

Covid-19 and Inequalities

KVA Health Conference 22.10.20

Iona Lidington

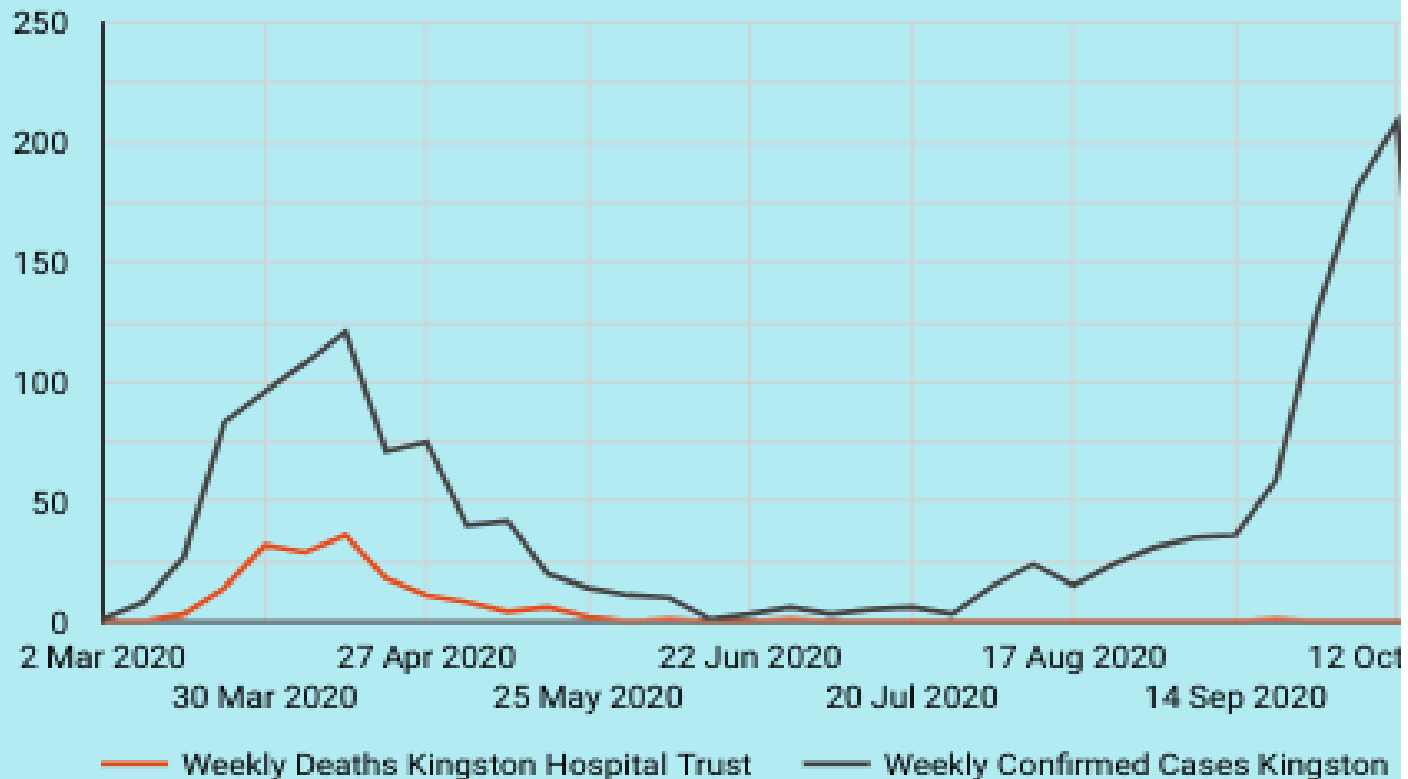
Director of Public Health, Assistant Director Healthy and Safe Communities

Kingston Council



Kingston: Current COVID-19 situation

Weekly Lab Confirmed Cases (Borough) and Deaths (Hospital Trust)





Kingston Stronger Together Hub



- Most people who are unable to leave their home because of COVID-19 can manage this situation for themselves, with the support of family, friends and trusted neighbours.
- However, for those who need additional support the Kingston Stronger Together Support Hub offers:
 - Information on COVID-19 and staying healthy
 - Help to get essential supplies (i.e. food & medicine) delivered to their home
 - Emotional and social support
 - Referral onto existing health and care services
- To access the KST Hub services people can complete the form at https://www.kingston.gov.uk/COVID-19_NeedHelp.
 - Residents can complete the form for themselves or on behalf of someone.
 - People who do not have online access can phone 020 8547 5000.
 - Most requests for help are managed from Monday to Friday, but we do respond to urgent requests over the weekend when necessary.



Residents we are supporting



People who cannot leave their home at all because of Covid 19 and who are unable to support themselves / arrange for trusted others to help:

- **Self isolating individuals/families with symptoms and/ or who have tested positive for Covid-19 and their contacts, as defined by NHS Test and Trace**
- **People who have been instructed not to leave their home** by the NHS or Kingston's Director of Public Health due to extreme clinical vulnerability to Covid -19
- **People who cannot leave their home because of some other extreme need related to Covid-19**, e.g. extreme anxiety, no support network, no ability to support self i.e. digital barriers or mobility issues, people who do not meet statutory or social care thresholds

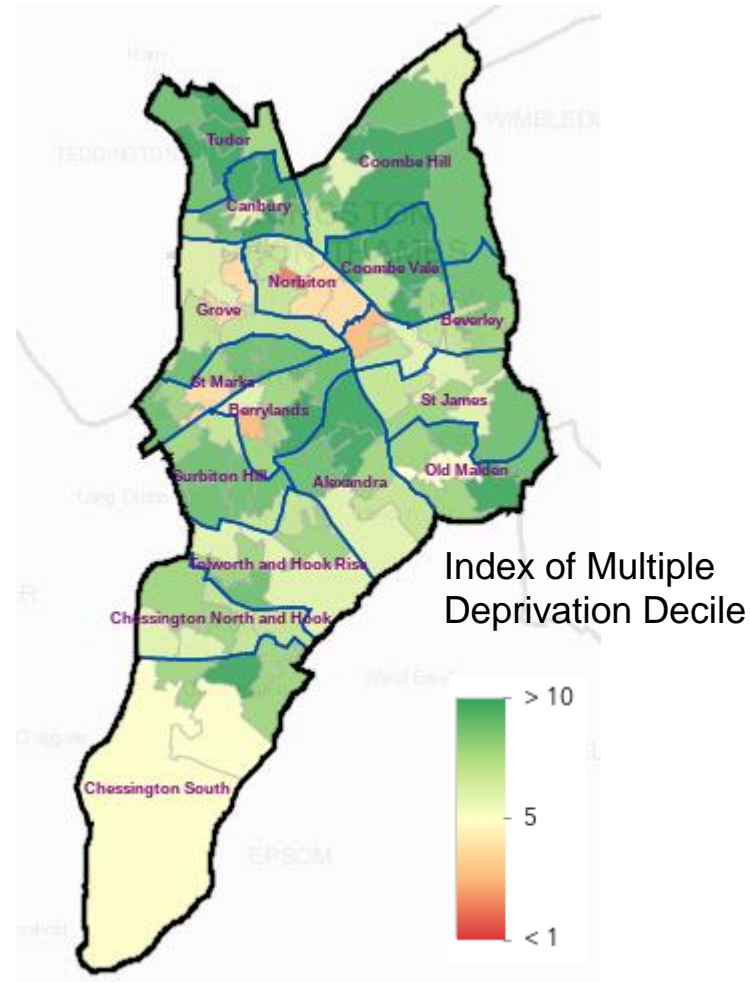
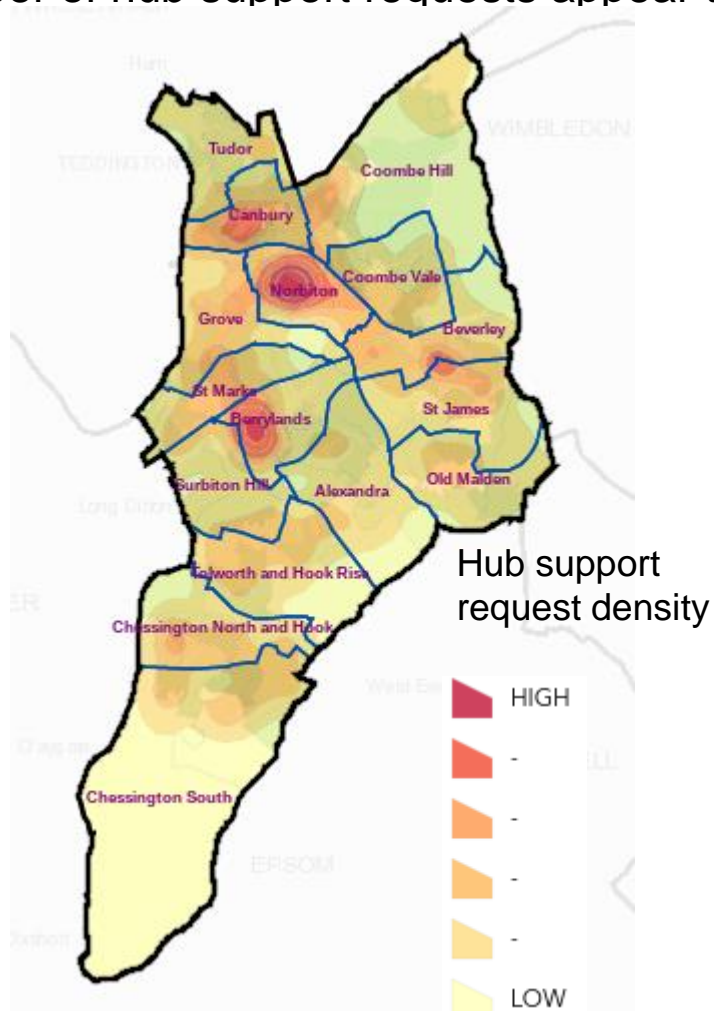


Hub activity



- The KST hub continues to meet demand for those identified as vulnerable (e.g. coming out of hospital) and responding to requests for support
- Shielding
 - Number on shielding lists is over 5,800 (15,000+ phone calls made to shielders)
 - Number of people shielding who required support from the hub up to end July - 500+
- Support
 - Food parcels delivered - 2,000+ by the KST hub (8,293 Govt parcels to shielders)
 - Frozen meals delivered - 20,000+
 - Shopping service cases - 200+
 - Prescriptions delivered - 600+
 - Emotional support buddies - 190+
 - Mental Health Support Cases -38 current cases
 - Referrals to higher level health and care services - 80+ cases
- Volunteers
 - Volunteers who registered to help with the Covid-19 response 1200+
 - Resident volunteers matched to meet needs so far- 174

- Number of hub support requests appear to map closely to deprivation





How Covid-19 has affected mental health



More than two-thirds of adults in the UK (69%) report feeling somewhat or very worried about the effect COVID-19 is having on their life. The most common issues affecting wellbeing are worry about the future (63%), feeling stressed or anxious (56%) and feeling bored (49%).

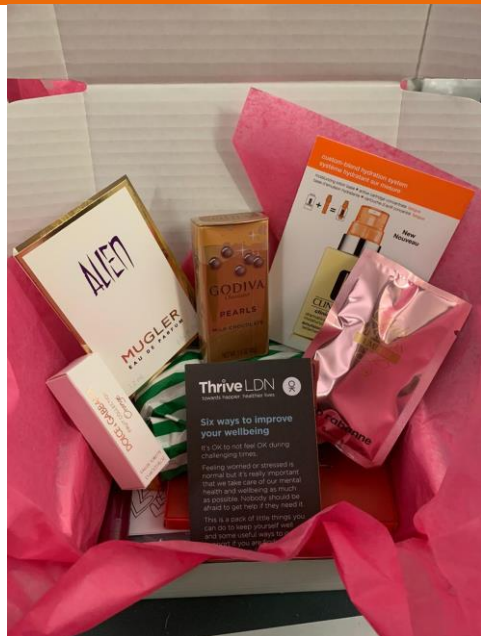
- Social isolation
- Job and financial loss
- Housing insecurity and quality
- Working in front line services
- Lack of coping mechanisms
- Reduced access to mental health services

Emerging evidence of COVID-19's impact on mental health and health inequalities: <https://www.health.org.uk/news-and-comment/blogs/emerging-evidence-on-covid-19s-impact-on-mental-health-and-health>

Over 150 people have received emotional support from the KST Hub

38 people are currently being supported who have mental health needs.

Creative opportunities for new community support offers



With thanks to local volunteers, community & voluntary organisations, including Voices of Hope!



During lockdown, several voluntary organisations and churches made offers to help the most mentally vulnerable to keep them well and show a kindness.

Wellbeing boxes were created for 33 High Intensity Users, many of whom were reportedly desperately lonely and suffer high levels of anxiety, causing them to frequently contact the London Ambulance Service. A few of these individuals have used the hub's mental health support to reduce demand on the service.

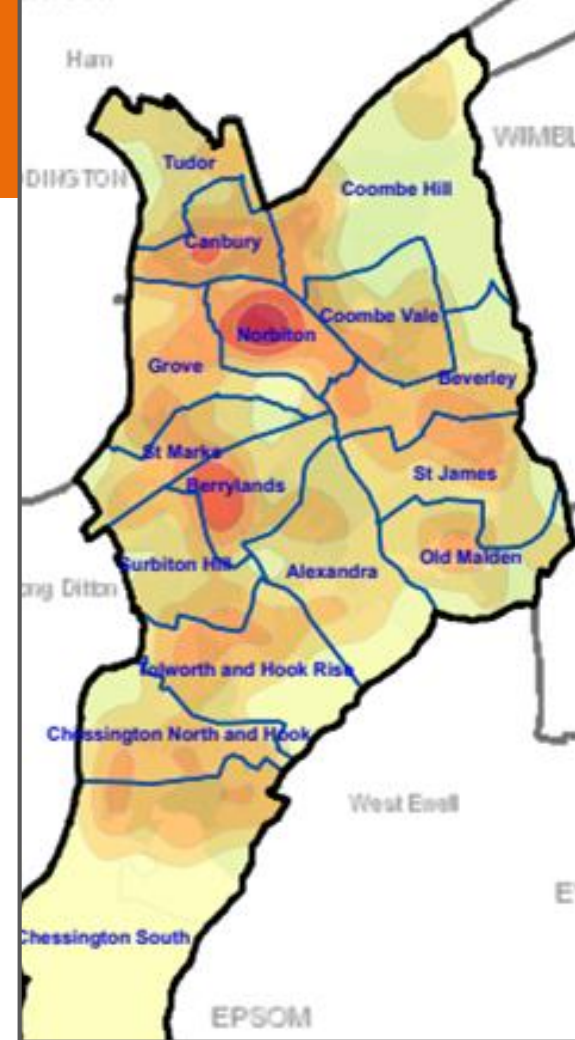
The HIU service reported that dropping-off wellbeing boxes enabled them to chat with service users, cheering people up, making them feel cared for, part of their community and giving them something to do. The boxes included mindful activities and mental health promotion leaflets organised by RBK Public Health.



Covid-19 & Food inequalities

- demand for food distribution

- This map shows the distribution of requests into the RBK Support Hub, many of who experienced financial difficulties.
- The three areas of highest demand are the Cambridge Road Estate, Alpha Road in Surbiton and Acre Road in Canbury.
- The areas of social housing within the borough correlate closely with the areas with the highest requests for food support
- One of the supplementary Indices of Deprivation is: Income Deprivation Affecting Older People (people aged 60+). There is a high level of correlation between this and where RBK Food Support has been provided.





Just a Small TOKEN
OF my GRATITUDE For
The work you do Truly
Humbling you REALLY
have been my Guardian
Angels in a Time of
Need and your Delicious
Food is second to none

I THANK YOU ALL
(CANCER PATIENT) WITH YOUR
HELP I AM PUTTING ON
WEIGHT AND FEELING A LOT
BETTER ACTUALLY I FEEL

GREAT ITS A LOVELY
DAY AND THE SUN IS
OUT 23/06/2020

Bless you all for
your consideration and

Thank you letter and beautiful picture from a local resident having cancer treatment and shielding who received cooked meals prepared and delivered by volunteers



Food Champions!

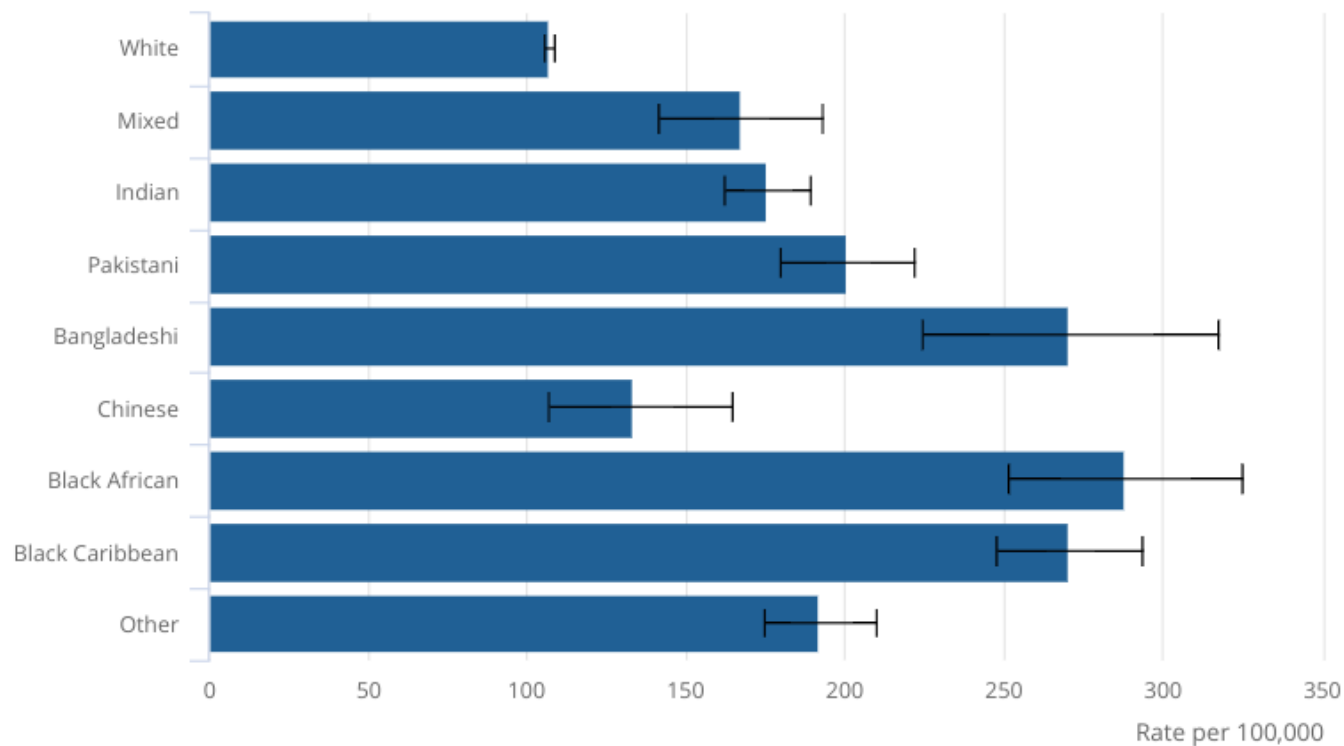
- The KST has been supported significantly by the **Community Street Champions** who have both raised awareness and collected donations from local people towards the emergency food effort.
- The Community Food Street Champions have **collected 3 times what would normally have been donated** to the Food Bank.
- Efforts **need to continue to collect ambient food** as **food insecurity locally continues to be a concern** -both for economic reasons (affordability) and food availability (panic buying and shop shortages).



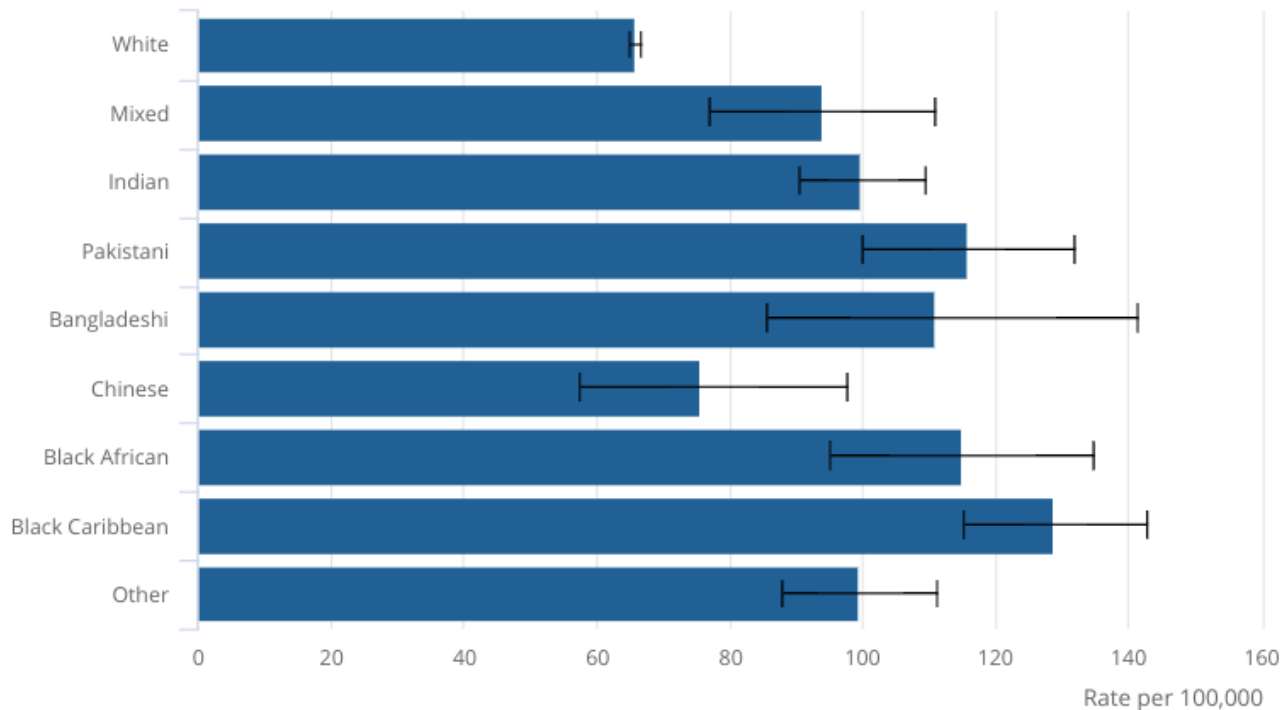
COVID-19: shining a light on inequalities

- COVID-19 - a new disease we are still learning about
- The Public Health England Report 'Disparities in the Risks and Outcomes of Covid-19' confirms that the impact of COVID-19 has replicated existing health inequalities and, in some cases, has increased them.
- We can see that different communities have been hit harder, to varying degrees - however, it is not entirely clear yet what underlies this - ethnicity, occupation, socio economic conditions, occupation, other health conditions -or a combination of factors
- So today will show some of the data showing these differences, but as yet, we do not fully understand exactly what causes what , when looking at ethnicity
- The data is clearer in relation to socio-economic conditions - therefore, we know we need to do more to improve the health of the poorest in our society

**Age-standardised rates of death involving the coronavirus (COVID-19)
among males aged 9 years and over by ethnic group, England and Wales,
deaths occurring between 2 March and 28 July 2020 and registered by 24
August 2020**



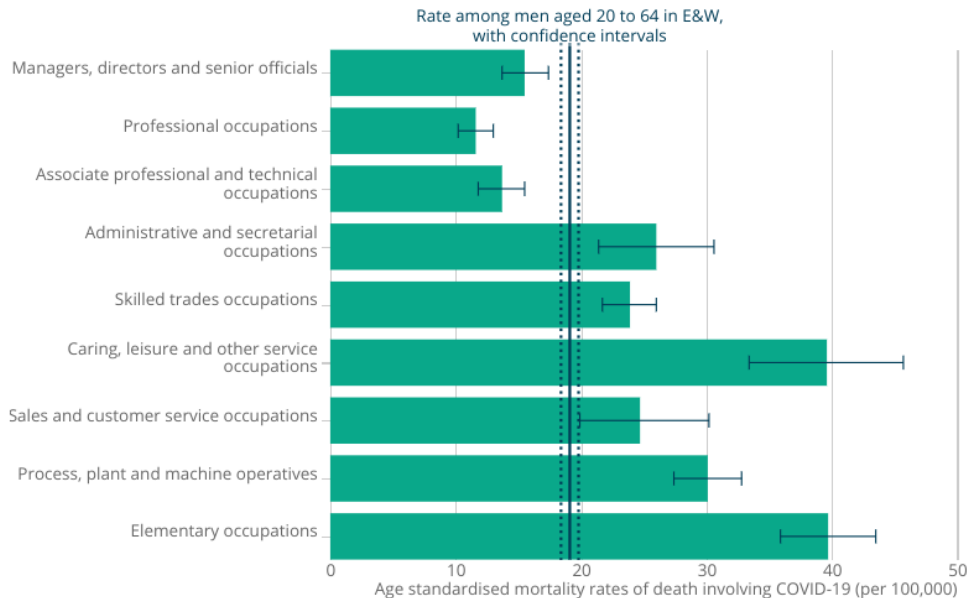
**Age-standardised rates of death involving the coronavirus (COVID-19)
among females aged 9 years and over by ethnic group, England and Wales,
deaths occurring between 2 March and 28 July 2020 and registered by 24
August 2020**



COVID-19: Occupation and mortality rates (9 March-25th May 2020)

Figure 1: Men working in elementary occupations or caring, leisure and other service occupations had the highest rates of death involving COVID-19

Age-standardised mortality rates of death involving the coronavirus (COVID-19) in England and Wales, by major occupational group, deaths registered between 9 March and 25 May 2020



17 specific occupations were found to have raised rates of death involving COVID-19 (men), some of which included:

- taxi drivers and chauffeurs (65.3 deaths per 100,000; 134 deaths);
- bus and coach drivers (44.2 deaths per 100,000; 53 deaths);
- chefs (56.8 deaths per 100,000; 49 deaths); and
- sales and retail assistants (34.2 deaths per 100,000; 43 deaths).

Long term conditions and COVID-19 deaths

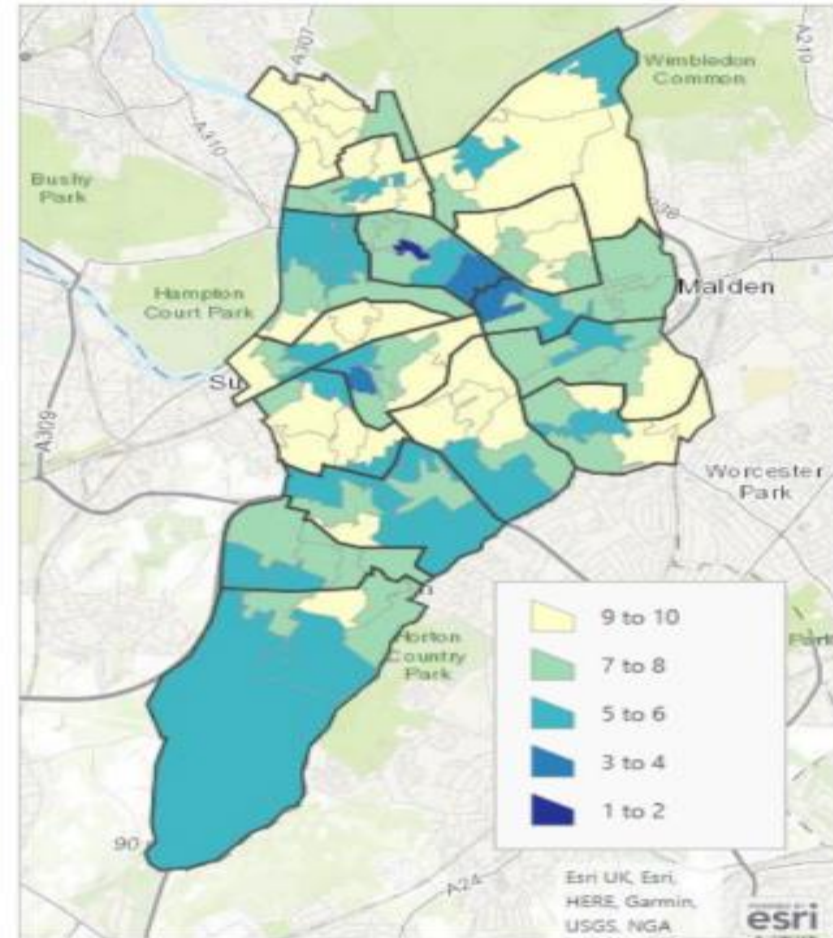
Table 8.1. Percentage of all deaths, and percentage of COVID-19 deaths where one of the conditions were mentioned, 21 March to 1 May 2020, England. Source: Public Health England analysis of ONS death registration data.

Condition	Percentage of all deaths where condition is mentioned	Percentage of COVID-19 deaths where condition is mentioned
Cardiovascular disease	44.1	44.5
Diabetes	14.6	21.1
Hypertensive diseases	14.5	19.6
Chronic Kidney Disease	8.5	10.8
Chronic Obstructive Pulmonary Disease	10.6	11.5
Dementia	23.8	25.7

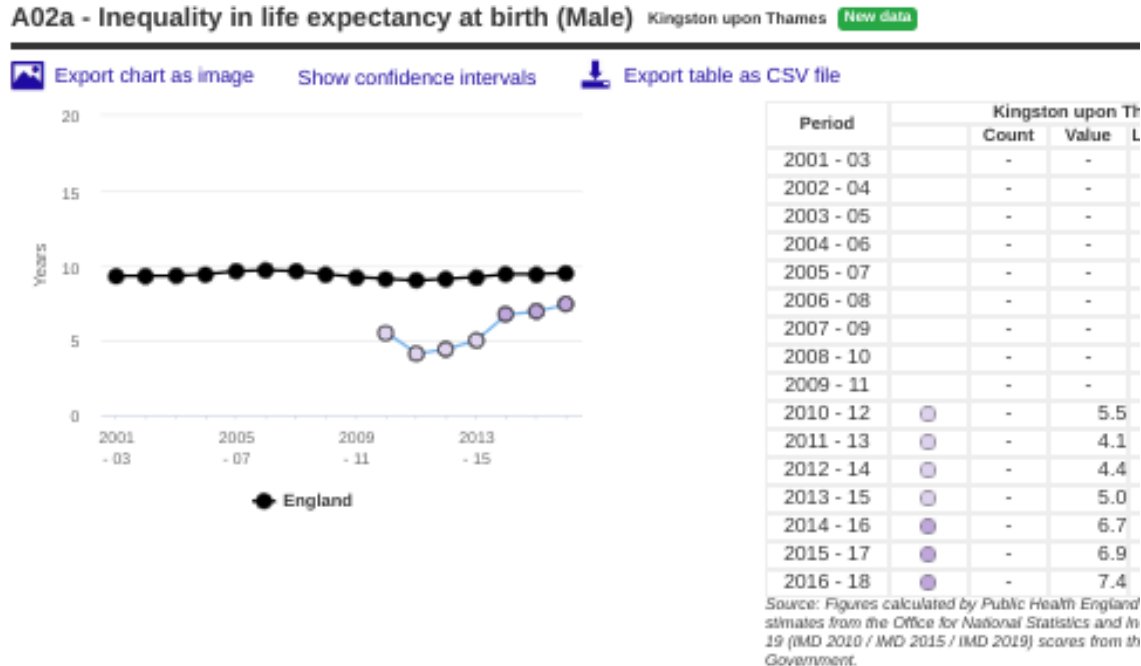
Covid-19 pandemic has shone a spotlight on some existing inequalities

- Obesity prevalence in the most deprived 10% of children is approximately twice that of the least deprived 10% (national) - similar pattern in Kingston
- National Diabetes Audit suggests that people in the most deprived quintile are 1.5 times more likely to have diabetes than those in the least deprived (12/13).

Small area (LSOA) map showing Index of Multiple Deprivation deciles (2019)



Inequality in life expectancy at birth, Kingston (males)

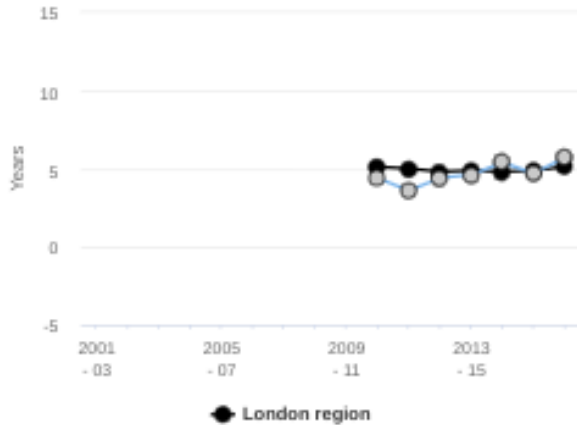


- 7.4 year gap in life expectancy for males between most and least deprived in Kingston
- Gap is increasing - meaning health inequality is increasing for males
- 8.4 yr gap in 'healthy life expectancy' (2009-13)

Inequality in life expectancy at birth, Kingston (female)

A02a - Inequality in life expectancy at birth (Female) Kingston upon Thames [New data](#)

 Export chart as image [Show confidence intervals](#)  Export table as CSV file



Period	Kingston upon Thames		
	Count	Value	Low
2001 - 03	-	-	
2002 - 04	-	-	
2003 - 05	-	-	
2004 - 06	-	-	
2005 - 07	-	-	
2006 - 08	-	-	
2007 - 09	-	-	
2008 - 10	-	-	
2009 - 11	-	-	
2010 - 12	○	4.4	
2011 - 13	○	3.6	
2012 - 14	○	4.4	
2013 - 15	○	4.6	
2014 - 16	○	5.4	
2015 - 17	○	4.7	
2016 - 18	○	5.7	

Source: Figures calculated by Public Health England using estimates from the Office for National Statistics and Index of Multiple Deprivation (IMD) 2010 / IMD 2015 / IMD 2019 scores from the UK Government.

- 5.7 year gap in life expectancy for females in Kingston between most and least deprived
- Gap is increasing (inequality increasing)
- 7.2 yr gap in healthy life expectancy (2009-13)

Educational achievement: major element in long term deprivation level: Qualifications - GCSEs (5A*- C grades including English and Maths who have free school meals 'FSM' 2014/15)

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	-	25,336	33.3	33.0	33.6
London region	-	6,946	45.8	45.0	46.6
Tower Hamlets	-	713	60.0	57.2	62.8
Kensington and Chelsea	-	87	59.2	51.1	66.8
Westminster	-	281	58.4	54.0	62.7
Southwark	-	361	54.4	50.6	58.2
Newham	-	523	52.7	49.6	55.8
Hackney	-	348	50.8	47.1	54.5
Hounslow	-	210	50.2	45.5	55.0
Brent	-	217	48.5	43.9	53.2
Barnet	-	236	48.0	43.6	52.4
Ealing	-	268	47.3	43.3	51.5
Islington	-	278	47.1	43.1	51.2
Hammersmith and Fulham	-	121	44.3	38.5	50.3
Wandsworth	-	154	44.0	38.9	49.2
Merton	-	120	43.8	38.0	49.7
Camden	-	187	43.7	39.1	48.4
Redbridge	-	278	43.3	39.5	47.2
Waltham Forest	-	192	43.1	38.6	47.8
Greenwich	-	174	42.6	37.9	47.5
Harrow	-	126	42.3	36.8	48.0
Lambeth	-	221	41.9	37.7	46.1
Haringey	-	277	41.5	37.8	45.3
Croydon	-	260	41.5	37.7	45.4
Sutton	-	107	40.4	34.6	46.4
Barking and Dagenham	-	186	39.4	35.1	43.9
Bromley	-	94	37.8	32.0	43.9
Enfield	-	258	36.6	33.1	40.2
Havering	-	103	36.3	30.9	42.0
Hillingdon	-	178	36.1	32.0	40.4
Bexley	-	126	35.9	31.1	41.0
Kingston upon Thames	-	44	35.8	27.9	44.6
Richmond upon Thames	-	56	35.0	28.0	42.7
Lewisham	-	162	34.7	30.5	39.1
City of London	-	0	*	-	-

Source: Department for Education

- Children who are from low income families (FSM) in Kingston do less well at GCSEs than low income children in most other other boroughs (2014/15 data)
- 35.8% of FSM children in Kingston achieved these grades compared to 45.8% of FSM children across London
- For all children in Kingston (all income families), 74.6% achieved these grades (2015/16) - twice as many children of all incomes in Kingston get these grades compared to children on FSMs in Kingston
- Small numbers - focus needed

Royal Borough of Kingston upon Thames: Health Inequalities

Kingston Plan Themes

Develop Sustainable Communities

Maximise the Independence of Kingston residents

Be an Enterprising Borough

Be a Leading Council

Health Inequalities Themes

- Mental Health
- BAME
- Isolation
- Access to information and advice (online and face to face)
- English language and communication
- Food poverty
- Digital exclusion
- Debt
- Destitution/homelessness: people with 'No Recourse to Public funds' (NRPF)
- Those living in deprived areas (facing cross cutting issues)
- Unemployment

Tools for Engagement

Feedback from lessons learned to date:
@ borough / system / regional / London / national

Plans to Address Inequalities

- Transformation across Kingston placed-based system to focus on inequalities, looking a population health in smaller geographies, e.g. highest areas of deprivation
- Health & Wellbeing Board Workshop 1st October
- Make Every Contact Count - workforce development
- Vital-5 approach across Kingston: Obesity, Mental Wellbeing, BP, smoking, alcohol

Plan Fit

NHS Long Term Plan: prevention approach; LTC Conditions (DM programme)
Transformation programme



An opportunity to think differently

- **Long term investment:** To improve long term health for all, resources must be targeted to areas of need, using evidence of benefits e.g. focus active travel measures where inactivity is high - cycle lanes, safe walking routes, school resources - **we need to make it easier to be healthy**
- **At the individual level:** we all have to play our part in keeping healthy.
- **We should cherish our health** - in the immediate: social distancing; and longer term: taking care of our health by getting ourselves and children physically active and maintaining a healthy weight

We must pull together to Keep Kingston Safe

Individually - we all have to play our part: Hands, Face, Space, Got Symptoms, Get Tested - and supporting friends and neighbours - and keeping self healthy

System - improving our testing and contact tracing, supporting those who must isolate, supporting the national goals

Longer term - make sure that our environment and services focus on those where need greatest, using evidence of what works

This is not a sprint, nor a marathon but an 'ultramarathon'

Together we can Keep Kingston Safe

