City of Westminster

THE ROYAL BOROUGH OF KENSINGTON AND CHELSEA

Westminster Health & Wellbeing Board

RBKC Health & Wellbeing Board

Date:	9th July 2020
Classification:	**General Release**
Title:	Bi-Borough System Response to COVID 19
Report of:	Bi-Borough Executive Director of Adult Social Care Managing Director Central London CCG Managing Director West London CCG
Wards Involved:	All
Financial Summary:	None
Report Authors and Contact Details:	Grant Aitken Grant.Aitken@rbkc.gov.uk

1. Executive Summary

1.1 There has been unprecedent change to the way services are delivered to meet the heath and wider care needs of local people. Many of these changes have also had to occur at pace with limited time to fully engage people in the usual ways. As the pandemic response has progressed more understanding and work will be required to ensure needs are identified and support put in place.

1.2 The Healthwatch survey is the start of a wider understanding of how these changes have impacted on people. As we begin to consider the future, partners are reflecting on the period of change and looking at where services should be maintained or delivered differently. Engaging and communication with local people will be critical, especially where there is clear evidence, according to the Office of National Statistics and Public Health England that parts of our communities have been disproportionately impacted, for example BAME communities including staff and residents. An overview of disparities is provided in appendix 1

1.3 This briefing is to provide an overview, to the board, of the response across RBKC and WCC, though recognising we remain in the midst of the pandemic which is impacting on all our lives; and there is clear evidence that COVID-19 does not affect all population groups equally.

> *"Many analyses have shown that older age, ethnicity, male sex and geographical area, for example, are associated with the risk of getting the infection, experiencing more severe symptoms and higher rates of death. … work has been commissioned by the Chief Medical Officer for England to understand the extent that ethnicity impacts upon risk and outcomes"*
>
> *"Death rates from COVID-19 were higher for Black and Asian ethnic groups when compared to White ethnic groups. This is the opposite of what is seen in previous years, when the all-cause mortality rates are lower in Asian and Black ethnic groups"* [i]

1.4 Awareness of these disparities will be fundamental going forward to understand how other determinants of health (housing, education, employment etc) impact on people's health outcomes.

2. Key Matters for the Board

2.1. HWBB to note the activities undertaken across RBKC and WCC by system partners in response to the COVID-19 pandemic.

3. Background

3.1 The BiBorough Councils, alongside CCGs, other health and system partners and our communities has played a significant role in supporting the UK Government's Covid-19 pandemic response. This has included adjusting services to support people; providing incident management oversight, support for shielding and other vulnerable residents, and using data to enhance the local understanding of, and mitigate against, the impact of the virus on our residents, visitors and local health and care services.

3.2 What the COVID-19 pandemic and our response has consistently demonstrated has been the benefit of working in close partnership focussed around the common ambition to deliver 'the best and timely support for the residents' throughout the crisis. There is now real system commitment to build on this joint approach – bringing our skills and expertise together with, and for, our patients and residents.

3.3 The coming months and years will provide challenges but there are opportunities to build on our learning and to put in place policies that can make positive differences to people's lives. Tackling inequality and ensuring resources are allocated in a way that can be channelled to areas of greatest need. For example, BAME communities, who make up at least 40% of resident population today. Many of these health inequalities have their roots in the social determinants of health –

including overcrowded or insecure housing, poverty, and employment in occupations with high exposure to Covid-19.

4.0 System Response to COVID

The following summarises some of the responses across RBKC and WCC since early March in response to the COVID-19 pandemic.

4.1 Care Home and Home Care

- Daily calls (7 day a week) to Care Homes and Home Care Providers to ensure current guidance had been received and implemented, and to identify any operational issues such as staffing, equipment, infection control and PPE etc.
- Testing in care homes has been widened to ensure it was accessible and to support the surveillance and the control of the widespread transmission of the disease. This now includes repeat testing of staff and residents in care homes
- Development of a standardised approach for infection control and use of PPE in the community by social care and health staff. This was supported by NWL CCG health leads to strengthen infection control, training and guidance to care homes
- Early cocooning in care homes was implemented to protect vulnerable resident from exposure to the virus.
- Specific support to domiciliary care to reduce volatility with providers around issues such as cashflow, capacity, retention and increased costs of statutory sick pay and PPE.
- As COVID-19 has impacted everyone's daily lives, NHS Every Mind Matters Campaign has been promoted widely.

4.2 Integrated Working- Support for the Shielded

- The shared challenges which have arisen whilst responding to COVID-19 have provided the opportunity to strengthen local partnerships and work to build a system focused on a collective ambition to improve health and wellbeing and tackle inequalities. Collaborative working with community volunteers has been integral to our local response and we will build on and strengthen these major assets further. Work with shielded people has been a key focus of the response to the pandemic and working with the voluntary and community sector has reinforced its' role in enabling and delivering positive health and care outcomes

4.3 Out of Hospital Care Primary and Community Care (including Mental Health)

- Primary care has introduced triage approach with online and telephone-based management as default and Escalated Care Clinics for face to face management of COVID-19 suspected and positive patients.
- Most services moved to "virtual first" – including mental health and community – with a corresponding reduction in demand for same day urgent access to services
- ITU and G&A demand data used to inform decisions about community service provision. This resulted in adding additional bedded capacity to support discharge
- Redeployed community health, CHC, and social care staff to implement Discharge to Assess based on national guidance
- CNWL opening out IAPTs to the general public to deal with anxiety around COVID-19
- Establishing the Emergency Unit at St Charles to divert MH users from acute
- MH service working flexibly but not remotely in offices delivering face to face contact based on thorough risk assessments

5.0 Planning for Recovery

5.1 COVID-19 has exposed the impact of inequalities in our communities and there is a commitment to reduce the structural disadvantages by BAME communities. This will include the Director of Public Health conducting an in-depth study of health inequalities across RBKC and Westminster as part of the Annual Public Health Report for 2020-21. The study will review the findings of the "Marmot Review: Ten Years On" report - published in publication from March 2020 - a core focus of which is how social and economic factors lead to poor health and premature death for the most deprived. The study report will identify the needs of BAME communities, looking at health inequalities in early years, access to decent housing (particularly addressing overcrowding and homelessness), employment prospects, health inequalities, and education.

5.2 A national report by Public Health England titled "*Beyond the Data: Understanding the Impact of COVID-19 on BAME Communities*". The report sets out "requests for action" across a number of:

- **Research and data**: to deepen our understanding of the wider socio-economic determinants, improve data recording of faith and ethnicity and greater use of community participatory research.
- **Policy**: ensuring long term sustainable change, establish cross government infrastructure to drive change, address occupational risk and act to mitigate the impact of race crime.
- **Communications**: work with community leaders to enhance the depth of reach into BAME communities ensuring guidance and media is culturally appropriate and available in different languages. Utilise diverse communication approaches to mitigate fears and encourage improved uptake of vital prevention services.
- **Anchor institutions**: scale up prevention services in a targeted and timely way, develop strategies to rebuild trust with health and care services, co-

produce solutions with BAME groups and faith leaders, provide safeguards to mitigate risks for all frontline workers.

5.3 To support the immediate objective to safely exit lockdown, Public Health is working to assess the wider and potentially longer term direct and indirect health impact of the pandemic. This includes developing recovery focused workstreams to monitoring changes in access to NHS services, uptake of health prevention and promotion intervention, behaviours and lifestyles choices, we will be able to tailor our local services to respond to needs as they emerge. This will include:

- Ensuring that care homes and domiciliary care provision are represented in system-wide modelling.
- Working across social care, community health, and primary care to expedite the development of community MDTs so that resources are targeted at people in most need, and that people at risk are managed proactively.
- Review and seek to maintain those new models which deliver improved access and equity of care.
- We will develop a plan to deliver new services and alongside existing ones based on sustainable staffing and funding solutions.
- Consider longer term reshaping of some emergency care responses in the community.

Appendices:

1: Overview of disparities
2: WL CCG Out of Hospital Plan
3: CL CCG Out of Hospital Plan

If you have any queries about this Report or wish to inspect any of the Background papers please contact: Grant Aitken
Email: grant.aitken@rbkc.gov.uk

[i] *https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf*