

Health & Wellbeing Board Community Sub-group

Local Outbreak Control Plan

Dr Dagmar Zeuner
Director of Public Health

4th August 2020

Page 1

Agenda Item 6



Overview of outbreak control

- 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)
- Describes how LBM works with Public Health England (London Coronavirus Resilience Cell = LCRC) and partners to minimise virus spread through joint up local outbreak management
- Complements NHS test and trace
- Part of national C19 policy to protect from C19 infections, prevent or flatten potential second wave while coming out of lock-down and restarting economic activity (Covid-19 Contain Framework: <https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks/covid-19-contain-framework-a-guide-for-local-decision-makers>)
- Timeline for enhanced response readiness: from now – end of March 2021 (at least; covering high risk autumn/winter)

Key steps and control measures

Key steps

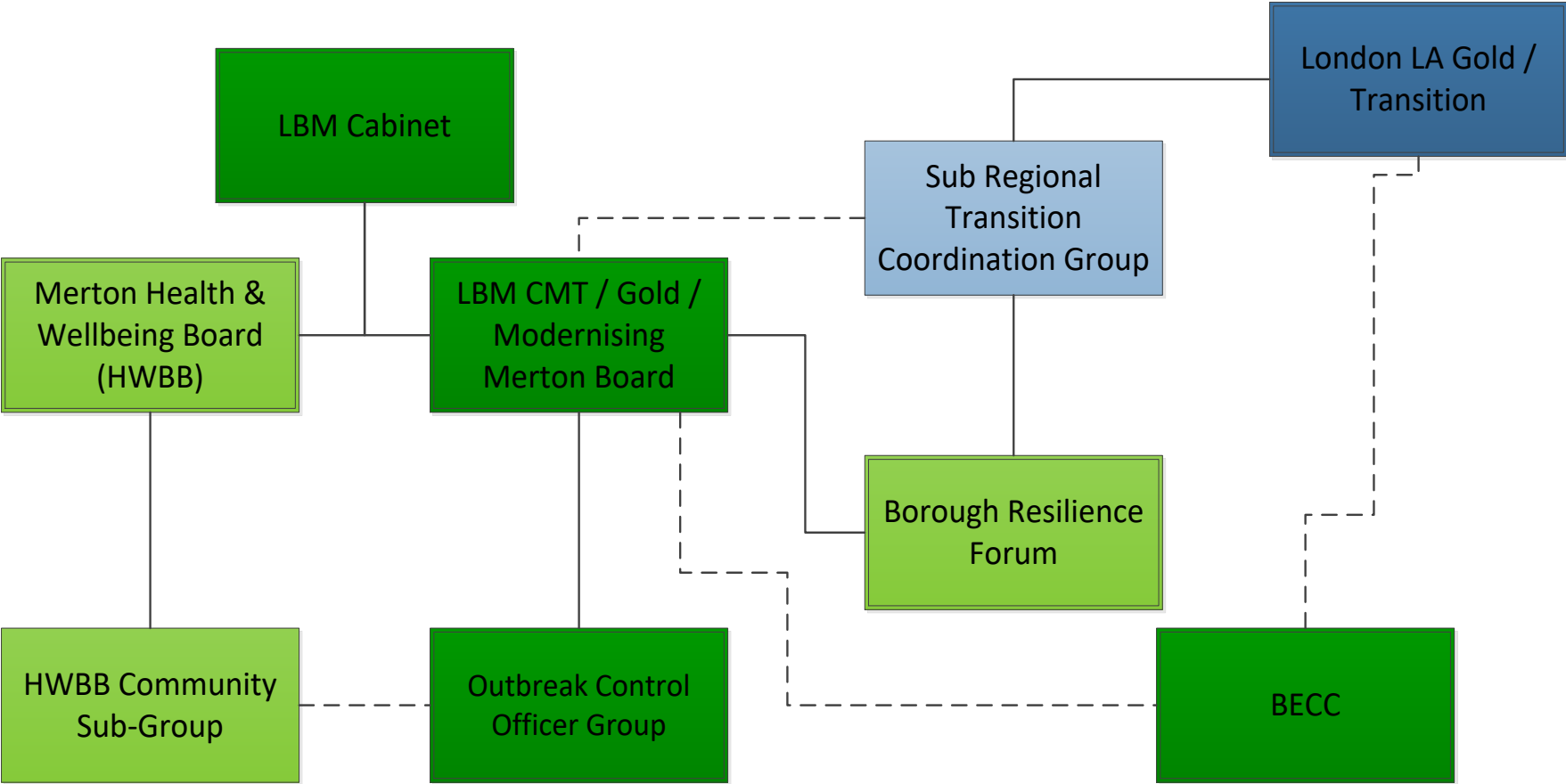
- Identification of high risk settings/communities, + refresh contacts (including mapping)
- **Pro-active comms and engagement (especially re testing/Contact Testing)**
- Surveillance (cases & contacts)
- Notification (mainly from LCRC; data)
- Risk assessment (mostly with LCRC) / Incident Management Team)
- Action plan

Control measures

- Social distancing; hand washing; face coverings (generic)
- Self-isolation of individuals (+ support if required, ie community hub)
- Self-isolation of staff (+ support if service continuity issue)
- Infection Protection Control advice (+ support if required, ie PPE, cleaning)
- Enhanced testing (ie Mobile Testing Unit)
- Enhanced tracing/case finding (ie Environmental Health Officer visits)
- Closures / lock-downs (incl new legal powers)
- Communication

Local Outbreak Control Governance for Merton

Page 4



Number of lab confirmed positive cases reported to NHS Test and Trace Service

Pillar 1 & 2

Source: PHE/Contact Tracing UTLA

Reporting frequency: Daily

Percent of pillar 2 tests that were positive over 14-day period: 18th - 31st July

0.3%

Number of cumulative positive confirmed cases uploaded to NHS test & trace system since 28th May: 2nd August

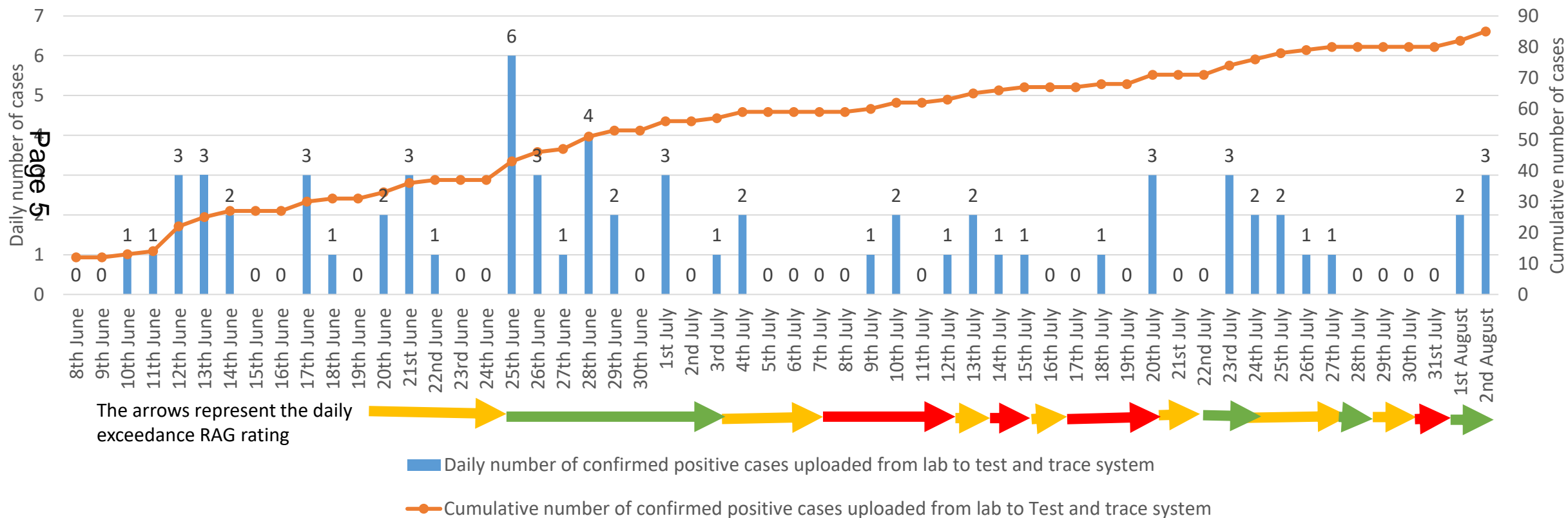
68

Proportion of cases uploaded to NHS test & trace service who successfully completed*: 2nd August

82%

Total number of confirmed positive cases among Merton residents reported to NHS test and trace system

Source: PHE (Pillar 1 + 2)



Data before 8th June unavailable due to change in data definitions

*cases either self-registered using the test and trace web-tool or have been called and provided information about their contacts

Health & Wellbeing Board Community Sub-group

Page 6

Impact of COVID-19 in Merton

Dr Dagmar Zeuner
Director of Public Health

4th August 2020



Number of deaths registered among Merton residents

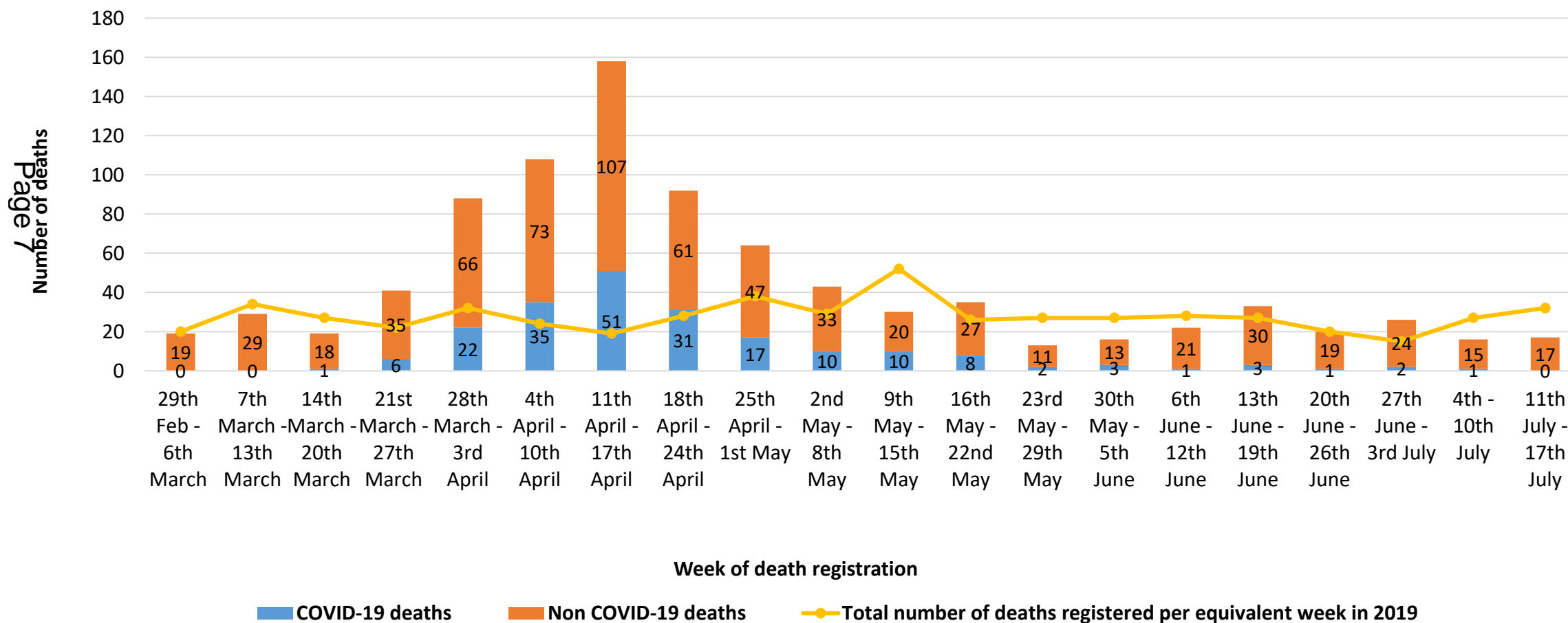
Source: ONS

Reporting frequency: Weekly (29.02.2020 – 17.07.2020)

Cumulative number of COVID related deaths registered in Merton (04.01.2020 – 17.07.2020)

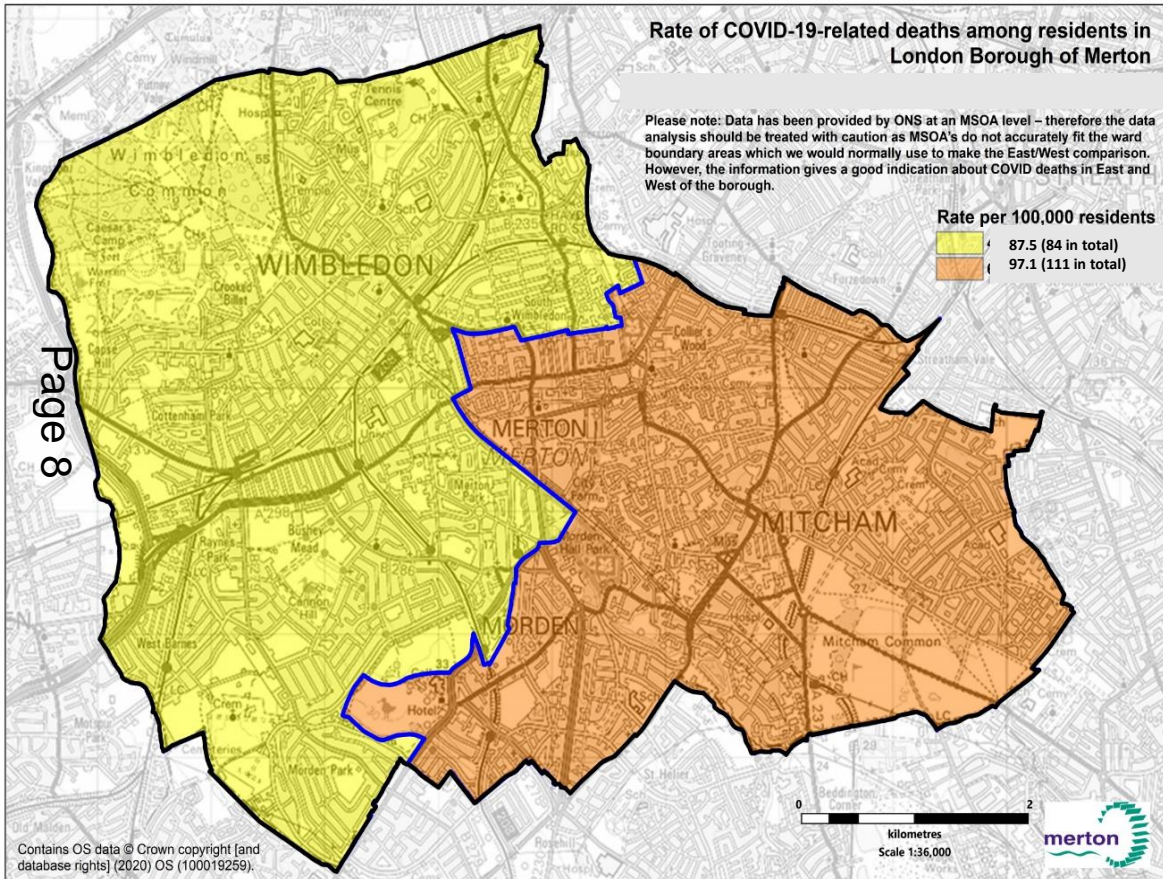
204

Number of deaths in Merton by week of registration



Covid-19 impact on Merton

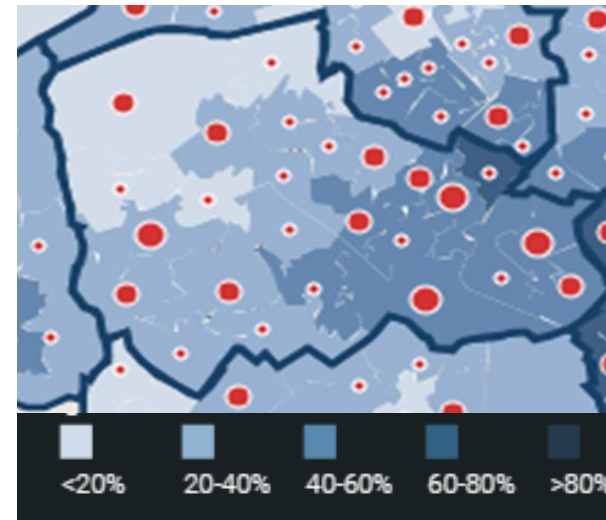
Rate of COVID 19 related deaths among residents in Merton between 1st March and 31st May



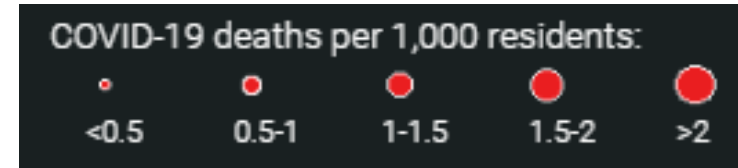
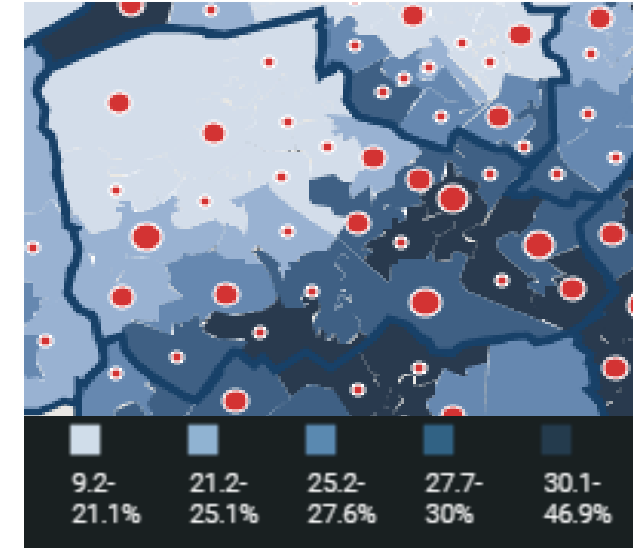
Page 8

Relationship between COVID19 deaths and selected population characteristics

% BAME (all ethnic minorities)



% in high-risk occupations



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

Source: GLA. Covid-19 deaths mapping tool.

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

(accessed 03.08.2020)

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.
Pre-morbidity	Diabetes, hypertensive diseases, chronic kidney disease, COPD and dementia are more associated with COVID deaths than deaths from all causes. Diabetes was mentioned on 21% of death certificates where COVID was also listed. This proportion was higher in BAME groups being 43% in the Asian group and 45% in the Black group.
Occupation	Men working as security guards, transport workers, chefs, sales assistants, lower skilled workers in construction, and men and women working in social care all have significantly higher rates of death from COVID than the general population. Individuals from BAME groups are more likely to be working in many of these occupations. In London, nearly 50% of NHS and CCG staff come from a BAME group.
Housing density	Every 5% increase in the rate of overcrowding by LA (2011 census) is associated with 30 additional COVID deaths/100,000 population, after adjusting for age and sex but not other factors. In London, 30% of Bangladeshi households, 16% of Black African households, and 18% of Pakistani households have more residents than rooms compared with only 2% of white British households.
Care homes	May contribute >50% deaths caused directly or indirectly by the COVID-19 crisis.

References

- PHE. Disparities in the risk and outcomes of COVID-19. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/891116/disparities_review.pdf [accessed 11 June 2021]
- ONS. Coronavirus (COVID-19) related deaths by ethnic group 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>
- William Laing. www.laingbuissonnews.com/care-markets-content/news/care-home-deaths-from-covid-19-could-reach-26000-in-england-by-end-of-may-says-laing/

Covid 19 impact – HWBB outline work programme

Better understanding of Covid-19 impact

- Further data analysis, using JSNA (Joint Strategic Needs Assessment) refresh, including indirect COVID health impact (focus on health inequalities); with South West London CCG/ Merton Health and Care Together board: health service data analysis
- **Lived experience**
 - Qualitative action research & engagement with local voluntary sector & community (ABCD asset based approach); complementing existing engagement structures, including Health Watch
 - Focus on BAME, age/dementia/carers, learning difficulties/autism, other (tbc)

Immediate protection of most vulnerable

- Bespoke & trusted communication and engagement about **outbreak control**
- Bespoke prevention programmes (Covid-fit; pre-habilitation, flu immunisation; mental health & wellbeing), working with SWL CCG and Merton Health and Care Together board

Medium/longer-term action to mitigate impact /reduce inequalities

- Safe, fair, and green recovery for Merton people and Merton as a healthy place
- Focus on wider determinants, hand-in-hand with holistic integrated health and care services (in line with priorities of Health and Wellbeing Strategy and Local Health and Care Plan)

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

How do I get help?

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

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