



ISLINGTON

COVID 19 Update

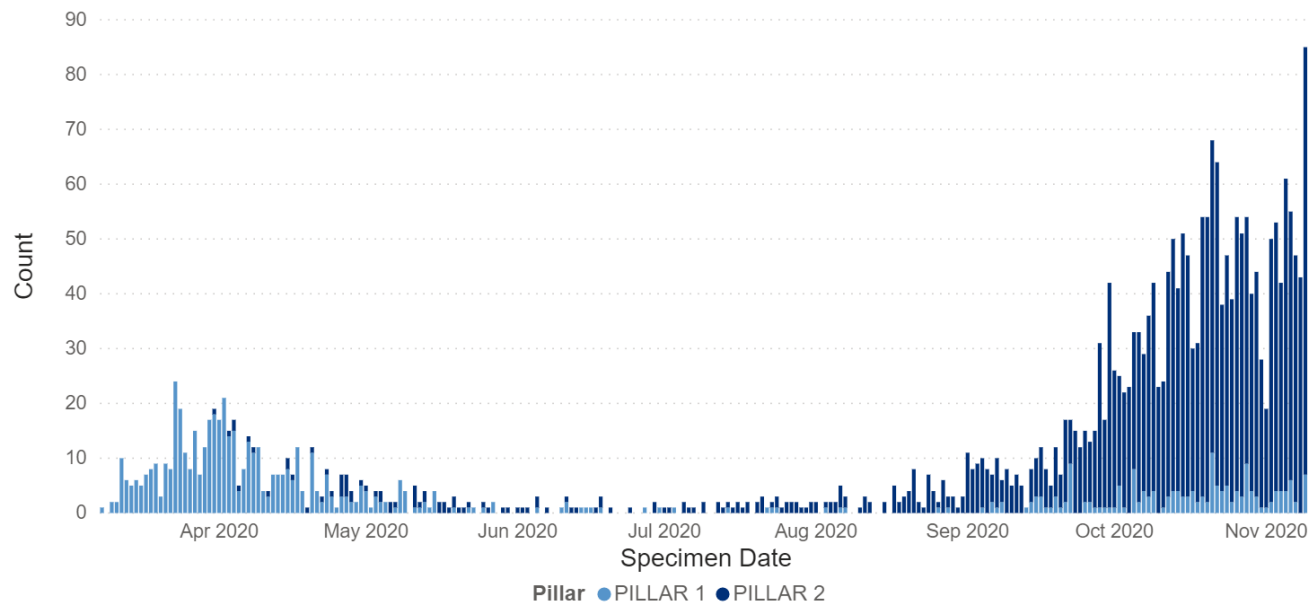
November 2020



- A brief summary of the local and national impact of COVID-19 to date
- An update on the current actions from the outbreak prevention and control plan

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

COVID-19 Cases in Islington



•As of 17th November 2020, there have been a total of 2,990 laboratory confirmed cases in Islington.

•Since the end of August, the number of new cases has risen significantly. Over the last 4 weeks the average number of new daily cases has settled to an extent.

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.

Area	Cumulative number of cases as of 17/11/20	Cumulative rate of cases per 100,000 as of 17/11/20	Latest weekly incidence rate per 100,000 (5/11/20-11/11/20)	7 day incidence rate in 60's and over (5/11/20-11/11/20)	Positivity rate (5/11/20-11/11/20)
Islington	2,990	1,233.2	178.6	110.3	8.7%
London	131,687	1,469.4	180.9	136.2	8.9%
England	1,194,402	2,122	271.2	203.3	9.6%

Ethnicity

- 25% of the cases do not have an ethnicity recorded. Of the cases with an ethnicity recorded 66% are White and 34% are from a Black, Asian, Minority ethnic group (BAME), similar to the boroughs profile.
- The ethnic profile of positive cases has not changed over the past 6 weeks.

Age and gender

- Overall there is an even split of cases amongst males and females and the age profile of cases is slightly younger than the borough population overall. In the most recent 3 weeks of data, just over half of the cases have been aged 15-34.
- There has been little change in the age breakdown of cases in the last 6 weeks.

Deprivation

- Deprivation data shows little variance in prevalence across the quintiles.



Total tests

- As of 8th of November 2020 there have been 42,173 pillar 1 tests and 49,342 pillar 2 tests for approximately 77,000 residents.
- Both Pillar 1 and Pillar 2 testing has decreased amongst Islington residents since the week commencing the 26th October.
- For the 7 day period 31st of October - 6th of November Islington had a testing rate of 280.7 per 100,000, this is lower than the London average at 304.7 per 100,000.

Ethnicity

- In the past 3 weeks, the rate of testing has been highest amongst Other Ethnic and Black African ethnic groups, and lowest among Other Black and Bangladeshi ethnic groups.
- Positivity rates are highest among those with no recorded ethnicity, and people from Other, Other Black, and Bangladeshi ethnic groups. This may indicate a need for more testing among these groups.

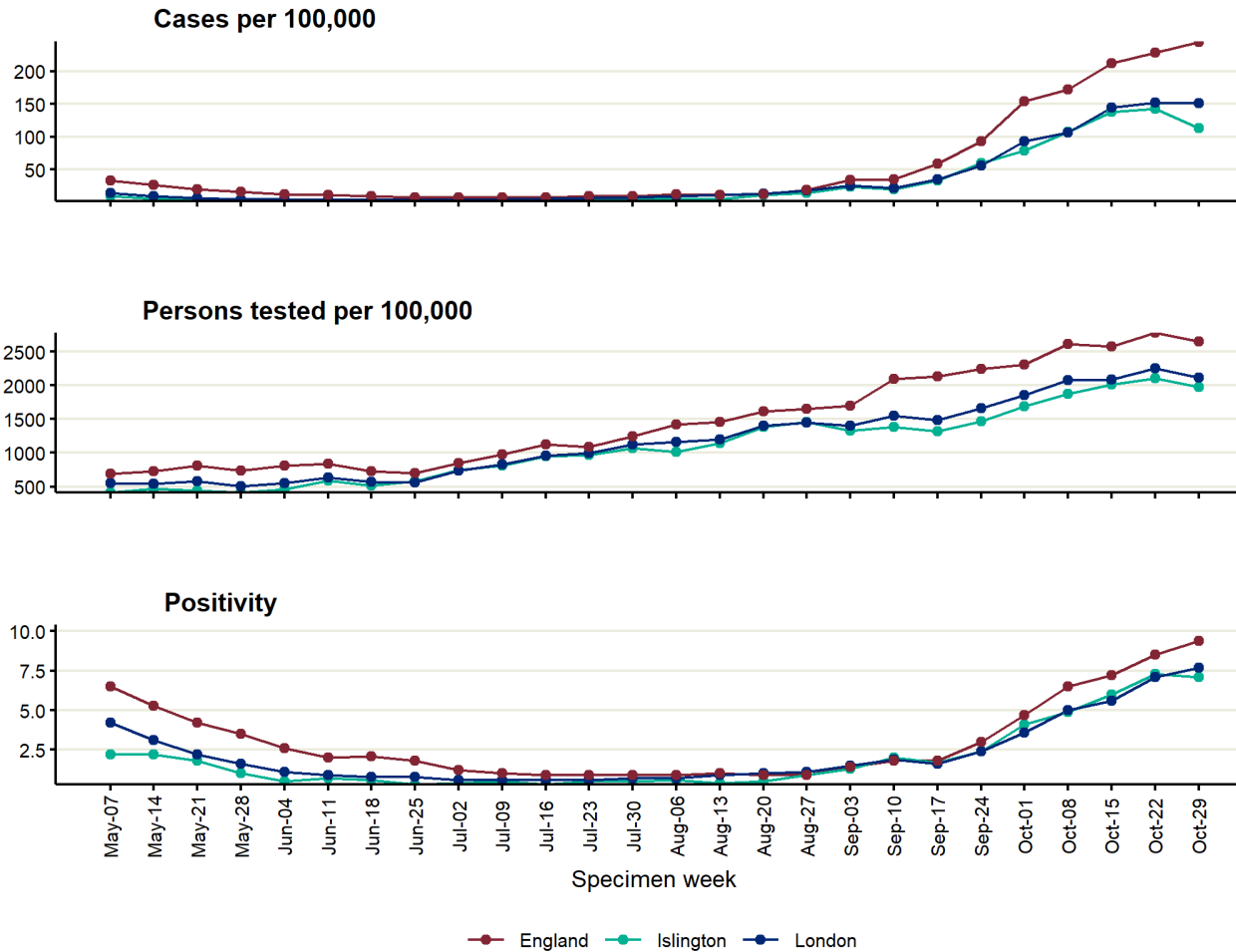
Age and gender

- Overall, testing has been higher among females (though with a similar positivity rate between females and males tested).
- The testing rate is highest among those aged 90+ (driven by care home testing), and then the next highest rates are among those aged between 20-49.

Deprivation

- Testing rates are highest in the most deprived and second least deprived parts of the borough (quintiles 1&4).

Persons tested and cases diagnosed per 100,000 population and positivity per week in Islington, London, and England (May 5th 2020 to November 4th 2020)

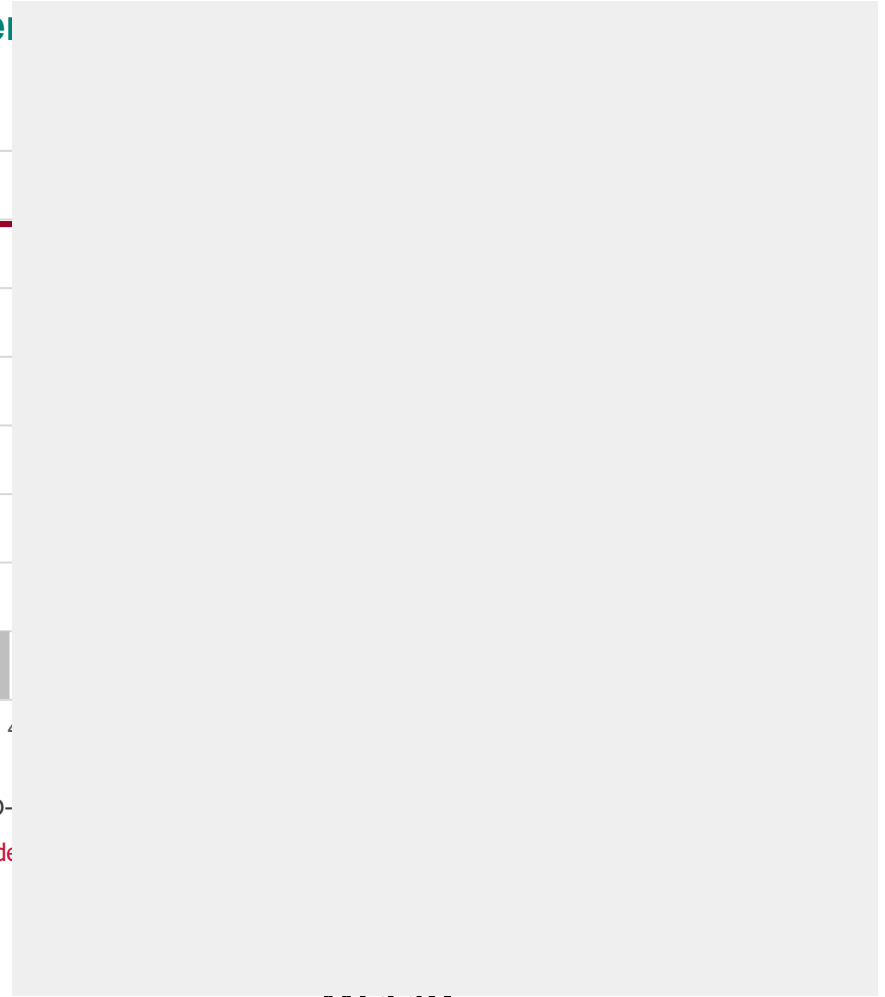
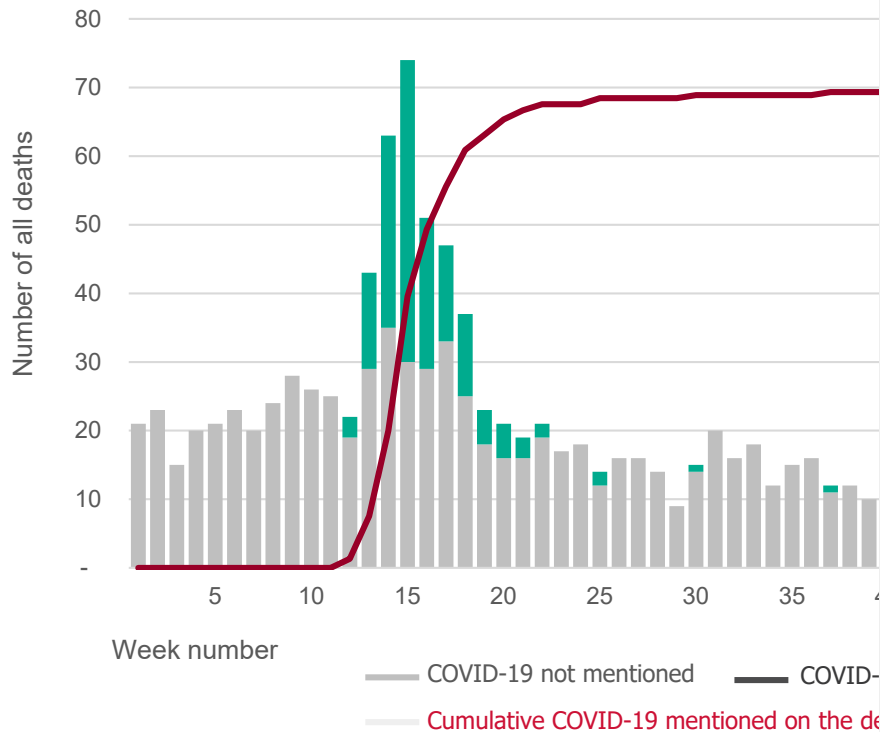


- The rate of positive Covid cases in Islington has been increasing since beginning of August but remains lower than that of England and has seen a slight decline in recent weeks.

Islington's rate of persons tested per 100,000 has increased since mid September, but has recently begun to reduce – similar to London.

Positivity rates in Islington are similar to that of London at about 7%.

Deaths by cause of death (weekly numbers and cumulative), for deaths that occurred up to 30th October 2020 but were registered up to 7th of November week,



Between the 28th May when NHS Test and Trace service began and up until 11th November, in Islington they have identified:

2218 cases

who had been in
close contact with

4853
contacts



79% of cases have been
successfully contacted
(London & England 74%)

and of the contacts
identified

63% of contacts have been
successfully contacted
(London 71% and England 75%)

The key challenges and priorities during the second national lockdown, and longer term

- Community conversations with VCS groups, MTSS (mother tongue supplementary schools), faith communities, Arabic, Somali, Bengali speaking communities have taken place to:
 - Enable them to ask questions, share concerns and suggest ideas for reaching their communities more effectively regarding Covid-19 health messaging
 - Find out what they know about COVID and why they are not being tested
 - To share broader information re. Covid-19, Test and Trace and local support services
 - Through the conversations, we have learned that Arabic speaking and Bengali speaking communities wanted the facts from trusted members of their community and prefer printed materials in their vernacular language.
- Weekly key messages are being prepared on hot topics for community members and faith leaders to create content and share information. This will include videos, graphics on social media, imams' Zoom speeches at prayers, newsletters, etc.
- Additionally, the Communications team are looking into translating leaflets into Bengali/Sylheti and reviewing existing communication materials produced by other organisations to see if they can be shared.
- Regular communication with BAMER and faith communities through VCS bulletins as part of the 'Local Outbreak Control - Communities Engagement Plan' with follow up calls.
- Engagement of BAMER, Older people groups re. Islington's Covid-19 Champions Training.
- Key health messages translated into community languages by local community organisations.

In order to increase accessibility of testing in Islington, a walk-through testing site has been established at the Sobell Leisure Centre.

Establishment of a second local testing site in the south of the borough, has been agreed with the Department for Health and Social Care.

Islington has submitted an expression of interest to explore potential introduction of community asymptomatic testing in the borough which would become part of our overall prevention and control of infection actions.

Islington would be expected to receive tests equivalent to 10% of the population (i.e. about 25,000) on a weekly basis. Suggested (not agreed or confirmed) priorities for community asymptomatic testing cover:

- social care, particularly our domiciliary care staff, among whom there is a high proportion of people from Black, SE Asian and other minority ethnic communities (other new tests expected soon may be more suited);
- across the education sector within the borough, ranging from early years and schools through to colleges and higher education settings;
- larger workplaces or community services, particularly those with greater representation of groups disproportionately affected (especially lower income and BAME groups); and
- with our homeless population, in hostels and hotels.

At the current time, there are significant questions to resolve regarding the logistics and funding of the initiative, among other questions.



Local areas have been asked to support the national Test & Trace service by providing extra follow-up of people with confirmed cases of COVID-19 who the national service has not been able to contact. At the current time, this would be expected to be about 75 – 105 local residents each week.

Our local Test & Trace model will be grounded in the We are Islington model, working closely with other teams, notably in adult social care. It therefore will take a holistic approach including follow-up of uncontacted cases and the proactive offer of practical and wellbeing support, based on a service which is engaged and responsive to community needs and works with a range of BAME community organisations and resources and support in languages other than English.

Expected to go live during November.



Using near real time data from GPs, pharmacies and hospitals to monitor uptake of flu vaccination by different equalities groups to inform ongoing response

- Our new population health management system, HealtheIntent, which operates across North London is being used to monitor the uptake and refusal of vaccinations across equalities groups including by gender, age, ethnicity, religion, deprivation, main language spoken at home, learning disabilities, mental health, care homes, pregnancy and other clinical risk factors.

- It is being used by NHS, Public Health and communications/engagement leads to redirect activity to improve uptake and to start understanding who is refusing the vaccine. It is being used by care teams (e.g. GPs) to improve uptake for their populations and most 'at risk' individuals.

Taking action to improve uptake among equalities groups

- Data has highlighted lower uptake among Black and Mixed ethnicity and more deprived communities, and particularly those who speak Somali. Engagement has been increased with these communities, e.g. messaging on local radio, engagement with local community leaders (e.g. through Manor Gardens).

- Focused work with children, particularly as childcare settings and schools are continuing to be open during latest lockdown. Ensuring that children whose parents do not want them to have the nasal flu spray for cultural reasons, can access the alternative injectable vaccine. Working with NHS immunisation provider and children's services to improve uptake in most deprived schools, as well as schools and parents.

- Specific work ongoing with the homeless population to ensure that they are being vaccinated, working with the NHS to understand needs and gap analysis.

- Ongoing promotion of flu vaccination for council staff who are eligible for NHS vaccination, particularly for frontline workers.

Protection of our care homes, domiciliary social care and the NHS

Supporting providers to implement the latest infection control guidance and best practice:

Communication of key guidance changes and updates via a weekly bulletin.

Regular provider forums to share best practice.

Support from the local public health team where any possible or confirmed cases are identified to ensure infection control measures are swiftly implemented.

New guidance on care home visits was issued at the start of the second lockdown and has been risk assessed and implemented in Islington, which permits COVID secure visits based on local risk assessment.

Routine testing of residents and staff:

Supporting and monitoring regular testing of staff and residents in care homes for older people, and people with mental health conditions or learning disability.

Participated in a pilot for one off testing of staff and residents in Extra Care and Supported Living, with additional local testing capacity identified to continue monthly testing in these settings until an announcement on the national offer is made.

Explore potential within developments around test technology and capacity to expand routine testing to other adult social care staff.

No admissions of residents who have tested positive for Covid-19 and still infectious into care homes:

Development of agreed protocol across hospitals and Local Authorities within North Central London so that no residents are admitted to a care home while still in their isolation period following a positive Covid-19 test.