

If you are reading this electronically, the Council has saved **£xx.xx** on printing. For more information on the Modern.gov paperless app, contact Democratic Services

Merton Council

Health and Wellbeing Board - Community sub-group Agenda

Membership

Councillors:

Rob Clarke
Mark Creelman
Dave Curtis
Abi Fafolu
Dr Vasa Gnanapragam
Rebecca Lanning (Chair)
Martin Miranda
Oonagh Moulton
Kalu Obuka
Mohan Sekeram
Eleanor Stringer
Dr Dagmar Zeuner

Co-opted members:

Substitute Members:

Date: Tuesday 1 March 2022

Time: 5.00 pm

Venue: Zoom

This is a public meeting and attendance by the public is encouraged and welcomed. For more information about the agenda please contact or telephone .

All Press contacts: communications@merton.gov.uk, 020 8545 3181

If you are reading this electronically, the Council has saved **£xx.xx** on printing. For more information on the Modern.gov paperless app, contact Democratic Services

Health and Wellbeing Board - Community sub-group Agenda

1 March 2022

7a Slides shown in the meeting

1 - 34

Note on declarations of interest

Members are advised to declare any Disclosable Pecuniary Interest in any matter to be considered at the meeting. If a pecuniary interest is declared they should withdraw from the meeting room during the whole of the consideration of that matter and must not participate in any vote on that matter. For further advice please speak with the Managing Director, South London Legal Partnership.

Health & Well Being Board Community Sub Group

1st March 2022

Page 1

Dr Dagmar Zeuner, Director of Public Health

Merton Public Health Intelligence Team

1st March 2022

Produced by Thomas Fraser & Amira Yunusa

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

This report contains sensitive information and should not be disclosed outside of the organisation receiving it. The contents should be used appropriately within organisations and as a necessity for work purposes only. Sharing of this report with external stakeholders requires authorisation by the Public Health intelligence team



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

Domain	Indicator	Merton (previous 7 days)	Merton change	London (previous 7 days)	London Change
Regional marker	R value (11 th February)	-	-	0.8 to 1.1 (0.6 to 0.9)	↑
Cases over last week (5 th – 11 th Feb)	New cases (week ending 11 th Feb)	1,111 (1,642)	↓	36,585 (57,839)	↓
	7 day rate (per 100,000)	694.6 (947.4)	↓	552.8 (764.9)	↓
	7 day rate aged 60+ (per 100,000)	512.5 (506.9)	↑	343.6 (403.8)	↓
Pillar 1 & 2 PCR tests over 7 days (27 th Jan – 2 nd Feb)	Number of people tested	7,465 (8,091)	↓	330,902 (351,461)	↓
	Test positivity %*	17.0% (17.6%)	↓	14.1% (15.3%)	↓
Deaths (29 th Jan - 4 th Feb)	Number of COVID-19 registered deaths	1 (6)	↓	135 (190)	↓
Vaccinations (as of 16 th Feb)**	Vaccine uptake in 12–15 years (% who have had at least 1 dose)	48.3% (47.9%)	↑	42.4% (41.9%)	↑
	Vaccine uptake in 18–24 years (% who have had 3 doses)	30.7% (30.1%)	↑	25.0% (24.4%)	↑
	Vaccine uptake in 50+ (% who have had 3 doses)	71.8% (71.6%)	↑	69.7% (69.6%)	↑
Current inpatients in SWL hospitals (as of 8 th Feb)	COVID inpatients	502 (502)	→	2291 (2468)	↓
	COVID patients in mechanical ventilator beds	15 (15)	→	139 (159)	↓

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

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

**Denominator based on NIMS population.

Due to the recent change in reporting (as of 31st January 2022) there are an additional 8% of cases identified in Merton for the duration of the pandemic. The

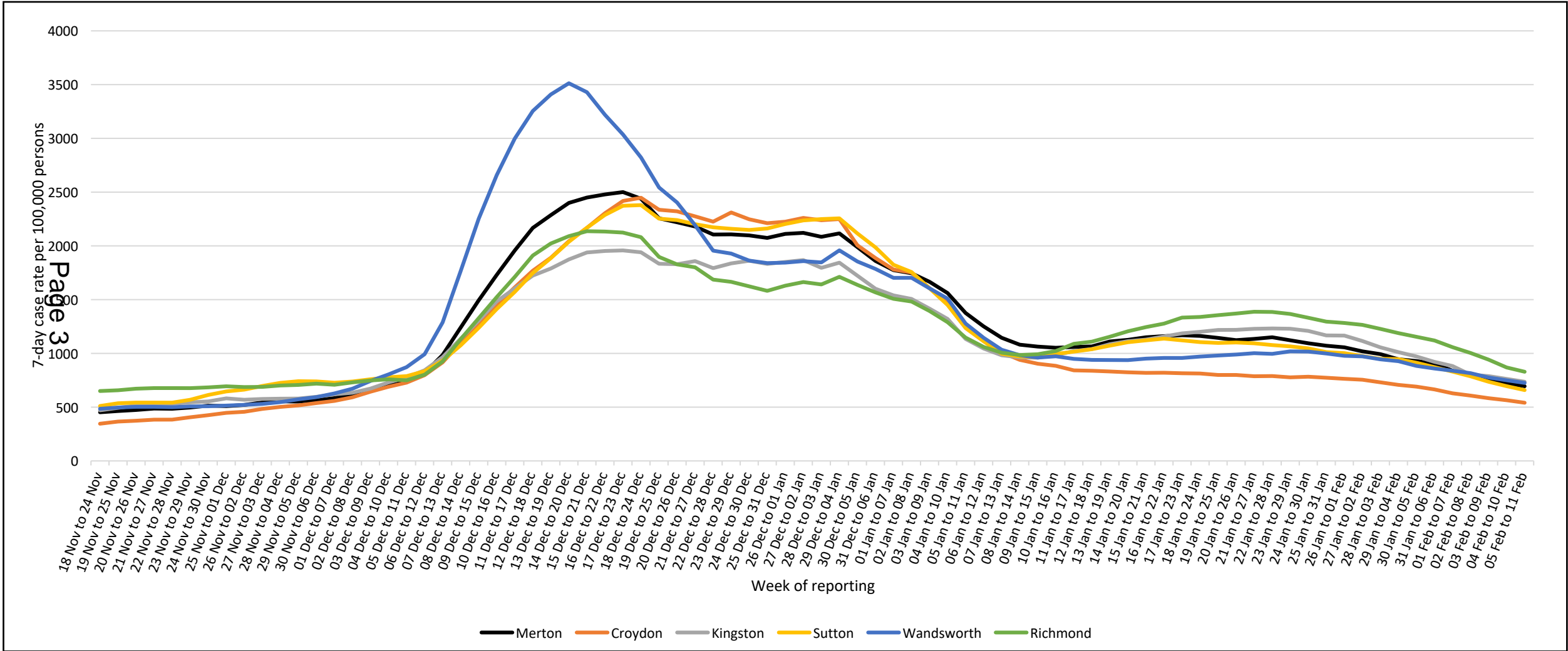
data now includes possible re-infections (people who test positive again after 90 days). Data as of 16th Feb; contains public sector information licensed under the Open Government Licence v3.0.

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

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

Reporting frequency: Daily

Key message: Merton ranks 3 out of 6 for case rate per 100,000 among SW London boroughs



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

Data as of 16th Feb (rates are presented up to and including 11th February). Contains public sector information licensed under the Open Government Licence v3.0.

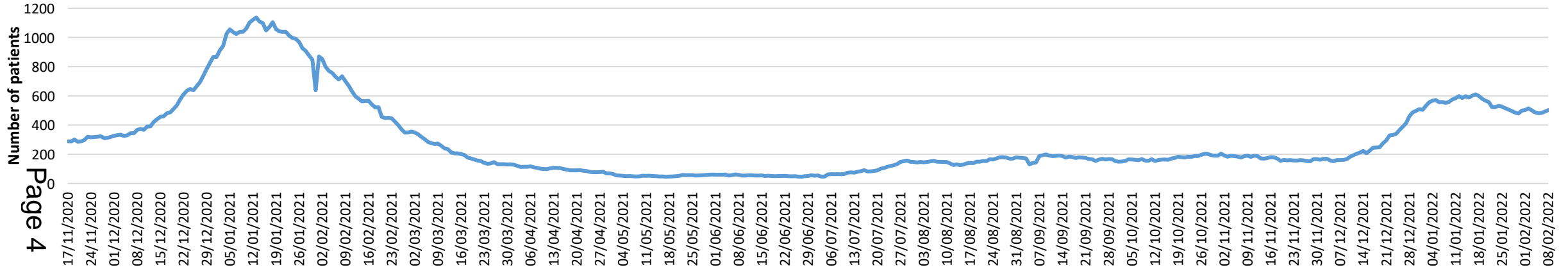
COVID-19 hospital indicators for South West London

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

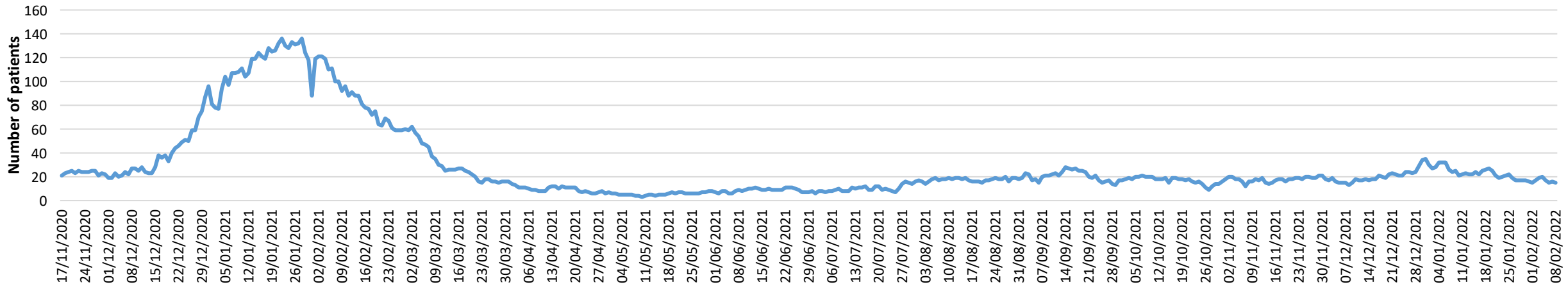
Reporting frequency: daily but inconsistent updates

Key message: The number of confirmed COVID-19 inpatients and the number of ventilated patients remains steady

Confirmed COVID-19 inpatients in Southwest London NHS trust hospitals (Daily count of confirmed COVID-19 patients in hospital at 8am)



Confirmed number of COVID-19 inpatients in mechanical ventilator beds in Southwest London NHS trusts

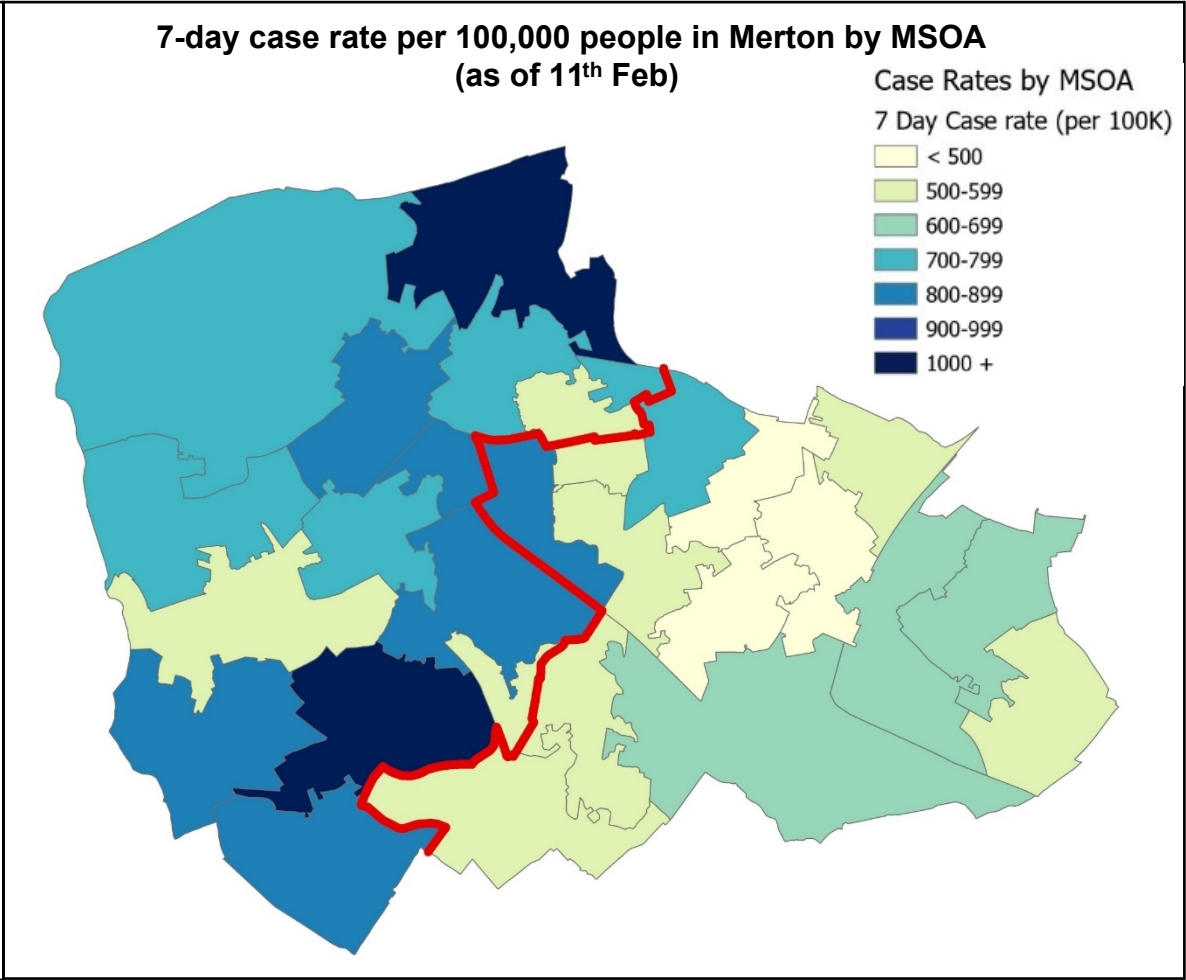
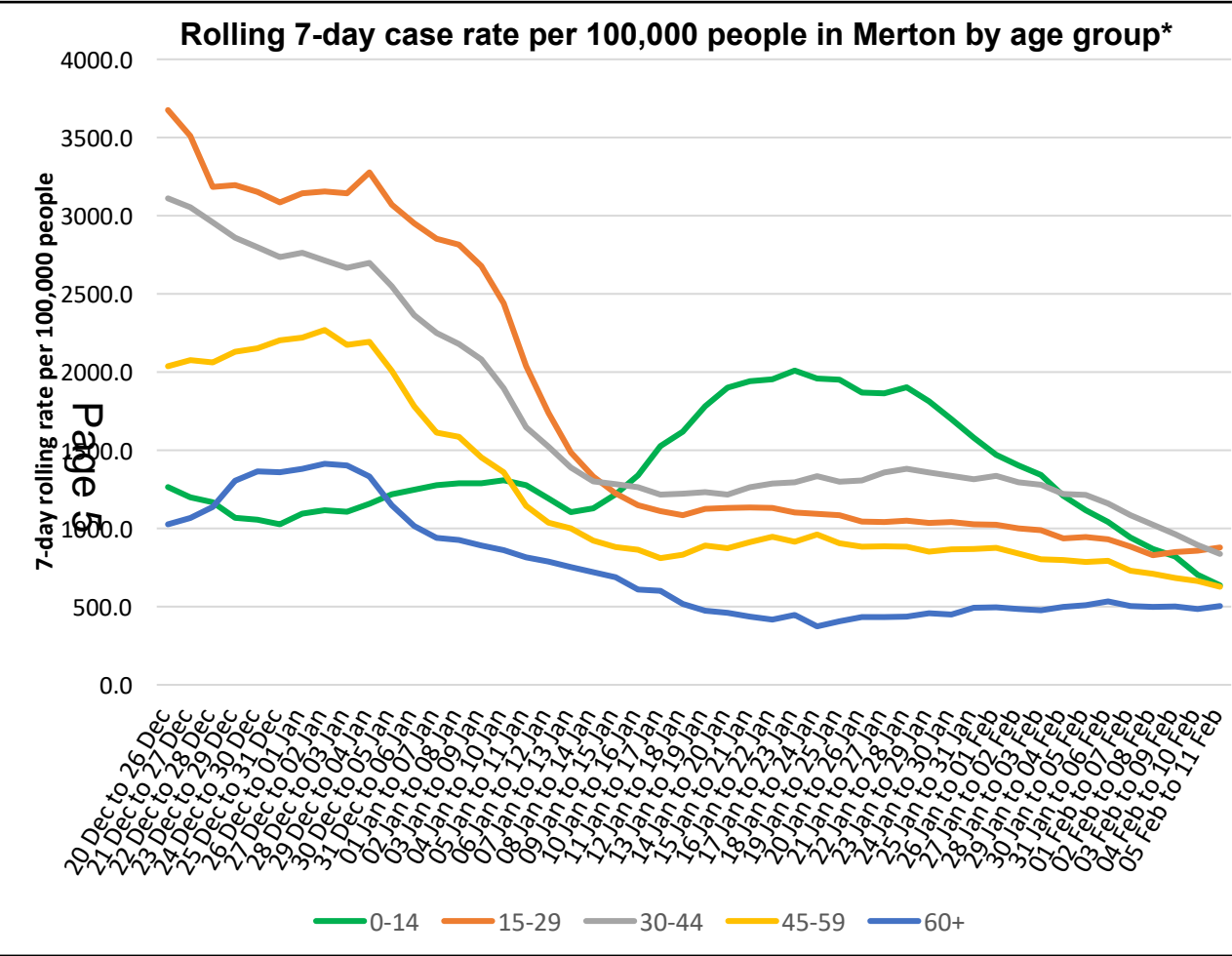


COVID-19 cases in Merton by age and geography

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

Reporting frequency: daily

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



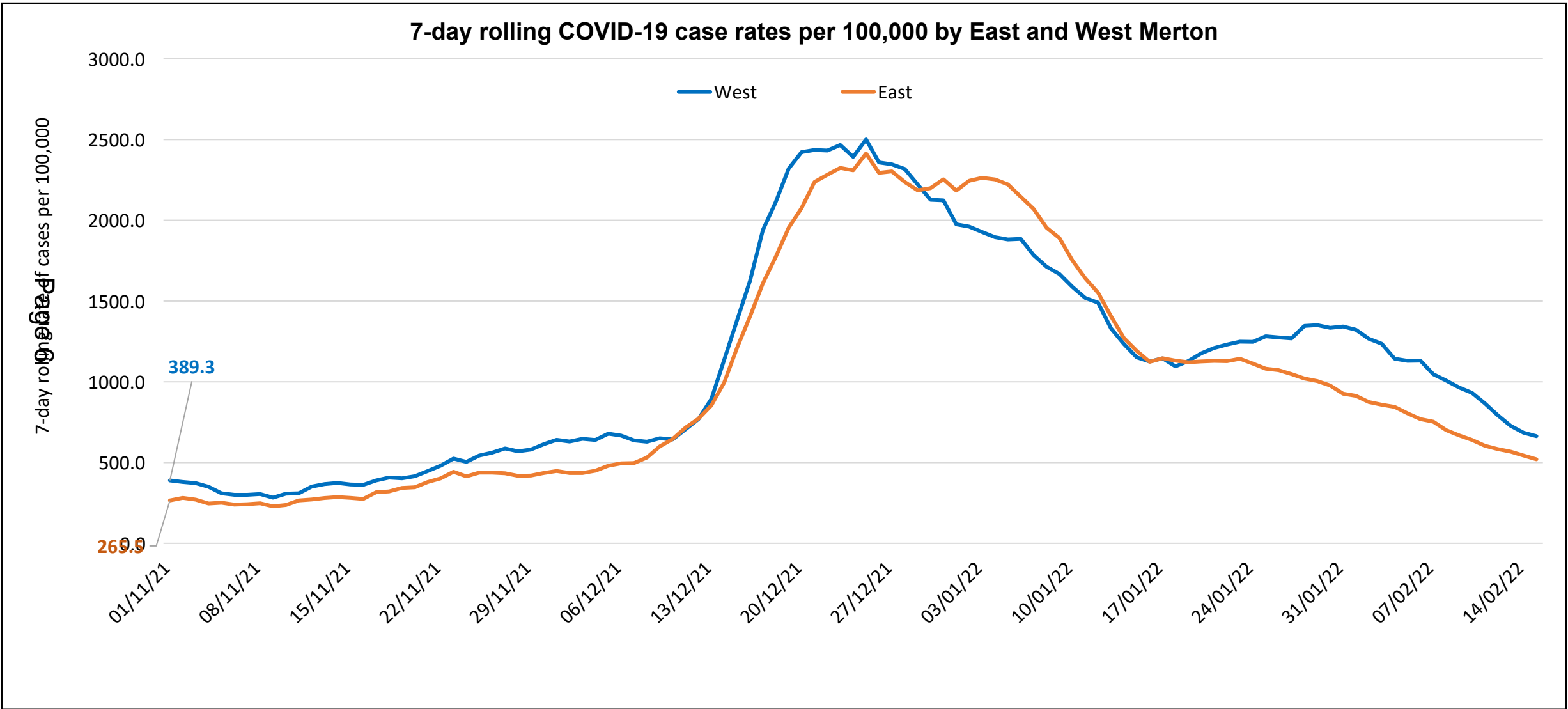
*Rolling 7-day case rate per 100,000 is calculated using the number of people testing positive (source: Coronavirus (COVID-19) in the UK; <https://coronavirus.data.gov.uk/>) and Merton population estimates (source: GLA Housing-led identified capacity model estimates for 2021).

Due to the recent change in reporting (as of 31st January 2022) there are an additional 8% of cases identified in Merton for the duration of the pandemic. The data now includes possible re-infections (people who test positive again after 90 days). Data as of 16th Feb (rates are presented up to and including 11th Feb)

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

Source: UKHSA Covid-19 Situational Awareness Explorer

Reporting frequency: daily



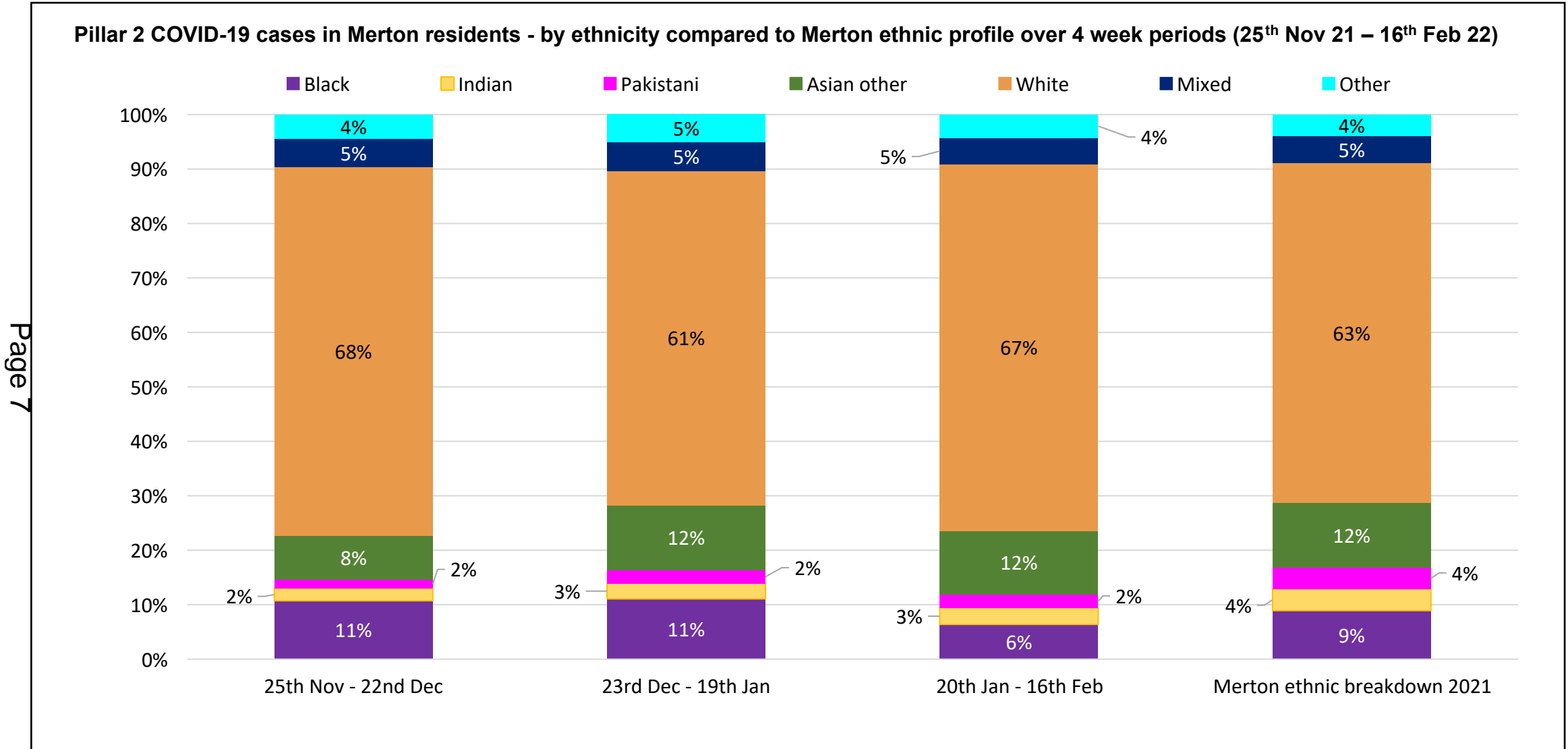
Due to the recent change in reporting (as of 31st January 2022) there are an additional 8% of cases identified in Merton for the duration of the pandemic. The data now includes possible re-infections (people who test positive again after 90 days).

Data as of 16th Feb (rates are presented up to and including 15th Feb)

COVID-19 cases in Merton by ethnicity

Source: UKHSA Covid-19 Situational Awareness Explorer

Reporting frequency: daily



Page 7

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

Data as of 17th Feb

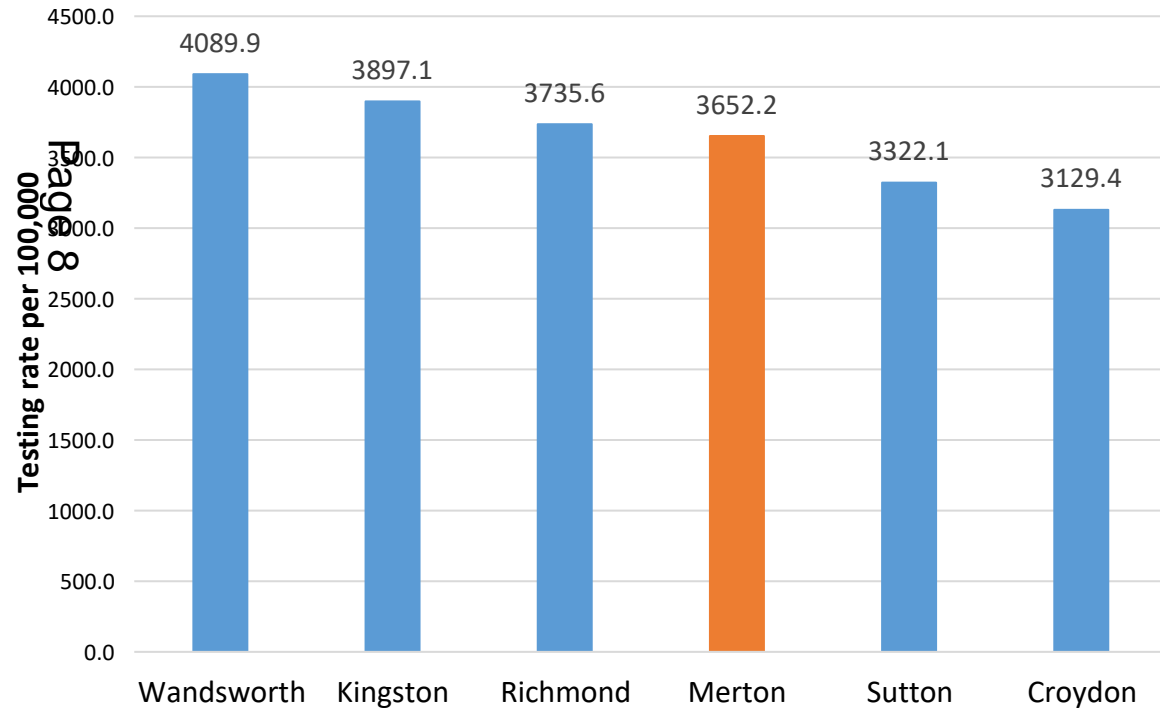
COVID-19 testing & positivity in Merton compared to SW London boroughs

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

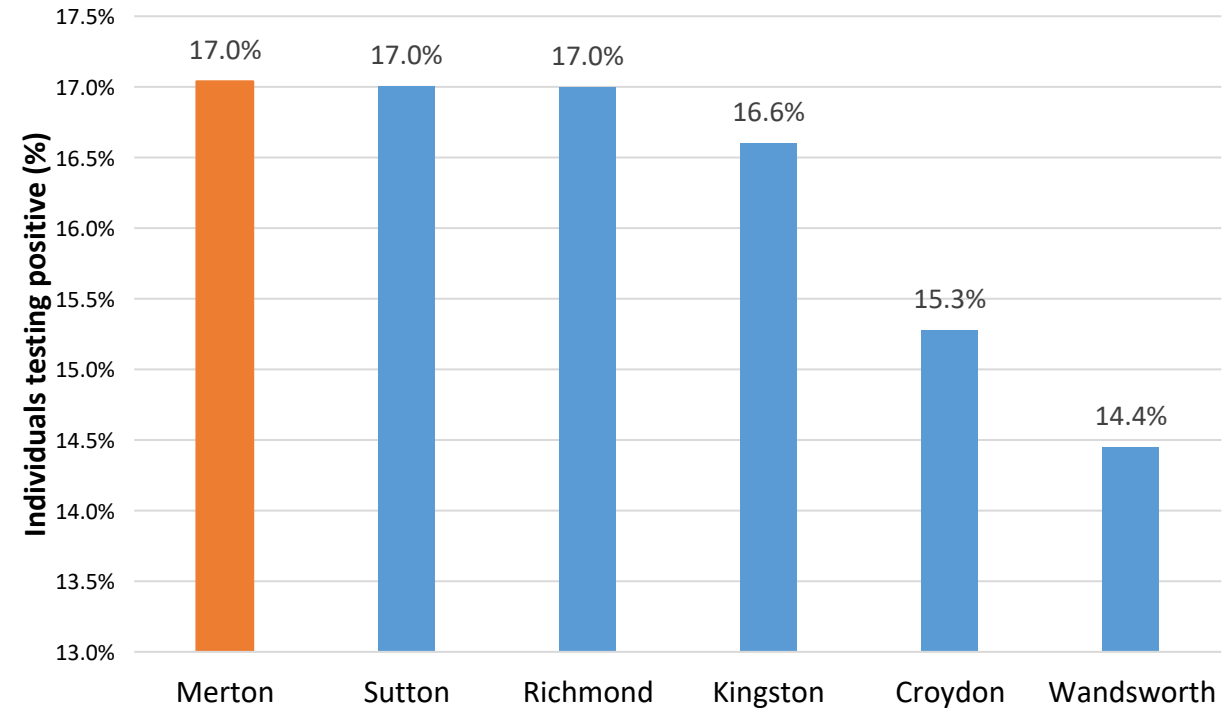
Reporting frequency: weekly

Key message: Merton ranks 4 out of 6 for testing rate per 100,000 people and has high positivity equal to Sutton and Richmond compared to SWL boroughs

**Weekly testing rate* per 100,000 people in SWL
for week ending 2nd Feb
(Pillar 1 & 2, PCR in all ages)**



**Weekly test positivity in SWL
for week ending 2nd Feb
(Pillar 1 & 2, PCR in all ages)**



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

Please note both the test rates and positivity presented on this slide are person-based, not test-based (if someone had multiple tests or tested positive multiple times in a reporting week they are only counted once). Data as of 16th Feb (date of latest available UKHSA report published on 10th Feb). Contains public sector information licensed under the Open Government Licence v3.0.

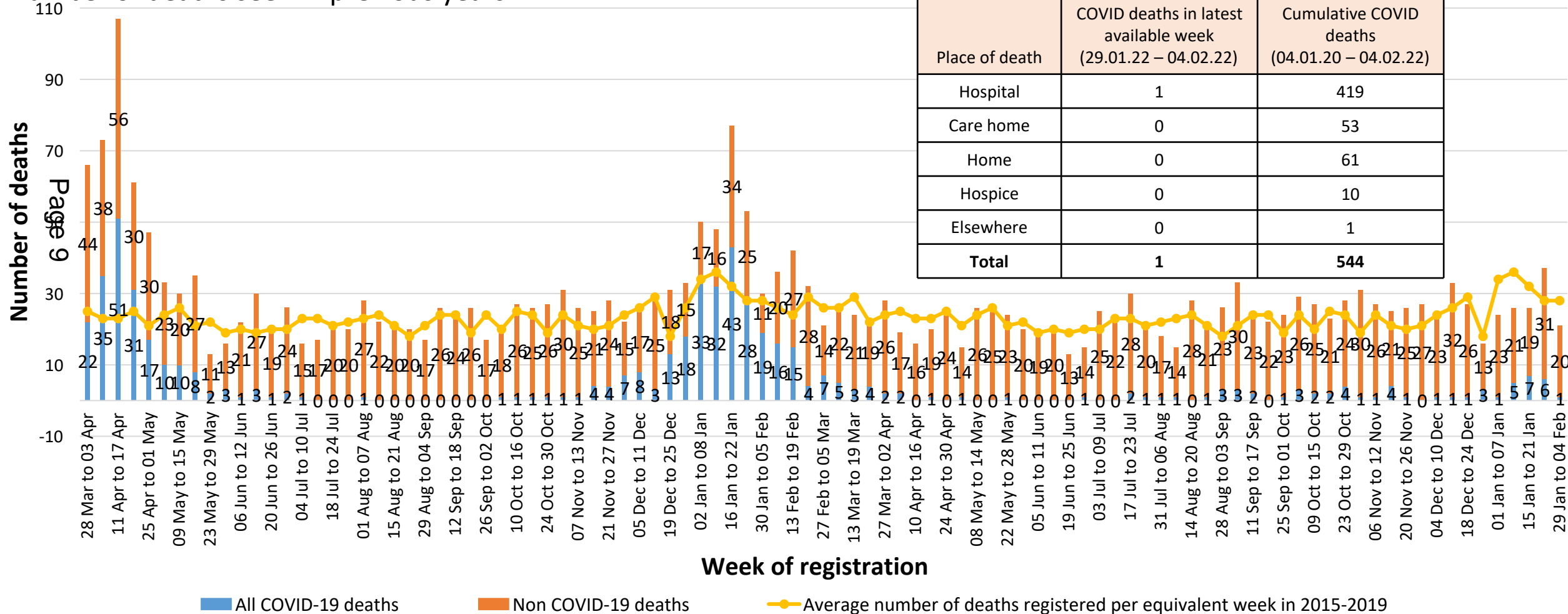
Number of deaths of Merton residents by week of registration

Source: ONS death registrations and occurrences by local authority and health board

(<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/datasets/deathregistrationsandoccurrencesbylocalauthorityandhealthboard>)

Reporting frequency: Weekly

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

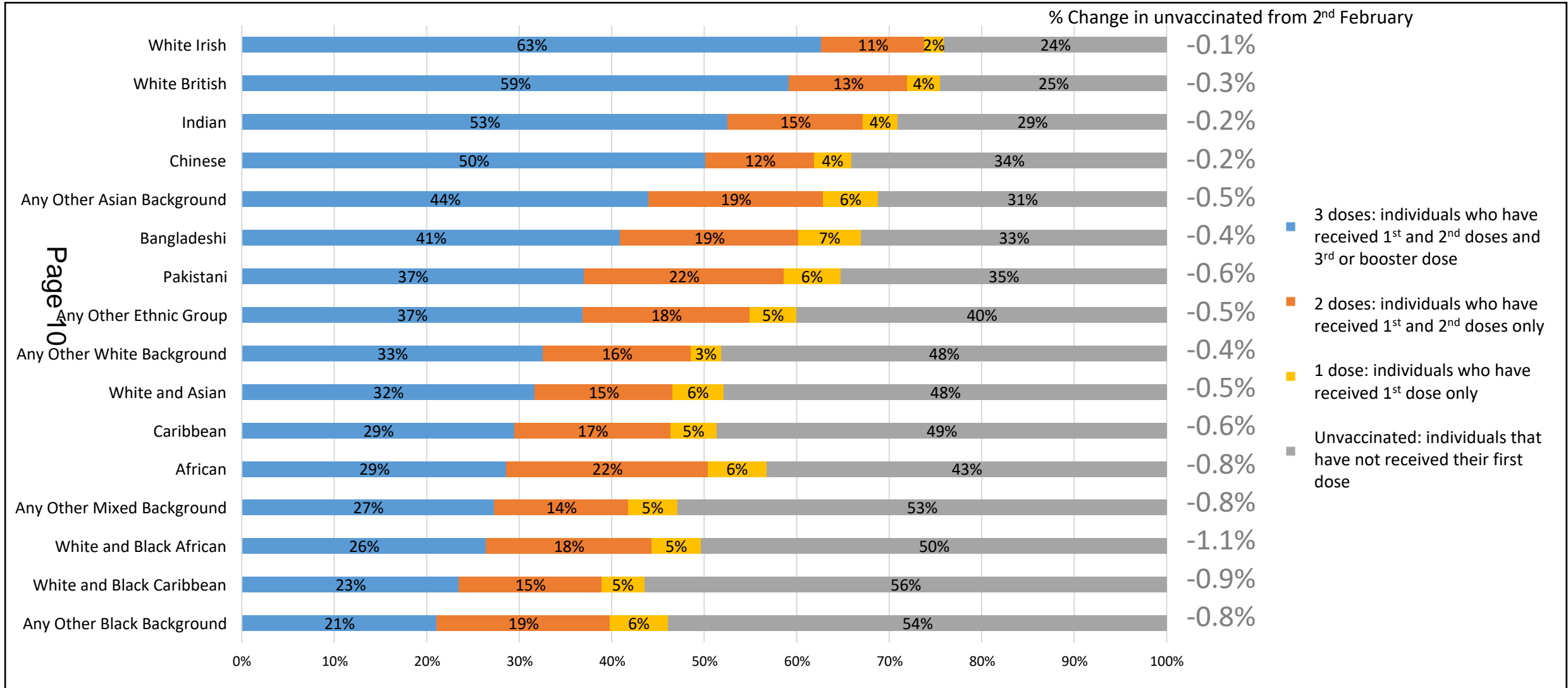


COVID-19 vaccination uptake by ethnicity

Source: UKHSA Covid-19 Situational Awareness Explorer

Reporting frequency: Daily

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



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

Data as of 16th Feb

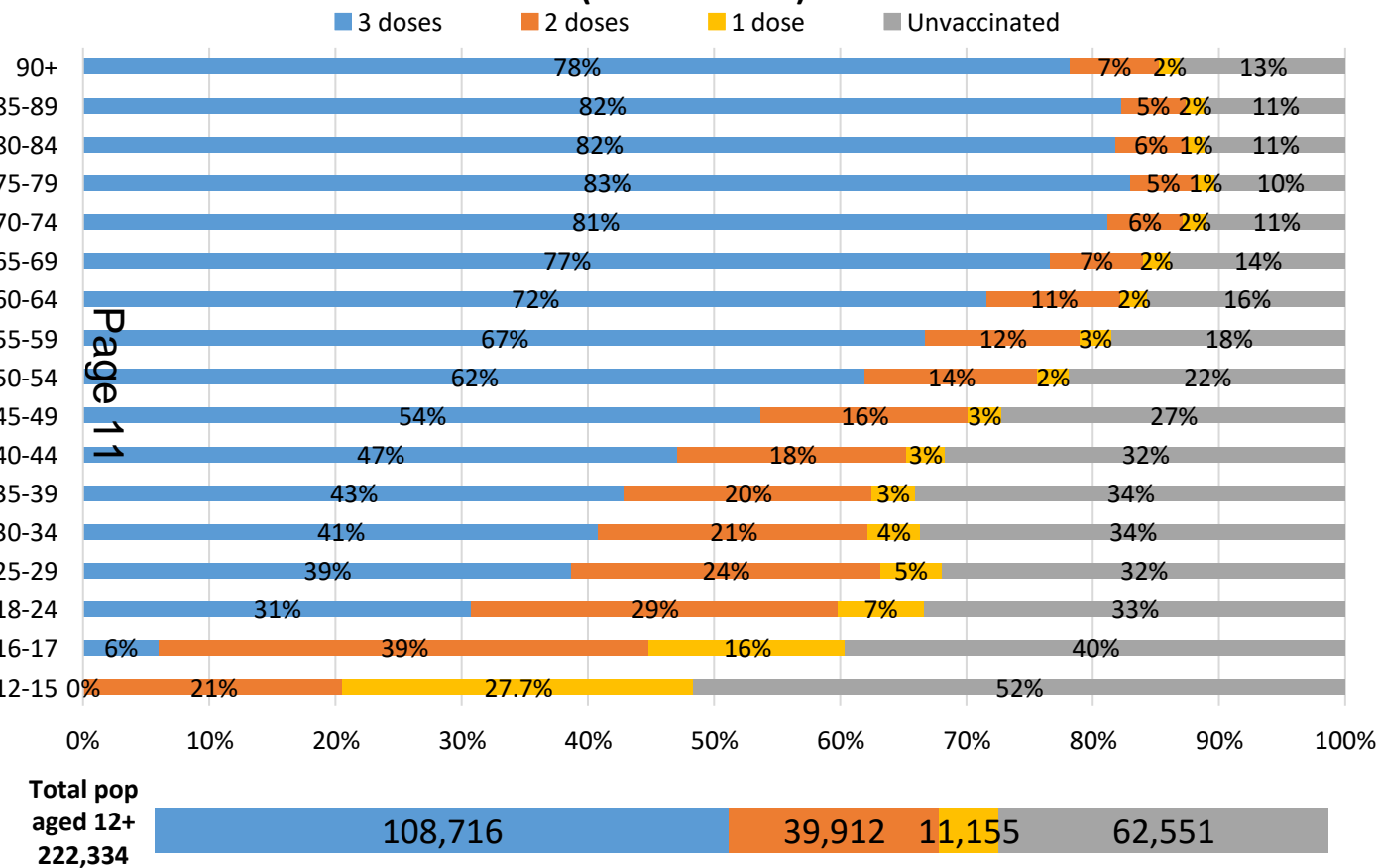
COVID-19 vaccination uptake by age group and geography

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

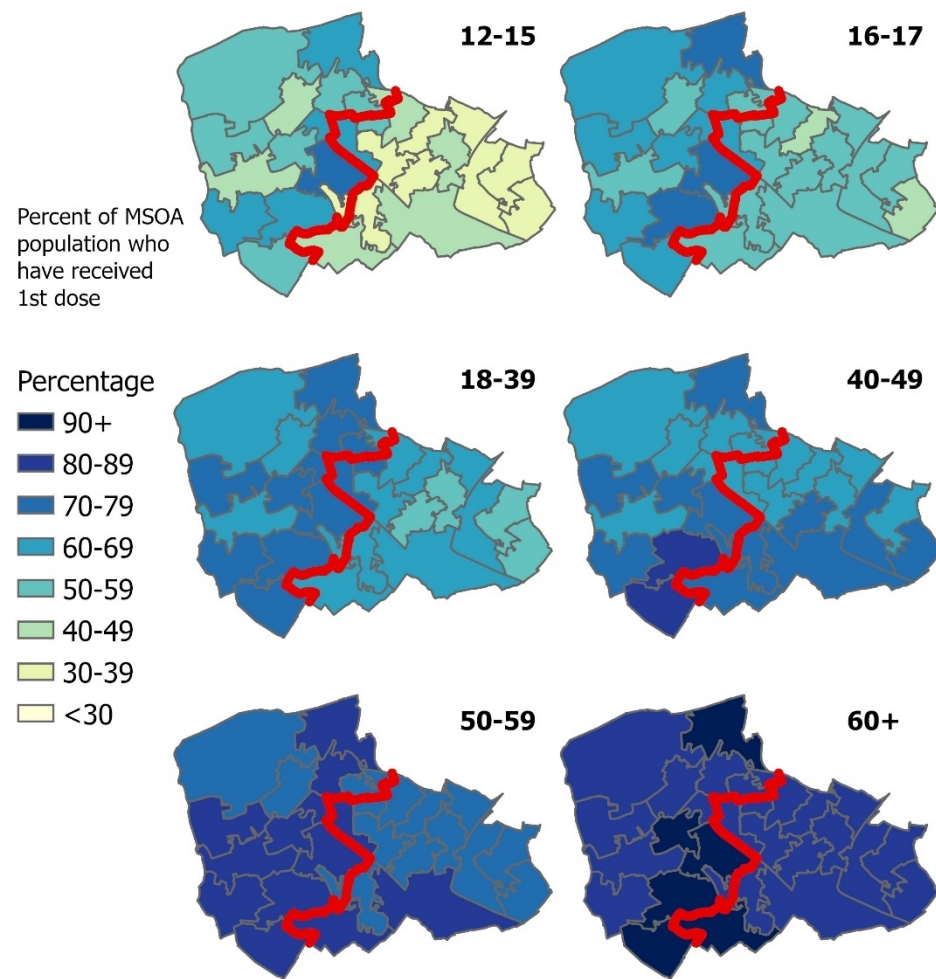
Reporting frequency: Weekly

Key message: Vaccination uptake is lowest among younger age groups

Vaccine uptake by age band among Merton residents* (as of 15th Feb)



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



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

COVID-19 Update

Merton Vaccination Equity Update

Page 12

Health and Wellbeing Board Community Subgroup

1st March 2022



South West London
Clinical Commissioning Group



KEEP
MERTON
SAFE



Merton COVID-19 Vaccination Equity Framework

Aim: To achieve equitable COVID-19 vaccine uptake for Merton residents

Approach: Promote equitable vaccination in Merton via four enablers:

1. Reducing barriers to access

Make access to vaccines as easy and convenient as possible.

2. Communication and engagement

Working with communities, including the underserved; strength-based approach; co-production.

3. Partnerships and governance

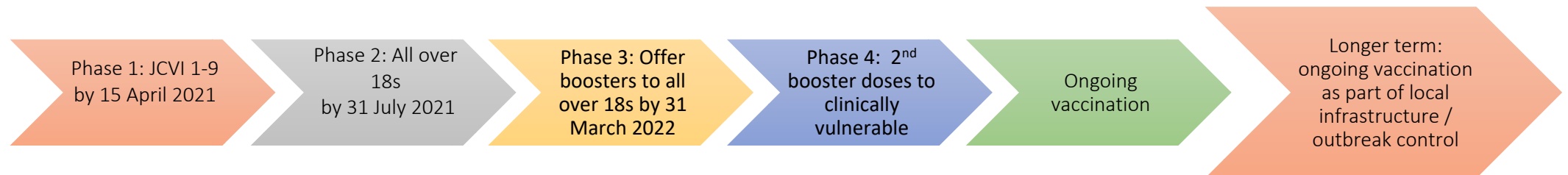
Commitment to whole systems working – recognising no one partner can achieve effective vaccine equity alone.

4. Make best use of data, information and insight

Evidence-based interventions; learning from data (qualitative and quantitative); transparency - sharing with the public.

Page 13

Vaccination Timeline:



COVID-19 Vaccination Guidance Update (updated 23/02/2022)

Clinically Vulnerable:

- **Children 5-11 at high risk:** Eligible for first and second dose. Interval between primary doses is 8 weeks. Booked locally by registered GP practice.
- **Young people 12-17 at high risk:** Eligible for first, second and booster dose. Interval between primary doses is 8 weeks and booster 12 weeks from 2nd dose. Can book on national NHS booking system.
- **People aged 5 and over living with someone immunosuppressed:** Eligible for first dose and second dose at 8 weeks.
- **Immunosuppressed 12+:** Eligible for a 3rd dose 8 weeks from 2nd dose and then a booster dose 12 weeks from 3rd dose.

Healthy children and young people:

- **12-17 year olds:** Eligible for a first dose or second dose. Second dose offered 12 weeks from the first dose or 12 weeks after positive COVID test, whichever is later. Currently not eligible for booster programme.
- **16-17 year olds:** Eligible for a booster dose 12 weeks from the 2nd dose.

Adults:

- **People 18+ year olds:** Eligible for first and second dose. Interval between primary doses is 8 weeks. Eligible for booster dose at 12 weeks.

Recent Changes:

- No longer a requirement for healthcare workers and adult social care workers to be fully vaccinated by the 1st April 2022 deadline.

NEW Cohorts being introduced in April 2022:

- **Healthy 5-11 year olds:** Eligible for first and second dose. Interval between primary doses is 12 weeks.
- **Clinically vulnerable and 75+:** Eligible for a 4th (2nd booster) dose 6 months from last booster dose.

Vaccination uptake by age group

ONS as of 24/02/2022

Overall: 418,919 Vaccinations given in Merton

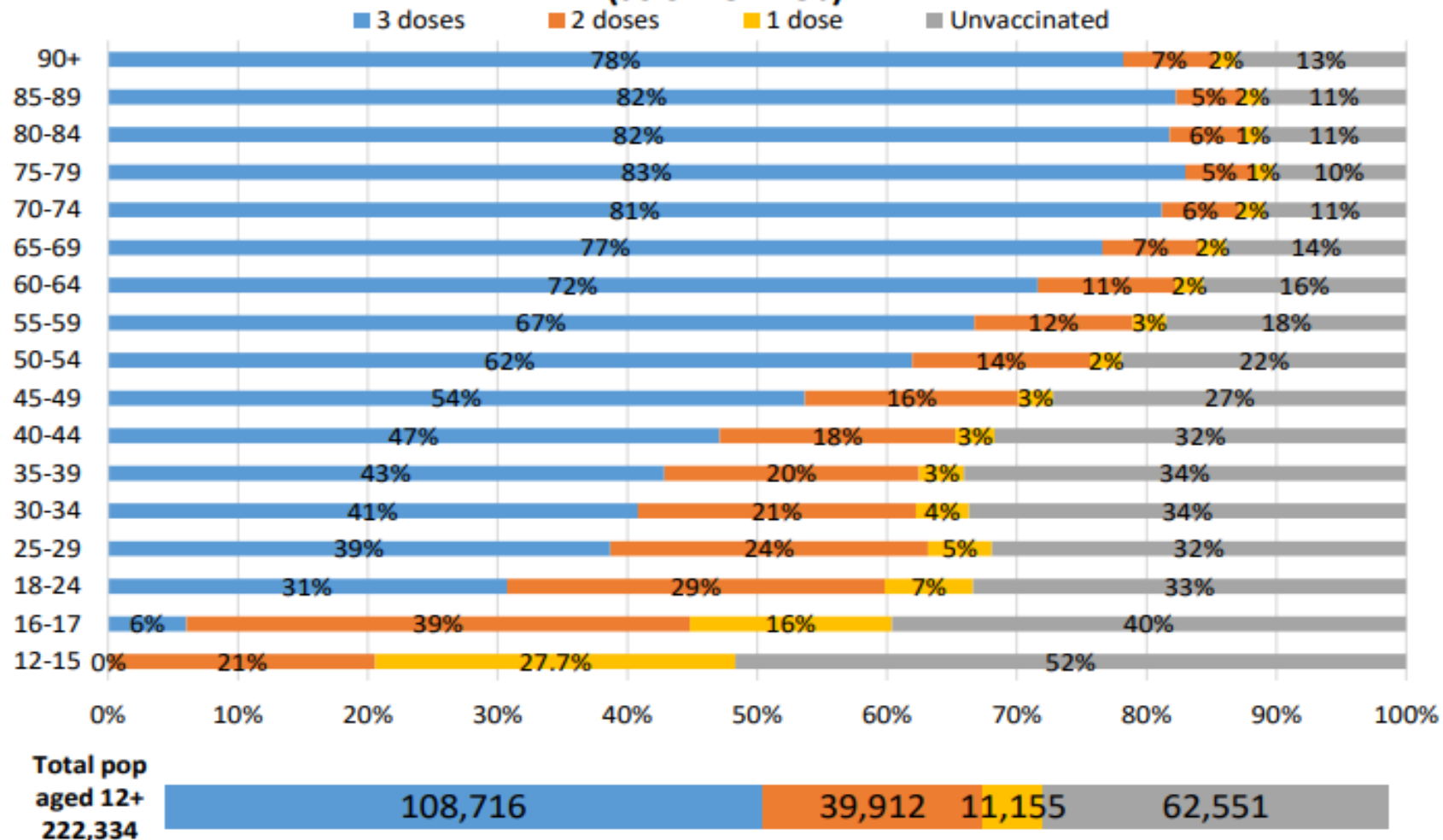
72% of residents 12+ have received at least the 1st dose of the COVID vaccine (**159,982 residents**)

67% of residents 12+ have received 2nd doses of the COVID vaccine (**149,158 residents**)

49.4% of residents 12+ have received a booster/3rd dose of the COVID vaccine (**109,779 residents**)

62,475 residents remain unvaccinated.

Vaccine uptake by age band among Merton residents* (as of 15th Feb)



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

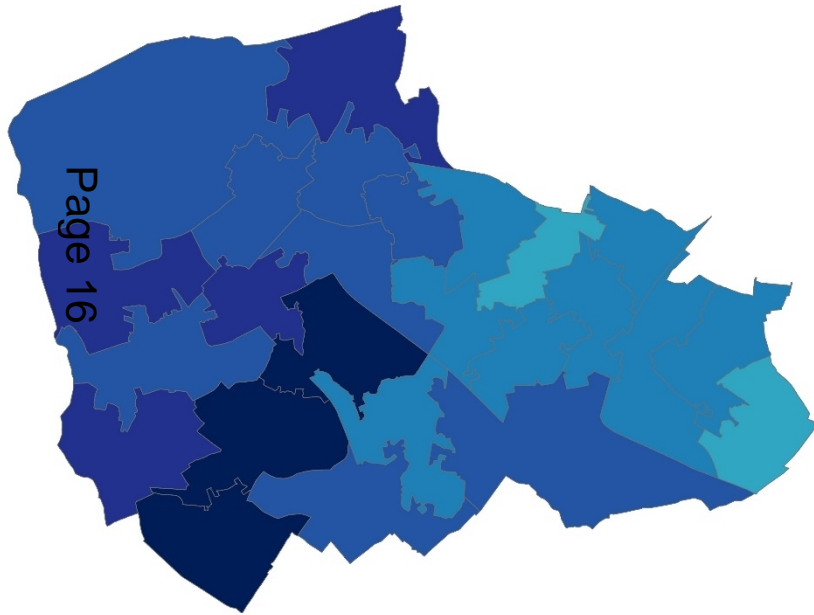
COVID-19 vaccination uptake (12+ years) in Merton by MSOA

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

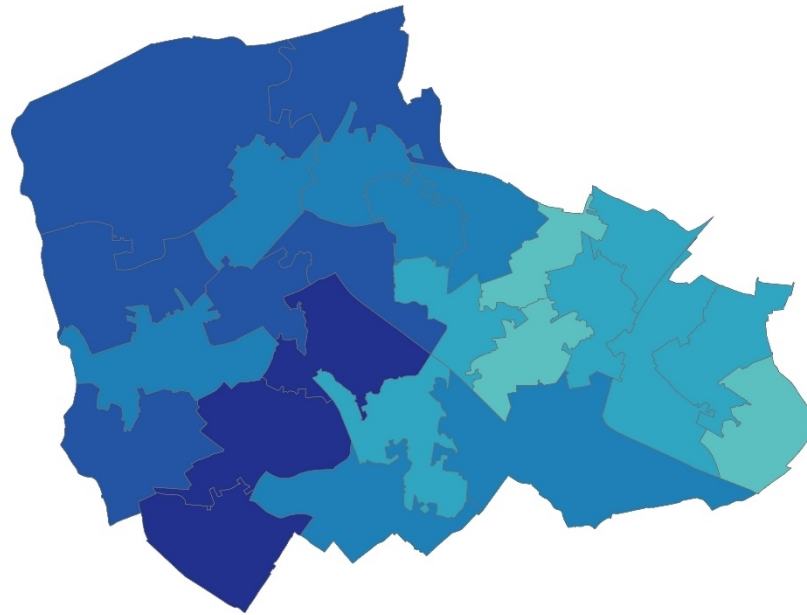
Key messages

Vaccination uptake is higher in West versus East Merton, for all three doses

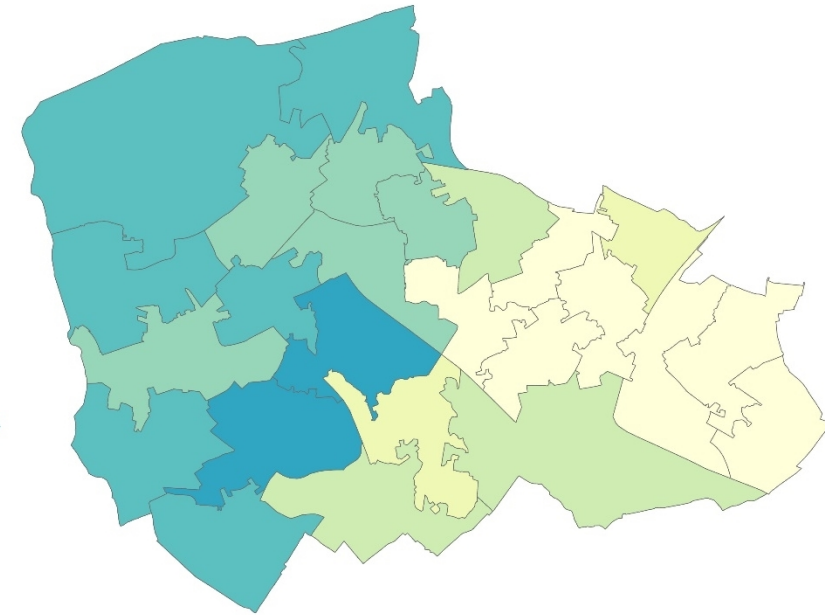
Percentage of Merton residents by age group and MSOA that have received at least 1 dose



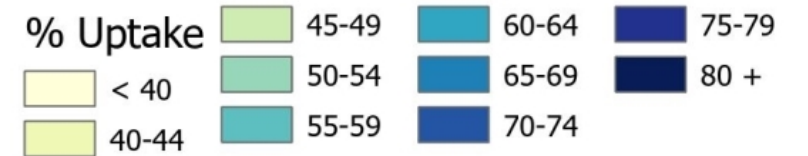
Percentage of Merton residents by age group and MSOA that have received at least 2 doses



Percentage of Merton residents by age group and MSOA that have received the booster dose



Page 16



Data using NIMS population for 12+ year olds as the denominator.
NB: booster dose uptake is <1% among 12-15 years as of writing. Therefore, the map showing booster dose by MSOA will be skewed by the number of under 18 year olds there are in each MSOA.

Data as of 15th Feb
Contains public sector information licensed under the Open Government Licence v3.0.

COVID-19 vaccine uptake by dose in SWL boroughs – for everyone over 12 years 4th Mar 2022

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

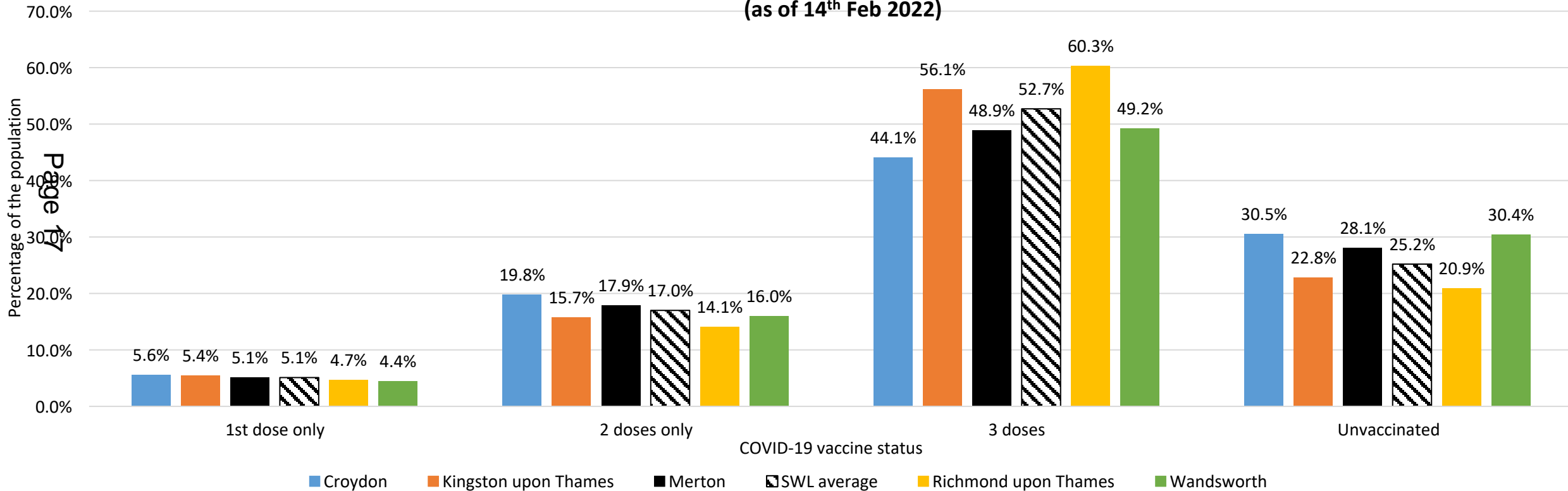
Key messages

Uptake of dose 1 and dose 2 in Merton residents aged 12 or older is similar to the average uptake across SWL boroughs

Merton ranks 5th lowest out of SWL boroughs for dose 3 uptake

The percentage of unvaccinated residents is slightly higher in Merton compared to the average across SWL boroughs

% of SWL boroughs by COVID-19 vaccination uptake among 12+ years
(as of 14th Feb 2022)



1 dose: individuals who have received 1st dose only

2 doses: individuals who have received 1st and 2nd doses only

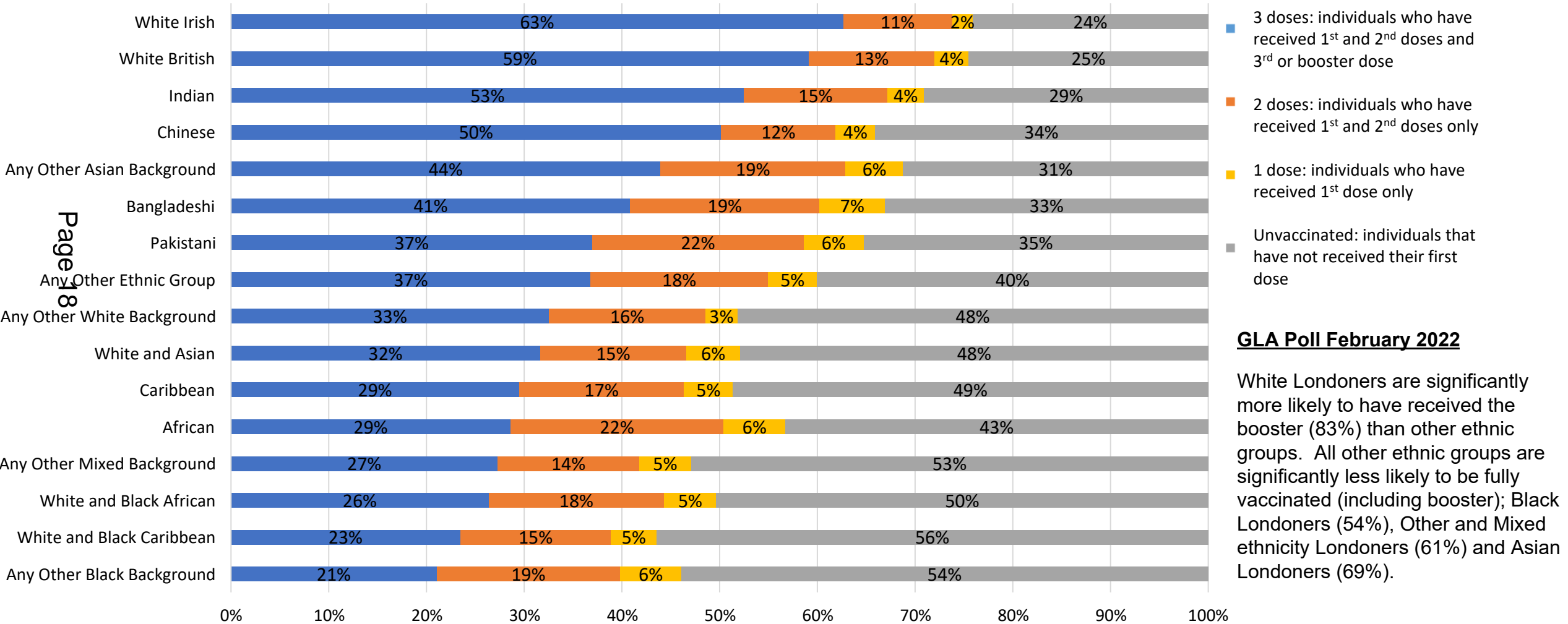
3 doses: individuals who have received 1st and 2nd doses and 3rd or booster dose

COVID-19 vaccination uptake by ethnicity in Merton

Source: UKHSA Covid-19 Situational Awareness Explorer

Key messages

The percentage of unvaccinated people is higher among ethnic minority residents compared to white Irish and white British residents



GLA Poll February 2022

White Londoners are significantly more likely to have received the booster (83%) than other ethnic groups. All other ethnic groups are significantly less likely to be fully vaccinated (including booster); Black Londoners (54%), Other and Mixed ethnicity Londoners (61%) and Asian Londoners (69%).

What has gone well and what have we learned?

What went well?

Engagement & Communication: Supported different community organisations to address concerns around vaccine safety through webinars.

- Highlights includes working with BAME Voice, Polish Family Association and schools
- weekly COVID newsletter reaching over 100,000 residents

Page 19

Community Networks:

- Young Inspectors
- COVID Champions: adults, young adults, under 18s
- **Merton Pandemic Community Outreach grant recipients.**
- **Primary and Secondary schools**
- Working with St Helier's antenatal team to promote COVID vaccinations.

Vaccine Accessibility:

- Held over 40 pop up vaccination clinics since September 2021 in a range of community settings such as mosques, churches, temples, hostels and community centres - targeting those who are underserved.

Learning:

- Engagement sessions with the local community couple with a pop-up vaccinations lead to higher conversion rates.

Vaccine pop up sites

- New Horizon Centre – Pollards Hill
- Power Centre Church – Mitcham
- Nelson Health Centre – Wimbledon
- Baitul Futuh Mosque – Morden
- Holiday Inn Hotel – Colliers Wood
- St Olave's Church – Mitcham

Page 20



What were the challenges and what have we learned?

What were the challenges:

- Increasing vaccine uptake in younger age groups 12-30.
- Increasing vaccine uptake in young pregnant women.
- Increasing vaccine uptake east of the borough and in specific BAME groups.
- Immunising asylum seekers and homeless people.
- Identifying the most clinically vulnerable and prioritising immunisations for them, such as: housebound and care home patients.

Learning:

- Continue to work with SWL CCG to support vaccine pop-up clinics.
- Increase the number of Pharmacy vaccination sites for long-term sustainability and improved access.

Going forward focus on targeted engagement with groups that have the lowest vaccine uptake using our following programmes of work:

- COVID champions programme
- Young inspectors programme
- We are also planning to commission Peer Education Project to work closely with 16-30 year olds.
- NEW Vaccine champions programme

Community Vaccination Champions Programme

The 'Community Vaccine Champions' scheme has been funded by the Department for Levelling Up, Housing and Communities, providing £485k to promote vaccine uptake amongst hard-to-reach communities in Merton.

Funding is to support a range of activities, including: developing engagement strategies and developing a clinician contact service to improve COVID vaccine uptake.

Three main components:

1. Network of networks – a network of trained champions who will meet on a regular basis to work with us to understand and then share key messages with their own networks. We will take a 'vaccination plus' approach utilising the opportunity of engagement with communities and individuals on vaccinations to also talk about COVID-19 resilience, recovery, wellbeing and prevention.
2. On-street engagement – trained and community led on-street engagement, delivering brief interventions and signposting to vaccination clinics. These interventions would again take a vaccination plus approach and contribute to reducing health inequalities.
3. Clinical contact – Enabling clinicians to attend vaccine champions sessions and for clinicians to attend our on-street engagement to access trusted advice and answer questions about vaccines.

What are the new challenges?

- Downward trajectory for vaccination as most people who were keen on vaccination have had theirs
 - Challenges of reaching out to those who have made a conscious decision to not get vaccinated – this will be resource intensive
- Continued access to COVID-19 vaccination in light of vaccination sites closing down
- Delivery of any new autumn COVID-19 vaccination campaign if advised by the JCVI
- Development of detailed contingency plans to rapidly increase capacity if there was a surge or new variant of concern.

Role of the HWBB going forward

Page 24

In light of the HWBB subgroup winding down, we recommend that the HWBB oversees the delivery of the vaccine equity plan.

Long COVID

Health and Wellbeing Board – Community Subgroup

1st March 2022

Page 25

Purpose of this item:

- ✓ provide an update on estimates of the burden of Long COVID
- ✓ update the board on the emerging evidence and the 'known unknowns'
- ✓ set out the role for Primary Care of managing Long COVID
- ✓ discussion and proposed and next steps

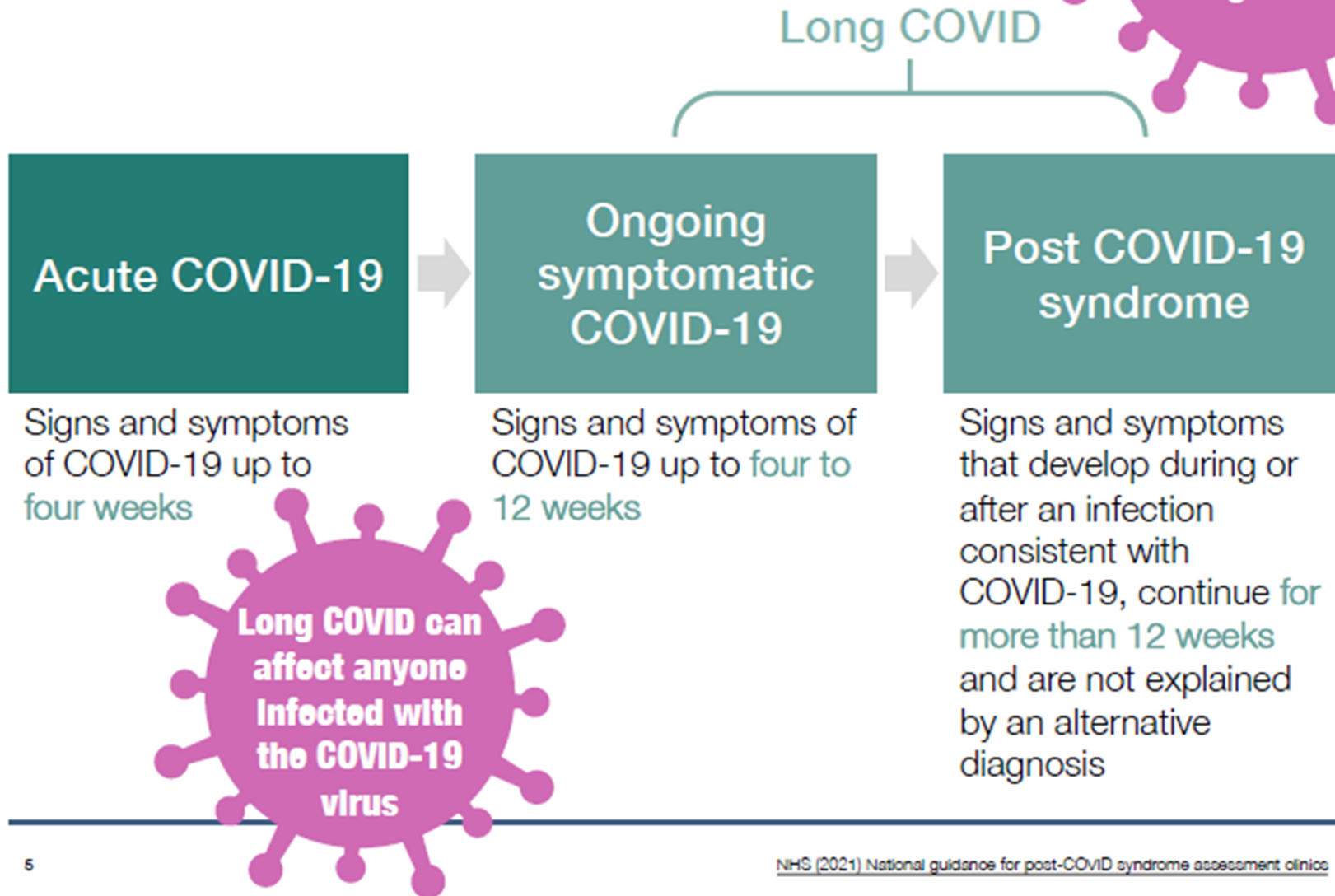
Barry Causer – Public Health Lead for COVID Resilience (LBM)

Dr Amanda Leyland-Naylor – GP Trainee (LBM)

Monica Koo –Public Health Intelligence Specialist (LBM)

Mike Procter – Director of Transformation (SWLCCG)

Clinical definitions



Estimating the burden of Long COVID

Several models have been developed by UKHSA and the NHS

- These estimate new Long COVID cases and demand for Long COVID services

However:

- The models do not include the impact of vaccine rollout and changes to COVID treatment protocols
- There are no prevalence models yet, as evidence on recovery is still being collected

Estimated number of people living in private households with self-reported long COVID in the UK

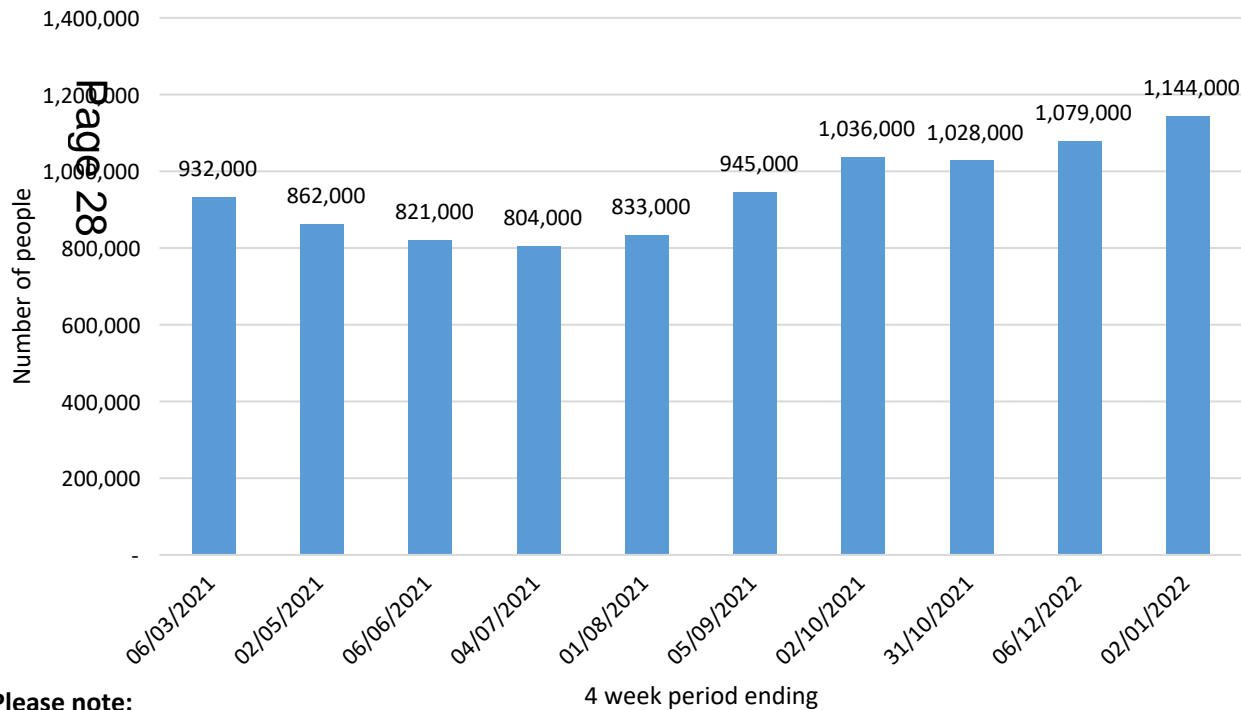
Source: ONS UK Coronavirus (COVID-19) Infection Survey data published on 3rd Feb 2022

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/datasets/alldatarelatingtoprevalenceofongoingsymptomsfollowingcoronaviruscovid19infectionintheuk>

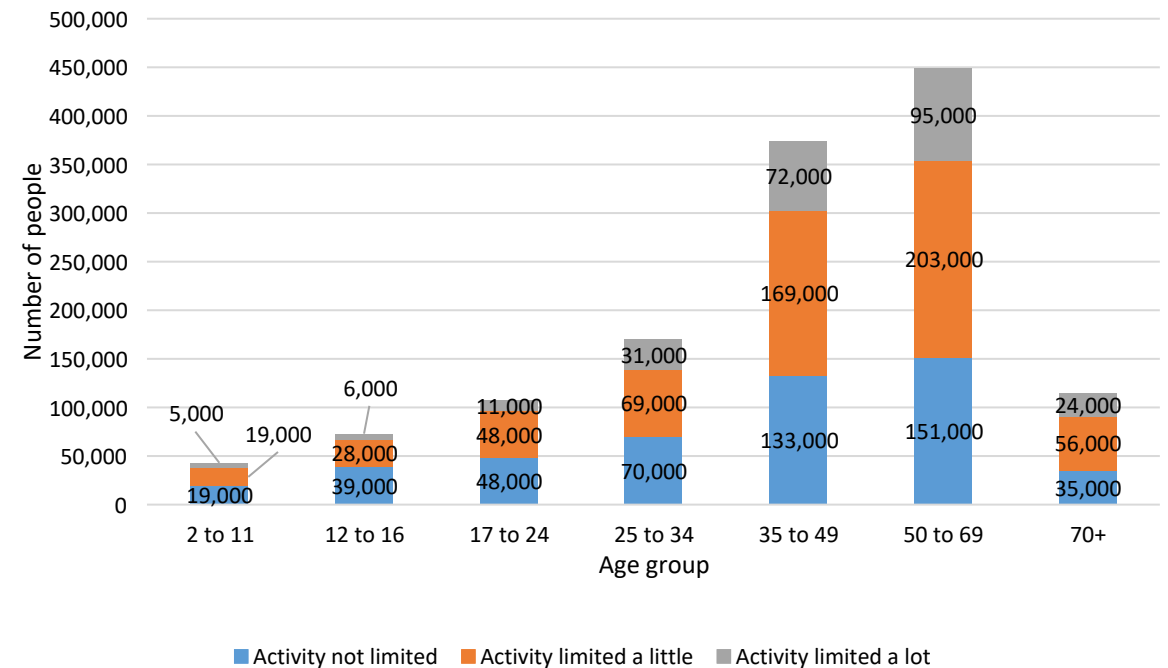
Key message:

- Around 1.14 million people living in private households in England are estimated to have long COVID
- The estimated number of people living with long COVID in England has been increasing since August 2021
- A greater number of 35-49 and 50-69 year olds reported that long COVID limited their daily activities in some way

Estimated number of people living in private households with self-reported long COVID of any duration in England



Estimated number of people living in private households with self-reported long COVID by activity limitation (4 week period ending 2nd Jan 2022)



Please note:

- Estimates relate to self-reported long COVID experienced by participants, not clinically diagnosed ongoing symptomatic COVID-19 or post COVID-19 syndrome.
- Estimates do not include those in communal establishments such as halls of residence, prisons, schools, hospitals, or care homes. Estimates do not account for differing rates of infection between groups. Observed patterns in prevalence rates may therefore partly reflect patterns in coronavirus infection, rather than providing evidence for differential risk of long COVID following infection.
- Cause-and-effect cannot be inferred from these results as observed statistical associations may be due to several unaccounted factors.

Enquiries: amira.yunusa@merton.gov.uk

Estimated prevalence of long COVID in Merton

Source: ONS UK Coronavirus (COVID-19) Infection Survey data published on 3rd Feb 2022 and GLA population estimates for 2021 for Merton

(<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/datasets/alldatarelatingtoprevalenceofongoingsymptomsfollowingcoronaviruscovid19infectionintheuk>)

Key messages:

- There are approximately 4211 Merton residents living with long COVID
- Women and individuals aged 35-69 are more likely to be living with long COVID
- The presented figures are currently the best available estimates, with a high level of uncertainty

Page 29

	Estimated prevalence in the UK	Estimated number of Merton residents*
All people	2.1%	4211
2 to 11	0.5%	149
12 to 16	1.9%	246
17 to 24	1.8%	273
25 to 34	1.9%	567
35 to 49	2.9%	1476
50 to 69	2.8%	1218
70+	1.3%	248
Men	1.8%	1788
Women	2.3%	2419

*The sum of presented estimates by age or sex do not sum to the total, as age and sex-specific prevalence estimates were applied separately. In other words, the actual number of Merton residents in each age or sex category may differ due to differences in population between the UK and Merton.

Please note:

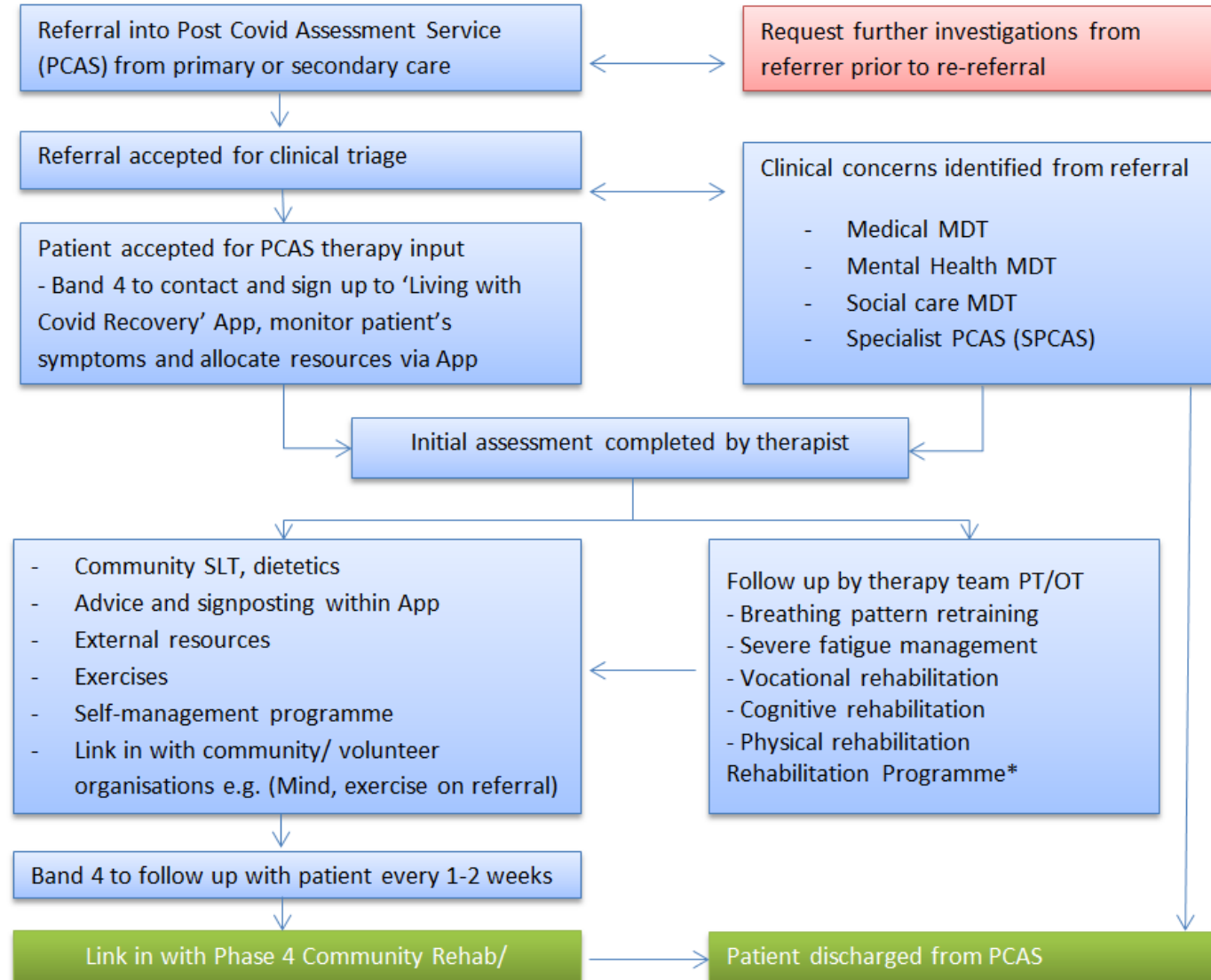
- Estimates relate to self-reported long COVID experienced by participants, not clinically diagnosed ongoing symptomatic COVID-19 or post COVID-19 syndrome.
- Estimates do not include those in communal establishments such as halls of residence, prisons, schools, hospitals, or care homes. Estimates do not account for differing rates of infection between groups. Observed patterns in prevalence rates may therefore partly reflect patterns in coronavirus infection, rather than providing evidence for differential risk of long COVID following infection.
- Cause-and-effect cannot be inferred from these results as observed statistical associations may be due to several unaccounted factors.

Enquiries: monica.koo@merton.gov.uk

Emerging evidence and the known unknowns

- Emerging evidence
 - Impact of vaccination – vaccinated people are less likely to develop symptoms of Long COVID following infection and Long COVID symptoms improve after vaccination
 - Impact on CVD - increased long-term risk for a wide range of cardiovascular disorders, even for individuals who were not hospitalised
- Lots we don't fully understand and evidence is emerging
 - Delta v Omicron – too early to understand differences
 - NHSE London undertaking a number of rapid reviews
 - Impact on employment
 - Children and Young People
 - Overlap in symptoms of PCS and menopause

Patient Pathway



Role of Primary Care in Managing Post COVID

- General practice plays a key role in supporting patients with long term symptoms of COVID-19. This includes assessing, diagnosing, referring where necessary and providing longer term holistic support of patients
- Merton GP practices have signed up for a Post Covid Enhanced Service which support practices to plan their workforce, set up, training needs and infrastructure in order to support patients with this new condition
- Based on the data there is a gap between estimated prevalence and patients visiting their GPs
- As of 31st December 21, 20 practices had registered 2859 patients as having had COVID-19 but only a small number with a confirmed diagnosis of PCS.
- More than 100 patients had been signposted to either the Your Covid Recovery App (www.yourcovidrecovery.nhs.uk) and/or the Post Covid Assessment Service

Proposed next steps and discussion

- Continue to focus on Long COVID whilst we transition to ‘living safely and fairly with COVID-19’
- Take ‘vaccination plus’ approach e.g. vaccination champions also raise awareness of Long COVID.
- Participate in Peer Review (at ICS level) and complete NHSE maturity matrix for case finding.
- Conduct a Health Equity Audit on Merton PCS service; focussing on holistic response and patient voice; identifying key actions for community case finding.
- Utilise existing Governance structures to focus on Equity for Long COVID e.g. HWBB, Merton and Wandsworth PCS Steering Group and MHCT.

This page is intentionally left blank