



The Royal Borough of Kingston upon Thames

Keeping Kingston Safe

COVID-19 2020-2022

Director of Public Health Report 2020-2022

Digital
Annual
Report



Foreword

I welcome this 2020-2022 Director of Public Health Report for Kingston. I write this after three very challenging years in our borough due to the COVID-19 pandemic. In this report, some of the many efforts by our residents, our staff and our partners to keep people in Kingston safe from COVID-19 are outlined. I would like to thank everyone for playing their part during this difficult time.

This report also gives an overview of the picture of health of people in Kingston. While many in the borough have a good state of health, the report shows that we have more to do to ensure that all children have a healthy start in life, people keep well through their working years and our residents have a happy and healthy older age. Like many areas, we have an increasing level of unhealthy weight, starting in childhood for some and increasing to just over half of us being above a healthy weight by adulthood. More and more research shows that unhealthy weight and inadequate physical activity are linked to poor mental wellbeing in all ages and an increased risk of frailty in older age. Further, as we are learning to live with COVID-19, we know that overweight and some types of ill health are linked with poorer outcomes from COVID-19.

Good health is not experienced by all in Kingston. Our data shows that we have a difference of over 5 years in life expectancy between our most and least deprived residents in the borough. Many other health indicators also show that our residents in our more deprived parts of the borough have poorer health than those in the least deprived areas, from childhood through to older age.

As we go into 2023, there is no time to lose in addressing some of the key factors affecting health in Kingston. We know that health is influenced by our environment, such as our transport arrangements, parks, and housing, amongst others; our schooling; our own actions and also our healthcare. We also know that some of the things that could keep us healthy, such as walking or cycling to school and work, can also help our environment by reducing carbon emissions. As a council, we will consider how we can further play our part in creating a healthier environment in all that we do, focussing on where our data shows people experience the poorest health. The cost of living crisis, resulting in particular challenges for our most deprived residents but impacting all, means that we will need to work collaboratively and creatively with our partners and residents.

I would like to thank our Director of Public Health, Iona Lidington, and her team for this report, and look forward to working with our staff and partners to improve the health of people in Kingston.



CLlr Sabah Hamed



**Keeping Kingston
Safe 2020-2022
Timeline**

**All Hands
to the Pump**

**A Picture of
Health in
Kingston**

**Conclusions
and Next Steps**

Introduction

I am pleased to be able to present my Director of Public Health Report for the Royal Borough of Kingston upon Thames covering the years 2020 through to 2022. The tradition of an annual public health report summarising the health of the population of the borough had to be paused due to the unprecedented response needed to mitigate the impact of the COVID-19 pandemic. I am therefore delighted to be able to present this extended report, capturing the journey the Royal Borough of Kingston upon Thames has been on during the past three years of the pandemic. This journey cannot be summarised in just a few pages and the layout has been designed to assist you in navigating the report, enabling you to 'dip into it', rather than reading it in one sitting. I hope the report will serve as a record of events that will be of interest for people to look back upon and learn more about how Kingston responded to the challenges presented by the pandemic. The report also looks to the future health and wellbeing of the borough's residents, and how we can build on the partnership work achieved during the pandemic to build back fairer, healthier and more sustainably in Kingston.

The first section of the report focuses on the timeline of the development of the pandemic and the response both the country and the borough implemented to combat the spread of the new, novel coronavirus. The second section describes in more detail the borough's partnership work to 'Keep Kingston Safe'. It reflects the tremendous partnership work achieved across the borough. The third section includes contributions from a huge range of council services who adapted and responded to the ask of them to step up and work with partners to support our residents and businesses in the borough. I would like to take this opportunity to thank all the partners and staff involved in this, many of whom have contributed to the contents of this report.

I would particularly like to thank the Kingston Public Health Team, the Healthy & Safe Communities staff, all those that joined the Kingston Stronger Together Hub, and everyone across the council who contributed their efforts and endeavours to Keep Kingston Safe throughout the pandemic - you were simply magnificent.

In the fourth section of the report I look more to the future, and how we 'build back fairer' in the wake of the pandemic and use the lessons learnt from it. I present the latest population data and some of the key health indicators for Kingston. In this section I call for a continued and enhanced partnership effort to address some of the underlying factors that impact health and wellbeing in the borough to prevent in the future some of the challenges that we face today. Evidence shows us that many actions to keep us healthy also reduce our carbon emissions, thus, our joint work can also help us to meet the borough's 'carbon neutral' target by 2038.

I commend this report to you and hope the inspirational work achieved during the pandemic can be a basis from which we build together a healthier and more resilient population in Kingston.



Iona Lidington
Director of Public Health



Keeping Kingston
Safe 2020-2022
Timeline

All Hands
to the Pump

A Picture of
Health in
Kingston

Conclusions
and Next Steps

Keeping Kingston Safe: COVID-19 2020-2022

Reflection

The last three years have been years of both some of our greatest challenges and also a time of people coming together to do their best to help others. It has been a time of intensive collaboration and innovation. But it has also been a time of great loss for our community: we have lost over 400 residents to COVID-19; friends and families have been apart; healthcare appointments missed; and people continue to experience the impact of long-COVID. For our younger residents, they faced two years of interrupted schooling and university days; and for our businesses, challenging times with closures and other measures needed to keep people safe.

Reflecting on the early days in 2020, when the world was becoming aware of a new virus being reported in China, it is now clear that the UK did not have in place, at national and subsequently local level, many of the mechanisms that we needed to deal with such a new virus. Through intensive joint work by many, some of these mechanisms were developed or put in place over the last two years, such as mass testing capacity; personal protective equipment (PPE) provision; data flows from testing to local level for local action; guidance on staying safe with a new airborne virus, for example 'self isolation', 'bubbles' or groupings in schools, limited contact in households, advice on the wearing of face coverings, etc.; support for people self-isolating; and a mass vaccination programme with the NHS. All these measures helped to contribute to keeping people safe in Kingston.



Keeping Kingston
Safe 2020-2022
Timeline

All Hands
to the Pump

A Picture of
Health in
Kingston

Conclusions
and Next Steps

Looking back, it is now clear that the new COVID-19 virus was widely circulating undetected in early 2020 in the UK. At the same time, the methods of transmission of the virus were also not well understood, for example whether someone without symptoms could have it or spread it to others; how long someone was infectious for; and the mechanism for how the disease was actually spread - e.g. by hand, droplets or airborne; nor how dangerous the disease was - and therefore, guidance was undeveloped as to what actions to take. Thus, early-on, guidance in 2020 did not include some of the preventive measures that we now know are needed for this type of infection, for example distancing, bubbling, self isolation etc. Hospital admissions rose quickly in spring 2020 and sadly, there were many deaths nationally and locally and many people suffered severe illness.

The unprecedented use of a national 'lockdown' (stay at home order) was thus used, coming into effect on 23rd March 2020, to try and limit transmission, while national efforts were stepped-up to develop other virus control methods. In Kingston we were quick to put in place a new coordinated system together with our voluntary, community and faith sector, to support those advised to stay at home, the Kingston Stronger Together Hub. Others worked to support local implementation of the frequently changing national guidance and staff were deployed from different roles across the council to support Kingston's response.

Throughout the first two years of the pandemic, the need for strengthened international cooperation in managing pandemics and learning from data and innovations around the world became increasingly clear. Early notification of a new disease found in one part of the world needs to be shared globally as rapidly as possible to prevent global spread. While a disease such as COVID-19 exists in one part of the world, every country remains at risk. Thus, as Directors of Public Health in a global and open city, linked to international trade and travel, we must continue to push for enhanced international cooperation to keep our residents safe.



The strong existing partnerships that were already in place in Kingston were critical to our local response, and I would like to thank all of our partners in the borough for their tireless efforts to keep residents safe. Through these groups and networks we worked to try and ensure that our messages and outbreak response mechanisms, such as our Stay Safe campaign, COVID-19 testing, tracing and local support, were accessible to all across the borough. These existing partnerships have been strengthened by our close working over a sustained period, as well as new partnerships also being forged.

As we look at the latest data on the key health issues in Kingston across the age-groups, I hope that we will continue to work in partnership in our efforts to improve health and wellbeing, and to reduce health inequalities in the borough.



Keeping Kingston
Safe 2020-2022
Timeline

All Hands
to the Pump

A Picture of
Health in
Kingston

Conclusions
and Next Steps

COVID-19 pandemic and local response

**January
2020**

**February
- April
2020**

The Council's emergency plans were enacted in March 2020. As part of the move to the local emergency response structure, the Council's 'GOLD, SILVER and BRONZE' structure was put in place. GOLD, chaired by the Director of Public Health, provided strategic direction and SILVER led the tactical response, with BRONZE providing the operational response. GOLD and SILVER met daily (remotely) between March-June 2020, bringing together all key service areas of the council, to put in place key actions to respond to the pandemic.



The first cases of 'COVID-19' (coronavirus) were reported to WHO by China at the end of December 2019. National UK public health advice on prevention precautions and contact tracing (contacting contacts of cases) started in January 2020. The first cases officially recorded in the UK were on the 31st January 2020, although, it does now seem likely that there was already wider spread circulation of this novel virus at this time that had not been recorded. WHO declared a pandemic situation on the 12th March 2020.

Throughout February 2020, the UK focussed on public advice related to handwashing, and having an intensive focus on any suspected or confirmed new cases. In addition, some new 'self-isolation' measures for incoming travellers were put in place. PHE said on the 3rd March 2020 that 'widespread transmission of COVID-19 in the UK was highly likely' at that time.



Keeping Kingston
Safe 2020-2022
Timeline

All Hands
to the Pump

A Picture of
Health in
Kingston

Conclusions
and Next Steps

**February
- April
2020**



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The first two weeks of March 2020 were a very uncertain time in terms of UK national strategy and subsequent approach to halting the spread of the virus. Data coming out from China¹ published by WHO on March 6th 2020 showed that the virus was both very easily spread and also very dangerous, with 1 in 5 affected needing hospitalisation and 1 in 20 needing very intensive care. In the UK people with specific symptoms were asked to self isolate. While lockdowns were being introduced in some parts of the world (China, Korea and others) and case numbers were rising internationally, life continued largely as normal in the UK, in terms of local and international travel, and with business and large events taking place. It is likely that existing numbers of cases in the UK were added to in large ways by travellers to the UK from: Italy and Spain around the half term holiday in late February 2020; people's attendance at major international events held in the UK (eg sporting events); along with regular international travel through and into the UK, and particularly London, as a trading and internationally-connected nation. In March 2020, as UK case numbers increased dramatically, and hospitals saw a rapid increase in admissions of people with more severe symptoms, contact tracing on a large scale was put on hold and advice changed for people with symptoms to 'self isolate', rather than seek testing and for contact tracing to take place.

'Lockdown' across the country started on March 23rd 2020, when people were asked to stay at home except in certain key/ urgent circumstances. The lockdown was an extraordinary control measure, and unprecedented in the UK, to try and stop the spread of the virus. By locking down, the potential for disease spread between people was very rapidly reduced; although, the disease could spread within households, and sadly, continued to spread into highly vulnerable groups, for example in care homes.

During what later transpired to be the 'first' lockdown, there were major national efforts on many fronts: increasing PCR (laboratory processed) testing capacity, increasing PPE capacity, developing a national NHS Test and Trace service to link to the increased testing capacity. Kingston was the first London borough, in partnership with the Department for Health & Social Care (DHSC), local care homes and council teams, to put in place COVID-19 testing for care home staff in April 2020. Kingston also supported the development of London online UKHSA wide training for care home staff on Infection Prevention and Control in relation to COVID-19. At the same time, knowledge about the virus itself was developing globally on a daily basis, which led to numerous guidance changes that needed to be communicated and implemented at the local level.



**Keeping Kingston
Safe 2020-2022
Timeline**

**All Hands
to the Pump**

**A Picture of
Health in
Kingston**

**Conclusions
and Next Steps**

The 'lockdown' can be seen as the 'hammer', to bear down on the major routes of spread of COVID-19 and 'put out the fire'. The lockdown was largely successful in reducing numbers of new cases, although transmission continued in some settings which were not fully 'locked down' or had to remain open. However, like a major fire, there remained residual smouldering embers - and also the potential for some embers to 'blow in', for example through existing travel routes and trade into the country. In June 2020 we were in a new phase, where we needed to extinguish and 'stamp out' the embers of the fire, i.e. for the few cases remaining, to stop the major fire reigniting by preventing their spread, including by self-isolation measures. We said at that time that we may need to do this for some time to come, if positive cases came in internationally (through travel and trade). At the time, we noted that the lockdown (or hammer) was exerted at a huge financial and social cost for the country. To stop us needing to return to this, and for us to return to a more 'normal life', all efforts had to be on preventing the embers reigniting a major blaze.

September - October 2020



June - August 2020



Unfortunately, we were not successful in tracing all the 'embers' within the country, and follow-up of people who had travelled was limited. The NHS Test and Trace system was highly challenged as cases rose in September 2020 following summer holidays and the start of term for schools, colleges and universities, and the reopening of other locations associated with transmission. For some weeks there were laboratory issues which led to difficulties in obtaining tests and delays in results being provided. The success rate of contacting cases and contacts by NHS Test and Trace also started to decline around August, September and October 2020. Concerns were also raised about a lack of financial support for those on low incomes being required to self isolate. Our capacity to identify asymptomatic cases was very limited up to December 2020 and estimates of the proportion of people with COVID-19 were unclear. These many factors, and others, allowed the virus to once again spread.

Keeping Kingston Safe 2020-2022 Timeline

All Hands to the Pump

A Picture of Health in Kingston

Conclusions and Next Steps

Kingston developed borough-level Test and Trace capacity, launching this on November 5th 2020, to support the national NHS Test and Trace system. This was the earliest opportunity local support had access to the data and permissions to be able to give this local support. This additional tracing capacity enabled more thorough identification of cases and contacts, and also promoted the support offered by local services.

Additional 'Tier 2' restrictions were brought in for London between 2nd November to 2nd December, but these did not result in a drop in cases in the borough, rather the rate of increase was very steep despite these measures. On the 20th December 2020, Kingston and London as a whole, entered a new phase of restrictions called 'Tier 4'. On the 5th January 2021, a further national 'lockdown' was reimposed. Education moved to home-schooling and distance learning for the majority of pupils and students.

December 2020



Kingston Academy Rapid (LFT) Test Site, 21/01/21

Keeping Kingston Safe 2020-2022 Timeline

All Hands to the Pump

A Picture of Health in Kingston

Conclusions and Next Steps

November 2020



Testing by 'Lateral Flow' or 'rapid testing' was piloted in Liverpool in November 2020 with Kingston becoming a pilot location shortly after. The programme was expanded to a broader range of settings including Kingston University from December 2020 with access to free lateral flow tests for everyone from 9th April 2021. This allowed a massive addition to national testing, more flexibility for people to use these and receive immediate results. Kingston Public Health, with partners, quickly stood up this testing, supporting rollout to local schools and other locations.

The first COVID-19 vaccination in the UK was on December 8th 2020². The programme began to roll out for Kingston care staff in December 2020, in the priority group order set out by the Joint Committee on Vaccination and Immunisation (JCVI)³.

March - August 2021

Case numbers fell in response to the national lockdown, but we were still seeing over 70 cases per week in the borough at 3rd March 2021 and, after a reduction in April 2021, cases were again rising in Kingston. The national 'roadmap' set out a series of staged lifting of restrictions⁴. In May 2021, the country was at the third of the four 'stages' of lifting of restrictions. The opening of the country also allowed additional international travel. In May 2021, Kingston faced a situation of very steeply increasing COVID-19 cases after a low rate of around 14/100,000/week, and by the end of May 2021 had the highest COVID-19 rates of all London boroughs (80/100,000/week). At the start of June 2021, in partnership with regional and national colleagues, Kingston undertook a period of an 'enhanced response' between June 9th and 29th 2021, to try and turn around the rate increases. A borough wide effort of additional PCR testing, vaccination, tracing and support for those self isolating, supported by a large communications campaign was put in place. Despite these efforts, cases continued to rise at the end of June 2021. Rates across London rose even more steeply, with young people and young adults most heavily impacted. In Kingston, the peak of the summer rates around the third week of July 2021, was just over 400/100,000/week.



Keeping Kingston Safe 2020-2022 Timeline

All Hands to the Pump

A Picture of Health in Kingston

Conclusions and Next Steps



Alongside this, the COVID-19 vaccination roll out proceeded as planned, thanks to the great collaborative efforts between the NHS, leading the programme, and partners across the borough. The data shows that the vaccination programme has led to a major reduction in hospital admissions and deaths. Although the case rate continued to be high, and there was still a heavy impact on healthcare, schools, businesses and other venues, the impact on the NHS was much less (around a 1/4) for the same overall COVID-19 case rate earlier in that year.





September 2021

At the beginning of September 2021, just over 70% of all adults in Kingston had received 'full COVID-19 vaccination' (two doses of an approved vaccine). As the schools returned for the Autumn 2021 term, case rates, however, remained very high in secondary school age children (over 500/100,000/week) and around 200/100,000/week for the 75-80 year olds (at the end of August 2021).

The Autumn school term 2021 and the Spring term 2022 were very challenging for schools with rising case numbers in the borough and outbreaks in the majority of our primary, secondary and SEND schools with pupils and staff heavily impacted. In November 2021, Kingston took part in a DHSC 'PCR Outbreak Testing' pilot. This exercise identified many otherwise undetected cases and is likely to have played a role in reducing chains of transmission in young people and their families. Schools continued to implement baseline infection control measures to help break the onward chains of transmission, with additional measures such as the temporary reintroduction of face coverings in communal settings, "bubbling" of classes or year groups, and increased testing being employed to further control spread.

Nationally, COVID-19 outcomes have replicated health inequalities in population groups often already experiencing higher rates of chronic illness, early ill health and death. Whilst age is the greatest mortality risk factor, poverty is key to poor COVID-19 health outcomes, in some cases, magnifying its impact⁵. Men, those living in more deprived areas, people working directly with the public, those with comorbidity conditions such as diabetes and obesity, and people from Black Asian and Minority Ethnic (BAME) groups⁶, have disproportionately experienced the worst effects of the pandemic.



In Kingston, breaking the chain of COVID-19 transmission using targeted approaches to address these disparities was a key part of our local, as well as the national, approach. In residential, nursing and domiciliary care settings, we continue to protect our older age cohorts, and those with additional needs. The local Kingston data has shown at times, higher case rates in the more deprived deciles of the Kingston population. However, in the Autumn 2021 period, higher income deciles were particularly affected, which may have reflected travel patterns. Local testing capacity expansion, and associated targeted messaging, helped ensure wider access for those in lower income retail, hospitality and home care sectors. Local contact tracing was sensitive to cultural and language barriers, and shift work patterns. Trained Community Champions assisted us with engagement with underserved communities, sharing appropriate messaging about social isolation and vaccine hesitancy, as well as supporting those who had been identified as clinically vulnerable.

Keeping Kingston
Safe 2020-2022
Timeline

All Hands
to the Pump

A Picture of
Health in
Kingston

Conclusions
and Next Steps

September
2021



Specific COVID-19 safety factors were needed in services caring for those experiencing mental health problems, our homeless population, and others with more complex lives and additional vulnerabilities. Rapid, tailored responses helped maximise infection control, alongside social isolation support in community care and supported housing. Those from local Gypsy, Roma and Traveller (GRT) communities benefited from outreach work with neighbouring Surrey. In the longer term, our partnership approach to outbreak control will continue to actively tackle health inequalities and the disproportionate impact of COVID-19 within our borough.

The global pandemic is not yet over. The Government's Scientific Advisory Group for Emergencies (SAGE) is clear there is considerable uncertainty about the path that the pandemic will take in the UK. However, the Government assessed in early 2022 that it was time to transition to focus its COVID-19 response towards a 'Living with COVID-19' approach, rather than trying to detect and remove the virus. On February 21st 2022, the government set out the new national approach to the pandemic in the document called 'COVID-19 Response: Living with COVID-19'⁷. Living with and managing the virus will mean maintaining the population's wall of protection with vaccination and communicating safer behaviours that the public can follow to manage risk. The Government has moved away from deploying regulations and requirements in England and replaced specific interventions for COVID-19 with public health measures and guidance.

Keeping Kingston
Safe 2020-2022
Timeline

All Hands
to the Pump

A Picture of
Health in
Kingston

Conclusions
and Next Steps

How Kingston structured its approach over the first two years

Kingston council has worked in partnership with local, regional and statutory partners together with our voluntary sector and residents in our efforts to Keep Kingston Safe. It has been a learning period that has required dedication and innovation along the way. In this section, we cover our 'outbreak response' (which followed the first ever 'lock down' - when people across the country were asked to stay at home to try and prevent disease spread). Our post first lockdown response was set out in our '**Keep Kingston Safe: Local Outbreak Control Plan**', first published in June 2020, becoming the 'Keep Kingston Safe: Local Outbreak Management Plan' with various iterations up to Version 7.2 in early 2022.

The components of this plan were developed over 2020-2022 as more 'tools', such as new types of testing, became available, and a vaccine was developed, together with more understanding of disease spread, which guided advice on issues such as the use of face coverings, self isolation guidance etc.

In the second section '**All Hands to the Pump**', we cover some of the wider borough efforts to keep borough residents safe and supported as the pandemic struck.

Local Outbreak Control Plans and Actions

In May 2020 the UK Government announced that as part of its national strategy to reduce COVID-19 infections, it required every upper tier local authority in England to create a Local Outbreak Control Plan (LOCP). The plan outlines the role of the council, partner organisations, businesses and residents in preventing and responding to local outbreaks of COVID-19.

The plan included details of the Kingston Communication & Engagement Strategy, the Kingston Stronger Together Hub support offer, and other support available, arrangements for testing, surveillance, focussed work on preventing 'enduring transmission', outbreak management, 'COVID-secure' arrangements, and vaccination roll out to support local control of the virus. Detailed outbreak management plans, developed locally, were also included to guide specific settings through any outbreak situations.

The Kingston Local Outbreak Control Plan was based around the roles and guidance set out in national and London documentation. Through our partnership with organisations and residents across the borough we aimed to ensure that all were aware of their role and could play their part in Keeping Kingston Safe. To support the implementation of the plan and management of local situations, a small team of Council staff and local partners were brought together and met daily to review data to identify outbreaks and review transmission patterns of the virus locally.



Keeping Kingston Safe 2020-2022 Timeline

All Hands to the Pump

A Picture of Health in Kingston

Conclusions and Next Steps

Keep Kingston Safe: Local Outbreak Control/ Management Plan components:

- 1. TESTING:** Supporting the national search for existing cases - Encouraging our residents to get tested if they have symptoms (and also targeted testing for people with no symptoms) - we must find all cases and their contacts in Kingston - by facilitating local testing
- 2. TRACING:** We will support the national NHS Test and Trace programme to trace 'cases' and 'contacts' through our local contact tracing team and use tracing data to help inform our local outbreak response (Kingston added in local Contact tracing on November 5th 2020 and this continued to February 24th 2022)
- 3. SELF ISOLATION:** Supporting cases and contacts that need to self isolate - we must help our residents and workers do their civic duty by making sure that they are not penalised when they self-isolate (The Kingston Stronger Together 'hub' was set up in March 2020 and this supported over 7,000⁸ households in Kingston over the first 2 years).
- 4. VACCINATION:** We will support the national COVID-19 vaccination roll out and work to ensure no-one is left behind in terms of access to the vaccine (the first vaccines rolled out in Kingston in December 2020, led by the NHS with the support from the council and other local partners)
- 5. NHS COVID-19 APP:** Promote and use
- 6. OUTBREAK MANAGEMENT and VARIANTS of CONCERN (VoC):** Ongoing review and development of response approach: We will prepare and implement outbreak management plans, in partnership with local, regional and national partners as required.
- 7. SURVEILLANCE:** We will use national and local data to inform our response and plans
- 8. 'ENDURING TRANSMISSION':** Measures to address enduring transmission locally/sub-regionally/regionally
- 9. 'COVID-19 SECURE':** We will endeavour to make the borough as 'COVID Secure' as possible: We will work across all sectors to implement the latest guidance on staying safe and preventing COVID-19 transmission.
- 10. COMMUNICATING WITH RESIDENTS AND PARTNERS:** About key messages on how to avoid disease spread to help people stay safe, getting feedback from residents and partners on where further work is needed, using all our local levers to make sure that every resident understands how they can personally prevent the spread of disease and that all play their part in following guidance⁹

The latest version of Kingston's Local Outbreak Control Plan (now the 'Living with COVID-19 Plan') can be accessed at any time on the [Kingston Council website](#).



Keeping Kingston
Safe 2020-2022
Timeline

All Hands
to the Pump

A Picture of
Health in
Kingston

Conclusions
and Next Steps

Resources

The national government also provided a series of grants over the period 2020-2022 to support the response to the pandemic at local level. Grants covering business support, adult social care and others (eg £500 'stay at home payments') are covered in the 'All Hands to the Pump' case studies section later in this report. National government also provided a number of outbreak control specific grants, starting with a 'Test and Trace' (Outbreak Control) grant in mid 2020 which supported activities such as setting up the Kingston Local Contact Tracing team to support the national NHS Test and Trace work in Kingston, additional Regulatory Officer time to support outbreak control in local businesses, communications time and resource, resource to local community groups to take messages out in different languages and formats across Kingston, and additional Public Health expertise to support outbreak control. This grant followed the requirement for all areas to have a 'Local Outbreak Control Plan' in place by the 1st June 2020, and with the funds supporting delivery of the areas detailed in the local plan. This Test and Trace grant was then followed by seven 'Contain Outbreak Management Fund' grants (known as the 'Contain' or 'COMF' grants) which were provided between late 2020 and early 2022. These grants were used for similar work areas as outlined above, as well as work on reducing enduring transmission of COVID-19. There was also a grant to support residents who had been identified as 'Clinically Extremely Vulnerable' and who had to 'shield' to protect themselves, particularly prior to a successful vaccine being developed. This was used to support these individuals to stay at home safely, with shopping provision, medicine collection, and other daily essentials.

All the grants had an outline plan of work, approved by the council GOLD group, and published for public view on the council website. These grants were critical in allowing the council to undertake a range of innovative and additional work to support people across the borough. A challenge, reflecting the national challenges also, was the uncertainty around if and when such funding would be available and the length of time it could be used for. In addition to these Contain/ COMF grants, national government also provided grants for the council to support local 'rapid' or 'lateral flow' COVID-19 testing. The testing grants (known as 'Annex A' or 'Community Testing' grants) were provided to set up a local community testing offer (detailed later in this report), support testing in schools and other targeted testing, such as outbreaks in workplaces. The council applied for, and was successful in obtaining, one further grant to support local efforts to encourage COVID-19 vaccination uptake for the first half of June 2022 (the 'Community Champions' COVID-19 Vaccination grant).

Using data to make a data informed response

Data has been fundamental to our understanding of the local outbreak picture - to inform our response to outbreaks, to guide our communications with residents, to update partners who we joined with in the local response, and to prepare plans for further action. We have utilised data provided through the national DHSC 'Power BI' and PHE systems, which included case rates, testing uptake, outbreak situations, schools data, exposures and postcode coincidences regarding cluster data. We monitored wastewater data and NHS COVID-19 app information. We also reviewed care sector data through Capacity Tracker and local daily contacts with commissioned care locations not captured on Capacity Tracker. We monitored national household surveys as the data was produced. We reviewed daily caseload summaries from the SWL healthcare sector.

Keeping Kingston
Safe 2020-2022
Timeline

All Hands
to the Pump

A Picture of
Health in
Kingston

Conclusions
and Next Steps

As new data became available across 2020-2022, we incorporated this into our daily data review (see below) and used this information, where possible, for local action. This included the 'i-CERT' data (bringing together the 'forward' and 'backward' location data above) and the CNAP (case linkage mapping), variant data and other new elements.

From July 2020, when detailed local data was made available to the local council Public Health teams, a 'Daily Case Data Meeting' (DCDM) was held (now once per week from summer 2022). This brought together representatives from Public Health, Regulatory Services, Achieving for Children - Early Years and Schools, Adult Social Care, and the CCG. Data was reviewed and actions determined, for example: requests for advice from the London Coronavirus Response Cell 'LCRC', outbreak testing, workplace investigations, leafleting, targeted communications, training, checking that plans have been followed if cases occurred etc.

From December 2020 to September 2022, we also liaised with voluntary sector groups and statutory partners on a weekly basis and delivered over 50 local data updates and sought qualitative feedback on issues related to our local COVID-19 response.

We also produced high level summary data to share with partners to inform the wider borough response. From July 2020, we gave regular data updates, combined with targeted messaging, to Kingston's Health Protection Forum, Strategic Coordinating Group, Kingston Strategic Partnership, Borough Resilience Forum and the voluntary sector.



Between 2020 and April 2022, the RBK Insight and Data team produced, and the Daily Case Data Meeting group reviewed, over 11,000 data 'slides' (one page graphs/ tables) to understand the local disease epidemiology and use this to target actions (described below) and keep partners updated on borough trends. Over 950 presentations were given to local partners, elected members, internal and external groups to help inform and coordinate local actions to Keep Kingston Safe.

Communications

Communication was one of the critical components of the national and local response. The communications process was challenged by the initial, very rapid, learning about COVID-19: how it was spread, effective methods of reducing spread; and the ongoing very frequent changing of national guidance. The Council Communications team worked tirelessly in partnership with Public Health and other RBK partners to communicate the national guidance and local offers and actions as clearly as possible. Communications were informed by the local data, which was updated on a daily basis.

Keeping Kingston
Safe 2020-2022
Timeline

All Hands
to the Pump

A Picture of
Health in
Kingston

Conclusions
and Next Steps

Communications took the forms of mass borough leaflet drops to each household, email newsletters, social media, radio interviews and awareness adverts, banners, sides of buses and other forms of messaging. Messaging went out through a wide range of existing channels too, such as via the schools networks, care provider forums, business newsletters, faith groups, through the local voluntary sector community and other routes.

During the first lockdown, in addition to the key 'lockdown' messages, Public Health and Communications worked together to provide 'staying healthy at home' advice to residents. Messages focused on issues such as how to keep physically active, support available for mental wellbeing, how to contact services for remote help etc. Over 80 articles between April 2020 and July 2021 were sent out through the council messaging service, and often re-promoted through other networks.

We worked closely with London Councils to develop and implement the Keep London Safe campaign. Our localised campaign was Keep Kingston Safe.

We needed to find innovative ways to reach groups that do not usually engage with the council - including young people and Black, Asian and Minority Ethnic communities. We also needed to build trust with communities and understand any barriers that might undermine that trust.

Web pages were set up on the council website to share information and public health advice. It also hosted translated materials in community languages. Social media and regular e-newsletters were used to share information with residents and businesses.

We developed a network of 'community champions', trusted figures within our local communities who we could share information through. The champions also helped us to understand the barriers that might be preventing people engaging with public health information and adapt our approach.

A video toolkit was developed to empower these 'community champions' to create their own content in community languages to motivate and inspire people to follow public health messaging. A WhatsApp group was created to share key information with our community champions for them to cascade through their networks. We often shared information in video and infographic format. Working with the champions we created a video to inspire people to get vaccinated. It was used as an example of best practice by the Cabinet Office.

Weekly online data and key message briefings ('Keeping up with the Data' sessions, hosted by Kingston Voluntary Action 'KVA') were held with a network of local organisations to share local data and ask for support sharing the latest information. Over 50 sessions took place between December 2020 and summer 2022.

We used paid advertising on Snapchat to reach younger people, and worked through our Youth Council. Printed materials were delivered to every household in the borough at several key moments in the pandemic. Local radio interviews and social media videos with the Director of Public Health were used to help motivate people to follow the latest advice, to keep testing and to get vaccinated.

We also supported communications around specific Covid-19 outbreaks and surge testing.

**Keeping Kingston
Safe 2020-2022
Timeline**

**All Hands
to the Pump**

**A Picture of
Health in
Kingston**

**Conclusions
and Next Steps**

COVID-19 Testing - symptomatic and asymptomatic

National government had limited PCR (lab analysed) testing available for COVID-19 in the first few months of 2020 and there was no mass testing available. Until March 2020, there were numerous flights coming into London from the presumed epicentre of the disease, Wuhan (China) and understanding of the disease was limited. Initial testing was targeted at certain categories (which changed over time) and then for NHS staff.

Care staff testing in 2020 - Kingston an earliest adopter

In April 2020 the DHSC made an offer to councils for care staff to be tested. In partnership with DHSC and Chessington World of Adventures, who kindly provided their site, Kingston set up the first borough-based PCR test site in March 2020. Kingston was the first London borough to take up and implement this (and the second location in the country). In partnership with local care providers and with the reallocation of staff from other roles to this new role (set up with intensive work over 2-3 days), Kingston care staff were contacted and offered PCR testing. This preceded and informed the national roll-out of testing for care staff and others.

Testing was expanded in the care sector from September 2020 with all adult CQC registered care homes able to access routine weekly testing for staff and monthly testing for residents. In December 2020 this was expanded to domiciliary care and other forms of CQC registered provision. For non-CQC registered locations, regular lateral flow testing was available through the 'community testing' sites in the borough.

Wider access to PCR testing

Throughout 2020, Kingston staff worked closely with DHSC staff to arrange the set up of PCR testing (and then, as below, later Lateral Flow 'rapid testing' home test kits roll out). As above, following the set up of the Chessington PCR test site in March 2020, the DHSC, working in coordination with Kingston Council, set up a further 4 sites ([Map](#)). We are grateful to all the sites and colleagues for their joint work to make these sites available and get these sites set up to help ensure access to testing for people across the borough. The testing was linked to the NHS Test and Trace system which provided advice to cases and follow up of contacts.

As the national government rolled out home PCR test kits, this was supported locally through communications.



Testing Site in North Kingston

Keeping Kingston
Safe 2020-2022
Timeline

All Hands
to the Pump

A Picture of
Health in
Kingston

Conclusions
and Next Steps

Rapid Lateral Flow Testing (LFT) for people without symptoms

(asymptomatic testing) became available in November 2020. Kingston submitted

an early bid to bring this technology to the borough for people who did not have COVID-19 symptoms. As 1 in 3 people who test positive for COVID-19 do not have symptoms, lateral flow testing helped to identify people with the virus who may have been unwittingly spreading the infection to others - thus, the new testing played an important role in 'breaking the chains of transmission'. Following a successful pilot test use of this technology in November/ December 2020 at one of the Kingston secondary schools, this was expanded. Kingston supported Kingston University with the set up and training of their own agency staff to open an Asymptomatic Covid testing hub in collaboration with the Council within the main campus building. This was open to University Students, Staff and Members of the public via an online booking form. The Kingston University Site was open from the 3rd of December 2020 to the 15th of October 2021 and completed a total of 19,496 tests. Kingston also supported local secondary schools with the rollout of this testing from January 2021 for staff and the children of key workers who were in schools during the lockdown. The council recruited and trained around 80 temporary COVID-19 Test Assistants and set up a network of community asymptomatic testing sites across the borough ([Map](#)).



Asymptomatic Testing Hub

We also worked with local pharmacies across the borough to set them up as Asymptomatic testing sites. There were 6 in total, however, they were operational at different times of the year. A total of 3,595 asymptomatic tests were completed within pharmacies in Kingston. The Kingston testing offer also included a mobile testing team that could get into the heart of the communities where: testing was low, there was enduring transmission, an outbreak or targeted/ surge testing was required. In addition, as the national programme developed, with local support in the borough, everyone was able to access free home test kits from 9th April 2021.

School Testing support: The rising rates of COVID-19 infection in education settings approaching Christmas 2020 prompted Kingston to coordinate a South West London-wide programme for PCR testing for children and families to try and identify asymptomatic infection. This was called Operation Eagle Plus. The Kingston COVID-19 Testing Team also helped Secondary schools with return to school testing on four separate occasions. The first was in January 2021, just prior to the announcement that schools would not be returning to in-person teaching at the start of the Spring Term 2021 after-all. We had a roaming team of COVID-19 testing assistants that visited secondary schools in the borough and carried out asymptomatic tests on the key worker children that were in school. The second, was in March 2021, when each student was recommended to complete three tests on return to school. We completed a total of 33,209 lateral flow tests across 11 secondary schools. We also supported testing for the new academic year in September 2021, when each student this time was recommended to complete two tests on return to school, before continuing to test at home twice a week. We completed a total of 16,000 lateral flow tests across 10 schools. The third time we supported secondary schools with testing was January 2022, where each student was recommended to test once at school, before continuing to test at home twice a week. We completed 8,192 lateral flow tests across 10 schools.

Keeping Kingston
Safe 2020-2022
Timeline

All Hands
to the Pump

A Picture of
Health in
Kingston

Conclusions
and Next Steps

Data review to inform testing support and action:

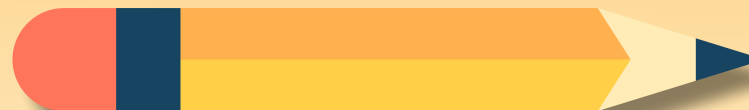
The Kingston Public Health Team met daily with partners until April 2022 and studied the available data collated by the Data and Insights Team. Trends, outbreaks and low testing areas were identified and actions determined that included deployment of the mobile testing team offering onsite testing to a setting and programmatic targeted promotion of testing and vaccination sites in localities. The data enabled us to support nurseries and early years settings, schools, Kingston college, Kingston University, workplaces and high risk settings such as hostels with national guidance, testing and vaccination offers. We were also given COVID-19 Variant of Concern information from PHE and initiated surge testing in response in a couple of settings. We worked closely with our Communications colleagues to promote the key testing and related messages on COVID-19 Stay Safe, vaccination as well as support offers from the Kingston Stronger Together Hub.

All primary school staff and staff working in maintained and school nurseries and independent nurseries, staff and students in secondary schools, colleges of further education and universities were offered lateral flow test kits for regular twice weekly testing at home following supervised tests onsite.

Taking testing to where it was needed: In 2021, the council continued to expand asymptomatic testing with the addition of mobile and pop up test sites to the established asymptomatic testing sites locations at the Market House, Richard Challoner School, Kingston Academy and Chessington Sports Centre. Two minibuses were hired and these were staffed by the Kingston Test team. The minibuses took pop up test sites to outbreak locations across the borough throughout 2021.



Summary	March 2021 tests (x3)	September 2021 tests (x2)	January 2022 tests (x1)
	33,209 completed	16,000 completed	8,192 completed
	10 positive	47 positives	88 positives
	32 void	16 voids	0 voids



Keeping Kingston Safe 2020-2022 Timeline

All Hands to the Pump

A Picture of Health in Kingston

Conclusions and Next Steps

In partnership with the DHSC, in early 2021 Kingston prepared a bid to provide rapid test kits to groups that might otherwise be missed by the testing offers across the borough (bid known as 'Annex A Community Testing'). Under this work, test kits were provided on a regular basis to families in target areas, people attending foodbanks, hostels and other locations.

Anyone working in Kingston could also access lateral flow testing at one of Kingston's community testing sites, a mobile test site or collect or order home test kits throughout 2021 and into early 2022. We also supported primary schools with home testing lateral flow kits for households of students who were otherwise unable to access test kits as well as other settings during outbreaks.

Between the 8th of April 2021 and the 31st of March 2022 a total of 222,618 packs of lateral flow home testing kits were distributed throughout the borough (Market House = 73,937; Mobile Van 1 = 80,072; Mobile Van 2 = 68,609). This includes distribution to primary schools, businesses and other settings.



Minibus town pop-up

Keeping Kingston
Safe 2020-2022
Timeline

All Hands
to the Pump

A Picture of
Health in
Kingston

Conclusions
and Next Steps

The Enhanced Response had 4 key elements:

1. Identify currently unidentified COVID-19 cases in the borough by increasing testing using PCR (and, secondary aim, encouraging regular testing with LFT) (and then support to self isolate).
2. Protect vulnerable residents and reduce transmission as a whole: Increase uptake of vaccination amongst unvaccinated in key national target groups through 'Surge vaccination'.
3. Encourage full isolation when required and support uptake of testing by Improving awareness of support available and access to self isolation payments.
4. Identify contacts, encourage PCR testing in contacts and support self isolation through Continued VOC tracing and implementation of new 'self isolation support check ins'.

Issued 14 June

As a borough, we have united to keep Kingston safe.

Cases have been rising. Sharply.

It's time to get tested. 



Help us kick COVID out.

Let's do it for Kingston!

Protect your friends and family. Stop the spread. Get a test. 

Turn over to find out how to access a test 

A borough wide special enhanced response: COVID-19 cases reached almost 80 per 100,000 at the end of May 2021 and Kingston was an outlier in terms of the rapidly increasing trend within the London data. It was agreed with DHSC and PHE that Kingston would go into an Enhanced Response period from 9th to 29th June 2021.

In coordination with partners across borough and national colleagues, the Enhanced Response achieved a very high level of testing (71,982 PCR test kits were distributed to schools, workplaces and NHS workforce in Primary and Secondary Care, 39,122 returned for processing (to 29/06/2021, 54.4%). In addition, 5,317 tests were taken at Mobile Test Units (1,559) and Local Test Sites (3,758) between 09/06/2021 to 29/06/2021. The RBK mobile test team also attended two organisations with outbreaks, distributed kits to hostels and made offers for testing for all staff in other outbreak situations at locations/workplaces. Vaccination was further promoted across the borough. The isolation support offer through the Kingston Stronger Together hub was widely promoted. The local Test and Trace team continued detailed work on local tracing to support the national NHS Test and Trace team. The RBK Communications team supported all elements of the enhanced response, including mass leafleting, social media, radio and other methods. Communications promoted the offer of testing to all those living and working in Kingston through all RBK channels, through partners including AfC, VCS, the NHS, early years and school leaders, health and social care providers and businesses. Comms also shared how to stay safe messaging and details of the requirement to self isolate and the Kingston Stronger Together Hub offers to support those who needed support to do so.

Keeping Kingston
Safe 2020-2022
Timeline

All Hands
to the Pump

A Picture of
Health in
Kingston

Conclusions
and Next Steps

Continued innovation in testing: new DHSC PCR COVID-19 outbreak test pilot October/November 2021:

The Royal Borough of Kingston (RBK) was selected by DHSC to be a national pilot site for local decision PCR Outbreak testing. This 4 week pilot ran from 29th October - 30th November 2021 and aimed to give local authorities the ability to react quickly to smaller outbreaks in the area that have the potential to grow rapidly, whilst also maintaining the role of the national team in managing and monitoring supply and capacity across the system.

Outbreaks were identified by RBK 'Daily Case Data Meetings' (DCDM) and calls from venues to the Kingston Council Public Health team. 'Outbreak' definitions followed national guidance and as outlined in the Kingston Local Outbreak Management Plan. Contact was made by the RBK Public Health team to the setting to establish if, within the numbers of cases reported, 'close mixing' was occurring at the agreed outbreak threshold. If the threshold was met, for a small number (less than 50 tests), PCR testing was agreed with the venue and test kits were provided the same day for completion that day/ evening. If the number of tests exceeded 50, agreement was sought from DHSC and UKHSA. DHSC and UKHSA responded very quickly to any such requests, and agreement was usually made within about an hour of the original request being made. Test kits were picked up and collected by the RBK COVID-19 Testing Team who took completed tests to the LTS (Local Test Site) to go for laboratory processing. Unused tests were returned to the RBK test store.

All venues that had the PCR outbreak testing during the pilot phase were schools. Schools data was monitored on a daily basis (as outlined above). In addition, follow up calls were made to schools which had carried out PCR testing to establish if any positive results had resulted from the testing. Advice was provided where required regarding any further public health measures that could be implemented, to help break any chains of transmission in the school. The removal of positive cases (by self isolation) and encouraging daily Lateral Flow testing for close contacts were the main public health measures put in place as a result of the PCR testing.

Twenty five locations were identified as possible candidates for outbreak testing. 20 locations were considered suitable for the outbreak testing and all of these locations were keen to participate. 3,149 tests were issued to these locations; 2,072 completed tests were returned; 486 kits were returned unused; 591 kits were not returned (i.e. unaccounted for). The 5 other venues where outbreak testing was considered were not offered/ taken up because they did not meet the threshold for testing or it was too long after the cases tested positive to be of benefit.

The pilot testing identified many otherwise unidentified COVID-19 cases in schools in Kingston. Results from the PCR Outbreak testing went directly to parents/ students/ staff. Thus, data on any additional cases identified were not made available directly to the RBK team or to the venues. However, as part of follow-up interviews with 7 of the 20 locations, schools were asked how many new cases were identified by the testing. In most cases, additional cases were picked up through the PCR testing with as many as 35 cases found in one school. We also advised daily LFD testing for 5-7 days in case the PCR tests had been taken too early to pick up positive results following transmission.

Keeping Kingston
Safe 2020-2022
Timeline

All Hands
to the Pump

A Picture of
Health in
Kingston

Conclusions
and Next Steps

Tracing

In September 2020, local authorities in London were given the option to set up local contact tracing services to support the NHS Test and Trace service in tracing people who tested positive for coronavirus (COVID-19) and their contacts. This local and national partnership approach to contact tracing was initiated to try and increase rates of successful contact tracing. Contact tracing is vital in preventing the spread of coronavirus, and can help identify people who may have been exposed to the virus - and may unknowingly spread it to others. It was felt that local authorities, with local data, people and knowledge, would be in a better position to engage with local people.



The Keep Kingston Safe Local Contact Tracing Service was developed and launched on 5th November 2020. The service model was designed to be flexible and agile, in order to respond to surges in demand, with 40 flexible Test and Trace Officers and two Test and Trace Duty Coordinators recruited at the highest peaks. The team used phone calls and home visits to contact residents who tested positive for coronavirus to complete contact tracing. This approach proved successful in contacting hundreds of people who would have otherwise been uncontactable through the national NHS Test and Trace service alone. Local Test and Trace officers were able to take the opportunity to check the safety and wellbeing of residents during self-isolation when they made contact - this was a key priority for the service. The Kingston Stronger Together (KST) Hub offer, as well as self-isolation payments, were an important part of that offer.

The flexible model was very successful in allowing the service to respond to surges in demand, due to rises in positive cases. As daily cases doubled, we could bring in extra team members at short notice and continue to attempt contact as many cases as possible. Across the whole local contact tracing service 10,112 cases were sent to Kingston for local tracing, of those 77% completed contact tracing- which is 26% higher than the London average. The table below shows local performance of Kingston tracing compared to London and National local tracing averages from May 2020-February 2022. Kingston and most other local tracing teams were only able to start functioning from November 2020.

Table showing Local Contact Tracing outcomes in Kingston compared to London and National figures

	Total cases flowed to Local Authority	Of cases received locally		
		% cases completed tracing	% cases failed- contact made but no consent to tracing	% cases failed- not reached
Kingston	10,112	77%	13%	14%
London	482,421	51%	13%	43%
National	2,758,189	59%	10%	38%

Keeping Kingston Safe 2020-2022
Timeline

All Hands to the Pump

A Picture of Health in Kingston

Conclusions and Next Steps

The council supported continual innovation with the Local Kingston Contact Tracing Service. Examples of this include: using modelling case data to forecast staffing needs and planning ahead, linking tracing to local support offers through the Kingston Stronger Together team for cases and contacts, supporting the development of and linking to the 'Stay at Home' local voucher scheme, reviewing data to detect trends and outbreaks to support further control measures in the borough, successfully bidding to be a DHSC national pilot area on Test and Trace with a focus on Test and Trace linkages with the local Kingston Hospital and support in the community (June 2021 to February 2022). The council provided a 7 day service for the Kingston Tracing effort over a two year period, supported by the Kingston Insight and Data team.

Regulatory Services

To protect the public during the pandemic, legislation was brought in requiring the closure of certain commercial premises and restrictions on how others could operate. This legislation needed to be explained, and the closures enforced. For businesses permitted to be open, guidance on good practice to reduce infection was needed to keep residents and workers safe. As lockdown restrictions eased, legislative requirements changed and further advice needed to provide clarity and support businesses to reopen safely.

Regulatory Services worked closely with Public Health colleagues, the police and Kingston First to provide consistent advice and guidance to businesses in the borough with options to escalate to appropriate enforcement action including issuing penalty charges. The team carried out over 1500 visits to ensure compliance. The focus was on providing advice on the legislation as well as best practice advice on social distancing, infection control, ventilation and promotion of access to vaccines. COVID-19 officers provided a reassuring presence in the commercial centres and monitored compliance. As businesses opened up, outbreaks of COVID-19 within commercial premises, identified by the council Daily Case Data Meeting (DCDM) group, required competent officers to inspect and liaise with the businesses to ensure that all measures to promote infection control and restrict the spread of the virus were being made.

Licensing Officers implemented a new regime for pavement licensing allowing businesses to provide external seating for customers.

The rapid implementation of the lockdown and regular changes to legislation highlighted the capacity of Regulatory Services to adapt to the challenge of enforcing legislation using their risk assessment skills and knowledge of infectious disease control to provide robust advice to reassure businesses and residents. The collaboration with Public Health to identify hotspot areas and outbreaks enabled targeted effective intervention to limit transmission of the virus. The continued close working with Public Health in other infectious disease control work and wider strategic aims of the council provides a direct face to face link with businesses to highlight public health messaging.

Keeping Kingston
Safe 2020-2022
Timeline

All Hands
to the Pump

A Picture of
Health in
Kingston

Conclusions
and Next Steps

Educational settings - Early years, Primary and Secondary Schools, College and University:

From March 2020 onwards, in a national first, as part of the 'lockdown', schools were closed to most children, open only to specific groups of children (key worker children and some other groups). From summer 2020, when the first lockdown ended and the national Test and Trace system increased operations in combination with mass access to COVID-19 testing, many more cases and their contacts were identified. These cases and contacts needed to 'self isolate' (stay at home and not attend school). From July 2020 to the end of March 2022, 48,000 days were lost in absence due to COVID-19 in Kingston schools with 1,500 being reported on 28th January 2022 alone. Working with colleagues in our educational settings, pupils and students and their families, Achieving for Children (AfC) and partners, we supported settings with testing and test kits provision (see above), sharing and interpreting national guidance and advice on outbreak management, infection control audit and advice and how to stay safe messaging as well as guidance on COVID-19 vaccination and coordinated Incident Management Team (IMT) meetings in educational settings. School leaders and staff had to manage business continuity with significant numbers of staff self isolating, use of a 'bubble' approach (groups of staff and children that did not mix with other 'bubbles') to manage spread and help to break the onward chains of transmission. In Kingston during the pandemic, we assisted Early Years settings, nurseries, primary and secondary schools, Kingston College and Kingston University in managing outbreaks in their settings and halls of residence affecting pupils, students and staff and their families.

Adult Social Care - Care Homes

In Adult Social Care Commissioning, we have the responsibility to monitor the activity and concerns in the adult social care market, which covers Care Homes, Home Care Agencies and other providers of care and support. We needed to ensure that everyone connected with adult social care was given the information and support they needed to stay safe and well during the pandemic. Although we had no processes in place to respond to a pandemic in March 2020, we did have a great team of employees with big hearts and 100 percent commitment to doing everything we could to make sure people were kept safe.

BBC NEWS
Home UK World Business Politics Tech Science Health Family & Education

Covid surge testing for secondary school pupils in Kingston

9 June 2021

GETTY IMAGES
Kingston residents aged between 19 and 24 are being asked to have tests as well as school pupils

Covid testing is to be offered to all teenagers in Kingston over the next three weeks, whether or not they have any coronavirus symptoms.

It follows a sharp rise of cases in younger age-groups, largely the Delta variant (previously known as the Indian variant), a council spokesperson said.

All secondary school pupils, along with all educational staff in any school will be offered PCR home testing kits.

People aged between 19 and 24 are also being asked to take tests.

If PCR test kits are not available through the workplace or college of those who have left school, they should book in at a local centre.

The free asymptomatic PCR tests are available at the borough's testing sites at

Keeping Kingston Safe 2020-2022 Timeline

All Hands to the Pump

A Picture of Health in Kingston

Conclusions and Next Steps

We started by shelving all non essential business and freeing up our resources to immediately reach out to every care home, home care agency, supported living provider, etc to ask them what they needed to keep our residents safe. We first called every organisation to ask what help they needed. We created a small team to respond to Covid Outbreaks and created a process to ensure that we linked up with our Health and Public Health colleagues. We initiated a 10 hour, 7 day a week rota at the beginning, so that there was always someone to respond to urgent requests for PPE and guidance from the care market. We stressed the importance of every company having a contingency plan, to be used in the event of a Covid outbreak.

We became closer as a team, due to our common ethos of public well being and helping others; it is the reason we work in adult social care and the pandemic made us all very proud of the work we did. We found that the command and control management style was appropriate at the beginning, but as the risks became less and we went back to more business as usual, the collaborative approach to management needed to be embedded once more. All areas of our work have benefited from the closer relationships with health and Public Health, and other departments.

Supporting residents with Learning Disabilities: The Involve team are a group of peer advocates with a learning disability who are employed by Kingston Council. The advocates work to empower Kingston residents to find their voice and have their say on changes within the borough. The team works to increase confidence around different topics, such as finding employment and staying safe within the borough. Involve also offers companionship and friendship to reduce isolation. As peer advocates, Involve are able to reach residents through mutual understanding and shared experiences of life and services within Kingston Upon Thames. Involve aims to act as a platform to share information, knowledge and concerns between the community and the council.

Throughout the COVID-19 pandemic, Involve supported residents by creating informational videos discussing staying safe throughout the pandemic, wearing masks and social distancing rules. The team also created COVID-19 leaflets, letters and documents in Easy Read versions. This was to ensure information such as vaccinations and PPE were accessible to people with learning disabilities across the borough. The team also hosts 'Friends Chats' every six weeks, a platform for Kingston residents to discuss different topics. Throughout the pandemic, the team covered 'Safety Online' and 'Finding Work' through the pandemic. Alongside this, the team collaborated with Mencap to host Let's Talk Meetings every Tuesday morning to allow a safe and non-judgmental space for residents to share their stories, reduce isolation, and build a sense of community.

Supporting outbreak control in care homes: We studied the data daily on care home notifications of COVID-19 through a number of sources at our daily COVID-19 data meetings with our commissioning colleagues which allowed us to ensure that they received early and timely national guidance and advice from UKHSA London Coronavirus Response Cell (LCRC) following a risk assessment when they had an outbreak. We coordinated a number of IMTs with care home settings where significant numbers of staff and residents had COVID-19 and the outbreaks did not appear to be under control enabling us to get all partners including UKHSA LCRC (London Coronavirus Response Cell) together virtually to assess and advise and monitor the situation to help break the onward chains of transmission. Early in the pandemic, infection control support in the form of audits and training, from SWL Clinical Commissioning Group and Your Healthcare and our own Infection Protection Control (IPC) nurse, was garnered to assist staff caring for the most vulnerable as safely as possible. We also supported services with the supply of free PPE and lateral flow test kits until they were able to procure centrally; and promoted and encouraged the COVID-19 vaccination offer when it became available to care home staff in December 2020. Care Providers were also invited to webinars over the last two years to hear updates on the latest data and guidance.

Keeping Kingston
Safe 2020-2022
Timeline

All Hands
to the Pump

A Picture of
Health in
Kingston

Conclusions
and Next Steps

Vaccination



On the 8th December 2020, the COVID-19 vaccination programme was launched in England with those 80 years and older and health care staff amongst the first to be offered the vaccine.

The NHS, the Council, Kingston voluntary organisations and local community groups worked in partnership to roll out the COVID-19 vaccination programme locally. The NHS leads this vaccine programme. By September 2022, 76.2% of over 12s in Kingston had received at least one COVID-19 vaccination, with 86% of those aged 60-64 and over 92% of the over 75s having received at least two vaccinations.

The COVID-19 programme will carry on working with underserved communities to enable access, reduce barriers and close gaps in disparities in the take-up of vaccines, reducing inequalities. Over 2021 and 2022 roving models, outreach to underserved communities, pop-up community walk-in vaccine clinics and door knocking has taken place with sections of the community where the vaccine take-up has been lower. Walk-in and pop up vaccination clinics are being promoted amongst local voluntary and community sector organisations to support people's access to vaccines. Information and advice has been translated into a number of languages in addition to English and both promoted through and with communities in addition to using programmatic and targeted marketing.

Work has continued to support communities to take up the vaccination and access booster vaccines, in particular amongst at risk groups and where vaccination rates remain low. Additional resource and work was informed by known uptake data, the inequalities within that data and from local intelligence provided by our local voluntary and community sector.

Workplaces were supported throughout 2021 and 2022, in collaboration with RBK Regulatory Services, with advice, information, signposting and the offer of onsite vaccination pop ups where needed.

Opportunities were taken, where nationally advised, to integrate and align the planning and delivery of flu vaccination, in conjunction with NHS partners, who are responsible for vaccine supply and administration.

On 11th November 2021, all care home workers, and anyone entering a care home, needed to be fully vaccinated with the COVID-19 vaccination, unless they were exempt under the regulations. This mandated requirement was revoked on 15th March 2022.

Keeping Kingston
Safe 2020-2022
Timeline

All Hands
to the Pump

A Picture of
Health in
Kingston

Conclusions
and Next Steps

Rapid response measures may be required if there are substantial changes in our understanding of vaccine protection against the Omicron variant, or major changes in the unfolding epidemiology of COVID-19. JCVI will continue to provide advice regarding booster programmes. [Coronavirus \(COVID-19\) vaccine - NHS](#)

Kingston Vaccination webpages: [Coronavirus \(COVID-19\) Vaccine](#)

SW London CCG vaccination webpages: [Covid-19 - NHS South West London Integrated Care Board](#)

NHS COVID-19 Vaccination Service

COVID-19 Vaccination Pfizer walk-in sessions

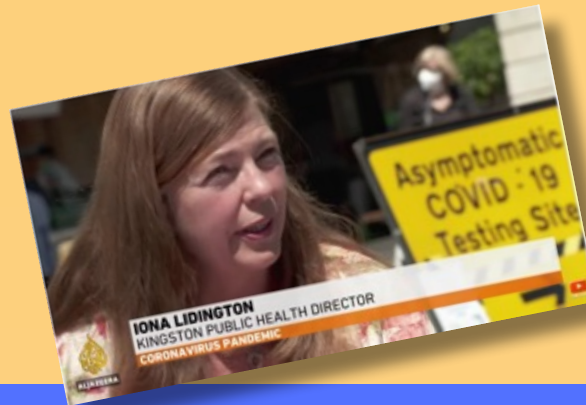
Kingston University

Thursday 17 June, 1pm - 7pm
Friday 18 June, 1pm - 7pm

Walk in if you are eligible for your 1st dose
Please wear practical clothing so it's easy to access your upper arm

Where?
Kingston University
John Galsworthy Build
55-59 Penrhyn Rd
Kingston upon Thames
KT1 2EE

For more information go to:
www.swlondon.nhs.uk/covid



NHS COVID-19 Vaccination Service

COVID-19 Vaccination Oxford-AZ & Pfizer walk-in sessions

Kingston Mosque

Friday 25 June 2021
10:30am to 6pm

Walk in if you are:

- Due a 2nd dose of Oxford-AZ and had your first before mid-April 2021
- Eligible for your 1st dose

Under 40? A clinician will be available to speak with you about your vaccination options

If you have them, it's helpful if you can bring:

- your vaccination card from your first dose
- or if this is your first dose proof of age like a driving license or passport

You don't need to be registered with a GP

Where?
Kingston Mosque
55 East Road,
Kingston Upon Thames,
KT2 6EJ

For all the latest walk-in information go to:
<https://swlondonccg.nhs.uk/covid>

Coronavirus

إذا حصلت على نتيجة فحص إيجابية (لكوفيد 19) فيبروس كورونا، نحن هنا من أجلك.

حتى تتمكن من عزل نفسك لمدة 10 أيام، مركز كنفستون معاً أقوى سوف يدعمك من خلال:

- ✓ توصيل الدواء
- ✓ توصيل الغذاء
- ✓ دعم مالي
- ✓ دعم لصحتك ورفاهك

المسح رمز الإستجابة السريعة هذا أو قم بزيارة www.kingston.gov.uk/COVID19-needhelp

إذا لا يوجد لديك إتصال بالإنترنت يمكنك الإتصال على الرقم: 020 8547 8000

Kingston Stronger Together
Supporting one another through these unprecedented times

Keeping Kingston Safe 2020-2022 Timeline

All Hands to the Pump

A Picture of Health in Kingston

Conclusions and Next Steps

Vaccine Champions

In December 2021 the Department for Levelling Up, Housing and Communities announced it would be giving £22.5 million to councils to help encourage people from underserved communities to come forward and get the COVID-19 vaccine. Kingston was successful in bidding for this funding in December 2021, with programme implementation commencing in January 2022 and continuing until July 2022.

In Kingston, much of this funding was distributed to local community groups and charitable organisations to run events, health days, and to embed vaccination messaging in day-to-day business to make sure everyone had access to the most accurate and up-to-date health advice. All community groups nominated at least one Vaccination Champion - trained team members who were vital to identifying barriers to access and providing tailored support, such as interpreting, computer access for people who are digitally excluded, and linking people into their nearest COVID-19 vaccine walk-in. Over 200 in-person and online events reaching in excess of 1500 people took place over a five month period in the first half of 2022, with many groups continuing to deliver vaccination messaging beyond this project's initial deadline.

As well as this, funding was used to put together Kingston's first ever on-street survey team, who successfully interviewed 550 residents about their views on the COVID-19 vaccine. This work provided valuable insights to our Public Health and Communications teams, helping us to create new and tweak existing vaccination messaging in line with local concerns.

In another first for Kingston, this project was supported by a robust communications plan delivered in 13 languages. A range of vaccination messages were drafted, translated and deployed across the internet to try and reach residents from all of our local communities and language groups. At any one time up to 156 adverts were in circulation in Kingston and in five months these were seen 1.8million times by 150,000 local residents, over 14,000 of whom clicked through to the NHS vaccination booking site on the back of one of our adverts.

On top of the support for community groups and local residents, Kingston's Regulatory Services team were key to engaging the local business sector. The team completed 120 visits between March and July 2022 to hospitality and close contact businesses (e.g. beauticians and hairdressers). As well as delivering information and advice and helping businesses remain covid secure, the team helped to arrange thirteen COVID-19 vaccination pop-ups on business premises, delivering a total of 82 vaccines.



Keeping Kingston
Safe 2020-2022
Timeline

All Hands
to the Pump

A Picture of
Health in
Kingston

Conclusions
and Next Steps

Kingston Stronger Together

The Kingston Stronger Together Hub was set up in March 2020 as a direct response to the Covid-19 pandemic and has continued to support residents of the Royal Borough of Kingston. The hub was set up initially to support those people who were advised to self isolate (a category which changed over the period of the first two years of the pandemic - from the 'clinically vulnerable who were advised to shield', to other groups, and to include the many thousands of people who were advised to isolate as COVID-19 'cases' or 'contacts').

Initial food distribution for those shielding was provided by central government and distributed by the army to local councils to distribute. Supplies were delivered to the main Guildhall, then the council worked together with voluntary sector organisations to distribute these to those shielding.

The Kingston Stronger Together Hub was set up in March 2020 as the scale of the pandemic was becoming clearer and the magnitude of the necessary response emerging. It was clear that the council alone could not staff a response large enough to support the likely numbers of people needing support. Thus, in coordination with the voluntary sector of Kingston, the KST Hub was established. The hub has been critical in providing practical support to residents to help people at particular risk keep well and also as a fundamental pillar in the effort to ensure that people could 'self isolate' when required by providing support to these residents.

The Hub has supported thousands of residents (detailed below) who were Clinically Extremely Vulnerable, people who were self isolating, and those who have been impacted by Covid-19. This included people who did not meet a statutory social care threshold, those experiencing mental health issues, people with long term health conditions (including Long Covid) and those who fell under financial hardship.

The KST Offer has included: Signposting, self care & financial support, Delivering essentials: including food, medicine and essential items, Befriending, mental health & wellbeing; and escalation and management of cases where residents needed more intense support, including those with safeguarding concerns, or where coordination of multiple services was needed.

The council tried to continually innovate to help keep residents safe as part of the local support. National government introduced a £500 payment for eligible people who needed to self isolate in 2020. It was clear that some vulnerable groups in Kingston were not qualifying for this and faced both financial hardship and also posed potential risks to others, by not complying with self isolation requirements and attending work or otherwise leaving their residence. Thus, the council introduced a special 'Stay at Home Voucher scheme in 2021'. The KST Hub issued 984 vouchers to 450 households totalling £70,940.



Keeping Kingston
Safe 2020-2022
Timeline

All Hands
to the Pump

A Picture of
Health in
Kingston

Conclusions
and Next Steps

KST Protecting people who were advised to 'shield': There were 10,600 'Clinically Extremely Vulnerable' people in Kingston ('shielding population') who were advised not to go shopping or to pharmacies in March 2020 due to a higher risk of harm from COVID-19. This was a national first, to try and protect people who were thought to be at particular risk from the COVID-19 virus by so-called 'shielding'. All Clinically Extremely Vulnerable people were written to via letter, text message and email to provide updated shielding instructions each time the Ministry for Housing, Communities and Local Government advised of changes to shielding status. Over 15,000 proactive phone calls were made to shielding residents between March -July 2020 to identify if they were in need of support. 3,310 shielding (and also later 'self isolating') households were supported. Residents who accessed the KST Hub were supported with food and essentials, medicine deliveries, emotional support (including provided by volunteers) and access to health and social care services such as community health services for people with long term conditions.

KST Food distribution: Never before has the council, and other partners, had a role in mass food distribution across the borough. Yet suddenly this was required in March 2020 due to: the need to support people who were shielding and could not go out to buy food. Further, there was panic buying in supermarkets which resulted in shops being emptied of food. Online shopping slots were also overwhelmed for several weeks for those who did have access to online shopping. Later, as 'self-isolation' was introduced for people who were COVID-19 cases or contacts, food delivery was also required as a support option in the borough.

The Good Food Group (tackling food insecurity as part of the local Health and Care Plan 2019-2021) came together to quickly respond in the crisis. A new Food Distribution project team was set up, specifically for needs emerging due to COVID-19. The team's work was reported to SILVER daily as part of the emergency response. The Council reached out to the local voluntary sector in March 2020, to support the response to get food to the most vulnerable in our community. Kingston Voluntary Action, Kingston Food Bank and Voices of Hope's responses were immediate, fast and efficient. The food distribution service was created, having been co-produced with partners and coordinated by the KST hub within the Council. The majority of food distributed was provided by local voluntary sector community organisations and some from central Government, assisted by the Army, another first in living memory.

The work of the partnership in this local food delivery was much appreciated by those in the borough who received this support.

KST Providing advice and support for 'self care' 2020-2021: In order to support the many thousands of residents self isolating and shielding, the web platform Connected Kingston was utilised to enable people to self care and learn about local opportunities for support.



March 2020, Tesco New Malden store with bare shelves due to panic buying -shops and communities everywhere were impacted.

Keeping Kingston
Safe 2020-2022
Timeline

All Hands
to the Pump

A Picture of
Health in
Kingston

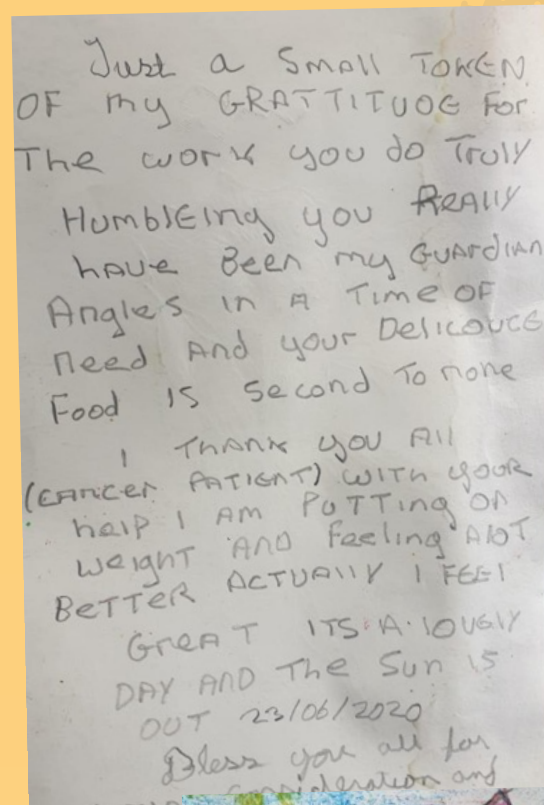
Conclusions
and Next Steps

As needs were emerging through requests for support and by the local and national press, the KST Hub produced materials and web pages and created adverts marketed at local people. The use of the website was evident as it was seen by 21,982 new users during 2020-2021, had 120,000+ page views, 380,000 ad impressions (the number of times adverts were seen in the community) and 9,000 advert click throughs.

KST Befriending and Mental Health Support:

As part of our pandemic response, we proactively contacted residents in the borough who had been asked to shield and quickly identified many residents who were lonely or isolated, and offered a befriender to support them. As the befriender relationships developed we found that many of the residents had parallel mental health issues. Due to the increased demand and difficulties faced by mental health services during the pandemic, the Kingston Stronger Together Hub extended its befriending offer by recruiting a team leader who established a team of new volunteers with mental health experience, as well as training existing volunteers. Supervision and training for volunteers was established, including suicide prevention training. We have been exceptionally lucky to have such fantastic volunteers, with a broad range of interests. Their skills in supporting, and empowering residents to support their own health and wellbeing has made a huge difference to local residents. This service has worked closely with the voluntary sector to support people to access and engage with mental health services. It is vital that we continue to work together to best meet the needs of residents holistically, and help prevent people falling between the gaps in services.

During 2020-2021: 528 residents used the service to support them with isolation, anxiety and loneliness. Weekly supervision was offered to volunteers alongside 1:1 support for those needing it. During 2021-2022: Throughout the year, 111 volunteer telephone befrienders made regular weekly contact with 301 isolated residents. As restrictions eased, residents were supported to access community support offers and KST Hub gradually said goodbye to 88 volunteers. In March 2022 the befriending service held a team of 23 volunteers who regularly contacted 30 residents every week. Residents accessing the befriending scheme reported the following benefits: improved positive mood, reduced anxiety, reduced feelings of isolation, increased ability to access social support networks, more motivation and success in finding paid employment. The work of the KST hub has



Just a small TOKEN
OF my GRATITUDE For
The work you do Truly
Humbling you REALLY
have been my Guardian
Angels in a Time of
Need and your Delicious
Food is second to none
I Thank you All
(CANCER PATIENT) with your
help I AM PUTTING ON
WEIGHT AND Feeling ALOT
BETTER ACTUALLY I FEEL
GREAT ITS A LOVELY
DAY AND The Sun IS
OUT 23/06/2020
Bless you all for
consideration and



Keeping Kingston
Safe 2020-2022
Timeline

All Hands
to the Pump

A Picture of
Health in
Kingston

Conclusions
and Next Steps

shown that whilst people may not need statutory services, this early intervention with more basic support can in fact prevent people reaching crisis situations or needing formal safeguarding. Working closely with all services in the council and the voluntary sector has aided this support and continuing this way of working will go a long way towards making Kingston an enabling council.

KST Safeguarding: The nature of the pandemic and the rapid lockdown in March 2020 meant there were a lot of vulnerable people left without access to day centres, carers, food or medication. Many people were shut off from their support networks and the wider community and therefore were at risk of failing health and isolation. Within the KST Hub process we had a clear focus on 'safeguarding' and developed a process with the council adult and child safeguarding teams for support. We also put in place a 'Safecheck process' for any shielding residents that we were unable to contact by phone, which involved trained staff knocking on doors or a welfare check via the police. We continued this process for CEV residents (clinically extremely vulnerable) and some people discharged from hospital. The response we have provided to the wider community has been extremely well received by residents and their families.



KST and the Household Support Fund October 2021- March 2022

The Household Support Fund (HSF) was introduced by the Department of Work and Pensions (DWP) on 6th October 2021 (and the first phase finished in March 31st 2022) to support vulnerable residents with food and fuel insecurity during winter pressures. In the first phase, over 9,000 households in Kingston benefited from the Household Support Fund. 638 vulnerable residents were supported by KST Hub to access food and fuel. Professionals were asked to check each resident's eligibility and then make a referral to the HSF for the KST Hub to allocate the funding. 45% of all vulnerable cases were received by KST Hub from the Housing and Financial Inclusion teams. A total of £881,050 has been issued directly from the HSF via vouchers or direct payments to fuel providers. £201,867 was allocated to voluntary sector providers directly supporting residents, with an additional £424,050 given to Achieving for Children to support the free school meals initiative and care leavers. Second and third phases of the Household Support Fund distribution have followed.

Keeping Kingston Safe 2020-2022
Timeline

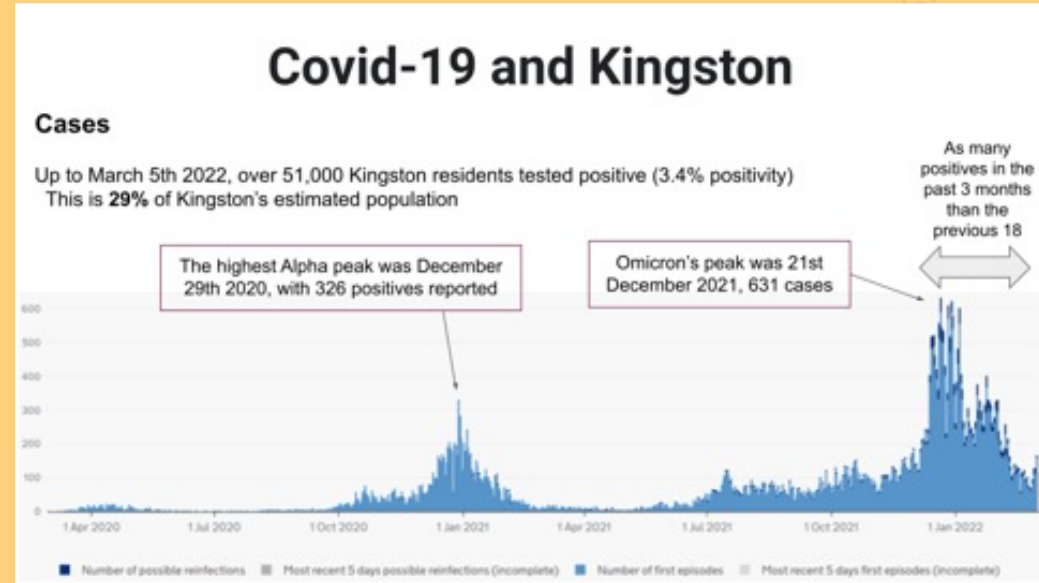
All Hands to the Pump

A Picture of Health in Kingston

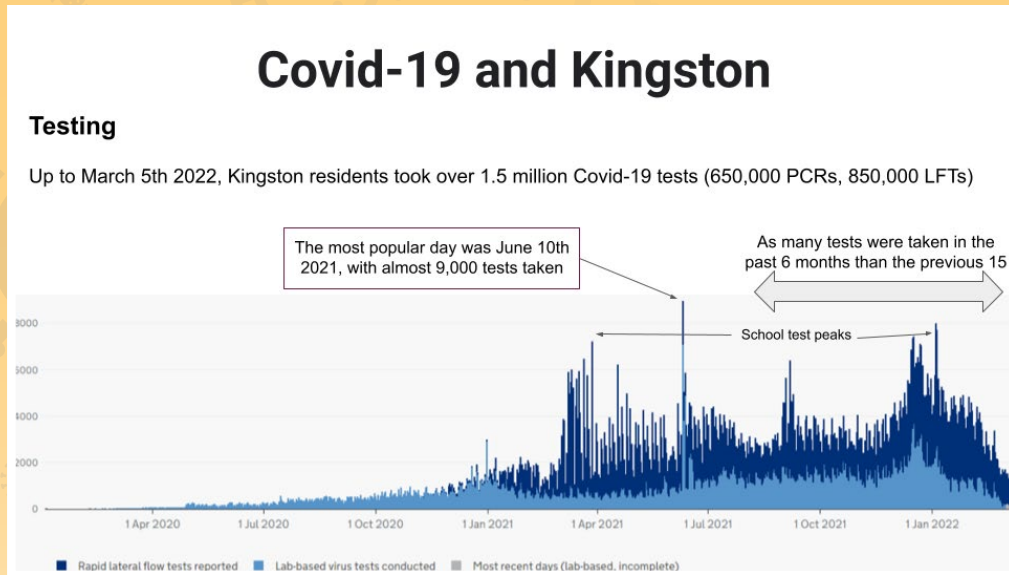
Conclusions and Next Steps

COVID-19 2020-2022 in data

In this section, some of the key trend data for COVID-19 in Kingston for 2020-2022 is presented.



Source: <https://coronavirus.data.gov.uk> (accessed February 2023)



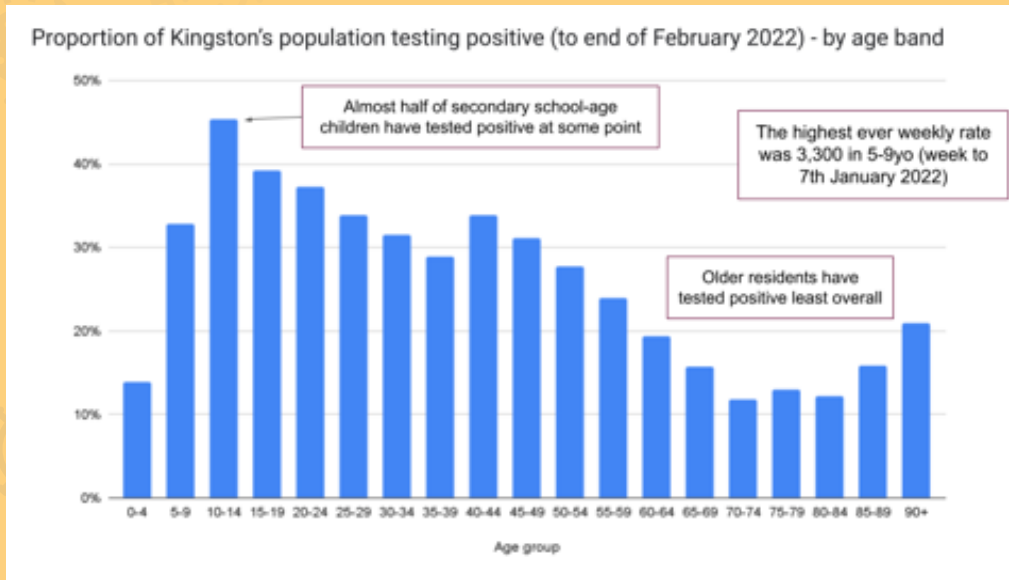
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Keeping Kingston
Safe 2020-2022
Timeline

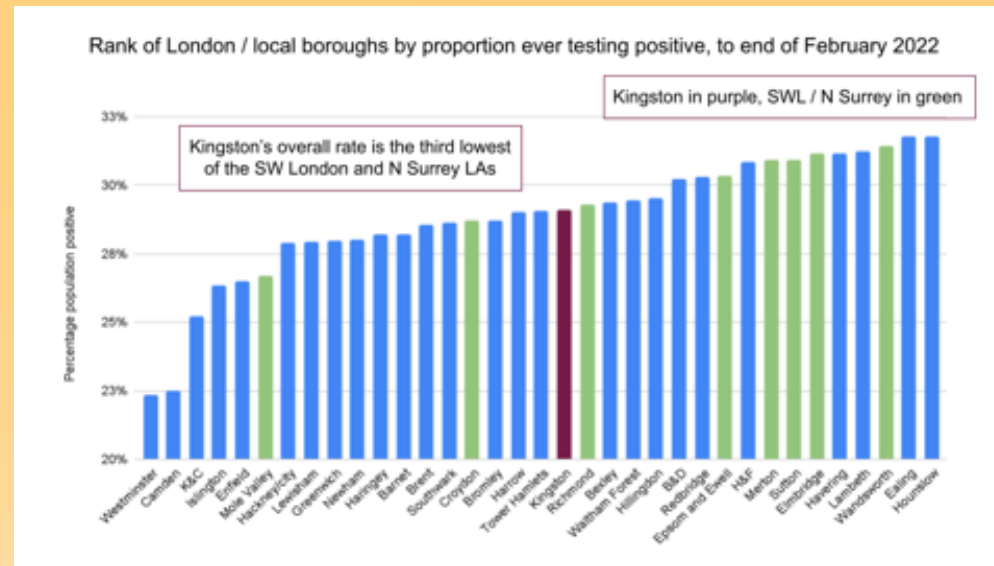
All Hands
to the Pump

A Picture of
Health in
Kingston

Conclusions
and Next Steps



Source: <https://coronavirus.data.gov.uk> (accessed February 2023)



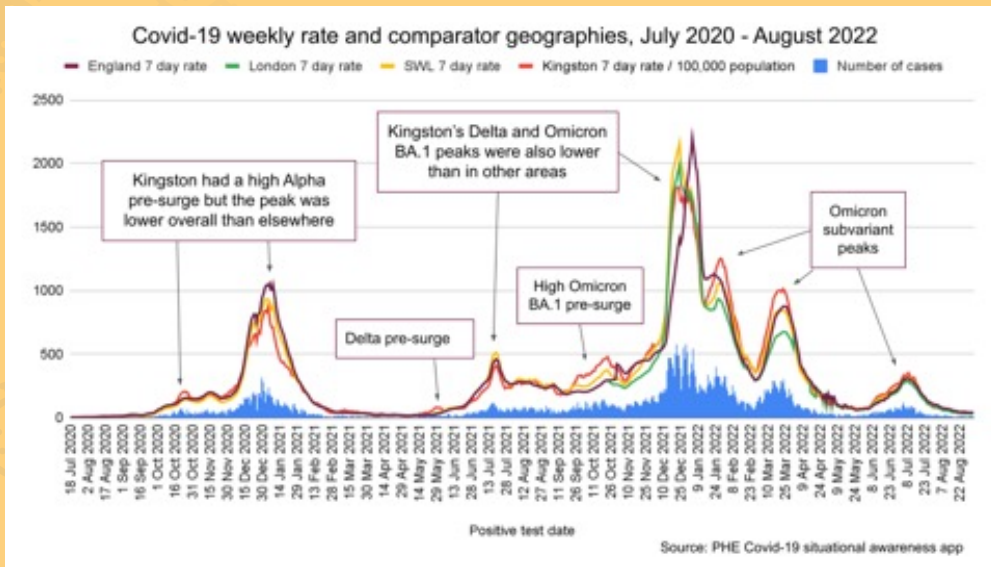
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Keeping Kingston Safe 2020-2022 Timeline

All Hands to the Pump

A Picture of Health in Kingston

Conclusions and Next Steps

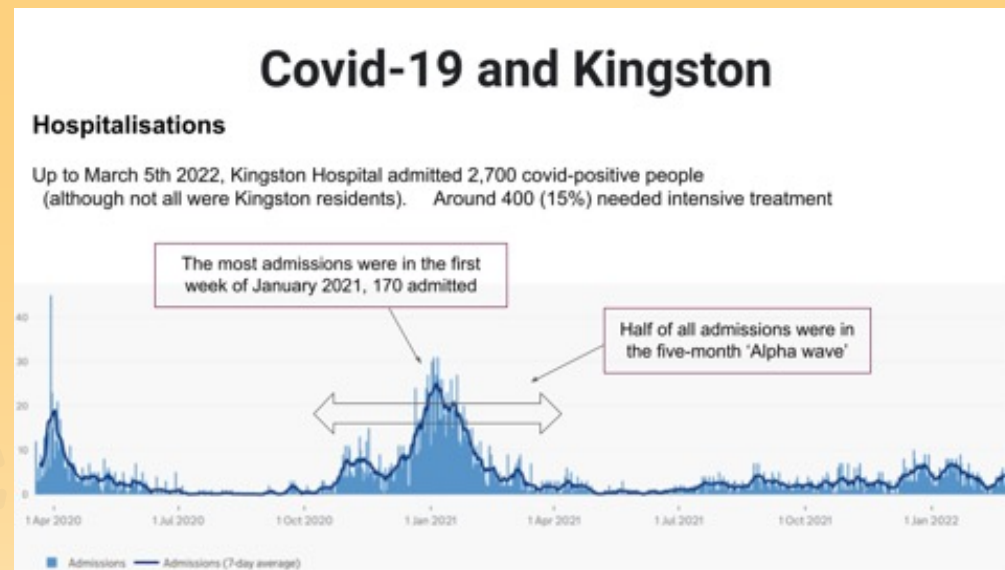


Keeping Kingston Safe 2020-2022 Timeline

All Hands to the Pump

A Picture of Health in Kingston

Conclusions and Next Steps

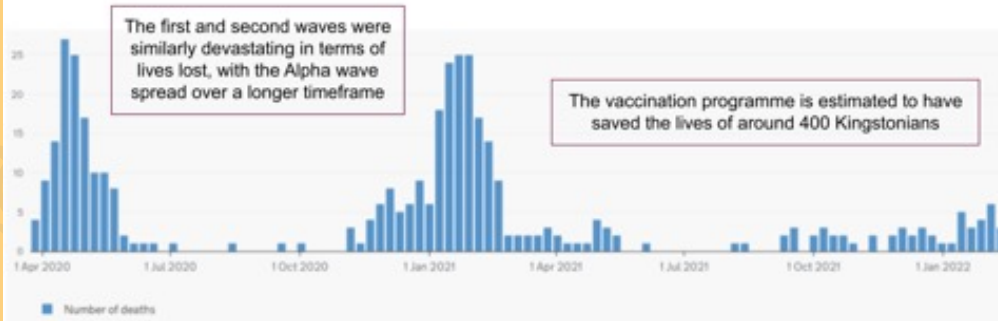


Source: <https://coronavirus.data.gov.uk>

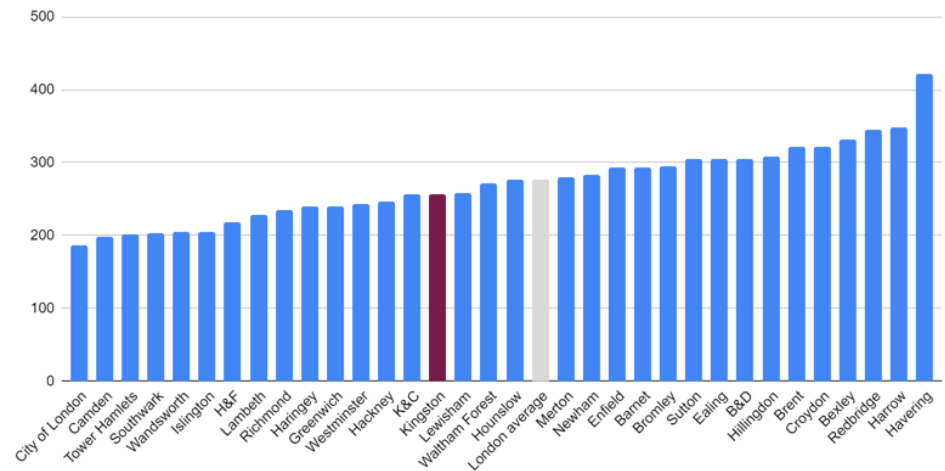
Covid-19 and Kingston

Deaths

Up to mid-February 2022, 366 Kingston residents died within 28 days of a positive Covid-19 test
393 residents had Covid-19 recorded on their death certificate



Total Covid-19 death rate to October 2022 / 100,000 residents



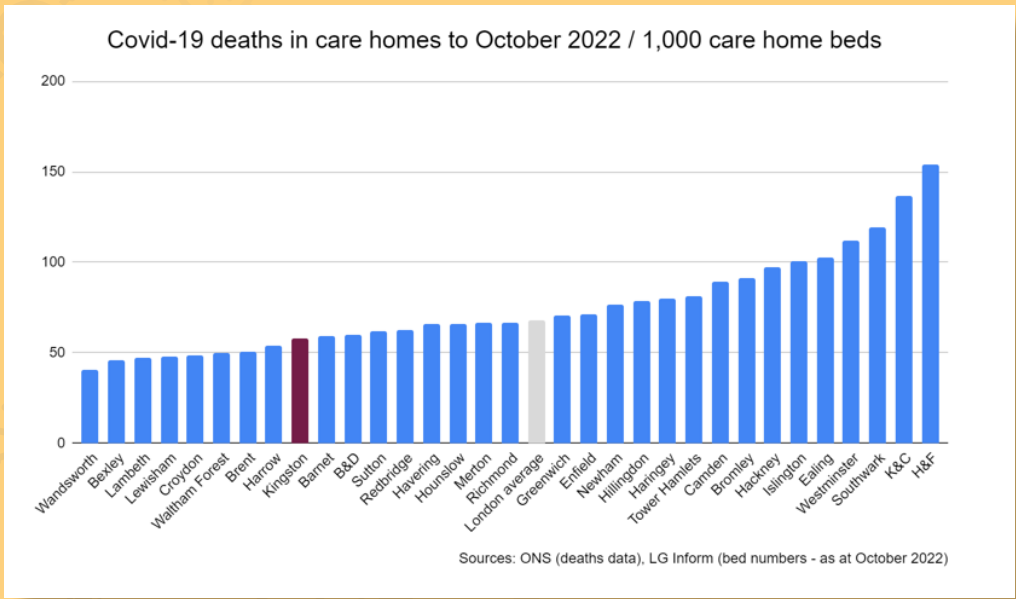
Sources: ONS (deaths data), Census 2021 (population)

Keeping Kingston Safe 2020-2022 Timeline

All Hands to the Pump

A Picture of Health in Kingston

Conclusions and Next Steps



Keeping Kingston Safe 2020-2022 Timeline

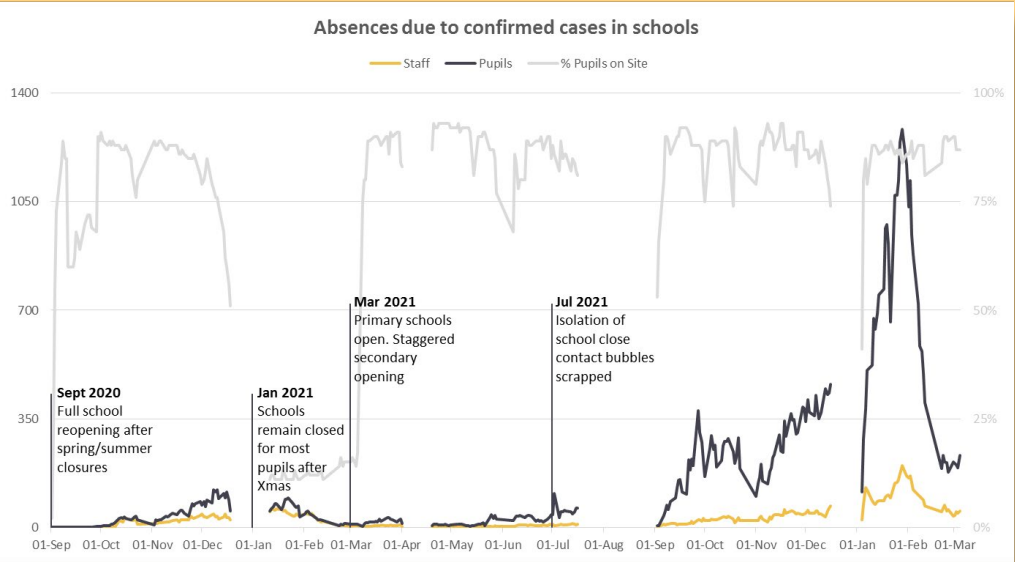
All Hands to the Pump

A Picture of Health in Kingston

Conclusions and Next Steps

Summary charts and tables

48,000 school days were lost to Kingston pupils due to COVID-19 between March 2020 and March 2022¹⁰, peaking on 28th January 2022 when 1,284 children and 200 staff were off with confirmed cases. The latest Schools Infection Survey (SIS) results¹¹, from March / April 2022, show 99% of secondary school pupils and 86% of primary school pupils in London testing positive for SARS-CoV-2, meaning they had been exposed to the virus via infection or vaccination.



All hands to the pump across Kingston to support our residents

The COVID-19 pandemic response required the instigation of an emergency planning response across the council, with the Gold (strategic), Silver (tactical) and Bronze (Operational) command structure set up. GOLD and SILVER, chaired by the Director of Public Health in the initial phase, met daily (remotely) between March-June 2020, bringing together all key service areas of the council to put in place key actions to respond to the pandemic. The Council's SILVER team continued to meet either daily and then weekly until April 2022, coinciding with the move to the national 'Living with COVID-19' approach.

Partnership Command structure was also activated across the borough, with The Kingston Strategic Partnership acting as Gold Command. The Borough Resilience Forum (BRF) forming the partnership Silver Command. The BRF was also chaired by the Director of Public Health. There were also cross borough Director of Public Health networking, Testing Team networks, London Test and Trace networks and others. Council teams and partners worked tirelessly and in partnership to help keep Kingston residents safe, implement national measures to support local businesses and many other aspects. A sample of the work that was carried out across the council is included below. The words come from the teams themselves for some sections. Supporting all these functions were the council's IT team, the HR team to facilitate the deployment and recruitment and related efforts and the Finance team to support the distribution and use of the wide range of COVID-19 grants. Many other teams 'pivoted' to put their services online, deploy staff to response efforts, work at speed to offer equipment or other to help efforts, continue front line services in new ways to keep staff and service users safe and many other efforts. The RBK call centre team played a key role in directing calls while the council worked remotely:

Homelessness - 'Everyone In'

Following the announcement by the Government that all rough sleepers should be accommodated under the 'Everyone In' initiative at the end of March 2020, a total of 82 rough sleepers in Kingston were accommodated across various sites over one weekend. Individuals were accommodated regardless of eligibility and priority need. In the period since March 2020, over 160 rough sleepers have been accommodated for longer or shorter periods of time.

RBK worked in partnership with two local homelessness charities to place rough sleepers into emergency and hostel accommodation and ensure ongoing provision of support. The Homelessness Task Force (HTF) was set up in response to the pandemic to coordinate the services to rough sleepers and those at risk of homelessness and to develop new ways of working and support provision. National and regional funding has been put in place to ensure those brought into accommodation do not return to the street and are given an opportunity to access a safe home and to live independently.

The partnership working has been outstanding with services within RBK and partners stepping up to the challenge and adapting to new ways of working. Over 160 individuals came to us and were taken off the streets including previously entrenched rough sleepers. The number of rough sleepers on the streets of Kingston has been significantly reduced. This work will support the wider Complex Lives work, which seeks to support vulnerable individuals to make changes to support their health, wellbeing and ability to live independently.

Keeping Kingston
Safe 2020-2022
Timeline

All Hands
to the Pump

A Picture of
Health in
Kingston

Conclusions
and Next Steps

To support this work, the Kingston Stronger Together Hub launched the Homeless Welfare Offer in April 2021. This offer included making weekly contact with homeless or vulnerably housed residents to highlight support available, and encourage residents to receive the COVID-19 vaccine. 160 homeless people were contacted through 560 phone calls and 7768 text messages. 63 homeless people have received their first vaccine; 46 homeless people have received their second vaccine and 4 homeless people have received their booster vaccine.

Businesses

The pandemic's lockdown periods effectively stopped a huge number of businesses trading at all and many of those that were able to continue were trading at reduced levels. The impact on businesses as trading entities was profound, with survival becoming an immediate issue. However, businesses are more than that - they are delivered by people and every day that a business couldn't trade, the more this risked livelihoods and personal wellbeing. It was clear that many businesses and jobs would simply disappear without support, with a resulting impact on the wider local economy and our communities.

The government set out an extensive package of support on a scale never seen in peacetime - with direct support for businesses through tax and regulatory measures, and direct financial support. However, many of these measures were wholly reliant on local councils like ours to shape and deliver them. Balancing urgency of response and due diligence was critical, and a major challenge. New and close relationships had to be formed quickly between internal teams: Economic Development, responsible for developing spending plans for discretionary funds, and the Revenues and Benefits team who would be delivering the application, assessment and payment systems. External partners like the Chamber of Commerce became a key sounding board when developing proposals and the expertise and agility of commercial sector partners became essential.

Over several phases of lockdowns we developed multiple rounds of grant programmes delivering government-defined grants, and discretionary programmes. These targeted the most threatened sectors including hospitality and leisure, and their supply chains, extending eligibility iteratively to help focus funds.

Cash grants provided financial 'first aid' to businesses; supported high streets via to community and business groups; and looked ahead by supporting recovery through a range of grants to support innovation, growth and the green economy. Over the course of the lockdowns we distributed over £62m through over 11,100 grants to around 3000 individual businesses, with many expressing the humbling gratitude - a reminder of the human aspect of our work sometimes lost in processes and regulations.

Keeping Kingston
Safe 2020-2022
Timeline

All Hands
to the Pump

A Picture of
Health in
Kingston

Conclusions
and Next Steps

"...really am lost for words. Thank you so very much for this – it helps with us being able to pay our team"

"I have just seen the email and can't tell you how important this is to me at this moment. We can't thank you enough. You are helping us survive.."

"I can't thank you enough, as this has come at a crucial time when I most need support for my business and team. I have been in this industry for 40+ years and I have to say this has been the most challenging time to run a business"

Keeping Kingston Safe 2020-2022
Timeline

All Hands to the Pump

A Picture of Health in Kingston

Conclusions and Next Steps

Hospital Discharge Team

In line with the emergency hospital discharge guidance issued on 19th March 2020, the Government published new Hospital Discharge Service Requirements for Covid 19 setting out requirements for all NHS trusts and Local Authorities, introducing standardised pathways across the country. We mobilised our hospital discharge team that is part of Adult Social Care to prepare and get ready for the predicted demand on NHS acute beds. This included receiving modelling data from SW London region on likely demand and ensuring our team had enough staff to manage this. We recruited an additional 5 members of staff (2 redeploy and 2 agency social workers), co created a Single Operating Procedure (SOP) - Collaboration between RBK, Your Healthcare (YHC), London Borough of Richmond, Kingston Hospital. This was an evolving document which was updated when new changes came through, to support the safe and effective coordination of hospital discharges. System operation 7 days a week 8am - 8pm with our hospital discharge team operating at these times.

The council developed new local integrated discharge pathways with health and voluntary sector partners to support people to be discharged home as soon as they were medically fit to ensure they did not have to spend unnecessary time in hospital during the pandemic. RBK purchased additional reablement equipment, telecare and voluntary sector support to ensure sufficient assistance was in place for people who required services during this period.

ASC and their integrated partners have acted very efficiently and effectively in putting in measures required as an urgent response to the COVID-19 pandemic. Beyond this, the strong collaboration continues in Kingston and Richmond Place with the implementation and development of discharge to assess pathways to help manage current demand on NHS services.

Ensuring that services continued to run

Council teams worked with staff, contractors and partners to ensure that key services could operate safely, whilst prioritising delivery to ensure resilience and compliance with Covid 19 guidelines. Council staff were relocated to home working promptly. Daily updates and key decisions on any service changes were managed through the operational (Silver) response group, with escalations to Gold where necessary to ensure decisions were overseen and communicated to key stakeholders appropriately.

Non essential services for waste and recycling were initially suspended to ensure drivers were available for the key operations of collecting waste, recycling, clearing fly tips and emptying litter bins. However, services managed well and there was little disruption.

The parking service adapted quickly, introducing temporary measures to support essential workers through a new Key Worker Permit, which was initially administered manually, and quickly followed by a more automated service. During the early response, the team worked closely with colleagues in other Councils, London Councils and the British Parking Association to ensure a consistent approach where possible to issues such as charging for parking, enforcement, and debt recovery. Particularly on debt recovery, where people were unable to work. As the response progressed, the arrangements were adapted, including reintroduction of charges and enforcement activity to reflect the national restrictions.

When enforcement activity was suspended or reduced, the resources were redeployed to support the wider Council response. The Cattle Market Surface car park was also made available throughout the response as a COVID-19 testing site. Highways services were maintained, with work focussed rapidly onto high priority maintenance and safety works only, capital works were reduced to both reduce risk to the public and contractors and to allow deployment of staff to other more urgent Covid response work

All but essential safety operations in parks were suspended, with the contractor relying on the furlough scheme. Public Health information was displayed at entrances and playgrounds. Leisure centres were closed. However, online provision of services was quickly established. This was mirrored by other community services such as Kingston Library Service where there was a focus on promoting the online collections of e-books and e-audio books as physical spaces closed. Kingston Libraries were one of the first services in England to move their activities and events online such as rhymetime, with staff live streaming and making videos from home to upload. Other successful initiatives included online book clubs, author talks and the team supporting other library services across the country to develop their digital offer. In addition, some of the library staff were deployed into the Kingston Stronger Together Hub to support residents throughout the pandemic.

Personal Protective Equipment (PPE)

The pandemic required a never seen before requirement for mass use of PPE across the globe. At the same time, guidance on what PPE was required by who and for what activity was in continual development for the first few months of the pandemic. The country, at the national level, faced immediate shortages and challenges to supply routes and the local level faced the same. The council set up in March 2020 a PPE supply team for local staff which consisted of Occupational Health, Resilience Planning and Adult Social Care in conjunction with community volunteers. The team sourced PPE from a

Keeping Kingston
Safe 2020-2022
Timeline

All Hands
to the Pump

A Picture of
Health in
Kingston

Conclusions
and Next Steps

variety of sources in line with the emerging guidance and in very testing circumstances, with first supplies provided by the Army. In addition to the local sourcing, schools and other partners also joined the local effort to keep workers safe. Schools across the borough provided goggles to NHS staff and a number of local schools and voluntary groups also offered locally produced equipment. The PPE team worked under highly pressurised circumstances to try and ensure that local staff, carers, care homes and educational settings had suitable access to PPE to try and ensure staff and service user safety.

Hostels

As detailed in the Local Outbreak response section, the Public Health Team met daily with partners until April 2022 and studied the available data to support settings including hostels with national guidance, testing and vaccination offers. Hostel settings were high priority locations for support. The Hostel managers and staff worked closely with the outbreak response team to prevent and manage outbreaks effectively and encourage self-isolation amongst residents. The outbreak response team also worked with Hostel managers to set up testing sites within the hostels. Self-isolation support was provided by the KST Hub and included providing shopping delivery services and vouchers for residents to support them and their household whilst in self-isolation (for example, items could be purchased to support adult and children's wellbeing with activities, food, fuel etc). Targeted pop-up testing and vaccination opportunities were also provided.

Benefits

In response to the requirement to self isolate from 28 September 2020, individuals were entitled to a Test and Trace Support Payment or discretionary support payment of £500. This was to support people on low incomes who were unable to work from home if they were told to self - isolate by NHS Test and Trace and would lose income as a result. The payments were designed to help ensure people who had tested positive for COVID - 19 and their close contacts self - isolate for the required period to stop the onward spread of the virus. They were also designed to encourage individuals who are eligible for this payment to get tested if they have symptoms.

The Revenues & Benefits Service (RBS) were responsible for administering the scheme. A reliable third party supplier, Victoria Forms, provided a fit for purpose online application form within days of its request. RBS set up a dedicated team of experienced benefit assessors in order to process applications within the requisite 24 hours and push the successful claims into payment on a daily basis. Colleagues in Finance (particularly in Accounts Payable) and Public Health provided support and assistance in administering and promoting this scheme. RBS was also able to pivot resources within the service to cope with the increased telephone service demand and support residents throughout the crisis. Strong working relationships were built with colleagues in Public Health and residents were regularly signposted to the Kingston Stronger Together Team for additional help and support that they were providing.

The Test and Trace Support Payment scheme ended in February 2022. Whilst the scheme was running, 4,180 claims were received and processed with the Borough resulting in 1,092 payments, totalling £546K, being distributed to local residents.

Keeping Kingston
Safe 2020-2022
Timeline

All Hands
to the Pump

A Picture of
Health in
Kingston

Conclusions
and Next Steps

Adult Safeguarding

During the pandemic prevalent safeguarding concerns included increased vulnerability through self-neglect, neglect and physical abuse, as well as through increased scams. Professionals' regular visits to people's homes allow early identification of safeguarding concerns, however without these visits during the pandemic it was vital to establish virtual home assessments as quickly as possible. We supported people to use the internet, including linking in with families where possible to support their digital skills, as well as local services. Sourcing devices for people in care homes and institutional care was also key. Adult Social Care has worked closely in partnership with other organisations, i.e. district nurses, who have been the eyes and ears of the safeguarding team.

We are dedicated to working in partnership in the future. The emphasis has historically been on social services to safeguard residents, but it has been recognised how valuable our partners are in identifying and jointly supporting residents where there are safeguarding concerns. We support the need for safeguarding to have a presence in the community to support resident and partner engagement, to better identify safeguarding concerns and to promote key messaging (scams awareness etc).

Community Development

Kingston's Voluntary and Community Sector (VCS) have excellent relationships with local communities and the appropriate tools to help address the many barriers to information and advice which are well documented for groups disproportionately affected by the pandemic. RBK and the VCS identified the need for additional resources and support to undertake targeted communication and engagement around the COVID-19 messaging/guidelines for resident groups with communication barriers such as language, literacy, comprehension issues, digital exclusion and visual and hearing impairments. Funding was allocated from national COVID-19 grants (DHSC Test and Trace, Contain/COMF Fund, DHSC Vaccine Champions Fund) and given to 19 groups to undertake bespoke engagement work with their vulnerable clients. Four rounds of grant funding were made to local community groups (about 80 grants) over the two year period to support local messaging to help reach all parts of our community. To ensure that partners were up to date with the latest national messaging and local data on the COVID-19 situation, all VCS partners were requested to attend the weekly 'Keeping up with the Data' sessions hosted by Kingston KVA and presented by RBK Public Health. Over 50 such sessions were given between December 2020 and September 2022.

Kingston Voluntary Action were a key partner and helped facilitate general VCS sessions on Test and Trace. The RBK Community Development Team also offered targeted sessions upon request. This communication was vital in maintaining a partnership approach to engaging with all our communities. A variety of methods have been used to engage with vulnerable communities including proactive calling, social media, virtual sessions and information provided as part of ESOL classes. This has resulted in over 10,000 people from vulnerable communities being reached through targeted and bespoke messaging to provide a better understanding of the guidelines and restrictions during the pandemic. Over 32 language groups were reached in Kingston. Groups recorded that they were able to further spread messages through their client networks to 20,000 individuals. Targeted communication sessions were delivered to BAME communities, learning disabilities groups and Unaccompanied Asylum Seeking Children and Leaving Care Teams. We have held weekly information sessions to keep people up to date.

As we move forward, we seek to embed any new key messaging into activities to ensure that all groups are kept up to date and relationships are maintained in the longer term.

Keeping Kingston
Safe 2020-2022
Timeline

All Hands
to the Pump

A Picture of
Health in
Kingston

Conclusions
and Next Steps

Registration and Bereavement Services

The Pandemic forced introduction of proscribed changes to existing statutory practises, introduced new regulation in regard to public/staff protection limiting service provision, number of attendees at ceremonies and infection control/management at venues. Supporting these legislative changes were a raft of issued guidance some of which was conflicting, open to local interpretation and left to local providers to police. Why can't we get married? Why can't we register the birth of our baby? How many attendees are permitted at funerals? Is a cemetery an 'open space'? What if attendees refuse to wear face coverings? Can I touch a coffin or place flowers? Why can't I scatter my loved ones' remains? This added pressure, together with other changes to significant life event services and cultural traditions within our diverse faith, beliefs and life philosophy communities, highlighted the mental health and wellbeing needs of our colleagues. Our excellent frontline and support service colleagues often had to bear the brunt of intense negative emotions of service users who simply could not understand 'why' a service was either restricted or withdrawn. The increasing volume of deaths further stretched emotional wellbeing. The entire Death Chain Management process came under intense scrutiny and it was found that services simply did not have the resilience to cope. Our operating model adapted positively to increasing volumes and legislative changes. Live streaming of funerals was introduced to offset the very limited number of mourners permitted to physically attend a funeral service. Colleagues were deployed from other service areas to support core key workers delivering registration, cremation and burial duties. The increased volume of cremations and burials required constant risk assessment and wellness checks for emotionally and physically fatigued colleagues. Health and Safety, along with staff welfare and the need for physical and emotional support in a 'safe space', was taken to new levels of innovative leadership to ensure our colleagues were robustly supported.

As things transitioned back to normality our life event services were still very much impacted dealing with the backlog of suspended services and increased volumes of business as usual. The lessons learned around forced interoperability, digital innovation and hybrid ways of working have led to the successful development of a new co-designed Registration, Nationality and Bereavement Service offering cross disciplinary training, shadowing, coaching, reverse mentoring and mentoring and new career paths with increased resilience never before achievable.

Healthy at Home and Beyond

Prior to the pandemic, the Public Health Healthy Lifestyles team delivered a range of physical activity and other lifestyle initiatives to help address the health needs of local people. This included smoking cessation, alcohol and weight management, diabetes prevention and osteoarthritis and osteoporosis classes.

Due to the pandemic the team had to work quickly to transform and redesign their services into remote online offers. The programme initially targeted adults who were 'shielding' (advised to stay at home due to high risk) or clinically extremely vulnerable (CEV) to COVID-19. The programme targeted those at higher risk of premature death related to cardiovascular conditions, falls and seasonal winter risk; those experiencing higher levels of inequality, or living in areas of deprivation.

Keeping Kingston
Safe 2020-2022
Timeline

All Hands
to the Pump

A Picture of
Health in
Kingston

Conclusions
and Next Steps

The Healthy at Home and Beyond service continued to work closely with referral partners and community services to encourage clients to engage. As well as this, a promotional campaign during the autumn and winter 2020 enabled the service to improve its visibility with referral agencies, and reach out to a wider number of residents beyond the shielding and CEV cohort.

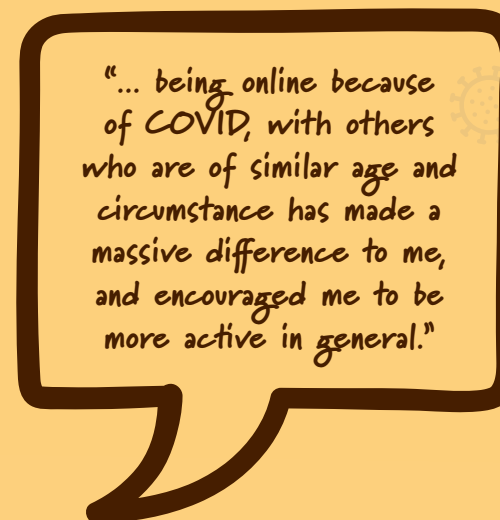
From April to December 2020, Healthy at Home made contact with 5,800 CEV residents and received 400 calls and 90 self referrals to at least one service. Our Get Active programme has received 85 new referrals, and 55 completions of its 12 week remote exercise course.

Libraries - Digital offer

Kingston's Libraries have remained at the heart of Kingston throughout the pandemic, reflecting and responding to the needs of local residents. Whilst buildings may have been closed through lockdown, the libraries team have been hard at work developing a digital offer of amazing online events, such as rhyme time, escape rooms, wellbeing sessions and a job club. This work has been nationally recognised by Libraries Connected and the Chartered Institute of Library and Information Professionals.

Through 2020, 51,219 e-books and e-audio books were borrowed, an 84% increase compared to 2019. Livestream events have reached 232,528 people, and Kingston Libraries bootcamp information session has helped 540 library staff nationally to level-up their digital offer.

Library staff have also played an integral role in the Kingston Stronger Together Hub's Triage service. The team, who have exceptional customer care skills and knowledge of local services, has supported over 2,500 vulnerable residents to access food, pharmacy, financial and emotional support. The Triage team has and continues to work with a range of partners across Public Health, Kingston Voluntary Action, Kingston Adult Education, Refugee Action, Citizens Advice and more to ensure residents who come through to the Kingston Stronger Together service receive an integrated support offer.



Keeping Kingston Safe 2020-2022
Timeline

All Hands to the Pump

A Picture of Health in Kingston

Conclusions and Next Steps

Domestic Violence (DV)

The COVID-19 pandemic resulted in a national lockdown which, whilst successful in controlling the transmission of the virus, added additional risk factors for domestic abuse, means of control and reduced visibility of families who were already at risk of such abuse. During the initial stages of the COVID-19 pandemic, the National Domestic Abuse Helpline saw a 50% increase in calls and a 300+% increase in visits to the National Domestic Abuse Helpline website. Locally, the Kingston DV Hub saw a 60% increase in calls and referrals following the first lockdown. The Multi-Agency Risk Assessment Conference (MARAC - A risk management panel where those experiencing domestic abuse at high risk of harm or homicide are discussed and a multi-agency action plan is put in place) saw a 53% increase in referrals in 2020.

Kingston's Domestic Abuse Outreach and Accommodation based services modified service delivery overnight to meet the restrictions of the lockdown including making the Refuges COVID-19 safe and enabling staff to work from home and continue to offer a crisis service virtually. Emergency funds were approved by Kingston Council to provide the Kingston DV Hub with an additional worker for three months to manage the influx in calls and referrals. A COVID-19 MARAC protocol was implemented and the multi-agency meeting was moved to a virtual platform with no disruption to the referral process or the monthly meetings where attendance from all partner agencies continued as normal. A rigorous communications campaign was carried out to ensure that victim survivors of domestic abuse were aware that services were still available to support them and that lockdown rules did not apply to anyone experiencing abuse. Training programmes, partnership meetings and multi-agency meetings continued to run virtually with no disruption. The Domestic & Sexual Violence Partnership worked closely to ensure appropriate information was being shared to manage risk and support survivors of domestic abuse through ad-hoc multi-agency meetings, case consultations and check-in calls. The relationship between local domestic abuse services and the Police has significantly improved during the pandemic.

The biggest success in the work carried out during the pandemic is the strengthening of the partnership and multi-agency work to safeguard victim survivors of domestic abuse. There has also been an increase in referrals to the Kingston DV Hub and the MARAC which does reflect a risk escalation due to the pandemic, but also highlights that agencies are better able to identify the risk and make appropriate referrals. This work is ongoing and can be continued through ensuring that the partnership has a platform to share information, resources and good practice.

Sexual Health Services

During the pandemic, partners and providers have worked closely together to ensure that contraception and sexually transmitted infection care has continued to be delivered. Online and promotional information was updated quickly to reflect the changes to rapidly reduce unnecessary attendances in clinics. Local contraception and sexual health services developed their triage processes as they moved to appointment only services, prioritising emergency and vulnerable care. Postal and 'click and collect' services were set up to ensure repeat contraception needs were met. Our Sexual Health London E-Service and FreeTestMe services were also streamlined and promoted to ensure residents could access sexually transmitted infections (STIs) testing at home.

Keeping Kingston
Safe 2020-2022
Timeline

All Hands
to the Pump

A Picture of
Health in
Kingston

Conclusions
and Next Steps

Social media campaigns and paid adverts have enabled a greater reach to young people. Campaigns using Snapchat and Instagram have included publicising the KU19 textline which was seen by 170,000 people (and 650 advert click-throughs) over 2 weeks and the new online condom scheme advert which was clicked on by 240 people. Getting It On ran 4 social media campaigns during 2020.

We worked closely with our specialist providers to ensure we were meeting the changing needs of residents and services alike, which included online training for 120 staff. We will be able to build on all this work in taking forward a new blend of accessible sexual health provision in Kingston, increasing the proportion of online provision.

Living with COVID-19

On 21st February 2022, the government published [COVID-19 Response: Living with COVID-19 - GOV.UK](#), a document setting out how the Government had and would continue to protect and support citizens by: enabling society and the economy to open up more quickly than many comparable countries; using vaccines; and supporting the National Health Service (NHS) and social care sector. It also set out how England will move into a new phase of managing COVID-19.

The Government's objective in this next phase of the COVID-19 response was to enable the country to manage COVID-19 like other respiratory illnesses, while minimising mortality and retaining the ability to respond if a new variant emerges with more dangerous properties than the Omicron variant, or during periods of waning immunity, that could again threaten to place the NHS under unsustainable pressure.

To meet this objective, the Government wanted to structure the ongoing response around four principles:

a.

Living with COVID-19: removing domestic restrictions while encouraging safer behaviours through public health advice, in common with longstanding ways of managing most other respiratory illnesses

b.

Protecting people most vulnerable to COVID-19: vaccination guided by Joint Committee on Vaccination and Immunisation (JCVI) advice, and deploying targeted testing

c.

Maintaining resilience: ongoing surveillance, contingency planning and the ability to reintroduce key capabilities such as mass vaccination and testing in an emergency; and

d.

Securing innovations and opportunities from the COVID-19 response, including investment in life sciences.

Keeping Kingston Safe 2020-2022 Timeline

All Hands to the Pump

A Picture of Health in Kingston

Conclusions and Next Steps

Since its publication, all restrictions have been lifted, contact tracing has been stood down, access to free universal lateral flow testing ended in April 2022, with only high risk groups able to access lateral flow tests when symptomatic. The vaccination programme has expanded to all those 5 years and over eligible for vaccination and continued with boosters for some cohorts and Spring and Autumn boosters being offered in 2022 to those at highest risk. On 1st April 2022, new guidance [People with symptoms of a respiratory infection including COVID-19 - GOV.UK](#) and [Living safely with respiratory infections, including COVID-19 - GOV.UK](#) was released for managing respiratory infections including COVID-19 and staying safe. In Autumn 2022, the COVID-19 booster being delivered is a bi-valent vaccine helping to meet the challenge of an ever-evolving virus, to help protect people against COVID-19 variants.

We continue to monitor the COVID-19 data. There is very limited testing now available (symptomatic only, in only some specific settings eg care and health settings). The ONS survey data (national and London) shows that the case rate remains high in November 2022, with around one in 40 people having COVID-19. Hospitalisations are lower than at high points in the year, but numbers of people hospitalised with COVID-19 remain significant (at the time of writing, about 1,000 people in London have COVID-19). The case rate decreased through October 2022, and Kingston currently stands fifth in the London rankings. Since the end of widespread testing, a higher COVID-19 case rate in London seems to correlate with those areas, including Kingston, having older populations, as this is the age group being tested mainly in care homes and hospitals.

Keeping Kingston
Safe 2020-2022
Timeline

All Hands
to the Pump

A Picture of
Health in
Kingston

Conclusions
and Next Steps

The Impact of COVID-19 on Healthcare Utilisation

One systemic review¹² of global healthcare usage during the initial phase of the COVID-19 pandemic in 2020-21 reported a reduction in usage of one third overall, and a greater reduction in people with less severe illness.

The latest DHSC analysis on the impact of COVID-19 and healthcare in England¹³ confirms that “lower overall activity across the pandemic has led to ‘missing’ appointments and referrals”.

Some effects given as a result of the pandemic are:

Primary Care

- A higher proportion of GP consultations taking place remotely
- Levels of referrals falling significantly in 2020, only returning to normal levels in summer 2021
- Reductions in diagnoses of long-term conditions, including some that have still not returned to normal, namely coronary heart disease (CHD), asthma and chronic obstructive pulmonary disease (COPD)
- For example, the pandemic period has seen an estimated 140,000 fewer diagnosed heart conditions than would be expected, 26,000 fewer strokes and Transient Ischaemic Incidents (TIAs), and 190,000 fewer asthma and COPD diagnoses. If Kingston’s population were typical of the national picture, that would mean almost 500 ‘missing’ heart condition diagnoses, 80 ‘missing’ incidences of strokes and 600 ‘missing’ respiratory cases in the borough.

Secondary Care

- NHS staff absences due to COVID-19 continue to place an increased burden on service delivery
- Bed occupancy by patients with COVID-19 is decreasing, but still significant
- Elective procedure levels remain below pre-pandemic times, with longer waiting lists. Only 62% of patients in Jan-May 2022 waited less than 18 weeks for treatment, compared to almost 90% in the same period in 2019

Keeping Kingston
Safe 2020-2022
Timeline

All Hands
to the Pump

A Picture of
Health in
Kingston

Conclusions
and Next Steps

Mental Health Impact

- Self-reported mental health and wellbeing has worsened throughout the coronavirus pandemic, particularly for children and young people
- The prevalence of depression among adults during the start of the pandemic rose significantly, doubling from 10% in 2019 to 21% in early 2021
- The number of people in contact with mental health services in South West London grew by more than 7,000 between the start of 2020 and the summer of 2022, including an estimated extra 850 Kingston residents.

These and many other aspects of health and social care have been affected by the pandemic, from the persisting adult social care pressures which have worsened since the advent of COVID-19, to increased waiting times for ambulance patients to be transferred to hospital, greater levels of alcohol consumption, and the prevalence of 'long covid' symptoms, mean the effects of the pandemic will play a role in healthcare delivery for many years to come.

Keeping Kingston
Safe 2020-2022
Timeline

All Hands
to the Pump

A Picture of
Health in
Kingston

Conclusions
and Next Steps

A Picture of Health in Kingston

In this section, some of the key health issues in Kingston are outlined. We will use this data to inform our service planning, partnership work and to promote good health for all our residents.

Population Characteristics

The Royal Borough of Kingston upon Thames is located in south-west London and shares borders with the London Boroughs of Wandsworth, Richmond, Sutton and Merton, and the county of Surrey. It has the third smallest population of any borough in London¹⁴ (after the City of London and Kensington and Chelsea) and is the smallest outer London borough in terms of geographical area.

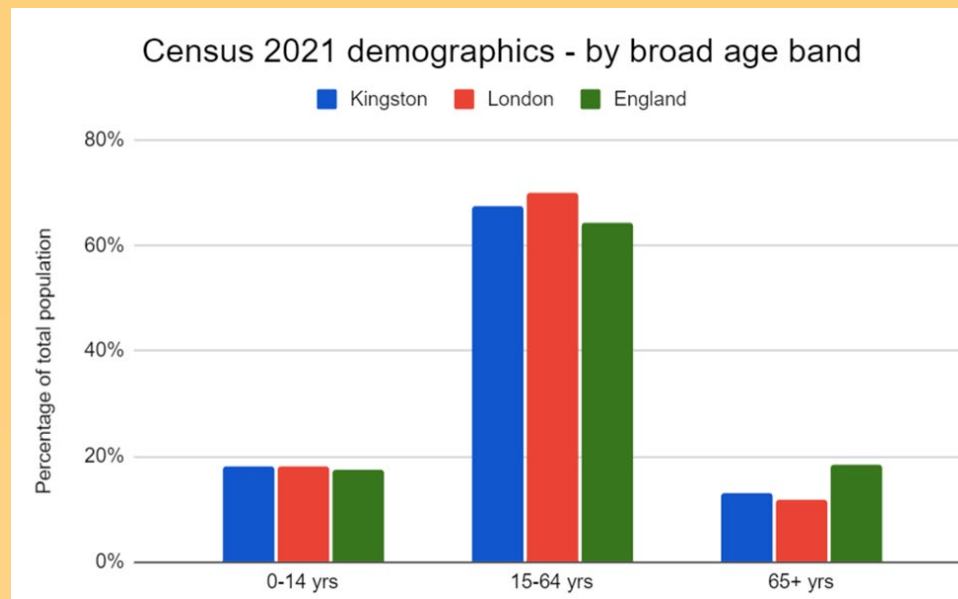
RBK residents are, on the whole, healthier and more affluent than the average London borough. However, there is variation across the population, with some people doing less well than others.

The 2021 Census recorded Kingston's population as 168,085, an increase of 8,000 people (5%) from the previous Census in 2011, which is a slower rate of increase than London overall (6.6%). 18.2% of the Kingston population is estimated to be aged between 0 and 14 years old, similar to 18.1% for London overall, and 17.4% for England. People between 15 and 64 years comprise 67.3% of the Kingston population, compared to 70% for London and 64.2% for England.

Kingston has an older demographic when compared with London (11.8%), with 13.1% of its population aged 65 and over. However this is much lower than the 18.4% of people aged 65 and over nationally.

GLA projections¹⁵ estimate Kingston's population will grow by 21% in the next 25 years, which would be an extra 35,000 people.

Census 2021 recorded Kingston's ethnicity as 68.3% White, which is higher than the London figure (53.8%), but lower than the national equivalent (81%). The next largest broad ethnic group in Kingston is Asian (17.9%) (London 20.8%, England 9.7%). The main difference between Kingston and London is that the Black community is significantly smaller in Kingston (2.7%) than in London (13.5%), and is also smaller in Kingston than England overall (4.2%).



Keeping Kingston Safe 2020-2022 Timeline

All Hands to the Pump

A Picture of Health in Kingston

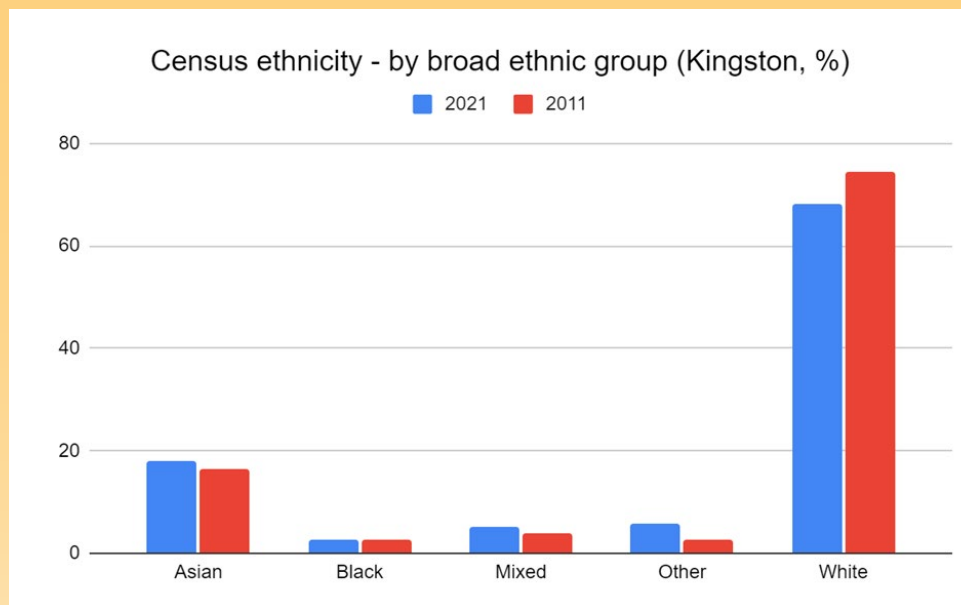
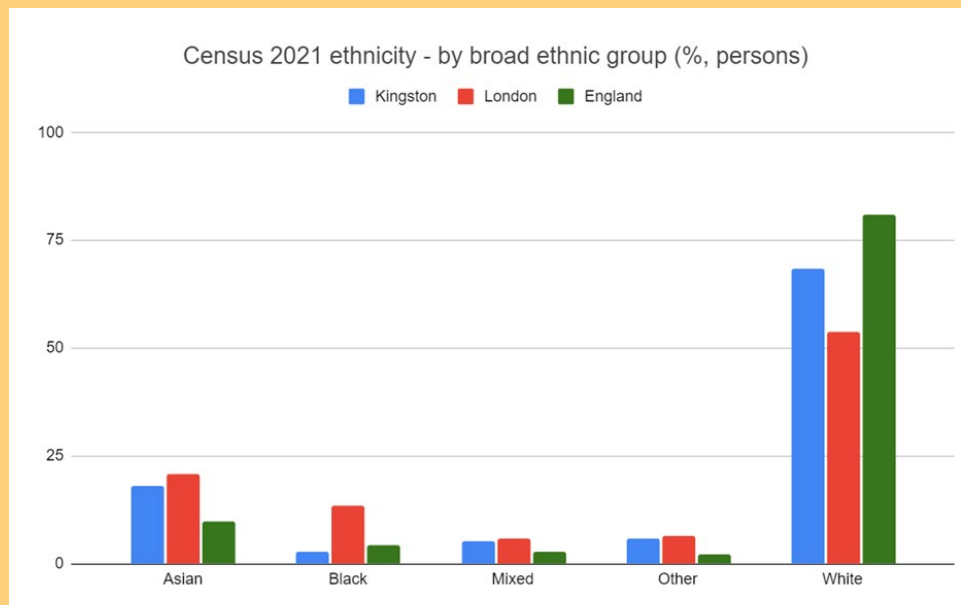
Conclusions and Next Steps

Over the past decade, Kingston has become more ethnically diverse, with the proportion of White residents 6.2% lower than in 2011 (68.3% compared to 74.5%). This is a greater rate of diversification than England (4.4% reduction in the White population) and London (6%).

All broad ethnic minority groups have increased in Kingston since 2011, with residents of 'Other' ethnicities more than doubling in the past decade (5.7% compared to 2.7%, however there are now more nationalities listed in the 'Other' group so this may be partly behind the rise). Kingston was the seventh-least diverse borough in London in 2011, and has the same ranking in 2021.

For more detailed ethnicities, the largest minority groups in Kingston in 2021 are as follows:

Census 2021 ethnicity - by detailed ethnic group	Number of people	Number of people in 2011 (if specified)	% change 2011-2021
Indian or British Indian	7731	6325	22.2%
Pakistani or British Pakistani	4380	3009	45.6%
Chinese	4127	2883	43.1%
Arab	3580	2439	46.8%
Korean	3192	not specified	unknown
Sri Lankan	2741	not specified	unknown
Irish	2633	2718	-3.1%



Keeping Kingston Safe 2020-2022 Timeline

All Hands to the Pump

A Picture of Health in Kingston

Conclusions and Next Steps

Policies and Plans

The Kingston Health and Care Plan 2022-2024 (H+CP)

Kingston's H+CP is the effective Joint Health and Wellbeing Strategy for Kingston. Published by the RBK Health and Wellbeing Board (now incorporated into the Kingston Partnership Board), the two-year strategy aims to give everyone the best start in life, to help people to live healthier lives and be better connected to their local community.

The current H+CP was published in November 2019, and has recently been refreshed to cover 2022-2024¹⁶. It is based on findings in the Kingston JSNA and related data and is supported by a range of other strategies and plans. The refreshed plan has three overarching aspirations for the people of Kingston across their life, namely that they: Start Well, Live Well, and Age Well.

Start Well

What happens in early life, starting from conception, affects health and wellbeing in later life. Prevention is critical to ensuring that all children and young people can fulfil their potential.

Live Well

Healthy choices are influenced by our environment, communities and wellbeing. Preventative approaches are needed at all levels; engaging communities, utilising local assets and targeting those most at risk.

Age Well

Whilst people are living longer, many older people are also living with a reduced quality of life due to ill health or disability, or experience loneliness and isolation.

The key themes of the plan are supported by four cross-cutting priorities, called 'golden threads', which are important to consider across all life stages:

Recognising and supporting **carers** of all ages

1

Tackling inequalities in health to reduce disparities for those most disadvantaged (especially in light of the COVID-19 pandemic)

2

Tackling **obesity in all ages**, enabling people to live physically active and healthy lifestyles, at a healthy weight, to prevent ill-health and improve wellbeing

3

Promoting the **mental health and resilience** of residents to improve health and wellbeing their whole lives

4

Keeping Kingston Safe 2020-2022 Timeline

All Hands to the Pump

A Picture of Health in Kingston

Conclusions and Next Steps

A Marmot Borough

In March 2021, the Health and Wellbeing Board agreed that Kingston would become a 'Marmot' borough, and ensure the borough's Health and Care Plan considers and adopts the Marmot Review¹⁷ recommended policy objectives:



By considering these objectives, Kingston's Health and Care Plan aims to tackle inequalities in health, and improve the lives of all Kingston residents, especially in light of the pandemic.

Keeping Kingston Safe 2020-2022
Timeline

All Hands to the Pump

A Picture of Health in Kingston

Conclusions and Next Steps

Causes of ill health

Premature mortality:

Deaths among those aged under 75 years, known as premature deaths, are an important Public Health indicator, with many of these premature deaths being preventable. From 2018-20, almost half of residents in the most deprived areas of Kingston who died were aged under 75, compared to just over a quarter of residents in the least deprived parts.¹⁸ Rates of premature death in Kingston are below the London average¹⁹. Figure 1 shows the recent trend, down 30% in the borough in the past 15 years (2018-20 compared to 2003-05).

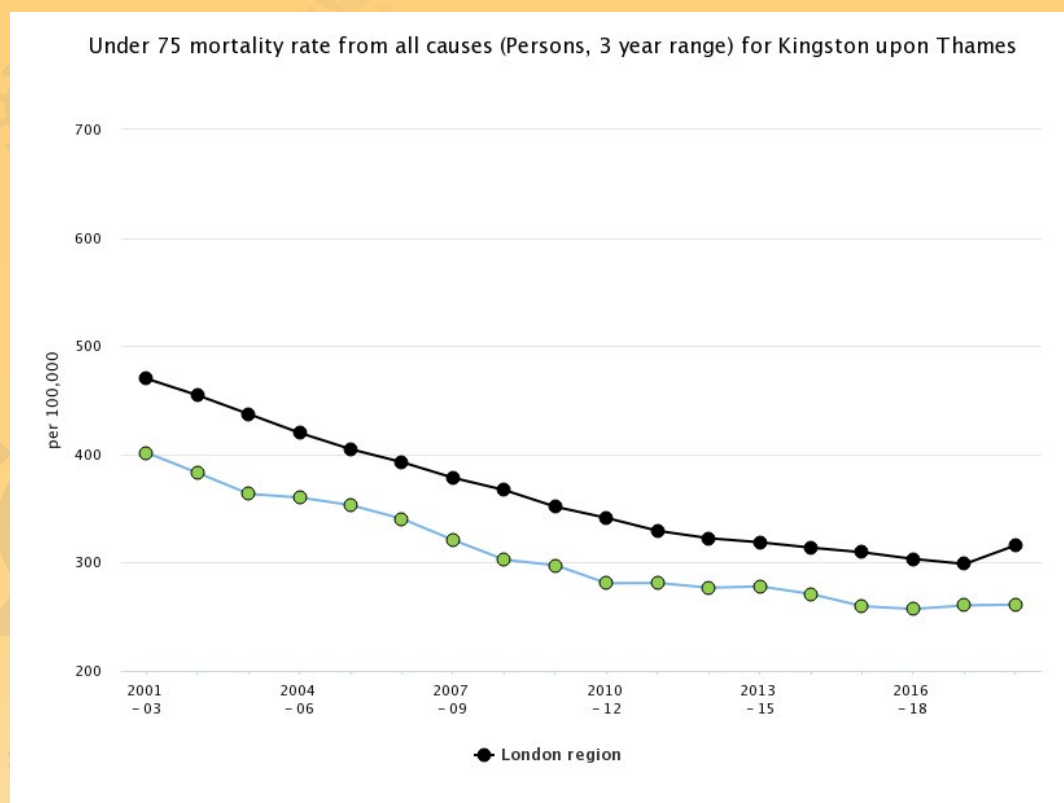


Figure 1: Premature mortality rate, Kingston and London, 2001-03 to 2018-20
The blue line with green dots is Kingston.

Nevertheless, over 1,000 Kingston residents aged under 75 died in the three years from 2018 to 2020. Three-fifths of the premature deaths were in men, which is a similar proportion to London and England.

Leading causes of death amongst those aged under 75 years (in 2021) were:

- **Cancer (36%)**
- **Diseases of the circulatory system (19%)**
- **COVID-19 (11%)²⁰**

Standardised mortality ratios (SMRs) are used to compare death rates across areas. The national level is set at 100, and numbers higher than this show areas with an above average level of early death.

Kingston's overall figure (for 2016-20) is 76.1²¹. However, wide differences can be seen at ward level²², with a range of 50.8 to 118.8 (see figure 2). This means that people living in Norbiton ward are almost two and a half times more likely than those in Coombe Vale to die before age 75. Norbiton ward is the only area in Kingston that has higher levels of early death than the national average.

Keeping Kingston
Safe 2020-2022
Timeline

All Hands
to the Pump

A Picture of
Health in
Kingston

Conclusions
and Next Steps

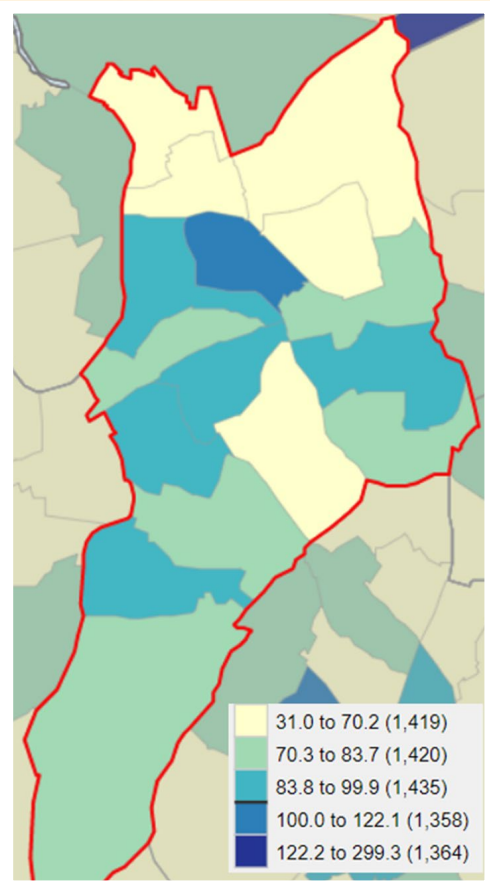


Figure 2: Premature mortality (SMR), all causes, in Kingston 2016-20, by ward. Colour coding bands are national quintiles, with approximately 20% of wards in each group (number of wards in brackets)

Circulatory disease (SMR)

Premature mortality from all circulatory disease (SMR) in Kingston has been significantly lower than the London and England averages in recent years, however, the rate in Kingston’s men (from 2016-20) is much closer to the London average than that of women. Almost three quarters of early deaths from CVD in Kingston were in men, compared to two thirds for London.

At borough level across the same timeframe, Kingston’s SMR for circulatory disease (SMR) was 75.8, hence around 25% lower than the national average overall. However, Figure 3 shows the persisting differences between most and least deprived wards, with Norbiton (more deprived) having a ratio of 134, nearly three times as high as the ratio of 51 in its neighbouring ward, Coombe Vale (less deprived).

Coronary Heart Disease (CHD)

Coronary heart disease (CHD) prevalence among GP-registered patients in Kingston is 2.0% in 2021-22²³, with over 4,400 people so diagnosed. The prevalence has declined from 2.3% in 2012-13 and has been consistently lower than the national average (3.0% in 2021-22), but slightly higher than the London level (1.9%) over the past few years.

Rates of CHD tend to be higher in those patients whose GP practices are in the South of the Borough and Surbiton neighbourhoods, with the lowest frequency in Kingston Town (which also has a younger age profile). Although disease prevalence data is not available by ward of residence, most people’s GP practice is close to their home address so a practice’s location can in general be used as a proxy for their ward of residence.

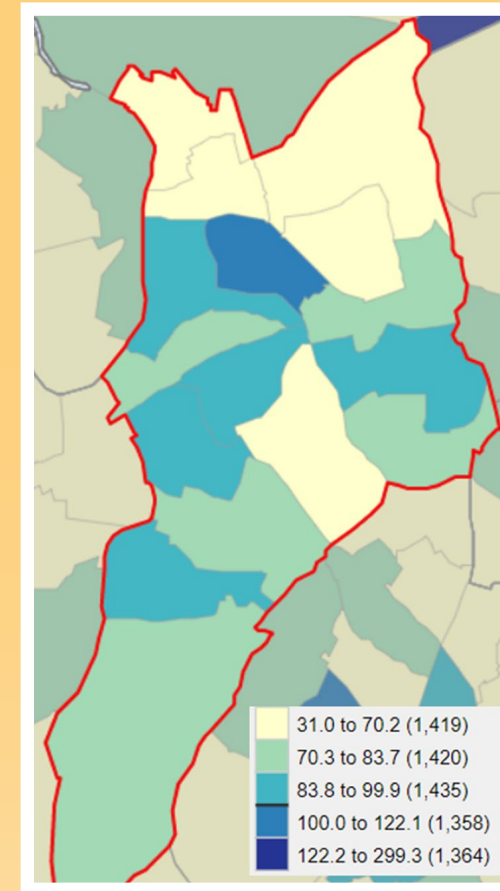


Figure 3: Premature mortality from circulatory disease (SMR), in Kingston 2016-20, by ward

Stroke / Transient Ischaemic Attack (TIA)

The prevalence of a history of stroke among adult patients registered with a GP in Kingston was 1.1% (2,450 people) in 2021-22²⁴, which is slightly higher than the London average of 1.07%, but considerably lower than the national prevalence of 1.8%. Prevalence of a history of stroke has remained relatively unchanged in Kingston since 2012-13. Figures vary little by area, largely matching the age profile of the residents.

Hypertension

High blood pressure (hypertension) is the most common condition in the general population that is reported on the NHS's Quarterly Outcome Framework (QOF) data, and can be a key contributor to heart attacks and strokes. It has been diagnosed in 10.4% of Kingston's population (in 2021-22), with almost 23,000 people affected. The Kingston hypertension rate is lower than the London (10.8%) and England (13.9%) figures. Similarly to the other cardiac conditions, rates are lowest in Kingston Town and highest in the South of the Borough neighbourhoods.

Cancers

Cancer was the leading cause of death for Kingston residents in 2020, and was recorded as the underlying cause of death in 26% of people who died that year, rising to 36% of those who died under 75 years old²⁵.

The SMR for cancer in Kingston for residents aged under 75 (in 2016-20) was 80.6, which means residents were diagnosed almost 20% less than the national average. Ward-level analysis shows Norbiton (high deprivation) with the highest mortality ratio at 129.8, more than two and a half times as high as Coombe Vale (low deprivation) with 50.8.

The commonest cancers in Kingston in 2016-20 were breast (in women), prostate (in men), colorectal and lung, with each of these cancer types affecting 400-600 residents over the four-year period.

The prevalence of all cancers is 2.7% in Kingston, higher than London (2.3%) but lower than England (3.3%) in 2021-22. Kingston's population is older than the London average, which partly explains the relatively high rate, as age is the greatest risk factor for a cancer diagnosis.

At a neighbourhood level, there is some variety in prevalence, with a range of 2.5 - 3%. Interestingly, the Maldens and Coombe neighbourhood has the oldest population of the four neighbourhoods, but the lowest cancer prevalence.

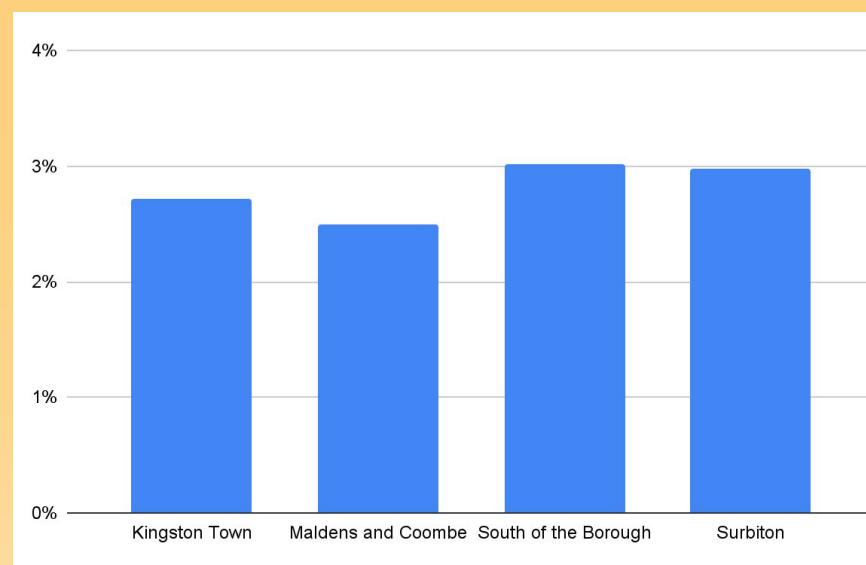


Figure 4: Cancer prevalence in GP registers (%), by neighbourhood of GP practice, 2021-22

Keeping Kingston
Safe 2020-2022
Timeline

All Hands
to the Pump

A Picture of
Health in
Kingston

Conclusions
and Next Steps

Diabetes

Diabetes is one of the commonest long term health conditions in England. It was the second largest cause of ill health in men, and fourth highest in women, across the country in 2019, and rates more than doubled between 1990 and 2019²⁶.

According to GP practice lists, diabetes prevalence in Kingston has been significantly lower than London and England averages for the past decade²⁷ (see figure 5). However, Kingston has seen an increasing prevalence of diabetes, rising from 4.4% in 2009-10 to 5.6% in 2021-22.

Data from 2021-22 gives the prevalence in London's adult population as 6.8%, and 7.3% nationally. In 2009-10, fewer than 7,000 people had diabetes in Kingston compared to almost 10,000 in 2021-22.

The figure above shows the prevalence of diabetes as recorded by GPs, which does not include undiagnosed cases. The estimated total prevalence (in 2017) was 6.6% in Kingston; if this number has increased in line with the diagnosed prevalence it would mean that as well as the 9,800 people diagnosed with diabetes in the borough, another 3,200 would be undiagnosed and untreated, bringing the borough to a total of 13,000 diagnosed and undiagnosed diabetes cases.

Respiratory disease

Chronic Obstructive Pulmonary Disorder (COPD) and asthma are the two most common respiratory disease conditions affecting Kingston residents. **COPD** is a long-term, serious lung condition which usually results from regular smoking, although it can take many years to develop. GP-recorded prevalence in Kingston in 2021-22 is 1.1% (2,350 people)²⁸, the same as the overall London rate, but far lower than England (1.9%). At neighbourhood level, patients of GP surgeries in the South of the Borough, and Surbiton localities have the highest incidence, at 2% and 1.5% respectively, with other areas having 1% or lower.

Standardised ratio data on hospital admissions for COPD, and deaths attributed to respiratory disease, show an apparent anomaly.²⁹ Residents in the Surbiton Hill ward are in the lowest 20% of wards nationally for COPD-related hospital admissions, yet respiratory mortality³⁰ in this area is the highest in the borough and the top 20% nationally, even higher than Norbiton ward, whose residents generally have the poorest health outcomes.

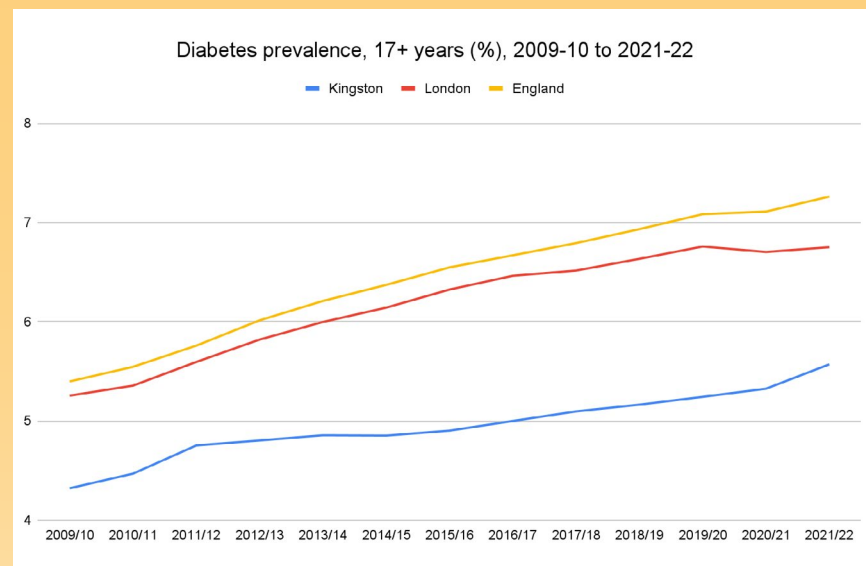


Figure 5: Diabetes prevalence in Kingston, London and England (%), 2009-10 to 2021-22

Keeping Kingston Safe 2020-2022 Timeline

All Hands to the Pump

A Picture of Health in Kingston

Conclusions and Next Steps

Although pneumonia is a more common cause of death than COPD and other respiratory conditions, it is nonetheless unusual why Surbiton Hill ward should have more respiratory-related deaths than expected. Its residents have a younger age profile than most wards, although this area is home to 13 care homes, far more than any other ward in Kingston.

Asthma

Over 10,000 people registered with Kingston GPs are recorded as having asthma (in 2021-22), which is 5% of patients, slightly higher than the London average (4.8%) but significantly lower than England (6.5%)³¹.

Depression and mental health

Depression is the second most commonly-diagnosed long term condition among adults registered with Kingston GPs, with 8.9% of patients in 2021-22³². This is slightly lower than the London average (9%) and considerably lower than England (12.6%). Rates of depression in Kingston have risen every year since 2013, doubling in the past six years (see Figure 6), with over 15,500 people now diagnosed.

Mental health concerns, especially in younger people, are also rising. The 2017-18 HealthWatch survey estimated that over 3,200 school children have a common mental health problem, over 1,000 higher than three years previously. Hospital admissions for mental health conditions in people under 18 years (in 2019-20) are above the London average³³.

The most recent Kingston Young People's Health and Wellbeing Survey³⁴ in 2021 reported that a quarter of secondary school pupils were 'not happy' with their emotional health – this would equate to around 2,000 children aged 11-15 years across the borough. High levels of self-harming by girls linked to worry were also reported.

Kingston has the highest rate of hospital admissions as a result of self-harm (age 10-24, 2020-21) of all London boroughs, more than double the average for the capital. Later teenage age groups are particularly affected, with 1 in 150 15-19 year olds being hospitalised for self-harm that year. However, this sudden rise is likely due to the

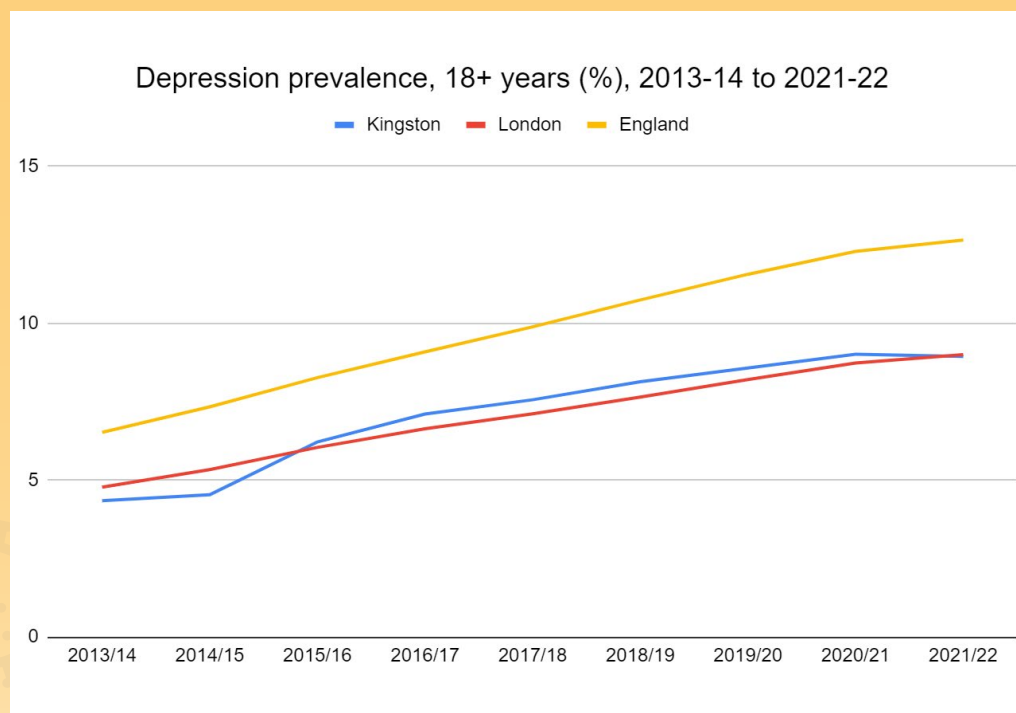


Figure 6: Prevalence of depression in Kingston, London and England (%), 2013-14 to 2021-22

Keeping Kingston Safe 2020-2022
Timeline

All Hands to the Pump

A Picture of Health in Kingston

Conclusions and Next Steps

opening of the Mental Health Assessment Unit in Kingston Hospital, a same day emergency care ward, which means that more people are ‘admitted’ for self-harm, hence the rise in recording. Most NHS trusts do not record self-harm in the same way, it is usually via an A&E/outpatient pathway, so individuals attending don’t usually get counted as an ‘admission’.

Kingston’s suicide rate (in 2019-21) is above the London average, particularly in women, although numbers are low (12 women across the three-year period) and the rate has been decreasing in the past few years.

Dementia

1,170 people aged 18 or over were recorded on GP registers as having dementia in Kingston in 2021-22, which is 0.5% of the Kingston population, similar to London overall, but much lower than England (0.7%). In residents aged 65 and over, the prevalence is 3.85%³⁵, amongst the lowest in London.

Other dementia indicators³⁶ show a lower rate of hospital admissions for dementia in Kingston residents than London averages, that the quality and quantity of dementia care home beds is relatively high in Kingston, and that the borough has the highest proportion of people with dementia dying in their own homes than anywhere else in London.

Accidental injuries and falls

For injuries in younger residents needing hospital admission (in 2020-21), Kingston’s rate is above average for London³⁷, with over 400 people aged under 25 hospitalised for this reason. However, this number is 25% lower than 2019-20, which saw an unusually high rate. A similar picture can be seen in 15-24 year olds, with a large rise in a single year from 2018-19 to 2019-20, and falling by a similar amount into 2020-21.

The rate of serious falls in older people in the borough is similar to London and England averages, with 1 in 45 residents aged 65 and over (600 people) being admitted to hospital in 2020-21 after a fall.

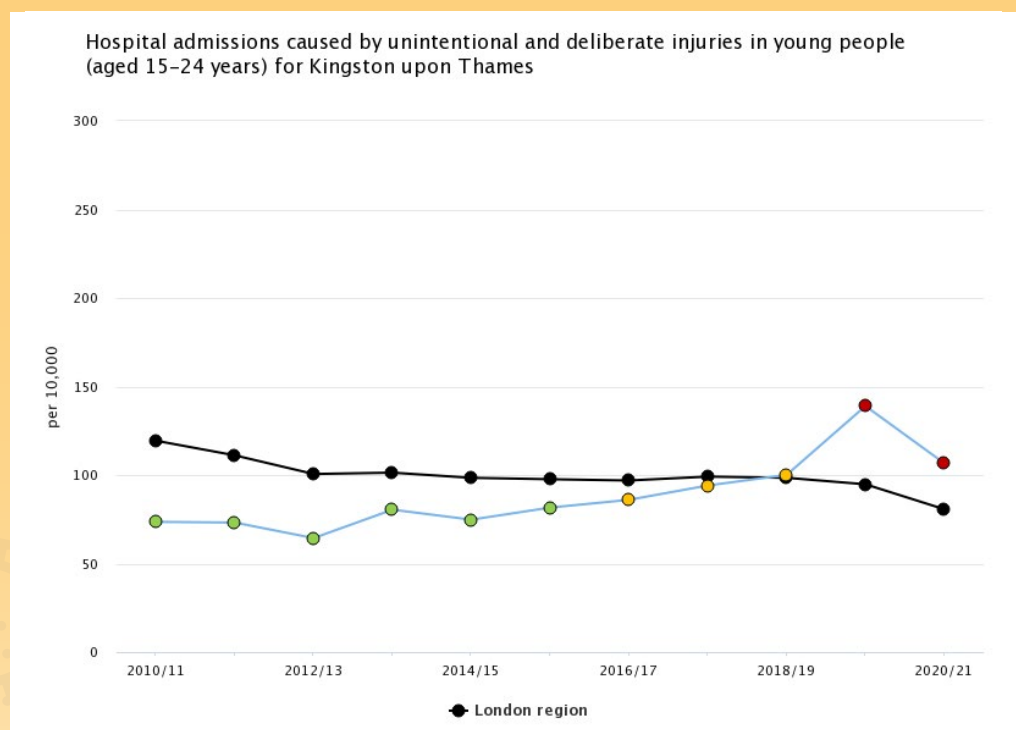


Figure 7: Hospital admissions due to injuries in young people (15-24 years) 2010-11 to 2021-22

Keeping Kingston Safe 2020-2022 Timeline

All Hands to the Pump

A Picture of Health in Kingston

Conclusions and Next Steps

Palliative care

In 2021-22, 429 patients in Kingston were registered by GPs as receiving palliative care (0.2%), lower than London (0.3%) and England (0.5%). In 2019, 3.5% of deaths in Kingston occurred in hospices³⁸, which is lower than London and England (4.5%).

Immunisation

Vaccination programmes, both in childhood and adulthood, are an important measure to protect against the risk from infection. The aim of most population-wide vaccinations is to provide 'herd immunity', a level at which enough people in the community have been vaccinated that people who cannot be vaccinated will still benefit.

For childhood programmes, in 2021-22 Kingston had a higher rate of vaccination than London, but lower than England, for all infections.³⁹ Even the national figures were below the 95% WHO target. Regarding MMR, 90% of five year olds in Kingston had had their first MMR jab, compared to 88% for London and 93% in England. However, there is a significant drop off in five year olds who have received both MMR doses, with only 77% fully vaccinated in Kingston, compared to 86% in England and 74% in London, according to COVER data, January to March 2022.

The influenza immunisation programme is an annual event which aims to protect the most vulnerable groups in society from the worst effects of the flu virus, and lessen winter pressures on health services. In Kingston a similar picture can be seen, with uptake rates higher than the London average, but lower than England. Over 20,000 people aged 65 and over had a flu jab in Kingston in 2021-22⁴⁰, which is 78% of this population, with a further 11,000 'at risk' individuals also receiving the vaccine, the highest proportion in London.

Keeping Kingston
Safe 2020-2022
Timeline

All Hands
to the Pump

A Picture of
Health in
Kingston

Conclusions
and Next Steps

Health behaviours

Drug misuse

The latest estimate on the number of opiate and / or crack cocaine users (OCUs) from 2016-17⁴¹ suggests that there are an estimated 575 opiate and/or crack users in the borough, this equates to a rate per 100,000 of 4.9% which is significantly lower than the rate for England (8.9).

There are an estimated 397 crack users locally, 39% of which are in treatment compared with 42% nationally.

There are an estimated 494 opiate users, 45% of which are in treatment compared with 53% nationally, therefore increasing numbers of opiate users in treatment is an area of focus locally. (OHID [Drug Commissioning Support Pack 2022-23](#) (containing data from 2020-21)

Figures for 2020 show 400 people entering drug treatment in Kingston, with 58 successful completions⁴². Almost one in three of the non-opiate users successfully (not representing to treatment within six months) completed the programme, along with 1 in 16 opiate users, both figures being similar to London and England averages.

Across 2018-20, 17 people died from drug misuse in the borough. Although the rate is lower than London and England, this is still the highest number of drug-related deaths in Kingston in any three-year period this century.

ONS [data](#) suggests 20 people died from drug misuse between 2019-20, this equates to a rate of 3.5/100,000, which is comparable with the London rate (3.4) but below the national rate (5.1) and the highest number of drug-related deaths in Kingston in any three-year period this century.

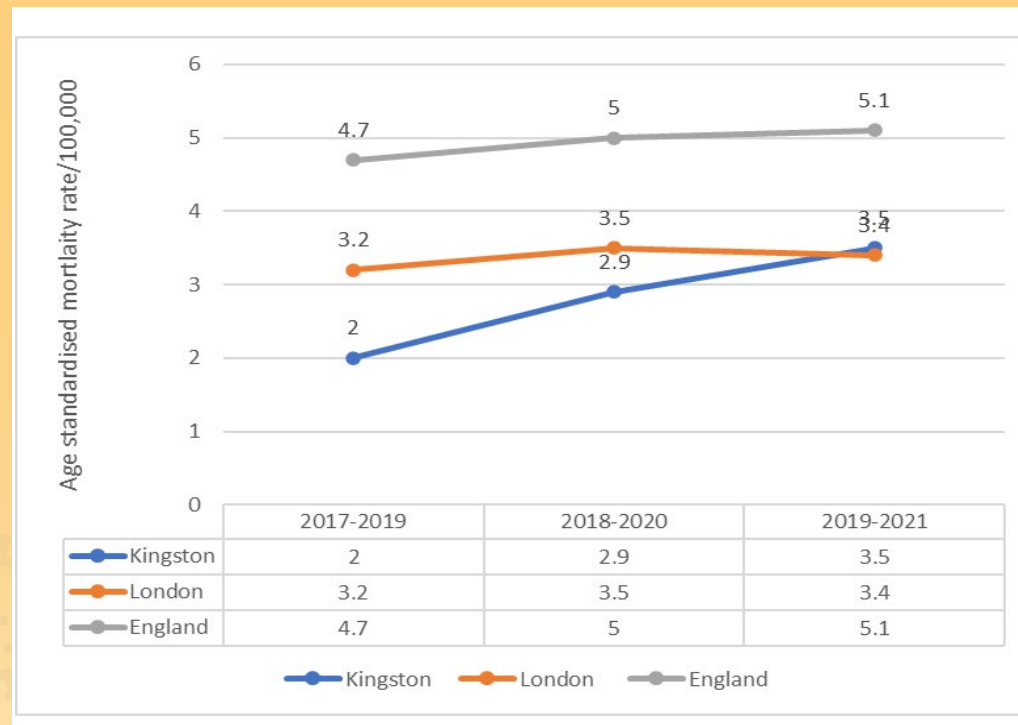


Figure 8: Rates of deaths relating to drug misuse in Kingston, London and England 2017-2021

Keeping Kingston
Safe 2020-2022
Timeline

All Hands
to the Pump

A Picture of
Health in
Kingston

Conclusions
and Next Steps

Alcohol misuse and related diseases

Alcohol misuse is the biggest risk factor for death, ill-health and disability among 15-49 year olds in the UK, the fifth biggest risk factor across all ages, and is a causal factor in more than 60 medical conditions, including several cancers, high blood pressure, cirrhosis of the liver, and depression⁴³. Levels of binge drinking and exceeding the lower risk limits per week are lower in Kingston than London overall. Nevertheless, one in six adult residents drinks above the lower risk guideline amount (in 2015-18)⁴⁴. Data is not yet available for the recent pandemic years, which may or may not show a different pattern.

Key health indicators around alcohol use refer to hospitalisations and mortality. Under both the 'broad' and 'narrow' definitions of alcohol-related admissions to hospital (depending on whether alcohol is the primary, or a secondary, reason for admission), Kingston is below the London average rate, although 'broad' admissions were rising in the borough, up 30% in the three years (to 2019-20), although rates are much lower in 2020-21, probably due to reduced socialising during the pandemic period.

Alcohol-related mortality in Kingston is below average for London. In 2020, 41 people died with alcohol listed as the underlying cause. Kingston does have one of the highest levels of alcohol-related road traffic accidents in London (in 2014-16)⁴⁵.

Sexually-transmitted infections (STIs)

Sexual health services in Kingston diagnosed over 800 new STI cases in 2021⁴⁶ (excluding chlamydia cases in under 25s). This is 1 in 145 adults in the borough, one of the lowest rates in London, and 30% lower than the previously-stable numbers up to 2019. The sudden decrease and continued lower diagnosis rate since 2020 is probably due to restrictions on non-household mingling during Covid-19 lockdowns. Detection rates for syphilis, gonorrhoea and chlamydia were all well below the London average. The chlamydia screening programme for 15-24 year olds tested 19% of Kingston's young people in 2021, which is just below London overall.

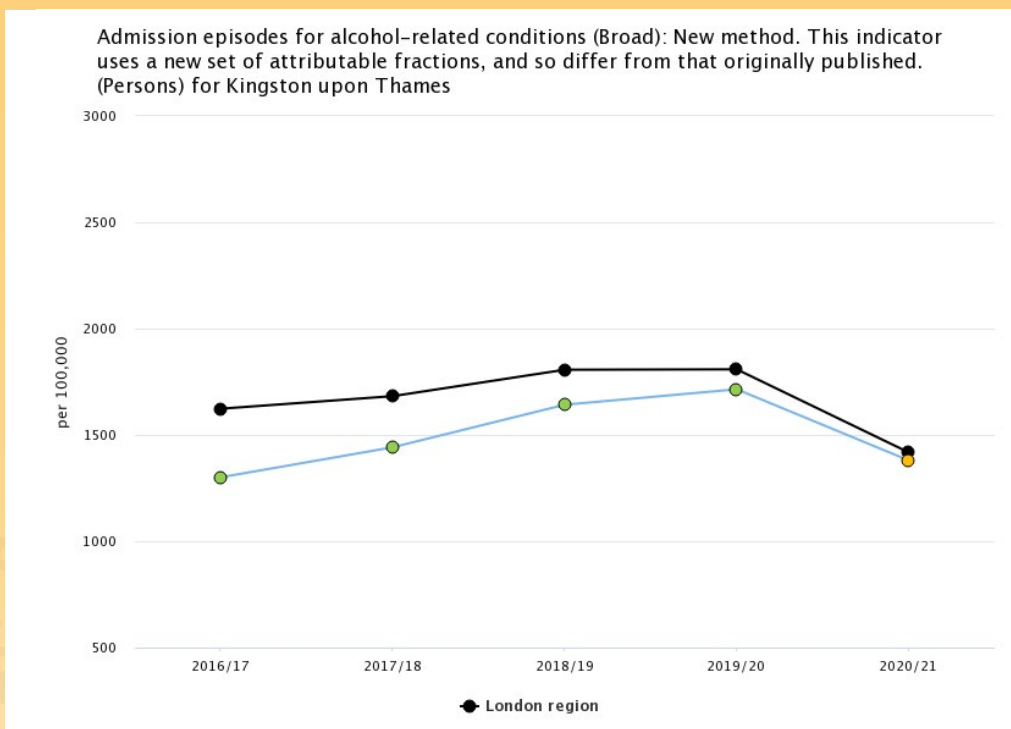


Figure 9: Admission episodes for alcohol-related conditions (Broad), 2016-17 to 2020-21. The blue line with green dots is Kingston.

Keeping Kingston
Safe 2020-2022
Timeline

All Hands
to the Pump

A Picture of
Health in
Kingston

Conclusions
and Next Steps

HIV

The prevalence of HIV in Kingston has decreased slightly in recent years, and stands at 1 in 500 people aged 15-59⁴⁷ (in 2021), which is the lowest in London. New HIV diagnoses (in 2020) are also lower than almost all other London boroughs. However, HIV testing coverage in Kingston is the lowest in London (in 2021), with only 33% of 'eligible attendees' to sexual health centres taking an HIV test. This proportion has fallen from almost 75% in the past 10 years (see Figure 10), and could be one factor behind the low level of new diagnoses.

Teenage conception

The rate of under-18 conceptions in Kingston in 2020 was 5.7 per 1,000, one of the lowest rates in London and comprising only 16 young women. Rates of under-18 conceptions have decreased dramatically in Kingston, falling by over 80% in the past 20 years.

Smoking

Smoking is the single greatest behavioural risk factor for both morbidity and mortality in the country⁴⁸, and is associated with an increased risk of developing many conditions including several cancers, circulatory conditions and COPD.

Smoking prevalence in Kingston has been estimated from the 2019 Annual Population Survey (APS), and stands at 9.4% of adults⁴⁹ (age 18+), the second lowest level in London and equivalent to about 13,000 residents. An alternative data source, from GP records, gives the proportion of smokers in 2020-21 as 13%. Adjusting for occupation type has the highest proportion of smokers in people with routine and manual jobs, with 1 in 4 smoking⁵⁰.

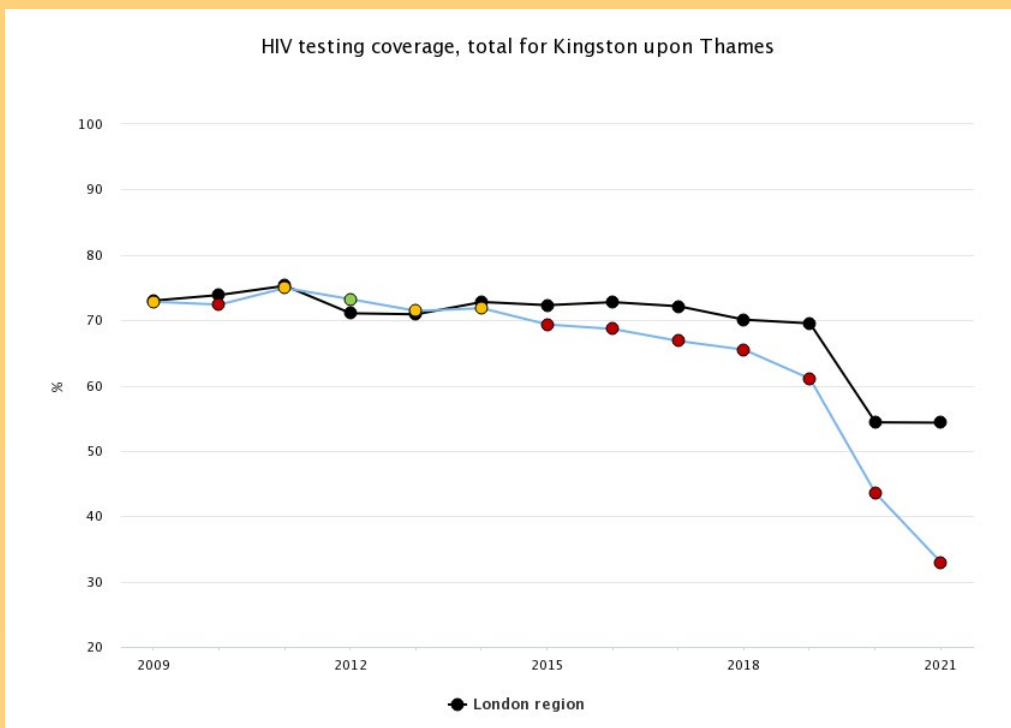


Figure 10: HIV testing coverage (%), Kingston and London, 2009 to 2021

Keeping Kingston Safe 2020-2022 Timeline

All Hands to the Pump

A Picture of Health in Kingston

Conclusions and Next Steps

Obesity

Excess weight in childhood increases the probability of becoming an overweight or obese adult, which is recognised as a major determinant of premature mortality and avoidable ill health. Tackling obesity in children is one of the key themes of the 'Start Well' section of Kingston's Health and Care Plan.

Obesity in children

Rates of obesity in Kingston's children are relatively low for the borough as a whole when compared to other boroughs, but many children are affected, and this is more of a reflection on extremely high rates in other boroughs. The annual National Child Measurement Programme (NCMP) weighs children in Reception (age 4-5) and Year 6 (age 10-11) and the most recent available results (from 2019-20) showed 160 (17%) overweight children entering school in Kingston, one of the lowest levels in London and a proportion that has been steady for the past decade⁵¹.

In Year 6, almost a third (31%) of Kingston's children are overweight, but this is well below the London overall figure of 38%. At ward level, considerable variation can be seen and this is largely linked to levels of deprivation, with more deprived areas having higher rates of obesity. Norbiton ward having the highest obesity levels at both Reception and Year 6, around three times that of the lowest areas (Tudor and Canbury).

Obesity in adults

In Kingston, over half of adults (50.4%) were overweight or obese in 2019-20. While this figure is very high and has major implications for health and wellbeing, it is low compared to London and nationally (see Figure 11). Obesity levels in early pregnancy (in 2018-19) are also one of the lowest in London⁵².

According to 2020-21 GP data on patients with a BMI of over 30 (morbidly obese), the highest levels of obesity were found in the South of the Borough and Surbiton neighbourhoods, at 5.7%. The lowest levels were recorded in Kingston Town (4.2%). In 2020-21 GPs had over 8,000 obese patients on their registers.

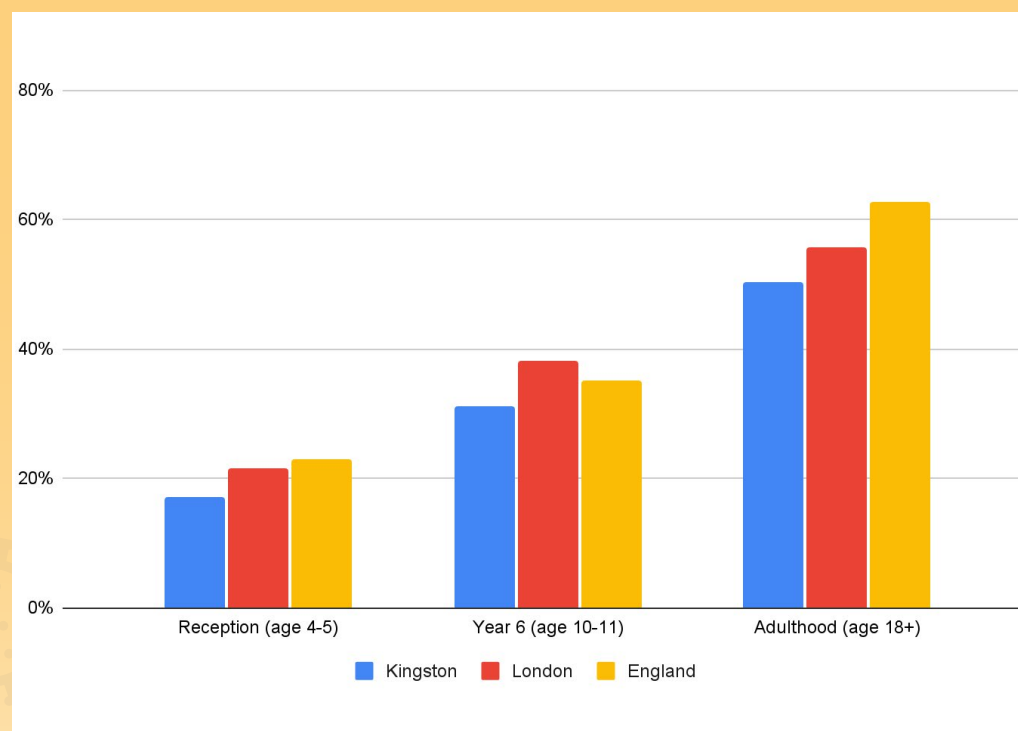


Figure 11: Overweight (including obesity) levels at various ages (2019-20, %)

Keeping Kingston
Safe 2020-2022
Timeline

All Hands
to the Pump

A Picture of
Health in
Kingston

Conclusions
and Next Steps

Health Protection - now and going forward

2022 has continued to be a challenging year on the communicable disease front. The ongoing challenges reinforce the requirement for the council Public Health team to support national and local health protection goals in partnership with the council's teams and local partners, the NHS and UKHSA as we go forward. In 2022, on top of the continued high rates of COVID-19 we faced the following additional challenges:

Polio virus found in waste water in London and the local support to the national response:

Poliovirus was detected in a number of sewage samples in London earlier in 2022. This indicated that there may have been community spread of poliovirus. No cases of people with polio were found. The UK is part of the global effort to eradicate polio. Thus, this detection of the virus in wastewater was very concerning and an immediate response was needed to ensure that the global efforts since the eradication goal was agreed in 1988 were not lost. In August 2022, a polio booster campaign was announced offering all 1-9 year olds in London, a polio booster. In Kingston, the council set up a 'Polio Vaccination Enhanced Response group' to support the London effort and the local NHS partners. The NHS colleagues, with support for the council, set up clinics across Kingston to deliver polio vaccination boosters to children 5-9 years of age. GPs are giving polio vaccinations to 1-4 year olds. Up to 16th October 2022, data showed 25% of eligible children aged 1-9 yrs in Kingston had received a polio booster. The challenge will now be to target our hard to reach groups who have not been vaccinated.

Autumn COVID-19 booster and Flu Vaccination Autumn 2022

This winter could be the first time we see the effects of the so-called 'twindemic' with both COVID-19 and flu in full circulation. If someone gets flu and COVID-19 at the same time, research shows that they are at risk of becoming seriously ill⁵² For all those who are eligible, taking up both the COVID-19 booster and the flu jab is an essential form of protection against the most severe respiratory viruses in circulation this winter. Taking lessons learned from the COVID-19 programme launched during the pandemic, Kingston Council are working with NHS colleagues to set up pop up COVID-19 and flu vaccination clinics for hard to reach groups and to actively promote these vaccinations to all eligible cohorts across the borough with particular focus on our most vulnerable and health and social care staff. It is vital that those at high risk and those caring for them come forward for vaccines in order to protect themselves and those they care for. These vaccines are the best way to protect people from serious illness and will help reduce pressure on an already stretched healthcare system. As well as taking up the vaccines, everyone is encouraged to help stop the spread of respiratory viruses this winter by practising good hand hygiene, wearing masks in crowded or enclosed public spaces and covering your nose and mouth when you cough and sneeze.

See: <https://www.kingston.gov.uk/health-wellbeing/coronavirus-covid-19-vaccine>

Keeping Kingston
Safe 2020-2022
Timeline

All Hands
to the Pump

A Picture of
Health in
Kingston

Conclusions
and Next Steps

Monkeypox

In May 2022, an outbreak of Monkeypox virus was detected in the UK. Since then, 3,524 confirmed and highly probable cases have been reported between the 6th May 2022 to 24th October 2022 in the UK with 69% of those being London residents. The outbreak has mainly been in gay, bisexual, and men who have sex with men without documented history of travel to endemic countries. There was a peak in England in mid-July 2022 with over 60 cases a day being reported with a decline to mid-September 2022 of 15 new cases per day. Vaccination and behaviour modification are likely to be contributing to the decline in transmission. The NHS and UKHSA have led on case identification, contact tracing and control measures which included self isolation and post exposure and latterly pre-exposure vaccination. Kingston Sexual Health Services in Kingston have played a key role locally and from the end of October 2022, offering second doses to those at high risk. Kingston Council have supported local residents and workplaces where required and worked in partnership with UKHSA on the local borough response. See: <https://www.kingston.gov.uk/health-wellbeing-1/heard-monkeypox>

MMR

In Kingston, the coverage for 2 doses of MMR vaccine in 5 year olds, reported from April to June 2022 was 89.2%, a slight increase on the preceding quarter (77%). However, this falls short of the World Health Organisation recommended target of 95%. Two doses of the MMR vaccine give 99% protection against measles and rubella and about 88% protection against mumps. Thus, it is important that children receive two doses to have the best protection. The NHS have launched an MMR promotion campaign and Kingston Council are working with partners to support the promotion of MMR and childhood immunisations in Kingston and through 'making every contact count' with other services to encourage uptake.

Heatwave 2022

On 15th July 2022, the Met Office issued a Red Extreme Heat Warning (High Likelihood of High Impacts) which was valid Monday 18th and Tuesday 19th July 2022 to cover the areas at the highest likelihood of seeing impacts from the exceptional heat, including London. An Amber Extreme Heat Warning (Medium Likelihood of High Impacts) valid Sunday 17th to Tuesday 19th July 2022 covering all other parts of Southeast England was issued. A Heat-Health Watch Level 4 was issued for London valid on Monday 18th and Tuesday 19th July 2022. The temperature exceeded 40 degrees Celsius for the first time ever in the UK in this period.

The potential impacts from exceptionally high temperatures include a danger to life and health impacts on the most vulnerable in our society including those with pre-existing medical conditions, such as cardiovascular and respiratory diseases, but it can also lead to heatstroke and heat exhaustion even on those who are normally fit and healthy. With such high temperatures, there is also the possibility of impacts on infrastructure, such as on heat-sensitive equipment, utility outages and delays to transport, and a significant increase in water safety incidents. Welfare issues can also be a concern for those caught in transport delays.

Keeping Kingston
Safe 2020-2022
Timeline

All Hands
to the Pump

A Picture of
Health in
Kingston

Conclusions
and Next Steps

RBK followed Level 4 Heat Health Watch Alert guidance as set out in the Heatwave Plan for England and ensured that all RBK staff and partners were alerted on Friday 15th July 2022 of the alert, what actions were needed to be taken and asked for the information to be cascaded to residents including the elderly, those with young children and those with underlying medical conditions that can be exacerbated by high temperatures. Those who worked with these groups were made aware of the actions needed to keep people safe as outlined in the plan. Continued work with partners on dealing with, and protecting residents, from extreme hot and cold temperatures will be needed as we go forward.

Heatwave plan for England: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1074023/Heatwave_Plan_for_Engand_2022_May-2022-v2.pdf

Avian influenza ('bird flu'):

The UK has faced its largest ever outbreak of bird flu with over 200 cases in birds confirmed across the country since late October 2021. Mandatory housing measures for all poultry and captive birds were introduced to all areas of England from Monday 7 November 2022. The housing measures legally require all bird keepers to keep their birds indoors and to follow stringent biosecurity measures to help protect their flocks from the disease, regardless of type or size.

Bird flu, or avian flu, is an infectious type of influenza that spreads among birds. In rare cases, it can affect humans. There are lots of different strains of bird flu virus. Most of them don't infect humans but there have been strains that have caused concern. There is a constant risk that one of the new strains may spread easily among people.

Bird flu itself has major impacts on both wild birds and domesticated birds - bringing illness to both and very high costs for bird keepers and government alike. RBK have been sharing messages with colleagues, partners and residents about the mandatory housing measures and actions to take if anyone finds a sick or dead bird in Kingston. See: <https://www.kingston.gov.uk/environmental-health/avian-influenza-bird-flu>

Diphtheria:

Since June 2022, there has been a reported increase in confirmed cases of diphtheria among migrants in Europe. Most cases have arrived in Europe recently, with disease diagnosed while residing in reception centres. As of 10 November 2022, 39 cases of diphtheria have been confirmed among asylum seekers in England in 2022. Whilst many of the cases have originated from diphtheria endemic countries, where vaccine coverage is low, cases have spent many weeks travelling across Europe before reaching England. In response to the increase in cases, UKHSA, the NHS, the Home Office and Local Authorities including Kingston, are working together to offer antibiotic prophylaxis and diphtheria vaccination to those asylum seekers identified at high risk to minimise the risk of further transmission. See: <https://www.gov.uk/government/publications/diphtheria-public-health-control-and-management-in-england-and-wales>

The ongoing challenges with regards to communicable disease globally, nationally and in Kingston reinforce the need for a continued push on making sure that the basic measures continue to be reinforced. We need to ensure that we reach all in Kingston with an accessible vaccination offer and information. To do this, we need to be able to work flexibility, learn lessons from recent experiences and maintain skills, resources and readiness for new challenges.

Keeping Kingston
Safe 2020-2022
Timeline

All Hands
to the Pump

A Picture of
Health in
Kingston

Conclusions
and Next Steps

Conclusions and Next Steps

Over the last three years we have seen some of our greatest public health challenges in the last 50 years for Kingston - and also some of the best of our residents and staff and partners in coming together to step up to these challenges. Our residents have stayed home when advised, helped neighbours and families and friends, delivered hundreds of meals to others, volunteered at vaccination sites, taken messages to all parts of our community, hosted over 350 arrivals from Ukraine into their homes and more. Our staff have worked with partners over a huge range of new activities, over many months and now years, to help Keep Kingston Safe from COVID-19 as highlighted in some of the examples in this report. I am thankful to everyone for their fantastic efforts.

Yet despite the efforts of so many, we were not completely successful in protecting everyone, and many of our health challenges pre-pandemic remain, or in some cases, have worsened. Some of the structures set up to respond to the pandemic challenges, such as Test and Trace and our enhanced health protection response, have been stood down. However there remains a lack of detail for the role of local government and how it could support an urgent and large scale health protection response in any future situation. We need to learn from our joint working and the lessons learned regarding being prepared, and ensure we have the resources required to continue to keep residents safe from COVID-19, and be able to scale-up rapidly and deal with the new health protection challenges that we continue to face.

Our borough has shown that it is a welcoming borough to new arrivals. We will do all we can to work with residents to support new arrivals and to help them contribute to the borough.

When COVID-19 hit us, we had existing health challenges in Kingston and these have not gone away. Some of our health challenges have been highlighted in this report and we will continue to update our data on the population and health issues in our new Joint Strategic Needs Assessment (JSNA), and as the 2021 Census data becomes available. Within our borough we have a six year gap in life expectancy between the most and least deprived men, and the poorest women in Kingston become unhealthy seven years before the wealthiest ones. We need to act further to reduce health inequalities in the borough. Through our new structures, and in partnership with the new SWL Integrated Care Partnership (ICP) and our community partners, we will endeavour to tackle the issues and their underlying causes in a systematic way. We know that there are many opportunities that are currently being missed in Kingston for people to stay healthier, both physically and mentally, for longer. Many of the actions to keep ourselves in better health for longer also reduce carbon emissions - for example, cycling and walking for short journeys. Thus, there is a synergy between our health goals and our aim to be a 'carbon neutral' borough¹ by 2038. Using all our collective efforts we can work together to address some of these underlying 'determinants of health' - such as working to make physical activity easier in the borough, address causes of unhealthy weight and reduce tobacco use. We need to continue to focus on the health protection basics - and this means supporting high levels of childhood and other vaccinations and other such evidence based measures.

In conclusion, I would like to thank our staff, partners and community for their efforts over the last three years. I look forward to continuing to work together to support and improve the health of our residents as we go forward.

Keeping Kingston
Safe 2020-2022
Timeline

All Hands
to the Pump

A Picture of
Health in
Kingston

Conclusions
and Next Steps

Acknowledgments

1. Iona Lidington, Director of Public Health and AD Healthy & Safe Communities, Royal Borough of Kingston upon Thames (RBK)
2. Adam Moore, Senior Insight Analyst, Public Health, RBK
3. Ann-Marie Lambe, Community Response Hub Lead for Early Intervention, Complex Needs and Safeguarding, RBK
4. Antoine Al-Hosri, Public Health Officer, RBK
5. Antony Faulkner, Head of Revenues & Benefits, RBK
6. Cara Coslett, Corporate Communication and Engagement Manager
7. Chris Begley, Resilience Planning Manager, RBK
8. Deborah Flintoff, Programme Director, Contracts, Corporate & Communities
9. Emily Jenkins-Pandya, Public Health Outbreak Control Officer, RBK
10. Fiona Meads, Group Manager - Regulatory Services, RBK and Sutton Shared Service
11. Fiona Tarn, Development Manager, Kingston Libraries, RBK
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16. Kavitha Ramakrishnan, Domestic and Sexual Violence Reduction Policy Officer, RBK
17. Laura MacLehose, Consultant in Public Health, Corporate Head of Health, Care & Insight, RBK
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23. Matthew English, Communications Lead, Public Health, RBK
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25. Nighat Taimuri, Community Development and Integration Lead, RBK
26. Sarah French, Health Promotion Specialist, RBK
27. Sean Gillen, Corporate Head of Employment, Skills and Enterprise, RBK
28. Sue Webster, Health Protection Officer, RBK

Keeping Kingston
Safe 2020-2022
Timeline

All Hands
to the Pump

A Picture of
Health in
Kingston

Conclusions
and Next Steps

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6. Office for National Statistics published data in October 2020 showing ethnic contrasts in death involving the coronavirus (COVID-19) <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/updatingethniccontrastsindeathsinvolvingthecoronaviruscovid19englandandwales/deathsoccurring2marchto28july2020>
7. Living with COVID-19 Response - <https://www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19-3310-during-2020-2021-and-3692-during-2021-2022> These were counted as households not individuals
8. Grants specifically referenced in this document include: Test and Trace Grant, Contain 1-3, Annex A Grants, Grants to support those who are Clinically Extremely Vulnerable and Grants to support those who need to self-isolate). Other funding such as the Infection Control Fund is covered in more detail in specific documents but supports this work. Business grants distributed in Kingston are not covered in this document, but link to this work.
9. Figures are based on schools' daily responses to the DfE educational setting status form, which were sometimes incomplete, thus the true figures are likely to be higher
10. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/covid19schoolsinfectionsurveyengland/pupilantibodiesandvaccinesentimentmarch2022>
11. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/covid19schoolsinfectionsurveyengland/pupilantibodiesandvaccinesentimentmarch2022>
12. <https://bmjopen.bmj.com/content/11/3/e045343>
13. <https://www.gov.uk/government/publications/direct-and-indirect-health-impacts-of-covid-19-in-england-emerging-omicron-impacts>
14. ONS: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/populationandhouseholdestimateswales/census2021>
15. GLA. Housing-led population projections, 2018 base. <https://maps.london.gov.uk/population-projections/>
16. <https://www.kingston.gov.uk/downloads/download/51/kingston-health-and-care-plan>
17. <https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on>

Keeping Kingston
Safe 2020-2022
Timeline

All Hands
to the Pump

A Picture of
Health in
Kingston

Conclusions
and Next Steps

18. NHS Digital, Primary Care Mortality Database (PCMD), unpublished
19. ONS mortality data, via PHE fingertips <https://fingertips.phe.org.uk/search/mortality%20all%20cause#page/4/gid/1/pat/6/par/E12000007/ati/102/are/E09000021/iid/108/age/163/sex/4/cat/-1/ctp/-1/yr/3/cid/1/tbm/1> (accessed October 2022)
20. ONS, mortality statistics <https://www.nomisweb.co.uk/datasets/mortsa> (accessed October 2022)
21. PHE local health tool https://www.localhealth.org.uk/#bbox=508316,173503,22690,14004&c=indicator&i=t4.under75_allcause&view=map8 (accessed October 2022)
22. N.B. Data is only available for old (pre-2022) ward geographies
23. PHE fingertips, via NHS Digital, Quarterly Outcomes Framework (QOF) <https://fingertips.phe.org.uk/search/qof#page/3/gid/1/pat/6/par/E12000007/ati/301/are/E09000021/iid/273/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1> (accessed October 2022)
24. PHE fingertips, via NHS Digital, Quarterly Outcomes Framework (QOF) <https://fingertips.phe.org.uk/search/QOF#page/3/gid/1/pat/6/par/E12000007/ati/402/are/E09000021/iid/212/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0> (accessed October 2022)
25. ONS mortality statistics, vis nomis <https://www.nomisweb.co.uk/datasets/mortsa> (accessed October 2022)
26. PHE, health profile for England 2021 https://fingertips.phe.org.uk/static-reports/health-profile-for-england/hpfe_report.html#summary-12---causes-of-morbidity (accessed October 2022)
27. PHE Fingertips, https://fingertips.phe.org.uk/search/QOF#page/4/gid/1/pat/6/par/E12000007/ati/102/are/E09000021/iid/241/age/187/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0_tre-ao-0 (accessed October 2022)
28. NHS Digital, QOF interactive tool <https://app.powerbi.com/view?r=eyJrljoiMzhjYmE3YjEtMDJjNS00MTBhLTllYWUtZTE1MjE4ODMxNzU1IiwidCI6IjUwZjYwNzFmLWJiZmUtNDExYS04ODAzLTlY3Mzc0OGU2MjllMjllMmMiOjIj9> (accessed October 2022)
29. PHE local health tool, https://www.localhealth.org.uk/#bbox=507346,174728,24284,14988&c=indicator&i=t3.em_adm_copd&selcodgeo=E05000413&view=map8 (accessed October 2022)
30. i.e. with an underlying cause of death from ICD section J00-J99, which include pneumonia, influenza, COPD, bronchitis and asthma
31. NHS Digital, QOF interactive tool <https://app.powerbi.com/view?r=eyJrljoiMzhjYmE3YjEtMDJjNS00MTBhLTllYWUtZTE1MjE4ODMxNzU1IiwidCI6IjUwZjYwNzFmLWJiZmUtNDExYS04ODAzLTlY3Mzc0OGU2MjllMjllMmMiOjIj9> (accessed October 2022)
32. NHS Digital, QOF interactive tool <https://app.powerbi.com/view?r=eyJrljoiMzhjYmE3YjEtMDJjNS00MTBhLTllYWUtZTE1MjE4ODMxNzU1IiwidCI6IjUwZjYwNzFmLWJiZmUtNDExYS04ODAzLTlY3Mzc0OGU2MjllMjllMmMiOjIj9> (accessed October 2022)
33. PHE fingertips, <https://fingertips.phe.org.uk/search/mental%20health#page/3/gid/1/pat/6/par/E12000007/ati/302/are/E09000021/iid/90812/age/173/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1> (accessed October 2022)

Keeping Kingston Safe 2020-2022 Timeline

All Hands to the Pump

A Picture of Health in Kingston

Conclusions and Next Steps

34. <https://sheu.org.uk/surveys/pupil-surveys.htm> (accessed January 2023)
35. PHE fingertips, <https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia/data#page/3/gid/1938133052/pat/6/par/E12000007/ati/302/are/E09000021/iid/91891/age/27/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1> (accessed October 2022)
36. PHE fingertips, <https://fingertips.phe.org.uk/search/dementia#page/0/gid/1/pat/6/par/E12000007/ati/302/are/E09000021/iid/247/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/1/tbm/1> (accessed October 2022)
37. PHE fingertips <https://fingertips.phe.org.uk/search/injuries#page/3/gid/1000042/pat/6/par/E12000007/ati/102/are/E09000021/iid/90285/age/156/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0> (accessed October 2022)
38. PHE fingertips, <https://fingertips.phe.org.uk/profile/end-of-life/data#page/1/gid/1938132883/pat/6/par/E12000007/ati/302/are/E09000021/iid/93478/age/161/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0> (accessed October 2022)
39. NHS Digital, childhood vaccination coverage <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-immunisation-statistics/2021-22> (accessed October 2022)
40. PHE fingertips, <https://fingertips.phe.org.uk/search/influenza#page/3/gid/1000043/pat/6/par/E12000007/ati/102/are/E09000021/iid/30314/age/27/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0> (accessed October 2022)
41. PHE, opiate and crack cocaine use <https://www.gov.uk/government/publications/opiate-and-crack-cocaine-use-prevalence-estimates-for-local-populations> (accessed October 2022)
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43. PHE local alcohol profiles <https://fingertips.phe.org.uk/profile/local-alcohol-profiles> (accessed October 2022)
44. PHE fingertips <https://fingertips.phe.org.uk/search/units#page/3/gid/1938133118/pat/6/par/E12000007/ati/202/are/E09000021/iid/92778/age/168/sex/4/cat/-1/ctp/-1/yr/4/cid/4/tbm/1/page-options/car-do-0> (accessed October 2022)
45. PHE fingertips <https://fingertips.phe.org.uk/search/accident> (accessed October 2022)
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Keeping Kingston Safe 2020-2022 Timeline

All Hands to the Pump

A Picture of Health in Kingston

Conclusions and Next Steps

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53. SARS-CoV 2 co-infections with influenza viruses, respiratory syncytial virus, or adenoviruses [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)00383-X/fulltext#%20](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00383-X/fulltext#%20)
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**Keeping Kingston
Safe 2020-2022
Timeline**

**All Hands
to the Pump**

**A Picture of
Health in
Kingston**

**Conclusions
and Next Steps**



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