

# Disparities in the risk and outcomes of COVID-19:

9 July 2020

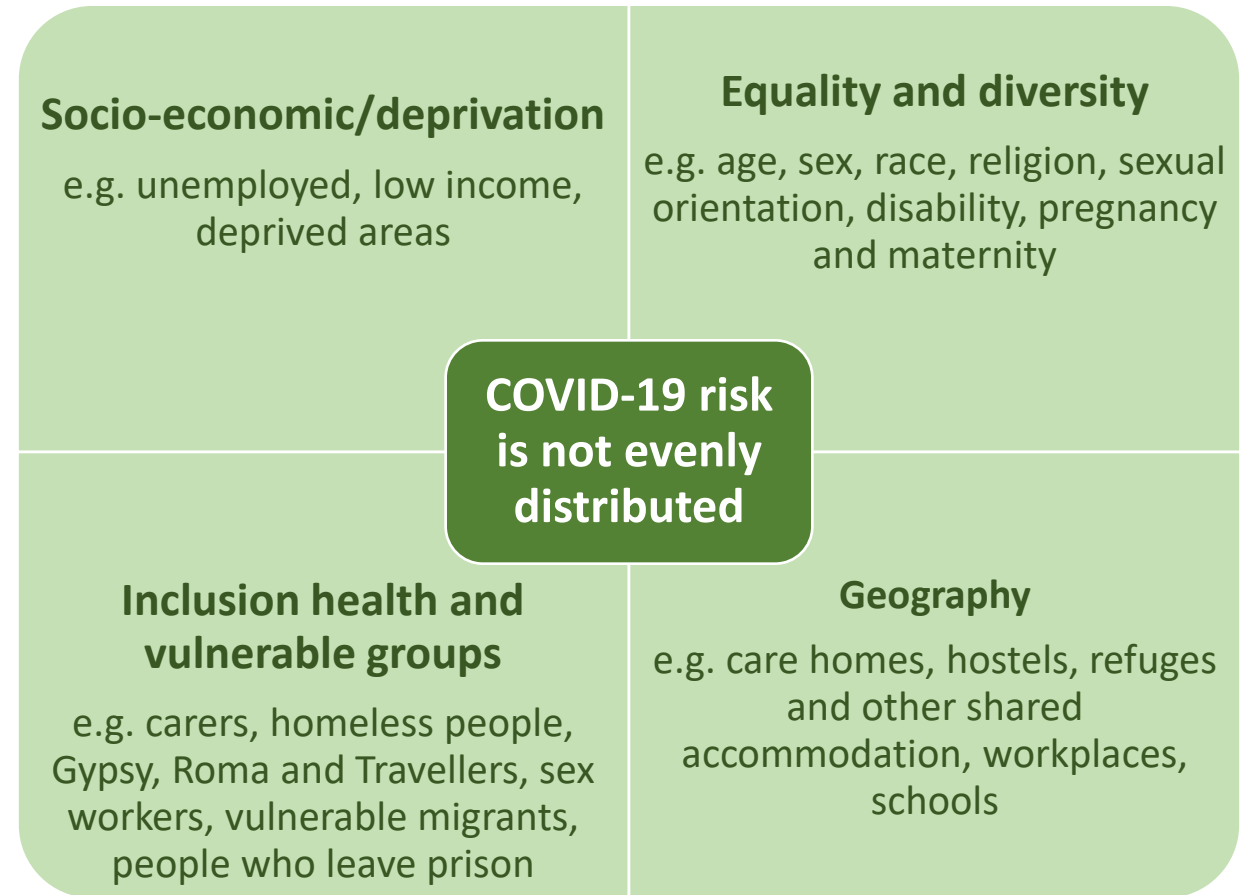
# Overview

- 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

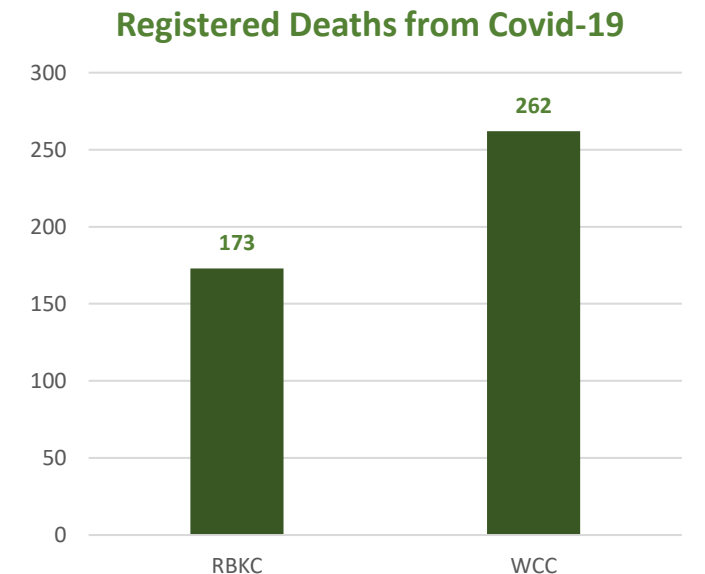
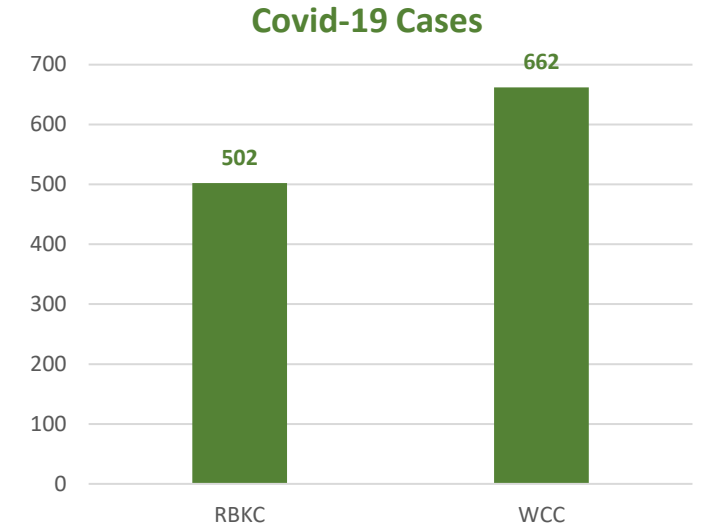
- Death rates in deprived areas were more than double the least deprived areas, for both males and females.
- Disproportionate infection rate in rough sleepers.

## 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 11<sup>th</sup> 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