

Kingston JSNA 2023 Themed Sections: COVID-19

COVID-19 transmission is not yet over. The UK is now in a phase called 'Living with COVID-19'. The UK population have been supported to live more safely with COVID-19 with the success of the vaccination programme and antiviral therapeutics the NHS can deploy to treat people who are most vulnerable to COVID-19 and the most severely ill. In February 2022, the UK Government published 'COVID-19 Response: Living with COVID-19' that set out how England would move into a new phase of managing COVID-19¹. As vaccines enabled the gradual and safe removal of restrictions on everyday life, they remain at the heart of the Government's approach to living with the virus in the future. The aim is to respond to the virus in a similar way to other existing respiratory illnesses, through sustainable public health measures as outlined in the guidance for people with respiratory symptoms². With the gradual lifting of restrictions and the cessation of access to free testing for most people, the public were asked to practise specific safe and responsible behaviours as the primary means of stopping the spread of the virus³. In addition, the ending of routine asymptomatic testing for health and social care staff in April 2023⁴ has resulted in a significant decrease in the amount of available COVID-19 data for local surveillance.

Since the onset of the pandemic in the UK in 2020, COVID-19 has been a major cause of ill health and death. In the two most severe 'waves' of the pandemic (March – May 2020 and November 2020 – February 2021) around 30% of all deaths in Kingston listed COVID-19 as the main, underlying cause⁵.

COVID-19 was by far and away the most commonly-recorded underlying cause of death in the borough in 2020 and 2021, around twice as common as the second-highest group of causes (ischaemic heart diseases). Even in 2022, with the pandemic having seemingly receded, COVID-19 was just outside the top five most common underlying causes of death. The UK national government, in partnership with local government, the NHS, business, voluntary sector, our residents and others, applied a range of measures from 2020 to 2022 to try and reduce COVID-19 spread. These included: 'lockdowns' (stay at home orders, used for the first time nationally) the issuing of advice and guidance on self isolation and infection control, access to free symptomatic and asymptomatic testing for all, support for those isolating, personal protective equipment (PPE), the use of therapeutics and antivirals for those at high risk and the roll out of the COVID-19 vaccination programme. Deprivation, low income and poor housing can lead to poorer health outcomes and have been linked to an increased risk of being exposed to COVID-19⁶. The pandemic has starkly exposed how poorer health has been linked to an increased risk of having a poorer resulting outcome from COVID-19⁷. Particular risk factors linked to poor health outcomes from COVID-19 infection include:

¹ Gov.uk, 'Living with Covid-19', [link](#); accessed May 2023.

² Gov.uk, 'People with symptoms of a respiratory infection including Covid-19', [link](#); accessed May 2023.

³ Gov.uk, 'Public reminded to stay safe as Covid-10 England restrictions lift', [link](#); accessed May 2023.

⁴ Gov.uk, 'Covid-19: testing recommended in care services', [link](#); accessed May 2023.

⁵ NHS England, Primary Care Mortality Database (PCMD), unpublished

⁶ 'Local Government Association, Health inequalities: Deprivation and poverty and COVID-19', accessed May 2023

⁷ [Disparities in the risk and outcomes of COVID-19](#)

- People who are immunosuppressed, or who have specific other medical conditions, may have a reduced ability to fight infections including COVID-19⁸.
- People who are overweight or obese. Findings from a prospective, community- based cohort study confirm that any excess weight increases the risk of severe COVID-19 illness⁹. It found some groups are particularly affected. People in their 40s and 50s, and those of Black ethnicity, were most affected by a higher BMI. ONS analysis of the sociodemographic factors and health conditions associated with the risk of COVID-19 and non-COVID-19 deaths in boosted individuals in England found that those who were morbidly obese were at increased risk of COVID-19 and non-COVID-19 death.¹⁰
- Asthma risks - It has been reported that patients with asthma who required clinical care twelve or fewer months prior to COVID-19 are at increased risk for severe COVID-19 outcomes¹¹. The study also found that people with well-controlled asthma have less severe COVID-19 outcomes than people with uncontrolled asthma. Poor asthma control can be the result of poor inhaler techniques, insufficient patient knowledge on their condition and its management, and inadequate patient compliance with treatment¹². A scoping review looking at the impact of air pollution on asthma found that there was epidemiological evidence of an increased incidence of asthma and exacerbations of the disease, in both children and adults, due to exposure to higher levels of air pollution¹³. Those with asthma should ensure they understand how to keep their symptoms under control including the importance of taking their medication correctly, lifestyle modifications and identifying and avoid triggers where possible¹⁴. As allergens including pollen and air pollution, can make asthma worse, those with asthma should take steps to minimise exposure to these triggers. It is also important that wider strategies to reduce air pollution are taken by organisations. In doing so, this will play an important part in improving the overall risk of developing asthma or exacerbations of the condition which may also reduce the risk of severe outcomes from COVID infection.

⁸ Gov.uk, 'Covid-19 Guidance for people whose immune system means they are at a higher risk', [link](#); accessed May 2023.

⁹ The Lancet Diabetes & Endocrinology: Associations between body-mass index and COVID-19 severity in 6.9 million people in England: a prospective, community-based, cohort study, [link](#); accessed May 2023.

¹⁰ [Risk of COVID-19 death in adults who received booster COVID-19 vaccinations, England: September 2022 to April 2023](#)

¹¹ [Asthma Disease Status, COPD, and COVID-19 Severity in a Large Multiethnic Population - The Journal of Allergy and Clinical Immunology: In Practice](#)

¹² [Inhaler mishandling remains common in real life and is associated with reduced disease control - Respiratory Medicine](#)

¹³ [Impact of Air Pollution on Asthma: A Scoping Review | Open Respiratory Archives](#)

¹⁴ [Living with asthma](#)

- Diabetes risks - a nationwide analysis in England showed that Type 1 and Type 2 diabetes were both independently associated with a significant increased odds of in-hospital death with COVID-19¹⁵. Diabetes predisposes patients to acquiring the infection due to an impaired immune system function¹⁶. In a diabetic patient, the presence of diabetes-related complications, associated comorbidities and certain demographic features may worsen the prognosis¹⁷. All people with diabetes aged 12 years and over should receive all of the nine NICE recommended care processes and attend a structured education programme shortly after diagnosis¹⁸. Pre-pandemic, it should be noted that in SW London only two out five people with Type 2 diabetes were receiving all the checks. The pandemic resulted in increased numbers of people having difficulty accessing their health care teams and not completing the recommended care processes.

Implications for Living with COVID-19 in Kingston as we go forward:

The JSNA has shown that in Kingston in 20-69 year olds, some of the conditions that are additional risk factors for poorer COVID-19 outcomes such as asthma and other respiratory conditions and diabetes (excluding pre-diabetes) are in the top 5 long term health conditions in the borough. Diabetes and ischaemic heart disease are in the top 5 morbidities in Kingston. Ischaemic heart disease, respiratory cancers, cirrhosis and other chronic liver disease, breast and colorectal cancers make up the top 5 causes of death. The Kingston data also shows tobacco, alcohol, high Body Mass Index (BMI) and poor diet are in the top 5 risk factors for death in Kingston in 20-69 year olds.

¹⁵ [Associations of type 1 and type 2 diabetes with COVID-19-related mortality in England: a whole-population study - The Lancet Diabetes & Endocrinology](#)

¹⁶ [Increased Risk of COVID-19 in Patients with Diabetes Mellitus—Current Challenges in Pathophysiology, Treatment and Prevention - PMC](#)

¹⁷ [Impact of Air Pollution on Asthma: A Scoping Review | Open Respiratory Archives](#)

¹⁸ [Type 1 diabetes in adults: diagnosis and management | Guidance | NICE](#)

People with additional risk factors in Kingston related to the 'Top 5s': Obesity and diabetes

2020/21 saw not only rising rates of obesity across England but there was also, for the first time on available record, an uptick in obesity rates in every deprivation decile¹⁹. As the Kingston data shows, despite the borough having better health than many areas, overweight and obesity is a major issue in Kingston.

In 2022, GP data (Primary Care Network 'PCN' Quality Outcome Framework 'QoF' data) on the top 5 causes of ill-health in 15-64 years showed that obesity ranked 1st in 4 out of the 5 PCNs in Kingston (10-13.8% prevalence) with asthma ranked 3rd (7.3-11.5% prevalence) and diabetes ranked 5th (1.8%-3.6% prevalence) in all PCNs. In over 65s, obesity ranked 2nd in all PCNs (17.4-22% prevalence) behind hypertension, diabetes ranked 3rd in 4 out of 5 PCNs (14.3-18.1% prevalence) and asthma ranked 5 in all 5 PCNs (9.6-11.8% prevalence). Obesity ranks 1st and 2nd in all age groups in Kingston, with diabetes also in the top 5. Obesity is a modifiable risk factor for the development of diabetes. In England 2018-19, 87% of adults with Type 2 diabetes were classified as overweight or obese²⁰. In England, data shows that the prevalence of obesity is much higher in those from the most deprived areas (35%) than the least deprived (22%).

This difference was particularly pronounced for women, where 39% of women in the most deprived areas were obese, compared with 22% in the least deprived areas²¹. There is an estimated threefold increase in the development of diabetes associated with being overweight and a sevenfold increase in those with obesity²². Numbers of people in Kingston with diabetes is showing an upward trend, with 9,378 Kingston residents recorded with diabetes in 2021/22, up over 2,000 people in under a decade from 7,142 in 2012/13²³.

¹⁹ [Obesity, deprivation and Covid-19 | The King's Fund.](#)

²⁰ [National Diabetes Audit - Report 1 Care Processes and Treatment Targets 2018-19, Full Report](#)

²¹ [Health Survey for England 2019 \[NS\]](#)

²² [Managing obesity in people with type 2 diabetes | RCP Journals](#)

²³

<https://fingertips.phe.org.uk/search/diabetes#page/4/gid/1/pat/6/par/E12000007/ati/402/are/E09000021/iid/241/age/187/sex/4/c at/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0>

Diabetes and care in Kingston, COVID-19:

Results from a recent national survey conducted by Diabetes UK found almost half (47%) of the 10,000 people with diabetes who responded reported difficulties managing their condition during 2021²⁴. Nationally, three in five (63%) people who had experienced difficulties attributed this at least in part to not having sufficient access to their health care team, rising to 71% in the most deprived areas of the country.

The National Diabetes Audit 2020-21²⁵ reported that during the COVID-19 pandemic glucose control improved in people with type 1 diabetes but deteriorated in those with type 2 and other types of diabetes. Blood pressure deteriorated in all. A decrease in completion was seen in all nine of the NICE recommended care processes during the first pandemic year 2020-21.

Least affected were blood tests and blood pressure. Most affected were BMI checks, retinal screening and foot examination. However, it is important to note that even before the pandemic, data for 2019/20 for SW London CCG (now ICB) shows that only 60.7% of all patients with type 2 diabetes in SW London were receiving the eight recommended 'care processes' (e.g. foot check etc²⁶).

In other words, two out of five people with diabetes in SW London were not getting all the recommended diabetes care checks before the pandemic. The pandemic has undoubtedly impacted on access to diabetic services for some due COVID-19 restrictions, infections and appointment cancellations. For 20/21, amidst the very difficult pandemic conditions, 42% of the people with type 2 diabetes in SW London received all eight care processes^{27 28}.

To live well with diabetes and avoid complications, all people living with the condition need regular reviews with health professionals, personal care plans with targets for HbA1c (glucose control), blood pressure and serum cholesterol, and regular checks set out in the '8 care processes' (plus diabetic eye screening, the '9th process').

In addition, access to structured health education shortly after diagnosis, diabetes technology, emotional and psychological support and weight management are also important for an individual's successful diabetes management²⁹.

As outlined in the refreshed Kingston Health and Care Plan 2022-2024³⁰, it is essential that key stakeholders work together to tackle the inequalities in health that some of those most disadvantaged of all ages face in our borough. Action needs to continue to tackle obesity in

²⁴ [Diabetes care: is it fair enough?](#)

²⁵ [National Diabetes Audit, Report 1 - Care Processes and Treatment Targets 2020-21, Underlying data](#)

²⁶

<https://app.powerbi.com/view?r=eyJrljoiOGY3YWWRiYTYtYjAzMi00YjM4LTkwYmItZTJkN2Y3ODZiMGE5IiwidCI6IjUwZjYwNzFmLWJiZmUtNDAxYS04ODAzLTY3Mzc0OGU2MjllMlImlmMiOjh9>

²⁷

The 8 'care processes': 1. HbA1c 2. Blood Pressure 3. Serum Cholesterol 4. Serum Creatinine** 5. Urine Albumin/Creatinine Ratio (blood test for glucose control) (urine test for risk of kidney disease) 6. Foot Risk Surveillance (measurement for cardiovascular risk) (examination for foot ulcer risk) 7. Body Mass Index (blood test for cardiovascular risk) (measurement for cardiovascular risk) 8. Smoking History (blood test for kidney function) (question for cardiovascular risk)

²⁸

<https://app.powerbi.com/view?r=eyJrljoiOGY3YWWRiYTYtYjAzMi00YjM4LTkwYmItZTJkN2Y3ODZiMGE5IiwidCI6IjUwZjYwNzFmLWJiZmUtNDAxYS04ODAzLTY3Mzc0OGU2MjllMlImlmMiOjh9>

²⁹ [Diabetes care: is it fair enough?](#)

³⁰ [Refreshed Health and Care Plan 2022-2024](#)

all age groups, enabling people to live physically active and healthy lifestyles and at a healthy weight to prevent ill-health and improve wellbeing.

While in the current 'Living with COVID-19 phase' with COVID-19 circulating and documented additional COVID-19 risks associated with obesity and diabetes, tackling obesity and ensuring those with diabetes are accessing the healthcare and support to effectively manage their condition, are particularly important.

Preventing COVID-19 ill health while the virus circulates in the community

Along with lifestyle modifications, there are other steps that can be taken to help reduce the risk of catching COVID-19 and passing it on to others. These include getting vaccinated, letting fresh air in if meeting others indoors, practising good hygiene and wearing a face covering or a face mask³¹.

Face coverings

Face coverings can help to reduce the chance of spreading infection to others, especially in crowded and enclosed spaces, and may protect the individual from becoming infected by some respiratory viruses including COVID-19. This is of particular importance when COVID-19 rates are high in crowded and enclosed spaces. Anyone with symptoms of a respiratory infection, such as COVID-19, and a high temperature or not feeling well enough to go to work or carry out normal activities, is advised to try to stay at home and avoid contact with other people. These actions are also important in protecting those people whose weakened immune system means they may be at higher risk of serious illness from COVID-19, despite vaccination³².

COVID-19 Vaccination

COVID-19 vaccinations are effective at preventing serious illness from COVID-19. There is evidence that having COVID-19 may also lower the risk of developing Post COVID Syndrome (Long COVID)³³. Everyone aged five years and over has been offered at least two doses of COVID-19 vaccination with some age groups also being offered an additional booster. In line with advice from the JCVI, for those at lowest risk of severe illness the vaccination offer ended on 30th June 2023. As infection with COVID-19 is more serious in older people and in people with certain underlying health conditions, people aged 75 years and over, those in care homes, and those aged five years and over with a weakened immune system are offered a course of COVID-19 vaccine and additional seasonal boosters (Spring and Autumn). The JCVI have recently recommended the vaccination programme be expanded to children aged six months to four years who are clinically vulnerable. This vaccination offer commenced in June 2023. Key stakeholders should continue to work together to reach our vulnerable and high risk residents and ensure they are made aware of all vaccination offers and have easy access to vaccination.

³¹ Gov.uk, 'Living safely with respiratory infections including Covid-19, [link](#); accessed: May 2023.

³² Gov.uk, 'Covid-19 Guidance for people whose immune system means they are at a higher risk', [link](#); accessed May 2023.

³³ [Impact of COVID-19 vaccination on the risk of developing long-COVID and on existing long-COVID symptoms: A systematic review](#)

Ventilation

COVID-19 virus amounts in the air can build up in poorly ventilated areas. Bringing fresh air into a room by opening a door or a window, even for a few minutes at a time, helps remove older, stale air that could contain virus particles and reduces the chance of spreading infections. Ventilation is most important if someone in a household has COVID-19 or another respiratory virus, to try and stop the virus spreading. Ventilation also helps with reducing transmission of other respiratory infections such as influenza. Research has shown that being in a room with fresh air can in some cases reduce the risk of airborne transmission of COVID-19 by over 70%³⁴. Businesses and organisations are also encouraged to ensure good ventilation in enclosed spaces.

Post COVID Syndrome ('Long COVID')

Symptoms of post COVID syndrome ('Long COVID') have been self-reported in 3% of the UK population. Although estimated prevalence at a local authority level is not yet known, this may become a feature in the future morbidity of Kingston residents. The NHS Plan for improving long COVID services has established new services for those suffering from debilitating, long-term effects following an episode of COVID-19³⁵. These include diagnostics, treatments, rehabilitation and support to aid recovery for children and adults underpinned by NICE guidelines on the management of the long term effects of COVID-19³⁶.

Between July and September 2021, Healthwatch Kingston undertook a community engagement project to gather the views of residents who were experiencing a complexity of symptoms associated with Long Covid³⁷. Their report, 'Living with Long Covid in the Royal Borough of Kingston upon Thames', published in February 2022, made a number of recommendations, referenced in the recommendations included with this document.

Following the Guidance

COVID-19 restrictions have now been replaced by public health advice with the aim of protecting those who may be at higher risk if infected with COVID-19. The guidance in [Living safely with respiratory infections, including COVID-19 - GOV.UK](#) and [People with symptoms of a respiratory infection including COVID-19 - GOV.UK](#) sets out advice and recommendations that can be followed in this 'Living with COVID-19' phase of the pandemic.

³⁴ Role of Ventilation in Controlling SARS-CoV-2 Transmission SAGE-EMG

³⁵ NHS England, 'The NHS Plan for improving long Covid services, published July 2022, [link](#); accessed May 2023.

³⁶ NICE, 'COVID-19 Rapid Guideline: Managing the long-term effects of COVID-19', accessed May 2023.

³⁷ <https://www.healthwatchkingston.org.uk/report/2022-02-28/living-long-covid-royal-borough-kingston-upon-thames>

Preparedness for future resurgences or variants

It is likely there will be further resurgences of COVID-19 infections as seen in 2020-2023, and possibly more severe variants will emerge. It is therefore important to ensure emergency preparedness and that plans are in place to maintain resilience against significant resurgences or future variants that risk putting unsustainable pressure on the NHS and local services. The strong partnership work across Kingston and regional and national organisations including Kingston Council, UKHSA, NHS, SWL ICB, Your Healthcare, AfC and DHSC that worked with others to try to 'Keep Kingston Safe' through the pandemic will continue ensuring the borough is prepared for future challenges.

Recommendations:

Residents are advised to follow the relevant guidance and stakeholders should keep up to date with setting specific guidelines to minimise the risk of spread of respiratory infections including COVID-19.

There are simple actions that can be taken to help reduce the spread of COVID-19 and other respiratory infections and protect those at highest risk. These include:

1. Get vaccinated
2. Let fresh air in if meeting others indoors
3. Practise good hygiene:
 - i. wash your hands
 - ii. cover your coughs and sneezes
 - iii. clean your surroundings frequently
3. Wear a face covering or a face mask
4. Those who have symptoms of a respiratory infection, including COVID-19, and with a high temperature or not feeling well enough to go to work or carry out normal activities, are advised to try to stay at home and avoid contact with other people especially those who are at high risk of becoming seriously unwell if they are infected with COVID-19³⁸.
5. Those [who have been informed by the NHS that they are at highest risk](#) of becoming seriously unwell might be eligible for testing and COVID-19 treatments³⁹
6. Ensure adults and families with children who are overweight have access to weight management support to minimise the risks of ill-health related to overweight and obesity. Borough-wide initiatives should promote and facilitate a healthy lifestyle, active travel and physical activity with not only a focus on reducing overweight, but also prevention of overweight.
7. Those with diabetes need to take steps to avoid complications to live well. They should have regular reviews with health professionals and personal care plans with targets for HbA1c (glucose control), blood pressure and serum cholesterol and regular checks set out in the '8 care processes' (plus diabetic eye screening, the '9th process'). In addition, they should have access to structured health education shortly after diagnosis and diabetes technology, emotional and psychological support and guidance on weight management.
8. All stakeholders should ensure emergency preparedness and that plans are in place to maintain resilience against significant resurgences or future variants that risk putting unsustainable pressure on the NHS and local services.

9. Consider reviewing and implementing the recommendations from the Healthwatch Kingston report on 'Living with Long Covid in the Royal Borough of Kingston upon

³⁸ <https://www.gov.uk/guidance/people-with-symptoms-of-a-respiratory-infection-including-covid-19>

³⁹ <https://www.gov.uk/government/publications/covid-19-guidance-for-people-whose-immune-system-means-they-are-at-higher-risk>

Thames' (2022). Create a comprehensive screening process with seamless referral pathways to care and support: Ensure a multi-disciplinary team approach to care and support based on needs, supported by education and training. Develop self-help support groups (peer-led) inclusive of those that have missed an opportunity for a diagnosis. Improve integrated and coordinated care and support in the community, particularly post discharge from hospital.

10. Key stakeholders should continue to work together to reach our vulnerable and high risk residents and ensure they are made aware of all vaccination offers and have easy access to vaccination
11. Continue data collection and analysis to better understand the longer-term impact of COVID-19 on the Kingston population.
12. Continue to promote services to support people suffering with the long-term effects of COVID-19, with specific health needs, as well as more holistic support offers.
13. Continue to work with Regulatory Services to promote businesses and organisations to ensure good ventilation in enclosed spaces.