

# Covid-19 Impact in Merton

A Brief Overview of COVID Impact on the Community & Involving the Community - Raynes Park Community Forum

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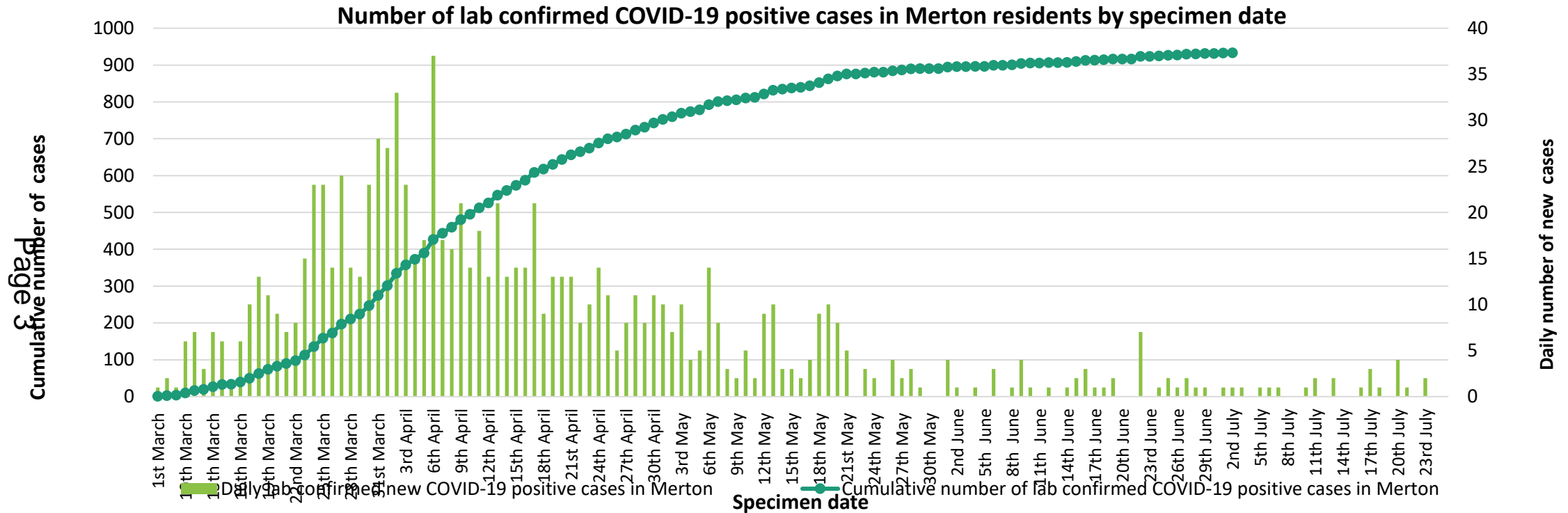
28<sup>th</sup> July 2020



# Aims and Purpose

- Brief overview of the COVID impact on Merton's communities so far
- Brief overview of outbreak control
- Important messages for community involvement/action
- Q&A

Reporting frequency: Daily (01.03.2020 – 25.07.2020)



<p><b>Cumulative number of lab-confirmed cases in Merton</b> Date: 25<sup>th</sup> July</p> <p><b>955</b></p>	<p><b>Rate of cumulative lab confirmed COVID-19 positive cases in Merton (per 100,000 population)</b> Date: 25<sup>th</sup> July</p> <p><b>463.2 per 100,000 population</b></p>	<p><b>Current Rank by rate (1 = lowest rate)</b></p> <p><b>25th out of 32 London boroughs</b></p>	<p><b>Cumulative number of lab-confirmed cases in London</b> Date: 25<sup>th</sup> July</p> <p><b>35,017</b></p>	<p>Note: number of lab confirmed COVID-19 positive cases are residents in Merton determined by home postcode provided by person being tested.</p>
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# Number of deaths registered among Merton residents

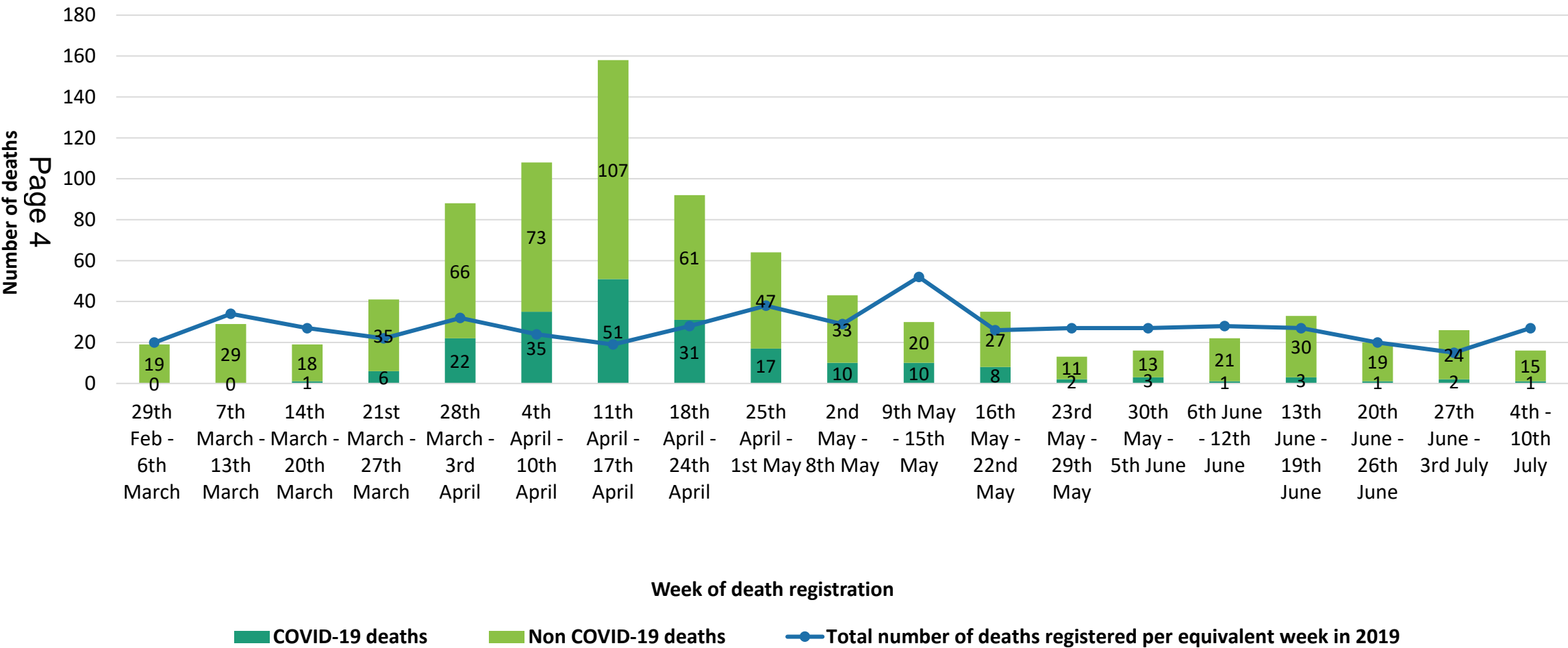
Source: ONS

Reporting frequency: Weekly (29.02.2020 – 10.07.2020)

Cumulative number of  
COVID related deaths  
registered in Merton  
(04.01.2020 – 10.07.2020)

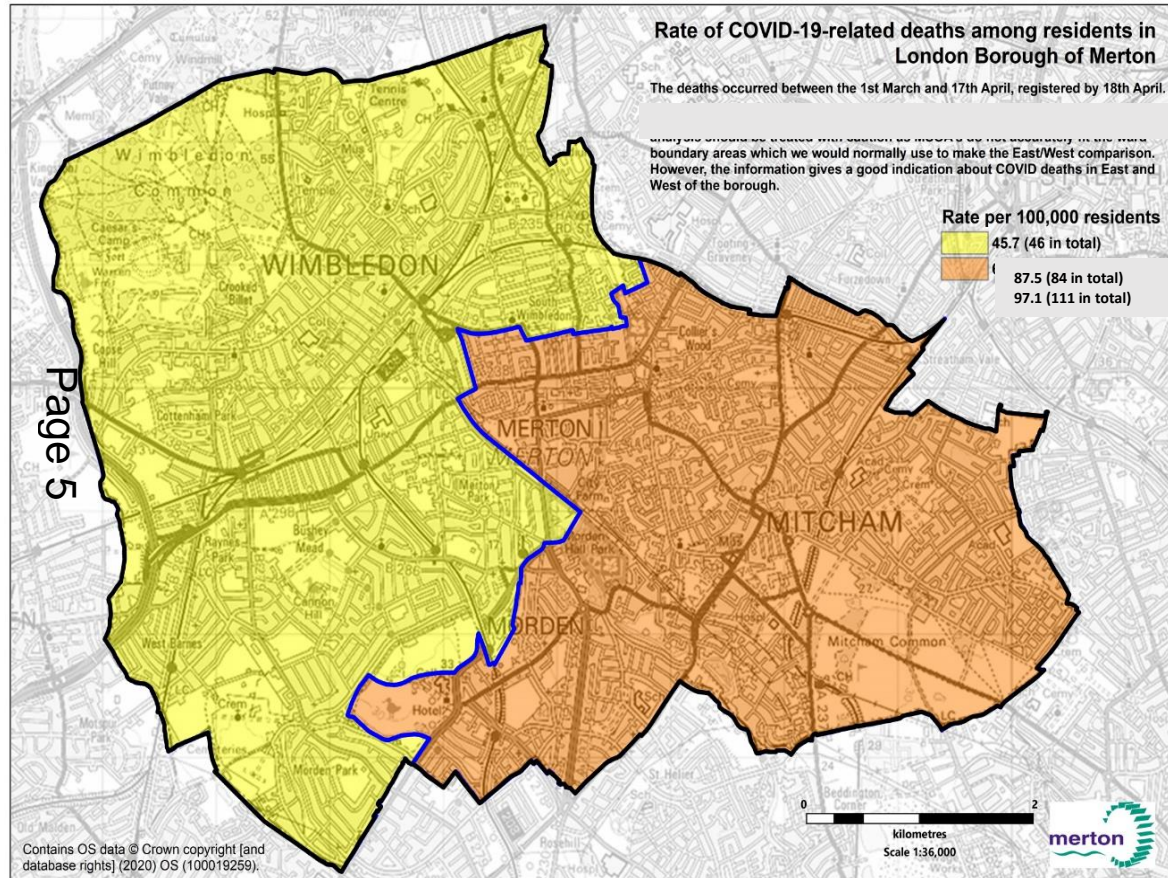
204

Number of deaths in Merton by week of registration



# Covid-19 impact on Merton

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



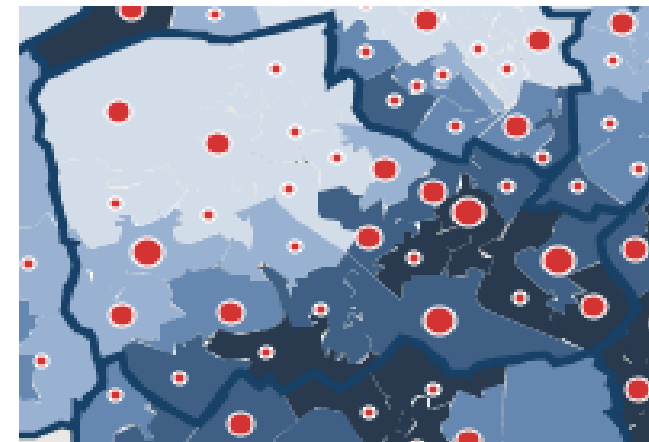
Previous data released by ONS calculated that between 1<sup>st</sup> March and 17<sup>th</sup> April, the difference in death rate per 100,000 residents between East and West Merton was 17.7 however the difference is now 9.6.

Relationship between COVID19 deaths and selected population characteristics

## % BAME (all ethnic minorities)



## % in high-risk occupations



Source: GLA. Covid-19 deaths mapping tool.

<https://data.london.gov.uk/dataset/covid-19-deaths-mapping-tool>  
(accessed 12.6.2020)

# Disparities in COVID mortality

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

## References

PHE. Disparities in the risk and outcomes of COVID-19. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/891116/disparities\\_review.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/891116/disparities_review.pdf) [accessed 11 June 2021]

ONS. Coronavirus (COVID-19) related deaths by ethnic group [www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronavirus](http://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronavirus)

Harrison EM. Ethnicity and Outcomes from COVID-19: The ISARIC CCP-UK Prospective Observational Cohort Study of Hospitalised Patients. <http://dx.doi.org/10.2139/ssrn.3618215>

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

Inside Housing. <https://www.insidehousing.co.uk/insight/insight/the-housing-pandemic-four-graphs-showing-the-link-between-covid-19-deaths-and-the-housing-crisis-66562>

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# Overview of outbreak control

## Merton Local Outbreak Control Plan

Accessible at

[https://www.merton.gov.uk/assets/Documents/Outbreak%20Control%20LBM%20Outbreak%20Control%20Plan%20for%20publication%20with%20forward%20290620%20\(003\)%20\(002\).pdf](https://www.merton.gov.uk/assets/Documents/Outbreak%20Control%20LBM%20Outbreak%20Control%20Plan%20for%20publication%20with%20forward%20290620%20(003)%20(002).pdf)

### Purpose

Complement NHS test and trace to minimise virus spread. Identify high risk settings and vulnerable communities; describes how LBM works with Public Health England and local partners e.g. NHS and Voluntary Sector

### Scope

Response readiness for managing C19 positive cases/outbreaks; not included: prevention/mitigation of wider C19 harm and recovery

### Themes (DHSC)

1- Care homes and schools; 2- Other high risk settings; 3- Local testing capacity (in addition to routine NHS Test & Trace); 4-Local contact tracing / case finding (for community clusters); 5 Data integration; 6 Vulnerable people; 7 Governance

### Timeline

Now – end of March 2021 (at least; covering high risk autumn/winter)

# Community action for outbreak control

- Regular hand washing, social-distancing and face coverings
- Symptoms to look for - high temperature, new continuous cough, loss or change of smell/taste
- Testing – if symptomatic get a test via 119 or [www.nhs.uk/coronavirus](https://www.nhs.uk/coronavirus)
- NHS Test & Trace
  - if +ve case you will be contacted by e-mail, text or phone and asked for contact details of any close contacts
  - if contacted by NHSTT, having been in close contact of someone who had +ve test, you will be asked to self-isolate for 14 days
- Be aware of potential NHSTT fraud e.g. someone asking for payment for a COVID19 test; testing is free. Text messages will come from NHStracing and calls will come from 0300 0135000



# Community action for reducing health impact

- The NHS is open. If you are worried, phone your GP or use NHS 111
- Get 'covid-fit' to reduce risk of complications
  - Lose weight
  - Stop Smoking
  - Increase your physical activity levels
- Manage any Long Term Conditions e.g. diabetes
- Access support for your Mental health and wellbeing
- Get your flu jab, many groups get this free but they are also available from some employers and from Community Pharmacy

**Any questions?**

# CORONAVIRUS SUPPORT

## How can I volunteer?

If you are able to volunteer, or know anyone that wants to volunteer, please contact the volunteertaskforce at [volunteer@mvsc.co.uk](mailto:volunteer@mvsc.co.uk)

## How do I get help?

If a person requires help, you can ask them to email [help@mvsc.co.uk](mailto:help@mvsc.co.uk) or call **020 8685 2272** between the hours of 10am and 4pm, Monday to Friday



# Useful contacts

- Merton Community Hub
  - Support for isolation, food or medicines. 020 8685 2272 or [help@mvsc.co.uk](mailto:help@mvsc.co.uk)
- One You Merton
  - Smoking, drinking, eating, moving, sleeping and stress. [Oneyou.merton@nhs.net](mailto:Oneyou.merton@nhs.net), [www.oneyoumerton.org](http://www.oneyoumerton.org) or 020 8973 3545
- Mental Health and Wellbeing
  - Merton Uplift – [www.mertonuplift.nhs.uk](http://www.mertonuplift.nhs.uk) or 020 3513 5888
  - [www.good-thinking.uk](http://www.good-thinking.uk)
- NHS Services (GP, Pharmacy, Urgent Care, Sexual Health etc)
  - <https://www.nhs.uk/service-search>
- Merton Voluntary Service Council
  - <https://www.mvsc.co.uk/find-a-group>
- Better Health (NHS led programme)
  - <https://www.nhs.uk/better-health/>