

COVID 19 Update

September 2020



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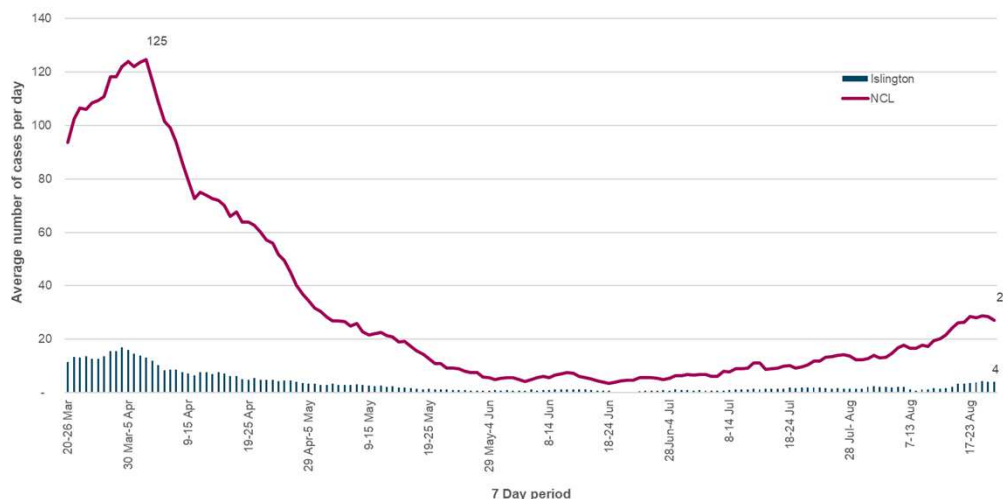


Brief summary of national and local impact of COVID- 19 to date

The local and national impact of COVID - Cases



7 Day Moving average number of new daily cases of COVID-19, Islington compared to NCL, 20-26 March to 21-27 August



Area	Cumulative number of cases as of 27/08/2020	Cumulative rate of cases per 100,000 as of 27/08/2020	Latest 7 day average number of daily new cases 21/08/2020-27/08/2020
Islington	654	270	4
NCL	5,591	370	27
England	288,211	512	935

- As of 27 August 2020, there are a total of **654** laboratory confirmed cases in Islington.

- The average number of new daily cases peaked from 29 March – 4 April 2020 at 17 cases.

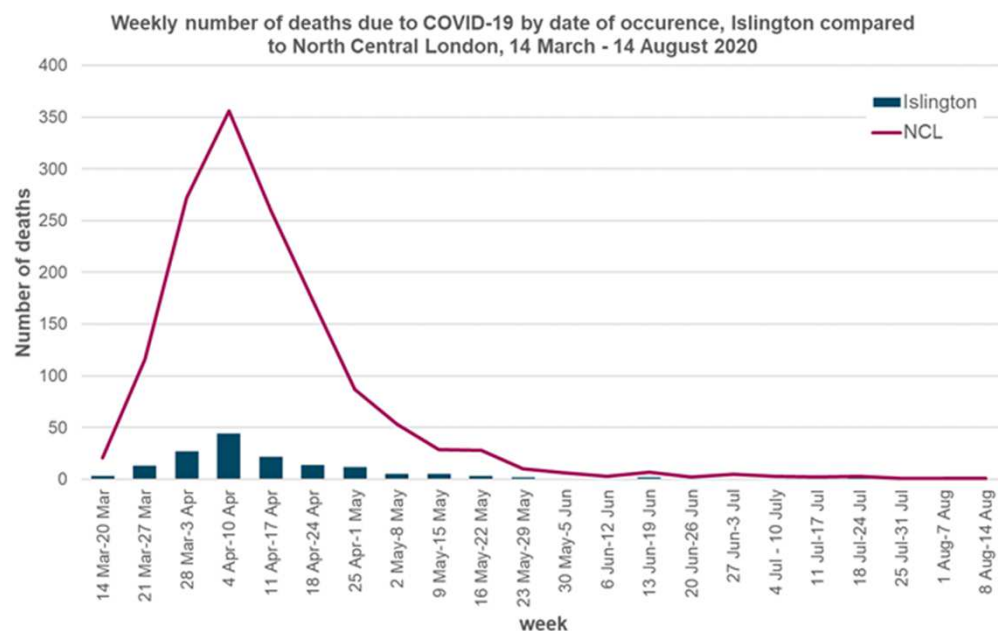
- The number of new cases per day has been on an overall declining trend since mid-April.

- Over the last 2 weeks the average number of new daily cases has increased slightly, with the last 7 days of complete data available (21/08/2020 – 27/08/2020) showing an average of 4 new cases a day.

It should be borne in mind that over this time the eligibility and availability of testing has increased dramatically, so early on many symptomatic cases will not have been tested.



The local and national impact of COVID - Deaths



Note: this chart includes deaths that occurred up until the 14th of August, but were registered up until the 22nd August
Source: ONS

- A total of 153 deaths in Islington have been COVID-19 related, up to 14 August 2020.
- In Islington, the number of COVID-19 related deaths peaked during the week of 4 April – 10 April at 42 deaths and has fallen steadily since.
- There have been no deaths in Islington due to Covid-19 since the week commencing 25 July.
- In NCL, the weekly number of deaths also peaked 4 April – 10 April at 353 deaths. Nationally the peak was seen a week later at 7,861.

Area	Cumulative number of deaths as of 14/08/2020	Age standardised mortality rate per 100,000 (March to July)	Number of deaths 08/08/2020-14/08/2020 (latest week of available data)
Islington	153	135	0
NCL	1,438		1
England	49,410	91	107



Contact Tracing

Between the 28th May when NHS Test and Trace service began and up until 23rd August, in Islington they have identified:

114 cases



79% of cases have been successfully contacted

who had been in close contact with



and of the contacts identified

435 contacts



70% of contacts have been successfully contacted



The key challenges now,
and over the next 6-9
months: potential COVID-19
scenarios

Potential COVID-19 scenarios over the next 6-9 months

- **We do not know what the next few months, over the autumn and winter, will mean for COVID19 risks.** We do know that there is no prospect of a vaccine being deployed (assuming an effective and safe vaccine is developed) and that the virus has not 'disappeared' in any country in which it has become established, even those that had put into place the toughest and widest set of measures.
- **The 'reasonable worst case' scenario** - developed by the Academy of Medical Sciences at the request of the government: under this scenario, COVID19 measures prevent the steep and very rapid increase in cases seen in March and April, but winter conditions and other factors contribute to a much longer period of substantial ongoing transmission over the autumn and winter and ultimately many more cases. This scenario is underpinning NHS preparedness planning for the autumn and winter. Based on the first wave, disproportionality impacts will risk being significant throughout, and if there are more cases, then the absolute impact will also likely be greater than in the first wave. Some of the mortality rate may be mitigated by improvements in knowledge about effective treatment. Appendix 2 summarises the various factors in this scenario.
- Looking at other international examples, other scenarios might include:
- **Rolling regional and local surges in cases**, requiring stepping up and down of additional regional or local measures and restrictions, together with a generally increased level of small, contained outbreaks in community, workplace and health and care settings. This is reminiscent of the current position in parts of Australia and what appears to be emerging in France.
- **Broadly a controlled national and regional epidemic**, with relatively low but continuing transmission. Some significant but localised outbreaks and lockdowns. This is reminiscent of the current position in countries such as Germany and South Korea; and would be more like a continuation of the current London and national position, with the risk of localised lockdowns or surges.
- Under these two other scenarios, national and international examples generally indicate that minority ethnic communities and particularly people in poor employment conditions, overcrowded conditions and excluded groups will likely be disproportionately affected and impacted.



Key actions, August 20 – March 21



Islington COVID-19 Prevention and Resilience Action Plan, August 20-March 2021

1. Implementation of a population wide and targeted communications and engagement plan

- Public communications campaign to maximize public engagement with key control measures (physical distancing; wearing face coverings; hand and respiratory hygiene; self isolation and participation in Test and Trace if a case or a contact)
- Targeted community engagement programme, co-produced with key communities to ensure key messages and guidance reach deeply into all communities, with particular focus on those at increased risk, to support and encourage adherence and tackle myths and misinformation
- Socio-economic and other barriers to adherence are identified and addressed as far as possible through a clear support offer to residents

2. Targeted preventative work with higher risk settings

- Systematic identification and proactive engagement with our highest risk settings to provide advice and support to adopt COVID secure measures, including:-
 - Food production/processing/packaging
 - Hostels/homeless settings
 - Places of worship
 - HMOs
 - Early years, schools, youth, further and higher education
 - Prison/custodial institutions
- Targeted work with key BAME communities to both support confidence in school return and reinforce stay at home/test and trace messaging if symptomatic. Methods include working with parent champions to engage the community, translating core material to other languages and working with school nurses and VCS partners to allow families the possibility of discussing their risk and concerns with trusted professionals

3. Maximizing adult social care system resilience and infection prevention and control

- Ongoing implementation of ASC COVID-19 response plans
- Health and care system winter capacity planning
- Implementation of care home resilience plan and system-wide infection prevention and control (IPC) measures, including:- isolation and cohorting of residents; minimizing staff movement and support to isolate if positive; PPE; IPC training, advice and guidance
- iWork recruitment offer to support provider recruitment
- Support to care homes with implementation of national routine staff and resident swab testing programme
- Support to eligible extra care and supported living settings with introduction of national routine testing programme
- Piloting other priority testing regimes outside of national programme, in conjunction with NCL STP testing programme

Islington COVID-19 Prevention and Resilience Action Plan, August 20-March 2021

4. Effective public health data and surveillance systems

- Maintaining and reviewing a population-level, as-near-to-real-time as possible, granular COVID-19 surveillance dashboard to ensure rapid identification, investigation and management of COVID-19 outbreaks
- Development and maintenance of resident-facing dashboard on LBI website
- Ensuring robust systems for data flow from national/regional to local, and vice versa
- Integrating local health and care sector surveillance data into local surveillance systems

5. Increasing accessibility of and engagement with testing and contact tracing

- Establish a walk-in Local Testing Site in Islington to increase accessibility/reduce barriers to engagement with testing
- Develop options for VCS support offer, linked to any in-borough testing site to maximise engagement with Test and Trace and connect residents with support needs into the local offer
- Planning for locally supported contact tracing, building on a national checklist and our own local work, ensuring approaches are safe and effective and support and reassure our communities

6. Working with the NHS to maximize influenza vaccination take up

- Maximise the uptake of seasonal flu vaccine by priority patient / population groups, ensuring every effort is made to address lower uptake in BAME or more disadvantaged population groups
- Work with CCG and primary care colleagues to find innovative, creative ways to achieve high levels of vaccination this season
- Maximize the uptake of seasonal flu vaccine in health and social care staff

7. Programme of exercising and testing our plans

- Establish programme of scenario-based exercises/tabletops within LBI, with partners via LRF, and engage in sub-regional and regional exercises to strength local plans and effective system working