

**City Integrated Commissioning Board**  
Meeting in-common of the  
City and Hackney Clinical  
Commissioning Group and the City of  
London Corporation

**Hackney Integrated Commissioning Board**  
Meeting in-common of the  
City and Hackney Clinical  
Commissioning Group and the London  
Borough of Hackney

### City & Hackney Local Outbreak Board

**Joint Meeting in public of the two Integrated Commissioning Boards and the  
Community Services Development Board on  
Thursday 8 October  
09:00-09.50  
Microsoft Teams**

[Join Microsoft Teams Meeting](#)

**Chair – Cllr Christopher Kennedy**

Item no.	Item	Lead and purpose	Documentation type	Page No.	Time
1.	Welcome, introductions and apologies	Chair	Verbal	-	09:00
2.	Declarations of Interests	Chair <i>For noting</i>	Paper	-	
3.	Minutes of the previous meeting	Chair <i>For approval</i>	Paper	2-6	
4.	Questions from the Public	Chair	None	-	
5.	Papers for discussion <ul style="list-style-type: none"> <li>- Covid-19 Update</li> <li>- Local Outbreak Control Plan Update</li> <li>- Health Protection Board Update</li> <li>- Finance Update</li> <li>- Track &amp; Trace Funding</li> </ul>	Chair <i>For noting</i>	Papers	7-15 16-24  25-32  33-37 38	

**Date of next meeting:**

**12 November, Format TBC**



City and Hackney  
Clinical Commissioning Group

**Meeting-in-common of the Hackney Integrated Commissioning Board**  
(Comprising the City & Hackney CCG Integrated Commissioning Committee and the London Borough of Hackney Integrated Commissioning Committee)

and

**Meeting-in-common of the City Integrated Commissioning Board**  
(Comprising the City & Hackney CCG Integrated Commissioning Committee and the City of London Corporation Integrated Commissioning Committee)

and

**Community Services Development Board**  
(Comprising system colleagues from across the City & Hackney geographic area)

**Integrated Commissioning Board – Local Outbreak Board Session**

**Minutes of meeting held in public on 10 September 2020**  
**Microsoft Teams**

**Present:**

**Hackney Integrated Commissioning Board**

Hackney Integrated Commissioning Committee

Cllr Christopher Kennedy	Cabinet Member for Health, Adult Social Care and Leisure (ICB Chair)	London Borough of Hackney
Cllr Anntoinette Bramble	Cabinet Member for Education, Young People and Childrens' Social Care	London Borough of Hackney
Cllr Rebecca Rennison	Cabinet Member for Finance, Housing Needs and Supply	London Borough of Hackney

City & Hackney CCG Integrated Commissioning Committee

Dr. Mark Rickets	Chair	City & Hackney CCG
Jane Milligan	Accountable Officer	City & Hackney CCG
Honor Rhodes	Governing Body Lay member	City & Hackney CCG

**City Integrated Commissioning Board**

City Integrated Commissioning Committee

Randall Anderson QC	Chairman, Community and Children's Services Committee	City of London Corporation
Ruby Sayed	Member, Community & Children's Services Committee	City of London Corporation
Marianne Fredericks	Member, Community and Children's Services Committee	City of London Corporation

**In attendance**

David Maher	Managing Director	City & Hackney CCG
Denise D'Souza	Director of Adult Social Care	London Borough of Hackney

Diana Divajeva	Principal Public Health Analyst	London Borough of Hackney
Helen Fentimen	Member, Community & Childrens' Services Sub-Committee	City of London Corporation
Henry Black	CFO	NE London Commissioning Alliance
Ian Williams	Group Director, Finance and Corporate Services	London Borough of Hackney
Jake Ferguson	Chief Executive Officer	Hackney Council for Voluntary Services
Jonathan McShane	Integrated Care Convenor	City & Hackney CCG
Jon Williams	Executive Director	Healthwatch Hackney
Laura Sharpe	CEO	City & Hackney GP Confederation
Matthew Knell	Head of Governance & Assurance	City & Hackney CCG
Paul Coles	General Manager	Healthwatch City of London
Philip Glanville	Mayor	London Borough of Hackney
Richard Fradgley	Director of Integrated Care	ELFT
Dr. Sandra Husbands	Director of Public Health	London Borough of Hackney
Simon Cribbens	Deputy Director, Community and Childrens' Services	City of London Corporation
Stella Okonkwo	Integrated Commissioning Programme Manager	City & Hackney CCG
Sunil Thakker	Director of Finance	City & Hackney CCG
<b>Apologies – ICB members</b>		
<b>Other apologies</b>		
Andrew Carter	Director, Community & Children's Services	City of London Corporation
Anne Canning	Group Director, Children, Adults and Community Health	London Borough of Hackney

## **1. Welcome, Introductions and Apologies for Absence**

- 1.1. The Chair, Randall Anderson, opened the meeting, and it was noted that he was acting as Chair in place of Cllr Kennedy. The ICB for the first 30 minutes was operating in its capacity as the Local Outbreak Board.
- 1.2. Apologies were noted as listed above.

## **2. Declarations of Interests**

- 2.1. Jake Ferguson noted that the Hackney Council on Voluntary Services managed some of the community support around the test & trace program.

## 2.2. The **City Integrated Commissioning Board**

- **NOTED** the Register of Interests.

## 2.3. The **Hackney Integrated Commissioning Board**

- **NOTED** the Register of Interests.

## 3. **Questions from the Public**

- 3.1. There were no questions from members of the public.

## 4. **Planning Local Contact Tracing**

- 4.1. Dr. Sandra Husbands introduced the paper. She noted that since the last meeting, there had been a change in policy at the national level – including the creation of a new national agency – NHS Test and Trace. There was also a “local first” approach to contact tracing.
- 4.2. Our approach to contact tracing varied slightly between City and Hackney due to the differences in resident profile and population size. The contact tracing teams would also be supported by the specialist public health teams. Whilst we didn’t have a specific “go live” date yet, it would likely be within the next week.
- 4.3. Helen Fentimen asked how the public would become involved in the local contact tracing service. Sandra Husbands responded that we were working up a comms campaign to support this. However we did not want the comms campaign to pre-empt the readiness of the teams to go fully live; we were yet to work through all the details of the City-based element of the service.
- 4.4. One of the measures we would be adopting would be a test to pre-warn people that they were due to receive a call from contact tracers as evidence showed this made people more likely to answer the call.
- 4.5. Randall Anderson stated that he was confused by the figures suggesting that 30% of people do not engage with contact tracers. He asked if we could reach these people via their GP practices. Sandra Husbands responded that some areas had done this, however what made people most receptive to answering contact tracing calls was if they were pre-notified that they were due to receive a call.
- **Jon Williams offered support from Healthwatch Hackney on testing comms regarding contact tracing before they go out to residents.**
- 4.6. Honor Rhodes raised the suggestion that we may be able to note Orthodox Judaism as a specific identity on future reports as this would better reflect our population diversity, but acknowledged this may not be possible due to national guidelines on data collection.
- 4.7. Sandra Husbands also added that we would not find it acceptable for individuals to say that they would notify their contacts themselves. People would be encouraged to engage directly with Test & Trace as we could then be assured that everyone had the correct public health message.
- 4.8. We were still trying to identify an appropriate location for the testing site in the City of London. Most earlier identified sites were not considered appropriate.

4.9. Marianne Fredericks stated that young people were getting tired of inconsistent messaging. Sandra Husbands responded that she agreed some messaging had not been clear and had appeared to be contradictory, which was not a trivial concern due to the increase in infections. Even though for the majority of people covid-19 was not a serious illness, that was also true for diseases such as flu and measles. We needed to make sure that people, therefore, were as protected from infection as possible whilst enabling life to continue on as normal as much as possible.

4.10. The City Integrated Commissioning Board

- **NOTED** the report.

4.11. The Hackney Integrated Commissioning Board

- **NOTED** the report.

***The Chair, with the agreement of members, extended the Local Outbreak Board Session by 30 minutes to consider the remainder of the reports.***

## **5. Covid-19 Intelligence Presentation**

5.1. Diana Divajeva introduced the report. She noted that the majority of infections were amongst the 20-40 age group. However, cases had been coming down in Hackney and we were now in line with the national average.

5.2. Cllr Kennedy asked how we could increase the level of testing in areas where there was low uptake. Sandra Husbands responded that we were confident that people knew how to access tests but there were some issues with other messaging.

**5.4 The City Integrated Commissioning Board**

- **NOTED** the report.

**5.5 The Hackney Integrated Commissioning Board**

- **NOTED** the report.

## **6. Local Outbreak Control Plan**

6.1. This was submitted for information, however Sandra Husbands stated that the section on local lockdowns had been updated.

## **7. Finance update**

7.1. Item submitted for information.

## **8. Incident Management Team Update**

8.1. Sandra Husbands introduced the paper. There had been an outbreak in Hackney since July, and we have gone through a process of risk identification in order to put in procedures to manage the outbreak.

8.2. Infection rates were down overall however there were some falls which were very drastic and this was therefore concerning. We were working with community groups who were part of the incident management team. It was important to work with religious leaders and community leaders who could support us by taking messages into the community in order to enable people to adhere to social distancing guidance.

8.3. We did not currently have a cost for the amount we were spending on overtime and additional comms. There may come a point soon when we needed additional staff to backfill posts, particularly if there was a second peak.

- **A budget projection for additional costs likely to be incurred by a second peak to be submitted to the next Local Outbreak Board meeting.**

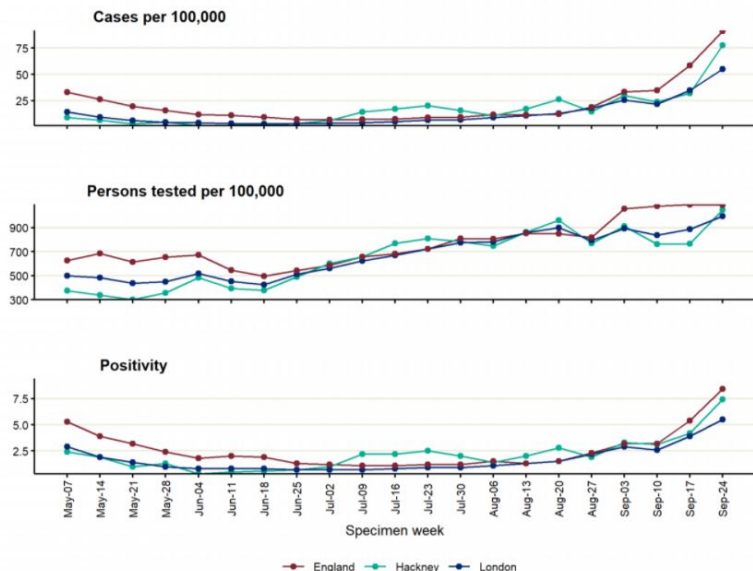
8.4. Concerns were raised that some people may be not engaging with the test and trace system because they would be forced to self-isolate and this would mean missing work and losing wages.

# **Hackney COVID-19 update for the City and Hackney Integrated Commissioning Board**

Prepared by the City and Hackney Public Health Intelligence Team  
6 October 2020

# Hackney's incidence rate has more than doubled in the last week of available data to 78 cases per 100,000 population

Incidence, testing and positivity rates in Hackney, by specimen date (May 5 to September 30 2020)\*



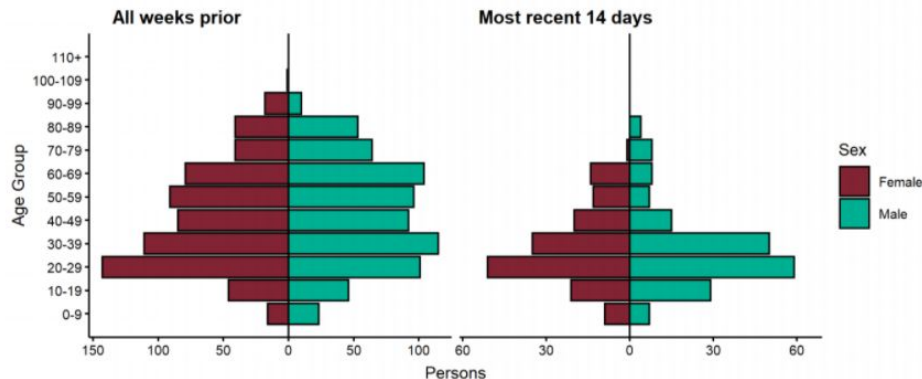
Data source: Public Health England. \*4 most recent days subject to reporting delay. May 5th starting point due to expansion of testing from this time.

- Incidence, testing, and positivity rates in Hackney are lower than in England overall, but higher than the London average.
- The latest seven-day incidence is now more than double that seen last week, at 78 per 100,000 between 24 and 20 September versus 32 per 100,000 population between 17 and 23 September. This rate leaves Hackney in the containment framework's area of intervention category (incidence over 50 per 100,000).
- After a decrease in overall testing rates in mid-september, testing in Hackney has returned to the levels seen nationally and regionally.
- In the most recent fortnight (21 September to 4 October) Pillar 2 testing rates increased to 1,245 per 100,000, and Pillar 1 rates remained around 527 per 100,000.
- Significantly more positive cases are being detected in comparison with recent weeks. In the week ending 30 September, 7.5% of tests returned positive results, compared to 4.0% in the week ending 23 September. This varied by pillar, with 4.3% of Pillar 1 tests 8.3% of Pillar 2 tests returning positive results in the fortnight ending 4 October and



# While young adults are continuing to see the highest number of fortnightly cases, increasingly more cases are being diagnosed among older age groups

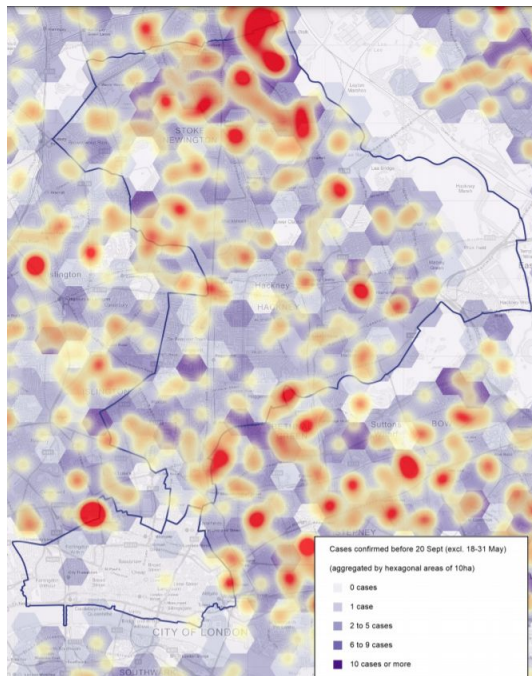
Cumulative and the last fortnight confirmed COVID-19 cases in Hackney, by age (6 March to 20 September and 21 to 4 October)



- Populations aged 20 to 39 in Hackney have seen the highest number of newly diagnosed cases
- However, while populations aged 18 and under, and 65+ have seen sustained levels of COVID-19 cases since mid-July. We are seeing increasingly more cases diagnosed among older age groups
- This is worrying as the severity of COVID-19, the likelihood of being admitted to hospital as well as the likelihood of death increases with age.
- In the most recent fortnight (21 September to 4 October), a higher total number of cases have continued to be recorded among males than females. This trend is especially seen among young adults

# New Covid-19 cases are being identified across Hackney, though the north of the borough has continued to see the highest concentration of clusters

Distribution of COVID-19 cases in City and Hackney between 20 September and 3 October

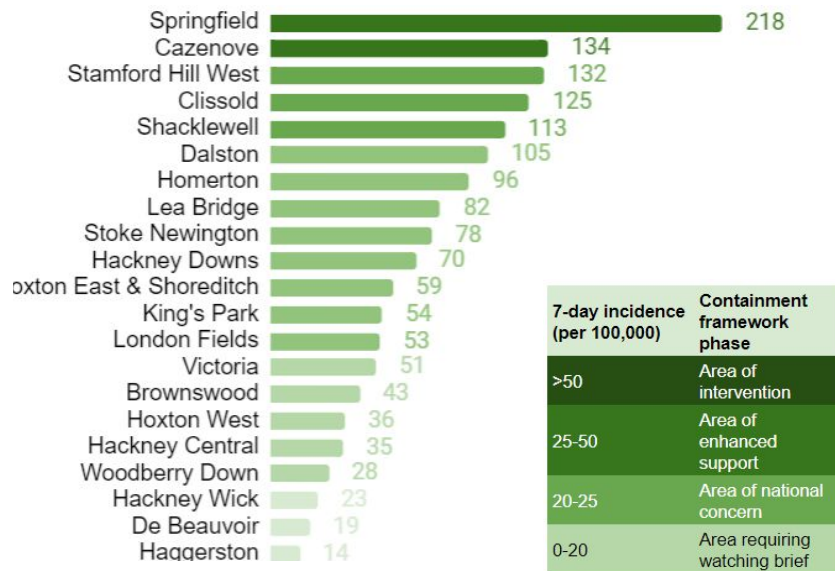


- New COVID-19 cases are now dispersed across the borough.
- In the most recent fortnight (21 September to 4 October), 57% of cases were considered to be individual cases, and 19% of cases were considered to be in residential clusters\*.
- The north and extreme south of the borough are seeing the highest density of clusters.
- Springfield was the ward with the highest number of household clusters registered in the fortnight between 21 September and 4 October, with six clusters registered in the E5 postcode area and four in the N16 postcode area.
- Postcode areas with the highest number of household clusters in this fortnight were:
  - N16 - nine clusters
  - E5 - eight clusters
  - E8 and E9 - four clusters each

Data source: Public Health England. \*25% unknown UPRN

# 14 of Hackney's 21 wards have incident rates exceeding 50 per 100,000, which warrants intervention according to the containment framework

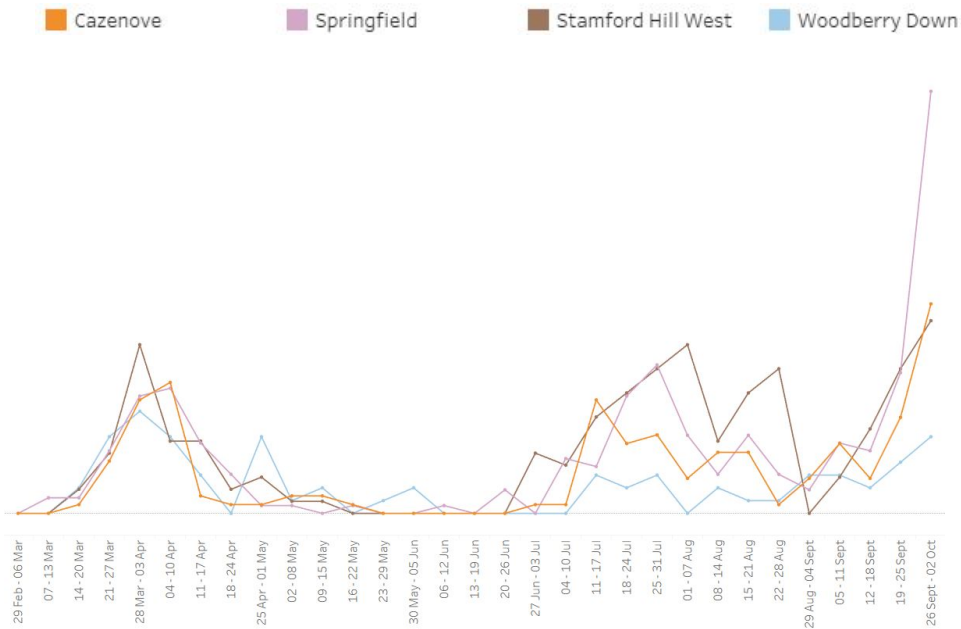
Rate of COVID-19 per 100,000 per week in most recent 7 day period with complete data in Hackney (September 24 to 30)



- All but two of Hackney's 21 wards (De Beauvoir and Haggerston) have seven-day incidence rates in the most recent week of available data (24 and 30 September) that warrant some degree of action according to the containment framework:
  - 14 wards fall into an area of intervention category.
  - Four wards fall into the area of enhanced support category.
  - One fall into an area of national concern category.
- In the previous week of available data (17 to 23 September), no wards recorded more than 10 cases. Between 24 and 30 September, 10 wards recorded more than 10 cases

# In the most recent week of complete data, Springfield recorded a seven-day incidence rate three times the rate seen in early April

Trend in COVID-19 seven-day incidence rates by ward (29 February to 2 October 2020)



- In Stamford Hill West, Springfield, Cazenove, and Woodberry Down, the first spike in incidence rates was seen in early April.
- After a drop in the number of new Covid-19 cases reported between May and June, another spike came in line with an easing of lockdown restrictions.
- In the last week of complete data (26 September to 2 October), all four wards have seen an increase in cases recorded per 100,000 population. This increase has been most notable in Springfield where the incidence rate rose from 103 per 100,000 between 19 and 25 September, to 309 per 100,000 between 26 September and 2 October
- Springfield latest incidence rate is more than three times the rate of 92 cases per 100,000 recorded between 4 and 10 April. However, this April rate was based almost entirely on Pillar 1 testing.
- Cazenove and Stamford Hill West have also seen higher incidence rates in the last week of available data than during the first peak in April.

# An upward trend is observed in the number of weekly suspected Covid-19 cases and related 111 calls

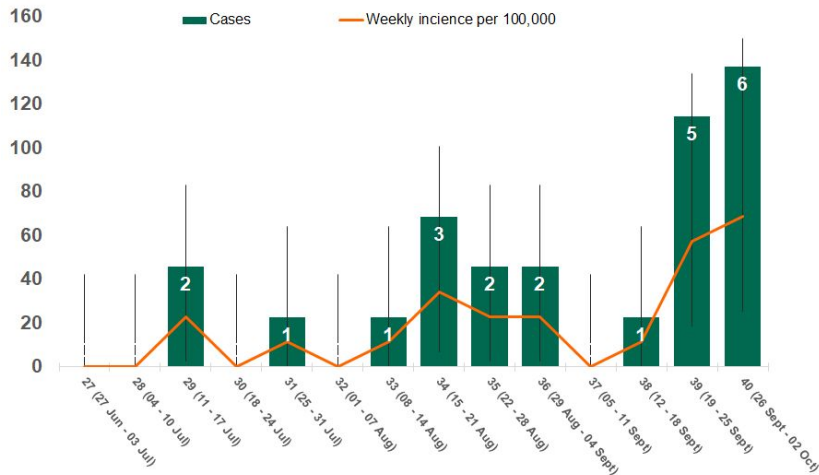
Weekly number of suspected COVID-19 cases, COVID-related 111 calls, and staff absences in City and Hackney (8 August to 4 October 2020)



- Several indicators are shown to be predictive of a coming increase in hospital admissions and intensive case admissions, as well as deaths from COVID-19, these include:
  - The number of suspected COVID-19 cases
  - COVID-related 111 calls
  - COVID-related staff absences
- Since the beginning of September, levels of all three indicators have risen in City and Hackney
- In the recent week a reduction has been noted for all these indicators.
- There has been no significant increase in the rate of COVID-19 admissions and deaths in City and Hackney so far.

# The number of new cases and the positivity rates in the City of London have been increasing over the past two weeks

Number of new COVID-19 cases and the incidence rate (27 June to 2 October 2020)\*



- 11 new COVID-19 cases have been registered in the City of London in the fortnight ending 4 of October - this is about 27% of the total cases so far (41).
- All of the 11 cases were detected in Pillar 2, bringing the fortnightly Pillar 2 positivity rate to 14.7%.
- The overall positivity rate in the City of London to date is 2.4% (2.1% in Pillar 1, 2.7% in Pillar 2).
- The incidence rates are not a robust measure for the City of London because the absolute numbers are relatively small.
- The chart on the left presents the variation in the number of cases and the incidence rate starting July; confidence intervals indicate that there were no significant differences in the incidence rates throughout this period.

Data source: Public Health England. \*4 most recent days subject to reporting delay.

# Supplement slide: thresholds for outbreak response

**LONDON** COVID-19 CONTAINMENT AND ESCALATION FRAMEWORK

## LONDON REGION PHASED APPROACH TO OUTBREAK RESPONSE

Epidemic Level	Borough - Incidence 7-day cases per 100,000	Phase	Key interventions	Priority LA actions	Priority Regional Actions	Priority National Actions
<b>1A</b>	0 - 20	Areas requiring watching brief	<b>Business as usual</b> Testing and Contact tracing Community outreach and support Mass media campaigns Reinforce prevention messaging	Responsible Accountable	Responsible Accountable Consulted Informed	Informed
<b>1B</b>	20 - 25	Areas of national concern	<b>All of the above plus:</b> Increase MTU access Widen Testing and screening options Targeted campaigns Strengthen CT activity Community Outreach	Responsible Accountable Consulted	Responsible Accountable Consulted Informed	Informed Consulted
<b>2</b>	25 - 50	Areas of enhanced support	<b>All of the above plus:</b> Reintroduce epidemic controls Close settings driving epidemic Mandatory masks Restrict social contacts Restrict religious gatherings	Responsible Accountable Consulted Informed	Responsible Accountable Consulted Informed	Responsible Consulted Informed ?Accountable
<b>3</b>	>50	Areas of intervention	<b>All of the above plus:</b> Consider local lockdown Target intervention dependent upon drivers	Responsible Accountable Consulted Informed	Responsible Accountable Consulted Informed	Responsible Accountable Consulted Informed



<b>Title of report:</b>	COVID-19 Local Outbreak Control Plan update
<b>Date of meeting:</b>	8 October 2020
<b>Lead Officer:</b>	Sandra Husbands, Director of Public Health
<b>Author:</b>	Kiran Rao, LOCP Project Manager
<b>Committee(s):</b>	Local Outbreak Control Board
<b>Public / Non-public</b>	Public

### Executive Summary:

The purpose of the report is to provide a summary of key areas of development/progress in relation to the Local Outbreak Control Plan. This paper therefore provides a summary of considerations in relation to:

- testing
- local contact tracing
- care settings
- schools and educational settings
- community grants and community champions programme
- communications
- Hackney Incident Management Team
- NEL Incident Management Team
- finance

Please note that outbreak management planning is covered in the Health Protection Board update.

### Recommendations:

The **City and Hackney Local Outbreak Control Board** is asked to **NOTE** the report

The **City Integrated Commissioning Board** is asked:

- To **NOTE** the report;

The **Hackney Integrated Commissioning Board** is asked:

- To **NOTE** the report;
- To **APPROVE** the contract management arrangements as set out in the report.

### Strategic Objectives this paper supports [Please check box including brief statement]:

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	<input type="checkbox"/>	
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Deliver proactive community based care closer to home and outside of institutional settings where appropriate		
Ensure we maintain financial balance as a system and achieve our financial plans		
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	<input checked="" type="checkbox"/>	Working collaboratively across the whole system, including the community and voluntary sector (and with local businesses) to respond to the local impact of the Coronavirus pandemic
Empower patients and residents	<input checked="" type="checkbox"/>	Empowering patients, residents, communities and staff with knowledge and understanding about how to reduce the risk of COVID-19, prevent/reduce the spread of infection and how to respond in the event of a possible/suspected outbreak

#### **Specific implications for City**

Local contact tracing: Operational and training considerations of the service integrating EHO personnel.

Information on other areas is contained in the main report

#### **Specific implications for Hackney**

Local contact tracing: Customer service centre staff have been trained, and more will need to undertake training as numbers increase. Operational considerations, including overtime are required to provide evening and weekend service.

Information on other areas is contained in the main report

#### **Patient and Public Involvement and Impact:**

Local contact tracing: Patients are called for contact tracing purposes but also to connect them with the Welfare Line if needed. This can help support on a range of issues that might make maintaining isolation difficult or impossible, especially for vulnerable or socially isolated individuals.

Information on other areas is contained in the main report

**Clinical/practitioner input and engagement:**

Local contact tracing: The public health team is providing extensive support in the initial phase of operation. Managerial staff will need to take an increasingly independent role, although the COVID-19 inbox will be available along with consultant support when needed.

Information on other areas is contained in the main report

**Communications and engagement:**

Communications continue to focus on meeting the objectives of the LOCP- in particular, preventing and mitigating the spread of COVID-19 to save lives, communicating openly and honestly with key stakeholders, and working with the community to develop capacity to support testing and contact tracing locally. This includes the continued reinforcement of the prevention messages (hands, face, space, etc.) on various channels, amplifying government messages and supporting the work of the GLA and London Councils. In addition, there is ongoing work on specific communications related to key areas of work, with key stakeholders, including the public, care homes and local contact tracing.

**Equalities implications and impact on priority groups:**

Local contact tracing: COVID-19 is understood to have disproportionately frequent and severe effects on specific high risk groups, who may be the least likely to be contacted by the national NHS Test and Trace team. The local service offers an opportunity to address this inequality both directly, by contacting harder to reach individuals at higher risk, and indirectly by contributing to the national and global fight against the virus.

**Safeguarding implications:**

All contact tracing staff undertake mandatory safeguarding training, before being able to access the national database to make calls.

**Impact on / Overlap with Existing Services:**

Local contact tracing: Numbers are not expected to exceed current capacity in the City. In Hackney, it may be necessary to recruit more staff if the numbers of cases continue to increase – particularly if current problems with testing capacity are remedied, leading to a consequent increase in individuals testing positive.

Information on other areas is contained in the main report

## **Main Report**

### **Update Against Key Areas Of The Local Outbreak Control Plan**

#### **Testing**

Developing consistent, reliable national testing capacity across the different routes (Home Testing, Pillar 1 NHS based testing, Regional Test Sites, Local Testing Stations) has continued to encounter a number of challenges in the last month. These include: lack of supplies of reagent; inadequate lab capacity; the recalling of testing kits using the Roche platform; glitches with the national online booking system; and a surge in testing in response to children returning to schools, as well as airlines asking passengers for a negative COVID-19 test to be eligible to fly. The impact of these challenges have been most notably felt in care homes and non CQC registered care settings, where tests have been rationed. It has been difficult to adhere to the asymptomatic testing regime recommended by SAGE and ongoing issues with the portal for booking tests means that many care homes and all non CQC registered settings are not registered on the portal for tests. The GP Confederation care home infection prevention and control support service The GP Confederation post is now supporting all care homes and settings with testing and is escalating issues with the online portal via the COVID-19 testing helpline and the Working Group. Hackney has been able to double the number of Mobile Testing Units and Local Testing Sites have been available in the borough since the beginning of September. Tests available at these sites were capped to 60 a day mid-way through the month, with people who turned up without booking being turned away. However this situation has improved significantly in the last week, with 516 tests being completed at the MTU in Stamford Hill and the 2 LTS' now in operation 7 days a week 08:00 to 20:00. Public Health are presently in discussions with the Department of Health and Social Care and Deloitte to identify a testing site in the City for Mobile Testing Unit or a Local Testing Station.

#### **Local contact tracing service**

The existing NHS Test and Trace system currently reaches around 65% of individuals testing positive for COVID-19 in City and Hackney. A local contact tracing service has been developed aiming to close the gap left by the national service (the remaining 35% of individuals in Hackney and 29% in the City of London), in order to provide guidance on isolation and identify their close contacts for follow up.

Design of the new system began on 1<sup>st</sup> September, with support from the public health team and Public Health England (PHE). A final meeting took place with PHE on 19<sup>th</sup> September to confirm operational readiness, and the service launched on 22<sup>nd</sup> September. The service operates separate systems for the City and Hackney.

### **Hackney:**

- Training of initially six members of staff from the Customer Service Centre, providing coverage 09.00-20.00 Mon-Fri, 09.30-18.00 Saturday-Sunday.
- Daily data from PHE is received by Public Health Intelligence Team (PHIT), processed, and passed securely to the contact tracing team for follow up.
- The details of uncontactable cases are matched with Council records (e.g. Council tax) to ensure that we have correct/up to date contact information.
- SMS messages are sent prior to the call to people with mobile numbers, to increase the likelihood of people answering the phone.
- 5-10 call attempts are made over 48 hours
- Calls provide basic advice on self-isolation, obtain information on contacts (for follow up with contacts by NHS Test and Trace), signpost residents to the 3111 helpline for further support.
- At present, there is no plan to employ door knocking, based on intelligence from a local Census pilot.

### **City:**

- A team of eight environmental health officers (EHOs) have been trained to deliver contact tracing, alongside their routine duties
- As per Hackney, PHIT provide a daily list for follow up
- 5-10 call attempts will be made over 48 hours
- Calls provide basic advice on self-isolation, obtain information on contacts (for follow up with contacts by NHS Test and Trace) and signpost residents to the City COVID-19 support line, where needed.
- Door knocking may be employed where appropriate.

### **Care homes and non CQC registered settings**

The GP Confederation have been commissioned to deliver a swabbing support service to care homes and other supported living settings, providing ideally weekly asymptomatic testing for CQC registered care home staff and monthly asymptomatic testing for CQC registered care home residents. There is an ongoing disparity between the ability to access tests for CQC registered care homes and for other supported living settings, the latter still not having access to the national portal to book tests for symptomatic staff and residents.

There have been outbreaks in two care homes in Hackney. There have also been several cases in a day care centre. Public health advice has been given to each setting and the locations have been closed to visitors. There are weekly emails to care homes in wards where incidence is greater than 25/100,000 to remind them to take additional COVID secure

measures. These homes are advised to do garden visits only, where possible. There are ongoing discussions at both an NEL and London level about a common approach to care home visiting, in anticipation of a challenging winter of flu-like symptoms.

Flu is a particular concern for residents in receipt of social care and the GP Confederation will be vaccinating staff and residents in care homes for flu. Again, this service is not available to wider supported living settings.

### **Schools and educational settings**

The public health team has produced and recently updated a standard operating procedure for [schools and educational settings](#). The test and trace email ([testandtrace@hackney.gov.uk](mailto:testandtrace@hackney.gov.uk)) has been receiving a range of queries from school staff and parents/carers. The majority of queries are responded to within twenty four hours.

If there are two or more positive cases they are still referred to PHE LCRC. The Department of Education (DoE) is now providing a helpline for all schools, where single cases of COVID-19 can be reported and will be recorded, providing a triage service and activating support locally and regionally where required. We are also encouraging schools to contact Single Points of Contact (SPoCs) and the test and trace email service and are currently managing high volume requests. The DoE is compiling a Power-bi dashboard and we are scoping whether this can give us relatively live information or whether we need to run a local database alongside this.

Schools and early years settings are working with Vaccination UK (to deliver the school based flu programme) and GPs (to deliver flu vaccines to pre-school children).

Public health is making contact with universities that have campuses and/or student accommodation based in Hackney or the City of London, to identify a single point of contact and obtain their outbreak control plans, for approval by the director of public health. A SOP is in development for further and higher education (FE/HE) settings.

### **Community grants and community champions programme**

Hackney CVS are administering a £600k [COVID-19 information grant programme](#) reaching out to VCS organisations across City and Hackney, working with communities disproportionately affected and those who may have barriers to understanding and receiving Public Health messaging. The first bidding round was launched on 21<sup>st</sup> September, to support organisations with reach into communities to carry out messaging and promotion work and to feedback and discuss through agreed reporting routes. Funded organisations will be required to send at least one staff/volunteer to the Community Champions training



and to participate in a monthly Community Insight Forum with Public Health to discuss how the messaging is being received and how it can best be adapted. Initial feedback suggests that organisations are enthusiastic about applying, seeing this as a way to help protect their communities – with some organisations sending staff and volunteers to the VCH Community Champions training.

Volunteer Centre Hackney are working alongside Hackney CVS to train and support volunteer [Public Health Community Champions](#) to help communicate and share key Public Health messages around COVID-19 prevention and the NHS Test and Trace programme. Training is being delivered fortnightly together with Public Health, to include guidance on how best to convey messages in the most effective way, and how to incorporate 'Making Every Contact Count' into conversations. Volunteers, who will be both attached to community organisations in the borough, as well as residents from highlighted communities, are being supported through monthly volunteer forums and are able to contact Public Health via their mailbox. The Champions will have a key role in sharing messages amongst peers, through being trusted sources of information. We have trained 16 Public Health Community Champions so far from a range of voluntary and community groups and they have already been putting their training into effect in the past few weeks. 20 people have booked on to the next training which is scheduled for the 30<sup>th</sup> September.

### **Hackney Incident Management team meetings**

The Incident Management Team (IMT) for the COVID-19 outbreak affecting communities in Stamford Hill and Seven Sisters is a time-limited working group, convened to provide strategic direction; coordination between Haringey and Hackney; and external assurance in order to address the outbreak of COVID-19. The objective of the group is to work across two boroughs to advise the public on how to minimise the risk of COVID-19 and to learn lessons to reduce the risk of further outbreaks. The membership comprises Hackney and Haringey Councils, both constituent CCGs, Hackney GP Confederation, the Homerton hospital, relevant community organisations, and GP practices in Stamford Hill.

The group has met seven times since it was first convened on 21<sup>st</sup> July and it has discussed a range of shared issues: local epidemiology, testing, risk assessments for places of worship, standard operating procedures for COVID-19 guidance for the community, schools and care home outbreaks. A decision was made to continue to meet twice a month, to ensure that actions were taken, to see if these had been effective and to support guidance and risk management for the community around an important festival period. A decision will be taken next month, to see if there is a continued need to meet and at what frequency.





Alongside this, we have intensified communications in Stamford Hill with 250 correx boards on lampposts, a week of action with partners and information distributed to the community partners group. A business engagement event attended by 57 Stamford Hill businesses was held with the Hackney Mayor and Dr. Husbands. Weekly adverts continue to be placed in the local press and regular meetings continue to be held with community partners. Further communications activities include the production of materials, such as a leaflet on self isolating after travel, what to do after a coronavirus test and a poster reminding people to take a face covering with them on leaving the house.

### **NEL Incident Management team meetings**

As elsewhere in London, the majority of north east London (NEL) boroughs are experiencing increasing COVID-19 pressures, from increasing cases alongside significant difficulties with testing capacity. In response to this, with support from PHE London Coronavirus Response Cell (LCRC), a subregional incident management team (IMT) for NEL has been stood up, chaired by the DPH for Waltham Forest and including senior public health representation from all the NEL local authority and NHS colleagues from NEL STP/CCG. The focus of the meetings is to identify shared areas of concern and/or risk, such as testing or school cases/outbreaks, to share learning and practice and to determine a joint course of action to reduce transmission across the subregion. Plans include developing a joint database and carrying out a NEL wide exercise.

### **Communications**

Hackney and the City have worked together on the London-wide 'Keep London Safe' campaign branding materials to create a number of City and Hackney social media assets and posters directed at our residents. These assets have had thousands of impressions on our social media channels. The Mayor of Hackney, Cabinet Member for Health and director of public health produced videos, alongside three community videos, which have had thousands of engagements across our social media channel. Hackney also released an updated version of the [toolkit](#) to community partners. Hackney and the City also supported London Councils placing advertisements on buses across the capital.

Hackney and the City have also been working hard to highlight the importance of the NHS COVID-19 app and related QR codes, which was promoted intensively by the City Corporation across social media. The City Corporation Policy Chair recorded two videos ([1](#), [2](#)), which have received thousands of views across our various channels. In addition, a news release was sent out on the 24<sup>th</sup> September, which received coverage in [City Matters](#). In addition, we have been engaging with vulnerable communities urging them to get a free flu jab, and a news release was sent out on the 25<sup>th</sup> September with coverage in [City Matters](#).



A video recorded by a doctor at the Neaman practice was also shared on social media. The flu jab will be again promoted in the next City Resident magazine.

A 60 site bus poster sized coronavirus poster campaign is currently live across Hackney, this was paired with a double page spread in the most recent edition of Hackney Today, a full page advert in Hackney Today (council publication sent to all homes and businesses). Hundreds of estate specific coronavirus posters are also set to go up on estate notice boards. Alongside this, on the 7<sup>th</sup> September COVID-19 [news stories and blogs](#) were sent out by Hackney Council to local media outlets and shared directly with residents via the twice weekly e-newsletter and social media channels. This resulted in 15 pieces of media coverage across local and regional news. These stories covered outbreak data, testing and localised contact tracing. Specific campaigns include a news release sent out on the 18<sup>th</sup> September on the City and Hackney local contact tracing programme, which gained coverage in [City Matters](#), Hackney Gazette and [My London](#).

## Finance

Hackney has been allocated £3.1m of the total £300m announced by Government to support Local Authorities to develop and action their plans to reduce the spread of the virus in their local area as part of the launch of the wider NHS Test and Trace Service. This funding will enable the local authority to develop and implement tailored local COVID-19 outbreak plans which are agreed by the Health Protection Board. To date, £1.2m has been committed against various outbreak plans.

## Supporting Papers and Evidence:

Supporting papers and evidence linked in report
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<b>Title of report:</b>	COVID-19 Health Protection Board update
<b>Date of meeting:</b>	8 October 2020
<b>Lead Officer:</b>	Sandra Husbands, Director of Public Health
<b>Author:</b>	Kiran Rao, LOCP Project Manager Tamsin Briggs, Public Health programme manager
<b>Committee(s):</b>	Local Outbreak Control Board
<b>Public / Non-public</b>	Public

### Executive Summary:

The purpose of the report is to provide a summary of key issues discussed and decisions made at the City and Hackney COVID-19 Health Protection Board (HPB) in the last month. The paper describes the function and purpose of the HPB and key planning, activity and decisions taken.

The paper describes our efforts and response to:

- outbreak management planning
- local interventions to support cluster outbreaks
- a Cabinet Office visit
- decisions approved and pending

It also contains a sample of working group reports submitted to the HPB on a weekly basis.

### Recommendations:

The **City and Hackney Local Outbreak Control Board** is asked to **NOTE** the report

The **City Integrated Commissioning Board** is asked:

- To **NOTE** the report;

The **Hackney Integrated Commissioning Board** is asked:

- To **NOTE** the report;
- To **APPROVE** the contract management arrangements as set out in the report.

### Strategic Objectives this paper supports [Please check box including brief statement]:

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities		
Deliver proactive community based care closer to home and outside of institutional settings where appropriate		

Ensure we maintain financial balance as a system and achieve our financial plans		
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	<input checked="" type="checkbox"/>	Working collaboratively across the whole system, including the community and voluntary sector (and with local businesses) to respond to the local impact of the Coronavirus pandemic
Empower patients and residents	<input checked="" type="checkbox"/>	Empowering patients, residents, communities and staff with knowledge and understanding about how to reduce the risk of COVID-19, prevent/reduce the spread of infection and how to respond in the event of a possible/suspected outbreak

### Specific implications for City

The Health Protection Board ensures that we are working in partnership to combat COVID-19 locally and that there is multi-agency and multi-disciplinary expert input and action for the City of London.

### Specific implications for Hackney

The Health Protection Board ensures that we are working in partnership to combat COVID-19 locally and that there is multi-agency and multi-disciplinary expert input and action for Hackney.

### Patient and Public Involvement and Impact:

There is no direct patient and public involvement in the Health Protection Board.

### Clinical/practitioner input and engagement:

HPB membership includes clinicians and other practitioners.

### Communications and engagement:

Proactive communications and engagement in relation to the work of the HPB are carried out as part of the local outbreak control plan communications plan, while more reactive communications, e.g. in response to the incident management team actions, is governed by the IMT.

**Comms Sign-off** N/A

### Equalities implications and impact on priority groups:



City and Hackney  
Clinical Commissioning Group

No specific equalities impacts have been identified in relation to the work of the HPB.

**Safeguarding implications:**

n/a

**Impact on / Overlap with Existing Services:**

none

## **Main Report**

### **Background and Current Position**

The purpose of City and Hackney's COVID-19 Health Protect Board (HPB) is to be an effective forum for planning for and delivery of the health protection response to the current pandemic; for prevention and management of local COVID-19 outbreaks; and prevention and mitigation of a second epidemic wave in City and Hackney.

There are regular items brought to HPB and these include national and local intelligence insights and working group updates (testing and local contact tracing, standard operating procedures, care settings and schools). Previous board decisions are covered in the finance update. Members are well represented across City and Hackney and include NHS and school partners, as set out in the HPB ToR (please refer to Appendix 1). The current situation reports focus on high level information, data and testing considerations. In addition, in the past month HPB items have included the following:

- **Outbreak management planning**
  - Completion of an outbreak scenario exercise on the 15th September with 55 participants from the HPB, the testing and local contact system working group and partners. A subsequent draft report circulated to HPB on the 28th September, which describes the learning and includes a SWOT analysis and recommendations. Overall, the exercise was successful and tested our plans, processes and procedures with rigour.
  - Comprehensive mapping of high risk settings (from care settings to schools, community representatives to hospitals) across City and Hackney to support early outbreak management planning.
  - Development of 15 Standard Operating Procedures to support high risk settings including, most recently, Smithfield Market.

- Updating the Local Outbreak Control Plan on the 9th September to reflect the governance structure, local lock down powers and information on declaring and managing an outbreak.
  - An outbreak management resource to support internal understanding and processes of outbreak management.
- **Development of local interventions to support clusters and outbreaks**
    - Review of targeted interventions for a community cluster and outbreak in Stamford Hill, to provide assurance on interventions and partnership work undertaken. This has included high level meetings and round table national discussions with community leaders, DHSC and representatives from MHCLG (Ministry of Housing, Community and Local Government) who lead national work on engagement with the community.
    - Resources to support this work include the production of a [standard operating procedure to support the Stamford Hill community and religious settings](#), in preparation for important cultural events including high holy days. Co-designed with and endorsed by significant community leaders and organisations that carry a lot of weight in the community. We have enhanced partnership working, appropriate communications and enhanced prevention work with Environmental Health colleagues.
- **Cabinet Office visit**
    - In mid September, Cabinet Office visited six London boroughs where spikes in COVID-19 cases had been identified. An internal report has subsequently been circulated to all six participating boroughs, drawing analysis on key issues/themes emerging. The officials spoke positively about Hackney's helpline service; the data management and integration work of the Public Health Intelligence Team, including the COVID dashboard; Borough Emergency Command Centre (BECC); the values driven response of health and social care working together; and long term corporate planning with the CVS.

The round table discussion provided feedback on key issues:

- COVID-19 and food poverty, with exploration of associated impacts and needs on service provision and corporate priorities
- COVID-19 social isolation requirements and considerations for Hackney's population, given its demographic profile
- COVID-19 National Guidance and cultural, social and economic inclusion
- Sub regional working and strategic considerations
- Testing, decision processes from national level, data sharing and contact tracing

### **Decisions approved/pending at HPB**

- Proposal for local contact tracing service approved
- Proposal for VCS grant programme approved
- Proposal for funding for continuation of the community telephone helpline - approved with enhanced KPIs
- Proposal for community communications work approved with enhanced KPI's
- Funding for local communications work and pan London communications approved
- Funding to increase EHO capacity approved
- Proposal to support food provision for shielding residents - pending

### **Supporting Papers and Evidence:**

Weekly updates and reports to HPB

- [City and Hackney intelligence update](#)

Sample of working group papers submitted to HPB

- [Testing and Local Contact Tracing working group report](#)
- [SOP working group report](#)

## **Appendix 1**



## Health Protection Board - Terms of Reference

### City & Hackney COVID-19 Health Protection Board (C19HPB) Terms of Reference

#### Purpose

The C19HPB's purpose is to be an effective forum for planning for and delivery of the health protection response to the current pandemic; for prevention and management of local COVID-19 outbreaks; and prevention and mitigation of a second epidemic wave in City and Hackney.

#### Objectives

1. To oversee the development and implementation of the Local Outbreak Control Plan (LOCP) for City of London and London Borough of Hackney
2. To coordinate the public health response to the COVID-19 pandemic in City and Hackney
3. To carry out surveillance of COVID-19 in City and Hackney, using local and national data
4. To identify priorities for action and task individuals or working groups to take action to address the priorities, including but not limited to:
  - a. Care homes & care sector infection prevention & control group
  - b. Testing working group
  - c. Contact tracing working group
  - d. Surveillance and data integration
  - e. Vulnerable people, including those with learning disabilities or mental health problems
  - f. Public Health COVID response group
5. To receive reports from the working groups, to enable the Director of Public Health to carry out her assurance role in relation to the pandemic response
6. To manage public health communications about COVID-19 for City and Hackney
7. To coordinate joint working with Public Health England in relation to COVID-19
8. To manage the LOCP budget allocations and provide finance assurance reports

#### Governance

- Accountability:
  - The C19HPB is jointly accountable to the City of London Gold Command Group and the Hackney Gold Command Group, reporting weekly to both.
  - The Board is also accountable to the Local Outbreak Control Board (LOCB), which is a specially constituted extension of the Integrated Commissioning Board. C19HPB reports monthly to the LOCB
- Communication & Escalation:
  - The C19HPB shares membership with the Strategic Operational Command Group, which facilitates direct communication between the groups



City and Hackney  
Clinical Commissioning Group

- The C19HPB will escalate issues that need to be resolved through the NHS, or at STP level, to the SOCG, either directly or through the local authority Gold Group

## **Core Membership**

### City & Hackney Public Health

Dr Sandra Husbands, Director of Public Health - Chair

Tamsin Briggs, Public Health Programme Manager - Coordinator

Dr Nicole Klynman, Consultant in Public Health - health protection lead

Diana Divajeva, Principal Public Health Analyst

## **Hackney Council**

### Emergency Planning, Preparedness & Response

Andy Wells, Civil Protection Service Manager

James Groom, Emergency Planning and Response Manager

### Social services

Amecie Steadman, Deputy Head of Adult Social Care

Ross Tuckley, Business Development and Support Manager Children's & Family Services

Ray Norman, Street Population Coordination

### Education

Hilary Smith, Head of Strategy, Policy & Governance, Hackney Learning Trust

### Environmental Health

Nilesh Lad, Regulatory Services Manager, Community Safety, Enforcement and Business Regulation

### Finance

Naeem Ahmed, Head of Finance

### Communications

Helen Clarke, Strategic Communications Manager

Tara Hudson, Strategic Communications Advisor

## **City of London Corporation**

### Emergency Planning, Preparedness & Response

Gary Locker, Head of Resilience

### Social Services

Ian Tweedie, Head of Adult Social Care

Will Norman, Homelessness & Rough Sleeping Service Manager

### Environmental Health

Tony Macklin, Assistant Director (Public Protection)

### Port Health & Public Protection

Peter Markwell, Port health manager (to be invited ad hoc)

### Finance



City and Hackney  
Clinical Commissioning Group



Mark Jarvis, Head of Finance  
Communications  
Nathan Rogers, Media Officer

### **GP Confederation**

Dr Laura Sharpe, Chief Executive

### **City & Hackney Clinical Commissioning Group**

David Maher, Managing Director

### **C&H Integrated Commissioning System**

Nicholas Ib, Strategic Operational Command Group representative  
Nina Griffith, Unplanned Care Workstream Director & Homerton University Hospital Trust  
Amy Wilkinson, CYPMF Workstream Director  
Siobhan Harper, Planned Care Workstream Director

### **East London Hospitals Foundation Trust**

Dean Henderson, Borough Director, City and Hackney

### **Homerton University Hospital Foundation Trust**

Dr Alleyna Claxton, Microbiology Consultant, ICD & DIPC

Full membership is listed [here](#)

All members will assume responsibility for communicating actions and decisions to colleagues within their organisations as appropriate following each meeting.

### **Meetings and administration**

- The C19HPB will meet weekly. Meeting frequency will be reviewed in light of the
- Meeting secretariat is provided by the Public Health Department

### **Quorum**

For the C19HPB to be quorate the following must be present:

- DPH, or deputy
- At least one representative of each local authority
- One representative from at least 3 of the other 4 partner organisations

### **Review**

These terms of reference will be reviewed no later than 6 months from their date of approval.





<b>Title of report:</b>	<i>Finance Report</i>
<b>Date of meeting:</b>	8 October 2020
<b>Lead Officer:</b>	Sandra Husbands
<b>Author:</b>	Diana Divajeva
<b>Committee(s):</b>	Local Outbreak Control Board
<b>Public / Non-public</b>	Public

### Executive Summary:

City and Hackney Public Health Team has successfully procured the data management and visualisation software, Tableau. Staff are learning to use the software on the job, but due to high load of work self-learning is taking time. Therefore, it is proposed to fund a temporary Data Manager's post to take this work further faster. This will ensure that COVID-19 related information and insight is delivered to stakeholders sooner via both secure and public dashboards. This post will facilitate the data integration work.

### Recommendations:

The **City Integrated Commissioning Board** is asked:

- To **NOTE** the report;

The **Hackney Integrated Commissioning Board** is asked:

- To **NOTE** the report;

### Strategic Objectives this paper supports [Please check box including brief statement]:

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	<input checked="" type="checkbox"/>	The dashboard will combine information from across the system and where possible will include analyses by socio-demographic characteristics as well as geospatial analyses. This can help in focusing the resources on the areas with most need as well as in prioritising actions.
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	<input checked="" type="checkbox"/>	Emerging trends from the analyses can be used to provide proactive support to the residents in the community.
Ensure we maintain financial balance as a system and achieve our financial plans	<input checked="" type="checkbox"/>	Predictive indicators could be used to plan services and allocate resources; this when done in a timely manner can remove the need for outsourcing and can potentially provide savings to the authorities.
Deliver integrated care which meets the physical, mental	<input checked="" type="checkbox"/>	The dashboard will combine information from across the system, aiding the delivery of integrated services.

health and social needs of our diverse communities		
Empower patients and residents	<input checked="" type="checkbox"/>	Public facing dashboard is aimed at behaviour change through presenting residents with the summary epidemiological profile of City and Hackney. Residents will be able to see the key current COVID-19 statistics and how that changed over time. Interpretation of the information in the dashboard will be provided in jargon-free and easy to understand language.

### Specific implications for City

Internal-facing dashboard will provide immediate access to information for City & Hackney Public Health, Hackney practitioners and policy makers, to help prevent outbreaks and identify clusters. Socio-demographic and geospatial analyses can aid with prioritising actions and inform local plans. Public-facing dashboard will inform residents about the current infection levels, providing reassurance and potentially aiding in compliance with epidemic containment measures.

### Specific implications for Hackney

Internal-facing dashboard will provide immediate access to information for City & Hackney Public Health, Hackney practitioners and policy makers, to help prevent outbreaks and identify clusters. Socio-demographic and geospatial analyses can aid with prioritising actions and inform local plans. Public-facing dashboard will inform residents about the current infection levels, providing reassurance and potentially aiding in compliance with epidemic containment measures.

### Patient and Public Involvement and Impact:

There is no need to involve patients and public at this point. Both these groups are likely to benefit from this work, nevertheless, though timely and detailed assessment of need.

### Clinical/practitioner input and engagement:

There is no need to involve practitioners at this point. They are likely to benefit from this work, nevertheless, though enabling timely and detailed assessment of need and the provision of the insights relating to the population health needs profile.

### Communications and engagement:

The proposal does not require stakeholder engagement because it concerns a technical role.

**Comms Sign-off**

N/A

**Equalities implications and impact on priority groups:**

Local death records show that COVID-19 pandemic has disproportionately affected our diverse communities and people from a lower socio-economic background. The role of the Data Manager will enable to conduct further analyses and provide insight into the pandemic.

**Safeguarding implications:**

N/A

**Impact on / Overlap with Existing Services:**

We will aim to reduce the duplication of effort by using the existing data sources where applicable. We will engage with colleagues from across the system to ensure effective dissemination of information and exchange of knowledge.

## **Main Report**

**Background and Current Position**

City and Hackney are part of the London Good Practice Network, one of the eleven groups of local authorities selected across the country to share good practices, flag any issues boroughs face in the development of their Local Outbreak Control Plans and collect matters which need escalation to a national level. City and Hackney was assigned to participate in the national data integration workstream, which has been combined with plans for delivery of a required local dashboard to support the local system. The importance of the dashboard has been acknowledged and supported at meetings of the Contact Tracing Working Group, the Testing Working Group, and the COVID-19 Health Protection Board.

Currently, COVID-19 data are available from a number of sources, in a number of formats, and at a different level of detail. The process of compiling, processing the data, and presenting them in local reports is currently very labour intensive and can result in information not being updated in a timely manner.

In order to manage ever increasing amount of data, City and Hackney Public Health Team has successfully procured the data management and visualisation software, Tableau. Staff are learning to use the software on the job, but due to high load of work self-learning is taking time. Therefore, it is proposed to fund a temporary Data Manager's post to take this work further faster. This will ensure that COVID-19 related information and insight is delivered to stakeholders sooner via both secure and public dashboards. This post will also facilitate the data integration work.

**Options**

The post will achieve the following objectives:

1. Help to establish the architecture of the database used for the secure COVID-19 dashboard;
2. Help to establish data flows;
3. Help to create dashboards and lead on technical aspects of the functionalities within the dashboards;
4. Ensure all the products reach the relevant end users and oversee the access permissions;
5. Contribute to building an insight into the pandemic locally by using the results from the produced visualisations;
6. Provide training to colleagues, so they can achieve objectives 1-5.

## Proposals

It is proposed that a candidate is recruited via an agency route to reduce the time associated with the open recruitment process. The candidates will be selected based on a strict criteria and it is essential they have significant experience in working with Tableau at advanced level.

The aim is always to provide the best value for money. A range of day rates that have been quoted so far, the table below provides a budget estimate based on three potential daily rates and a six-month full-time employment basis.

Time period	£200/day	£300/day	£400/day
Six-month full time contract	£26,000	£39,000	£52,000

## Conclusion

The new Data Manager's post will enable the data integration work and help to build the local database infrastructure as well as outputs (visualisations). The post holder will also provide peer-to-peer support and learning, which in combination with some formal training will ensure that all Public Health Intelligence staff are able to use Tableau effectively.

## Supporting Papers and Evidence:

City and Hackney data integration work forms a part of the [Local Outbreak Control Plan](#). Data integration is one of the workstreams of the [NHS Test and Trace Good Practice Network programme](#).

## Sign-off:

[Papers for approval by the ICBs must be signed off by the appropriate senior officers. Any paper with financial implications must be signed by the members of the Finance Economy Group.  
If there are any legal implications which require consultation with legal counsel, please make reference to that below.]

Please ensure you have appropriate sign off for your report, along with the papers.  
Papers which have not been signed-off by the appropriate officers will not be considered]

Workstream SRO: Dr Sandra Husbands, Director of Public Health

London Borough of Hackney: *[insert name and title]*

City of London Corporation: *[insert name and title]*

City & Hackney CCG: *[insert name and title]*

<b>Local Authority:</b>	London Borough of Hackney				
<b>Funding:</b>	£300m Track and Trace Funding				
<b>Hackney Allocation:</b>	3,100,891				
<b>Cost Code</b>	D0862				
<b>Analysis Code</b>	A32603				
<b>Item</b>	<b>Description</b>	<b>2020/21 Cost</b>	<b>2021/22 Cost</b>	<b>Total Cost</b>	<b>Comments</b>
1	Programme Manager - Kiran Rao (Cost £500 per day and working 5 days per week - assignment commenced in July 2020)	90,000		90,000	Assumed will be in post till the end of the FY. Cost should be split 80:20 with the CoL
2	PH Consultant - Damani Goldstein (1 year fixed term contract)	117,074	39,025	156,098	80:20 allocation (Chief Officer 3) - commences on 1st July 20 to 30th June 21.
3	Pan-London Outreach Testing - ADPH London (email from Tamsin 29June20)	13,755		13,755	Agreed expenditure.
4	VCS Test and Trace Programme	389,725	278,375	668,100	
5	Tableau software platform for COVID dashboard	17,000	17,000	34,000	Purchased.
6	Bereavement leaflet for frontline workers	1,340		1,340	
7	Community Covid helpline - Bikur Cholim (3 months)	7,000	0	7,000	It was agreed by the Board on 17 August with some appropriate KPIs to be developed by the service.
8	Keep London Safe Programme (Campaign Manager)	2,756		2,756	
9	Customers Services cost agreed for 6 months	52,000		52,000	£52k Customers Services cost agreed for 6 months (£1,968 per week)
10	Covid Communication Plan	33,000		33,000	Covid Communication Plan - £33k agreed
11	Further communications work (internal) £10k.	10,000		10,000	Further communications work (internal) £10k.
12	Critical Response Team (CRT)	90,000		90,000	Start date 1st October 20-31st March 21 (Agreed on 21st Sept 20)
13	Funding for COVID awareness work - Interlink	22,500		22,500	
14	Emergency support over the weekend - Age UK	8,100		8,100	Agreed on 5th October 20 (we need to get the actuals from the service area)
15	Welfare support to support self isolation	120,000		120,000	Agreed on 5th October 20 (we need to get the actuals from the service area)
	<b>TOTAL</b>	<b>974,250</b>	<b>334,400</b>	<b>1,308,649</b>	