

COVID Impact among boroughs served by ELFT

Why are there such differences?

There is emerging research and data on which population groups or boroughs have been particularly hard hit by the coronavirus. Information on older age groups, males versus females and BAME groups have all featured in reports about being more at risk than the general population.

There is wide variation across London. The table below shows the areas ELFT works in to give you a sense of this variation.

There are many factors which seem to be driving these differences, and the picture isn't entirely clear. We know from emerging data that men have a significantly higher mortality rate than women; people living in more deprived areas have more than double the mortality rates of those living in less deprived areas. Compare the death rates for Newham with those for the more affluent borough of Richmond.

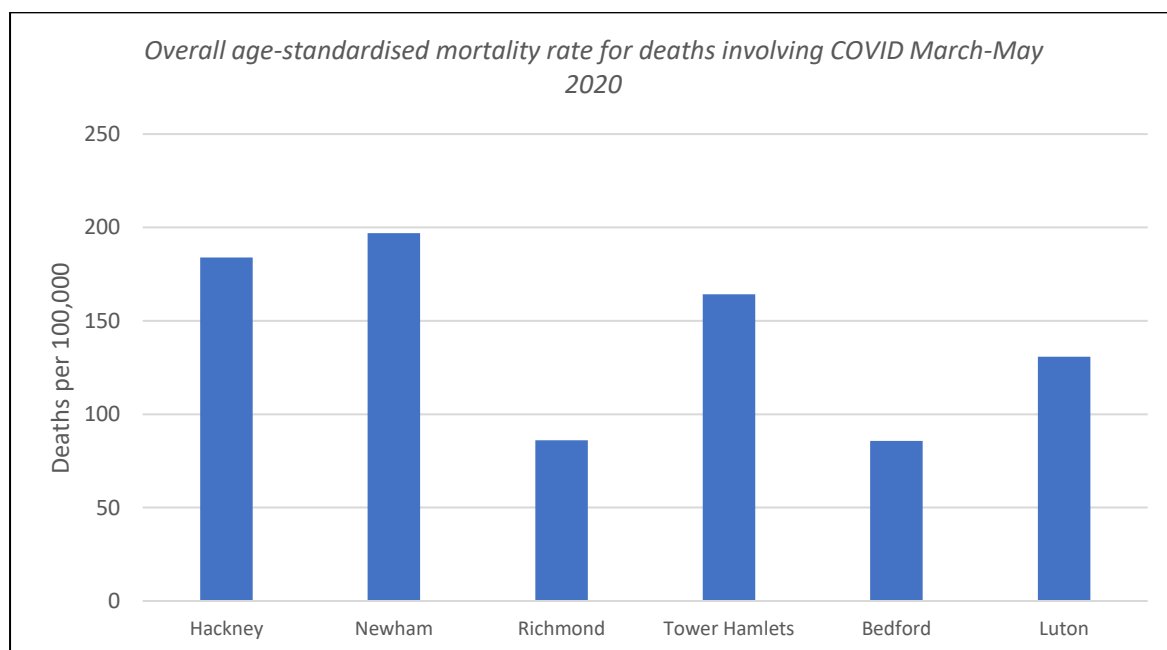
We also know that Black and Minority Ethnic Communities; older people and some occupational groups seem to be much more at risk of developing more serious complications from the virus and therefore more at risk of dying from it. People with existing conditions such as poor respiratory health or cardio vascular disease and those who are obese are more at risk of developing serious complications from the virus.

Death (Mortality) Rates for COVID-Related Deaths

Standardised by Age

What is age standardisation?

We know that older populations typically have higher death rates than those observed in younger populations so direct comparison is not always helpful. Age standardisation is a technique which allows us to convert the death rates we observe in populations to what this would look like in a 'reference population' (in the case of below, the European standard population 2013). This allows direct and fairer comparison between two populations with different age profiles.



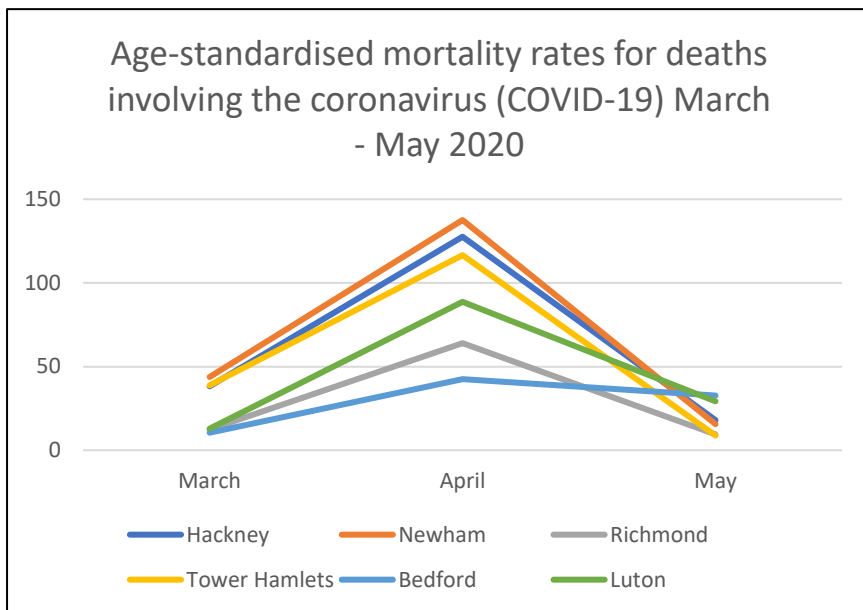
Area name	March	April	May	Overall
Hackney	38.3	127.6	18	183.9
Newham	43.7	137.6	15.6	196.9
Richmond	12.5	64	9.5	86
Tower Hamlets	38.8	116.6	8.8	164.2
Bedford	10.5	42.5	32.7	85.7
Luton	12.9	88.7	29.2	130.8

Age-standardised mortality rates for deaths involving the coronavirus (COVID-19), between 1 March and 31 May 2020 (data unavailable from June 2020 onwards except for Luton and Bedford)

Rates have been standardised using European Standard Population 2013 (ESP 2013) and are expressed per 100,000 people.

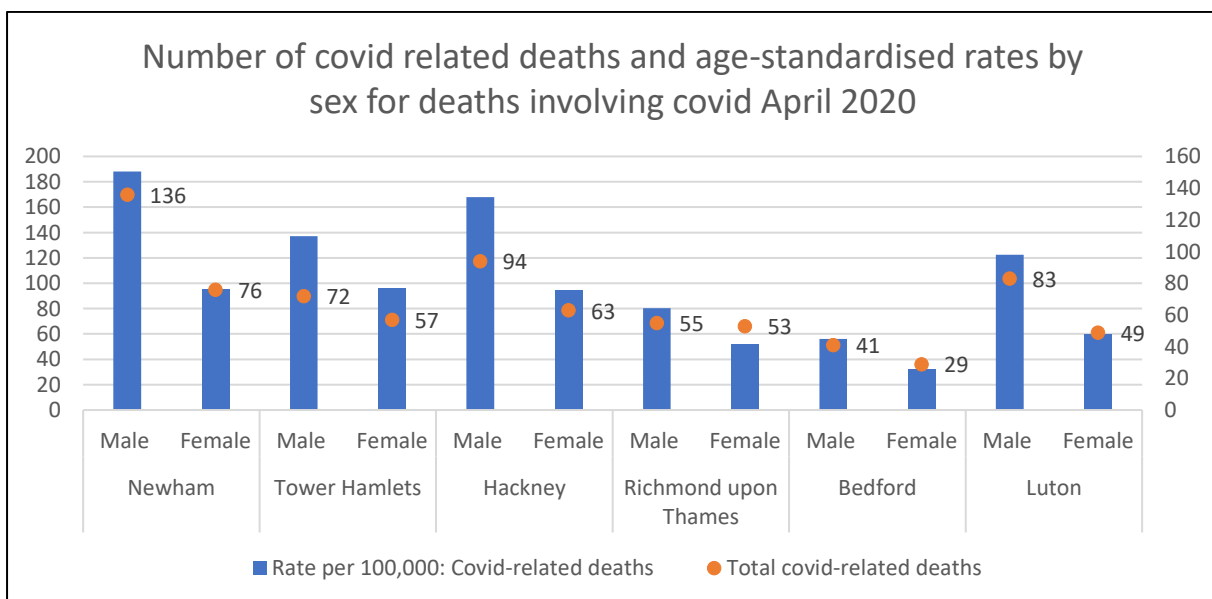
Deaths counted where coronavirus (COVID-19) was the underlying cause or was mentioned on the death certificate as a contributory factor

Source: ONS¹



The graph above shows the changes in covid-19 related death rates over time. As we can see in the graph, the peak of deaths was in April, particularly for our London boroughs.

Breakdown by Sex

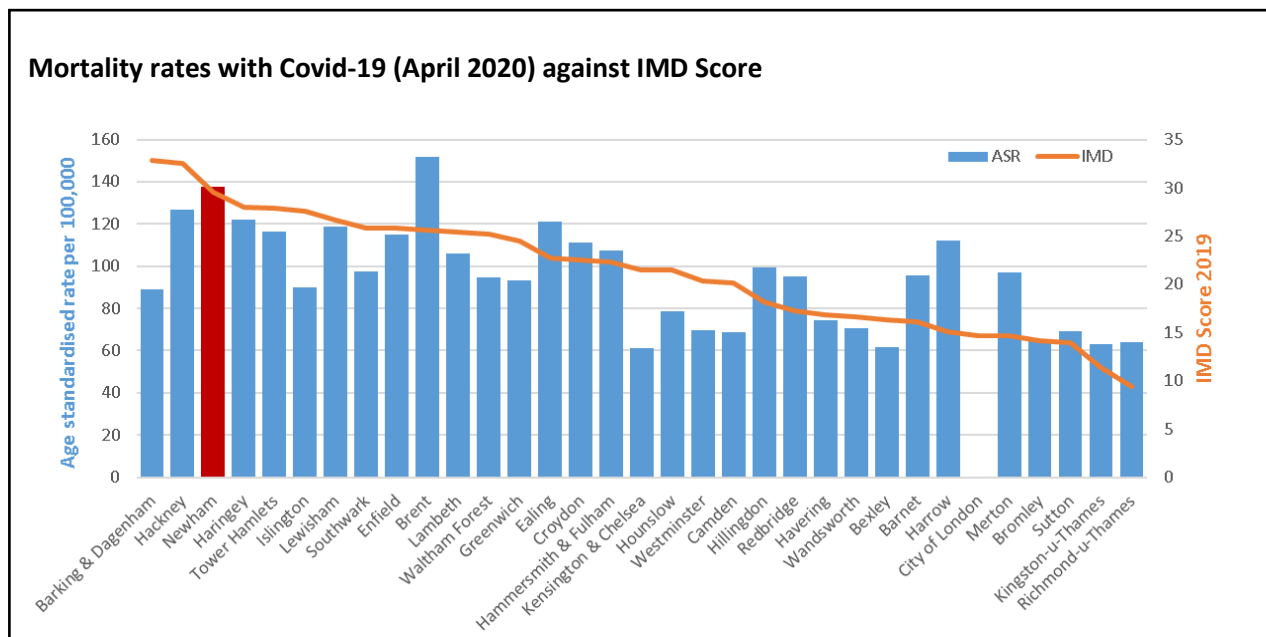


Note: This data has been taken for April, as majority of rates unavailable for March and June 2020. Some of this data has been categorised as 'low reliability' by the ONS. Source: ONS¹

In line with national trends, there were greater rates of covid-related deaths among males in comparison to females. This trend is consistent across all boroughs, as seen in the graph above.

COVID related deaths by deprivation: London Boroughs

As highlighted in the graph below, deprivation (measured by IMD) was associated with greater covid-related mortality rates across London boroughs. Newham, marked in red, is the third most deprived borough in London and had the second highest covid-mortality rate in April 2020.

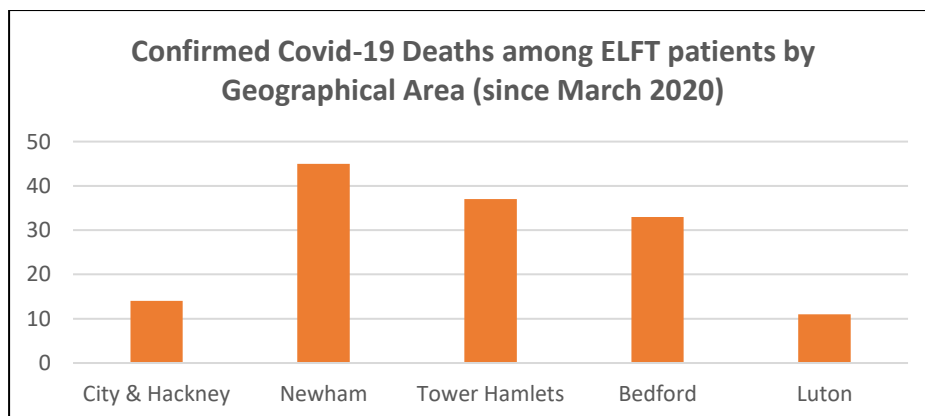


Data courtesy of Newham Public Health Team. Data source: Office for National Statistics & Ministry of H,C&LG

COVID Impact among ELFT service users

Confirmed COVID-19 Deaths

Since March there have been a total of 140 confirmed Covid-19 deaths among ELFT patients (defined as deaths among those who tested positive). The figures below show the breakdown geographically across the ELFT footprint, with Newham services seeing the greatest number of Covid deaths.

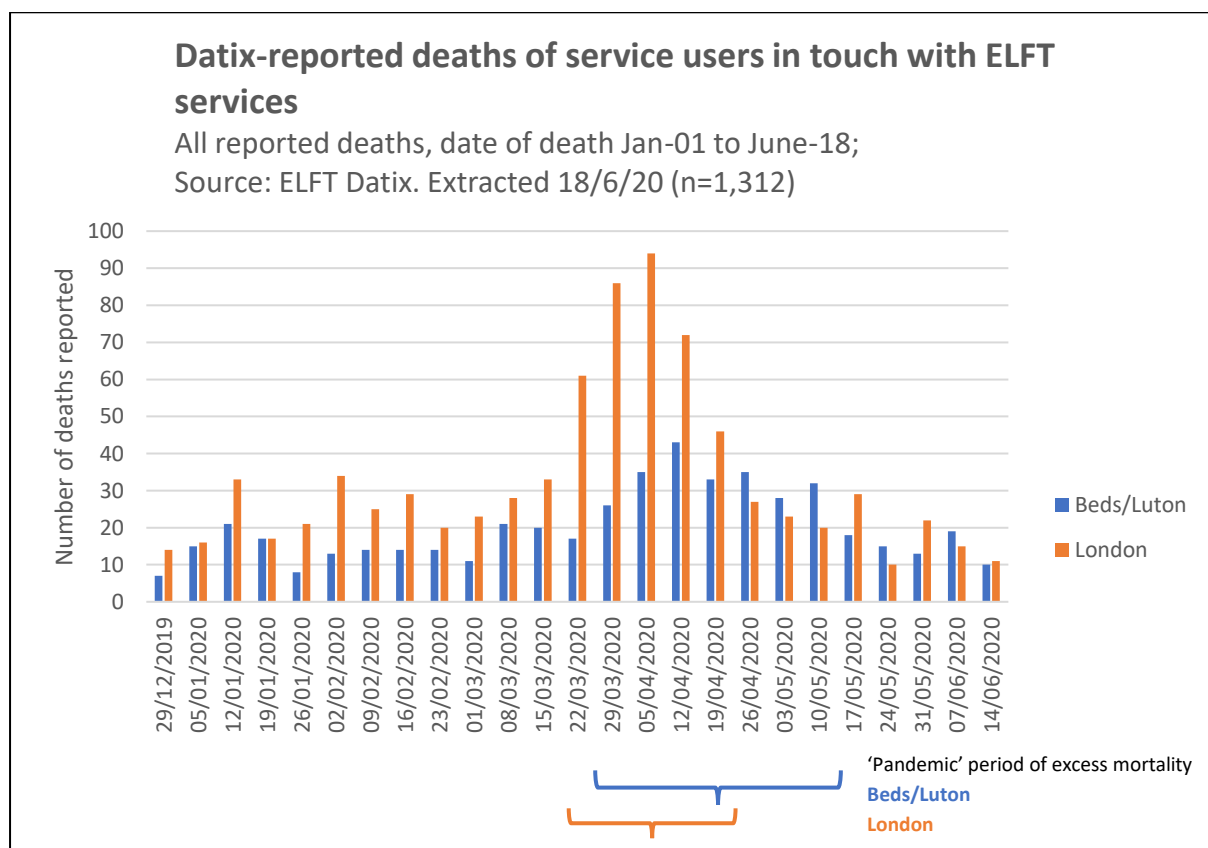


C&H	Newham	TH	Bedford	Luton
14	45	37	33	11

Excess Deaths Overall

Calculation of excess deaths gives us an indicator of the total impact of the pandemic on our local populations, capturing deaths that may have been a consequence of lockdown (or perhaps were not recognised as linked to Covid infection) in addition to those directly attributed to Covid.

Figures show Covid-19 caused a substantial increase in deaths in the UK during the first half of 2020. Analysis of datix-reported deaths of service users in touch with ELFT services shows that, during the 5-week 'pandemic' period in London, weekly deaths were 194% higher than pre-pandemic. The Beds/Luton pandemic period commenced slightly later and saw weekly deaths rise to 124% higher than pre-pandemic. At the Trust level, there were an estimated 366 total excess deaths during the pandemic period.

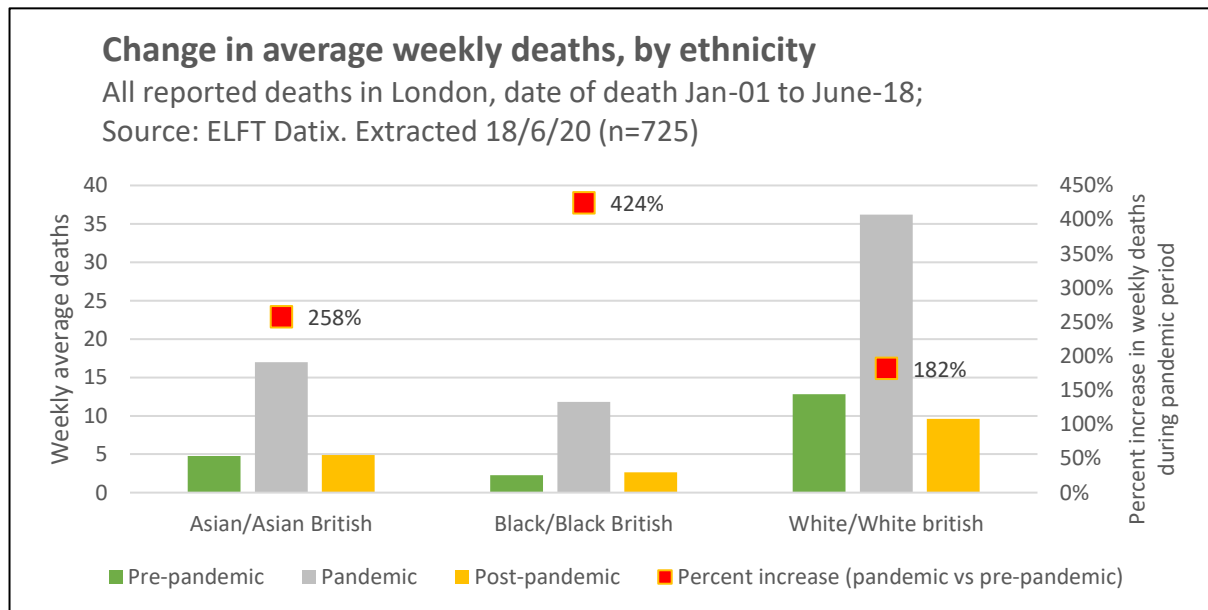


Graph taken From COVID Excess Deaths Report July 2020: L Crosby, A Bartley.
 Source: Datix reported deaths 1.1.2020 to 18.6.2020

Excess Deaths by Ethnicity

Analysis of excess deaths reveals a disproportionate impact among certain groups within the ELFT service user community. Due to low numbers of non-white service users outside of London, analysis of excess deaths by ethnicity is limited to London service users. Although average absolute numbers of weekly deaths were higher for people of white ethnicity both pre, during and post-pandemic

(reflecting the larger number of ELFT service users who are white), the relative increases in deaths for non-white service users during the pandemic period were significantly greater. As seen below, weekly deaths during the pandemic period for Asian/Asian British people were 250% higher than pre-pandemic; for Black/Black British service users they were over 400% higher. These increases were substantially larger than for White people, whose weekly deaths rose by 180%. The increase in death rates was also greater in care homes and among service users with a learning disability.



Graph taken From COVID Excess Deaths Report July 2020: L Crosby, A Bartley.
 Source: Datix reported deaths 1.1.2020 to 18.6.2020

Conclusion

The impact of COVID-19 across our service users and communities has been huge. This paper focuses on the direct impact of people being infected with the virus but should be seen against the backdrop of the indirect impact of COVID-19 on some of the determinants of health – employment, finances, mental health.

Public Health Team September 2020.