Health Well Being Board Community Sub-Group 25th May 2021

Dr Dagmar Zeuner, Director of Public Health

Merton Public Health Intelligence

25th May 2021

Produced by Gary Forbes (gary.forbes@merton.gov.uk)

Summary key messages

London overview

- The current estimated London R value is between **0.8 and 1.0** (As of 14th May)

Cases (13th May – 19th May):

- 7 day case rate (all ages) **11.6 cases per 100,000** (same as previous week).

- 7 day case rate (among 60+) **8.3 cases per 100,000** (down from 13.9 previous week).

- There were 25 new COVID cases in Merton.

- Kent COVID variant: value for Merton not available this week.

Deaths:

- There was one new registered Merton COVID death for the week ending 7th May.

- In total Merton has seen 483 deaths due to COVID.

Testing (11th May – 17th May / pillar 2 PCR tests only – this excludes Lateral Flow tests):

- 7 day testing rate **169.5 daily tests per 100,000** (down from 179.9 previous week)

- 7 day test positivity decreased to **0.6%.**

Vaccinations (as of 9th May):

- **78.7%** of over 50s in Merton have received 1st dose of COVID vaccine (78.3% in London)

Page 2

Summary of COVID cases, testing, contact tracing, deaths, and NHS figures

Domain	Indicator	Merton (previous value)	Merton change	London (previous value)	London Change
Regional marker	R value (14th May)	-	-	0.8 – 1.0 (0.8 - 1.1)	↓
Cases over last week (13th –19th May)	New cases	25 (37)	↓	1,808 (1,954)	↓
	7 day rate (per 100,000)	11.6 (17.2)	↓	20.2 (21.8)	↓
	Official 7-day rate (per 100,000)*	14.5 (16.5)	↓	19.3 (18.6)	↑
	7 day rate aged 60+ (per 100,000)	8.3 (11.1)	↓	-	-
	Cases identified as Kent variant**	N/A (50%)	-	44.9% (51.1%)	↓
Pillar 2 PCR tests over 7 days (11th – 17th May)	Daily rate (per 100,000)	169.5 (179.9)	↓	179.6 (184.3)	↓
	Test positivity %***	0.6% (0.9%)	↓	1.1% (1.0%)	↑
Contact Tracing by NHS T&T – cumulative (2nd Jun – 18th May)	% Cases completed	88% (88%)	→	86% (86%)	→
	% Contacts completed	87% (87%)	→	86% (86%)	→
Deaths (1st – 7th May)	Number COVID-19 registered deaths	1 (0)	↑	27 (33)	↓
Vaccinations (as of 9th May)	% Over 50s received 1st dose of COVID-19 vaccine	78.7% (78.7)	→	78.3% (87.8)	↓

Domain	Indicator	SWL (previous value)	SWL change	London (previous value)	London change
Current inpatients (as of 17th May)	COVID inpatients	47 (55)	↓	138 (281)	↓
	COVID ITU/HDU inpatients	7 (7)	→	61 (65)	↓

* The official PHE rate for Merton and London are for the week **ending** the 13th May.

** Only includes 'classifiable' isolates in the denominator

***Test positivity refers to the percent of total tests that were positive, even if individuals had multiple tests.

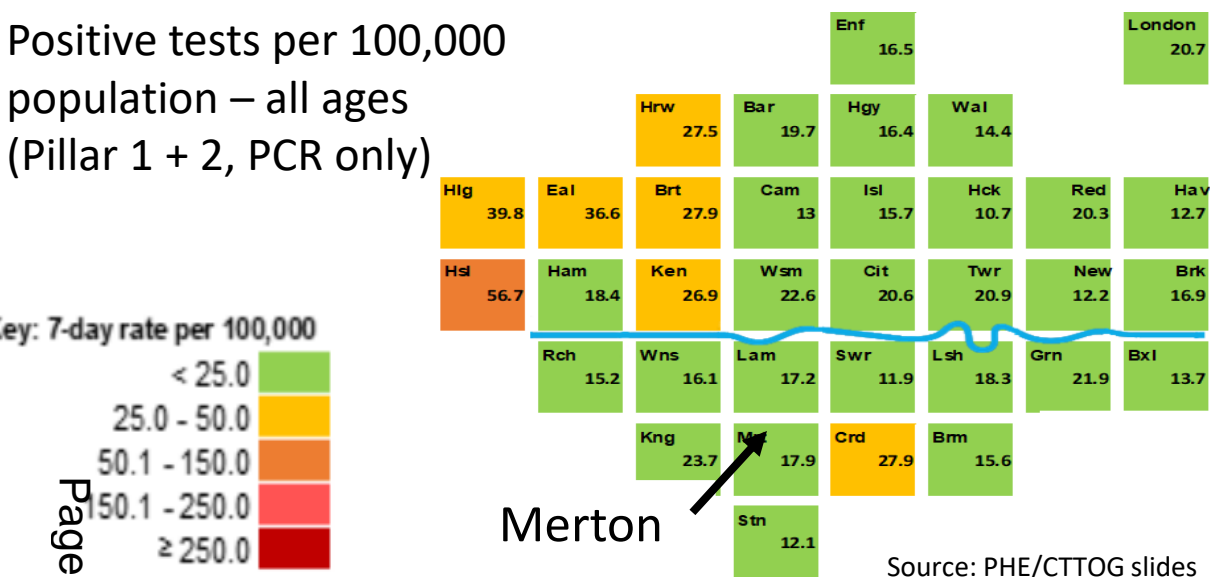# Positive cases per 100,000 and test positivity across London boroughs

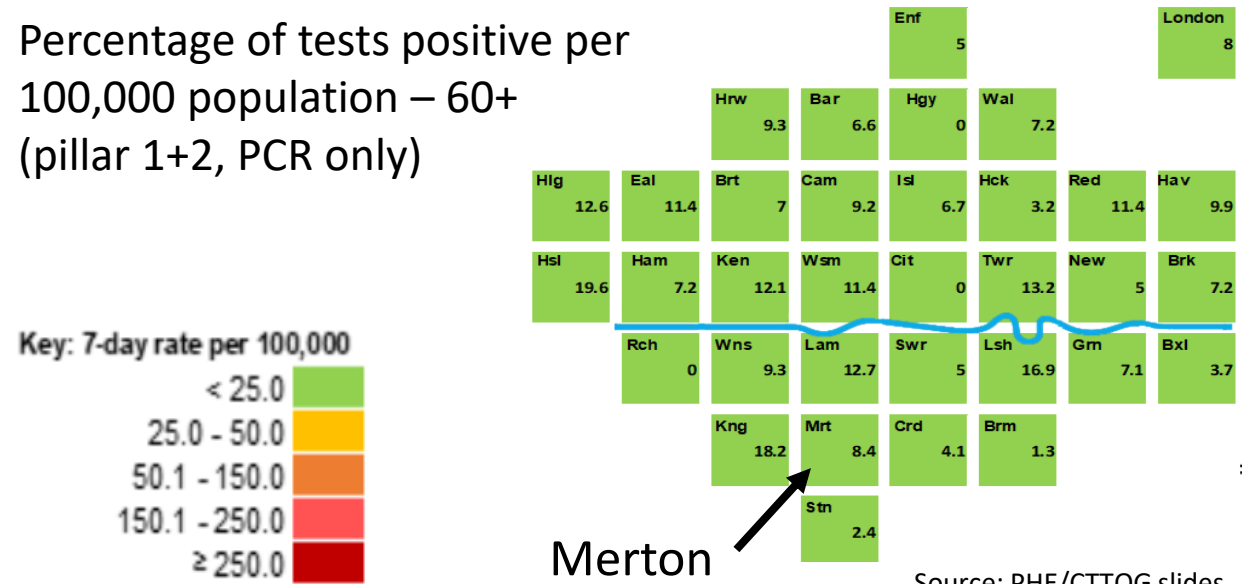For reporting period 07.05.2021 – 13.05.2021   Colour of box illustrates weekly cases per 100,000 for that week
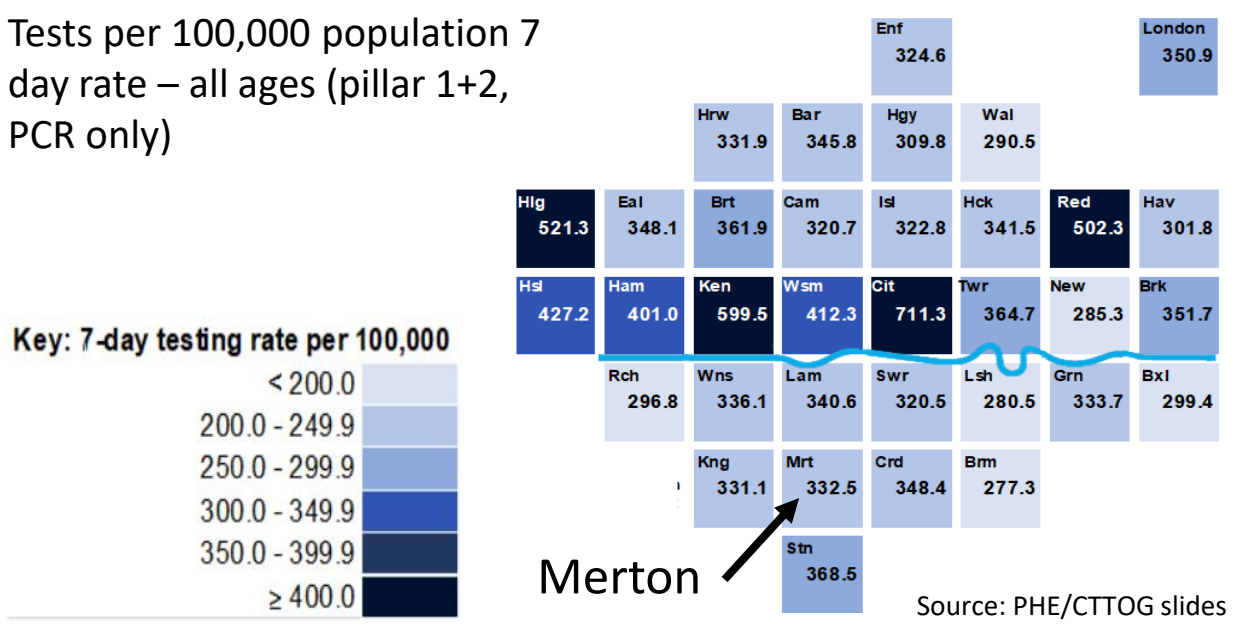
Enquiries: gary.forbes@merton.gov.uk

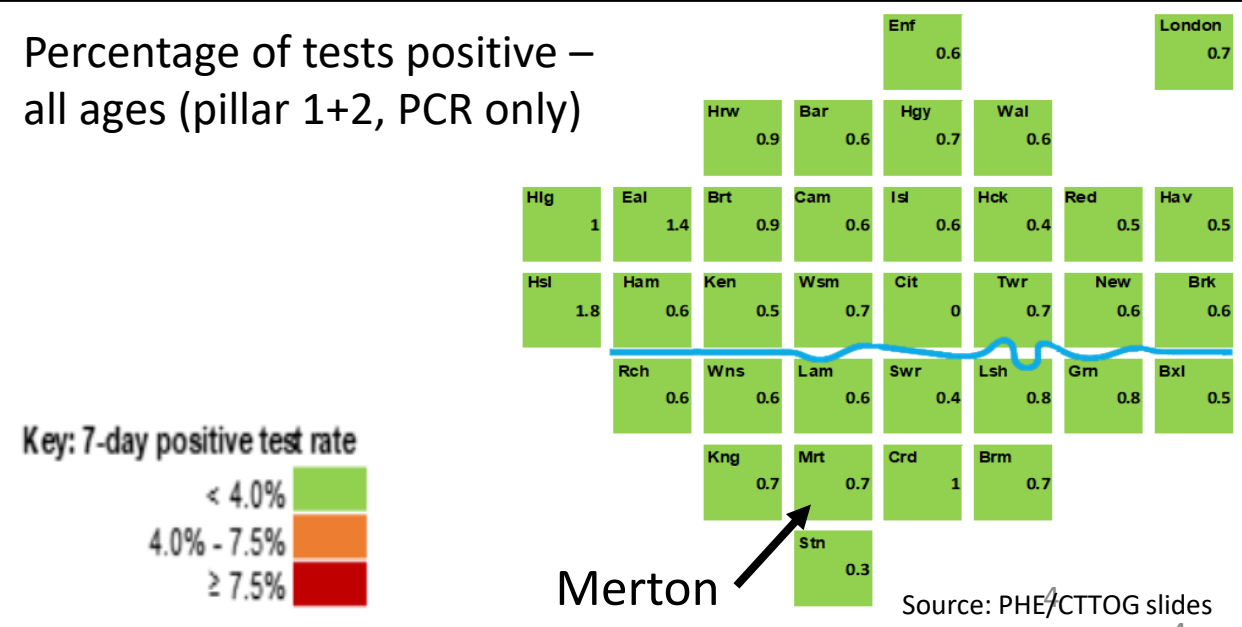## Positive tests per 100,000 population – all ages (Pillar 1 + 2, PCR only)

		Enf 16.5			London 20.7
Hrw 27.5	Bar 19.7	Hgy 16.4	Wal 14.4		
Hlg 39.8	Eal 36.6	Brt 27.9	Cam 13	Isl 15.7	Hck 10.7	Red 20.3	Hav 12.7
Hsl 56.7	Ham 18.4	Ken 26.9	Wsm 22.6	Cit 20.6	Twr 20.9	New 12.2	Brk 16.9
	Rch 15.2	Wns 16.1	Lam 17.2	Swr 11.9	Lsh 18.3	Grn 21.9	Bxl 13.7
	Kng 23.7	Mrt 17.9	Crd 27.9	Brm 15.6	
		Stn 12.1	

Key: 7-day rate per 100,000
- < 25.0
- 25.0 – 50.0
- 50.1 – 150.0
- 150.1 – 250.0
- ≥ 250.0

Merton

Source: PHE/CTTOG slides

Page 4

Percentage of tests positive per 100,000 population – 60+ (pillar 1+2, PCR only)

		Enf 5			London 8
Hrw 9.3	Bar 6.6	Hgy 0	Wal 7.2		
Hlg 12.6	Eal 11.4	Brt 7	Cam 9.2	Isl 6.7	Hck 3.2	Red 11.4	Hav 9.9
Hsl 19.6	Ham 7.2	Ken 12.1	Wsm 11.4	Cit 0	Twr 13.2	New 5	Brk 7.2
	Rch 0	Wns 9.3	Lam 12.7	Swr 5	Lsh 16.9	Grn 7.1	Bxl 3.7
	Kng 18.2	Mrt 8.4	Crd 4.1	Brm 1.3	
		Stn 2.4	

Key: 7-day rate per 100,000
- < 25.0
- 25.0 – 50.0
- 50.1 – 150.0
- 150.1 – 250.0
- ≥ 250.0

Merton

Source: PHE/CTTOG slides

Tests per 100,000 population 7 day rate – all ages (pillar 1+2, PCR only)

		Enf 324.6			London 350.9
Hrw 331.9	Bar 345.8	Hgy 309.8	Wal 290.5		
Hlg 521.3	Eal 348.1	Brt 361.9	Cam 320.7	Isl 322.8	Hck 341.5	Red 502.3	Hav 301.8
Hsl 427.2	Ham 401.0	Ken 599.5	Wsm 412.3	Cit 711.3	Twr 364.7	New 285.3	Brk 351.7
	Rch 296.8	Wns 336.1	Lam 340.6	Swr 320.5	Lsh 280.5	Grn 333.7	Bxl 299.4
	Kng 331.1	Mrt 332.5	Crd 348.4	Brm 277.3	
		Stn 368.5	

Key: 7-day testing rate per 100,000
- < 200.0
- 200.0 – 249.9
- 250.0 – 299.9
- 300.0 – 349.9
- 350.0 – 399.9
- ≥ 400.0

Merton

Source: PHE/CTTOG slides

Percentage of tests positive – all ages (pillar 1+2, PCR only)

		Enf 0.6			London 0.7
Hrw 0.9	Bar 0.6	Hgy 0.7	Wal 0.6		
Hlg 1	Eal 1.4	Brt 0.9	Cam 0.6	Isl 0.6	Hck 0.4	Red 0.5	Hav 0.5
Hsl 1.8	Ham 0.6	Ken 0.5	Wsm 0.7	Cit 0	Twr 0.7	New 0.6	Brk 0.6
	Rch 0.6	Wns 0.6	Lam 0.6	Swr 0.4	Lsh 0.8	Grn 0.8	Bxl 0.5
	Kng 0.7	Mrt 0.7	Crd 1	Brm 0.7	
		Stn 0.3	

Key: 7-day positive test rate
- < 4.0%
- 4.0% – 7.5%
- ≥ 7.5%

Merton

Source: PHE/CTTOG slides

COVID-19 case rates among SWL boroughs and NHS-related indicators for London.

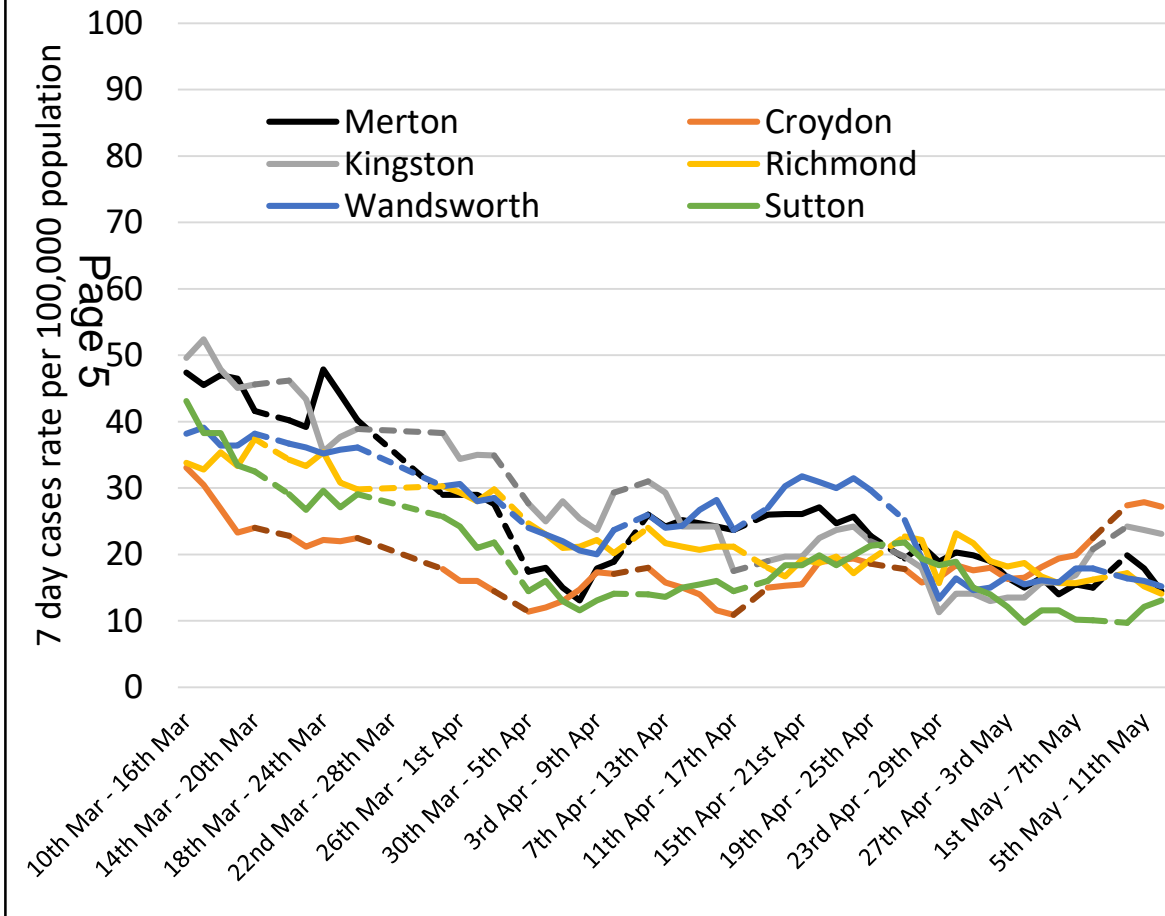## Rolling 7-day rate of confirmed positive cases per 100,000 population in Merton residents compared to other South West London boroughs (Pillar 1 & 2)
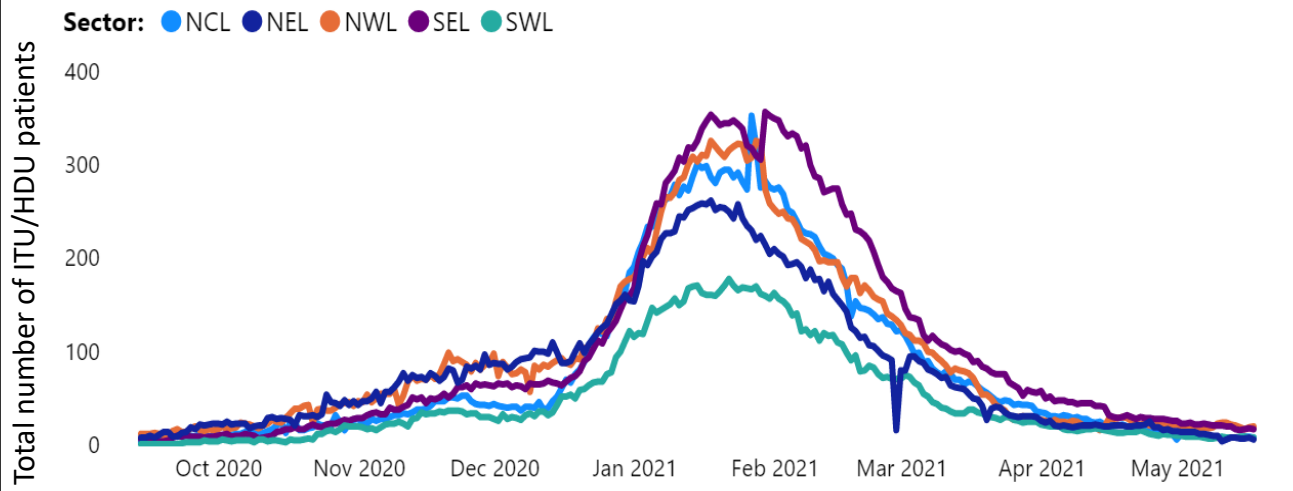
Source: PHE/PHEC Daily Report
Reporting frequency: Daily

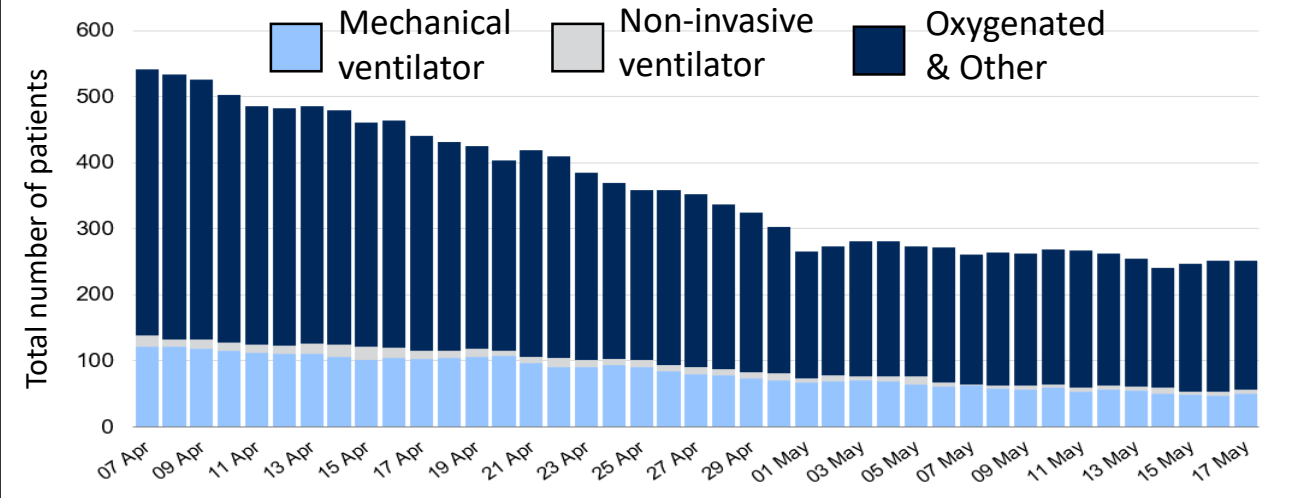**Key message:** Merton has the 3rd lowest rate of cases among SWL boroughs

Note there were reporting gaps – the dotted lines refers to periods when data was not available.

Confirmed COVID-19 ITU/HDU inpatients across London

Sector: NCL NEL NWL SEL SWL

Source: SWL CCG COVID-19 daily dashboard

COVID-19 patients in hospital across London

Mechanical ventilator   Non-invasive ventilator   Oxygenated & Other

Source: PHE/CTTOG slides

PCR confirmed COVID-19 cases in Merton residents by age, ethnicity, and geography

7-day rolling Pillar 1 and 2 COVID-19 case rates per 100,000 residents in East and West Merton

West: 10.9
East: 12.5
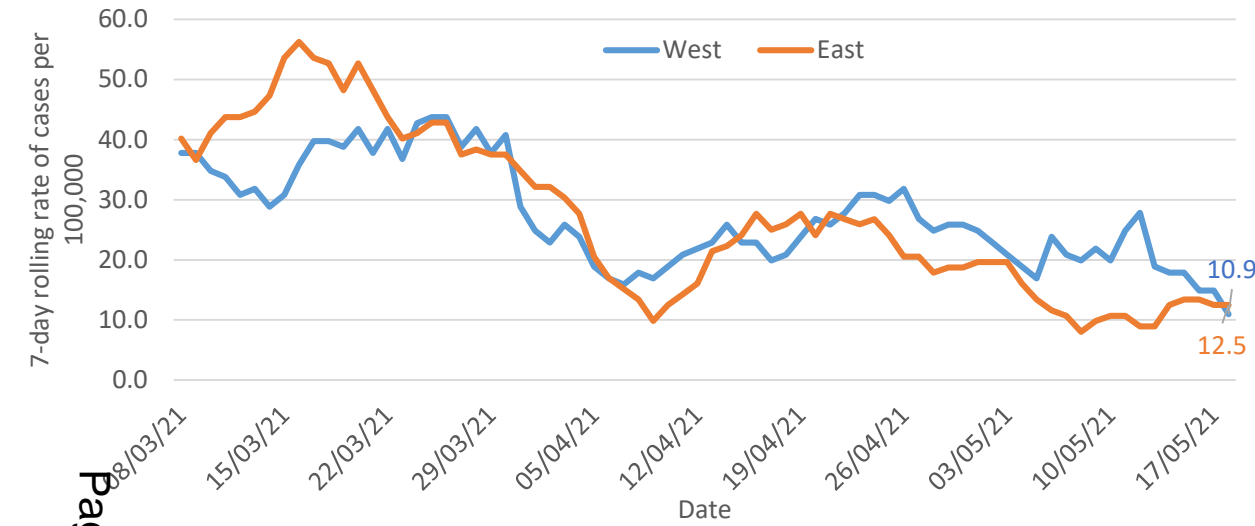
Source: LSAT daily line list

7 day rolling average Pillar 2 case rates in Merton residents by age groups

0-15 | 16-29 | 30-44 | 45-59 | 60+

Weekly rolling average
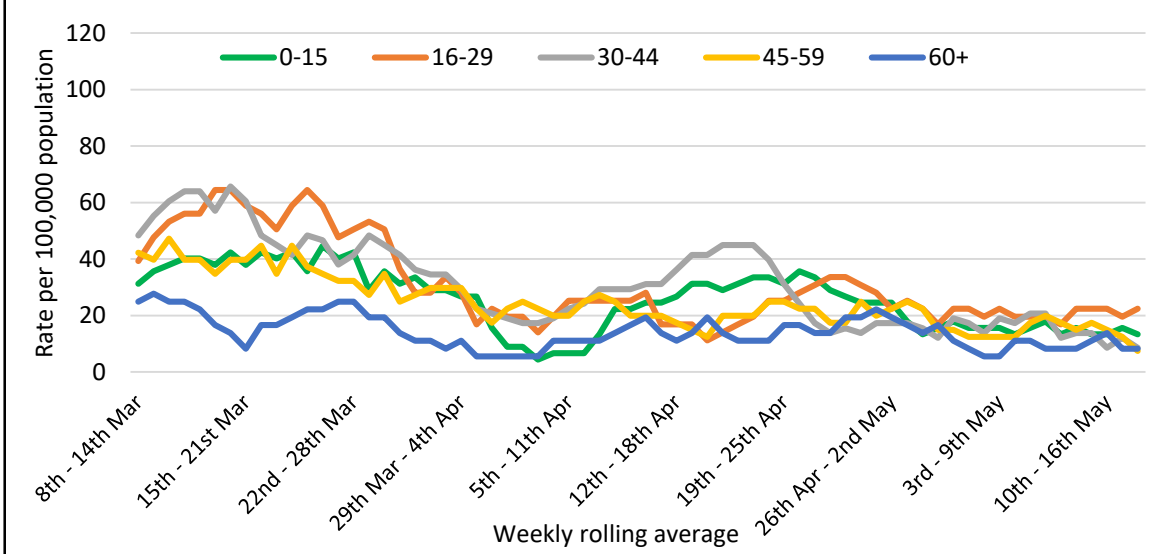
Source: LSAT daily line list

Pillar 2 COVID-19 cases in Merton - by ethnicity compared to Merton ethnic profile over 4 week periods* (13th Feb – 7th May)

Black | Indian | Pakistani | Asian other | White | Mixed | Other
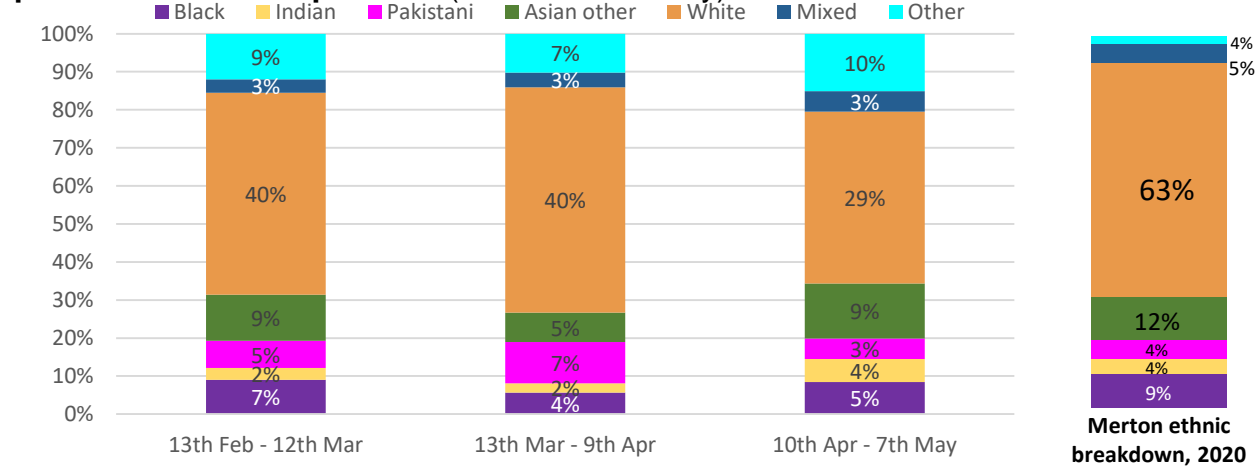
Caution interpreting patterns across ethnicity recent numbers are very small which can increase fluctuation
Sources: PowerBI and 2016 GLA housing-led pop projections

Pillar 1 and 2 COVID-19 cases in Merton residents by ward over one week (14th May – 20th May)

Rate of cases per 100k

80-99
60-79
40-59
20-39
0-19
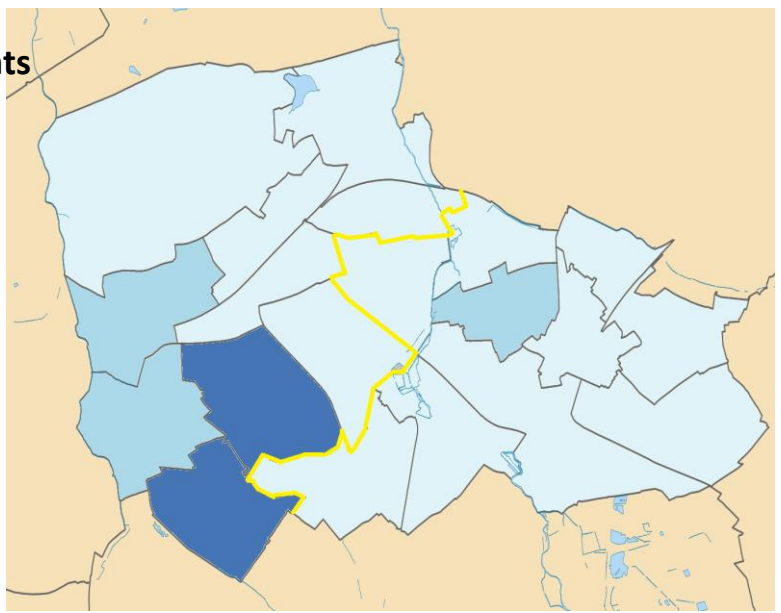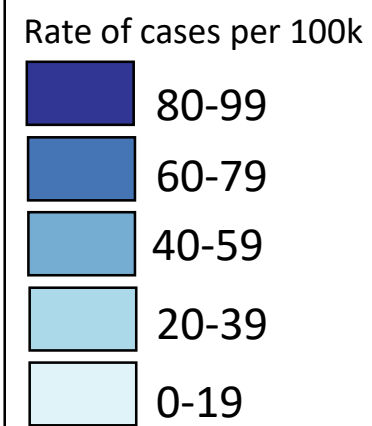
Source: PHE Merton LA report

Page 6

Number of cases with Variants of Concern (VOC)

Source: PHE Power BI Reporting frequency: Weekly   For reporting period 28.12.2020 – 09.05.2021

## Total number of variant cases in Merton and England

Variant name	Common variant name	No of cases in England (as of 12th May)	No of cases in London (as of 10th May)	No of cases in Merton (as of 9th May)
VOC-20DEC-01	Kent Variant	202,229	Data not available	885
VOC-20DEC-02	South African Variant	772	369	4
VOC-21JAN-02	Japan/Brazil Variant	102	63	1
VOC-21FEB-02	Bristol Variant	43	1	0
VOC-21APR-02	Indian Variant	1,255	301	1

Variants and their importance

- COVID variants are virus that have accumulated mutations.
- Variants of concern (VOC) are tracked as they might have changes in:
  - transmissibility,
  - clinical presentation & severity,
  - diagnostics, therapeutics & vaccines.
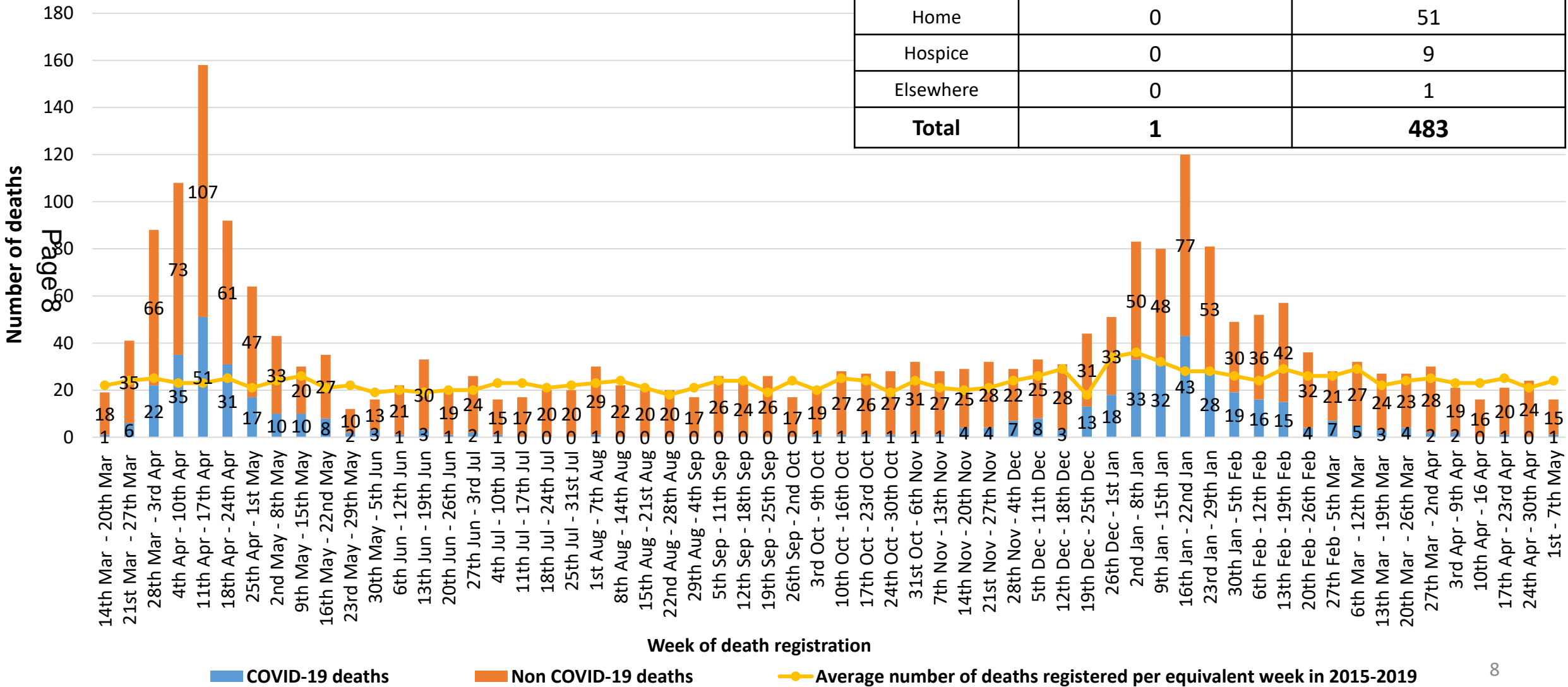- Tracking of variants will tell us if there is community transmission or if they are travel related.

Number of variant cases by week in Merton: 28th Dec 2020 – 9th May 2021

Enquiries gary.forbes@merton.gov.uk
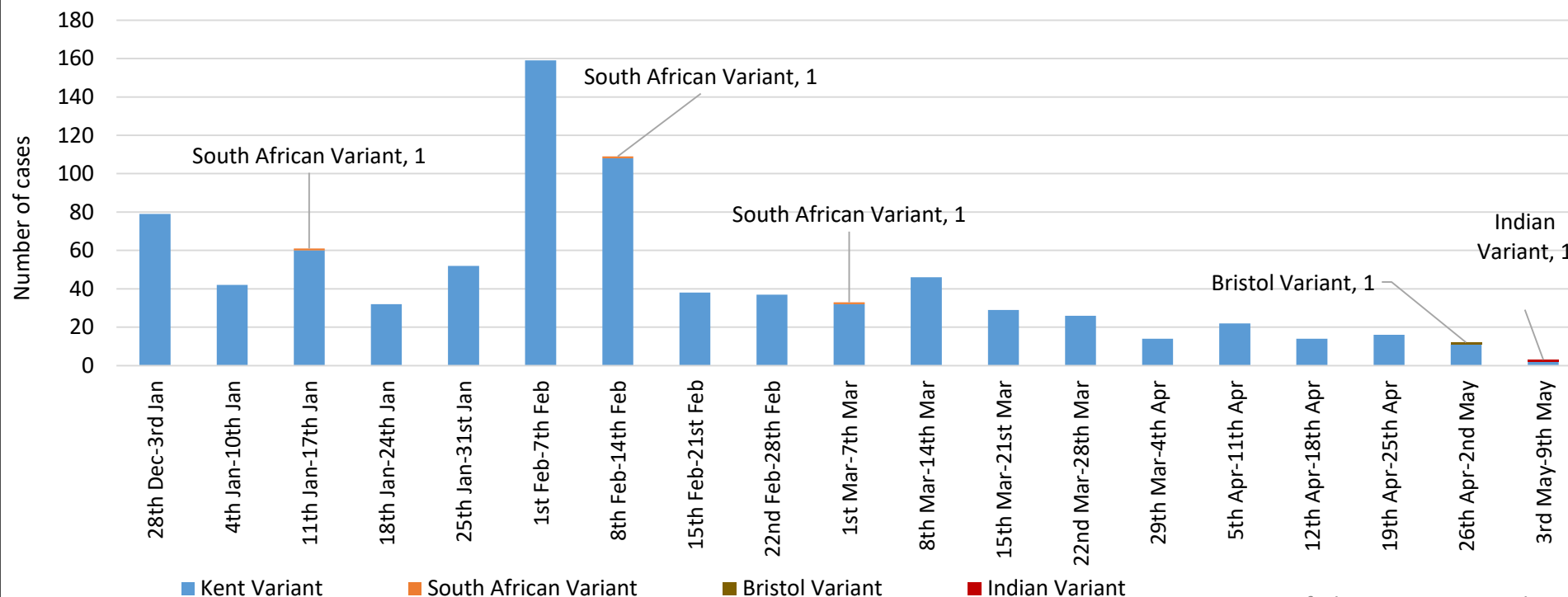
# Number of deaths of Merton Residents by week of registration

Source: ONS
Reporting frequency: Weekly

Place of death	COVID deaths over last week (01.05.21 - 07.05.21)	Cumulative COVID deaths (04.01.20 – 07.05.21)
Hospital	1	374
Care home	0	48
Home	0	51
Hospice	0	9
Elsewhere	0	1
Total	**1**	**483**

Number of deaths

Page 8

Week of death registration

COVID-19 deaths   Non COVID-19 deaths   Average number of deaths registered per equivalent week in 2015-2019

8

Enquiries: gary.forbes@merton.gov.uk

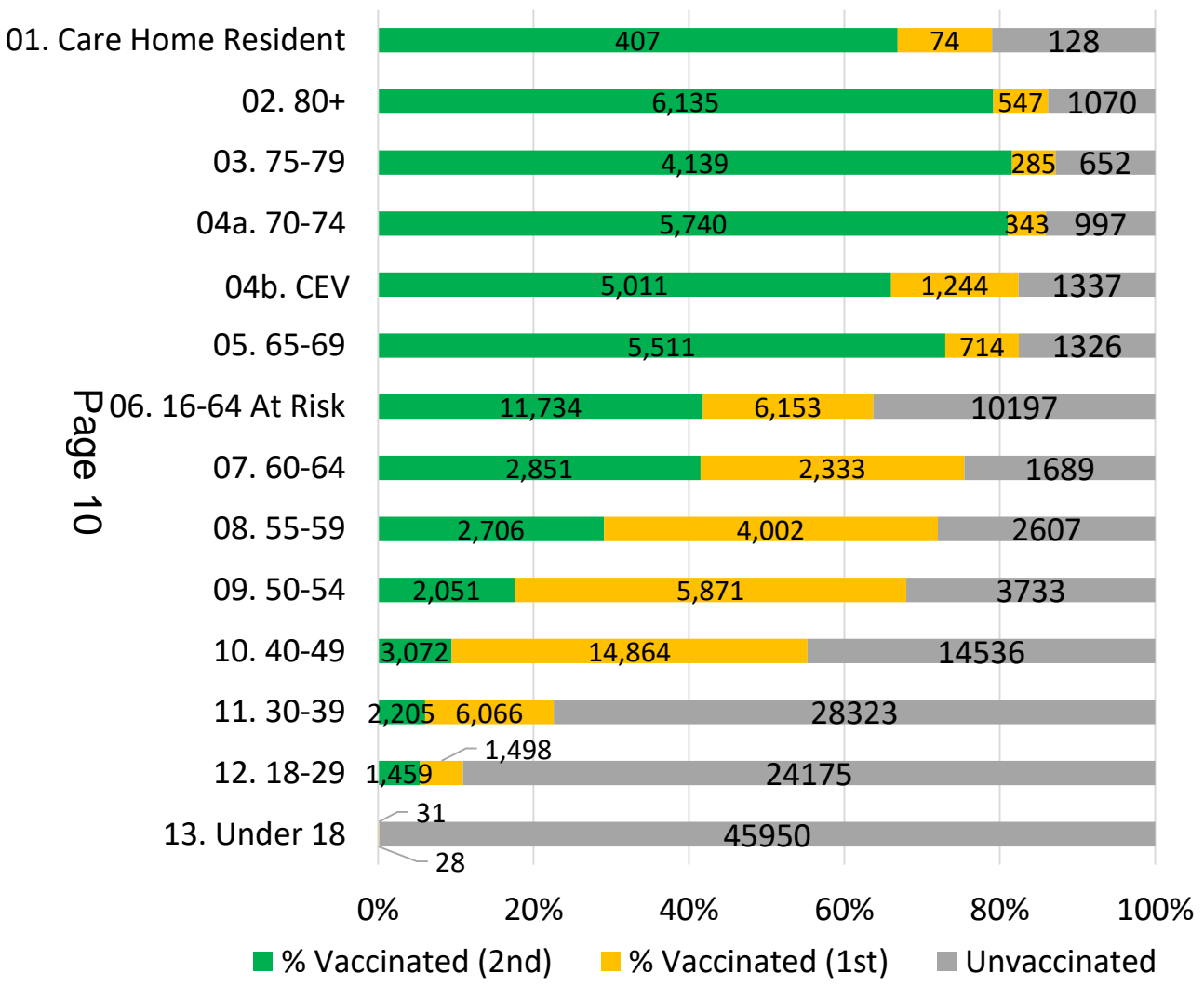# COVID-19 vaccination uptake among SWL boroughs in over 50 year olds 25th May 2021
Note: NIMS and ONS population denominators (28th Mar – 9th May)
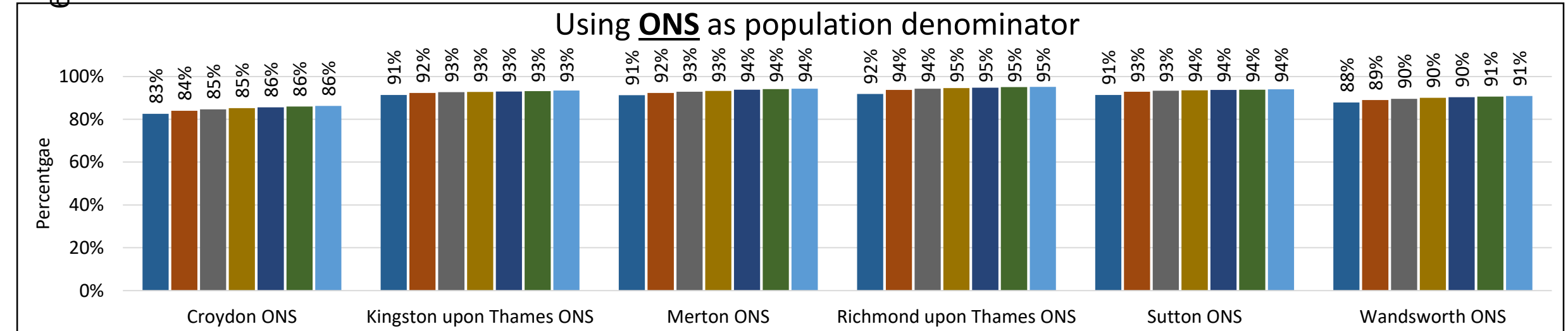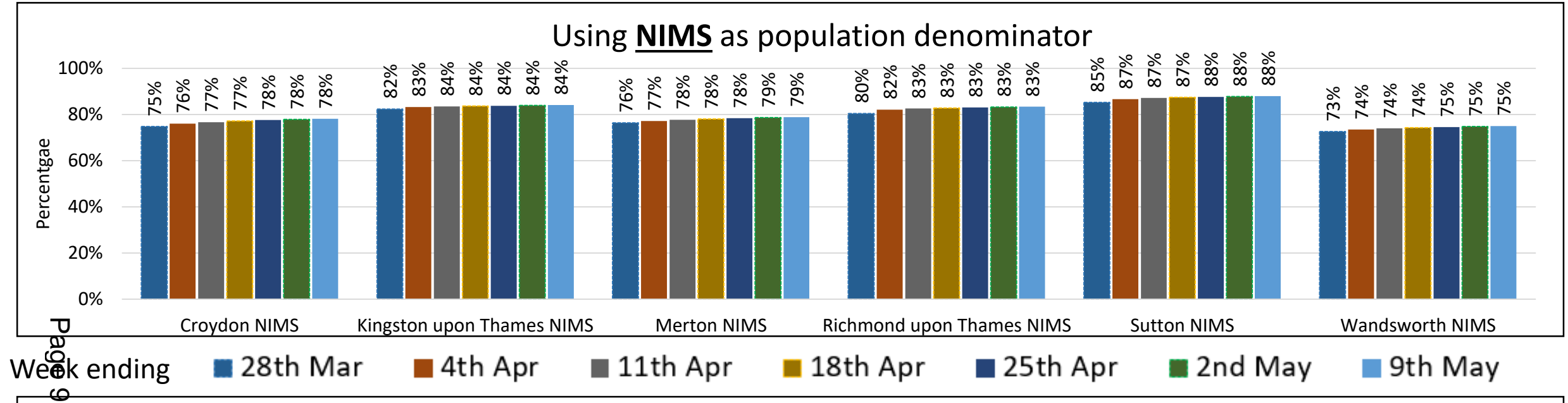
Please note: percent uptake vary depending on population denominator. National Immunisation Management System (NIMS) populations are via NHS GP lists. Office for National Statistics (ONS) figures based on population estimates for Merton.

Enquiries gary.forbes@merton.gov.uk

COVID-19 vaccination uptake by priority group and geography

JCVI priority groups vaccine uptake in Merton residents
Using NIMS as population denominator (data as of 18th May)

Page 10

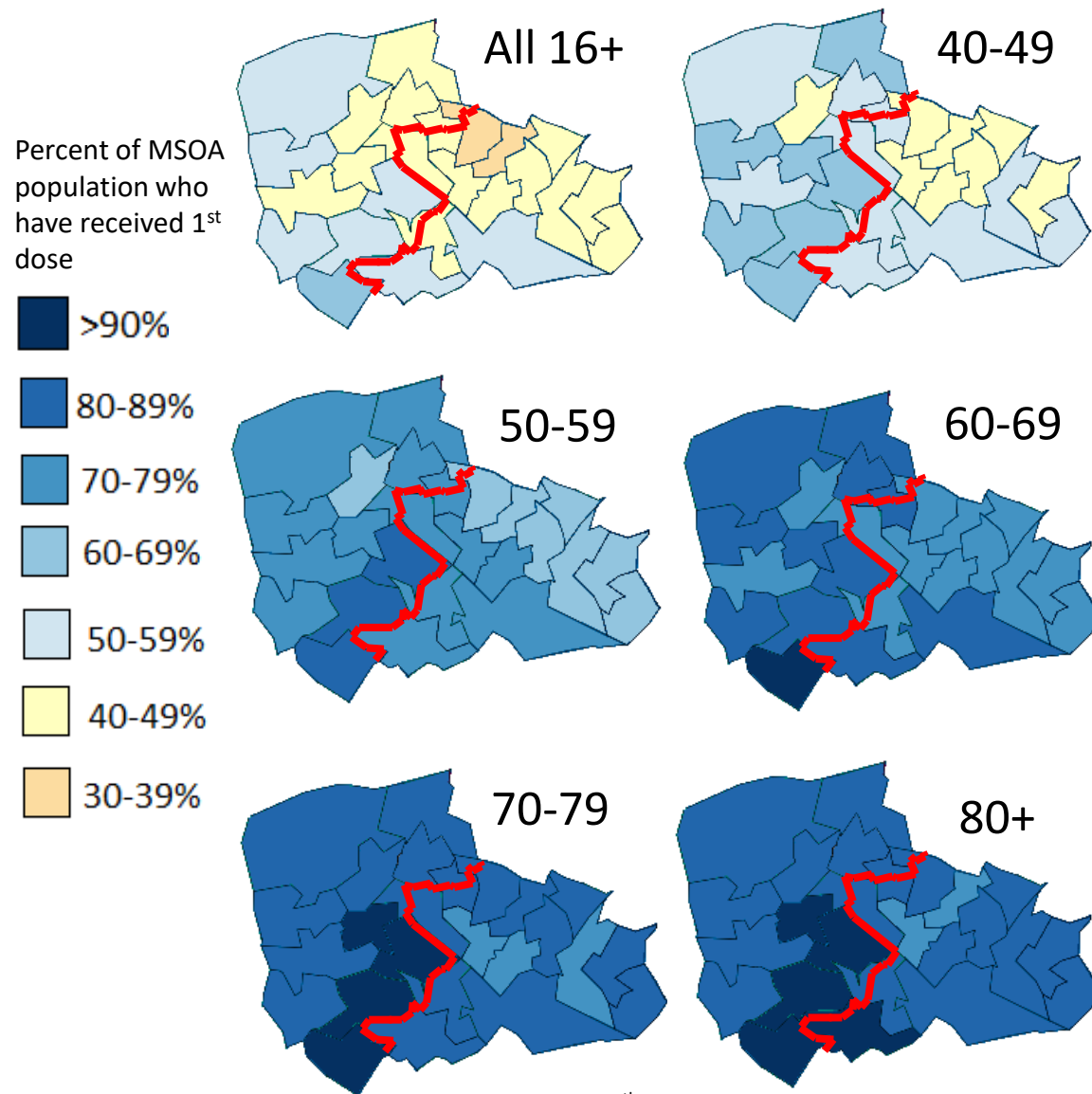| Priority group	% Vaccinated (2nd)	% Vaccinated (1st)	Unvaccinated
01. Care Home Resident	407	74	128
02. 80+	6,135	547	1070
03. 75-79	4,139	285	652
04a. 70-74	5,740	343	997
04b. CEV	5,011	1,244	1337
05. 65-69	5,511	714	1326
06. 16-64 At Risk	11,734	6,153	10197
07. 60-64	2,851	2,333	1689
08. 55-59	2,706	4,002	2607
09. 50-54	2,051	5,871	3733
10. 40-49	3,072	14,864	14536
11. 30-39	2,205	6,066	28323
12. 18-29	1,459	1,498	24175
13. Under 18	31	28	45950

Legend: ■ % Vaccinated (2nd) ■ % Vaccinated (1st) ■ Unvaccinated

- CH res + staff = care home residents and staff
- CEV = Clinically extremely vulnerable

Source: NELCSU vaccinations

Percentage of Merton residents by age group and MSOA that have received 1st dose of COVID-19 vaccination (as of 9th May)

Percent of MSOA population who have received 1st dose

- >90%
- 80-89%
- 70-79%
- 60-69%
- 50-59%
- 40-49%
- 30-39%

All 16+ · 40-49 · 50-59 · 60-69 · 70-79 · 80+

Source: NHS COVID-19 vaccinations weekly report 13th May

REPORT

MERTON COVID-19 RESILIENCE PROGRAMME

An Assessment of the Impact of the Corona Virus Pandemic on BAME Communities in the London Borough of Merton

Presented by

Hannah Neale

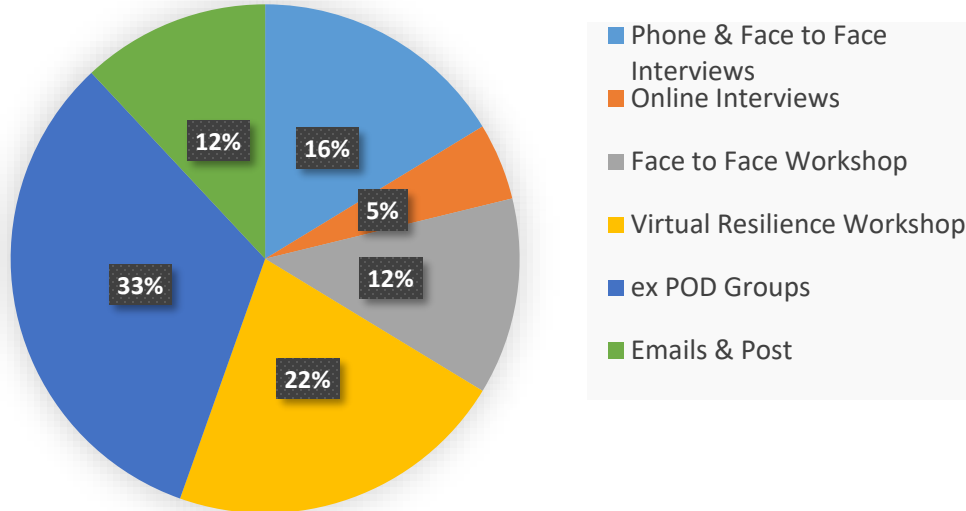**Programme Director BAME VOICE**

INTRODUCTION

Design and deliver a genuine insight into the lived experience of people across Black, Asian and Minority Ethnic (BAME) communities in the Merton and surrounding area as a result of COVID-19 and related issues, working with the communities identified as being most affected by COVID-19 - Bangladeshi, Pakistani, East, West, Southern African, Caribbean including Tamils and other BAME communities.
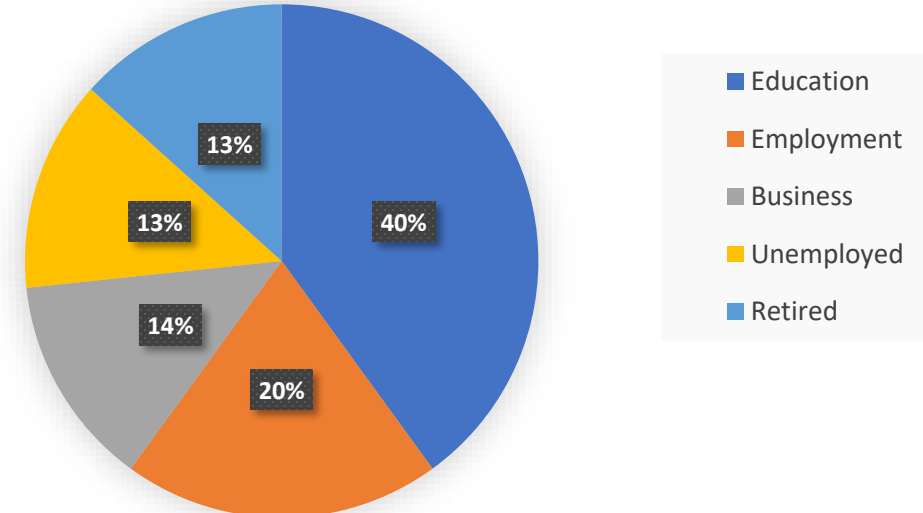
PROGRAMME: August 2020 – February 2021

Spoke to Approx. 300 people, 45% young people, 180 females, 120 males

Method of Interview

- Phone & Face to Face Interviews
- Online Interviews
- Face to Face Workshop
- Virtual Resilience Workshop
- ex POD Groups
- Emails & Post

16%
5%
12%
22%
33%
12%

Occupation

- Education
- Employment
- Business
- Unemployed
- Retired

40%
20%
14%
13%
13%

FINDINGS

* No evidence deaths and hospital admissions of BAME residents were disproportionate to their numbers within the borough.

* Communities most affected by the virus were similar to those in other parts of London, however, projected high levels of infections among Caribbean and African communities have not occurred in Merton.

The Council's actions were valued in a number of ways.

*Swift action in working with everyone to provide much needed support averted any chaos or confusion
*Setting up of 'Merton Giving' a collaborative effort by the community for the community helped many organisations and groups help their respective communities.
*The Merton Community led by the Council coming out to support and help each other.
*The Council, CCG & other agencies wanting to learn from the losses suffered by BAME people.

However: Historic issues of systemic racism as the overriding factor in the inequalities which BAME communities encounter expressed by 80% of those interviewed. Real anger expressed that long identified and promised changes to the inequalities in East Merton had not materialised.
But with the anger, there was also hope, that this time, the reality of life for BAME communities, highlighted by the pandemic would bring about much needed change. They echoed the cry of the majority of people of colour in the UK. No more talking , lets see some action.

KEY RECOMMENDATIONS OVER 70 RECOMMENDED

- **Health**: That senior CCG and HWB officials meet with BAME organisations and communities on a regular basis
- Pop up health hubs within community spaces to distribute health messages, information and advice
- In partnership with BAME groups, develop and implement COVID-19 education and prevention campaigns.
- Review doctor/patient relationships. Cultural competence training for all health workers every three years .
- Regular assertive/resilience skills workshops for BAME staff
- The public kept informed about plans for improvements to East Merton e.g. Wilson community centre

- **Education:** Authorities to ensure bias is stripped off forecasts and decisions for BAME student predicted grades.
- Schools to teach black history, written by black authors from an early age
- Offer culturally appropriate psychological support for BAME children living under difficult home conditions.
- Ban images of starving BAME children on aid donation appeals in schools, churches etc which give an unbalanced depiction of what these countries and their people are really like.
- **Employment:** Accelerate Minority Ethnic Workers into more senior and leadership roles **on merit**.
- Council to provide Start- up business grants to BAME and other businesses; invest in communities and individuals
- Encourage BAME Entrepreneurship into East Merton; established businesses to invest in smaller businesses which may have grown during lockdown.
  General: A seat for BAME organisations at the decision-making table – authentic minority ethnic voices heard

- Action to stop the stigmatising of BAME people and communities particularly on official documentation. 'Hard to reach', seldom heard' 'high risk' 'vaccine hesitant 'do not augur well for good community relations.
- The Council to partner with others in setting up a foundation for sports in East Merton so that young people from these areas can showcase their talents.
- Strengthening social capital– view people from a position of strength. Provide a level playing field.

Merton Public Health Engagement Report

Project Overview: engagement with people with a learning disability/autism & parents / carers

- opportunity to discuss Covid-related concerns, receive key public health messages and be signposted to local support services, enabling us to understand the impact of Covid

- identify practical policy responses or local actions to address specific concerns

- an intervention in its own right, helping to build trust

- work with partners to improve the reach of communications on key Covid-related issues

- understand barriers to accessing services & ways to increase take-up

Who we reached

37 — **People who have a learning disability and/or autism (people who are cared for)**

Ages 14 - 71

10 — **Professionals or organisations including**
- Social care
- Healthwatch
- St George's LD nurses
- Perseid School
- Merton College

66 — **Carers of adults**

Ages 37 - 81

4 — **Merton Mencap**

Staff Members and their clients

54 — **Parents of children**

Children's ages 3 - 17

8+ — Reports

Main Findings

- **Priorities for carers**: activities and respite services for cared for person; isolation, loneliness, and mental health issues; planning for the future &emergency planning; access to health services & good vaccine information - the burden of caring has increased for 75% of carers

- **Priorities for people with LD/ASD**: outings and activities, friends

- People with LD/ASD who feel anxious also have other indicators of **poor mental health** (alcohol, isolation, self-harm/suicide, drugs/medication)

- **Good overall resilience**: easier for those with digital access

- Significant **reduction in independence** in the community

- Some children find it hard to learn at home & some parents lack teaching skills, however, many Merton schools provided **good support**

- **Siblings** may have fallen behind their peers

- Two thirds normally attend an annual health check. Some parents/carers not happy with **virtual or phone health checks** during Covid

- Some vaccine hesitancy. **NHS staff manged this well** working in partnership with parents/carers and voluntary sector groups

Digital

- **Digital divide** more apparent during Covid. Online access has a role in each of the main issues for carers above

- **Financial value** of being online: social connections, savings, employment, and leisure, as well as e-health and e-learning benefits

- Merton carers above national average for digital poverty; 33% basic or non-users v 22% nationally: our **most digitally excluded residents?**

- Public services / NHS increasingly moving critical services online which will **exacerbate the digital divide**

- Some carers will **never** engage digitally. Parents of children with SEN/disabilities **do not** appear to be digitally excluded

- 90% of adults with LD/ASD who responded have a SMART device. Some adults with LD/ASD are **not offered digital access**: carers' lack of digital skills, divergent interests, and/or financial constraints

- To become digital, carers need a **personal 'hook', financial support**, and **ongoing** technical help

- Generally, poor awareness of scope & benefits of **assistive technology**

- Professionals not all confident in their own digital skills so feel unable to **advise/train clients**

- Some children/ young people use the internet for learning but not for peer to peer engagement (risk of **social isolation** when they leave education)

Report Recommendations

1. Additional support and training and support for recovery of **independence skills** (individual targets should be set)

2. Mental health services with **specialist training/expertise**, easy access routes, and not 100% virtual

3. Post Covid, continuation of some **online services** (if replacing face to face services, do a <u>digital access</u> assessment to prevent 2 tier service provision)

4. Help for **carers** with regard to financial support, planning for the future and for emergencies, and services providing social contact

5. During Covid restrictions, services to reduce **social isolation** for adults and young people with LD/ASD particularly those who are non-digital

6. Identification of pupils with **disabled siblings** in schools, and extra pastoral and academic support where needed

7. Carers and adults with LD **at the forefront** of a local digital inclusion strategy

8. A **person-centred** approach to digital interventions including training for digital enablers and good use of assistive technologies

9. A digital awareness programme (maybe including a tool and a short film)

10. Up to 2/3 of digitally excluded carers may remain digitally excluded; **letters and comms** via providers and parent forums

Community insight – next steps.

Community insight work – what next?

- Help shape Council and partners strategic short, medium and longer-term priorities - informing immediate actions and longer-term recovery.

- Maintain ongoing and funded co-production with community and voluntary sector groups – instead of one-off commissioned work.

- LOMP approach to actively work with communities, to prevent new infections and contain outbreaks and VOC (Variants of Concern).

- Work with our communities will continue to build on local assets and networks to promote resilience as part of both COVID response and recovery.

Short-term: COVID Resilience - protecting and supporting communities

LOMP – priorities for implementation (extract) *as agreed by HWBB Subgroup :*

- Focus on reducing the disproportionate impact of COVID-19 and inequalities.
- Community engagement and clear communication, to increase adherence to control measures and uptake of vaccinations; crucial building block for local resilience and recovery.
- Testing and contact tracing - shift to focus on end-to-end process.

E.g. actions already underway:

- Community Hub
- Merton Giving
- Community Champions
- 'On-street' engagement
- Funds and support for LBM Race Equality Network
- Extended Carers Befriending Service
- Cultural and heritage programmes and activities e.g. Windrush Day
- 'Bundling' testing and vaccinations

Medium and Longer-term: Focus on reducing structural inequalities

- HWBB Strategy to promote healthy place - neighbourhood approaches and inclusive provision of holistic health and care services.

- Your Merton – engagement and prioritisation, with emerging focus on structural inequalities /neighbourhood approach, shaping Council recovery programme.

- Equality, Diversity and Inclusion Strategy – acting on our community insight work as part of the evidence base.

- Partners working together to help build community resilience - using the strengths within communities to build sustainable local support networks.

- Building a wider focus on prevention, including local skills development, as part of the delivery of a more integrated wellbeing service.