

**Havering and the
Coronavirus pandemic
- the story so far
March 2020-July 2021**



What is Healthwatch Havering?

Healthwatch Havering is the local consumer champion for both health and social care in the London Borough of Havering. Our aim is to give local citizens and communities a stronger voice to influence and challenge how health and social care services are provided for all individuals locally.

We are an independent organisation, established by the Health and Social Care Act 2012, and employ our own staff and involve lay people/volunteers so that we can become the influential and effective voice of the public.

Healthwatch Havering is a Company Limited by Guarantee, managed by three part-time directors, including the Chairman and the Company Secretary, supported by two part-time staff, and by volunteers, both from professional health and social care backgrounds and lay people who have an interest in health or social care issues.

Why is this important to you and your family and friends?

Following the public inquiry into the failings at Mid-Staffordshire Hospital, the Francis report reinforced the importance of the voices of patients and their relatives within the health and social care system.

Healthwatch England is the national organisation which enables the collective views of the people who use NHS and social services to influence national policy, advice and guidance.

Healthwatch Havering is your local organisation, enabling you on behalf of yourself, your family and your friends to ensure views and concerns about the local health and social services are understood.

Your contribution is vital in helping to build a picture of where services are doing well and where they need to be improved. This will help and support the Clinical Commissioning Groups, NHS Services and contractors, and the Local Authority to make sure their services really are designed to meet citizens' needs.

***'You make a living by what you get,
but you make a life by what you give.'***
Winston Churchill

Introduction

The Coronavirus (Covid) pandemic emerged into an unsuspecting world in early 2020, when reports of a high level of infection in the Chinese city of Wuhan first came to attention. By late March, infection in the UK had reached a sufficiently high level to warrant unprecedented action by the government effectively to close society by imposing a period of lockdown: “stay home, stay safe and protect the NHS”¹.

There was, inevitably, an initial period of confusion until things settled down into what would prove to be a then unforeseen period of disruptive pandemic - of 16 months at the time of writing (late July/early August) and continuing.

Nationally, the imperative to prevent the NHS being over-run by Covid-infected patients became paramount: one consequence was that, across the United Kingdom, large numbers of care home residents who had been in hospital (for any reason) were discharged back to their care homes without being tested for Covid. Many residents subsequently died.

Healthwatch Havering has an interest not only in care homes but also in NHS facilities and services, at both general practice/community level and hospital level. In addition, many of our members - some of whom lost friends or relatives to the infection - had a great personal interest in tracking the development of the pandemic, across England but particularly in Havering. As an organisation, therefore, Healthwatch Havering has taken a close watch of the course of the pandemic.

This review does not seek to provide a definitive history of the path of the Covid pandemic in Havering: that would be both outside the remit of Healthwatch and beyond the limited resources that are available; nor does it seek to apportion blame or to exonerate. Rather, its purpose is to bring together disparate facts and figures into a single document that will, hopefully, be helpful in enabling people to understand how the pandemic evolved in Havering.

¹ Prime Minister Boris John, addressing the nation on 23 March 2020.

Sources

From the outset, it was clear that there would be immense public interest during the pandemic, locally, nationally and internationally. Many newspapers and other media have produced daily reports on the progress of the virus and on the means devised to combat it, principally since December 2020 in the form of the UK's unprecedentedly successful vaccination programme of "world class" proportions².

Healthwatch Havering members' keenness from early on to be kept apprised of the local progress of the virus and combatting it led to the production of a weekly bulletin³ bringing together a range of data and statistics provided by a variety of official bodies⁴, including:

- The Office of National Statistics (ONS) - weekly reports of deaths due to Covid across England
- The Local Government Association (LGA) - daily reports (including maps) of the progress of the virus, including numbers of people contracting the disease and of those who have died because of the virus
- Barking, Havering and Redbridge University Hospitals Trust (BHRUT) - statistics of patients treated
- The London Borough of Havering (LBH) - statistics of residents contracting Covid, being tested for infection and being vaccinated

The bulletins

These bulletins tracked the progress of the pandemic in Havering over the course of the whole year and evolved as more sources of information became available.

Most statistics quoted, both in the bulletins and in this review, are ultimately derived from the ONS data, although some are generated

² A much over-used term, beloved of politicians, but in this case undeniably true!

³ The bulletins have not been formally published but can be made available on request.

⁴ Detailed attributions of sources appear within the statistical tables, charts and diagrams later in the report.

from other official sources. © Crown Copyright⁵ of ONS statistics is acknowledged and the copyright of all organisations cited is also acknowledged. All data is taken from material freely available on the internet.

The first bulletin was issued on 17 April 2020 (by when it had become very clear that the pandemic was not going away any time soon though its eventual extent was not then foreseeable) and charted the progress of the virus from 3 April; this review tells the story of the pandemic until the week ending 23 July 2021, which is the week in which fell the date chosen by the UK Government for the ending of the majority of restrictions on society, 19 July (“Freedom Day”, as many people dubbed it). The pandemic was far from over then - to misquote Winston Churchill, “this is not the end, but it is perhaps the end of the beginning” - but the success of the vaccination programme gave an opportunity for some relaxation (although the possibility of need for further restrictions had not gone away and it seemed likely that a third wave of infection was then underway).

The bulletins’ purpose was simply to provide data: any interpretations of the data were taken from the original source(s); Healthwatch Havering did not seek to insert its own views.

The bulletins were discussed at weekly Zoom meetings of Healthwatch volunteers, whose insights resulting from them formed the background to several surveys and reports initiated by Healthwatch Havering during the period.

Dates and points of reference

Regrettably, it is not possible to compare fully the data from the various sources as each uses slightly different reference points - for example:

- the ONS publishes its statistics weekly but some 10 days in arrears (because the raw data must be collected from local registrars and

⁵ Source: Office for National Statistics licensed under the Open Government Licence

that inevitably takes time to compile and verify) and those statistics are based on the location of death rather than the residence of the deceased, so some hospital deaths registered in Havering will have been of non-Havering residents and some Havering residents' deaths will have been registered elsewhere;

- BHRUT's data is published weekly, mid-week, and refers both to Queen's Hospital in Havering and King George Hospital in Redbridge, and it is not possible to separate Havering residents' data from those of other boroughs; and
- the LGA's data is updated daily.

For the purposes of this review, the ONS statistics were taken as of 23 July 2021, and the others to the nearest available date commensurate with that.

It also must be borne in mind that there have been varying definitions in use at different times during the pandemic. Initially, for example, any death in which Covid might have played a part was recorded as a "Covid death" whereas, later, Covid deaths were redefined as being any death that occurred within 28 days of the deceased testing positive for Covid infection (irrespective of whether Covid was actually a cause of that death); and, initially, testing was carried out only within a hospital setting for in-patients until the nationwide Test and Trace system was rolled out, with different eligibilities for testing at different dates.

Mortality from Covid⁶

The major concern for everyone was the number of people dying. Government advisers at one point in the early stages were suggesting that, without drastic action, 500,000 people or more might die because of contracting Covid infection. It was certainly the case that, in the early stages, decisions were taken that, with the immense benefit of hindsight, were not optimal, perhaps leading to some deaths that might otherwise have been avoidable.

The imperative initially was to ensure that the NHS remained able to cope with the large numbers of infections expected and this led, among other things, to elderly people ready for discharged from hospital being returned to care homes without being tested for Covid. Inevitably, some of those people were infected with Covid and thus imported it into their care homes.

That said, care homes in Havering were not as nearly affected by Covid deaths in care homes as elsewhere. The overall care home population of Havering varies daily but is, on average, around 1,400; in the period 20 March 2020 to 23 July 2021, the ONS recorded 107 care home residents as having died with Covid mentioned as a factor in their death; in the same period, a total of 891 people died in a care home of other causes.

The CQC have also published statistics of care home deaths in the period 10 April 2020 to 31 March 2021⁷, which indicates that, in that period, 146 care home residents died with Covid mentioned as a factor in their death; of them, 103 were resident in their care home at the time of death, the remainder (while still under the care of a care home) died elsewhere, mainly in hospital.

The following chart demonstrates the death rates in the six residential settings defined by ONS up to 23 July 2021:

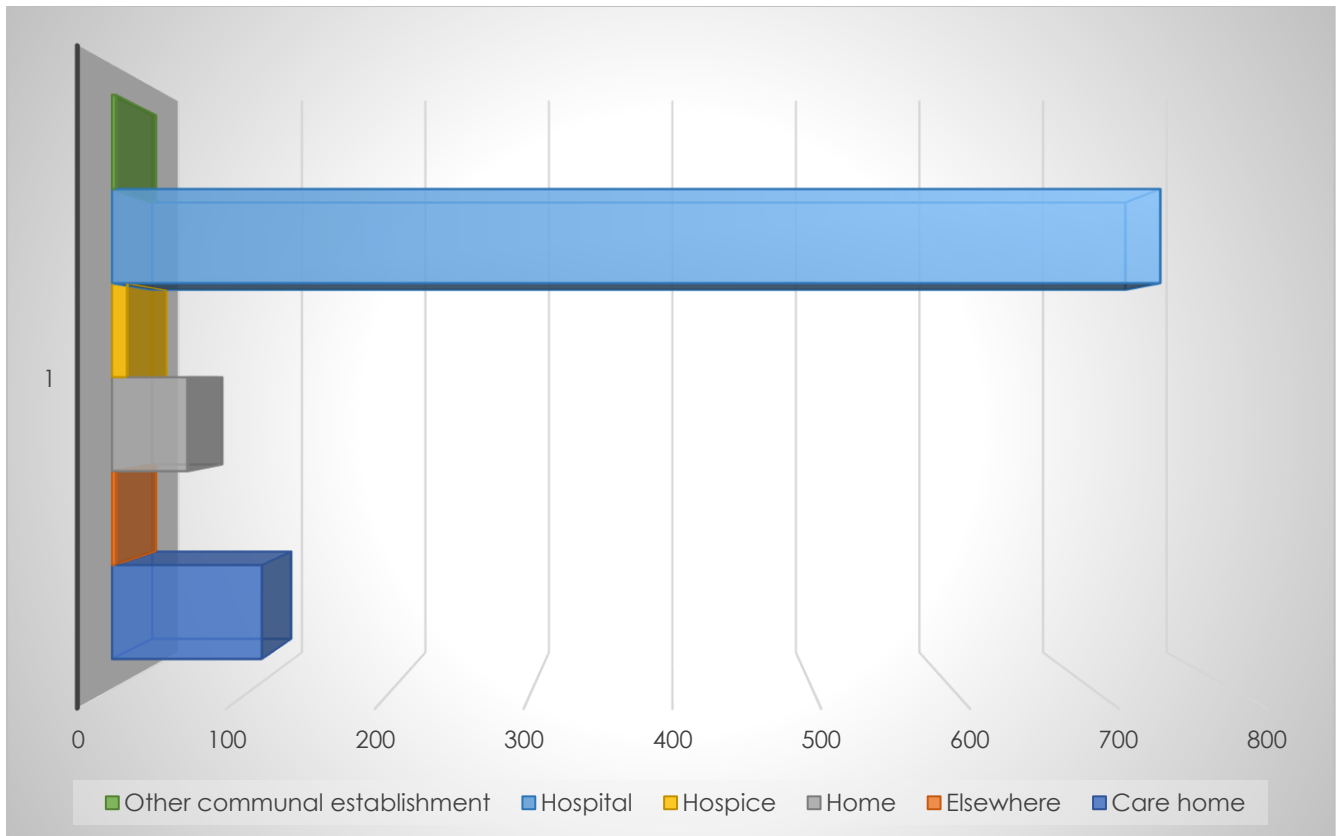
6

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/datasets/deathregistrationsandoccurrencesbylocalauthorityandhealthboard>

7

<https://app.powerbi.com/view?r=eyJrIjoia0GE1YTZlODItYzA2Ni00MmUxLTkyZjQtYjk3OTg0ZmYwMTlyliwidCI6ImE1NWRjYWI4LWNINjYtNDVIYS1hYjNmLTUyYmMyYjA3YjVhYjYj>

Chart 1



	Care home	Elsewhere	Home	Hospice	Hospital	Other communal establishment
2020	62	2	29	5	508	2
2021	45	1	25	6	240	1
Total	107	3	54	11	748	3

Weekly deaths from Covid in the whole community are set out in the following table:

Table 1

Week Ending	Deaths		
	Hospital	Care Home	Other locations ⁸
2020			
20-Mar	4	0	0
27-Mar	13	0	0
03-Apr	45	3	1
10-Apr	47	10	2
17-Apr	46	11	1
24-Apr	27	2	7
01-May	8	6	2
08-May	14	2	2
15-May	8	4	1
22-May	2	0	0
29-May	3	2	0
5-Jun	0	2	0
12-Jun	0	0	0
19-Jun	0	0	0
26-Jun	0	1	0
3-Jul	0	0	0
10-Jul	0	0	0
17-Jul	1	0	0
24-Jul	0	0	1
31-Jul	0	0	0
7-Aug	0	0	0
14-Aug	0	0	0
21-Aug	0	0	0
28-Aug	0	0	0
4-Sep	1	0	0
11-Sep	0	0	0
18-Sep	1	0	0
25-Sep	3	0	0
2-Oct	2	0	0
9-Oct	3	1	0
16-Oct	2	0	0
23-Oct	6	1	0
30-Oct	16	0	1
6-Nov	18	0	2
13-Nov	17	0	1
20-Nov	16	0	0
27-Nov	23	1	3
4-Dec	22	3	1
11-Dec	30	1	0
18-Dec	45	1	1
25-Dec	37	5	4

Continued overleaf

⁸ Per ONS: Deaths at Home, in the Hospice, in other Communal Establishments and "Elsewhere"

Week Ending	Deaths		
	Hospital	Care Home	Other locations
2021			
01-Jan	48	6	8
08-Jan	39	5	5
15-Jan	56	10	8
22-Jan	42	10	8
29-Jan	29	7	3
5-Feb	20	3	2
12-Feb	14	1	3
19-Feb	13	2	1
26-Feb	9	2	0
5-Mar	4	1	1
12-Mar	8	0	0
19-Mar	1	1	0
26-Mar	3	1	0
2-Apr	0	1	0
9-Apr	1	0	0
16-Apr	0	0	0
23-Apr	0	0	0
30-Apr	0	0	0
7-May	0	0	0
14-May	0	0	0
21-May	0	0	0
28-May	0	1	0
4-Jun	0	0	0
11-Jun	0	0	0
18-Jun	0	0	0
25-Jun	0	0	0
2-Jul	1	0	0
9-Jul	0	0	0
16-Jul	0	0	0
23-Jul	1	0	0

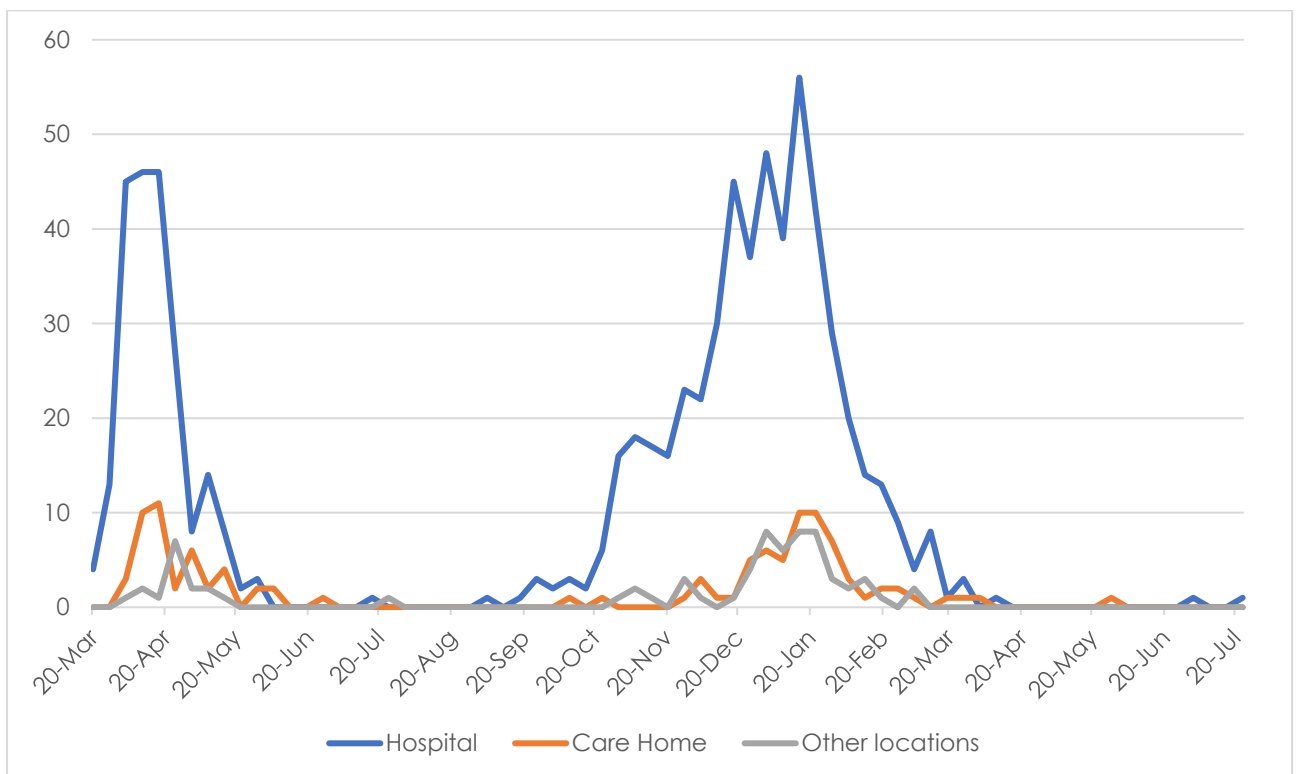
Key: No deaths = 1-9 deaths = 10-19 = 20 or more =

Inevitably, the greatest number of deaths occurred in hospital, with peaks at the outset of the pandemic in April 2020 and again at the height of the second wave in December 2020 and January 2021. In both peak periods, the number of deaths was related to the level of infection in the community; however, although the number of infections rose again from June 2021 (and significantly during the couple of weeks before 19 July), the number of deaths remained very low, with just 2 in the same period. It was also noteworthy that the number of deaths in care homes was much lower - in only four of the 71 weeks under review, did the number of deaths reach 10 or (for one week) 11. Deaths outside hospital

or a care home setting never reached more than 8 per week (in the second wave). In 22 weeks, no deaths in which Covid featured were recorded at all.

The chart below shows the weekly death rate data for Havering over the period in question:

Chart 2



Rates of infection (per 100,000 population)

For comparison purposes, the rate of infection per 100,000 of an area's population is taken. Absolute numbers per area are of no use, as the populations of each area vary so widely, and it would therefore be pointless to compare the actual numbers of infections - areas with a relatively low population but a high number of infections would simply appear more heavily infected.

The table that follows shows the weekly rates of infection per 100,000 in Havering, the whole of London and all England; also shown is the rate of infections per 100,000 for the area that had the highest rate of infection in the country that week, and the identity of that area⁹.

Table 2

Date ¹⁰	Havering	London	England	Most infected (MI)	Name of MI area (and region)
2020					
03-Jul	2.7	2.6	6.0	111.2	Leicester (East Midlands)
17-Jul	5.0	3.6	6.3	114.6	Leicester (East Midlands)
24-Jul	7.3	4.4	6.8	58.7	Leicester (East Midlands)
31-Jul	4.6	5.4	7.5	70.8	Blackburn with Darwen (North West)
07-Aug	6.2	6.2	8.3	78.0	Oldham (North West)
28-Aug	14.3	11.6	11.7	71.7	Pendle (North West)
04-Sep	20.8	14.9	17.0	50.6	Oldham (North West)
11-Sep	31.2	20.6	26.7	170.4	Bolton (North West)
18-Sep	28.9	20.0	37.1	203.0	Bolton (North West)
25-Sep	42.4	33.9	56.6	231.6	Bolton (North West)
02-Oct	60.9	60.5	101.3	529.4	Manchester (North West)
09-Oct	86.7	91.5	153.9	918.3	Nottingham (East Midlands)
16-Oct	110.6	101.6	158.9	645.0	Knowsley (North West)
23-Oct	151.0	140.3	212.5	756.2	Blackburn with Darwen (North West)
30-Oct	193.0	144.0	225.0	729.0	Blackburn with Darwen (North West)
06-Nov	264.7	149.7	239.2	710.2	Oldham (North West)
13-Nov	342.9	191.5	270.3	754.0	Kingston-upon-Hull (Yorks. & The Humber)
20-Nov	354.1	176.6	214.7	528.4	Swale (South East)
27-Nov	273.5	151.9	155.8	553.0	Swale (South East)
04-Dec	361.0	181.5	148.9	599.7	Swale (South East)
11-Dec	582.9	291.9	192.1	690.3	Medway (South East)

Continued overleaf

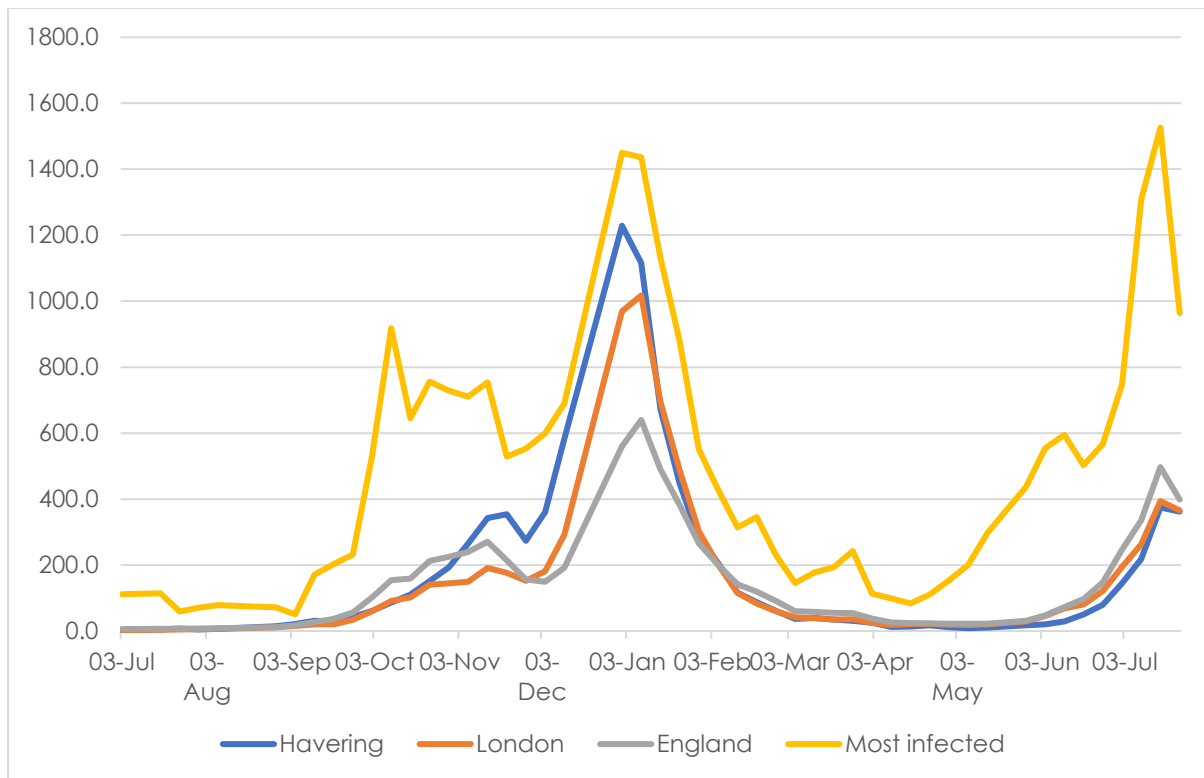
⁹ From LBH website - https://www.havering.gov.uk/downloads/file/4038/coronavirus_in_havering

¹⁰ Note: data for a few dates is missing but that makes no material difference

Date	Havering	London	England	Most infected (MI)	Name of MI area (and region)
2021					
01-Jan	1228.7	969.4	559.4	1450.0	Thurrock (East of England)
08-Jan	1115.8	1017.1	639.8	1436.3	Newham (London)
15-Jan	673.0	696.0	490.0	1132.0	Knowsley (North East)
22-Jan	447.7	488.5	382.2	878.9	Knowsley (North East)
29-Jan	282.0	302.4	265.8	551.5	Knowsley (North East)
05-Feb	206.9	202.1	200.5	429.3	Corby (East Midlands)
12-Feb	116.4	115.8	141.3	314.3	Corby (East Midlands)
19-Feb	87.0	83.0	119.0	345.0	Corby (East Midlands)
26-Feb	60.9	60.2	90.6	229.9	Corby (East Midlands)
05-Mar	36.6	41.5	60.4	145.8	Barnsley (Yorks. & The Humber)
12-Mar	39.3	38.9	58.2	177.1	Kingston-upon-Hull (Yorks. & The Humber)
19-Mar	35.1	34.6	55.1	193.2	Barnsley (Yorks. & The Humber)
26-Mar	31.2	35.8	54.1	242.3	Corby (East Midlands)
02-Apr	24.7	25.5	37.9	113.5	Doncaster (Yorks. & The Humber)
09-Apr	12.7	18.3	26.3	98.8	Mansfield (East Midlands)
16-Apr	13.1	21.2	24.1	83.5	Luton (East of England)
23-Apr	17.7	22.3	23.6	110.4	Selby (Yorks. & The Humber)
30-Apr	11.9	19.5	22.4	153.0	Hyndburn (North West)
07-May	8.9	18.5	21.7	199.4	Erewash (East Midlands)
14-May	10.8	20.1	22.3	297.7	Bolton (North West)
28-May	17.0	28.5	30.6	436.2	Blackburn with Darwen (North West)
04-Jun	20.4	45.7	47.1	554.5	Blackburn with Darwen (North West)
11-Jun	28.9	68.3	72.4	594.5	Blackburn with Darwen (North West)
18-Jun	50.5	80.8	96.9	503.0	Blackburn with Darwen (North West)
25-Jun	79.8	121.4	147.5	566.4	Hyndburn (North West)
02-Jul	144.1	193.8	246.1	747.1	Tamworth (West Midlands)
09-Jul	218.4	262.5	335.2	1308.2	South Tyneside (North East)
16-Jul	374.5	394.3	496.8	1526.8	Redcar & Cleveland (Yorks. & The Humber)
23-Jul	361.8	365.4	399.0	963.2	Redcar & Cleveland (Yorks. & The Humber)

The following chart brings the data in the table into a single illustration.

Chart 3



Although there were times when Havering’s infection rate exceeded those of both London as a whole and England, for most of the period Havering’s rate was broadly aligned with them.

The “most infected” areas varied from week to week as the course of the pandemic ebbed and flowed; the majority were in the Midlands or Northern England, although for a time that dubious distinction was shared by areas in Kent (Swale and Medway) and on one occasion each by near neighbours of Havering, Thurrock and Newham.

It is noteworthy that the third wave that began in June 2021 peaked sooner than the second wave in December 2020/January 2021; although the most infected area in the third wave had a higher rate than in the second wave, the rates for Havering, London and England were considerably lower than both the most infected area of that wave and their own rates in the second wave. Evidence available at the time of writing suggested that the third wave was receding.

The following map sets illustrate:

- The spread of infection in England (per 100,000 population)
- The spread of infection in London (per 100,000 population)
- The rate of deaths in London (per 100,000 population)

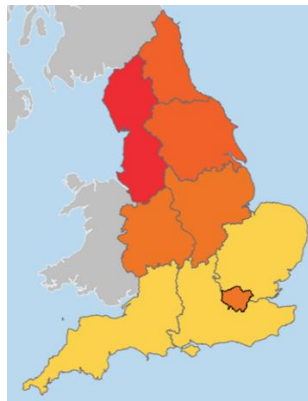
over the period from 26 October 2020 ¹¹ until 18 July 2021. The precise definitions of the colour ranges vary from week to week, so the maps are not directly comparable with one another. In general, however, green indicates a low level of infection/death, rising through olive to yellow, then orange, with red indicating the highest level of infection/death. Again, rates of infection (and deaths) are given based on per 100,000 population.

¹¹ These maps were first included in the bulletins on 26 October. They had been produced by the LGA before then but were not used for the purposes of the bulletins.

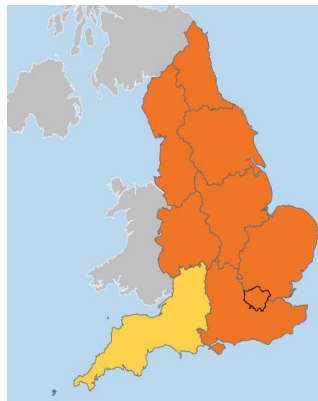
The spread of infection in England (per 100,000 population) ¹²

The first three maps depict English regions, the remainder individual boroughs and districts.

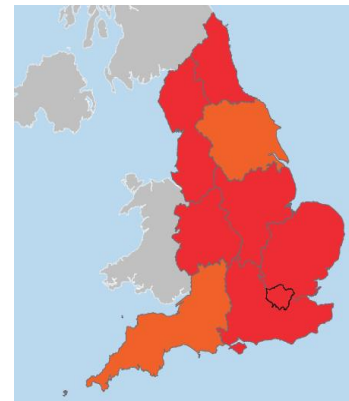
Map set 1



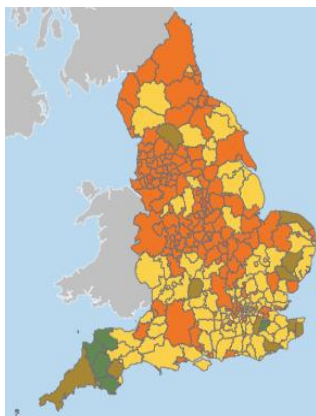
26 October 2020



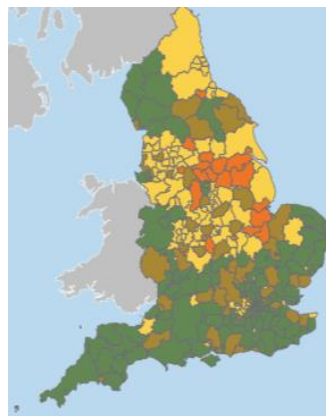
6 December 2020



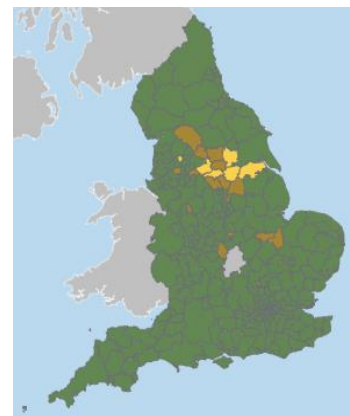
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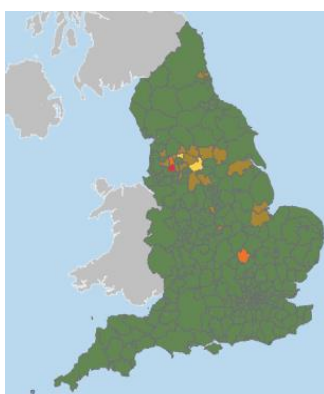
14 February 2021



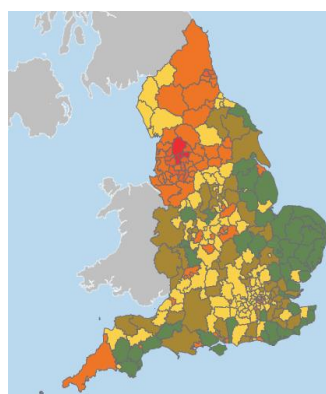
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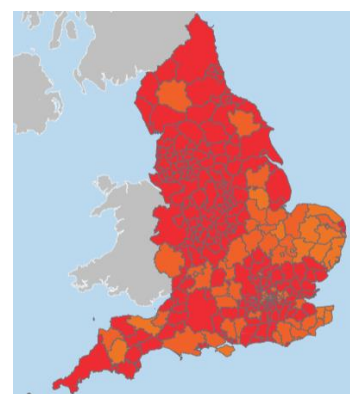
25 April 2021



16 May 2021



20 June 2021



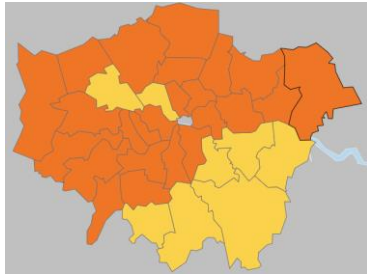
18 July 2021

The spread of infection in London (per 100,000 population)

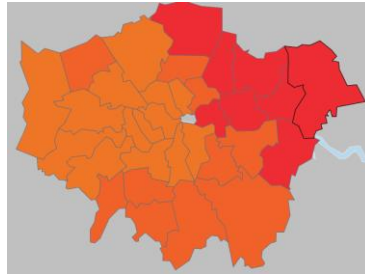
¹² This, and the following two map sets, are taken from LGA website - https://lginform.local.gov.uk/reports/view/lga-research/lga-research-report-Covid-rolling-weekly-tracker?mod-group=AllLalnRegion_London&mod-type=namedComparisonGroup

Note: In some weeks, data for Inner London was not available.

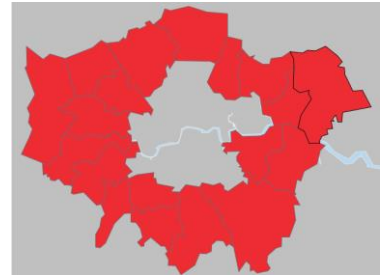
Map set 2



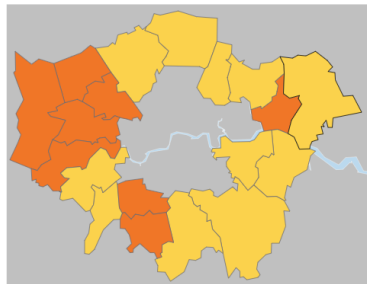
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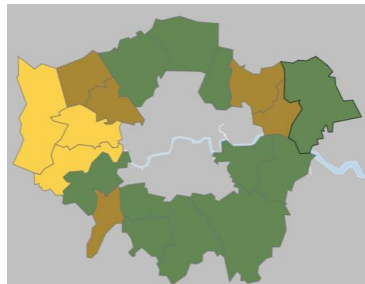
6 December 2020



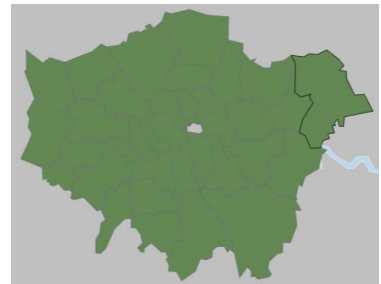
5 January 2021



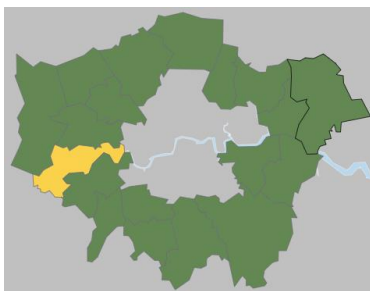
14 February 2021



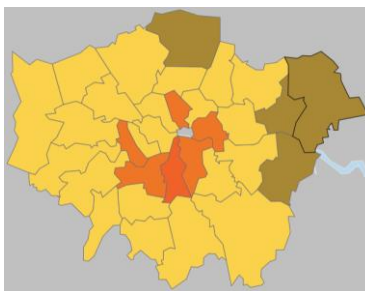
21 March 2021



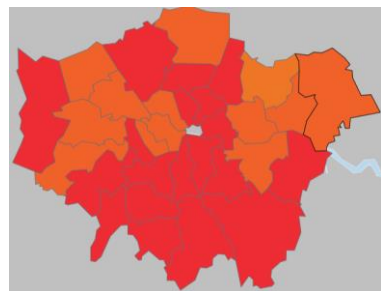
25 April 2021



16 May 2021



20 June 2021

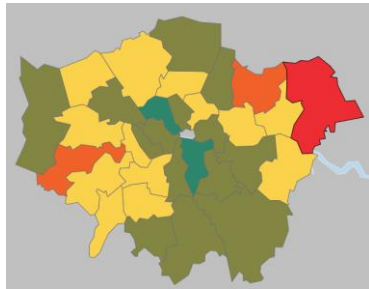


18 July 2021

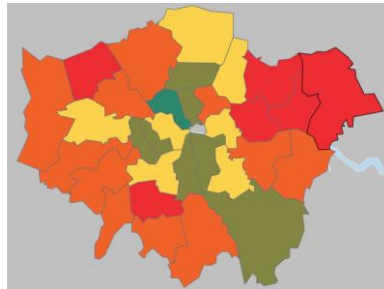
The rate of deaths from Covid in London (per 100,000 population)

Note: In some weeks, data for Inner London was not available.

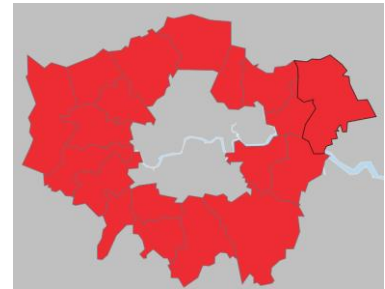
Map set 3



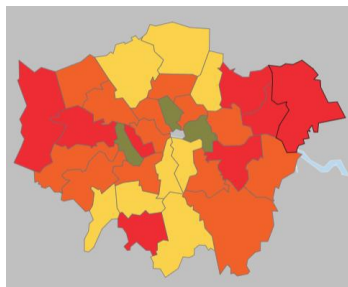
26 October 2020



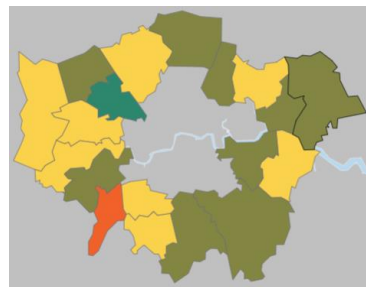
6 December 2020



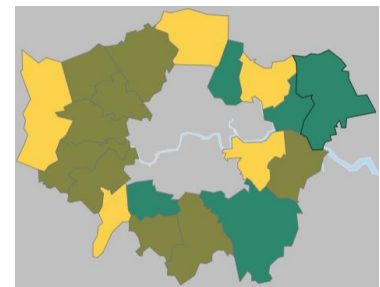
5 January 2021



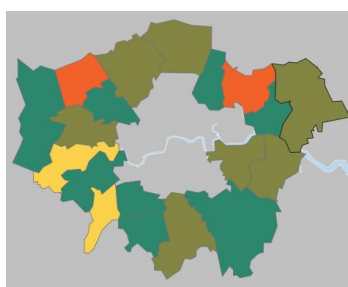
27 February 2021¹³



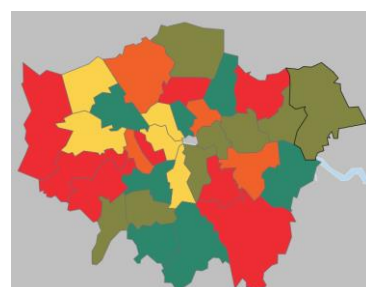
21 March 2021



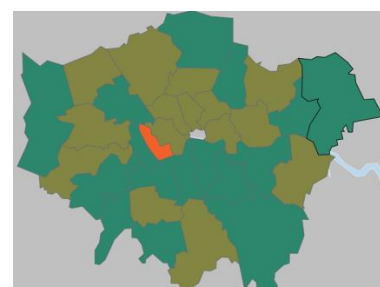
25 April 2021



16 May 2021



20 June 2021



18 July 2021

¹³ Data for earlier in February was not available on a comparative basis for this Map set

Treatment in hospital

Significant percentages of those who contracted Covid during the pandemic were admitted to hospital, primarily because of difficulty in breathing that went on in many cases to require supported ventilation. As the pandemic progressed, medical interventions became more successful in treating people and the rate of death progressively fell.

The population of Havering is served principally by two hospitals, both managed by BHRUT: Queen’s Hospital, Romford and King George Hospital, Goodmayes (which is in the London Borough of Redbridge). These hospitals also serve the London Borough of Barking & Dagenham and the Boroughs of Brentwood and Epping Forest and take other patients from a wider hinterland of Essex and North East London. As noted earlier, BHRUT’s published statistics combine figures for both hospitals and do not differentiate between residents of Havering and those from other areas.

It is nonetheless useful to include in this review some statistics relating to the treatment of Covid. Although BHRUT published details weekly, they were presented as “snapshots” of the position on Wednesday of each week rather than weekly. The following table shows the reported numbers of (a) Inpatients with confirmed Covid; (b) Inpatients newly diagnosed in the previous 24 hours and (c) the number of patients receiving critical care¹⁴, starting in November 2020:

Table 3

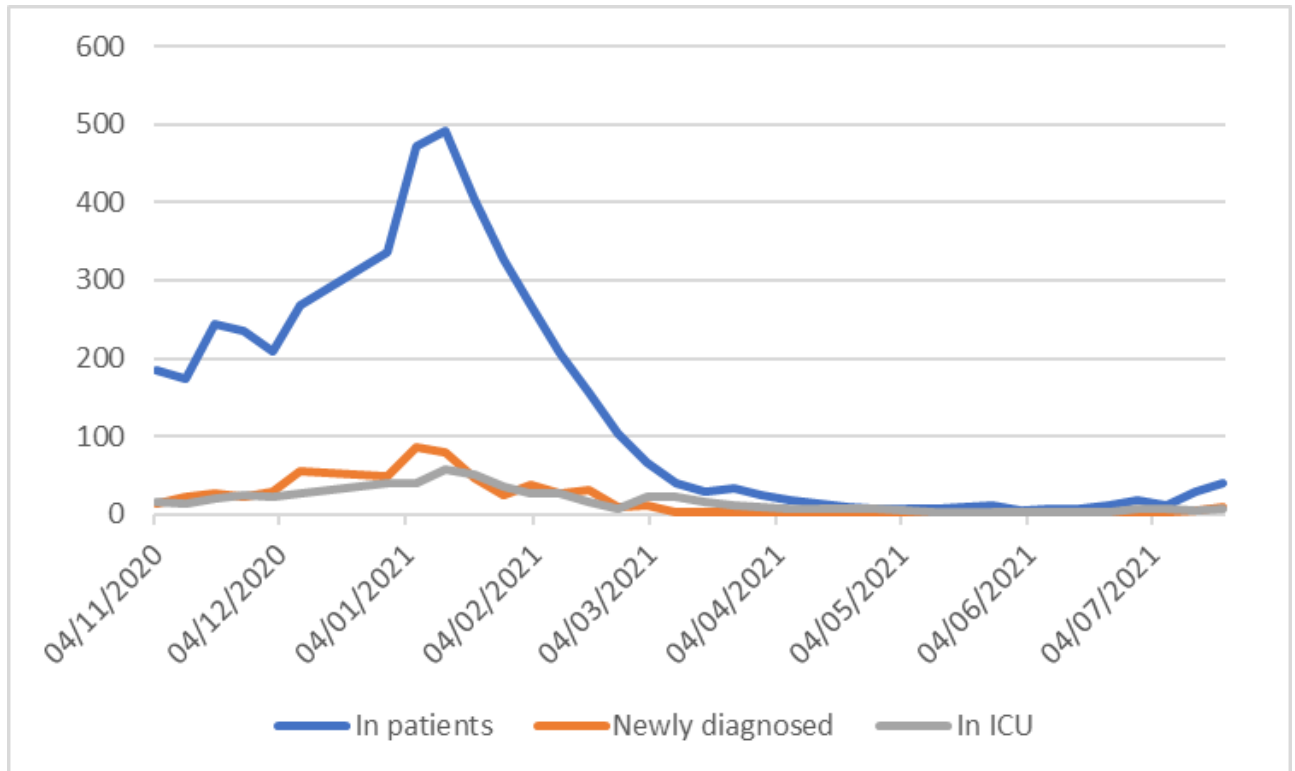
Date	In patients	Newly diagnosed	In ICU
2020			
04-Nov	184	13	17
11-Nov	174	23	13
18-Nov	245	27	20
25-Nov	235	22	24
02-Dec	208	29	22
09-Dec	268	56	26
30-Dec	336	48	40

¹⁴ Note: data for a few dates is missing but that makes no material difference; these statistics were first used in the bulletins from Wednesday 4 November 2020

Date	In patients	Newly diagnosed	In ICU
2021			
06-Jan	471	86	41
13-Jan	492	79	57
20-Jan	404	46	51
27-Jan	327	25	36
03-Feb	269	39	27
10-Feb	206	27	28
17-Feb	156	31	17
24-Feb	103	9	8
03-Mar	66	12	23
10-Mar	41	2	23
17-Mar	29	4	17
24-Mar	33	3	12
31-Mar	24	4	10
07-Apr	19	1	8
14-Apr	13	1	8
21-Apr	9	1	7
28-Apr	8	0	7
05-May	7	1	6
12-May	7	0	4
26-May	11	0	3
02-Jun	5	0	3
09-Jun	7	1	2
16-Jun	8	0	3
23-Jun	12	2	4
30-Jun	18	2	7
07-Jul	11	2	8
14-Jul	29	6	5
21-Jul	41	9	7

The following chart brings the data in the table into a single illustration.

Chart 4



In the period to 21 July 2021, a total of 1,637 patients died in BHRUT hospitals having tested positive for Covid in the past 28 days but 5,084 patients had recovered and were discharged.

Vaccination rates

Havering's demographics are significantly different to those of other boroughs, both in North East London and in Greater London as whole. The borough has the highest proportion of people from a white ethnic background and the highest number of people aged over 50 of any of the London boroughs.

The take-up of Covid vaccination in Havering was significantly greater than elsewhere in both East London and Greater London but broadly in line with England as the following table¹⁵ shows:

Table 4

Number and percentage of people vaccinated in London and England: 8 December to 25 July 2021

Vaccination 1st Dose								
Age group	Havering		East London		London		England	
	Number	%	Number	%	Number	%	Number	%
18-24	12,100	58.5%	100,932	46.4%	456,252	49.0%	3,154,825	60.1%
25-29	10,492	57.5%	124,209	51.6%	548,828	54.3%	2,665,479	59.9%
30-34	12,605	61.2%	142,620	52.8%	601,240	54.5%	3,017,230	63.5%
35-39	14,045	68.2%	135,004	56.9%	578,178	57.7%	3,103,805	68.8%
40-44	13,925	75.0%	122,127	64.1%	553,224	63.8%	3,100,854	75.1%
45-49	13,905	70.8%	106,948	70.4%	510,659	70.0%	3,245,530	81.1%
50-54	15,721	86.3%	102,886	75.5%	503,535	75.1%	3,633,105	86.0%
55-59	15,827	88.7%	91,405	78.6%	461,077	78.2%	3,607,771	88.5%
60-64	13,946	89.9%	74,546	81.0%	370,997	80.7%	3,118,564	90.4%
65-69	11,195	91.2%	56,005	83.6%	284,810	83.2%	2,668,360	92.3%
70-74	11,640	93.1%	46,845	86.8%	252,500	86.3%	2,713,380	94.5%
75-79	8,380	94.1%	31,920	87.7%	177,951	87.5%	1,982,723	95.5%
80+	12,582	94.5%	46,343	87.7%	253,656	87.4%	2,654,459	95.3%
Total	166,363	77.6%	1,181,790	63.5%	5,552,907	65.4%	38,666,085	78.2%

Vaccination 2nd Dose								
Age group	Havering		East London		London		England	
	Number	%	Number	%	Number	%	Number	%
18-24	3,674	17.8%	30,076	13.8%	144,065	15.5%	971,214	18.5%
25-29	4,215	23.1%	45,117	18.7%	211,878	21.0%	1,046,599	23.5%
30-34	6,146	29.9%	68,211	25.3%	303,272	27.5%	1,541,814	32.4%
35-39	9,368	45.5%	88,574	37.3%	394,344	39.3%	2,089,752	46.3%
40-44	11,407	61.5%	96,121	50.5%	452,368	52.2%	2,585,723	62.7%
45-49	12,528	72.8%	90,797	59.7%	447,093	61.3%	2,928,167	73.2%
50-54	15,018	82.4%	94,247	69.2%	465,488	69.4%	3,463,556	81.9%
55-59	15,255	85.5%	84,761	72.9%	429,499	72.8%	3,464,665	85.0%
60-64	13,537	87.3%	70,120	76.2%	351,198	76.4%	3,019,587	87.5%
65-69	10,949	89.2%	53,679	80.1%	274,052	80.1%	2,617,133	90.6%
70-74	11,502	92.0%	45,446	84.2%	245,422	83.9%	2,676,622	93.2%
75-79	8,284	93.0%	30,970	85.1%	173,143	85.2%	1,957,448	94.3%
80+	12,342	92.7%	44,691	84.5%	244,910	84.4%	2,600,002	93.4%
Total	134,225	62.6%	842,810	45.3%	4,136,732	48.7%	30,962,282	62.6%

¹⁵ Taken from <https://coronavirus.data.gov.uk/details/download> via [https://www.havering.gov.uk/download/downloads/id/4038/coronavirus in havering](https://www.havering.gov.uk/download/downloads/id/4038/coronavirus%20in%20havering)

Effect on the public

As noted earlier, the pandemic came upon an unsuspecting world in less than three months at the end of 2019 and the first months of 2020. By March of that year, it was clear that something was happening that few, if any, people understood but which had profound implications across the world. By and large, people accepted that it was a new circumstance, largely unprecedented, and that the response to it would have to evolve rather than come as a ready packed solution.

People understood and accepted that public services would be disrupted for an indefinite period; two lengthy periods of lockdown (including school closures) were ample evidence that it would take a long time for life to return to “normal”.

In the NHS and social care services, many staff at all levels from care assistant to senior consultant were lost to the infection, particularly in the initial period while treatments for the disease were having to be devised from scratch by trial and error. That, and the need to ensure that services were not overwhelmed while preserving as many lives of those infected with Covid as possible, meant that many routine procedures had to be sacrificed - at the cost of great personal suffering for many of the patients whose courses of treatment were interrupted, often indefinitely - and that general practice was also interrupted.

Medical and other healthcare professionals found themselves having to provide care for Covid sufferers at the same time as dealing with the normal round of ailments and injuries that result from daily life. People were generally reluctant to be thought to be complaining or “making a fuss” when there were others whose circumstances were much worse than theirs.

But people did turn to the Healthwatch network, and to Healthwatch Havering, for advice and support in many ways. It soon became clear that, while some GP practices remained nearly fully operational, others

were effectively closed, open only for limited purposes^{16,17}. Although there are 45 dental practices in Havering, a survey undertaken in November 2020¹⁸ revealed that only four were actively accepting new NHS patients - and by the time of writing, their capacity to help had been exhausted and no practice in Havering appeared to be able to accept any new patient.

The response to the pandemic led to numerous changes in the way that patients interact with GPs and other healthcare professionals. Most practices rapidly introduced triaging techniques to screen patients so that only those requiring to be seen by a GP were referred to one - patients not requiring a GP were referred to other healthcare professionals, including pharmacists. GP consultations were carried out online rather than face-to-face and, in some cases, patients were asked to provide photographs of injuries or other external signs to aid diagnosis. Although this worked for most patients, it soon revealed patients who were digitally excluded, either through a lack of suitable equipment or connectivity, or their inability to use digital equipment (or both).

In many cases these changes in approach could have been better communicated to patients rather than imposed, often without notice or much (if any) explanation.

The concentration of hospital resources on dealing with Covid infections inevitably resulted in routine hospital treatments and procedures being curtailed. As a result, waiting lists grew enormously.

Healthwatch Havering became aware of many cases where the contact between the patient and the relevant healthcare professional was less than ideal and, in other circumstances, would have warranted formal complaints. Some of these cases are highlighted as case studies in the report on access to GP practices (see footnote 17 on page 18).

These dislocated services were accepted as an inevitable consequence of the pandemic, and mitigated by unprecedented support from central

¹⁶ Review of Havering GP practices' websites, November 2020 – Healthwatch Havering

¹⁷ Review of patients' access to Havering GP practices, May 2021 – Healthwatch Havering

¹⁸ Dental Services in Havering, October 2020 – Healthwatch Havering

and local authorities and individual members of the public, to ensure for example that people who were required to shield themselves from the risk of infection by remaining at home at all times were able to receive deliveries of food and medicine, and that care homes were supplied with suitable personal protective equipment (PPE) for both staff and residents (PPE having been in very short supply at first as demand for it grew to extraordinary levels). As the risk from the pandemic now begins to subside - following the extraordinarily effective national vaccination programme - it will be important to ensure that the service disruptions that resulted from it are addressed and services return to normal, though that will take a little time.

Conclusions

It will doubtless be many years before definitive conclusions will be possible about the course of the pandemic. Could things have been differently handled? Should lockdown have been imposed more quickly? Should better arrangements have been made to secure personal protective equipment? Was the Test & Trace system fit for purpose?

It is not the purpose of this review to provide answers to those and the many other questions that could be posed - if, indeed, they can be answered at all.

Rather, the objective has been to present some relevant statistics in an easily understandable format to provide some indication of the course of the pandemic in Havering and its wider context in England as a whole.

Covid and care homes

As noted earlier, a major concern during much the pandemic was to protect the residents of care homes. Although, initially, care home residents who happened to be in hospital as the pandemic expanded were returned to their care home (if medically fit to be discharged) - with the result that Covid became prevalent in many homes - it later became a priority to keep residents safe, to the extent that face-to-face visits inside care homes by residents' relatives¹⁹ were effectively prohibited until not long before 19 July.

Havering has one of the largest numbers of care home residents in London - around 1,400 beds are available - but the rate of deaths from Covid in them was lower than nationally - around 0.04%, against an average of 0.05% nationally.

This suggests that Havering's care homes collectively were able to provide greater levels of protection against Covid than others elsewhere. Indeed, only three care homes experienced more than 10 deaths (and two of those were participants in a scheme whereby care home residents

¹⁹ After a period of near total isolation, care homes were able to arrange for relatives to see residents through windows, often using shelters known as "pods" - far from ideal but much better than no contact at all

were temporarily placed in isolation following discharge from hospital), 10 homes had only one death and 15 homes did not experience any deaths at all²⁰.

Havering Council, in conjunction with the (then) Havering CCG, NELFT and BHRUT, established a scheme for ensuring that care home resident patients discharged from hospital could be placed in an intermediate care home, where special arrangements were made for minimising the risk of spreading any possible Covid infection before they returned to their original care home. This scheme certainly contributed to the relatively lower level of mortality among care home residents.

Covid and disabled people

Healthwatch Havering participated in a survey carried out on behalf of NHS North East London by the eight Healthwatch organisations in North East London that sought to ascertain how disabled people had been affected by the Covid pandemic²¹.

The survey found that although 41% of respondents had used the internet to stay informed about Covid, another 32% were digitally excluded and had to rely on other means of communication and 15% were unable to access written information, perhaps because of sight impairment or learning disability or a preference for oral communication for cultural reasons. Yet the effect of lockdown was to severely restrict means of communication other than the internet. Havering respondents told the survey:

- “There should be more use of telephone access for enquiries, as people wish to speak to a person. Being vision impaired, websites and social media platforms are not easy to access and use. Older people have enough to deal with their sight loss and don't want a battle to find information.”

²⁰

<https://app.powerbi.com/view?r=eyJrIjoieG1YTZlODItYzA2Ni00MmUxLTkyZjQtYjk3OTg0ZmYwMTIyIiwidCI6ImE1NWRjYWl4LWNINjYtNDVIYS1hYjNmLTUyYmMyYjA3YjVhYjY5>

²¹ Because we all care: Voices of disabled residents and Covid 19 – Healthwatch North East London, July 2021

- “The accessible information standard is not being applied in many health settings. Despite filling a form in at my GP surgery they had no record of my preferred format and kept sending me letters which I cannot read.”
- “My consultant was aware of my deafness but still contacted me via TELEPHONE on the day of my appointment (was only notified of switch to telephone a few days prior) - no consideration for Accessible Information Standards and no response to the email I had sent that morning to advise and explain the situation.”
- “Appointments are either being cancelled at the last minute, or changed to a telephone appointment; my mum, who is my carer, has to deal with it. Some appointment would be good to keep as telephone, but vagus nerve stimulation clinic and dental must be face to face. I was also referred to the Eye Clinic at Queen’s Hospital, and my appointment was then changed to telephone, which was useless.”

Lockdown also highlighted the problems faced by disabled people in getting their existing conditions attended to - the (inevitable and understandable) refocussing of most the NHS on Covid had a serious deleterious effect on the health and wellbeing of many people but especially on disabled people. At the time of writing, the indications were that recovery would take a long time as the NHS struggled to deal with ever-lengthening waiting lists in numerous medical disciplines.

The survey outcome suggests that disabled people were more adversely affected by the pandemic than were the elderly (especially those who resided in care homes).

Variations: National, and in London

One of the surprising features of the course of the pandemic in England has been the great variation in infection and death rates both nationally and within London over the period under review. Clearly many variable factors play into the spread of a pandemic and how it recedes, and the numbers and locations support the view that there is no easy explanation. The data in Table 1 and illustrated in Map sets 1 and 2 confirms that.

Nationally, at one point or another, most English Regions found themselves with the most infected areas (MIA); only the South West of England was, relatively, unscathed with no MIA at any time. That said, both Greater London and the West Midlands contained the MIA only once each, and the East of England twice. The North East and South East both contained the MIA on four occasions each but the northern regions of Yorkshire and the Humber (8), East Midlands (11) and North West (19) seem to have been affected disproportionately. It would be easy to assert that the latter three areas are unduly deprived or disadvantaged economically, and/or more densely populated, especially when compared to London and the South East, but those characteristics are also shared by the North East, and to a lesser extent, the East of England, which are among the areas less affected by infection.

In London, Havering found itself either the most affected²² borough or one of several most affected boroughs on several occasions, sharing that distinction with its neighbours Redbridge and Barking & Dagenham on a few occasions. Again, there is no obvious reason for that - Havering has a larger proportion of elderly people than other parts of London but is much less densely populated (even allowing for the fact that about 50% of the borough is in the green belt and therefore sparsely populated)

It is worth noting that there has been no obvious reason why Havering (or its neighbours, Barking & Dagenham and Redbridge) should have experienced higher rates of infection or deaths than other parts of London. Havering is not as densely populated as other parts of London and its demographics are different from most boroughs, and although it does have a larger elderly population than any other part of London, their levels of deprivation tend to be lower than elsewhere.

Vaccination

The vaccination programme has been much more successful in Havering than in either the other boroughs of East London or Greater London as a

²² In terms of both numbers of residents infected, and people dying of Covid.

whole, although it is broadly in line with the whole of England. As with rates of infection and deaths, there is no obvious explanation for the greater take up of vaccination in Havering beyond observing that the demographics of the borough are closer to those of England generally than other parts of London.

The future

It is clear at the time of writing that the pandemic has far from run its course. The rise in infections that began in May, however, appeared to have peaked in mid-July and by early August had fallen appreciably - Havering's rate fell from 375/100,000 to 255/100,000 between 16 and 30 July²³ - and, more significantly (unlike in the earlier stages of the pandemic), there was so far no discernible link between the rate of infections and the rate of deaths.

On July 19, most restrictions on personal behaviour imposed to defeat the pandemic in England were lifted (other parts of the UK worked to slightly different parameters), with the remaining restrictions likely to be lifted over the coming weeks.

The vaccination programme had been relatively successful, and most cases of people hospitalised with Covid infection appeared to be of those who had not been vaccinated. Although there was no room for complacency - the risk of infection remained (even for those vaccinated) - experience suggested that once a pandemic had passed its peak, it became endemic, a factor in daily living but posing a relatively low risk. No one knows when - or indeed, if - the Covid pandemic would do the same, but it seems more likely than not that it will.

²³ The national rate for Most Infected Area similarly fell from 1527/100,00 in Redcar & Cleveland on 16 July to 717/100,000 in Lincoln on 30 July

Acknowledgements

This review would not have been feasible without the work of a vast number of people, most of whom are unlikely ever to read it!

Nonetheless, it is entirely appropriate to record thanks to them:

- The million plus employees of the NHS, who bore the brunt of the fight against Covid
- The supremely dedicated managements and staff of care homes, nursing homes and domiciliary care agencies who have supported those unable to care for themselves throughout the pandemic
- The Registrars of Births, Marriages and Deaths, and their staffs, who had to deal with numerous bereaved families registering untimely deaths that resulted from the pandemic and who contributed to the statistics produced weekly by the ONS
- The staff of the ONS who analysed the Registrars' returns and compiled the weekly statistics with unerring accuracy
- The staff of the Local Government Association who analysed ONS and other statistics to produce, almost daily, the statistics and maps referred to in the text of this review showing the spread of the disease, almost in real time
- The compilers of other statistics referred to
- And the membership of Healthwatch Havering, whose interest and concern for the spread of the disease prompted the bulletins without which this review would not have been possible

Participation in Healthwatch Havering

Local people who have time to spare are welcome to join us as volunteers. We need both people who work in health or social care services, and those who are simply interested in getting the best possible health and social care services for the people of Havering.

Our aim is to develop wide, comprehensive and inclusive involvement in Healthwatch Havering, to allow every individual and organisation of the Havering Community to have a role and a voice at a level they feel appropriate to their personal circumstances.

We are looking for:

Members

This is the key working role. For some, this role will provide an opportunity to help improve an area of health and social care where they, their families or friends have experienced problems or difficulties. Very often a life experience has encouraged people to think about giving something back to the local community or simply personal circumstances now allow individuals to have time to develop themselves. This role will enable people to extend their networks, and can help prepare for college, university or a change in the working life. There is no need for any prior experience in health or social care for this role.

The role provides the face to face contact with the community, listening, helping, signposting, providing advice. It also is part of ensuring the most isolated people within our community have a voice.

Some Members may wish to become **Specialists**, developing and using expertise in a particular area of social care or health services.

Friends Network

Participation in the Healthwatch Havering Friends Network is open to every citizen and organisation that lives or operates within the London Borough of Havering. The Friends Network enables its members to be kept informed of developments in the health and social care system in Havering, to find out about Healthwatch activities and to participate in surveys and events

Interested? Want to know more?



Call us on **01708 303 300**

email enquiries@healthwatchhaverling.co.uk

To join the Healthwatch Havering Friends Network,
[click here](#) or contact us as above



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