

Disparities in the risk and outcomes of COVID-19:

9 July 2020

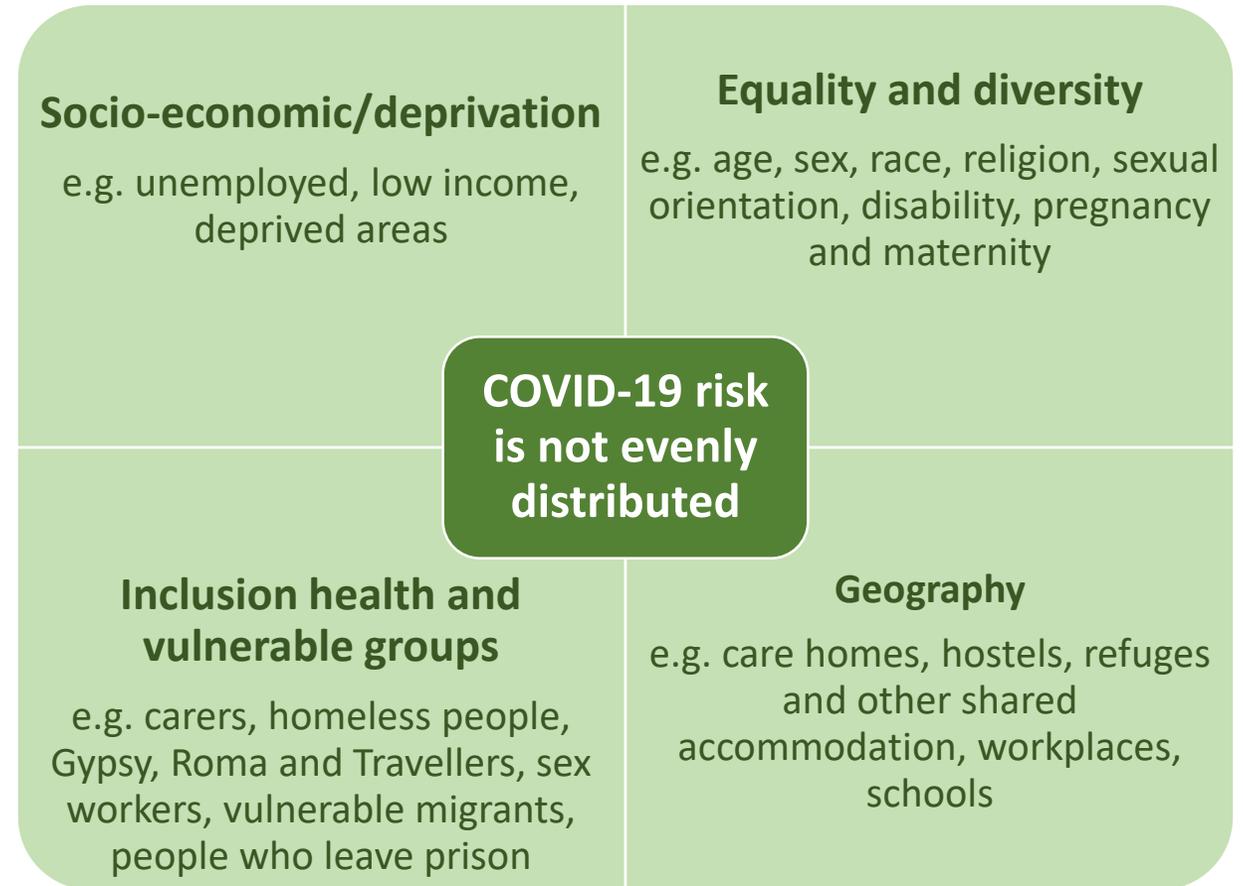
Overview

- National research has highlighted disparities in those impacted by Covid-19.
- Locally we are still understanding the local impact of Covid-19. This work is ongoing and includes:
 - Community engagement.
 - Investigating the demographics of those who have died from Covid-19 or become infected.
 - Monitoring the wider health impact of Covid-19 of the health of our population.

Disparities in risk and outcomes – COVID-19

PHE disparities review

1. Age and sex
2. Geography
3. Deprivation
4. Ethnicity
5. Occupation
6. Inclusion health groups
7. Deaths in care homes
8. Comorbidities



What does the national data tell us?

Gender and Age

- Almost 60% of COVID-19 deaths were men, despite accounting for 46% of cases.
- People who were 80 or older were seventy times more likely to die once infected than those under 40.
- Those aged 75 years and over were almost twice as likely as those aged 16 to 24 years to report high anxiety during lockdown; prior to lockdown lowest among those aged from their mid to late 60s, remaining relatively stable in later years.

Ethnicity

- People from Black ethnic groups were most likely to be diagnosed
- People of Bangladeshi ethnicity had around twice the risk of death than people of White British ethnicity.
- People of Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity had between 10 and 50% higher risk of death when compared to White British

What does the national data tell us?

Co-morbidities

- Among deaths with COVID-19 mentioned on the death certificate, a higher percentage mentioned diabetes, hypertensive diseases, chronic kidney disease, chronic obstructive pulmonary disease and dementia than all cause death certificates.

Deprivation

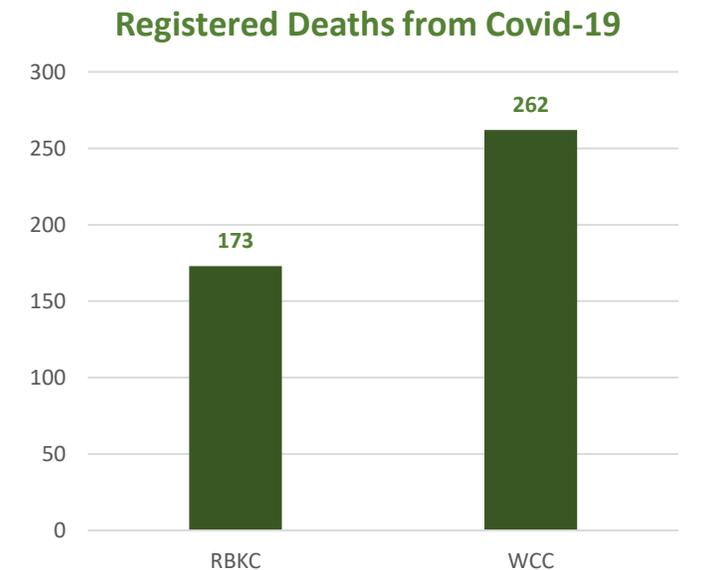
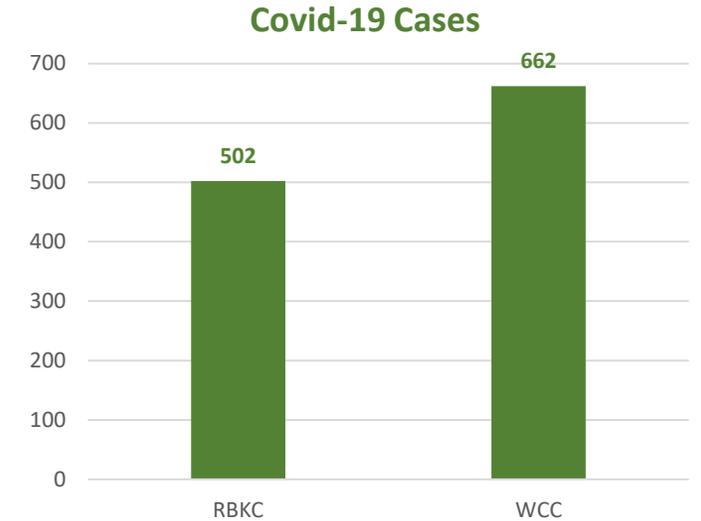
- Death rates in deprived areas were more than double the least deprived areas, for both males and females.
- Disproportionate infection rate in rough sleepers.

Occupation

- A high number of COVID-19 cases in nurses, midwives and nursing associates. Highest percentages were represented in the Asian group (4%), among those registered.
- ONS - Men working as security guards, taxi drivers etc and lower skilled workers in construction and men/women working in social care at higher risk of infection and deaths

Local impact

- As of the 11th June 2020 there have been 27,240 cases in London. 502 were in the Royal Borough of Kensington and Chelsea 662 in the City of Westminster (WCC).
- In the same period, sadly there have been 173 Covid-19 deaths registered in RBKC, 58 of whom were residents and 262 deaths registered in WCC, 110 of whom were residents. This total includes non-residents who died in a hospital in our borough and exclude residents who died out of the borough.
- 5,850 Kensington and Chelsea residents have been shielding and 8,920 residents in Westminster.



Local impact – Initial findings

- In RBKC 65% of Covid-19 registered deaths were in male residents. In Westminster 63%.
- 43% of Covid-19 registered deaths in RBKC were residents aged under 75 years, 41% in Westminster.
- Of those who died of Covid-19 the majority had an underlying health condition: 87% in RBKC and 89% in Westminster
- 61% of Covid-19 hospital admissions were made RBKC residents identifying as BAME. In Westminster the figure was 52%.

Community Intelligence – Residents' concerns

- Concerns around vaccinations and treatment
- Insufficient Information or misinformation
- General health
- Confusion with changing messages
- Impact of protests on spread of Covid-19
- Loss of work & income
- Mental Health, social isolation, loneliness
- Readiness of school to opening
- Pressures with home schooling
- Opening up community conversations
- Fears of spread/ exposure to the virus
- Food poverty
- Shame of using charity and hardship provision
- Grief & unable to attend funerals
- Impact of Track & Trace, and mistrust of government/ use of data
- Digital exclusion
- Concerns Around need to use council/ voluntary Support
- Scams