and locations of Merton care homes can be found in the supporting information that can be found in appendix one.

2.4. Before the pandemic LBM's main relationship with care homes in Merton was focused on those homes that the Council had placed people in. However, during the first wave of the pandemic it became apparent that there was a need for LBM (Adult Social Care commissioners and Public Health) and SWLCCG to strengthen their relationship with all care homes in the borough and work pro-actively with care homes on surveillance, infection prevention and control (IPC) skills and knowledge and to provide training, support, advice and guidance in relation to all aspects of COVID-19 outbreak prevention and management.

2.5. A significant part of the response set out in this report e.g. the setting up of local surveillance systems and Infection Prevention and Control support was set up at pace and the parts of the system (see 3.2) worked together effectively at pace.

2.6. Care Homes have faced a significant number of challenges e.g. a national shortage of Personal Protective Equipment (PPE) and information and guidance changing frequently throughout the pandemic and the direct and indirect impact of COVID-19 has affected all staff, residents and their family members. It should be recognised that care home managers and staff, supported by staff across LBM and SWLCCG, have worked incredibly hard, through very difficult times, to protect and support care home residents throughout the pandemic and LBM and SWLCCG will continue to support them as we transition to living safely and fairly with COVID-19.

2.7. It should also be acknowledged that the care home managers and staff had to manage COVID-19 in addition to keeping all their residents safe, taking recurrent winter pressures and challenges into consideration.

3 COVID-19 RESPONSE AND ACTION

<u>Partnerships and Enhanced Support to Care Homes</u>

3.1. It became apparent early in the pandemic that there was a need to move quickly in Merton and to take a multi-disciplinary approach to prevent and manage COVID-19 outbreaks and meet the health and social needs of care home residents and staff during the pandemic. Parts of the system came together and worked together quickly, with urgency and with a 'can-do' attitude to support care homes; sometimes filling a void and delay of support and guidance at a national level.

3.2. Functional multi-agency partnerships that were in place before the first wave of the pandemic were built upon and strengthened during the second wave of the COVID-19 pandemic. The key stakeholders who provided support to care homes during the pandemic reflect the complex nature of the pandemic, but also the good partnerships in place in Merton and include SWLCCG, LBM (Public Health and Adult Social Care), Primary Care and the GP Federation, Central London Community Healthcare NHS Trust (CLCH), the Care Quality Commission, London Ambulance Services and the Care Home registered managers and staff.

3.3. The Enhanced Support to Care Homes (ESCH) Steering Group was one of the partnerships established as part of the agreed governance architecture of the Merton Health and Care Together (MHCT) Programme and was in place prior to the pandemic. This group supports the development and delivery of identified work streams and priorities including:

- Enhanced primary care support,
- Multi-disciplinary team (MDT) support including coordinated health and social care,
- Falls prevention, reablement and rehabilitation including strength and balance,
- High quality palliative and end of life care, Mental health, and dementia care,
- Joined-up commissioning and collaboration between health and social care,
- Workforce development
- Data, IT and technology
- COVID support and resilience,
- Quality in Care homes,
- Streamlining discharge pathways

3.4. Early in the first phase of the pandemic the ESCH Steering Group took on a key co-ordinating role for LBM, SWLCCG and CLCH to ensure that our combined activities were responsive to the needs of the care homes in the borough. Again, this was done with urgency and staff across the system worked well together. This coordinating role for the ESCH steering group has been maintained through the subsequent phases of the pandemic and provides good foundations for living safely and fairly with COVID-19.

3.5. Although the CCG had agreed the development of an Enhanced Support to Care Homes (ESCH) team, as part of the broader local response to the national ESCH policy framework, shortly before the pandemic began there had not been the opportunity to operationalise that commitment. The Council, SWLCCG and our Community Services partner, CLCH, moved quickly, therefore, to redeploy specialist nurses and other staff into a virtual team to provide practical support and guidance to care homes. This team was stood up within a short period of time and provided valuable advice on infection prevention and control as well as support to care home managers on a range of clinical matters including end of life care. This virtual team was maintained through the initial phases of the pandemic and supplemented over time by additional Council employed Infection Prevention and Control specialists. CLCH are now in the process of recruiting to the substantive team, which will form an important element of our ongoing support to care homes in the borough as pandemic related resources are wound down.

3.6. The monitoring of the quality of care provided in the care homes continued through the sharing of a monthly situation report to a wider stakeholder partnership group; the Merton Joint Intelligence Group (JIG) led by LBM. This multi-agency intelligence group is constituted in line with the London Multi Agency Safeguarding Policy and Procedures and its remit covers all regulated social care activity in the borough, including care homes. The JIG was in place prior to the pandemic and its primary role is to identify issues of concern relating to individual care providers, or specific care sectors, and to co-ordinate necessary safeguarding and/or performance improvement planning with the relevant provider(s). During the pandemic, the monthly

COVID-19 situation report has formed a central element of our analysis of provider performance and safety.

3.7. A comprehensive resource pack for care homes was developed by a multi-disciplinary care home support group at London level, with a regular update to mirror the changing picture of the pandemic and emerging learning. This covered COVID-19 outbreak management as part of holistic quality of care guidance. LBM and NHS teams helped to widely distribute, used it as training material and supported its implementation.

3.8. As well as the support highlighted in 3.5, the CCG commission an end of life care team that work in addition to community nursing teams to support proactive care planning with patients, so their needs and wishes are documented. The plans are used across agencies to support people to die in their preferred place. These services support people in their own homes and in care homes and where required co-ordinate support at end of life. As well as working with care homes staff, the end of life care teams work with the rapid response service to enable support over weekends and bank holidays.

Surveillance

3.9. To support the local surveillance of COVID-19 in care homes and to inform actions that need to be taken, a number of approaches were stepped-up quickly in Merton and used throughout the pandemic. This enabled action to be taken promptly and including

3.9.1 Originally set up as a means of providing vacancy data and staffing levels to NHS commissioners, the Capacity Trackers remit was significantly expanded in the early stages of the pandemic as it provided a good opportunity to build data sets that supported the management of COVID-19 impacts at a local and national level. The data is now routinely used to understand the impact COVID-19 has had on residents or staff working in care homes and to ensure that resources are targeted most effectively where they are needed. LBM use data from capacity tracker for weekly monitoring of various situations related to staffing, bed capacity, PPE supplies, vaccinations information and business continuity planning in care homes.

3.9.2 Daily COVID-19 Care Home Dashboard. Daily pro-active calls by LBM (ASC and Public Health) and SWLCCG staff to every care home to gain an understanding of the situation in each care home were set up in 2020 at the beginning of the pandemic. Information stored on the dashboard was then used for daily situation report meetings, chaired by a Senior Public Health Officer, where individual homes were discussed, and actions were identified to support care homes to prevent and manage outbreak situations. These daily meetings were complemented by the multiagency Merton Care Home Stakeholder SIT-Rep meetings, where partners' action was co-ordinated. The daily calls were scaled back in 2021 and partly replaced by pro-active work by a team of Infection Prevention Control Co-ordinators who have regular contact with the care homes and who conduct face to face visits where required.

COVID-19 testing

3.10. The delay in the establishment of an adequate test, trace and isolation system is seen to have hampered efforts to contain outbreaks and this also affected Merton and its care homes.

3.11. Once in place, COVID-19 testing for staff residents and visitors to care homes was a critical part of keeping care homes residents and staff safe. Throughout the pandemic there have been changes to the testing regimes in-line with increased understanding of the pandemic and depending on the situation of the care home e.g. were they in an outbreak situation. Testing regimes includes routine lateral flow device (LFD) testing of asymptomatic staff and residents and visitors to PCR tests for symptomatic individuals and as a confirmatory test for a positive LFD. The guidance on testing constantly changed and this was confusing to all persons coming into the care home and so ongoing support was provided to the Care Home staff (see 3.9.2).

3.12. There have been times where access to testing was challenging e.g. at the start of the pandemic and at the peak of the Omicron peak (December 2021) there were challenges with supplies of both LFD and PCR test kits to care homes. LBM maintained good provision of LFDs for the community during this time and so were also able to provide test kits to support care homes, as well as the community.

3.13. Care home managers had the responsibility of ensuring that all visitors had a negative COVID-19 test result before allowing entry, including staff providing services and also visitors. There were a small number of occasions where some staff refused to show evidence of a negative test result, which had an impact on the continuity of health care services provided to residents in care homes, but this was resolved quickly locally.

Vaccinations.

3.14. The COVID-19 vaccination programme started in December 2020 with the Joint Committee for Vaccination and Immunisation (JCVI) identifying residents in a care home for older adults as their first priority for roll out of vaccination. Individual practices worked together and in partnership with SWLCCG and established two vaccination centres at the Wilson Hospital and the Nelson Hospital for other priority groups. Vaccination teams worked evenings, weekends and with urgency to attend Care Homes to provide vaccines to residents and front-line health and social care staff.

3.15. The COVID-19 vaccination roll out to care home residents and staff in Merton has been successful, but there is still more to do to ensure that eligible staff and residents receive their vaccinations and boosters; critically important to provide protection against the Omicron variant. Additional detail can be found in the supporting information, to be found in appendix one, however a high-level overview can be found below.

3.15.1 Uptake of dose 1, 2, and the booster dose among older and younger adult care home residents is steadily increasing

3.15.2 Among older adult care home residents, Merton is middle ranking (3 out of 6) compared to SWL boroughs but slightly higher compared to London for all three doses

3.15.3 Among older adult care home staff in Merton, dose 1 and 2 uptake is comparable to SWL boroughs and London but booster dose uptake is slightly higher than London

3.16. A spring booster to support those people at higher risk of serious disease, including care home residents, was announced on 21st February 2022 as part of the Governments Living with COVID-19 Plan.

Infection Prevention and Control.

3.17. Priority 2 in the Local Outbreak Management Plan (LOMP) is Infection Prevention and Control (IPC). This theme aims to embed IPC as an integral part of service quality,

with a focus on high-risk settings including care homes. As part of this plan, several activities to strengthen IPC in care homes were implemented by SWLCCG and the LBM IPC leads.

3.17.1 All Merton Care Homes received IPC training by local IPC Specialists early in the pandemic and also receive updates on a regular basis. Training has been delivered through a number of channels to facilitate engage with the care home staff including a WhatsApp group to send out small bite size messages to all participants who can then access information in their own time. Open training sessions covering a wide range of topics were held at times that best suited the work schedules of staff.

3.17.2 Weekly webinars are held to provide a forum for on-going dialogue and provide opportunities to update Care Home staff on the changing IPC guidance, issues identified by Capacity Tracker, continuity of resident care when moving from care home to hospital and back, testing, vaccinations and staff wellbeing. SWLCCG and local authority staff and care homes staff and registered managers participate in this forum, which gives an opportunity to answer any questions that may arise. Following this meeting a weekly FAQ is document is shared with the care homes with key information and updated guidance.

3.17.3 During the second wave of the COVID-19 Pandemic LBM appointed an IPC coordinator dedicated to working with the care home managers and staff to strengthen the capacity of care homes to manage IPC. The engagement of a dedicated person to assist managers complemented the IPC training for care home staff provided by the SWLCCG, and in house training provided by some of the bigger corporate owned care homes.

3.17.4 Care homes were encouraged to identify at least one IPC champion for each home. Care home staff now have a named IPC contact that they can call or email for support. The importance of IPC must be kept high up on the agenda as it is noted that IPC complacency and fatigue has crept into daily practices. The IPC coordinator encourages care homes to embed infection prevention and control measures for infectious diseases other than COVID-19. All levels of care home staff, residents, and visitors participate in infection prevention and control measures that have been put in place.

<u>Personal Protective Equipment (PPE)</u>

3.18. Regular supply and effective use of Personal Protective Equipment (PPE) is of utmost importance in the management of COVD-19 in care homes. There was a national and worldwide shortage of the necessary equipment to keep staff and residents safe, this meant that demand was high and as a result the prices for equipment was significantly increased.

3.19. Early in the first wave, the ASC Commissioning Team worked closely with the Council's Commercial Services team to source and order large quantities of a range of items of PPE. Provided at no charge PPE to the care homes, this had a positive impact on infection prevention and control and has been regularly cited by care home managers as having been a very highly valued element of our overall support. From the outset of the pandemic over 1 million items of PPE have been delivered, free of charge, to care homes across Merton.

Temporary Alternative Discharge Destination Facilities (TADD)

3.20. Temporary Alternative Discharge Destination Facilities (TADD) were set up to offer COVID-19 patients an alternative discharge destination at the point of discharge from hospital to complete the isolation period required when patients had a COVID-19 positive status. Advocated strongly by LBM, SWLCCG commissioned Link House as the first TADD facility in SWL (operating between November 2020 and February 2021) and a second TADD, Sutton Court, was commissioned in February 2021 and will be in place until 31st March 2022, with the two homes offering 13 and 11 beds, respectively.

3.21. The aim of the TADD was to:

- support safe and timely discharge and protect care home residents and staff from COVID-19 and minimise the risks of spread and transmission of COVID-19 in care homes
- deliver personalised and individualised care in a safe, effective environment, in line with the person's care preferences wherever possible.
- ensure compliance with the statutory and regulatory frameworks, applicable guidance and policies and procedures.
- ensure a safe transition period to support the return to the individual's long-term place of residence and care.
- ensure that patients have access to primary medical care, rehabilitation, and support services during their stay in the TADD.
- enable and optimise quality of life through engagement with the family and/or carer

3.22. Between November 2020 and present day there have been 46 Merton residents who were placed temporarily in the TADD beds for a period of between 2 to 3 weeks and then went back to their care home or to their home.

Financial Support

3.23. Over the course of the Pandemic, the Government provided a number of tranches of funding, the first of which was available in June 2020, to support the adult social care sector, including providers that the Local Authority does not have a contract with to reduce the rate of COVID-19 transmission in and between care settings and to support wider workforce resilience. LBM has ensured that this funding has been passed through to care homes and other care settings in line with national expectations. To date over £3.2m has been provided directly to the Merton Care Homes, with another £1.4m in place to be distributed to care providers, including care homes, before the end of March 2022. The total grants made directly to care homes by 31 March 2022 will be in the region of £4m.

3.24. As noted above, this funding was provided via a series of Government of grants some of which were paid in more than one tranche. A summary of each of the grants and the funding passed on to the care homes is set out below.

Funding Name	**Amount paid to Care Homes**
Infection Control Funding (ICF) (Jun 2020 – Sept 2020)	£986,111.25

ICF 2 (Oct 2020 – Mar 21)	£680,135.75
Rapid Testing Funding (RTF) (Jan 21-Mar 21)	£271,500.00
IPC and RTF2 (Apr 21-Jun21)	£460,315.00
IPC2 and TF (Jul 21- Sept 21)	£326,598.00
IPC3, TF2 and VF (Oct 21 – Mar 22)	£534,344.00
Sub total	***£3,259,004.00***
Workforce Capacity Fund (Jan21 – Mar 21)	£111,447.00
Workforce Recruitment and Retention Fund 1st bid (Nov 21 – Mar 22)	£95,829.00
WRRF Supplementary bid (Nov 21 – Mar 22)	£100,079.00 (not all fully paid out yet)
WRRF2 (Dec 21 – Mar 22)	Allocation £934,887 (split not yet confirmed)
Omicron Support fund (Jan 22 – Mar 22)	Allocation £186,977 (split not yet confirmed)
Sub total	***£1,429,219.00***
Total	**£4,688,223.00**

Table One - Infection Control funding paid to Care Homes June 2020 to March 2022

4 IMPACT

4.1. The COVID-19 pandemic has lasted just over two years so far, with three waves of very high COVID-19 infections (noting that there was limited community testing in wave 1) and three national lockdowns (March 2020, November 2020 and January 2021). Each wave of infections and their control measures, which include the three national lockdowns, has had a significant effect on communities across Merton; including our care homes.

4.2. The impact of the pandemic has been felt on all parts of Merton, affecting all communities but the pandemic had and continues to have a disproportionate impact on some groups more than others e.g. older people, those living in more deprived areas and Black, Asian, and Minority Ethnic Communities. These impacts were significant, and some were direct e.g. mortality and morbidity and others indirect e.g. lack of access to education for young people. It has had an impact on all care home staff, residents, and their friends and families.

4.3. Due to the individual nature of their age and underlying health conditions, some care home residents were more at risk of COVID-19 infection, serious disease and death. In some situations, residents need help with daily living activities such as eating, washing, and dressing and it is challenging for staff to perform these duties and maintain infection control and isolation. The close physical interaction between staff when performing their duties and residents increased the risk of COVID-19 transmission and for outbreaks in care homes.

4.4. Managing the outbreak of any infectious disease in a care home is a challenging and stressful situation and additional expert support is provided by London Coronavirus Response Cell (LCRC) and increasingly as we moved through the pandemic the LBM Public Health team, due the on-going relationship and on-going dialogue (see 3.9.2) that was put in place with Care Homes.

4.5. A summary of the high level, direct and indirect, impact of COVID-19 cases and outbreaks in Care Homes is as follows

4.5.1 Situations. Between 1st February 2020 and 21st February 2022, there have been 124 'situations' reported by care homes in Merton.

4.5.2 Mortality. There have been 502 deaths (all causes) in Merton Care Homes since 29th February 2020; a similar number when compared to other SWL boroughs. Of these 502 deaths, there have been 53 COVID-19 related deaths (defined as deaths where COVID-19 was mentioned on the death certificate); this is the fewest COVID-19 deaths in care home settings over the pandemic so far compared to other SWL boroughs. It should be noted that there may be some deaths that are categorised as non-COVID deaths that occurred in wave one, that could be attributed to undiagnosed COVID-19 cases due to a lack of testing. Additional supporting information can be found in appendix one.

4.5.3 Mental Wellbeing of residents. The social isolation of residents due to control measures that were implemented to control COVID-19 during the pandemic caused significant distress and had negative effects on resident's mental health and that of their friends and families. National guidance was followed and Care Home Managers worked with the LBM Public Health team and the resident's family members to conduct risk assessments and develop a visiting strategy that took into consideration:

- The benefits and risk of the individual residents
- The potential risks to other care home residents
- The current outbreak situation in the care home
- The current prevalence of COVID-19 in the community
- Current visiting guidance and the use of appropriate IPC measures by all visitors

It should be noted that visiting of relatives in end-of-life situations were always facilitated.

4.5.4 There was also an impact of resident's physical health impact and a reduced access to health and care services. Once the pandemic pressures reduce, a service recovery process will commence.

4.5.5 Impact on Care Home staff. Care home staff have been challenged mentally and physically, sometimes putting themselves at risk, throughout the pandemic, with daily practices that had to change as they managed COVID-19 outbreaks. Staffing challenges were also linked with pay rates and conditions of employment. The increase in infected care home staff meant that there were absences and shortages and there was a difficulty in recruiting and retaining care home staff during the second wave. Due to this, there was an increased need to use bank or agency staff and individuals who worked across different sectors and settings. Discouraging staff from working across

several care homes had a positive impact on the spread of COVID-19 but the impact on staff wellbeing cannot be underestimated.

4.5.6 Long COVID. The Office for National Statistics (ONS) reported that as of 6 January 2022 1.9% of the population were experiencing self-reported Long COVID. The rates of self-reported rates were greatest in people aged 35 to 69, those living in the most deprived areas, those working in health or social care (including care homes) and these with a pre-existing health condition. The wider impact of Long COVID is uncertain at this stage but may have an impact on staff and care home residents going forward.

4.5.7 Impact on other infections. There have been lower than expected reporting of other infectious diseases e.g., norovirus and a limited number of influenza outbreaks. This can be partly explained by the stepping up of infection prevention and control measures such as hand hygiene, respiratory etiquette, use of face coverings, social distancing and self-isolation and an increase in the uptake of the influenza vaccination. During this time there was increased promotion for care home residents and staff to recieve the influenza vaccine.

5 LESSONS LEARNT

5.1. This report does not seek to set out the lessons learnt at a national level, there has already been a number if reports that do this e.g., the House of Commons Health and Social Care and Science and Technology Committee's Coronavirus: lessons learned to date report, published in September 2021 and there is also a formal COVID-19 Inquiry planned by the Government.

5.2. The local response mobilised quickly and delivered with urgency, using existing structures and partnerships, however the slow national response in providing funding, securing PPE, developing appropriate testing regimes for vulnerable settings and slow, complex and inconsistent guidance hampered Merton's approach.

5.3. The pandemic has been incredibly hard for all involved. A range of control measures such as social distancing, isolation periods and regular testing have been difficult for residents and their families. Extended isolation from family and loved ones, and the regular intrusion of the testing regime are very likely to have had a debilitating effect and in particular some residents with learning disabilities and mental health difficulties have found this period extremely distressing. While a degree of restriction on visiting, and some isolation arrangements, were not unknown in care homes prior to the pandemic, for example in response to Norovirus outbreaks, these tended to be unusual and relatively short lived. The sustained length of the pandemic restrictions, and their application across all care homes is without precedent.

5.4. IPC, visiting and other guidance for safe working and living in care homes were constantly changing and/or being updated. This made it incredibly difficult for care home managers and staff to keep up to date. Occasionally the guidance was confusing and contradictory. Care home managers benefited from having the support of the LBM and SWLCCG Care Home leads, which helped in relation to interpretation and assistance with implementing the changes. The IPC team has been welcomed as being a key part of Merton's outbreak response and plans are underway to identify options to maintain this provision going forward. Wider work to maintain regular communication with, and support to, care home managers and staff has also been noted by care home managers as being of significant value.

5.5. From the outset of the pandemic, the Council and health partners have worked at pace and closely together to provide support to care homes and wider care settings across the borough. This partnership based and multi-disciplinary approach to managing the pandemic in care homes has been well received across the sector for its holistic response to the needs of residents and staff. There have also been good examples of collaboration at a South West London level, which provide a model of how the relationship between the Integrated Care System at a SW London level, and individual boroughs, can work together for the benefit of local residents.

5.6. However, it is also important to recognise that at different points during the pandemic national policy imperatives have created tensions within the health and social care system. Perhaps the most striking example of this was the focus, in the early weeks of the pandemic, on discharging people from hospital into care homes before a proper testing regime was in place. This was recognised quickly in Merton, hence the focus on delivering the TADD (see 3.20). While this policy was designed to help ensure that hospital bed provision did not become overwhelmed it had serious and well documented implications for care home residents in terms of the spread of infection. There are, therefore, key lessons to be learned about the importance of understanding the impact across the whole system of policy designed to protect one part of that system. This continues to be highly relevant in the context of the ongoing pressure on hospital capacity.

5.7. It is also worth noting that prior to the pandemic the Council had a very limited relationship with a number of care homes in the borough that do not ordinarily accept publicly funded residents. The imperative to provide support to all care homes across the borough over the course of the pandemic has meant that relationships with those homes have been significantly strengthened. This has positive benefits in the context of the Council's broader Care Act responsibilities to support a sustainable care market.

6 WHAT DOES THE FUTURE LOOK LIKE?

6.1. The Governments approach to Living with COVID-19 was published on 21st February 2022 and made commitments to support the most vulnerable to COVID-19 including Care Home residents and other care settings. The plan includes free PPE to the end of March 2023, supporting and encouraging the take up of vaccines by staff and residents and additional guidance on precautions for visitors and workers in adult social care.

6.2. There is a future risk of vaccination fatigue as the spring booster is launched for residents of care homes. Signs of staff burn out should be identified early and dealt with. Staff and resident mental health and wellbeing strategies will need to deal with the aftereffects of the stresses of the last two years, as we now transition to living safely and fairly with COVID-19. People who have isolated and been affected for so long are anxious about COVID-19 and will need support as we transition out of the response phase of the pandemic.

6.3. Enhancing the national plan, we are now planning Merton's approach to 'Living safely and fairly with covid-19' which will be formed across three main themes

- 'transition' from COVID-19 response to 'living safely and fairly with COVID-19' e.g. utilising the remaining funding that is available from the Contain Outbreak Management Fund (COMF) to prevent a cliff edge in staffing and support for the community and vulnerable settings including care homes; including the extension of the LBM IPC Team for the next 6 months.

- preparation for ‘surge’ in case of a new variant requiring a full COVID-19 response – retaining expertise and some staffing, so that Merton can mobilise quickly if required
- ‘legacy’, retaining and building on these, and other, lessons learnt to retain the best practice and activities that have helped keep Merton safe e.g. Infection Prevention and Control skills and knowledge and LBM and SWLCCGs joint approach to community engagement and working with our communities.

6.4. Specifically for care homes, we will continue to focus on maintaining measures to prevent COVID-19 infections, recover from COVID-19 outbreaks, engage with residents and their families and support staff and residents in care homes.

7 ALTERNATIVE OPTIONS

NA

8 CONSULTATION UNDERTAKEN OR PROPOSED

NA

9 TIMETABLE

NA

10 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

As set out in the report, around £4m will have been provided directly to care homes in Merton by the end of March 2022. Other COVID-19 related funding e.g. COMF has been used to provide support to Care homes throughout the pandemic and will support the transition to living safely and fairly with COVID-19. Lana Hamilton. Service Financial Advisor (C&H), London Borough of Merton.

11 LEGAL AND STATUTORY IMPLICATIONS

There are no specific legal implications or risk arising out of this report. Meera Leavey. Principal lawyer, Adult Social Care and Education, South London Legal Partnership.

12 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

COVID-19 has increased inequalities. Planning for living safely and fairly with COVID-19 and recovery must have a particular focus on reducing the disproportionate impact of COVID-19 and wider inequalities.

13 CRIME AND DISORDER IMPLICATIONS

NA

14 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

The main body of the report sets out the partnership approach taken to protect and support Care homes across Merton throughout the COVID-19 pandemic and how we will transition to living safely and fairly with COVID-19 in Merton.

15 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

- Appendix one – Supporting Information.

16 BACKGROUND PAPERS

- Merton Safeguarding Adults Board, Annual Report. MSAB_Annual_Report_2021-spreads-web.pdf (merton.gov.uk)
- Merton Local Outbreak Control Plan - Local Outbreak management plan LBM (merton.gov.uk)
- The House of Commons Health and Social Care and Science and Technology Committee's Coronavirus: lessons learned to date report, published in September 2021. - Coronavirus: lessons learnt (parliament.uk)

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Impact of COVID-19 on Care Homes in Merton Supporting Information

14th March 2022

Dr Dagmar Zeuner, Director of Public Health

Merton Public Health Intelligence

Date prepared: 21st Feb 2022

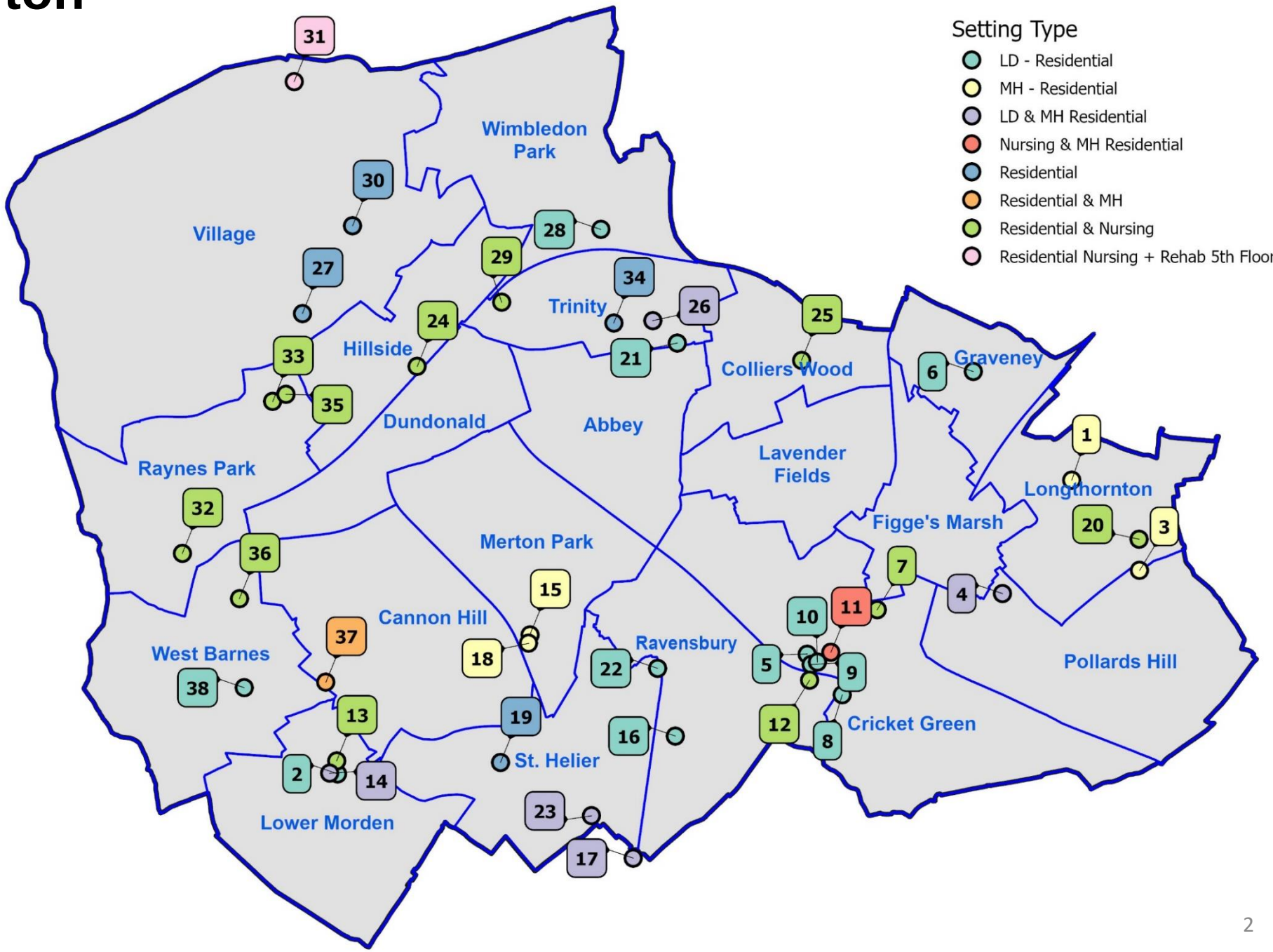
Enquiries: Monica Koo & Amira Yunusa

Care homes in Merton

4th Mar 2022

Source: Merton GIS team

Label ID	Setting Type	Name of Service Provider
2	LD - Residential	Abbey House
5	LD - Residential	Greenfield
6	LD - Residential	United Response
8	LD - Residential	Riverside Drive
9	LD - Residential	Rosebank Lodge
10	LD - Residential	Acorn Residential
16	LD - Residential	43 Florence Avenue
21	LD - Residential	All Saints Vibrance (Respite)
22	LD - Residential	Ashbrook House
28	LD - Residential	Haydon Park Lodge
38	LD - Residential	Meadowsweet
4	LD & MH Residential	St Georges
14	LD & MH Residential	Sunlight House
17	LD & MH Residential	CMG 374 St Helier Avenue
23	LD & MH Residential	179 Green Lanes
26	LD & MH Residential	Haydon's Lodge
1	MH - Residential	RHP outreach services
3	MH - Residential	St Antony's
15	MH - Residential	Jericho Lodge
18	MH - Residential	Jubilee Lodge
11	Nursing & MH Residential	Barons Lodge
19	Residential	Manor House
27	Residential	Keychange - Alexander House
30	Residential	Lee House
34	Residential	South Park
37	Residential & MH	Bavani
7	Residential & Nursing	Cumberland Care Home
12	Residential & Nursing	Fieldway
13	Residential & Nursing	Kelstone Court
20	Residential & Nursing	Eltandia hall
24	Residential & Nursing	Kew House (Hallmark)
25	Residential & Nursing	Woodland House
29	Residential & Nursing	Queens Court
32	Residential & Nursing	Carter House
33	Residential & Nursing	Wimbledon Beaumont
35	Residential & Nursing	St Teresa's
36	Residential & Nursing	Link House
31	Residential Nursing + Rehab 5th Floor	Heathlands Court



Summary key messages

Mortality in care homes and at home

- There have been 502 deaths across Merton care homes since 29th Feb 2020
  - This comprises 53 COVID-19 deaths and 449 non-COVID-19 deaths*
- Merton care homes have had fewer COVID-19 deaths compared to other SWL boroughs in most months of the pandemic so far
- The number of deaths in care homes in Merton peaked in April 2020 and January 2021

COVID-19 vaccination

- Uptake of dose 1, 2, and the booster dose among older and younger adult care home residents is steadily increasing
- Among older adult care home residents, Merton is middle ranking (3 out of 6) compared to SWL boroughs but slightly higher compared to London for all three doses
- Among older adult care home staff in Merton, dose 1 and 2 uptake is comparable to SWL boroughs and London but booster dose uptake is slightly higher than London

*COVID-19 deaths are defined as deaths where COVID-19 was mentioned on the death certificate.
SWL boroughs: Croydon, Kingston, Merton, Richmond, Sutton, and Wandsworth

All cause mortality in care home settings in SWL boroughs

4th Mar 2022

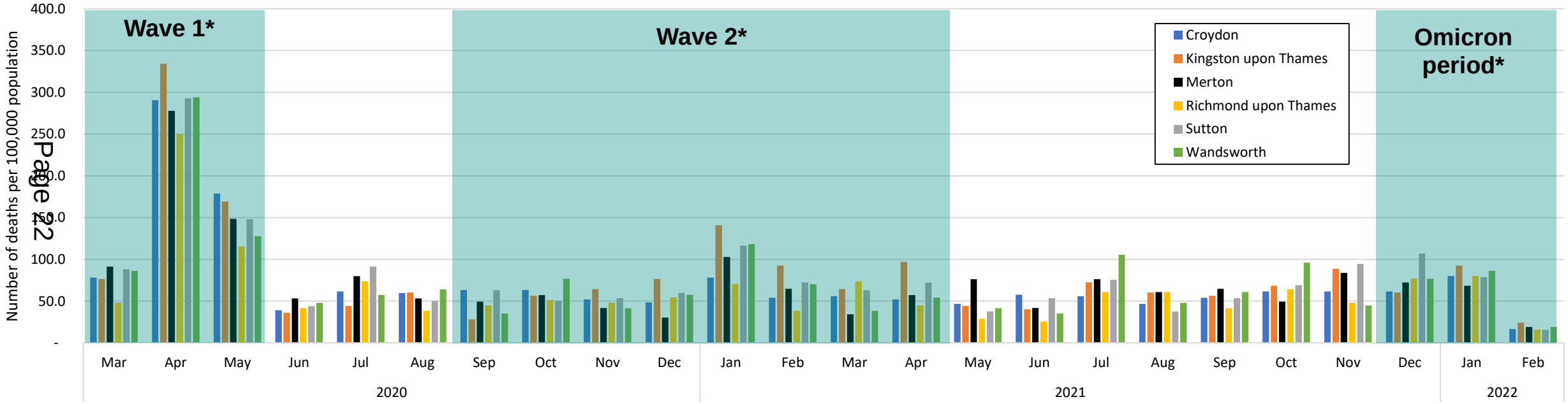
Source: ONS death registrations and occurrences by local authority and health board licensed under the Open Government Licence (https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/datasets/deathregistrationsandoccurrencesbylocalauthorityandhealthboard)

Key messages

Please note: in order to fairly compare deaths across the boroughs, we estimated mortality rate per 100,000 population using an estimate of the 65+ year old population for each SWL borough from before the pandemic (2019 estimates**). However this doesn't account for differences in population health, age distribution, and the number of people in a care home between boroughs.

Merton care homes have had a similar number of deaths per 100,000 population compared to other SWL boroughs

Merton has had the fewest deaths in care home settings over the pandemic so far compared to other SWL boroughs



Borough	Croydon	Kingston	Merton	Richmond	Sutton	Wandsworth
Total number of registered deaths in care home settings since 29th Feb 2020***	995	527	502	517	677	610
Total mortality per 100,000** in care home settings since 29th Feb 2020***	1,854	2,123	1,911	1,658	2,131	1,950

*please note the two waves and "Omicron period" are based on definitions produced by the ONS.

**The estimated number of 65+ year olds in each borough, published by the GLA (https://data.london.gov.uk/dataset/gla-population-projections-custom-age-tables)

***The presented data represents deaths registered between week ending 6th March 2020 and 4th Feb 2022

Data as of 21st Feb 2022

COVID-19 mortality in care home settings in SWL boroughs

4th Mar 2022

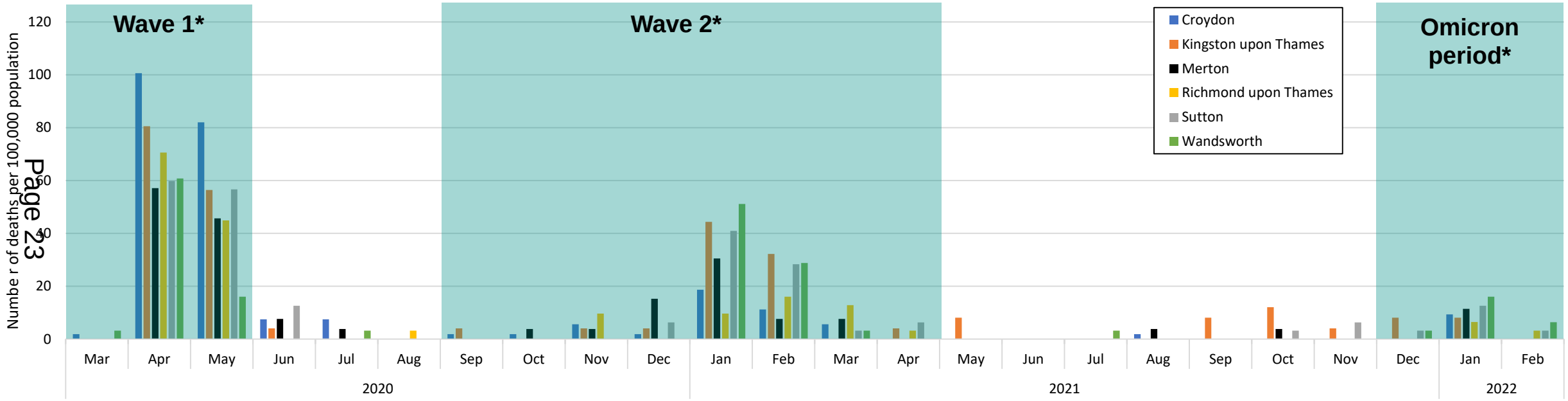
Source: ONS death registrations and occurrences by local authority and health board licensed under the Open Government Licence (https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/datasets/deathregistrationsandoccurrencesbylocalauthorityandhealthboard)

Key messages

Please note: in order to fairly compare COVID-19 deaths across the boroughs, we estimated mortality rate per 100,000 population using an estimate of the 65+ year old population for each SWL borough from before the pandemic (2019 estimates**). However this doesn't account for differences in population health, age distribution, and the number of people in a care home between boroughs.

Merton care homes have had similar or lower number of COVID-19 deaths per 100,000 population in most months compared to other SWL boroughs

Merton has had the fewest COVID-19 deaths in care home settings over the pandemic so far compared to other SWL boroughs



Borough	Croydon	Kingston	Merton	Richmond	Sutton	Wandsworth
Total number of registered COVID-19 deaths in care home settings since 29th Feb 2020***	138	70	53	56	77	61
Total COVID-19 mortality per 100,000** in care home settings since 29th Feb 2020***	257	282	202	180	242	195

*please note the two waves and "Omicron period" are based on definitions produced by the ONS.

**calculated using 65+ population estimates in 2019 produced for each borough by the GLA (https://data.london.gov.uk/dataset/gla-population-projections-custom-age-tables)

***The presented data represents deaths registered between week ending 6th March 2020 and 4th Feb 2022. COVID-19 deaths are defined as deaths where COVID-19 was mentioned on the death certificate.

Data as of 21st Feb 2022

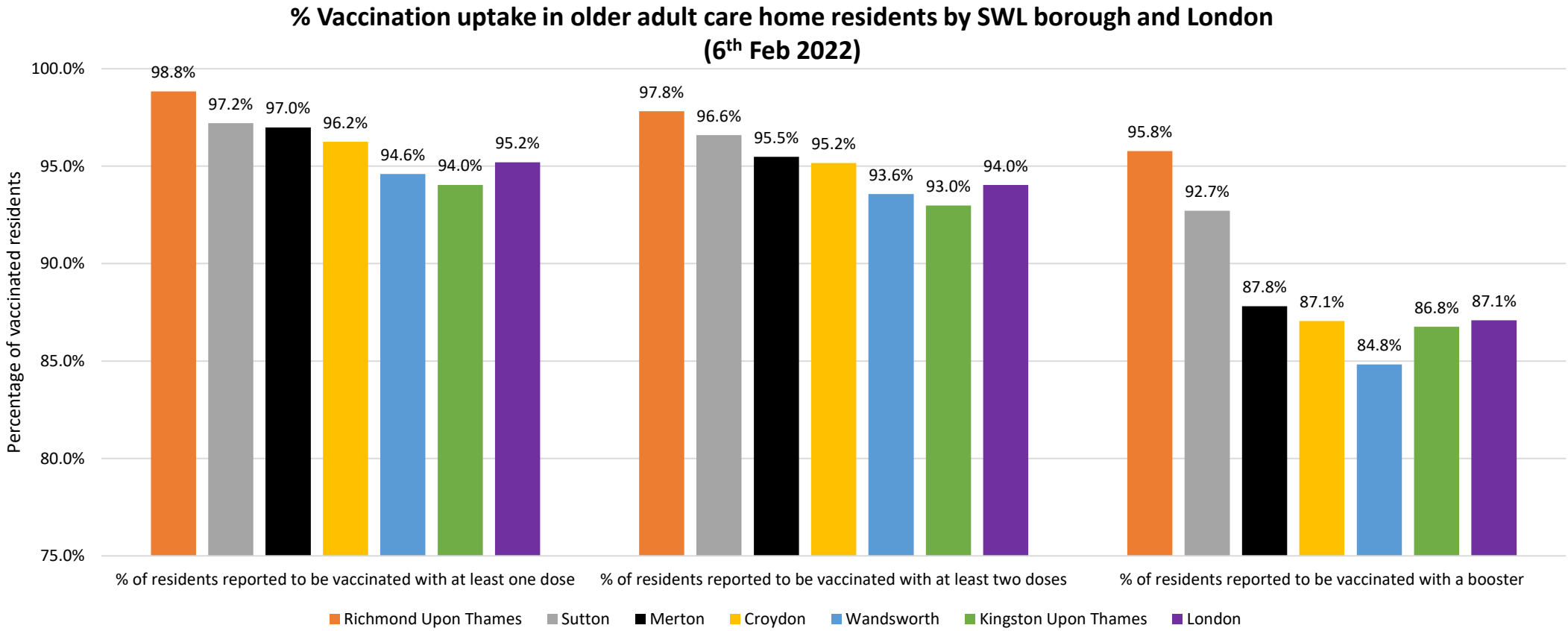
Vaccination Uptake in Older Adult Care Home residents in SWL boroughs and London

4th Mar 2022

Source: NHS England COVID-19 Vaccinations Weekly Reports (https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/)

Key messages

Among older adult care home residents, Merton is middle ranking (3 out of 6) compared to SWL boroughs but slightly higher compared to London for all three doses



The figure y-axis starts at 75% to help visualise borough differences

Please note the presented data is collected by NHS England using data submitted by care homes via the Capacity Tracker.

Older adult care home residents: 65+ year olds

Data as of 10th Feb 2022; covering period up to 6th Feb 2022

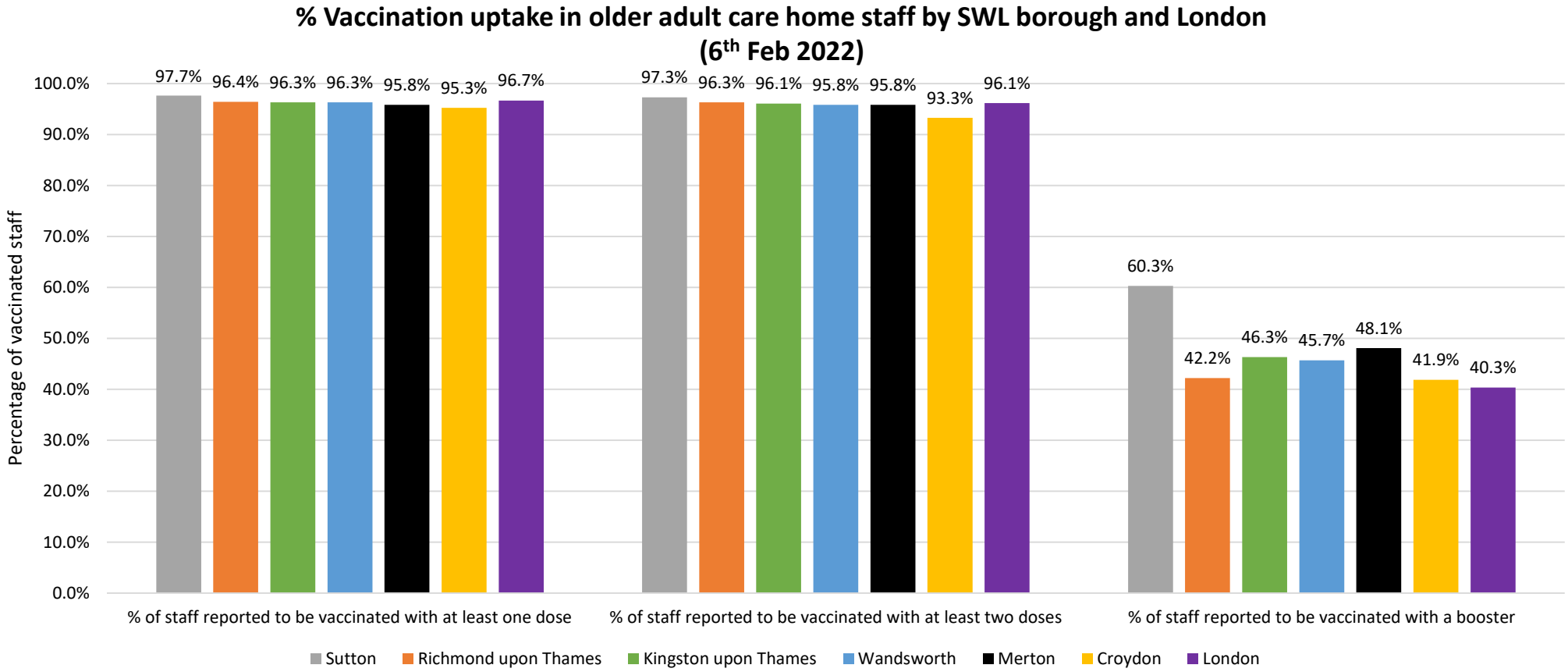
Vaccination Uptake in Older Adult Care Home staff in SWL boroughs and London

4th Mar 2022

Source: NHS England COVID-19 Vaccinations Weekly Reports (https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/)

Key messages

Among older adult care home staff in Merton, dose 1 and 2 uptake is comparable to SWL boroughs and London but booster dose uptake is slightly higher than London



Please note the presented data is collected by NHS England using data submitted by care homes via the Capacity Tracker.
Older adult care home staff: includes individuals directly employed by care homes and agency staff

Data as of 10th Feb 2022; covering period up to 6th Feb 2022

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Healthier Communities & Older People Overview & Scrutiny Panel – 14th March 2022

Dr Dagmar Zeuner, Director of Public Health

Merton Public Health Intelligence

Produced by Amira Yunusa

3rd March 2022

Please note: Due to the living with COVID plan released by government, many data sources will become unreliable or stop. This is the final situational awareness report which will be produced by the public health team. We will continue internal monitoring especially of deaths, vaccination and hospitalisations, and have processes in place to resume the SAR should it be required

Summary of COVID cases, PCR testing, deaths, vaccinations and inpatient statistics

Domain	Indicator	Merton (previous 7 days)	Merton change	London (previous 7 days)	London Change
Regional marker	R value (25th February)	-	-	0.7 to 1.0 (0.8 to 1.1)	↓
Cases over last week (19th – 25th Feb)	New cases (week ending 25th Feb)	673 (983)	↓	23,405 (33,711)	↓
	7 day rate (per 100,000)	406.9 (499.9)	↓	327.6 (391.5)	↓
	7 day rate aged 60+ (per 100,000)	303.1 (407.8)	↓	237.4 (288.3)	↓
Pillar 1 & 2 PCR tests over 7 days (10th – 16th Feb)	Number of people tested	6,113 (7,441)	↓	264,548 (336,551)	↓
	Test positivity %*	11.6% (13.6)	↓	9.6% (11.1%)	↓
Deaths (12th Feb – 18th Feb)	Number of COVID-19 registered deaths	2 (1)	↑	71 (100)	↓
Vaccinations (as of 2nd March)**	Vaccine uptake in 12–15 years (% who have had at least 1 dose)	49.0% (48.7%)	↑	43.1% (42.8%)	↑
	Vaccine uptake in 18–24 years (% who have had 3 doses)	31.7% (31.3%)	↑	25.9% (25.5%)	↑
	Vaccine uptake in 50+ (% who have had 3 doses)	72.3% (72.1%)	↑	70.2% (70.0%)	↑
Current inpatients in SWL hospitals (as of 22nd Feb)	COVID inpatients	458 (485)	↓	1,809 (2,031)	↓
	COVID patients in mechanical ventilator beds	11 (13)	↓	101 (119)	↓

Please note: reporting periods are based on the latest data available from different sources.

*Test positivity refers to the percent of people that tested positive, therefore if someone had multiple tests or tested positive multiple times in a reporting week they are only counted once.

**Denominator based on NIMS population.

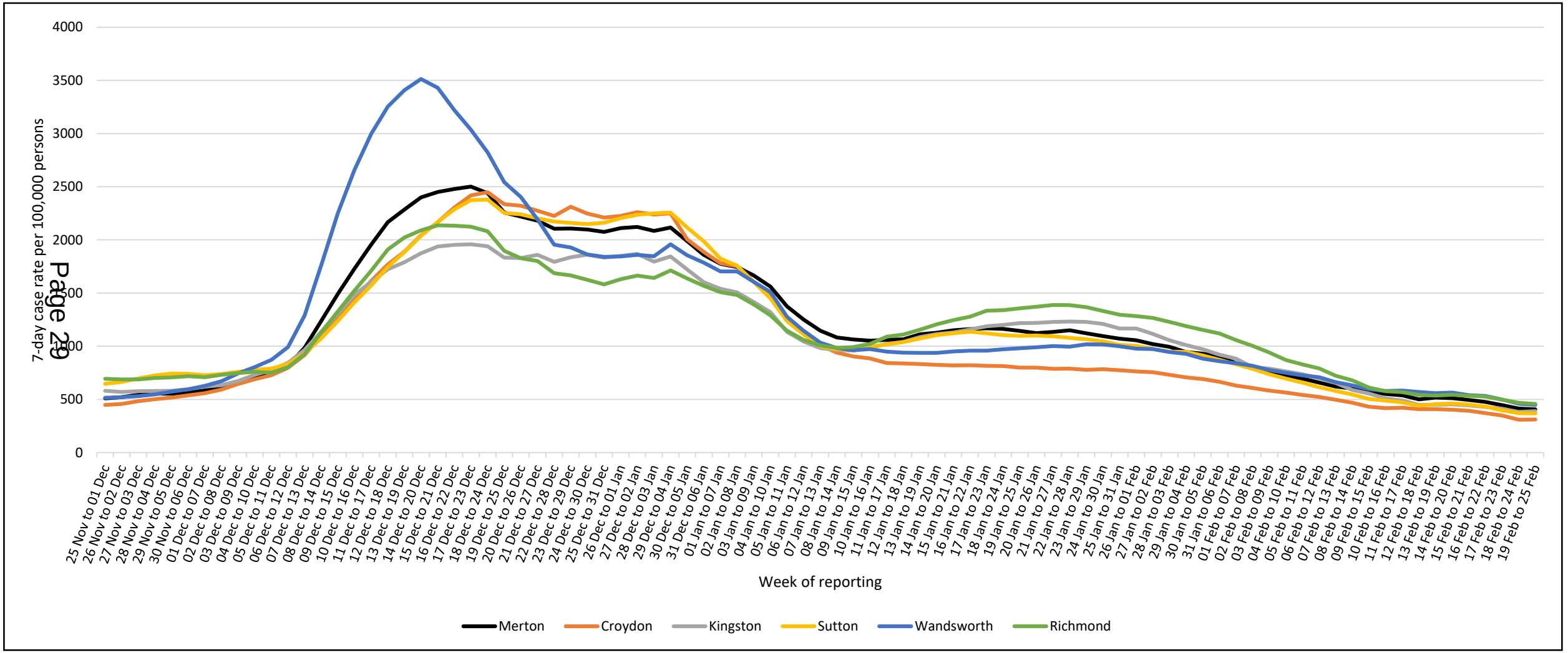
Due to the recent change in reporting (as of 31st January 2022) there are an additional 8% of cases identified in Merton for the duration of the pandemic. The data now includes possible re-infections (people who test positive again after 90 days). Data as of 2nd March; contains public sector information licensed under the Open Government Licence v3.0.

Rolling 7-day case rate per 100,000 people in Merton compared to SW London boroughs

Source: Coronavirus (COVID-19) in the UK (https://coronavirus.data.gov.uk/)

Reporting frequency: Daily

Key message: Merton ranks 4 out of 6 for lowest case rate per 100,000 among SW London boroughs

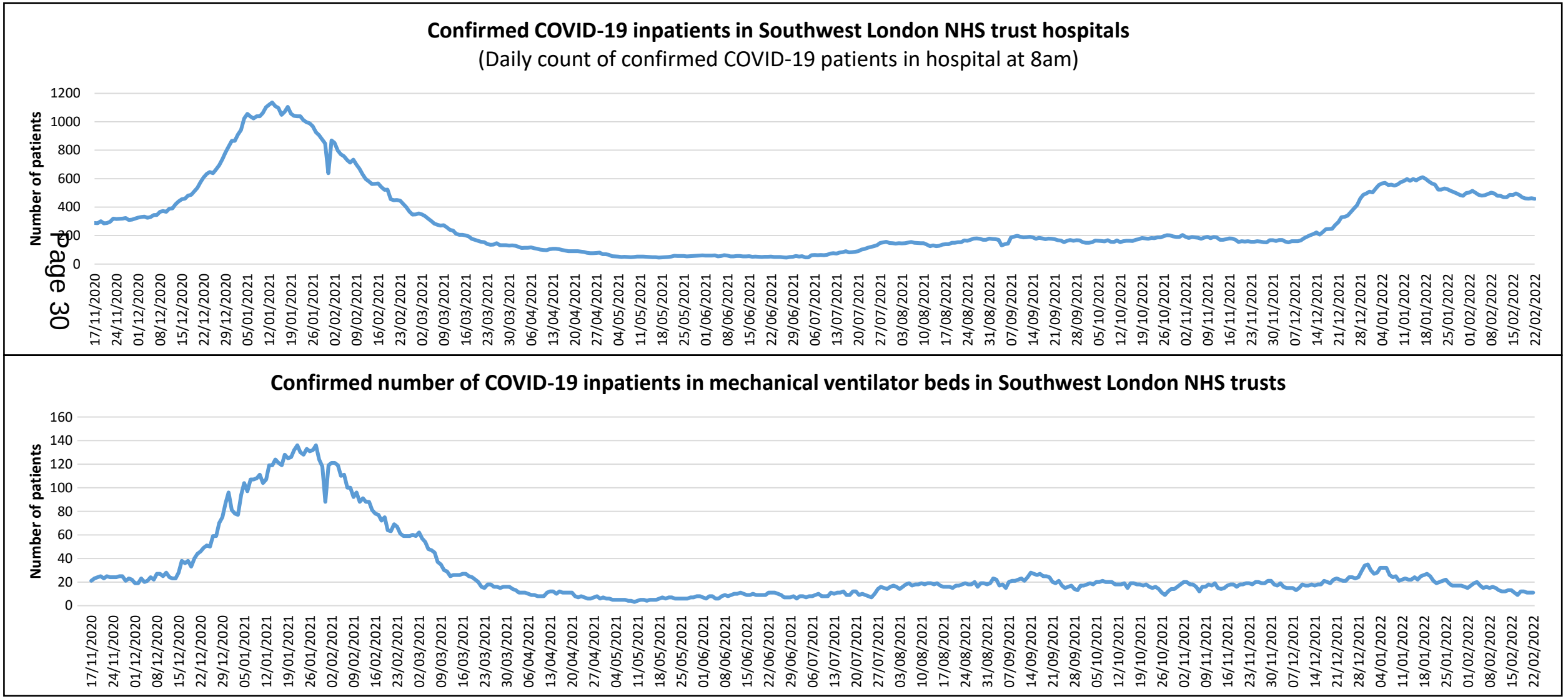


Due to the recent change in reporting (as of 31st January 2022) there are an additional 8% of cases identified in Merton for the duration of the pandemic. The data now includes possible re-infections (people who test positive again after 90 days).

Data as of 3rd March (rates are presented up to and including 25th February). Contains public sector information licensed under the Open Government Licence v3.0.

COVID-19 hospital indicators for South West London

Source: Coronavirus (COVID-19) in the UK (https://coronavirus.data.gov.uk/)
Reporting frequency: daily but inconsistent updates
Key message: The number of confirmed COVID-19 inpatients and the number of ventilated patients remains steady



Data up to and including 22nd February. Contains public sector information licensed under the Open Government Licence v3.0.

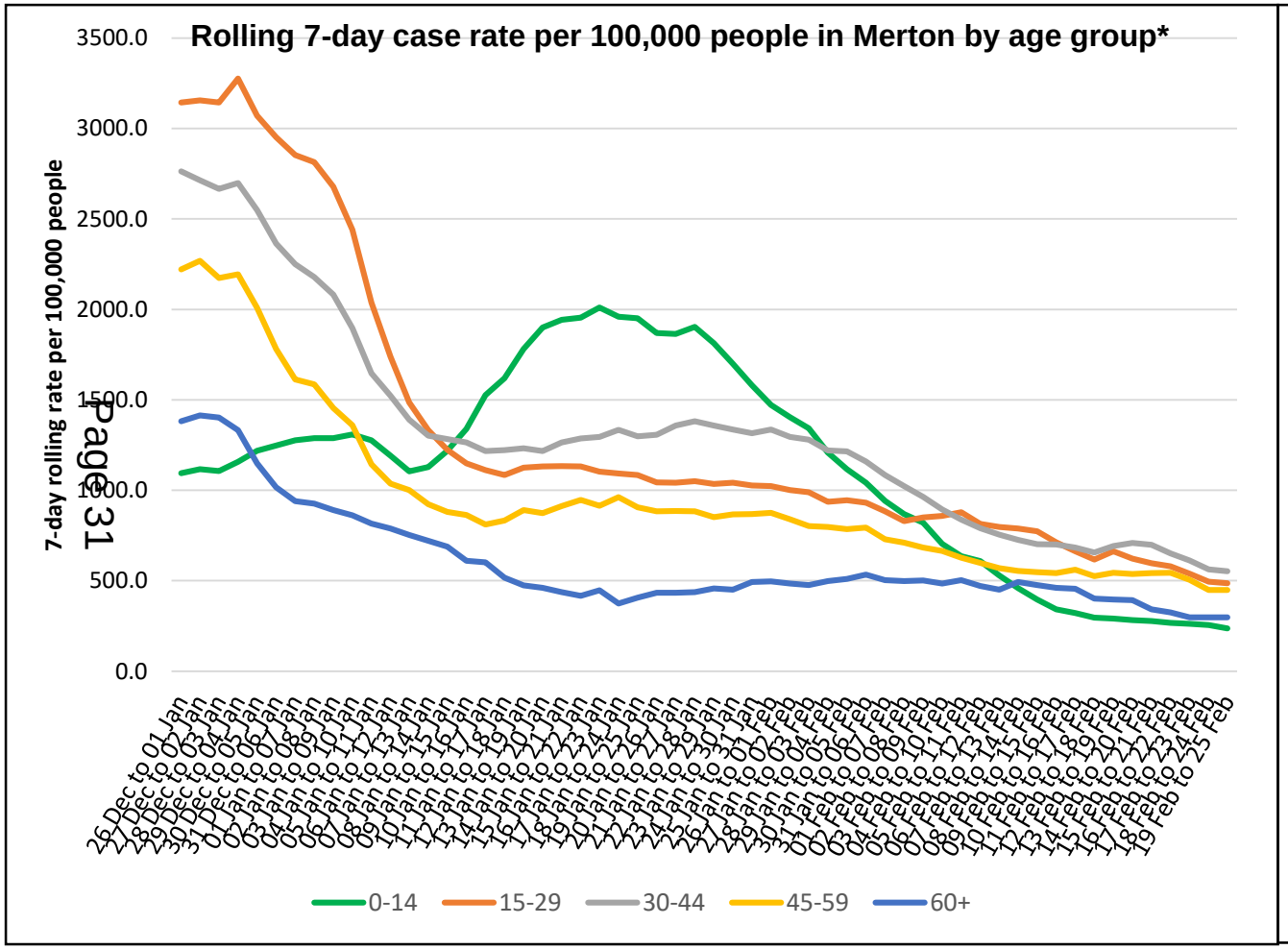
Enquiries: amira.yunusa@merton.gov.uk

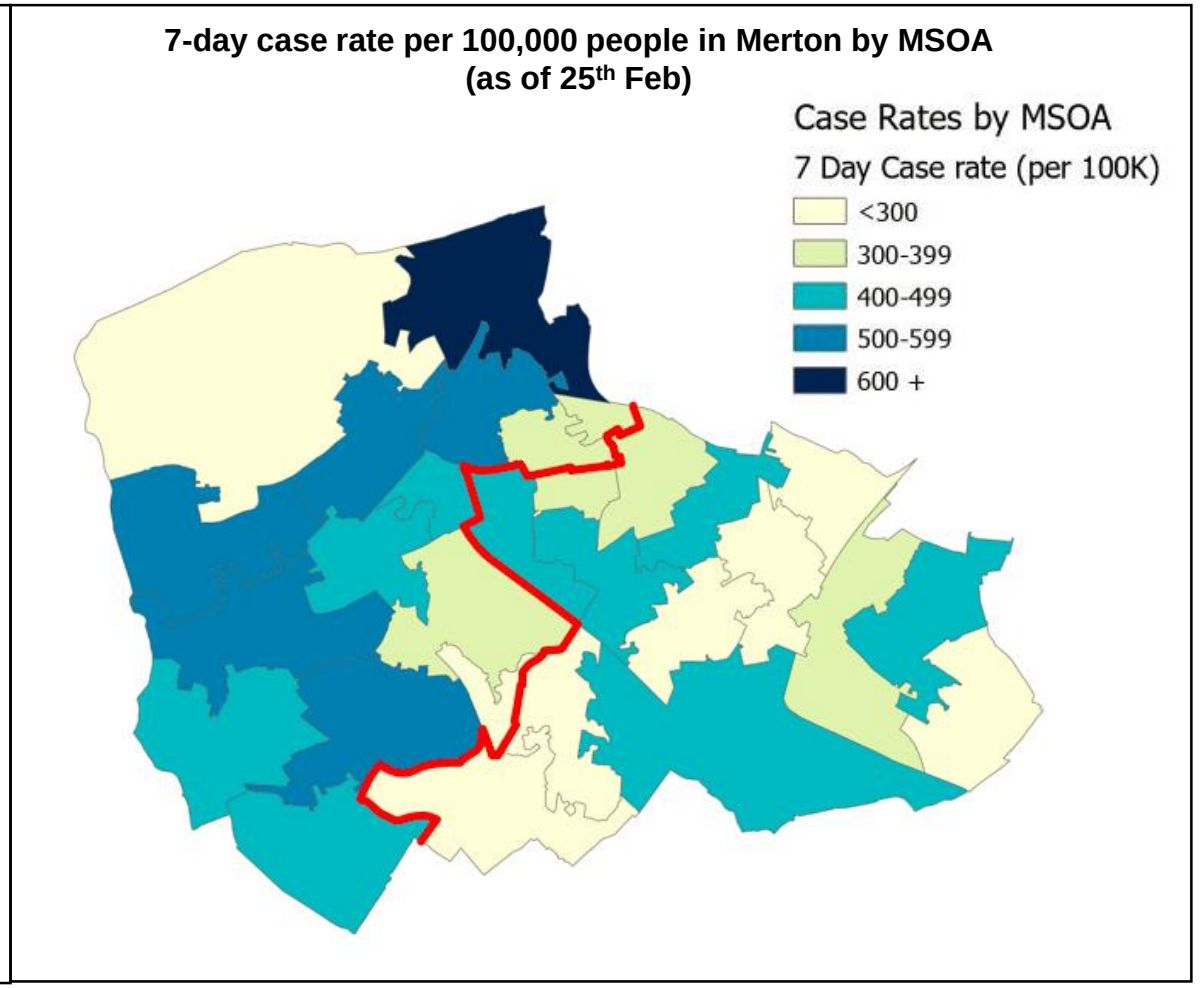
COVID-19 cases in Merton by age and geography

Source: Coronavirus (COVID-19) in the UK (https://coronavirus.data.gov.uk/)

Reporting frequency: daily

Key message: case rates are highest among 15-29 years and 30-44 years and are higher in west versus east Merton



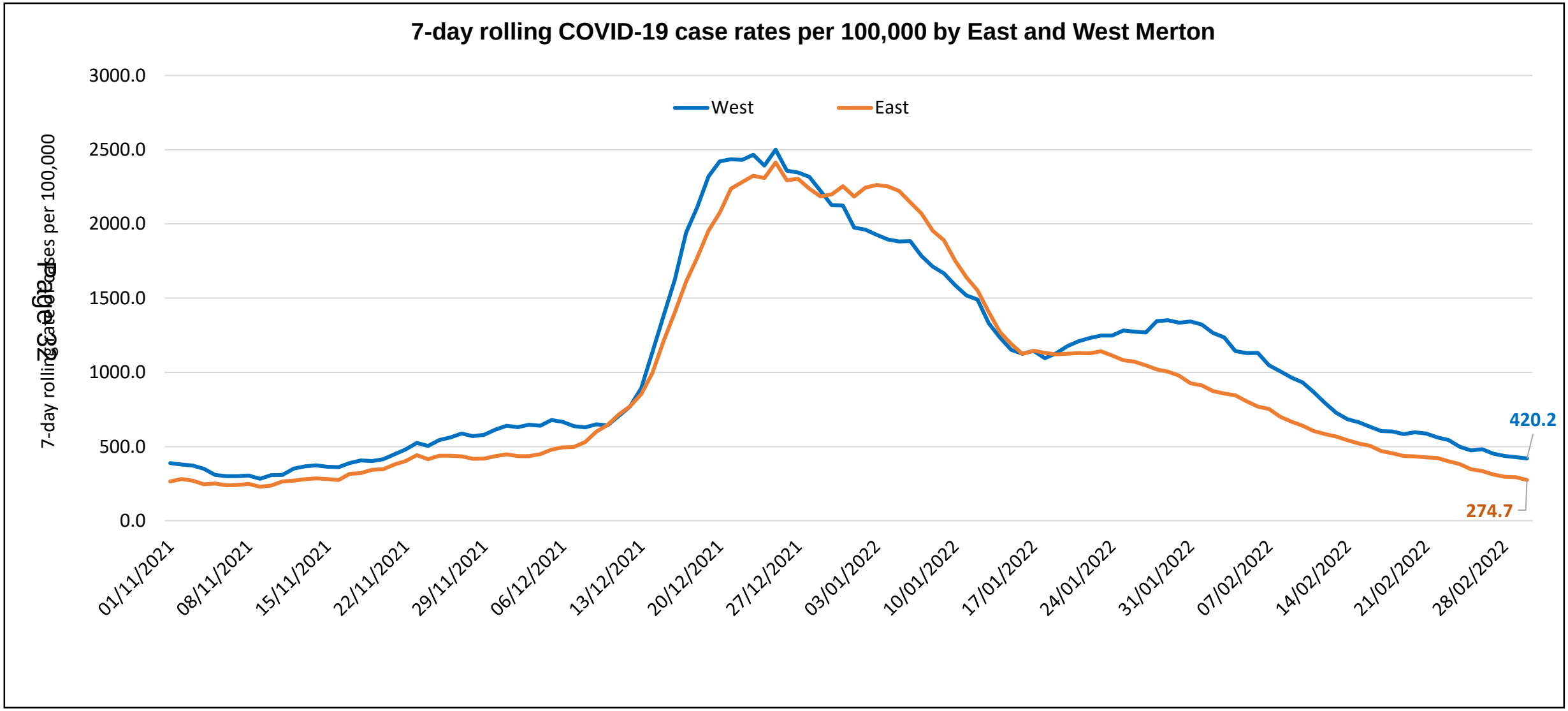


*Rolling 7-day case rate per 100,000 is calculated using the number of people testing positive (source: Coronavirus (COVID-19) in the UK; https://coronavirus.data.gov.uk/) and Merton population estimates (source: GLA Housing-led identified capacity model estimates for 2021).

Due to the recent change in reporting (as of 31st January 2022) there are an additional 8% of cases identified in Merton for the duration of the pandemic. The data now includes possible re-infections (people who test positive again after 90 days). Data as of 2nd March (rates are presented up to and including 25th Feb)

COVID-19 7-day case rates in East and West Merton

Source: UKHSA Covid-19 Situational Awareness Explorer
Reporting frequency: daily



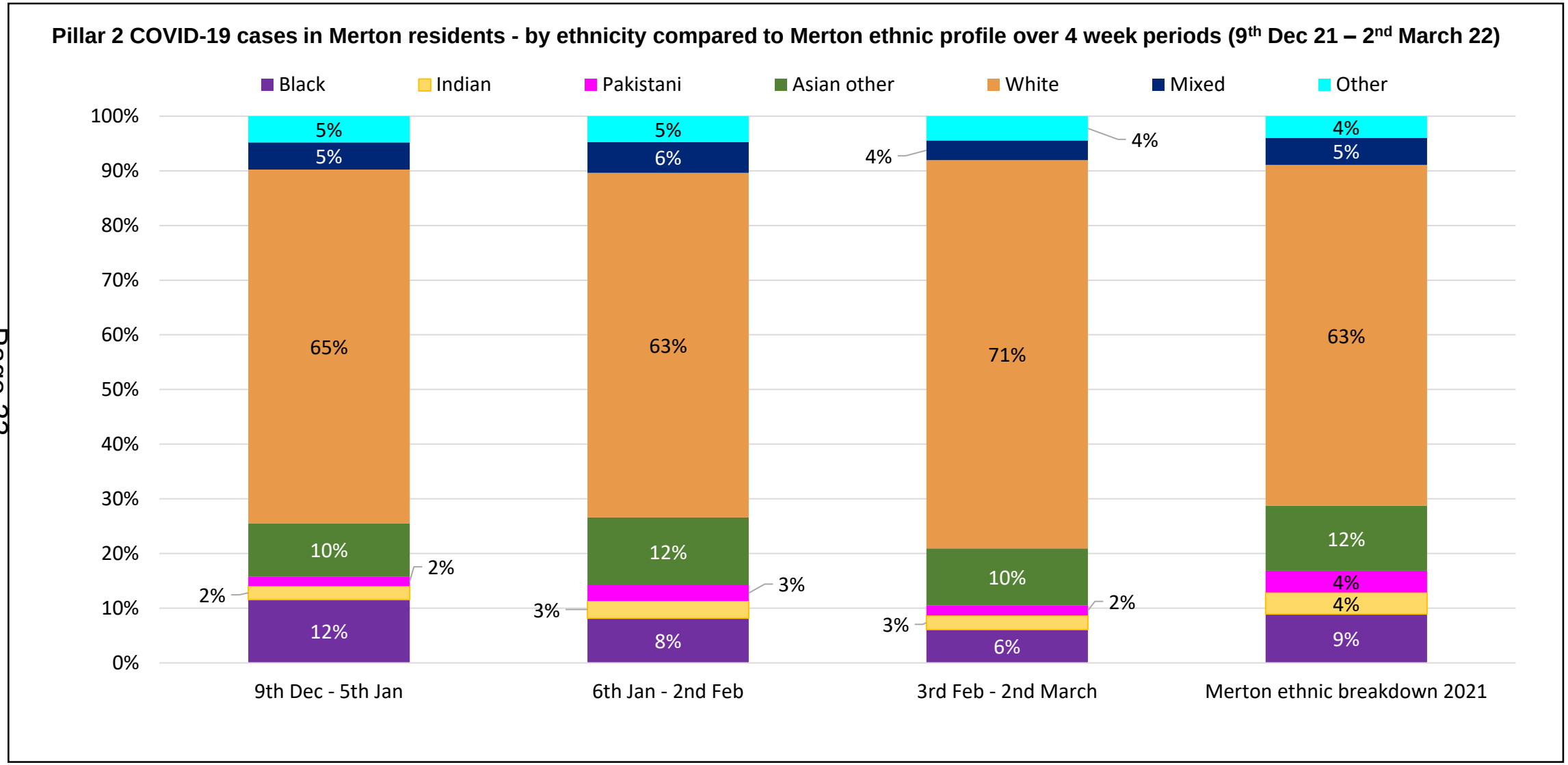
Due to the recent change in reporting (as of 31st January 2022) there are an additional 8% of cases identified in Merton for the duration of the pandemic. The data now includes possible re-infections (people who test positive again after 90 days).

Data as of 3rd March (rates are presented up to and including 2nd March)

COVID-19 cases in Merton by ethnicity

14/03/22

Source: UKHSA Covid-19 Situational Awareness Explorer
Reporting frequency: daily



Due to the recent change in reporting (as of 31st January 2022) there are an additional 8% of cases identified in Merton for the duration of the pandemic. The data now includes possible re-infections (people who test positive again after 90 days).

Data as of 3rd March

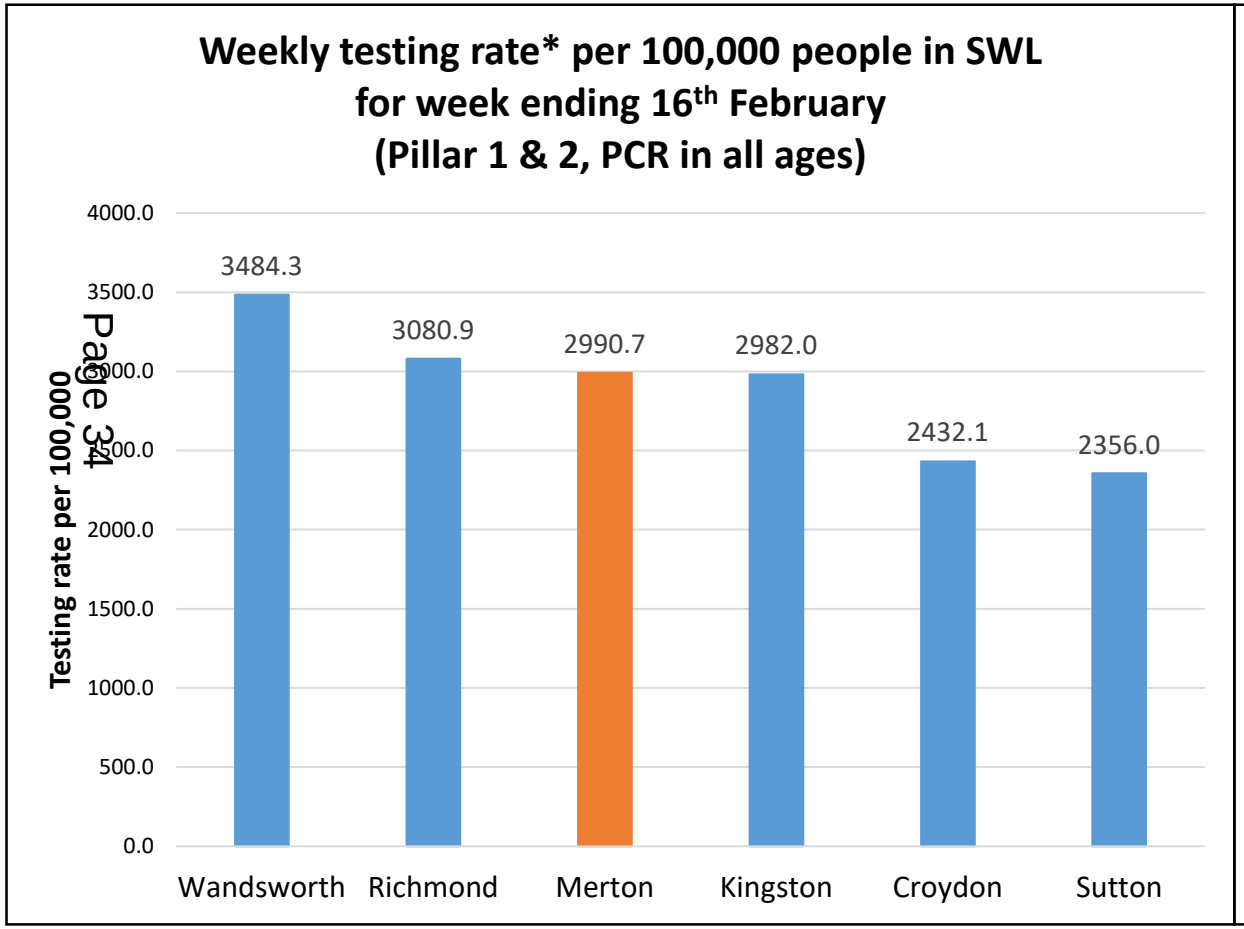
Enquiries: amira.yunusa@merton.gov.uk

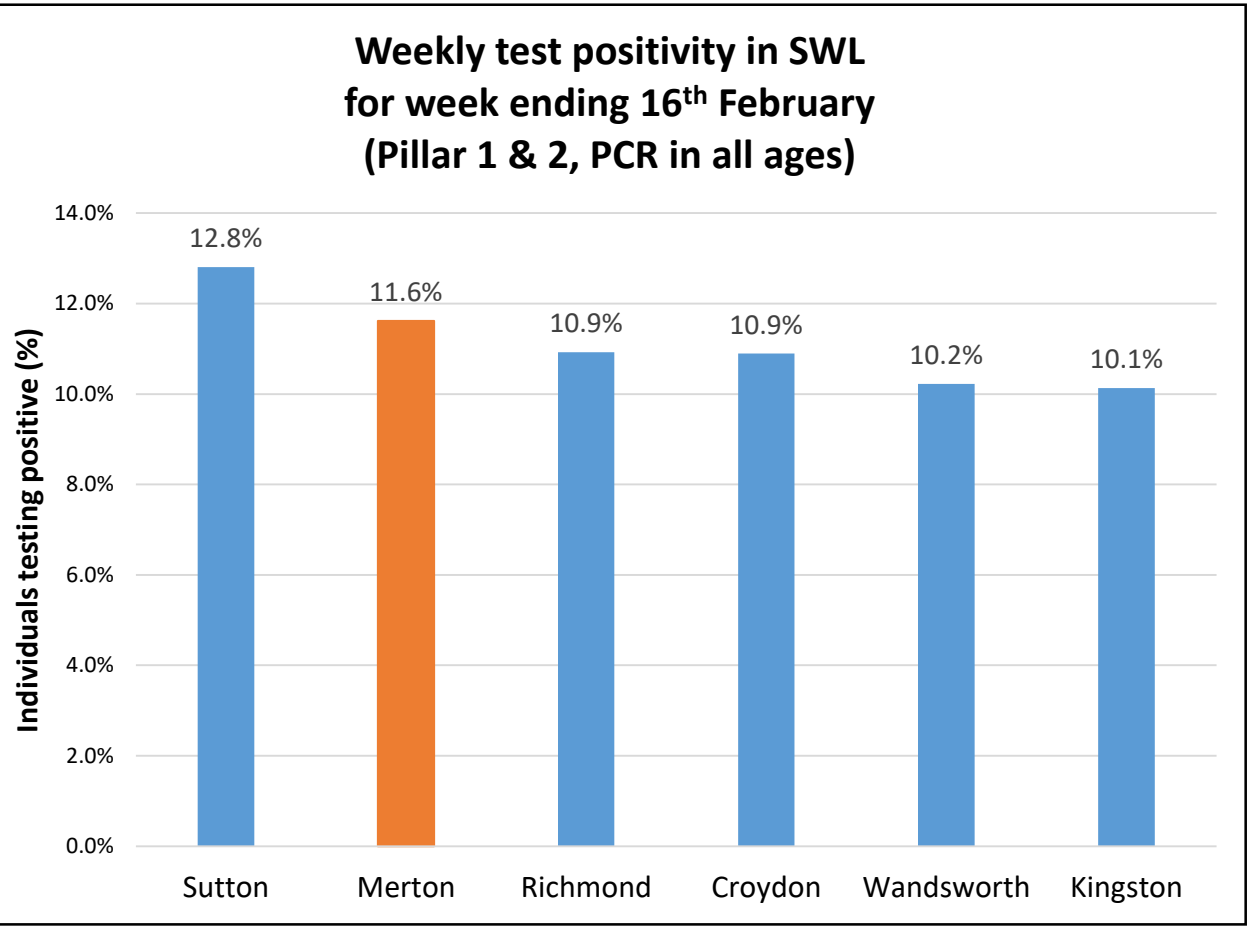
COVID-19 testing & positivity in Merton compared to SW London boroughs

Source: UKHSA Weekly statistics for NHS Test and Trace (https://www.gov.uk/government/collections/nhs-test-and-trace-statistics-england-weekly-reports)

Reporting frequency: weekly

Key message: Merton ranks 3 out of 6 for testing rate per 100,000 people and 2 out of 6 for highest test positivity compared to SWL boroughs





*Testing rate per 100,000 is calculated using the number of people tested (source: UKHSA weekly statistics for NHS Test and Trace report) and SWL borough population estimates (source: GLA Housing-led identified capacity model estimates for 2021).

Please note both the test rates and positivity presented on this slide are person-based, not test-based (if someone had multiple tests or tested positive multiple times in a reporting week they are only counted once). Data as of 2nd March (date of latest available UKHSA report published on 24th Feb). Contains public sector information licensed under the Open Government Licence v3.0.

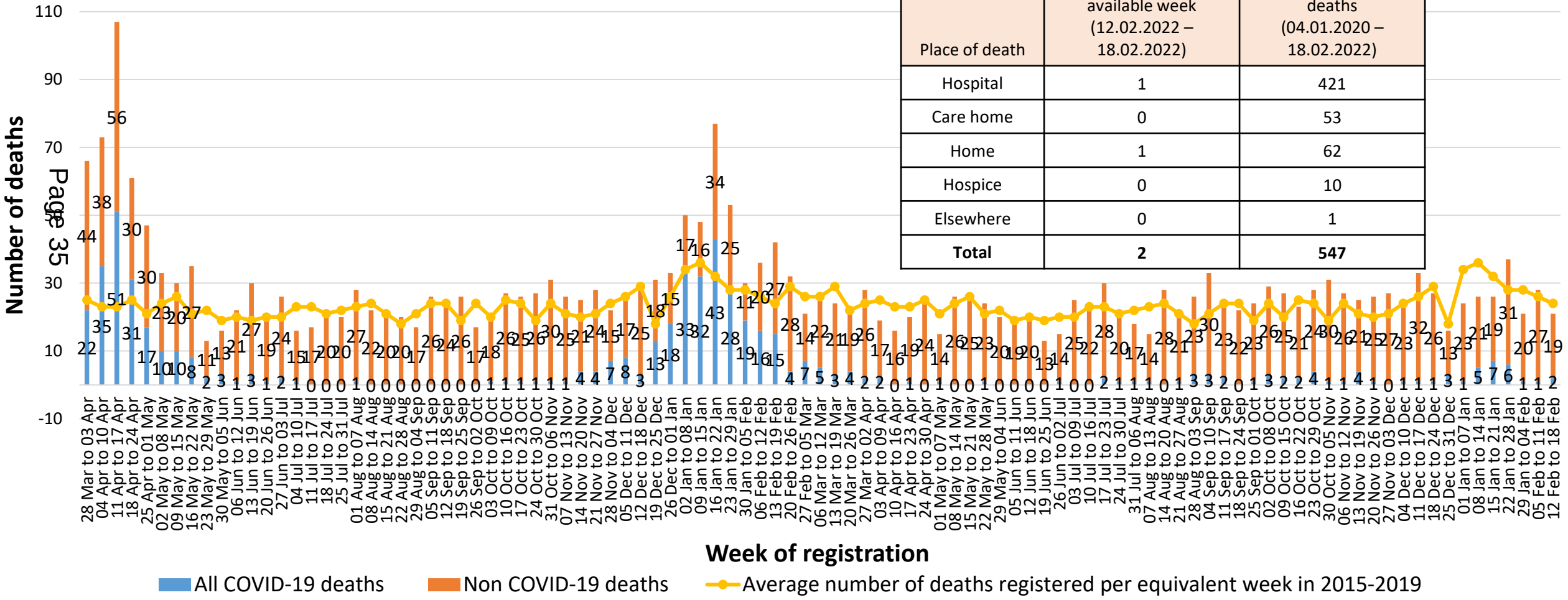
Number of deaths of Merton residents by week of registration

Source: ONS death registrations and occurrences by local authority and health board (https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/datasets/deathregistrationsandoccurrencesbylocalauthorityandhealthboard)

Reporting frequency: Weekly

Key message: There was a slight increase in COVID-19 deaths registered during January though this did not exceed the average number of deaths seen in previous years

Place of death	COVID deaths in latest available week (12.02.2022 – 18.02.2022)	Cumulative COVID deaths (04.01.2020 – 18.02.2022)
Hospital	1	421
Care home	0	53
Home	1	62
Hospice	0	10
Elsewhere	0	1
Total	**2**	**547**



Data as of 2nd March (date of latest available ONS report for 12th Feb to 18th Feb)

Enquiries: amira.yunusa@merton.gov.uk

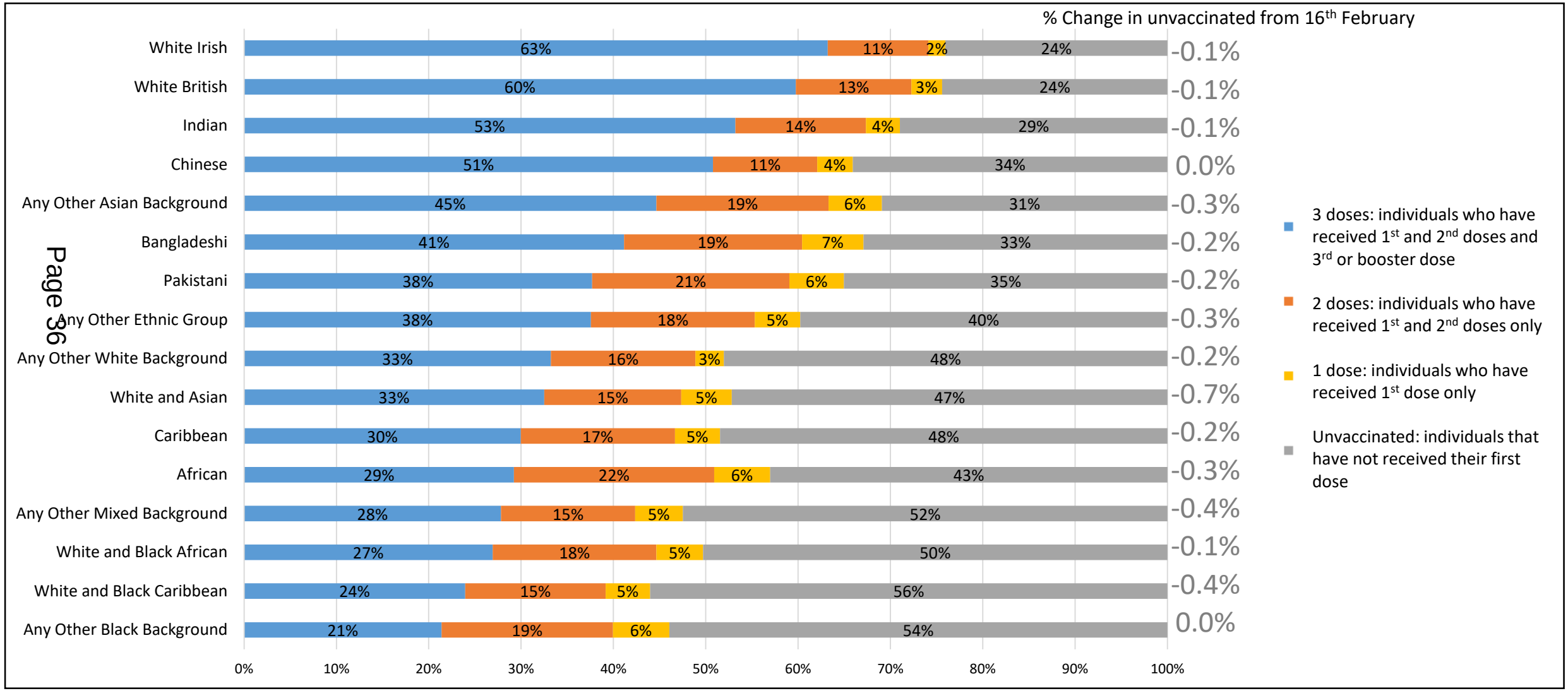
COVID-19 vaccination uptake by ethnicity

14/03/22

Source: UKHSA Covid-19 Situational Awareness Explorer

Reporting frequency: Daily

Key message: The unvaccinated population has continued to decrease across all ethnic groups



Data using NIMS population for 12+ year olds as the denominator.

Data as of 2nd March

COVID-19 vaccination uptake by age group and geography

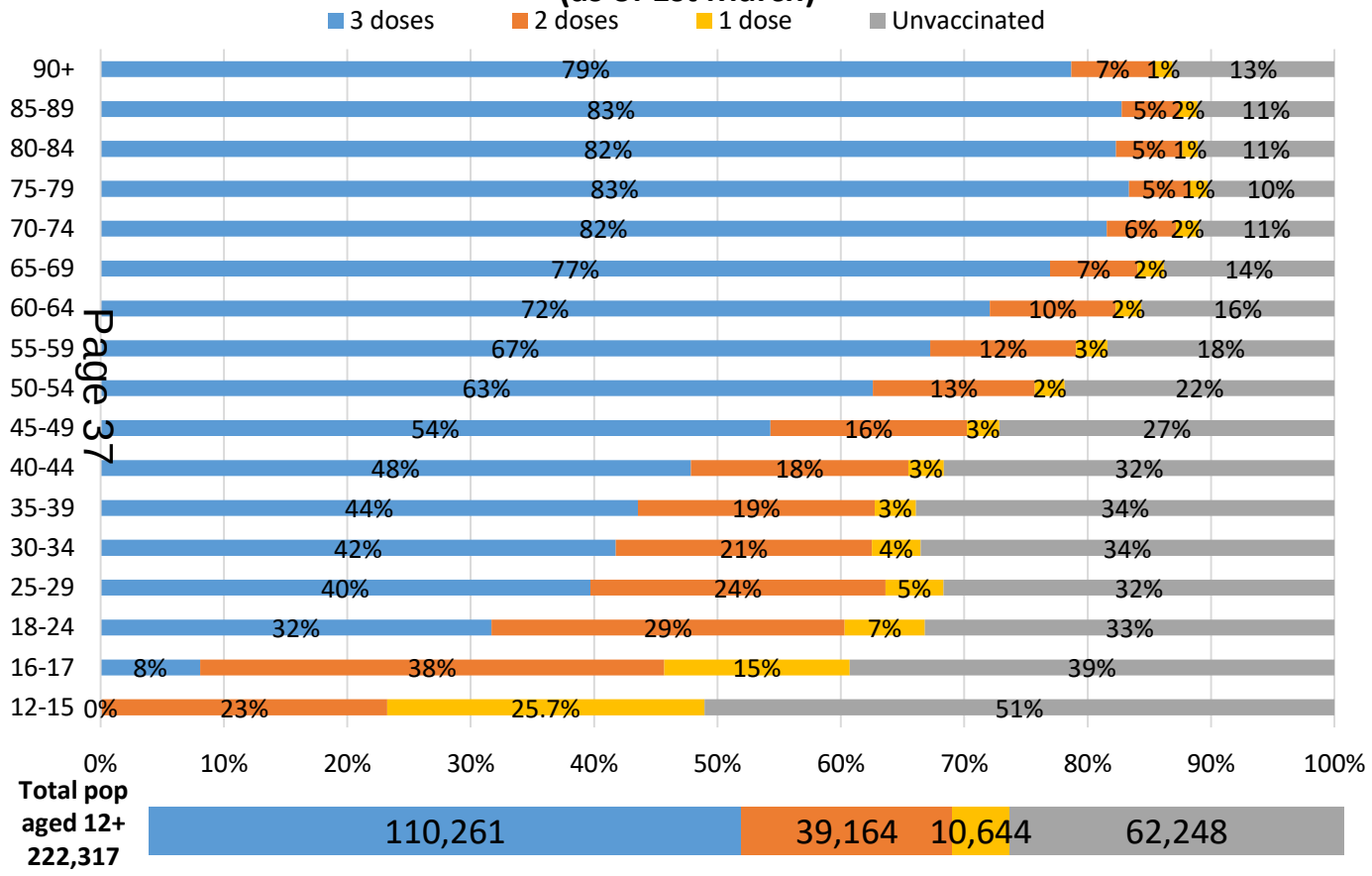
14/03/22

Source: Coronavirus (COVID-19) in the UK (https://coronavirus.data.gov.uk/) and NHS England COVID-19 vaccinations report (https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/)

Reporting frequency: Weekly

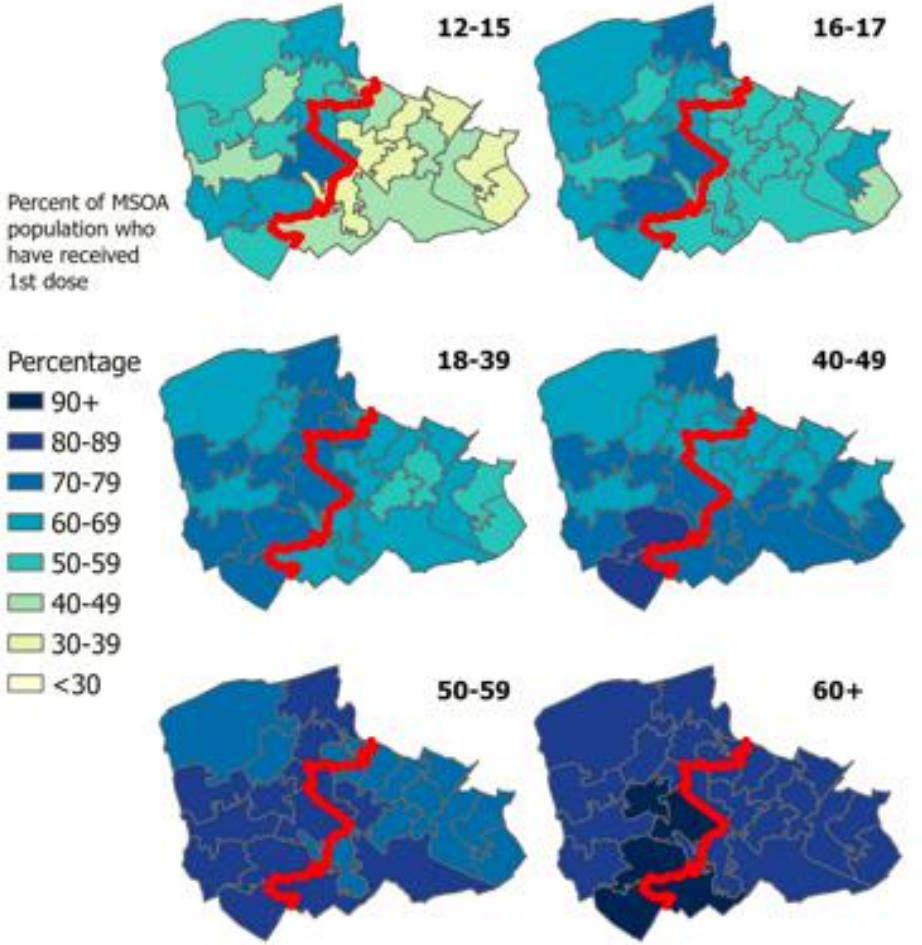
Key message: Vaccination uptake is lowest among younger age groups

Vaccine uptake by age band among Merton residents* (as of 1st March)



*Data using NIMS population as denominator. 3 doses: individuals who have received 1st and 2nd doses and 3rd or booster dose. 2 doses: individuals who have received 1st and 2nd doses only. 1 dose: individuals who have received 1st dose only. Unvaccinated: individuals that have not received their first dose. Fewer than 1% of 12-15 year olds have received a booster dose.

Percentage of Merton residents by age group and MSOA that have received at least 1 dose of Covid-19 vaccination



Data as of 2nd March (left hand figure data is for 1st March; right hand figures are based on latest available NHS England report for 14th to 20th Feb).

Enquiries: amira.yunusa@merton.gov.uk

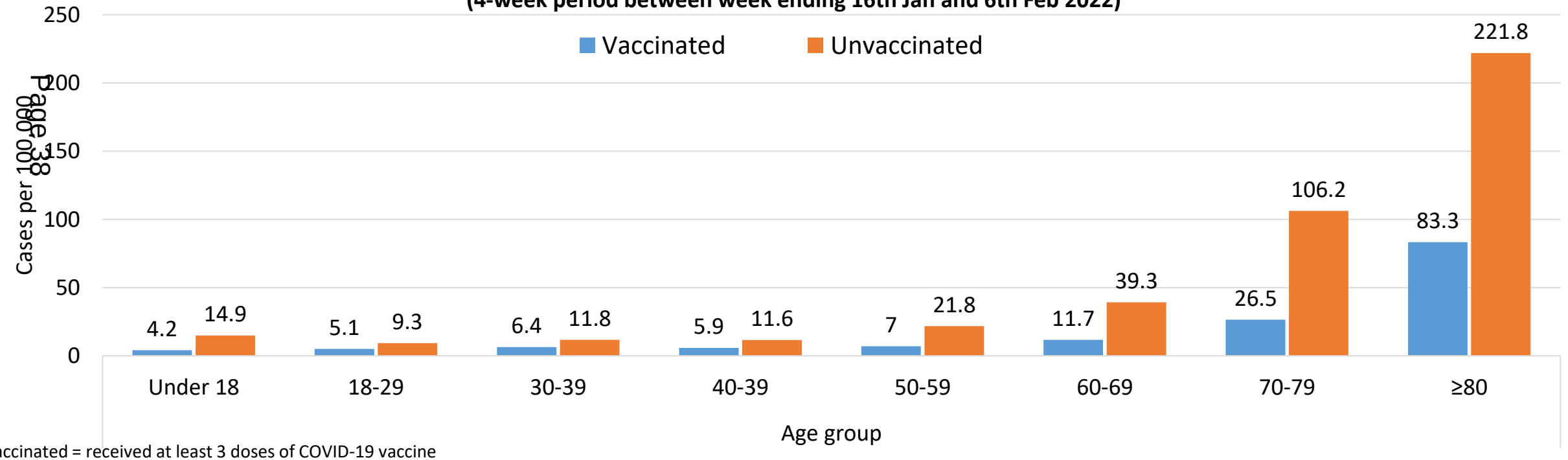
Hospitalisation following COVID-19 infection by vaccination status in England

Source: UKHSA COVID-19 vaccine surveillance report week 6, 10th Feb 2022 (https://www.gov.uk/government/publications/covid-19-vaccine-weekly-surveillance-reports)

Key messages

- Hospitalisation rates following COVID-19 infection are higher with older age
- Hospitalisation rates are lower in fully vaccinated people compared to unvaccinated people, in all age groups
- Hospitalisation rates by vaccine status data are not publicly available for the SW London region or by borough

Cases per 100,00 presenting to emergency care resulting in overnight inpatient admission by vaccination status*
(4-week period between week ending 16th Jan and 6th Feb 2022)



*vaccinated = received at least 3 doses of COVID-19 vaccine

Please note the difference in case rates between people with different vaccination status could be partly explained by differences in COVID-19 exposure and testing behaviour. However additional analyses by UKHSA which take this into account using a "test-negative case control approach" shows that AstraZeneca, Pfizer, and Moderna vaccines protect against hospitalisation. Read more here: https://ukhsa.blog.gov.uk/2021/11/02/transparency-and-data-ukhsas-vaccines-report/

For external use and wider circulation as publicly available data has been used in this report

Enquiries: monica.koo@merton.gov.uk

COVID-19 Mortality in Merton

Merton Public Health Intelligence

March 2022

Produced by Monica Koo (monica.koo@merton.gov.uk)

Introduction and notes

The Covid-19 pandemic arrived in the UK in early 2020. This report looks at mortality in Merton during three key periods:

- Wave 1 (23rd March 2020 to 30th May 2020)
- Wave 2 (7th September 2020 to 24th April 2021)
- Omicron period (20th Dec 2021 – current)

The above periods are based on definitions produced by the Office for National Statistics (ONS).

Data on deaths may be described in several different ways. We have presented data from two sources:

- ONS provisional counts of death registrations (data on deaths registered between 29th Feb 2020 and 4th Feb 2022)
- NHS Digital Primary Care Mortality Database (data on deaths registered between 23rd Mar 2020 and 31st Dec 2021)

The above two sources cover different time periods and therefore do not match exactly, but have been used as they provide different types of information. COVID-19 deaths were defined as deaths where COVID-19 was mentioned on the death certificate.

References for further information

- https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/coronaviruscovid19infectionsurveytechnicalarticle/wavesandlagsofcovid19inenglandjune2021
- https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/methodologies/userguidetomortalitystatisticsjuly2017

Summary

There have been a total of 3,063 deaths in Merton since the start of the pandemic as of 4th Feb 2022

- 544 (18%) deaths were involving COVID-19 while 2,519 (82%) did not involve COVID-19

Mortality by place of death

The number of deaths in all settings in Merton was highest in April 2020 and January 2021

- Out of all deaths, 1,463 (48%) were in hospital, 874 (29%) were at home, and 502 (16%) were in a care home
- Out of deaths involving COVID-19, 419 (77%) were in hospital, 61 (11%) were at home, and 53 (10%) were in a care home

Merton's all-cause and COVID-19 mortality rates have been comparable to other SWL boroughs during the pandemic

Crude all-cause mortality rate by SWL borough

14/03/22

Source: ONS death registrations and occurrences by local authority and health board licensed under the Open Government Licence (https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/datasets/deathregistrationsandoccurrencesbylocalauthorityandhealthboard)

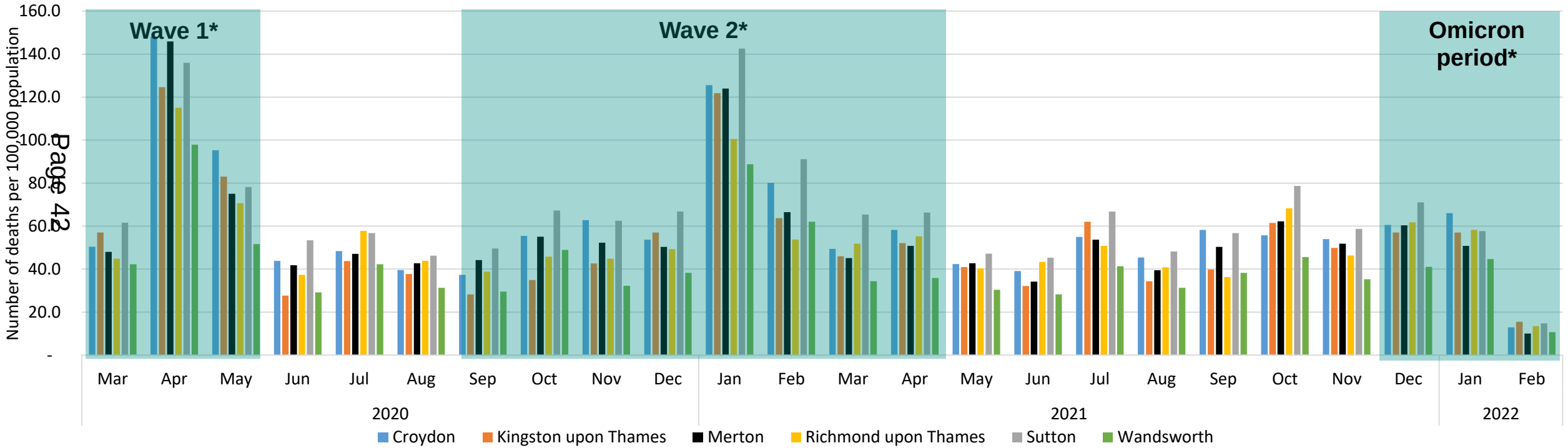
Key messages

There have been 3,063 registered deaths in Merton since the start of the pandemic

Merton's all-cause mortality rate has been similar to other SWL boroughs across the pandemic

Please note this does not account for demographic differences between the SWL borough populations

Mortality analysis is very complex and further analysis can be provided



	Croydon	Kingston	Merton	Richmond	Sutton	Wandsworth
Total number of deaths	6198	2507	3063	2776	3617	3613
Cumulative all-cause mortality rate per 100,000	1,563	1,389	1,455	1,382	1,725	1,098

*please note the two waves and "Omicron period" are based on definitions produced by the ONS.

**The presented data represents deaths registered between 29th Feb 2020 and 4th Feb 2022. COVID-19 deaths are defined as deaths where COVID-19 was mentioned on the death certificate. GLA population estimates for each of the SWL boroughs in 2019 were used to estimate crude mortality rate per 100,000 people.

Data as of 21st Feb 2022

Crude COVID-19 mortality rate by SWL borough

14/03/22

Source: ONS death registrations and occurrences by local authority and health board licensed under the Open Government Licence (https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/datasets/deathregistrationsandoccurrencesbylocalauthorityandhealthboard)

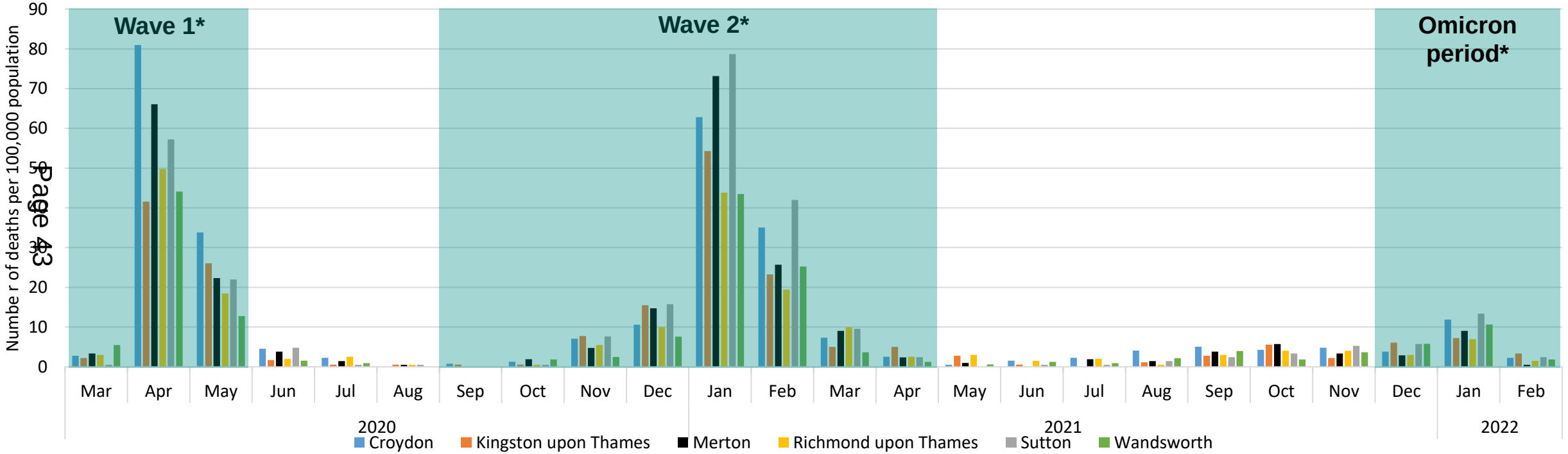
Key messages

There have been 544 registered deaths involving COVID-19 in Merton since 29th February 2020

Merton's COVID-19 mortality rate has been similar to other SWL boroughs across the pandemic

Please note this does not account for demographic differences between the SWL borough populations

Mortality analysis is very complex and further analysis can be provided



	Croydon	Kingston	Merton	Richmond	Sutton	Wandsworth
Total number of deaths	1158	390	544	396	580	601
Cumulative COVID-19 mortality rate per 100,000	292	216	258	197	277	183

*please note the two waves and "Omicron period" are based on definitions produced by the ONS.

**The presented data represents deaths registered between 29th Feb 2020 and 4th Feb 2022. COVID-19 deaths are defined as deaths where COVID-19 was mentioned on the death certificate. GLA population estimates for each of the SWL boroughs in 2019 were used to estimate crude mortality rate per 100,000 people.

Data as of 21st Feb 2022

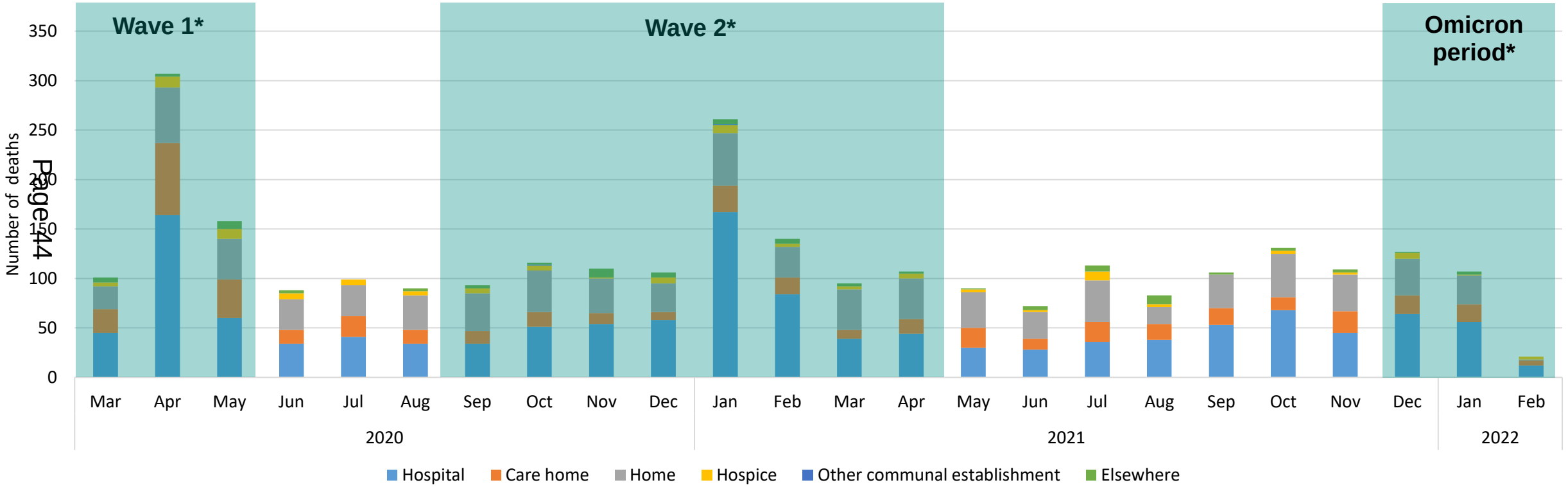
Number of deaths (all causes) in Merton by place

14/03/22

Source: ONS death registrations and occurrences by local authority and health board licensed under the Open Government Licence (https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/datasets/deathregistrationsandoccurrencesbylocalauthorityandhealthboard)

Key messages

Of the registered deaths (all causes) in Merton, 1,463 (48%) were in hospital, 874 (29%) were at home, and 502 (16%) were in a care home



Hospital	Care home	Home	Hospice	Other communal establishment	Elsewhere	Total
1463 (48%)	502 (16%)	874 (29%)	128 (4%)	2 (0.1%)	94 (3%)	3063 (100%)

*please note the two waves and "Omicron period" are based on definitions produced by the ONS.

**The presented data represents deaths registered between 29th Feb 2020 and 4th Feb 2022. COVID-19 deaths are defined as deaths where COVID-19 was mentioned on the death certificate.

Data as of 21st Feb 2022

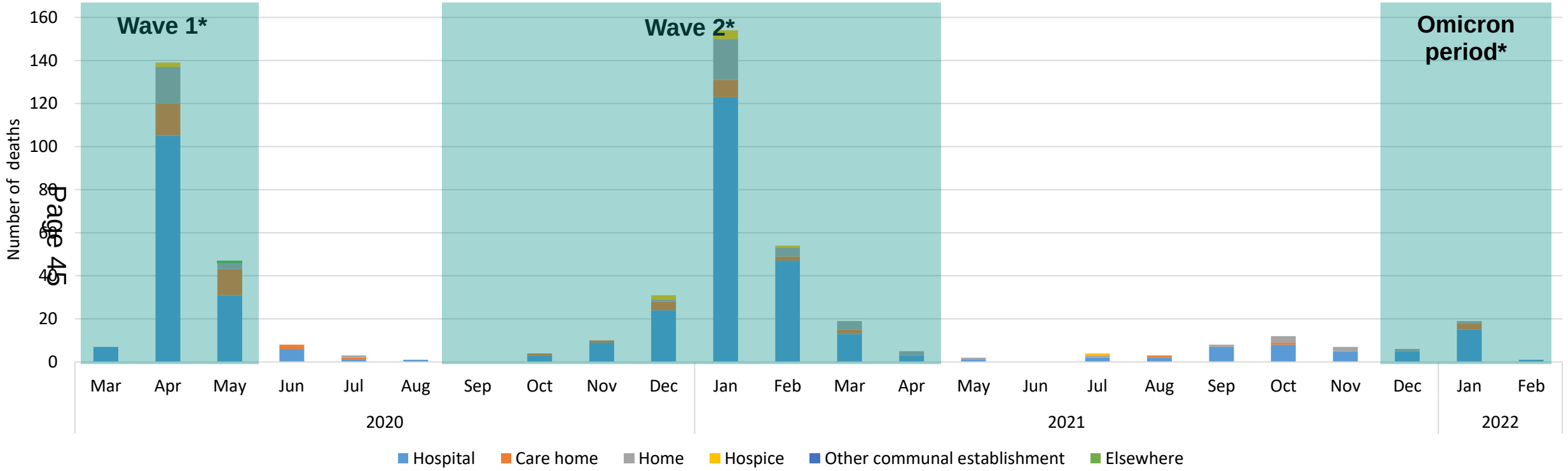
Number of deaths involving COVID-19 in Merton by place

14/03/22

Source: ONS death registrations and occurrences by local authority and health board licensed under the Open Government Licence (https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/datasets/deathregistrationsandoccurrencesbylocalauthorityandhealthboard)

Key messages

Of the registered deaths involving COVID-19, 419 (77%) were in hospital, 61 (11%) were at home, and 53 (10%) were in a care home



Hospital	Care home	Home	Hospice	Other communal establishment	Elsewhere	Total
419 (77%)	53 (10%)	61 (11%)	10 (2%)	0 (0%)	1 (0.2%)	544 (100%)

*please note the two waves and "Omicron period" are based on definitions produced by the ONS.

**The presented data represents deaths registered between 29th Feb 2020 and 4th Feb 2022. COVID-19 deaths are defined as deaths where COVID-19 was mentioned on the death certificate.

Data as of 21st Feb 2022

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Committee: Healthier Communities and Older People Overview and Scrutiny Panel

Date: 14th March 2022

Subject: Report of the Health and Wellbeing Board 2021

Lead officer: Dr Dagmar Zeuner, Director of Public Health

Lead member: Cllr Rebecca Lanning, Cabinet Member for Adult Social Care and Public Health

Contact officers: Clarissa Larsen, Health and Wellbeing Board Partnership Manager

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Recommendations:

That the Healthier Communities and Older People Panel note the report of the Health and Wellbeing Board for 2021, recognising the differing role of the Health and Wellbeing Board during the pandemic and specifically consider:

A. The work of Merton Health and Wellbeing Board as part of the response to COVID-19 including the role of the specially established Community Subgroup.

B. The ongoing statutory governance role of the Health and Wellbeing Board, as part of the new and evolving health and social care governance structures.

C. The plans of the Health and Wellbeing Board as part of recovery, including Health in all Policies and health and wellbeing as an important element of Merton2030.

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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

This report sets out the work of Merton Health and Wellbeing Board (HWBB) in 2021. Diverging from the standard annual report of the HWBB to this Panel, it specifically relates to the role of the HWBB in the response to the COVID-19 pandemic; the work of its specially established Community Subgroup; and, the collaborative role of the HWBB in the new health and wellbeing governance structures as part of South West London Integrated Care System.

HWBB RESPONSE TO COVID-19

2. BACKGROUND

Merton Health and Wellbeing Board (HWBB) is a statutory partnership that reports annually to this Panel, usually on the progress of delivery of the Health and Wellbeing Strategy. However, in 2021, the HWBB had to divert its work programme to fulfil its duty to respond to the COVID-19 pandemic; and, though the pandemic is now at a new stage, its legacy continues to have a huge impact on health and wellbeing in Merton. Communities across the borough have experienced the pandemic in different ways, and the HWBB is continuing to work collaboratively to respond to the latest challenges. At the same time, working towards recovery, building on the insight gained, including the disproportionate impact of COVID-19 for some of Merton's communities, especially in the East of the borough.

3. Health and Wellbeing Board Community Subgroup

3.1 In August 2020, the Health and Wellbeing Board established a time-limited Community Subgroup in response to the COVID-19 pandemic. The Subgroup was designed to support the implementation of Merton's Outbreak Control Plan, having oversight of communication, with a particular focus on protecting vulnerable communities.

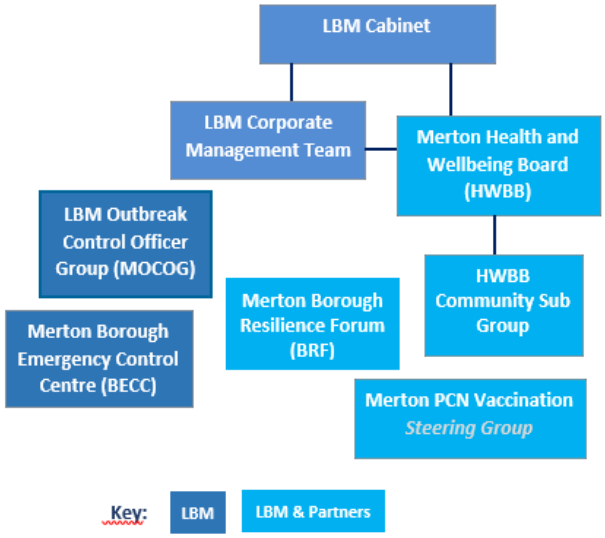
As the pandemic developed, and the disproportionate impacts on communities became apparent, the Subgroup increasingly focused on tackling inequalities highlighted and exacerbated by COVID-19. It provided oversight of engagement work exploring the experience of different communities to understand their lived experience and act on those insights. At the pandemic progressed, it targeted vaccination equity and developing awareness of, and support for, those experiencing Post COVID Syndrome.

Comprehensive Strategic Theme reports were produced for Council in November 2020 and February 2022 on Health and Wellbeing, that give fuller details of the range of work of the HWBB, the Council and partners in response to the pandemic. Links to both these reports are included in the appendices and examples of work are given below.

3.2 Local Outbreak Management Plan (LOMP)

Merton's Local Outbreak Management Plan (LOMP), published in April 2021, the LOMP provides an overarching plan for our response to COVID-19. It sets out how we work with our key partners at a local, regional and national level. Oversight was led by the Health and Wellbeing Board Community Subgroup and, at officer level, delivery of the LOMP managed by the Outbreak Control Officer Group.

Fig 1 – Governance structures relating to COVID Local Outbreak Management Plan



The LOMP aims to reduce inequalities and promote equity. It promotes infection prevention and control, testing, local contact tracing and vaccination and responds to COVID variants of concern. It seeks to develop effective targeted communication and engagement, data and insights and address compliance

and enforcement, involving the community throughout as a key part of its approach. Joint actions as part of the LOMP have included:

3.3 Community Engagement and Communication

- Commissioning voluntary and community organisations, including Merton Mencap and BAME Voice, to work with their networks to produce **research insight into the lived experience of COVID-19** to understand better the **disproportionate impact of COVID-19 on some of our communities**. Action on the learning includes a Phase 2 programme valued at over £200k for VCS organisations to deliver community led projects, co-create and share COVID-19 messaging and increase capacity for BAME organisations to be at the decision making table, ensuring authentic community voices are heard.

- Developing a **network of COVID-19 Resilience Leads**. The Infection Prevention and Control (IPC) team supporting managers of adult social care settings to strengthen capacity to manage and prevent outbreaks of COVID-19 and other communicable diseases. There is also support for managers providing housing for hard to reach populations such as, rough sleepers, YMCA residents, asylum seekers, and travellers. Additionally, support for those working with children and young people supporting primary, secondary and special schools to improve infection prevention and control practices.

- **Setting up asymptomatic testing** programmes in a number of locations, including Centre Court Shopping Centre, the Wilson Hospital and 17 community pharmacies across Merton.

- **Local case tracing** has been in operation for 12 months, with a Merton team of six full time equivalent posts, receiving cases that have not engaged with the digital journey, nor provided information to the national team. The team sent emails, texts and called the COVID-19 cases to contact trace and provide advice and signpost to further support.

- Comprehensive communications programme including **webinars, virtual meetings and community fora** - led by trusted clinicians and aimed at groups, including BAME communities, young people, parents, pregnant women and their partners, facilitating an ongoing dialogue with communities.

- Developing a **network of Community Champions and Young Adults Community Champions** (YACCs) - 165 active Champions including councillors, front-line workers, clinicians and residents. The YACC have produced videos and posters targeted at under 18s. Most recently £485k of funding has been successfully secured to develop a further programme of **COVID-19 Vaccination Community Champions**.

- Analysing emerging data from national and regional sources to develop **surveillance and reporting** to inform action and oversight, with enhanced contact tracing and local intelligence, used to monitor areas of higher risk of

COVID-19 transmission. Using this intelligence to monitor progress and target resources effectively, developing understanding of those with less confidence in the vaccine, shaping our response including active promotion of the 'evergreen' vaccination offer

- Supporting our NHS colleagues with the further refinement and roll out of the **service and support model for Long COVID/ Post COVID Syndrome**. The focus is again on equity, so that those who suffered most of the burden of COVID-19, and are now suffering from Post COVID Syndrome, have access to appropriate clinical services as well as community and self-management advice to support recovery and rehabilitation. Pro-active promotion around Long COVID in the community, to complement the NHS approach to case finding, is also taking place.

3.4 Vaccination Programme

- The Council has supported the NHS to deliver nearly **420,000 COVID-19 vaccinations** across the borough including the mass booster campaign during December 2021, vaccines for high risk 5-11 year olds, second doses for 12-15 year olds and roll out of booster to 16-17 year olds.

- The vaccination programme evolved, learning from experience to date. In May 2021, the HWBB Community Subgroup agreed the Vaccination Equity Plan, informed by insight work with communities. The plan sought to reduce barriers to access, promote targeted communication and engagement and make best use of data and emerging information.

- The vaccination programme has been rolled out at key sites across the borough: the Wilson Hospital, Nelson Health Centre, Morden Assembly Hall and Wimbledon Centre Court together with over **40 pop-up vaccination clinics** in areas of low vaccine uptake and other settings including the Civic Centre, sports clubs, places of worship, local community centres, food banks and transport venues.

- As well as COVID, promoting **Flu vaccination has been a priority**, and there has been a wider offer from the NHS with free jabs for over 50's, school children aged 2 to 16 years and vulnerable groups. Messaging has included promoting winter 'double protection' widely. The council has also offered all LBM staff and teachers at maintained schools, not eligible for the NHS offer, the opportunity to get a jab at a local pharmacy and claim up to £15 reimbursement.

- Schools have worked tirelessly to keep their pupils staff safe during the COVID pandemic, at the same time ensuring the best possible access to education. Managing return-to-school Asymptomatic Testing; hosting vaccination clinics for 12 to 15 year olds; following COVID guidelines and managing outbreaks with the support of the Public Health Infection Prevention and Control team; introducing the use of CO2 monitors to identify and manage areas with poor ventilation; and, participating in COVID resilience training. Pupils have also signed up to be COVID Vaccine champions, led by Merton's Young Inspectors.

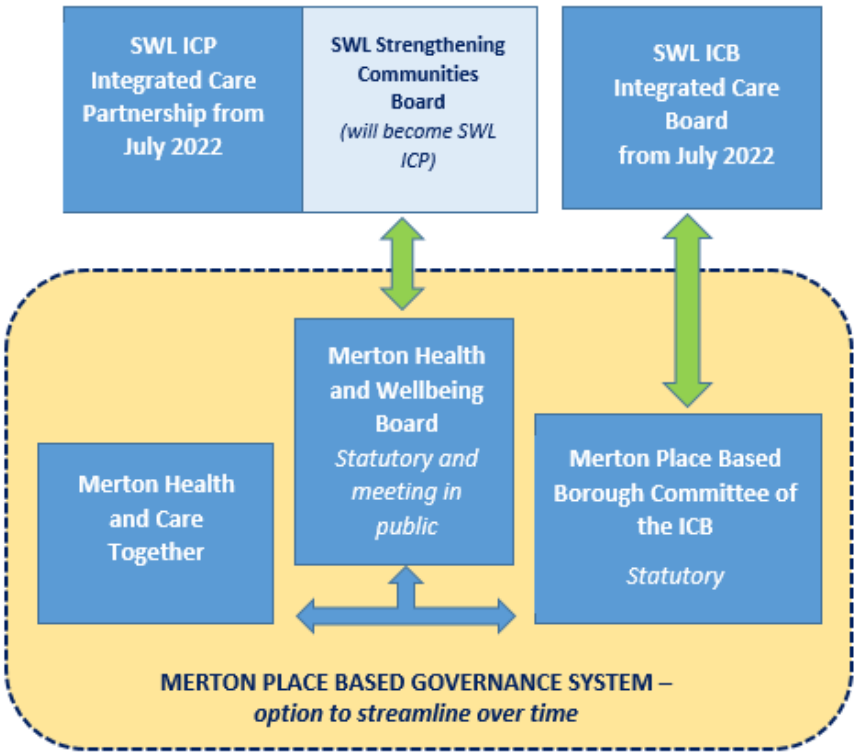
HWBB ongoing Oversight of COVID

3.5 Though COVID is still with us, Omicron is causing milder infection, the pandemic is shrinking and infections and outbreaks are reducing. The Government's publication of the Living with COVID plan has removed requirements for self-isolation and other restrictions. The Community Subgroup agreed that 1st March would be its final meeting, with the core Health and Wellbeing Board taking on oversight of vaccination equity, Long COVID together with support for fair access to COVID-19 therapeutics. Subgroup members will retain readiness to stand up as a task and finish group in future.

4. Health and Wellbeing Governance

4.1 As members of this Panel will be aware, the Health and Care Bill 2021 introduced changes in the way the NHS is structured. Changes are due to be operational from July 2022 with new regional South West London Integrated Care Systems (ICSs) and Integrated Care Partnerships (ICPs) and, at borough level, a new Borough Committee to be established. This is set out in the diagram below and it is anticipated, that in time, there will be the opportunity to streamline governance further.

Fig 2 – ICS Governance - SWL CCG and Borough Committee Governance System



4.2 The white paper published in February 2022 Health and social care integration: joining up care for people, places and populations places a greater emphasis on collaboration and shared responsibility for the health of the local population with the flexibility to deliver commissioning activities differently. Work is taking place with NHS colleagues and the voluntary sector to help deliver these new ways of working by building on existing partnership structures.

4.3 Alongside NHS reform, Public Health England has been abolished, with duties taken up by two new successor organisations:

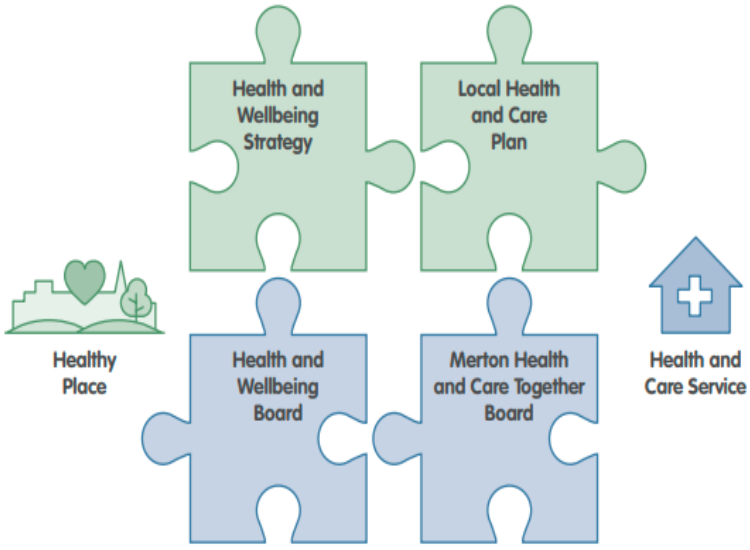
- UK Health Security Agency (UKHSA) combining the health protection capabilities of PHE and NHS Test and Trace
- Office for Health Improvement and Disparities (OHID), Department of Health and Social Care, 'tackling health disparities across the UK and work to prevent health conditions before they develop'.
  In addition, NHS England and NHS Improvement (NHSE/I) now cover services including immunisation and screening.

5. Health and Wellbeing Strategy and Merton Health and Care Plan

5.1 As indicated above, Merton Health and Wellbeing Board (HWBB) is a statutory Board chaired by the Cabinet Member for Adult Social Care and Public Health, providing the overall vision, oversight and strategic direction for health and wellbeing as set out in Merton Health and Wellbeing Strategy 2019-2024.

Merton Health and Care Together Board (MHCT) is a non-statutory partnership between the Council and the NHS, reporting to the HWBB. Work has recently taken place on a comprehensive refresh of Merton Local Health and Care Plan 2022-24 focusing on holistic integrated health and care services and prevention and responding to learning through the pandemic.

Fig 3 – Relationship between Health and Wellbeing Strategy and Local Health and Care Plan



5.2 Whilst the pandemic has had an impact on the priorities and delivery of the Merton Health and Wellbeing Strategy 2019-2024, the key principles and aims have remained core to our ongoing work to promote health equity. An update on the Strategy's key indicators is included in the appendices of this report. However, the pandemic has changed the context and these indicators are now being reviewed, the pandemic also means that data for some indicators is not currently available.

5.3 In addition to producing the Health and Wellbeing Strategy, it is also a statutory duty of the Health and Wellbeing board to produce a Joint Strategic Needs Assessment that is summarised in the Merton Story 2021. A summary of Merton Story 2021 is included in the appendices of this report, and a report on plans for The Merton Story 2022 will be brought to this Panel later in the year.

6. NEXT STEPS

Health in All Policies

6.1 As we move to recovery and Living with COVID Merton's Health and Wellbeing Strategy continues the commitment to embed health in all policies and tackle health inequalities, empower communities and to experiment and learn. Merton has a longstanding commitment to Health in All Policies (HiAP). As the first London Borough to take part in the Local Government Association's Health in All Policies (HiAP) Programme, the Council has worked across a wide range of activities to improve wellbeing including for example:

- Winning the award for the Most Improved Borough for the work on bringing partners to develop **Merton's first Food Poverty Action Plan** and implementation of actions which showed progress
- **Workforce wellbeing initiatives**, including an ongoing programme of training, events and activities to support employees physical and mental health and wellbeing.
- Ongoing innovative projects – for example around air quality. Merton's Regulatory Services Partnership is delivering the world's first **Low Emission Zone for Construction** on behalf of London boroughs and The Mayor of London, work which won an LGC award 2020

6.2 With the joint challenges of COVID-19 and climate change and linking closely to the Merton 2030 priorities, it is time for the borough to refresh its Health in all Policies Action Plan, to make sure that everything we do going forward improves wellbeing while ensuring that the borough is more inclusive, fair and sustainable. We are also reviewing how we use evidence and data across the organisation, to ensure we can track our progress and make decisions based on evidence to achieve our goals linking to the Merton 2030 community led plan.

5. ALTERNATIVE OPTIONS

The Health and Wellbeing Board is a statutory partnership.

6. CONSULATIONS UNDETAKEN OR PROPOSED

Community engagement undertaken is detailed in the report.

7. TIMETABLE

The Health and Wellbeing Board usually reports annually to the Healthier Communities and Older People OSP

8. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

Not applicable to this report.

9. LEGAL AND STATUTORY IMPLICATIONS

It is a statutory duty for the Health and Wellbeing Board to produce a joint Health and Wellbeing Strategy based on the Joint Strategic Needs Assessment.

10. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

The Health and Wellbeing Strategy and priority actions are directly concerned with improving health equity.

11. CRIME AND DISORDER IMPLICATIONS

A key outcome of the Health and Wellbeing Strategy is to less self-harm and less violence.

12. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

N/A.

APPENDICES

Appendix 1 – Merton Health and Wellbeing Strategy 2019-2024

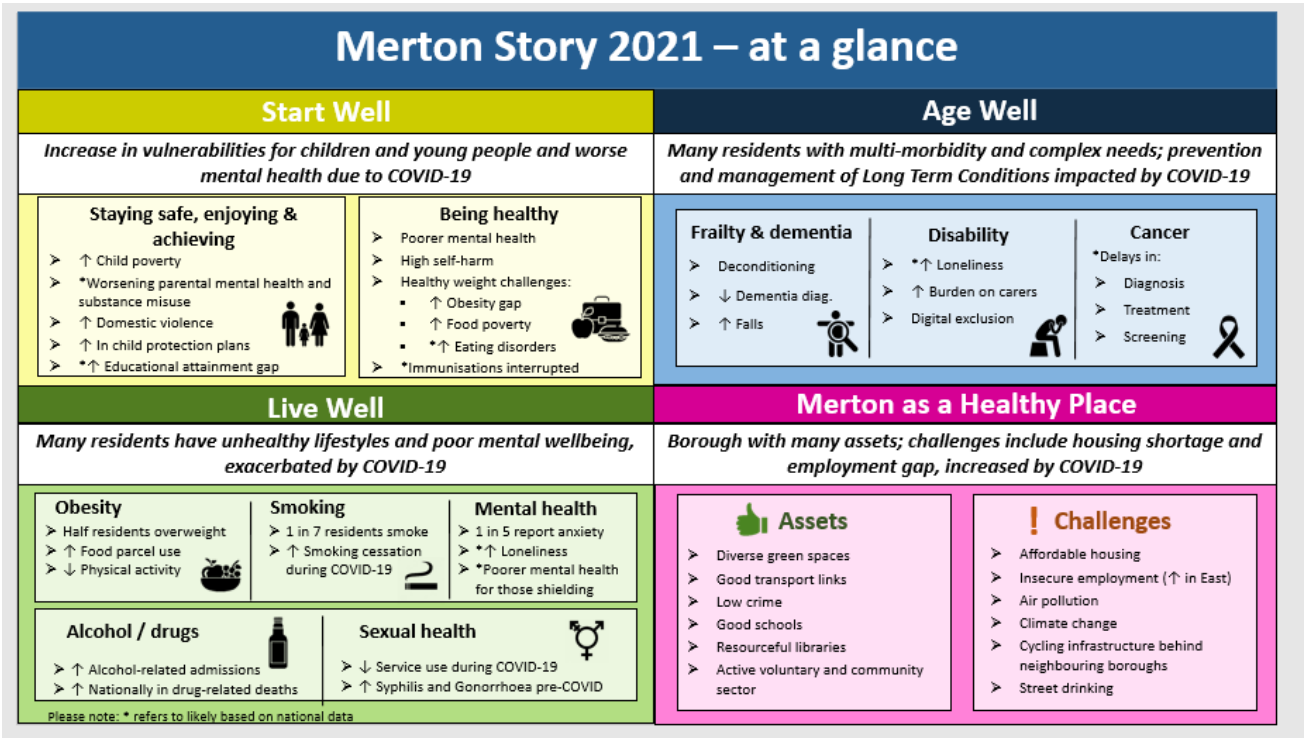
Appendix 2 – Merton Story 2021 Summary Infographic

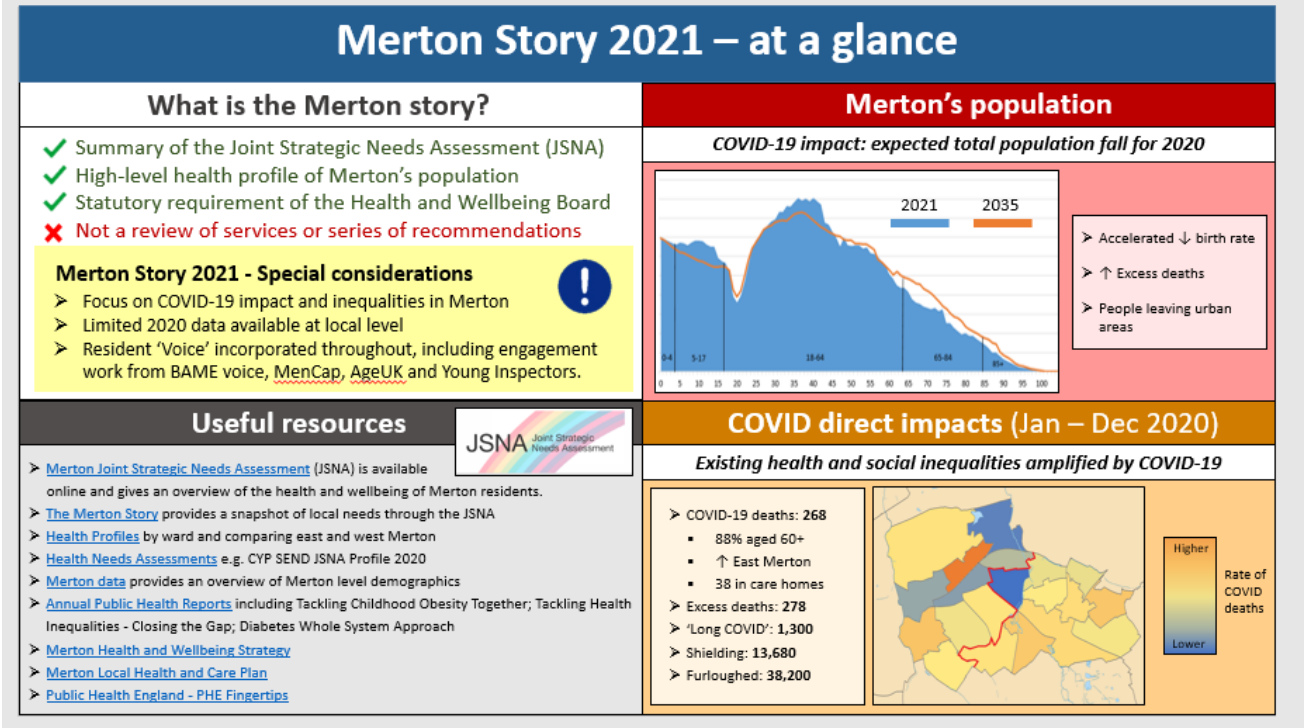
Appendix 3 – Health and Wellbeing Strategy Baseline Indictors

Appendix 4 – Strategic Theme report on Health and Wellbeing - Council 2 February 2022

Appendix 5 – Strategic Theme report on Health and Wellbeing - Council 18 November 2020

Appendix 2 – Merton Story 2021 Summary





* **USEFUL RESOURCES** - for live links please see the online versions here [PowerPoint Presentation (merton.gov.uk).]

Appendix 3 – Health and Wellbeing Strategy baseline indicators (March 2022)

Key Healthy Place attributes:	Key outcome of the Health and Wellbeing Strategy:	Indicator*	Timescale† for impact	Merton	OHID Merton Trends (based on 5 most recent data points)*	London	England
Promoting mental health & wellbeing	Less self-harm Better relationships	Hospital admissions for self-harm aged 15-19 yrs (per 100,000 pop) *(2019/20)*	Medium	415.9	No significant change (2015/16 - 2019/20)	296.2	664.7
	Less depression, anxiety and stress	Prevalence of depression (aged 18+) *(2020/21)*	Medium	8.90%	Increasing (2016/17 - 2020/21)	8.70%	12.30%
	Less loneliness Better social connectedness	% adult carers reporting as much social contact as they would like (aged 18+) *(2019/20)*	Short	24.90%	Not enough data points to calculate trend	33.20%	32.50%
Making healthy choice easy	More breastfeeding	Breastfeeding prevalence at the 6-8 week review, partially or totally *(2021/22)*	Short	81.60%	N/A	-	-
	Less childhood obesity	Overweight (including Obesity) in Year 6 *(2019/2020)*	Medium	35.10%	No significant change (2015/16 - 2019/20)	38.20%	35.20%

	Less diabetes	Diabetes QOF prevalence (17+) (2020/21)	Long	6.30%	N/A	6.70%	7.10%
	More active travel	% adults cycling for travel at least three days per week *(2019/2020)*	Short	3.40%	No trend available 	4.10%	2.30%
	More people eating healthy food	Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults) *(2019/20)*	Medium	53.30%	Not enough data points with valid values to calculate recent trend 	55.80%	55.40%
	More active older people	Percentage of adults aged 65-74 who are physically active for at least 150 minutes a week *(May 2020/21)*	Short	64.40%	N/A	58.70%	58.60%
Protecting from harm	Less people breathing toxic air	Deaths attributable to particulate matter (PM2.5) *(2019)*	Short	6.30%	Significance is not calculated for this indicator	6.40%	5.10%
	Less violence	Violence against the person (offences per 1,000 population) (cumulative of 12 months ending Q1 2021)**	Medium	20.4	Increasing (2016/17 - 2020/21) 	24.3	29.5

*Dates vary based on most recent data points available.

**Aggregated from all known lower geographical values.

†Timescales for impact vary, as shown in final column. "Short" means an estimate of 1-2 years before we will see an effect; "Medium" 3-5 years, "Long" 6 or more years

Key:
- shows no data available.
l Represents not enough data points to calculate a significant trend, or trend unavailable.
➔ No changes in recent trend
🡻 Decrease in recent trends
🡹 Increase in recent trends
* Green shows a significant positive change
* Orange shows no significant change
* Red shows a significant negative change

Trends are based on the 5 most recent data points.