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Merton Council

Healthier Communities and Older People Overview and Scrutiny Panel

26 April 2021

Supplementary agenda

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Healthier Communities and Older People Overview and Scrutiny Panel – 26th April 2021

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Dr Dagmar Zeuner, Director of Public Health

Merton Public Health Intelligence

26th April 2021

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Agenda Item 4



Summary key messages

26th April 2021

London overview

- The current estimated London R value is between **0.8 and 1.1** (As of 16th Apr)

Cases (15th Apr – 21st Apr):

- 7 day case rate (all ages) **25.2 cases per 100,000** (up from 21.9 previous week).
- 7 day case rate (among 60+) **19.4 cases per 100,000** (up from 11.1 previous week).
- There were **54** new COVID cases in Merton.
- New COVID variant: estimated to be responsible for 100% of cases in Merton for week ending 14th Apr.

Deaths:

- There were **2** new registered Merton COVID death for the week ending 9th Apr.
- In total Merton has seen 481 deaths due to COVID.

Testing (13th Apr – 19th Apr / pillar 2 PCR tests only – this excludes Lateral Flow tests):

- 7 day testing rate **199.0 daily tests per 100,000** (up from 138.0 previous week)
- 7 day test positivity decreased to **0.6%**.

Vaccinations (as of 11th Apr):

- **77.7%** of over 50s in Merton have received 1st dose of COVID vaccine (86.7% in London)

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

26th April 2021

For reporting period 01.04.2021 – 07.04.2021

Currently most recent data available

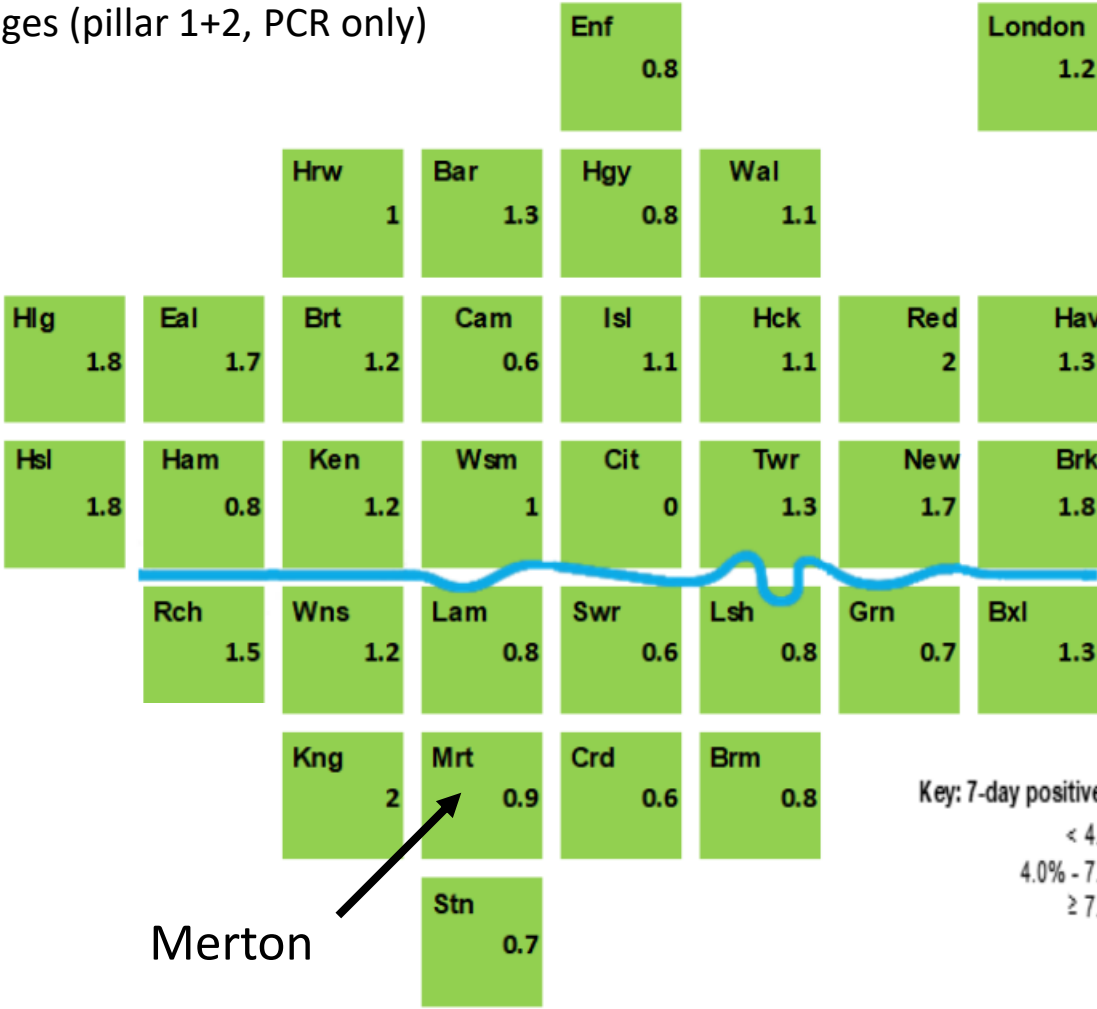
Colour of box illustrates weekly cases per 100,000 for that week

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

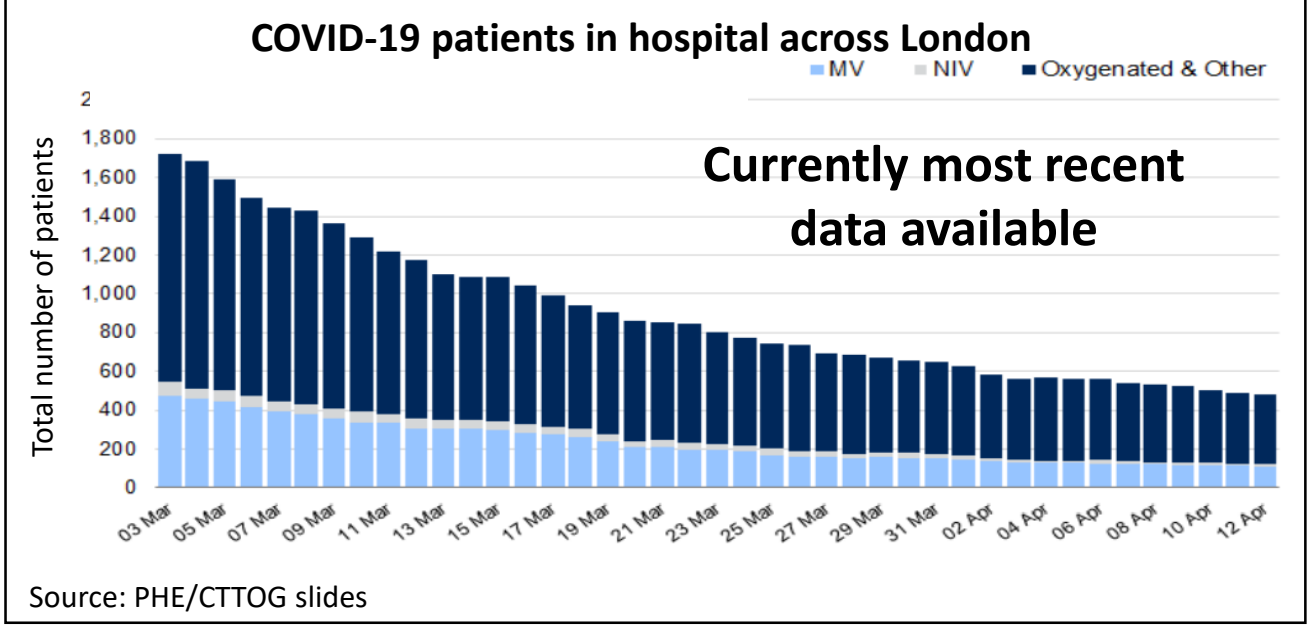
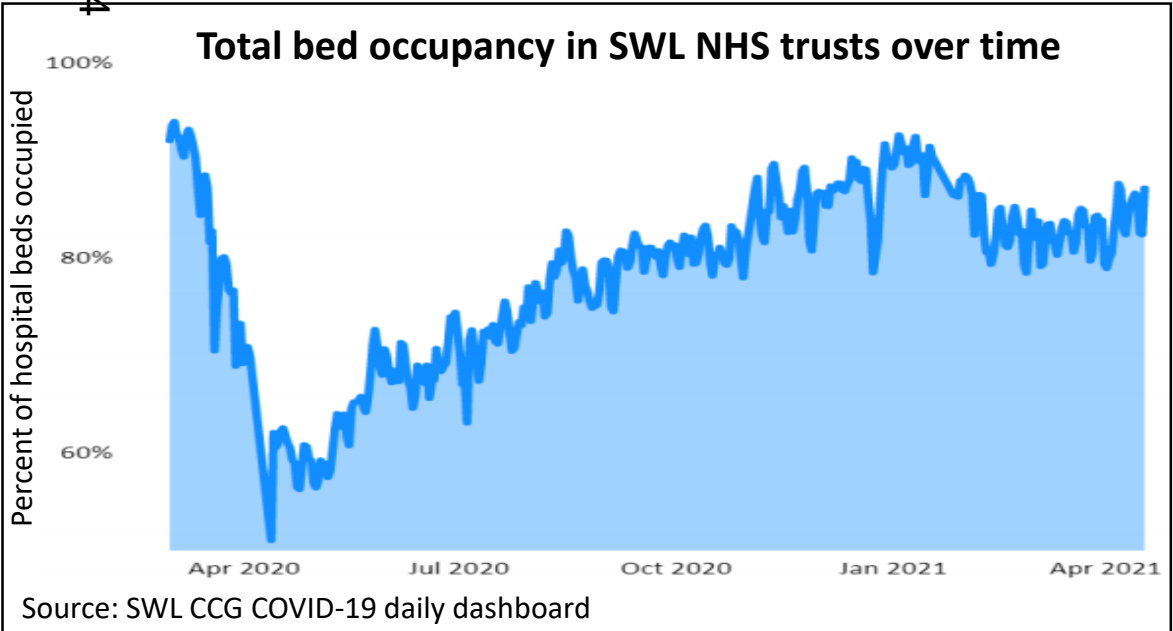
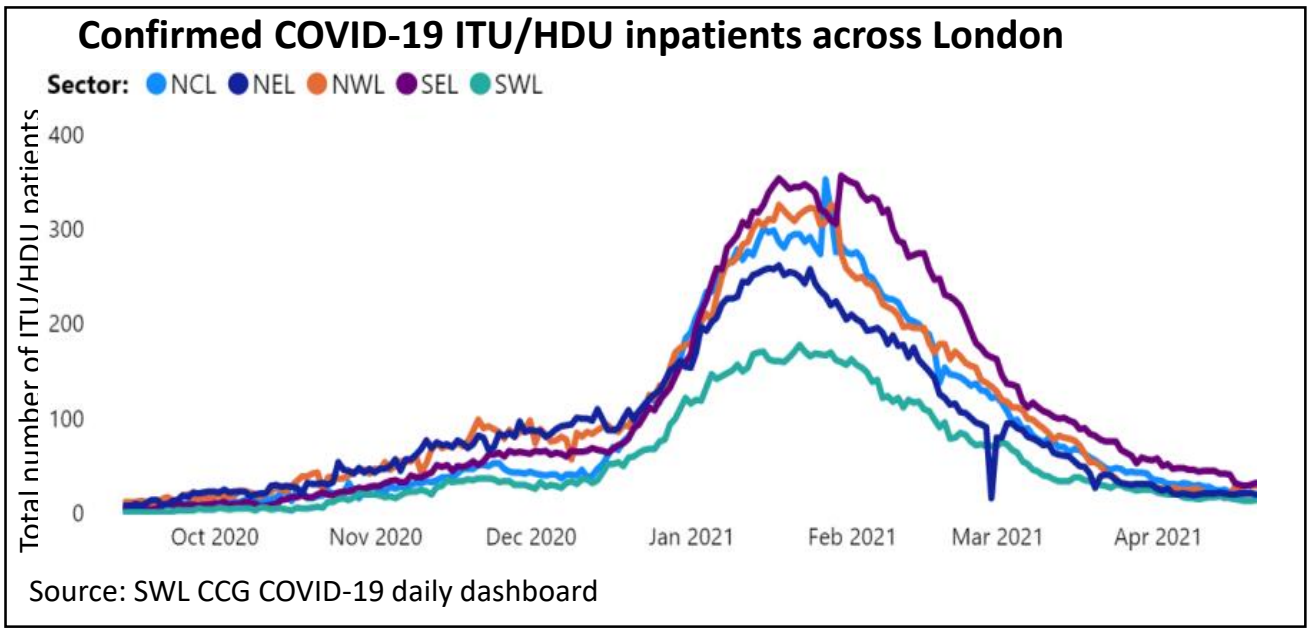
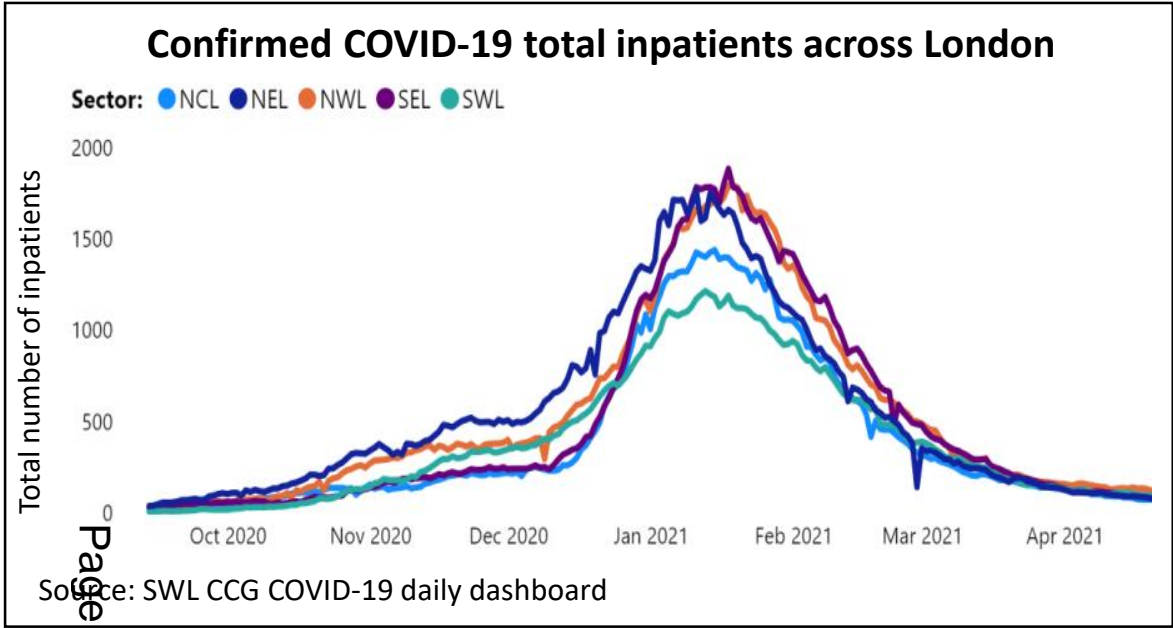


Source: PHE/CTTOG slides

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



Source: PHE/CTTOG slides



Local analysis: COVID-19 testing in Merton

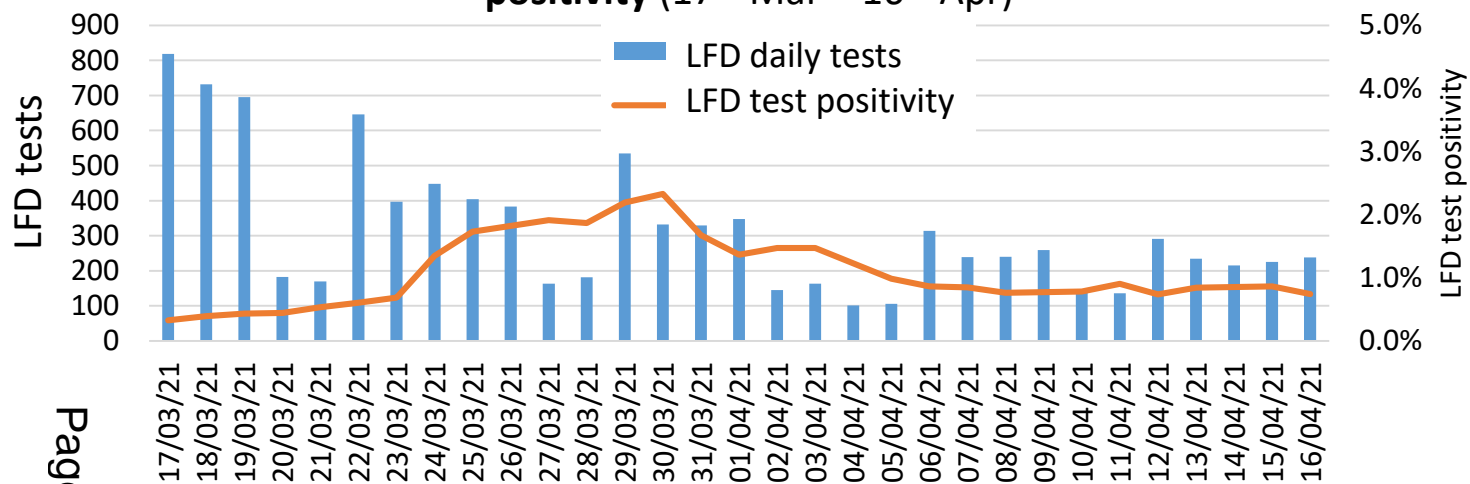
Page 5

Pillar 2 PCR and LFD usage across Merton

Source: NHS digital containment dashboard

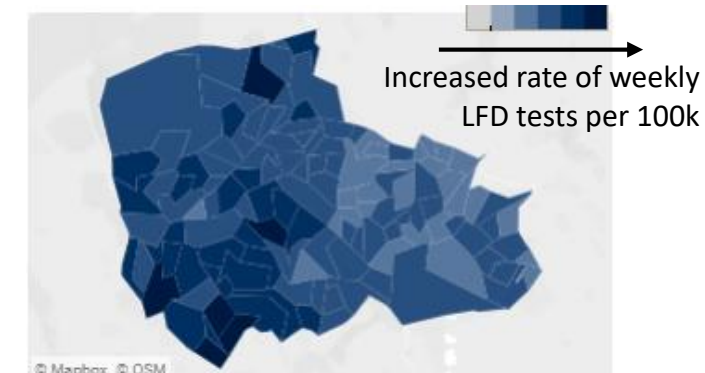
26th April 2021

Pillar 2 daily number of LFD tests among Merton residents and 7-day rolling test positivity (17th Mar – 16th Apr)

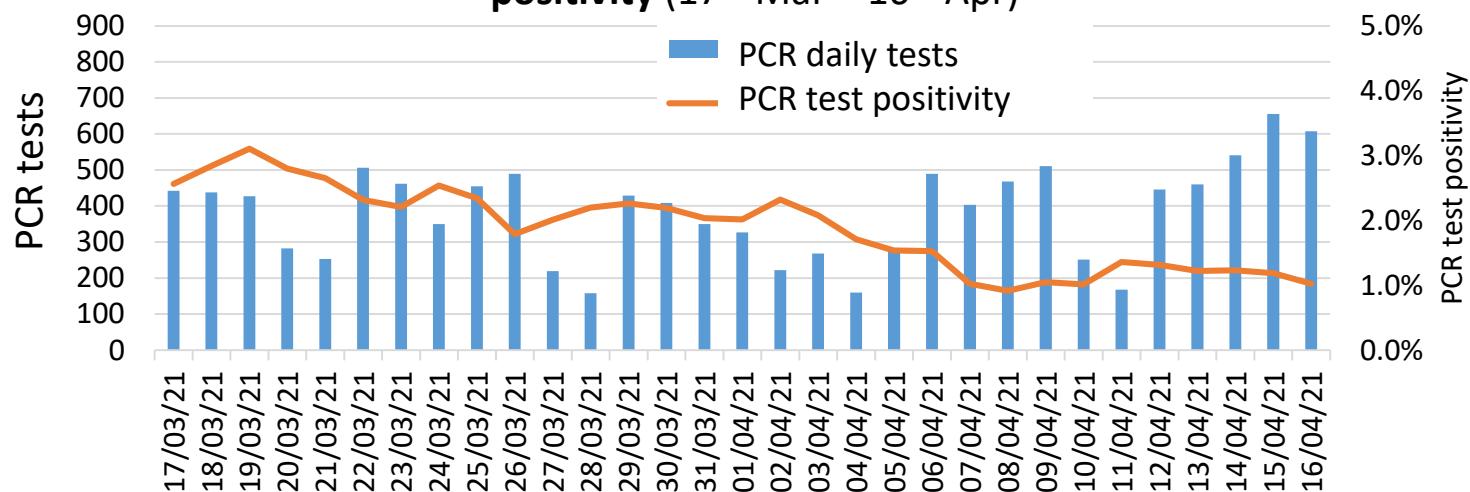


LFD case positivity (10th Apr – 16th Apr): **0.7%**
(11 positive / 1,484 total)

7-day rate of Pillar 2 LFD tests per 100,000 by LSOA in Merton (14th Apr – 20th Apr)

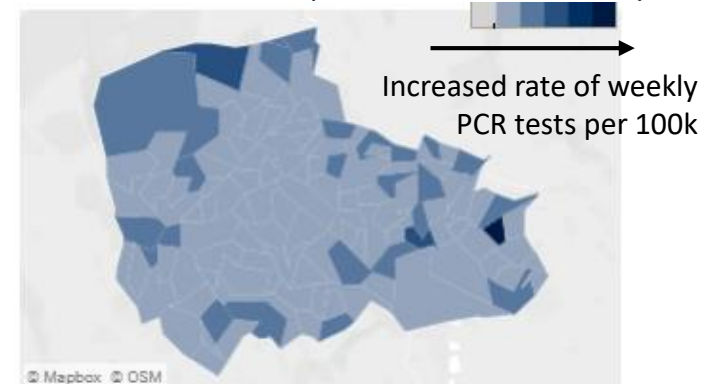


Pillar 2 daily number of PCR tests among Merton residents and 7-day rolling test positivity (17th Mar – 16th Apr)



PCR case positivity (10th Apr – 16th Apr): **1.0%**
(32 positive / 3,128 total)

7-day rate of Pillar 2 PCR tests per 100,000 by LSOA in Merton (14th Apr – 20th Apr)

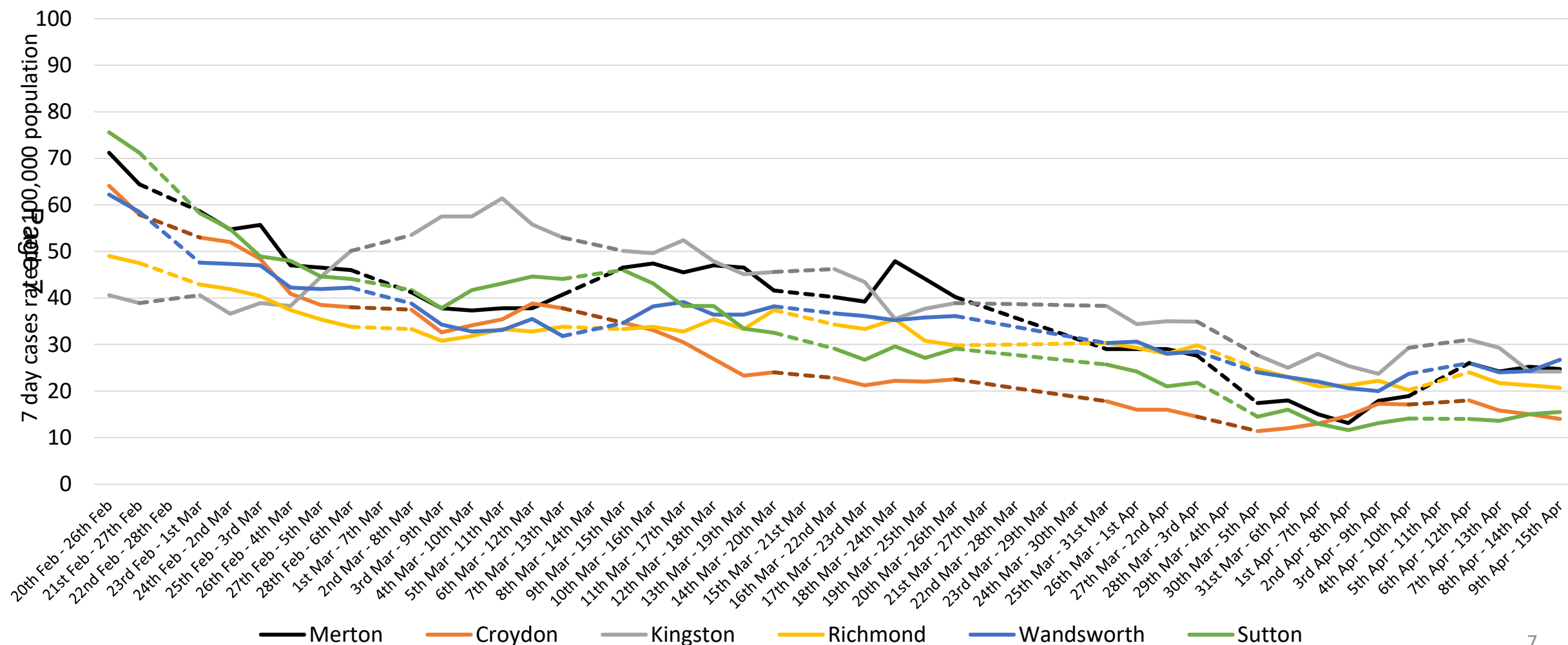


Rolling 7-day rate of confirmed positive cases per 100,000 population in Merton compared to other South West London boroughs (Pillar 1 & 2)

Source: PHE/PHEC Daily Report

Reporting frequency: Daily

Key message: Merton has the 2nd highest rate of cases among SWL boroughs



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

Reported COVID-19 outbreaks in Merton

26th April 2021

Source: Local Data and LCRC (London Coronavirus Response Cell)	New confirmed outbreaks locally		New confirmed outbreaks via LCRC	
	Current (15 th – 21 st Apr)	Previous (8 th – 14 th Apr)	Current (15 th – 21 st Apr)	Previous (8 th – 14 th Apr)
Schools and nurseries	0	0	0	0
Care homes	0	0	0	2
Care settings *	0	0	0	0
Workplace (LBM and non-LBM)	0	0	0	0
Homeless accommodation	0	0	0	0
Other	0	0	0	0

A note on the data

- Outbreaks reported **locally**:
 - No new outbreaks this week.
 - An outbreak is two or more confirmed cases *or* one case in care home or care setting.
- Outbreaks reported via **LCRC**:
 - We include LCRC data for comparison with other boroughs.
 - Includes *all reported situations* e.g. exposures, suspected cases, outbreaks.
 - Care homes includes all other care settings.
 - Only large school outbreaks reported.

* Supported living, sheltered living, extra care, day care and domiciliary care.

Number of deaths of Merton Residents by week of registration

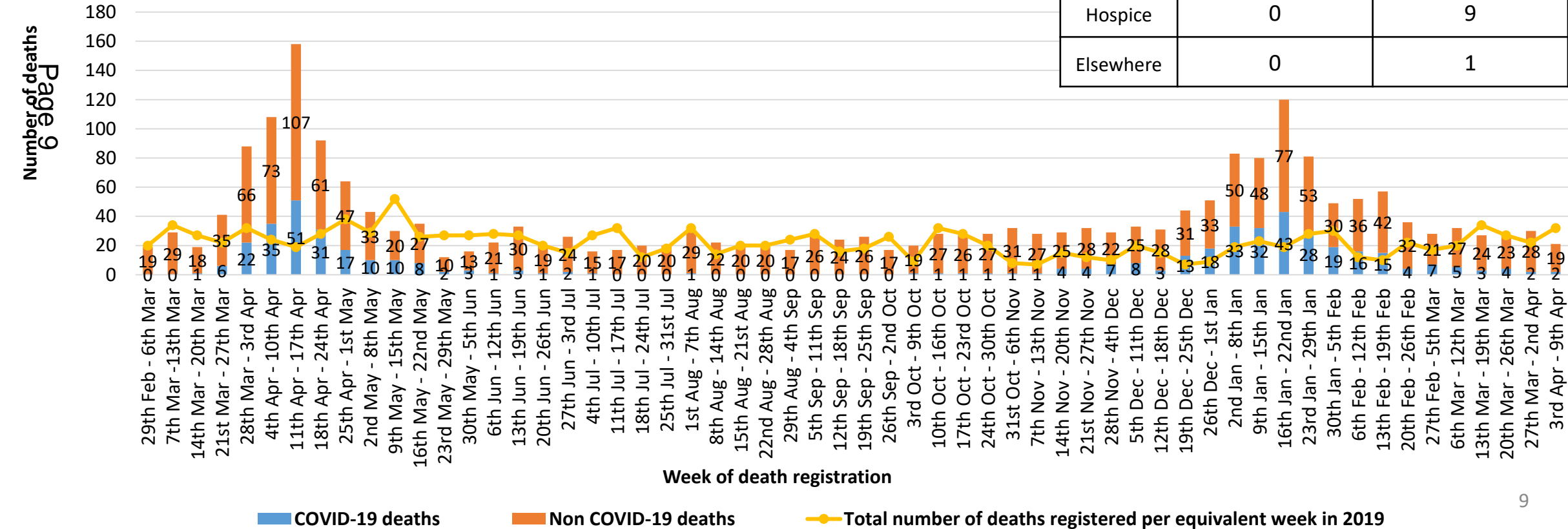
Source: ONS
Reporting frequency: Weekly

26th April 2021

Key messages

- 2 COVID-19 registered deaths in Merton residents for week ending 9th April.
- 481 cumulative registered COVID-19 deaths since the start of the pandemic.
- 48 of these (10%) have been in care homes. 373 (78%) have been in hospitals (Please note that hospital deaths may include care home residents).

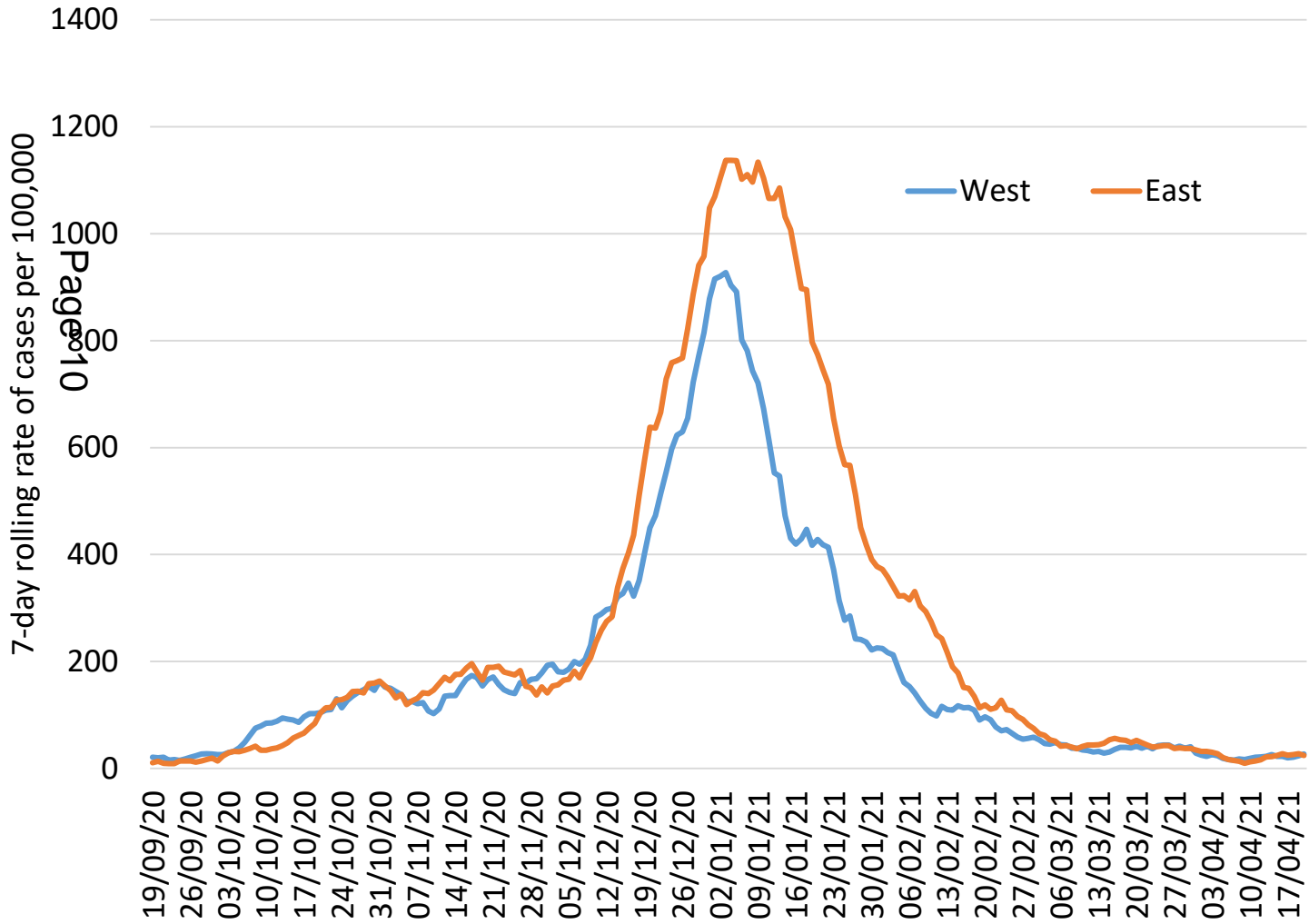
Cumulative number of COVID related registered deaths of Merton Residents (04.01.2020 – 09.04.2021)		481
Place of death	Number COVID deaths over last week (03.04.21 - 09.04.21)	Number COVID deaths cumulative (04.01.20 – 09.04.21)
Hospital	2	373
Care home	0	48
Home	0	50
Hospice	0	9
Elsewhere	0	1



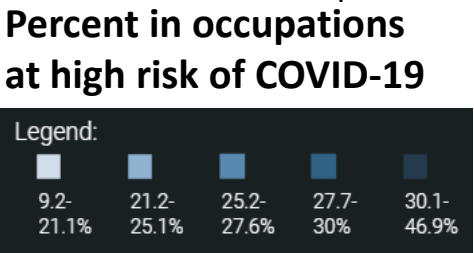
COVID-19 cases in East and West Merton

Source: LSAT daily line list
Reporting frequency: Daily

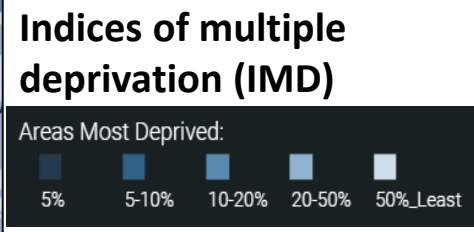
7-day rolling pillar 1 and 2 COVID-19 case rates per 100,000 in East and West Merton during 2nd wave (19th Sep – 10th Apr)



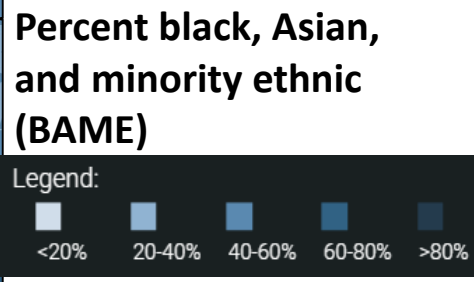
26th April 2021



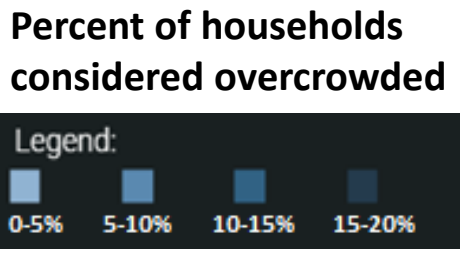
Source: 2011 census



Source: MHCLG 2019



Source: 2011 census

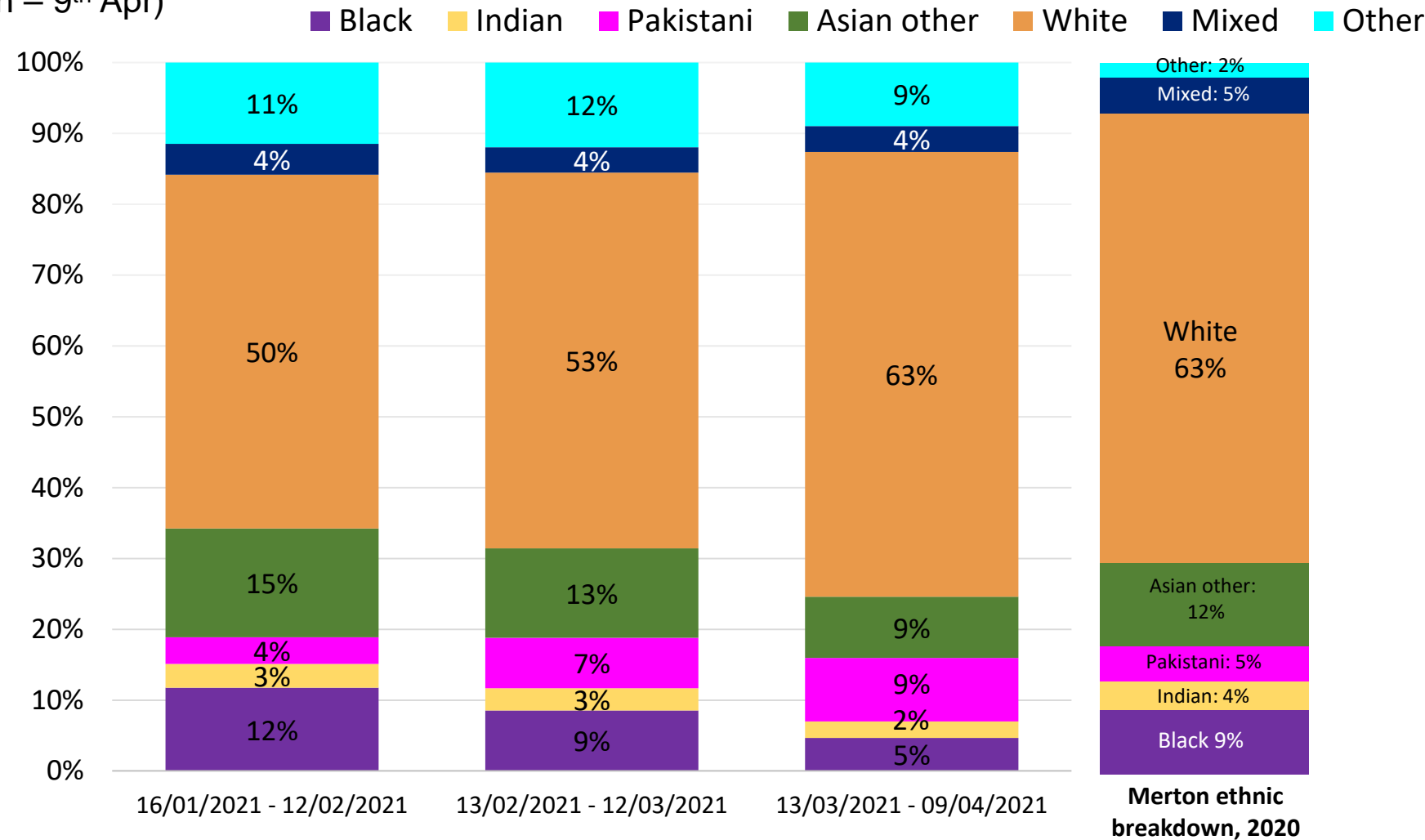


Source: 2011 census

COVID-19 positive cases in Merton by ethnicity (Pillar 2 PCR only)

26th April 2021

Pillar 2 PCR confirmed COVID-19 cases in Merton – breakdown by ethnicity compared to Merton ethnic profile over 4 week periods* (16th Jan – 9th Apr)



Please note:

- * Data excludes unknowns. Unknowns vary between 24%-32% of cases weekly.
- A large group of cases have listed as “other” ethnicity.
- Ethnicity is self-reported and PHE reports issues with the data.
- Caution should be taken for interpreting patterns across ethnicity as numbers in recent weeks are very small which can increase fluctuation
- Data shown is now 4 weekly due to low numbers and should not be compared to previous weeks when weekly data was used

Source: 2016 GLA housing-led population projections

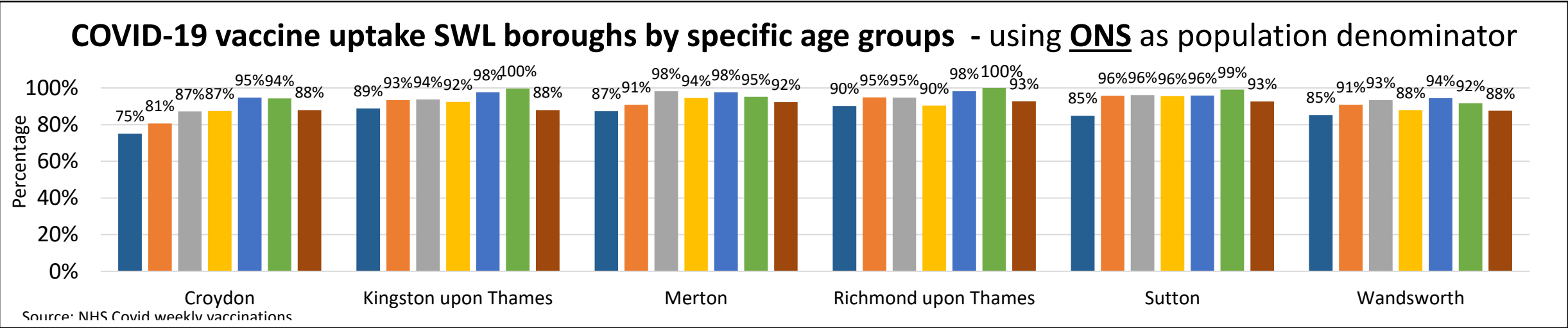
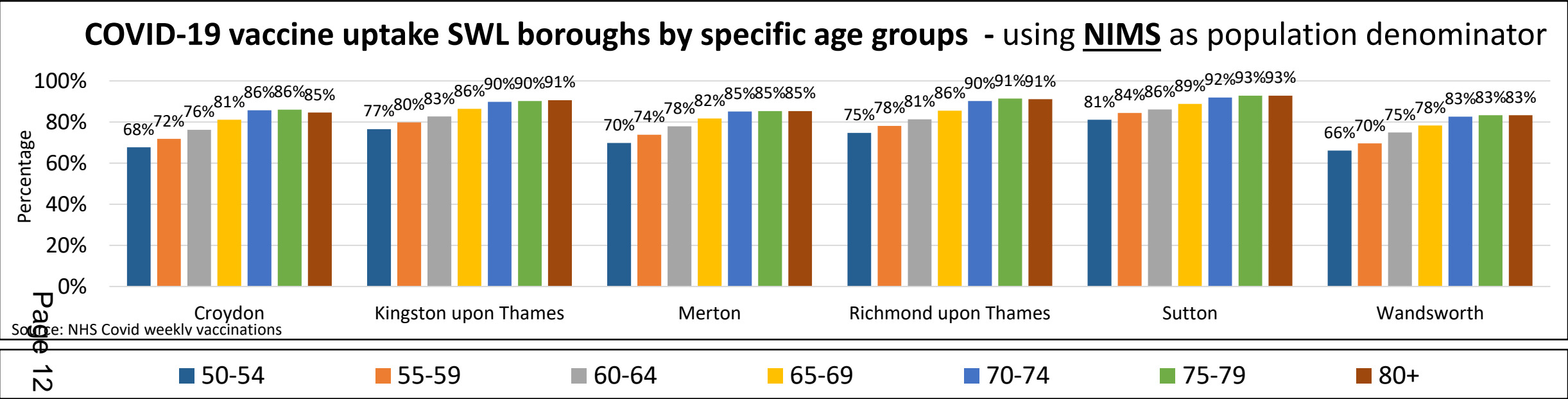
Source: PHE PowerBI

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COVID-19 vaccinations among SWL boroughs by specific age groups

26th April 2021

Note: NIMS and ONS population denominators (8th Dec – 11th Apr)



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.

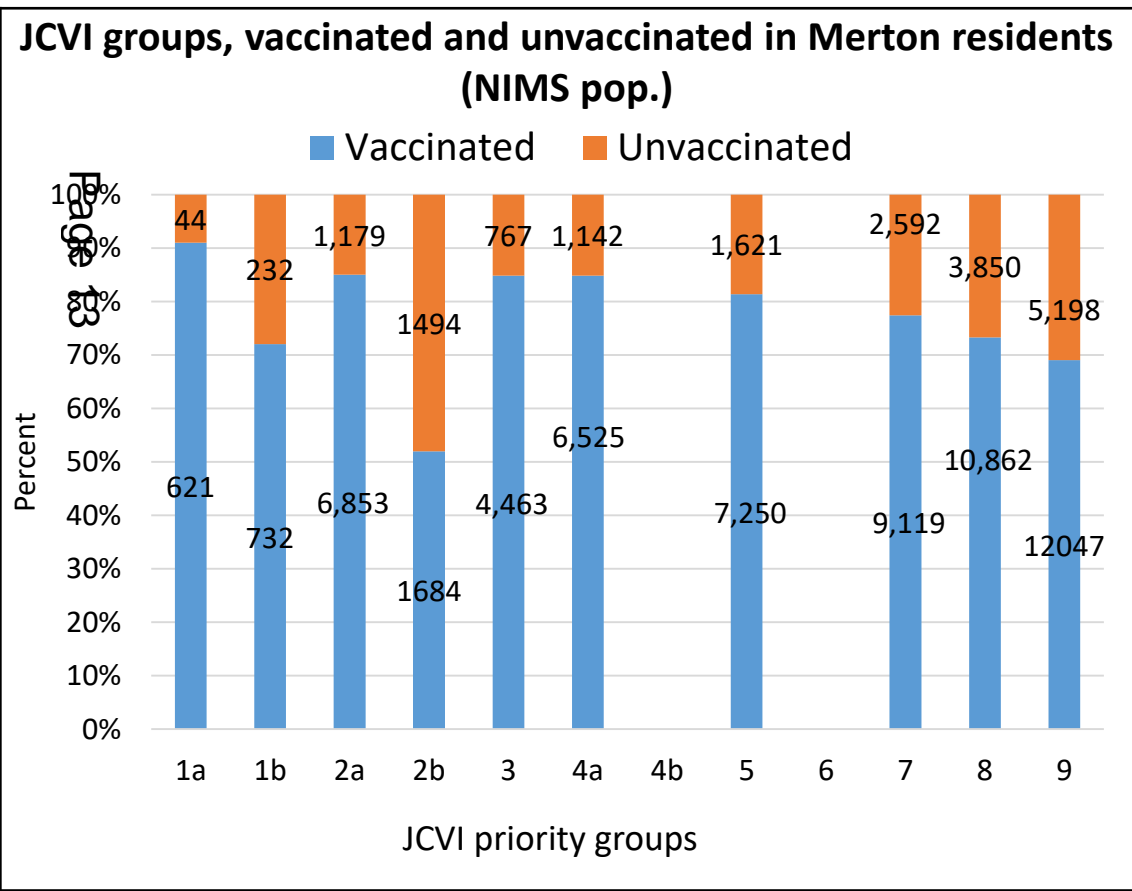
Merton age profile and JCVI priority groups vaccine uptake

26th April 2021

(data as of 11th Apr)

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.
- Capacity Tracker (CT) is self-reported from Merton care homes



Source: NHS COVID-19 vaccinations

JCVI priority groups 1-9	Number of Merton residents that have received 1 st dose	Percent uptake by JCVI group (NIMS pop.)	Percent uptake by JCVI group (ONS pop.)
1a. Older adult care home residents	621	93%*	93%*
1b. Older adult care home staff	732	76%*	76%*
2a. 80+	6,853	85%	92%
2b. (Frontline health and) social care workers**	1,684	53%*	53%*
3. 75-79	4,463	85%	95%
4a. 70-74	6,525	85%	98%
4b. Clinically extremely vulnerable	N/A***	N/A***	N/A***
5. 65-69	7,250	82%	94%
6. 16-64 with underlying health conditions	N/A***	N/A***	N/A***
7. 60-64	9,119	78%	98%
8. 55-59	10,862	74%	91%
9. 50-54	12,047	70%	87%

• Denominator population as reported via Capacity Tracker.
** Social care workers only, health workers not available at Merton level
*** Data not available to share yet

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Enquiries Ben.bezuidenhout@merton.gov.uk

COVID-19 vaccinations in Merton residents by ethnicity

26th April 2021

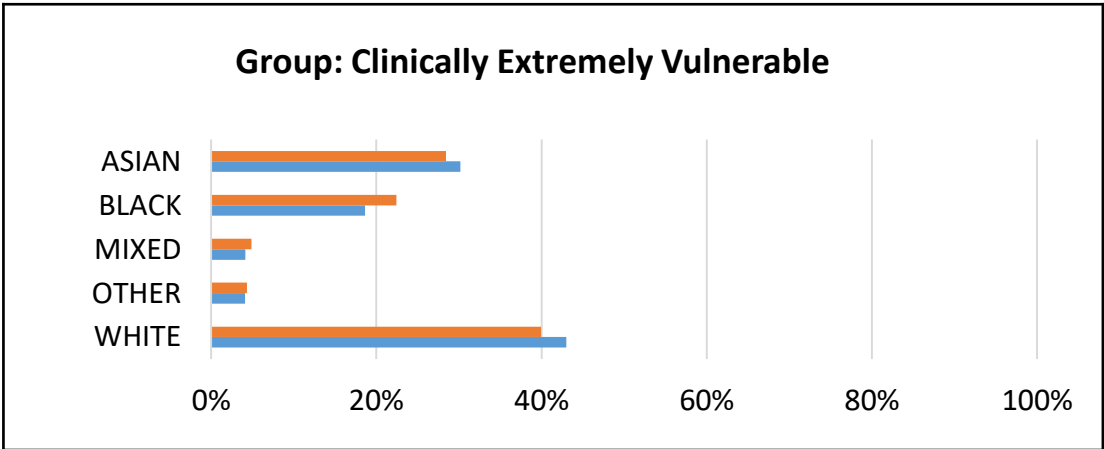
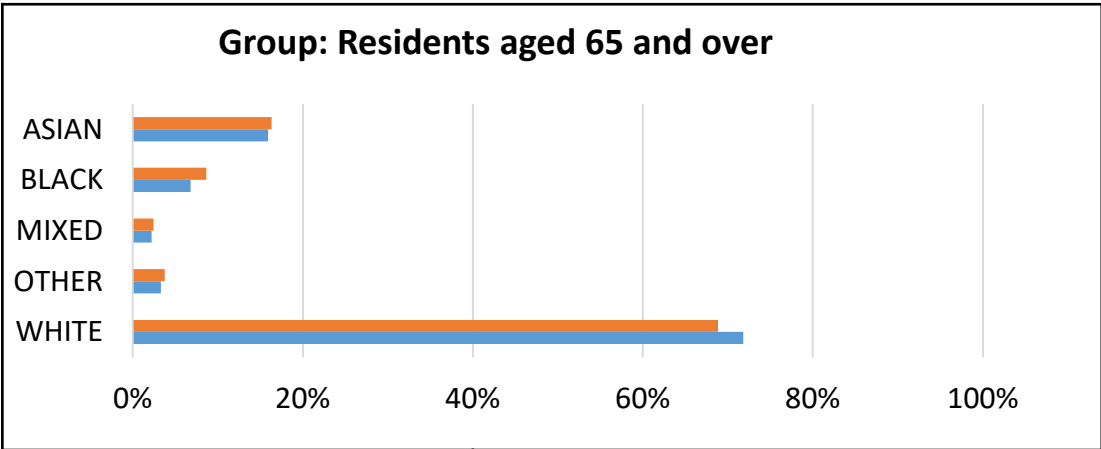
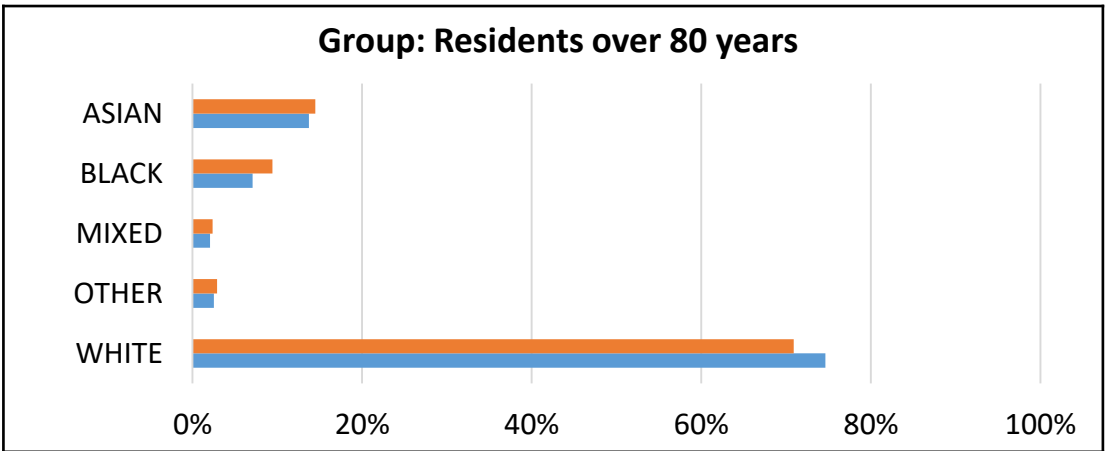
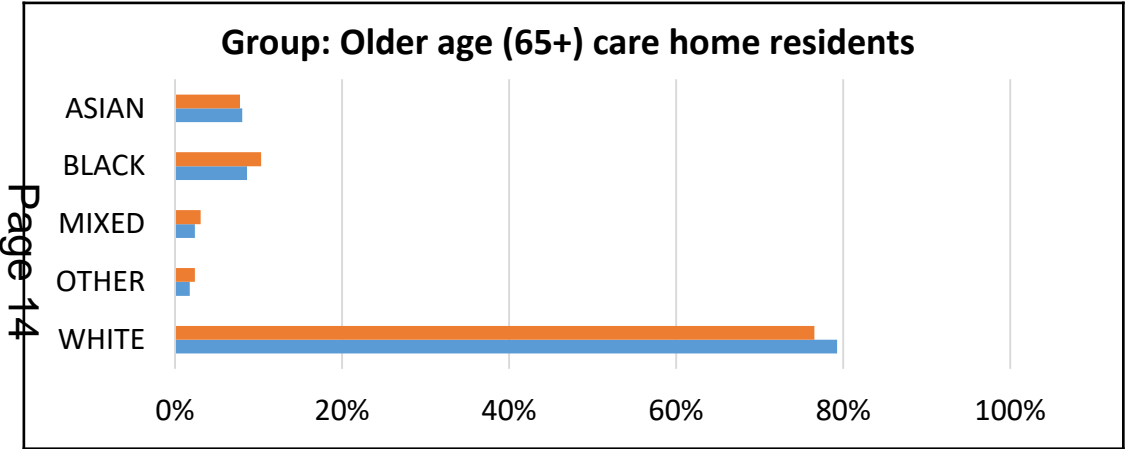
(8th Dec – 20th Apr)

Key messages

- Covid-19 vaccine 1st dose uptake has been higher in White ethnic groups and lower in Black ethnic groups compared to their general population.

Covid-19 vaccine uptake by ethnicity and JCVI cohorts

■ % of population ■ % of vaccinations 1st dose)



*JCVI is Joint Committee on Vaccination and Immunisation

COVID-19 vaccinations in Merton by MSOA (NIMS populations)

26th April 2021

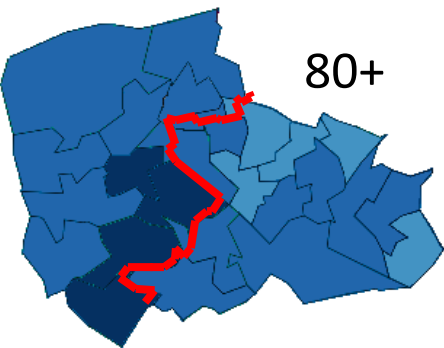
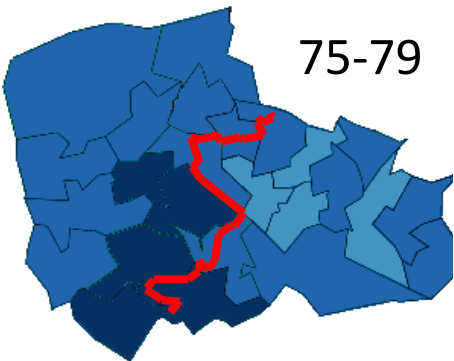
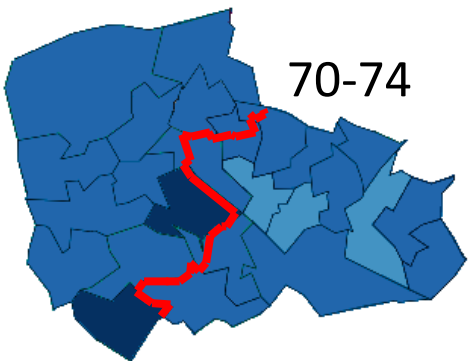
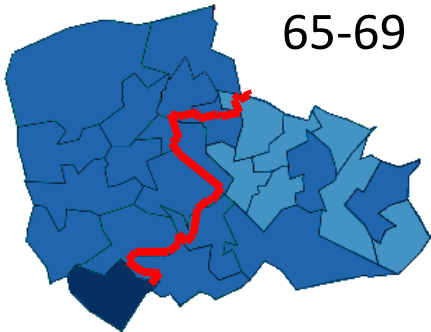
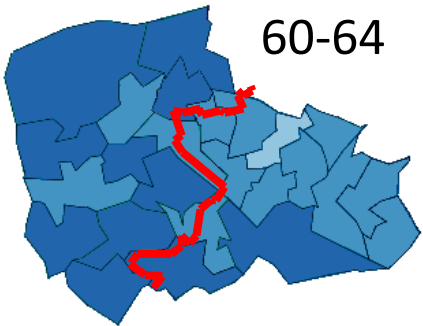
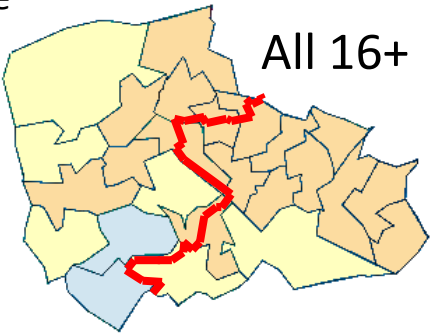
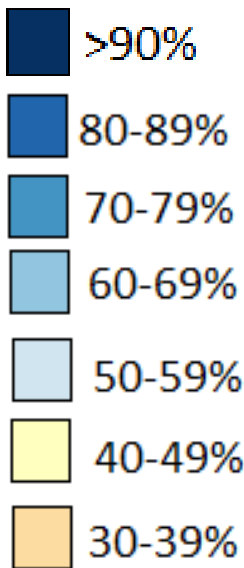
8th Dec – 11th Apr

Key message

- Among age groups 60 and over, vaccine uptake is higher in West Merton; which has lower levels of deprivation than East Merton.
- National Immunisation Management System (NIMS) populations are via NHS GP lists.

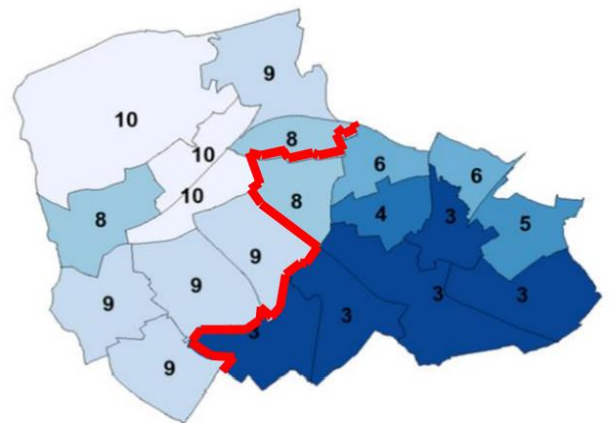
Percentage of Merton population by age group and MSOA that have received 1st dose of COVID-19 vaccination (as of 11th Apr)

Percent of MSOA population who have received 1st dose



Note: New population figures (for denominator) used. Current figures calculated using NIMS populations, rather than ONS population estimates used previously.

Merton index of Multiple Deprivation 2019 by decile



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South West London
Clinical Commissioning Group

NHS South West London Covid-19 Update

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Healthier Communities and Older People Overview and Scrutiny Panel
Monday 26 April 2021

Bringing together Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth



Agenda Item 6

Contents

1. An overview of the NHS South West London response to Covid

- Response to the pandemic and recovery

2. Covid updates from:

- Merton/NHS South West London CCG
- Epsom and St Helier University Hospitals NHS Trust
- St George's University Hospital NHS Foundation Trust
- South West London and St George's Mental Health Trust

3. Questions



An overview of NHS South West London Covid response & recovery

Mark Creelman
Locality Executive Director (Merton and Wandsworth)
NHS South West London CCG



Overview of South West London Response

- NHS South West London CCG plays an important role in leading and co-ordinating the NHS response to the Covid-19 pandemic with our local authorities, care homes and voluntary sector, as well as delivering a successful vaccination programme since December 2020.
- In February 2020, the CCG on behalf of the South West London ICS, established the Gold Command Incident Control Room (ICR) for the NHS in South West London following NHS England declaring a level 4 incident.
- Operational seven days a week, ICR Gold reported directly into NHS England and brought NHS organisations together every day to review our response to Covid-19 and resolve issues that arose so that patients received the very best care and that frontline staff were strongly supported.
- In order to co-ordinate the response across South West London, the Incident Control Room (ICR) was established supported by seven expert Incident Control Cells.



Responding to the first wave

- From the start of the outbreak of Covid-19, we saw how quickly and easily the virus spread from one person to the next.
- Following national guidance the NHS made a number of temporary changes to help hospitals respond to the demands and challenges created by the pandemic, to care for the growing number of people needing urgent Covid treatment and to keep our health and care staff safe.
- We focused on shifting away from face to face appointments towards digital and telephone approaches, as well as a risk based approach to providing diagnostics and testing during the height of the pandemic. We followed national and regional standards to ensure the safety of patients, their families our staff.
- Decisions on these changes were made through the ICS and overseen by our senior clinicians to ensure that the impact on patient care was comprehensively considered.
- We wrote to SWL OSCs, SWL and Surrey JHOSC, and other stakeholders to explain the detail and rationale behind these emergency service changes. The letter is published on our [CCG website](#). We also presented at the July 2020 meeting of the SWL and Surrey JHOSC.



Responding to the first wave: some examples of our SWL response

- **Primary care.** Practices adapted to deliver most care through remote consultations either by telephone or video consultations, continuing face-to-face consultations where needed and are doing more home visits than ever before, working hard to avoid all unnecessary hospital admissions or journeys to A&E.
- **Keeping high-risk patients out of hospital.** Worked to increase care and support for more patients with higher health needs in community setting for example, improved access to video conferencing in care homes in South West London and ensured they had the right equipment to care for their vulnerable residents. South West London Palliative Care Task and Finish Sub Group supported GPs, hospices and community health staff, worked with vulnerable members of our community and their families to provide them with the advice and clinical support, around hospital admission.
- **Mental Health Emergency Services.** South West London and St George's Mental Health NHS Trust opened a new emergency service for patients with primary mental health problems who would otherwise have had to go to A&E. The Orchid Mental Health Emergency Service (MHES) based at Springfield University Hospital was set up as an alternative to acute hospital Emergency Departments, enabling patients to attend a dedicated MHES set up specifically for this purpose.



Responding to the first wave: some examples of our SWL response

- **Children and Young People's Mental Health.** Maintained business usual approach adapting services with the use of technology, for example rolling out an outline counselling service called 'Kooth' for anyone between 11 and 22 years old, launching a website providing details of where children and young people can access additional support and delivering online workshops.
- **Protecting our staff.** Established robust testing procedures for staff and worked hard to make sure staff had the right protective equipment at the right time. 'SWL Supply Cell' worked hard across health and care organisations locally and with national suppliers to make sure we addressed any shortfalls with PPE as quickly as possible. Risk assessments were undertaken for all NHS staff with a particular focus and priority on those who may be most affected by the pandemic for example those from an ethnic minority background, older staff, pregnant staff or those with a long term or chronic condition.
- **Increasing our workforce.** we were able to expand our South West London workforce working with the London Workforce Hub and South West London NHS Providers, welcoming people who had retired or who had moved to other sectors back to the NHS, with medical students and volunteers further increasing our numbers.



Recovery and responding to the second wave.

- As the first wave ended, we moved into the recovery phase of the pandemic establishing a South West London Recovery Board which focused on bringing back non-covid patients to the NHS for treatment as quickly as possible, as well as ensuring that services were prepared for a second wave.
- The South West London Recovery Board was set up to be supported by eight programmes of work. Each of these programmes brought together health and care professionals and managers from across our integrated care system who are experts in their field.
- In addition to focussing on the need for hospitals and primary care to restart safely, we were particularly concerned with those groups of patients who had not been seeking health advice and support during the first wave, and understanding why Covid-19 had disproportionately affected people from Black, Asian and ethnic minority groups, and those from more deprived areas.



Recovery and responding to the second wave:

Increasing planned care

- We developed 15 elective recovery clinical networks, each led jointly by acute and primary care clinicians. These clinical networks were originally set up to support restarting elective surgical operations and treatments, enabling our hospitals to work together to manage those patients whose operations had been put on hold and most urgently needed care.
- The networks helped develop a comprehensive system-wide plan for South West London and NHS hospitals to identify patient groups by specific health conditions and treatments who should be prioritised for treatment. All our hospitals were involved in this work to make sure that we used all our available resources and capacity in South West London fairly for everyone.
- Despite the added challenges the pandemic brought, by November 2020 our four acute hospitals were able to carry out 90% of the planned surgical procedures we would have done at the same time the previous year.
- St George's Hospital has been on stand-by to open additional intensive care unit beds for extremely sick patients with Covid-19. To help them do this, Croydon, Kingston, St Helier and Epsom hospitals stepped-up specialty planned surgery. St George's has continued to carry out a high proportion of complex planned surgery on site, and hundreds of patients under their care have successfully had their treatment at neighbouring Croydon and Kingston Hospitals.



Recovery and responding to the second wave

- Despite being better prepared and more experienced, the second wave was still a challenge, with this second surge in cases adding to existing winter pressures. Our health and care staff worked incredibly hard to support local communities with the pressures of winter, Covid-19 and recovering from delayed care during the first wave of the pandemic.
- Every coronavirus patient in South West London, and in England, needing hospital care, including ventilation has been able to receive it. This has been possible because of the remarkable commitment and flexibility of health and care staff, clinical expertise, strong leadership as well the public's commitment to 'social distancing'.
- The most extraordinary year the NHS has ever faced has made us more innovative as well as more collaborative. We have seen what the NHS, local authorities and our communities can do when we work together in the most testing period in our recent history. We are eager to ensure that this way of working is 'hard-wired' in our future working beyond the pandemic.
- From December 2020, we have also been delivering the Covid-19 vaccine programme and have now delivered 811, 066 vaccinations across South West London including nearly 609,478 first doses (NHS England data 22 April 2021)



Merton/NHS South West London CCG Covid Update

Mark Creelman

Locality Executive Director (Merton and Wandsworth)

NHS South West London CCG



Virtual Ward (The Enhanced Discharged to Assess)

- New model built off existing foundations: Discharge to Assess Team (D2A) established during wave 1 was used as a model for the proposed COVID virtual wards
- They offer multi-disciplinary support to the current Discharge to Assess team, screening/triage and care intervention for people identified as able to return home (i.e. medically stable) but requiring some additional medical monitoring in addition to support from health and/or social care.
- To meet the increased patient acuity being discharged and to provide integrated equitable care across the community, SGH and CLCH decided that this new Enhanced Discharge to Assess team (ED2A) would be incorporated with the current D2A teams.
- The ED2A team would also be made up of staff who are knowledgeable of the current clinical and non-clinical support services in the community the patient would be discharged into, so they could signpost and get support if needed.
- In general patients will remain on the pathway for approximately 2 weeks with a view to transitioning to the appropriate business-as-usual community service once medically fit.



Enhanced D2A – measurable outcomes

- 16 multidisciplinary rounds and 58 patients discussed between 13/01 and 25/02 including complex cases
- *18 bed days saved across 2 wards, potential for *312 bed days saved per quarter (*conservative estimate assuming only one bed day saved per patient across 13 of the 26 wards at SGH)
- 10 patients identified where further action would have had the potential avoid readmission
- Creating opportunity for learning and identification of good practice and issues that need to be addressed – e.g. unsafe discharges
- Signposting to relevant services and support



Temporary Discharge Destinations

- The aim of the TADD service was to respond to the DHSC guidance, and in doing so: to offer South West London (SWL) registered GP patients and those residing in the boroughs not registered with a GP an alternative discharge destination at the point of discharge from hospital to complete the period of isolation required when the patient has Covid -19 positive (+ve) status.
- In Merton, Link House and Sutton court were commissioned as the TADDs offering 13 and 11 beds respectively.
- The aim is 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 carers

To enable patients to maintain good outcomes and to add value to the patients recovery, Therapy services have been commissioned currently via CLCH to provide 5 days therapy cover.



Covid Vaccination Programme

- Programme started in December working with our local Merton Federation, Primary Care Networks (PCNs) and Practices to establish 2 local vaccinations sites
 - The Wilson
 - The Nelson
- Focus on the JCVI cohorts 1-9 from December to April, and then moving to Phase 2 which is the cohorts 10 -12 (over 18s)
- Also have 2 local larger mass vaccination sites
 - Centre Court
 - AFC Wimbledon
- Programme of Communication and Engagement across the borough
 - Engagement through local conversations, with local health care professionals and champions
 - Delivering sessions at existing meetings and setting up dedicated meetings where appropriate. Arranging for interpreters where necessary. We are delivering key facts about the vaccine, followed by a Q&A session;
 - With local community and voluntary organisations
 - With Community Response Hub advisers
 - With staff and volunteers of local community and voluntary organisation

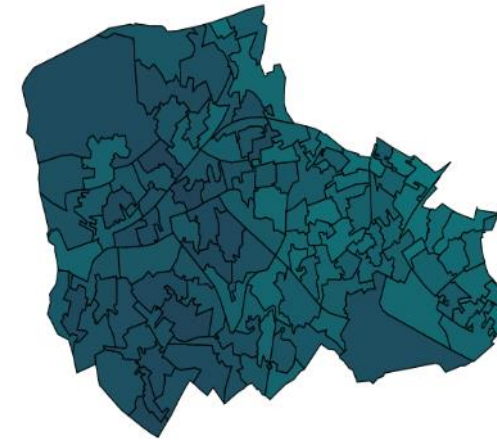


Merton Borough Data – published 13 April 2021

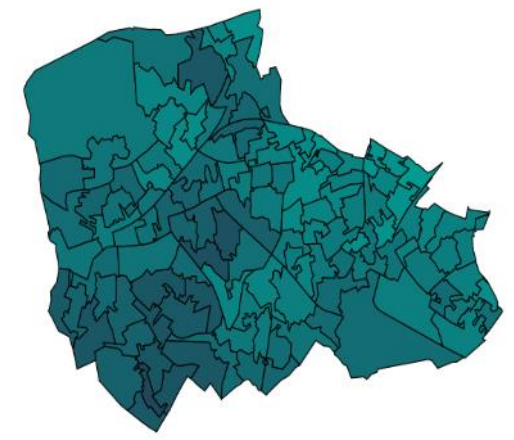
Vaccination Cohort	Distinct Patients	Vaccinations (First)	% Vaccinated (First)	Vaccinations (Second)	% Vaccinated (Second)
02. 80+	7,190	6,087	84.7%	3,822	53.2%
03. 75-79	4,729	4,018	85.0%	1,664	35.2%
04a. 70-74	6,617	5,583	84.4%	1,668	25.2%
04b. Clinically Extremely Vulnerable	6,967	5,501	79.0%	902	12.9%
05. 65-69	7,069	5,706	80.7%	748	10.6%
07. 60-64	9,316	7,215	77.4%	621	6.7%
08. 55-59	11,781	8,635	73.3%	748	6.3%
09. 50-54	13,774	8,617	62.6%	672	4.9%
Total	67,443	51,362	76.2%	10,845	16.1%

Electoral Ward	02. 80+	03. 75-79	04a. 70-74	04b. Clinically Extremely Vulnerable	05. 65-69	07. 60-64	08. 55-59	09. 50-54	Total
Abbey	80.8%	86.4%	85.7%	81.5%	82.2%	73.0%	74.6%	63.2%	75.4%
Cannon Hill	90.9%	87.8%	89.5%	81.9%	86.8%	84.6%	84.8%	71.1%	84.1%
Colliers Wood	76.2%	84.4%	82.5%	77.8%	72.2%	67.8%	65.5%	58.2%	70.2%
Cricket Green	83.5%	82.4%	83.1%	78.2%	76.1%	79.3%	70.3%	62.2%	75.1%
Dundonald	93.1%	88.7%	87.8%	87.0%	84.2%	81.8%	80.0%	64.9%	80.3%
Figge's Marsh	80.6%	80.7%	80.1%	76.1%	75.9%	71.3%	64.6%	58.9%	71.3%
Graveney	77.7%	79.9%	81.4%	75.4%	73.2%	69.4%	65.4%	58.0%	70.3%
Hillside	87.8%	88.4%	85.5%	78.5%	83.3%	74.9%	67.2%	50.5%	73.4%
Lavender Fields	78.3%	73.2%	77.6%	79.6%	75.1%	70.3%	68.2%	57.3%	70.1%
Longthornton	75.3%	79.0%	78.2%	74.0%	77.5%	72.6%	65.3%	56.7%	70.3%
Lower Morden	91.7%	88.8%	91.2%	84.9%	86.9%	88.2%	84.2%	76.9%	85.9%
Merton Park	88.7%	88.9%	88.0%	84.4%	84.9%	85.0%	83.4%	67.6%	82.4%
Pollards Hill	80.6%	82.4%	80.0%	72.6%	79.1%	71.3%	69.1%	54.9%	71.2%
Ravensbury	84.5%	84.8%	82.9%	80.9%	81.2%	76.4%	76.2%	60.8%	76.5%
Raynes Park	84.5%	87.2%	88.1%	79.5%	86.1%	78.2%	73.5%	65.2%	77.7%
St Helier	88.1%	90.7%	81.8%	83.1%	82.0%	84.1%	73.5%	66.8%	79.0%
Trinity	86.9%	82.9%	86.1%	76.9%	82.6%	81.7%	70.6%	57.9%	74.7%
Village	86.1%	89.7%	83.8%	85.5%	81.4%	79.7%	69.1%	61.0%	76.8%
West Barnes	86.2%	86.7%	87.1%	86.3%	83.9%	77.9%	78.2%	68.1%	79.7%
Wimbledon Park	87.5%	86.4%	88.3%	84.0%	83.7%	81.3%	79.9%	70.5%	80.3%
Total	84.7%	85.2%	84.7%	79.3%	80.9%	77.4%	73.4%	62.8%	76.3%

JCVI Cohort 1 to 4 Vaccinations / 10k Population



JCVI Cohort 5 to 9 Vaccinations / 10k Population



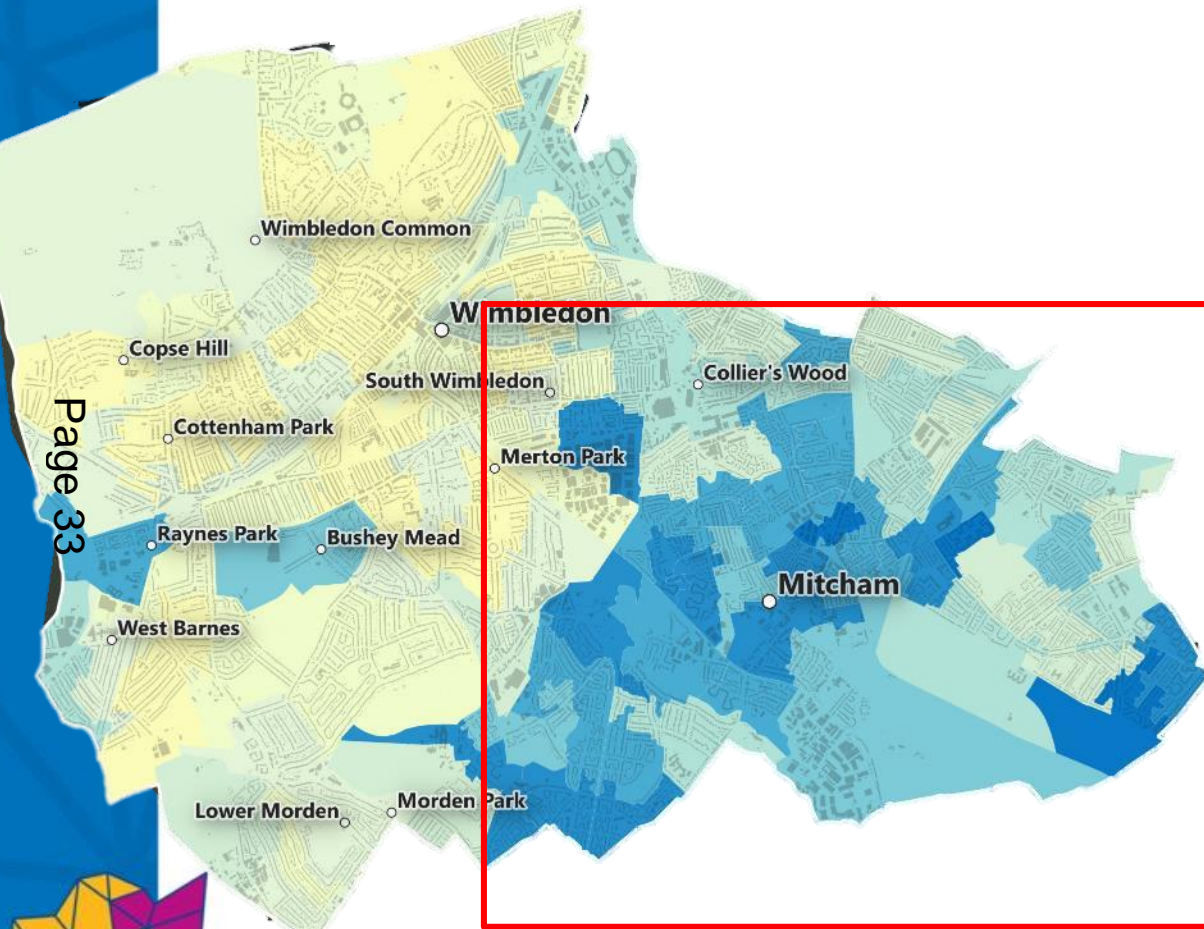
Map cohorts

Phase 1a – priority groups 1 to 4 – this includes people over 70 and those who are clinically extremely vulnerable. Care home residents are not included in these figures.

Phase 1b – priority groups 5 to 9 – this includes the age groups 50-69.

Areas and populations of interest

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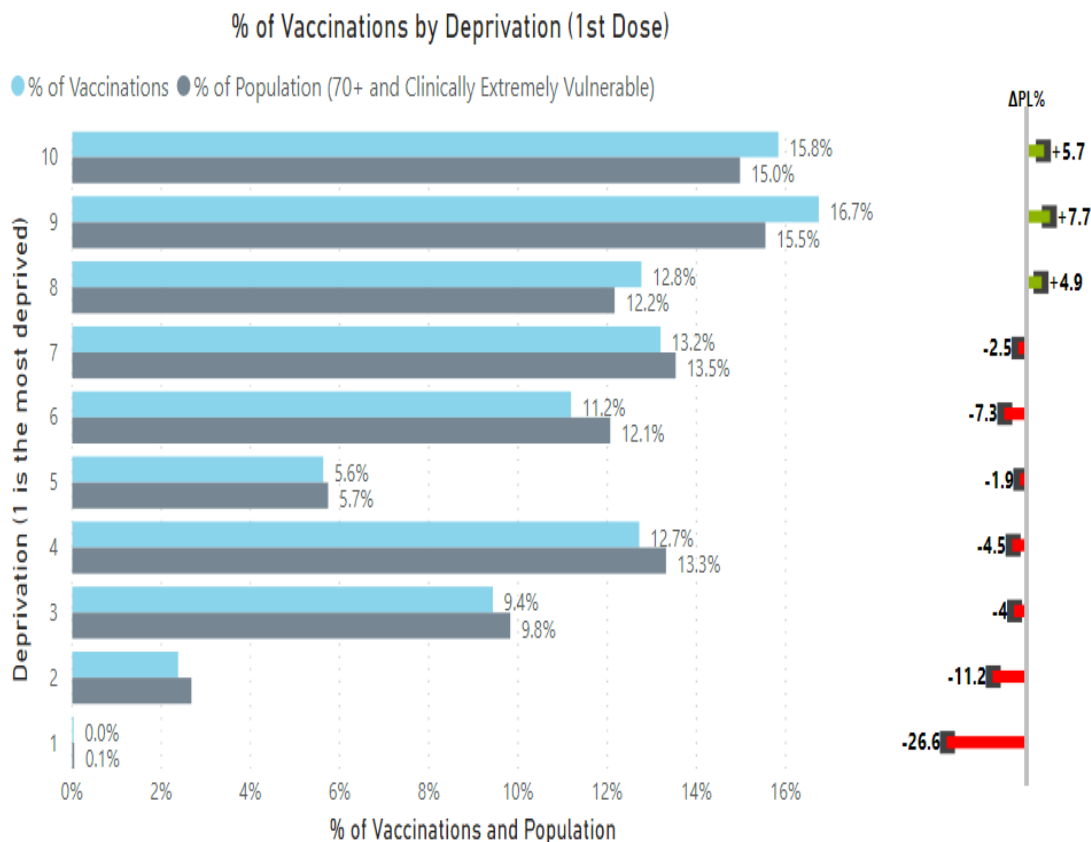


Source: English Indices of Deprivation
<https://imd2019.group.shef.ac.uk/> last accessed 10/09/2020

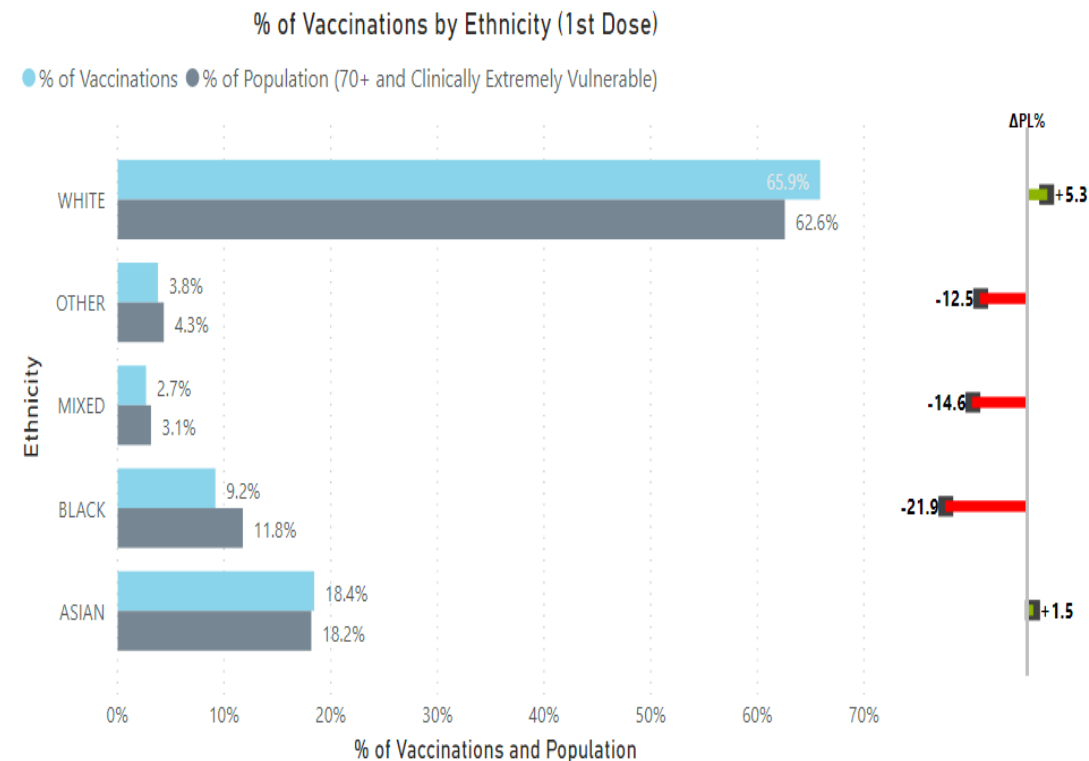
Merton has an estimated population of 211,787 residents. Significant social inequalities exist within Merton. The eastern half has a younger, poorer and more ethnically mixed population, with more areas of high deprivation. The western half is whiter, older, and richer.

Populations of interest	<ul style="list-style-type: none">Communities in areas of deprivationCommunities with Ghanaian, Polish, Somali, Tamil, Gypsy, Roma and Traveller backgrounds
Focus wards	<ul style="list-style-type: none">East Merton; esp. Figges Marsh, Pollards Hill, Lavender Fields, St Helier.Gypsy, Roma and Traveller population in Wimbledon Park.





The graph above shows us that the higher the level of deprivation the lower the uptake at this stage in the programme. People in the top three deciles (most affluent) are more likely to have taken up the offer of the vaccine and those in the bottom four deciles are less likely to have taken up the offer of a vaccine.



As can be seen from the graph above, the uptake in the vaccination programme from White and Asian communities is higher than expected levels when compared to the population. Black communities are under-represented in the numbers who have been vaccinated:

At this stage in the programme this represents a variance of:

- White residents are **5.3%** over-represented.
- Asian residents are **1.5%** over-represented.
- Black residents are **21.9%** under-represented.

What we know about vaccination uptake

Key barriers to vaccine uptake:

- Practical and other access factors
- Safety concerns
- Not wanting to be first
- Low perceived personal risk
- Fear and mistrust
- Misinformation

Key facilitators to vaccine uptake:

- ✓ Making appointments easy and convenient
- ✓ Making local access easier
- ✓ Increasing awareness and drivers of motivation
- ✓ Increasing confidence in vaccination
- ✓ Addressing low trust
- ✓ Outreach models targeting under-served groups

Population groups less likely to be vaccinated:

- Younger age groups
- Some BAME groups
- People living in more deprived areas
- Health and care staff
- Inclusion health groups

Vaccination uptake in Merton

- Now over 90% in over 70s group
- Most and least deprived areas in Borough have lower uptake
- White and Asian communities are over-represented while Black communities are under-represented
- Those less likely to be vaccinated include: Communities with Ghanaian, Polish, Somali, Tamil people; Gypsy, Roma and Traveller population

Building confidence: community engagement approach

- We continue to engage with our local communities to give people the chance to ask local experts about the vaccine so that they can make informed decisions and we can understand any concerns they may have.
- To date we have delivered 46 community conversations reaching approximately 1064 Merton residents.
- We have worked with community and voluntary groups, partners, and healthcare professionals to deliver these sessions and reach our local and diverse communities.
- In the past couple of weeks, we have held community conversations with Merton and Wandsworth Link Workers and Social Prescribers, the COVID-19 Community Champions, and the Merton Patient Engagement Group. Following the guidance change regarding the AZ Vaccine, we delivered specific sessions with the COVID-19 Community Champions addressing this topic.
- More information about our local engagement activities can be found on the South West London CCG website here: [Merton Communications and Engagement Plan](#).



Building confidence: examples of virtual engagement

Engagement sessions with community groups

Merton Ethnic Minority Centre



Sunshine Recovery Cafe



Wimbledon Guild



Q&A sessions with local clinicians

Covid-19 vaccination: your questions answered

Everything you want to know about the Covid-19 vaccination, but were too afraid to ask!

Sunday 31st January, 5:30pm

Hear from your local experts in the field, who are planning and delivering the vaccination programme in Merton.

Expert Panel:

Dr Vasa Gnanaprasam
GP Borough Lead in Merton

Dr Mohan Sekeram
East Merton locality lead

Dr Mohammed Saqib Ayub
GP, Colliers Wood Surgery

Sedina Agama
Associate director of medications optimisation in Merton

Dr Aditi Shah
West Merton locality lead

Dr Adil Siddiqui
GP, Riverhouse Surgery, Wimbledon

Facilitated by:

Aman Nathan
Patient and Public Engagement Manager, NHS Merton

Ben Tunstall
Communications Manager, NHS Merton

Register in advance for this meeting via the following eventbrite link or by emailing mertonccg.getinvolved@swlondon.nhs.uk:
<https://www.eventbrite.co.uk/x/covid-19-vaccination-your-questions-answered-tickets-138287596925>

Community workshops

Tuesday 19 January, 10am to 12pm
Staying well with NHS Merton & the Covid 19 vaccine - your questions answered!

with Amanveer Nathan, Merton's Patient & Public Engagement Manager, South West London Clinical Commissioning Group, Dr Vasa Gnanaprasam, GP Borough Lead for Merton, Fiona White, Quality Assurance Manager and Nurse Consultant, Kate Forrest, Senior Occupational Therapist in Merton's Learning Disability Team & Vanessa Ashman, Head of the Community LD Nurses Team.

- What questions would YOU like to ask the people running the vaccination programme in Merton?
- What advice would YOU like to share on the best way to safely vaccinate YOUR relative with a learning disability or autism?

Dr Vasa Gnanaprasam & Fiona White will be available to answer questions you may have about the Covid 19 vaccine & specialists from the LD Team, Kate Forrest & Vanessa Ashman will be on hand to give their views too!

Plus, the CCG are keen to understand the impacts of the pandemic on local people & want to hear your views & experiences on healthcare access with the local NHS. Don't miss this opportunity to hear more about the vaccination programme, to ask your questions & to explain to the professionals & clinicians your thoughts on any adjustments you think will be necessary to safely & successfully vaccinate people with a learning disability & autism in Merton.

Joint session with Adults First, Kids First & Talk Autism



Community Outreach Vaccination Programme

A significant programme of community outreach and pop up events has taken place to target those areas with lower uptake rates, and those areas identified where additional local events will support the local communities to access the vaccination

These events include locations such as:

- Morden Mosque
- The Baitul Futuh mosque
- Darul Amaan Mosque
- Wimbledon Mosque
- Hail Place
- Wimbledon Temple
- St Marks Church
- Salvation Army
- New Horizon Centre, Mitcham

Outreach events have taken place to target the following populations:

- Homeless Patients
- Sex workers
- Asylum Seekers
- Women currently residing in refuges
- Travelling communities



How are we ensuring equity across Merton?

There are four key priorities in our plan to increase equity in the delivery of the vaccine programme across Merton.

Priority 1: Reducing barriers to access - Make access to vaccination as easy and convenient as possible

- Individualised delivery plan for each under-served community, On-going community dialogue and investing in VCS providers to help engage under-served groups with short surveys to residents and staff to seek developing views on delivery.
- Delivery of The Wilson as a vaccination centre and pop-up vaccination, e.g. in faith settings, for those experiencing homelessness. Asylum seekers and Sex workers are signposted via leaflets, word of mouth, WhatsApp referrals in collaboration with Voluntary organisations. Planning for community pharmacy vaccination.
- Opportunity for COVID Confident Conversations / Making Every Contact Count - raising vaccination, signposting or offering and opportunistically giving, the vaccination.
- Community conversations with adult education providers providing courses are planned with training to VCS, Community Champions and other local leaders.

Priority 2: Communication and Engagement - working with communities; taking a strength-based approach; co-production

- Partnership of *'No one left behind'* communications and engagement across SWL and as a core value in approach.
- Growing network of Covid-19 Community Champions
- Programme of work led by NHS SWL CCG with LBM, Healthwatch Merton and VCS to build confidence, address any concerns, manage expectations and increase uptake.



Priority 3: Partnerships, Governance and Resources - commitment to system working – recognising no one partner can achieve effective vaccine equity alone

- South West London: SWL ICS Vaccination Board and currently SWL LA COVID Vaccination Delivery Group and SWL Vaccination Under-served Groups
- Merton wide PCN / primary care led Vaccination Delivery Group with proposal for Merton Vaccination Planning/Steering Group to be established.
- Local system working led by Merton Health and Wellbeing Board (HWBB), Merton Health and Care Together (MHCT) and Merton HWBB Community Subgroup with focus on vaccine equity.
- Merton Borough Resilience Forum (BRF) agency partnership.
- COVID Community Champions network

Priority 4: Data, information and insight - evidence-based interventions; learning from data (qualitative and quantitative); transparency - sharing with the public

- Data is emerging and complex due to multiple local and national sources. The available data does not yet give everything we need to know but this does not prevent progress being made.
 - Ongoing data analysis by geography, deprivation and ethnicity, as well as by eligible cohort.



Epsom and St Helier NHS Trust Covid Update

**Dr James Marsh
Joint Medical Director
Epsom and St Helier University Hospitals NHS Trust**



Covid-19 and elective care update

Page 42
20th April 2021

Anne Brierley
Chief Operating Officer



Pictured: St George's ITU nurse Velinda Beran features in national Covid-19 campaign

Covid-19 - update

Anne Brierley, Chief Operating Officer

Covid-19

- From 1 December to 23 April, St George's has had 1,614 general/acute (G&A) inpatient admissions, and 508 into ITU. Most patients admitted into ITU are also counted in G&A data - but we did admit approximately 40% of Covid-19 positive patients direct into ITU.
- St George's was a Covid-19 ITU surge hub, which meant we doubled our normal ITU capacity to support south west London, as well as other parts of the Capital. We re-deployed circa 300 staff to support this effort.
- Our emergency care performance remained strong throughout this period, with only six (6) instances where an ambulance handover took just over an hour (in each case, the patient was safe and receiving appropriate care).
- Emergency care performance is currently in the region of 95% (% of patients seen, admitted or discharged within four hours of presenting). This is despite the fact that demand for emergency care increases week on week, and inevitably more so as lockdown restrictions ease.

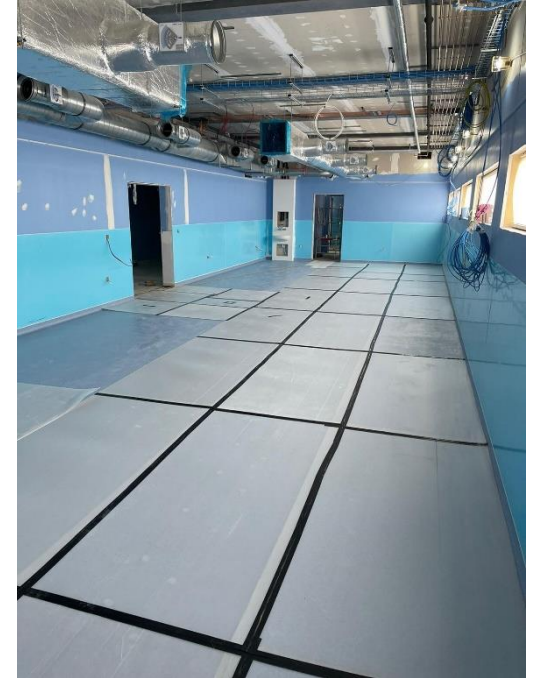
Positive outcomes

- Strong team-working across the Trust, with teams working collaboratively to meet the collective challenge presented by the pandemic.
- Positive, collaborative working with local health and social care partners to support safe and timely discharge of inpatients; so enabling us to build inpatient capacity to meet the needs of patients who were presenting to the Emergency Department with acute needs

Elective recovery

Anne Brierley, Chief Operating Officer

- We sustained timely treatment of all cancer and non-cancer patients on elective pathways who were clinically listed as priority 1 (treat within 72 hours) and priority 2 (treat within 28 days) throughout this period
- For context, St George's receives in the region of 3,800 elective referrals every week
- We have an ambitious plan in place to recover and boost our routine outpatient and elective activity – this involves aiming to reduce the number of people waiting 52+ weeks by a third (1/3) by the end of June (a reduction of 4,282 patients to 2,828 patients). Our aim is to fully recover our routine elective waiting times during 2021/22
- We have commissioned four modular day surgery theatres to be installed on the Queen Mary's Hospital site (pictured), which will be up and running during May, and will help all acute hospitals in south west London with their elective recovery programmes.
- We are working together with our partner acute hospitals in south west London to reduce waiting times for routine procedures for local communities



Trust update SWLSTG Mental Health NHS Trust

Vanessa Ford, Chief Executive
South West London and St George's Mental Health NHS Trust

Responding to Covid-19

- We continued to provide all services throughout the second wave via a blend of face-to-face, phone and virtual consultations
- Investment in digital: thousands of virtual assessments and appointments delivered through our digital platform *Attend Anywhere*
- Appointments in key services continued to be made available face-to-face in Covid-secure settings
- Launched Orchid Emergency Service in March 2020 as an alternative to A&E
- Facilitated visitors at all times, in a covid secure way
- Wellbeing support for staff including extended Trust 24/7 Mental Health Support Line and 24/7 advice line



Recovering our services

- Broadly, demand for services is back at pre pandemic levels, although significantly increased referrals for acute and urgent care and CAMHS
- Building on what we have learnt: continuing to offer choice in how patients are seen, including face-to-face, phone and virtual services
- Within community services we are aware of the impact of waiting times on patients - our community transformation programme looks to address this
- Our successful emergency service will be enhanced through our mobile Coral Mental Health Crisis Hub
- Those with a severe mental illness receive full physical health checks



IPC, testing and vaccination

- Dedicated lead for Infection Prevention and Control (IPC) overseeing implementation of guidance and regular communications to patients and staff
- Covid-19 symptom screening and temperature checks on or pre-admission and daily for patients
- Staff offer support and encouragement for patients to receive a Covid vaccination and PCR test for new variant
- Twice weekly Covid-19 self-swab test programme for all patient-facing staff and testing for staff/household via local NHS hospitals
- Vulnerable and shielding staff offered vaccination early. Vaccinations for all staff began on 11 January. Currently 82% of our staff have been vaccinated



Preventing mental ill-health



Partnering in a new mental ill-health prevention and recovery programme to tackle the psychological fall out of Covid-19



Collaboration between Local Authorities, local NHS, Commissioners and community groups across SWL



Working to develop and **action plan** to promote and protect mental health



Began with a Listening campaign South London Listens which gathered nearly 6,000 **testimonies** from November-April



Issue and coproduction workshops taking place April-May to **develop solutions** to issues identified through the Listening



Action plan to be developed by the programme's **taskforce**. Summit to be held in June following on from these workshops

The future: Our Integrated Programme

- The Trust has developed a new Integrated Programme that is supporting our cultural, clinical and physical evolution over the coming years. This programme is about:
 1. **Making community and inpatient services work together** to deliver joined up care closer to home
 2. **Investing in up to date healthcare facilities** so that our service users have the best environment in which to recover
 3. **Developing our people and culture** and ensuring South West London and St George's is a great place to work



The future: Transforming our services

- Continuing to increase partnership working and our role at place
- Significant financial investment in our transformation programme for community services, supporting us to prioritise community-based care, closer to home
- Increasing patient choice through digital transformation and investment



Questions



REPORT TO MERTON SCRUTINY COMMITTEE

Report Title	Covid-19 Update
Report Date	19th April 2021
Meeting Date	26 th April 2021
Report Author	Daniel Elkeles, Chief Executive Officer

Operational Demand at Epsom and St Helier

The Trust experienced a peak of demand in the third week of January 2021 with 280 Covid positive patients being cared for in our in-patient beds. This accounted for around 45% of all of our beds. In addition over 40 patients were receiving care on our intensive care (against a baseline of 20 beds), and over 30 patients were receiving non-invasive ventilation on our respiratory wards. This was managed with the support of over 200 staff re-deployed from other clinical and non-clinical areas (including community services) to our Emergency Department, Medical, Respiratory and Intensive Care Wards. Furthermore, our Elective Orthopaedic Centre at Epsom Hospital was once again converted to a large intensive care unit to look after covid positive patients from our locality, as well as additional patients from south west London. All of the Acute Trusts in south west London were in regular contact with each other to coordinate care, and provide appropriate mutual aid for sites under the most pressure.

As at 19th April 2021, Epsom and St Helier is caring for 8 in-patients with confirmed Covid across both sites. This now accounts for 1.4% of our inpatient capacity. Since the pandemic began, 2991 patients who had confirmed COVID-19 have been cared for within our hospitals as in-patients.

The median age of inpatients who are Covid-19 positive is 64, and the median age of people who have passed away is 79. A significant majority of people who have passed away in our hospitals had underlying co-morbidities.

Whilst the incidence and prevalence of Covid-19 is coming down, it is important not to become complacent. When comparing the most recent data to that from the summer, it is apparent that incidence rates are still significantly above those from this earlier period as evidenced by the below:

Monthly New Diagnosis of Covid-19	
Month	Number
August 2020	3
September 2020	9
October 2020	142
November 2020	246
December 2020	484
January 2021	865
February 2021	266
March 2021	42
First two weeks in April	5

We currently have no critical care beds occupied by covid patients. We supported the needs of our

local population as well as offering mutual aid to services in North London where ITU has been under extreme pressure during surge.

Trust Staff Deaths

Sadly, five members of staff have passed away from Covid-19. Staff are digging deep and striving to support one another at this difficult time.

Vaccination Programme

The vaccination programme run by the Trust is ongoing, and as at 19th April all of our staff have been offered the vaccine and 81% of staff have been vaccinated on our hospital sites. The Hospital Hubs for vaccination originally concentrated on vaccinating health and care workers, but also supported vaccination of the local population, including those who are clinically extremely vulnerable. This represents a significant achievement.

We are encouraging all staff, particularly those working in high-risk areas and our BAME colleagues, to get the vaccine and there have been no difficulties with spare capacity. We are offering tailored sessions for those who are vaccine hesitant. eg. Women who are worried about future fertility in addition to facilitating access to AZ vaccine where desired.

We have collected data to ensure that we understand where we need to support staff in increasing vaccine confidence. We are pleased that our vaccine wastage has been minimal through the use of a stand-by waiting list of eligible recipients at the end of each working day.

Infection Prevention and Control (IPC)

As the numbers of Covid positive patients continues to reduce, the work of the IPC team is now focused on how to safely plan for increasing the volume of elective work. The IPC team have been continuously reviewing and strengthening our measures to reduce nosocomial infections. Recent audits have shown improving infection control rates. We recognise that we can never be complacent about infection control, and ongoing vigilance is essential. We have developed experience in creating 'Green' pathways for patients receiving planned care.

Long Covid

Covid-19 is increasingly being seen as a long-term condition for some of those who have become infected. Long Covid has now been defined by NICE as below:

'Signs and symptoms that develop during or after an infection consistent with COVID-19, continue for more than 12 weeks and are not explained by an alternative diagnosis'

This is a very broad definition and setting up service to manage the condition is very challenging because of the wide variety of symptoms. However, we are working with our partners in the community to support access to diagnostics and management across South West London.

Planned Care Recovery/Restart

The Trust recommended planned care to recommence beginning of April to allow staff to be rested ahead of launch. Divisions have commenced the implementation and delivery of individually tailored recovery plans on a specialty by specialty basis.

A significant amount of estates work has been completed or underway to facilitate the restarting of planned care, including the reconfiguration of our urgent care services including A&E and ITU for Covid and non-Covid patients, returning Covid wards to non-Covid wards and the de-escalation of our intensive care out of SWLEOC. There has been a significant piece of work around moving redeployed staff back to their original roles.

One recently identified issue relates to theatre capacity at St Helier where renovation work has identified problems with the air handling system in B4 theatres. Work is underway around the various options given that this capacity is only required until 2025 when this work will move to the new Specialised Emergency Care Hospital (SECH) on the Sutton site.

Staff Wellbeing and Support

We recognised that our colleagues were tired; many of which have been under significant stress during the pandemic. Recovery of services can only occur if our staff can recover and recuperate. We had an opportunity in March to support our staff before planned care activity escalates, we have therefore ensured that staff have had sufficient rest and the ability to take annual leave with ownership on the Divisional Directors to ensure that this opportunity has been given or scheduled with individuals. We are also arranging for all staff to receive a 'Covid Hero' medal and certificate, supported by Zoom meetings with groups of teams to say Thank You.

We continue to circulate regular communications to staff surrounding self-care and safe covid working practices. Our staff risk assessment process has been reviewed and remains ongoing to include assurance of adequate PPE supply and an active programme of Fit Testing including fit testing all shielded staff returning to work;

We have initiated a programme of work to support staff wellbeing including coaching surrounding supportive staff conversations in addition to individual and group support sessions. We continue to support staff to be able to work from home where practical. We are upskilling staff on an on-going basis in order to potentially return and redeploy staff to ITU/respiratory wards in the event of future surge.

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