London's Health Response to the Covid-19 Pandemic

> The London Health Board (LHB) recently met to review detailed reports on the impact of Covid-19 in London and issues for consideration as the capital moves forward. This member briefing examines some of the key elements from the analysis presented to the LHB, London's response and some of the key learnings as lockdown restrictions are being eased.

Introduction

London experienced the highest number of Covid-19 deaths, a higher prevalence rate, and at steeper peak levels compared to other parts of the country.

Public Health England (PHE) figures show:
- London's first positive case of Covid-19 was recorded 11 Feb, with the first fatality in early March 2020.
- London experienced the worst peak diagnosis rate on 2 April, reaching 1,000 positive test results.
- In London, Covid-19 related deaths peaked during week ending 10 April, with 1,941 registered deaths in a single week.
- Up to 5 June, over 8,222 Londoners were confirmed as having died from Covid-19.
- On 15 June, there were 27,345 confirmed cases in London, representing 17 per cent of all confirmed cases across the country.
- Deaths were occurring in a range of settings; 74 per cent were in hospitals; 16 per cent in care homes; with 8 per cent passing away at home and 2 per cent in a hospice or elsewhere, such as prisons.

A PHE report[1] indicated that the Covid-19 pandemic had a disproportionate impact on particular communities. Key facts taken from the review include the following:
- Those aged over 80 years-old were 70 times more likely to die from Covid-19.
- Men were more likely to die from Covid-19 than women.
- People from Black, Asian and Minority Ethnic (BAME) groups were overrepresented with the disease and disproportionately affected.
- People of Chinese, Pakistani, other Asian, Caribbean and other Black Ethnicity had between 10 per cent and 50 per cent higher risk of death when compared to White British ethnicity.

In response, PHE is taking forward pan-London action with a range of partners, including London Councils, NHSE and the GLA, to address the tackle the issues raised by its review into Covid-19 disparity.

1. Covid: Review of Disparities Risks and Outcomes – PHE report June 2020
https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes

LONDON COUNCILS

London's health and care response

Hospital Discharge Arrangements

At the beginning of the pandemic in London, social care teams across the 33 London local authorities were providing care and support to 150, 000 London residents across a mixture of care settings. As part of a policy to protect the NHS and to free up capacity within hospitals, discharge procedures were radically overhauled in March 2020. As a result, 6,500 people were discharged from hospitals into the care of local social services teams between 26 March and 12 June 2020, which equates to 25 per cent of the care home capacity in London being filled over a 10 week period. This was against a national backdrop where, in the first half of March, the number of patients discharged to care homes was higher than in the previous year and the proportion of hospital discharges to care homes increased throughout March, with a reduction in discharges by the end of the month.

Boroughs taking the lead to support the Covid-19 effort

Shielding vulnerable people

Boroughs played a key role by providing support to people needing to shield in their own homes, as a preventative measure to stop the virus spreading. Collectively, London boroughs shielded many thousands of vulnerable people, allowing those people to remain healthy at home and out of hospital.

Boroughs established Community Support Hubs with voluntary sector agencies to act as a central point providing individual support to those at high risk of Covid-19, such as shopping, prescription collection and dog walking, enabling people to remain safety at home.

London Care Homes

At the outset of the pandemic, most infections were identified within a clinical hospital setting. In the week ending 20 March, just 4 per cent of those confirmed as dying from Covid-19 nationally were care home residents. However, this figure had grown to 31 per cent by week ending April 17. At the peak of the pandemic, within care homes (which took place later than the peak within hospitals) 44 per cent of weekly fatalities occurred among care home residents nationally. Recent analysis estimates that of the total excess deaths resulting from the pandemic 57 per cent will have been care home residents.

The surge in London came earlier than in other areas, and the changes in policy, which have assisted other areas in protecting care homes more effectively, such as the increased availability of PPE and testing for care homes, therefore came relatively late to London's care homes and care workforce. The result was that deaths in care home residents in London have been proportionately higher than those outside London, with the possible exception of the north east of England. It appears that 4.7 per cent of all of those resident in London care homes (1,654 people) had died from Covid-19 by 15 May 2020 (figures include care home residents transferred to hospital) and, of the 1,394 care homes in London, 45.6 per cent had been infected by Covid-19, with 635 outbreaks recorded in the period to 31 May 2020.

Protecting street homeless people

According to Combined Homelessness and Information Network CHAIN figures (April 2018-March 2019) there were more than over 8,855 rough sleepers in the capital. Many of this group were sleeping on the streets or in hostel accommodation. An urgent response was needed to protect London's street homeless population from Covid-19, by providing accommodation so they were able to self-isolate. People living in assessment centres, shelters, and people sleeping rough were identified and offered crisis accommodation for a time limited period.

> "
> **Collectively, London boroughs shielded many thousands of vulnerable people, allowing those people to remain healthy at home and out of hospital.**
> "

On 11 March, a request was made to secure temporary accommodation for these vulnerable people, covering all emergency accommodation types. A total number of 4,579 people were placed in emergency accommodation, with 1,515 placed in borough hotel rooms, 946 placed in hotel rooms by the GLA, 814 in B&B and 896 in other temporary accommodation, and the rest in other types of accommodation, including hostels. Individuals were offered a health needs assessment in order to identify whether there were any drug and alcohol support needs.

Local authority Housing Directors are working with their Local Integrated Care System homelessness lead to secure a planned approach to move-on accommodation, to ensure individuals receive ongoing physical and mental support and continuity of care for people as they exit emergency accommodation.

Housing Directors have been convening a Rough Sleeping Strategic Group, comprising London Housing Directors, PHE, the GLA, NHS London and MHCLG - to coordinate resources and approaches across the system. The group has also developed a Rough Sleeping Next Steps Strategy.

Test and Trace System
All councils are leading local outbreak planning, working with NHS Test and Trace, PHE and other government departments. Data flow between local authorities, PHE regional bodies and the national Test and Trace system is key – the Joint Biosecurity Centre has been established to provide information and analysis from the NHS Test and Trace system to local Directors of Public Health and national NHS Test and Trace leads.

Each local authority has a local outbreak plan setting out how partners should work together to implement the plans and take a preventative approach. A £300 million funding package has been made available to local authorities to support this work and the LGA have established a national Local Outbreak Plan Advisory Board to engage with government and inform local planning.

In London, four boroughs have successfully applied to be part of the Good Practice Network, a national collection of 11 beacon local authorities that are identifying and escalating operational issues, as well as collating and sharing good practice in order to support the delivery of a local service. The London Region Good Practice Network, led by Barnet, Camden, Hackney and Newham, was set up to share best practice approaches. These examples include Hackney, developing a local, resident facing Covid-19 dashboard, and Newham, training community champions to lead test and trace discussions within communities. London is also working closely with local community partners, to build trust in order to develop local response plans to manage test and trace systems.

Locally, boroughs worked together with the support of London Councils to develop a 'Keep London Safe', communications campaign, providing a clear coherent if people have Covid-19 symptoms. Boroughs also tailored these messages, to provide a local neighbourhood response.

Boroughs working to support BAME communities during Covid-19 pandemic
London boroughs continue to respond to disparities issues. These include conducting deep-dive data reviews to better understand which characteristics such as ethnicity, age, gender, disability and various co-morbidities are linked to disparities in the risks and outcomes of Covid-19. Building on existing relationships with voluntary sector partners, work is underway to provide educational resources and digital resources and support.

Local authorities continue to work together with their communities to ensure appropriate messaging is available, by disseminating materials in languages relevant to the local demography. Public health and medical leads have also appeared on local BAME-focused radio media, developed guidance for community leaders, and undertaken targeted leaflet drops for communities known to be less engaged with other forms of media.

> "
> **All councils are leading local outbreak planning, working with NHS Test and Trace, PHE and other government departments**
> "

Lessons to take forward during the recovery phase

Key issues identified for discussion at the London Health Board included:

- Providing an urgent response to the inequalities and disparities issue, embarking on a genuine conversation to respond to concerns voiced by communities, building on gaining trust, reducing racism and discrimination across the system.
- London boroughs and NHS to continue to work to support recovery in out of hospital settings and community care.
- Build on collaborative approaches to on housing, health and care at regional and building on integrate care partnerships. Including developing the support to homeless people, via the Rough Sleeping New Steps Strategy supporting a London-wide homelessness response
- Further work will be required to examine care home settings, and to allocate resources to prevent infection, and continue to invest in expanded hospital capacity to deal with any unintended consequences of future viruses.
- Building on the joint use of data and modelling to influence demand on intensive care unit capacity, working with social care to plan predicted care needs.
- Working at borough level and aggregate up to sub-regional plans, recognising the importance of local knowledge.
- Joint work to rapidly develop and implement sustainable PPE supply and test and trace testing for community and key workers.

Commentary

Covid-19 has substantially disrupted health and care provision and will continue to shape the way people access and experience the health and care in fundamental ways for years to come. London has been in the forefront of innovation during the pandemic, while at the same time, using the partnership arrangements already in place and working more broadly together across the health and care sector, as well as the voluntary sector.

Most urgently, London is already taking positive steps to address the health disparities in our health system. Work is needed to ensure we can be more responsive to London's communities and to firmly embed any learning across our health system, thereby reducing health inequalities and building trust and confidence.

Author: Valerie Solomon, Policy and Projects Manager, (T: 02079349507)
Click here to send a comment or query to the author

Links:

Covid-19: Review of Disparities in Risks and Outcome – PHE report, June 2020
London Health Board Agenda papers – 30th June 2020, GLA webpage

This member briefing has been circulated to:

Portfolio holders and those members who requested policy briefings in the following categories: Health and Adult Social Care