



## Local Outbreak Board (Integrated Commissioning Sub-Committee)

**Date:** THURSDAY, 13 MAY 2021

**Time:** 9.00 am

**Venue:** MICROSOFT TEAMS

**Members:** Randall Anderson  
Marianne Fredericks

Ruby Sayed

**John Barradell**  
Town Clerk and Chief Executive

## **AGENDA**

### **1. CITY AND HACKNEY LOCAL OUTBREAK BOARD AGENDA**

**For Information**  
(Pages 3 - 50)

# Agenda Item 1

## 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 13<sup>th</sup> May 2021

09:00 – 09.50

Microsoft Teams

[Click here to join the meeting](#)

Chair – Dr Mark Rickets

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.	Vaccinations Update	Siobhan Harper <i>For discussion</i>	Paper	7-25	09.05
6.	Data Intelligence	Diana Divajeva <i>For discussion</i>	Verbal	-	09.30
7.	Local Outbreak Control Plan Update	Dr Sandra Husbands <i>For discussion</i>	Paper	26-48	09.40

Date of next meeting:

10<sup>th</sup> June 2021, Microsoft Teams



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 8 April 2021**  
**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 Robert Chapman	Cabinet Member for Finance	London Borough of Hackney
Cllr Anntoinette Bramble	Cabinet Member for Education, Young People and Childrens' Social Care	London Borough of Hackney

City & Hackney CCG Integrated Commissioning Committee

Dr. Mark Rickets	Chair	City & Hackney CCG
Siobhan Harper	Transition Director	City & Hackney CCG
Honor Rhodes	Governing Body Lay member	City & Hackney CCG

**City Integrated Commissioning Board**

City Integrated Commissioning Committee

Randall Anderson	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**

Anne Canning	Group Director: Children's, Adults and Community Health	London Borough of Hackney
Andrew Carter	Director of Community and Childrens' Services	City of London Corporation
Caroline Millar	Chair	City & Hackney GP Confederation
Diana Divajeva	Principal Public Health Analyst	London Borough of Hackney
Haren Patel	Clinical Director	Primary Care Network
Helen Fentimen	Member, Community & Children's Services Committee	City of London Corporation
Jake Ferguson	Chief Executive Officer	Hackney Council for Voluntary Services
Jonathan McShane	Integrated Care Convenor	City & Hackney CCG
Jon Williams	Executive Director	Healthwatch Hackney
Kiran Rao	Project Officer: Public Health	London Borough of Hackney
Paul Coles	General Manager	Healthwatch City of London
Philip Glanville	Mayor	London Borough of Hackney
Sandra Husbands	Director of Public Health	London Borough of Hackney
Simon Cribbens	Deputy Director of Community and Childrens' Services	City of London Corporation
Stella Okonkwo	IC Programme Manager	City & Hackney CCG
Sunil Thakker	CFO	City & Hackney CCG
Tracey Fletcher	Chief Executive	Homerton University Hospital NHS Foundation Trust
Tim Shields	Chief Executive	London Borough of Hackney

*Members of the public were also present on the call, though are not named here for privacy reasons.*

**Apologies – ICB Members****Other apologies**

Ida Scoullis

Anne Canning

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

1.1. The ICB for the first 50 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. The City Integrated Commissioning Board**

- **NOTED** the Register of Interests.

### **2.2. 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. Vaccinations Update**

- 4.1. The item was presented by Siobhan Harper. She noted that whilst the vaccination uptake was still continuing, the progress was slowing. There is need to continue to improve the uptake in City & Hackney to compare with the national uptake figures of 95%.
- 4.2. We had secured some extra resources from NHS England to support out engagement with demographic groups who had taken up the vaccine in lower numbers.
- 4.3. Cllr Kennedy asked how we reached the conclusion that a person had declined the vaccine. Siobhan Harper responded that everyone offered the vaccine had a minimum of three contacts from their practice before they were declared as having declined the vaccine. Some people were also listed as having deferred their first dose.
- 4.4. Randall Anderson asked how confident we were in the size of our cohort, particularly in relation to our un-registered population. Siobhan Harper responded that the data related to the registered cohort.
- 4.5. Haren Patel stated that people who had deferred the vaccine were still listed as having declined the vaccine for the purpose of the figures. He also asked what the status of the supply for both Pfizer and AstraZeneca vaccine was. Siobhan Harper responded that she was aware that there had been issues with how practices were recording deferred vs. declined, however it was not expected to have a significant impact on the data. In terms of supply, there had been some issues with AstraZeneca supply which would re-frame our plans for the coming weeks. Pfizer supply was still relatively steady and we were able to offer 5,300 appointments a day across NEL however there were some supply issues which were being monitored.
- 4.6. Jake Ferguson added that we need to give more reassurance about the vaccine side-effects as people had concerns about this point. He also highlighted success in encouraging mask-wearing in community settings. Sandra Husbands added that communication was necessarily something which required a multitude of approaches as not all messages would be received by everyone equally. She further added that there had been a variety of messages regarding potential side-effects.
- 4.7. Mayor Glanville highlighted success in the local vaccination centers. Cllr Bramble also highlighted the outreach that had been conducted in order to engage BAME communities.

- 4.8. Siobhan Harper highlighted that we need to understand that vaccinations are likely to become part of life for the foreseeable future, particularly in relation to potential booster jabs in the autumn.

## **5. Data Intelligence Update**

- 5.1. Diana Divajeva introduced the item. We were seeing a steady decline in the number of cases, with zero cases in the City of London being reported last week. Cases overall were on the decline in most boroughs. There had been a slight increase in cases among the youngest age groups in mid-March. Most wards now had an incidence rates of <25 per 100,000.
- 5.2. There had been a decline in the number of tests taken, however overall uptake was good. We were further monitoring the data to see if there was any decline among specific groups.
- 5.3. There had been no deaths from covid-19 in the past week and the number of weekly deaths is currently far below the five-year average.

## **6. Local Outbreak Management Plan**

- 6.1. Sandra Husbands introduced the updated Local Outbreak Management Plan. She noted that over the past six months, there had been a number of developments such as new variants emerging and other areas of the country such as Leicester and Blackburn which have been under near-permanent lockdown since the start of the pandemic.
- 6.2. The plan had been updated to align with the government's roadmap out of lockdown. Self-isolation and local enhanced contact tracing were two priorities contained in the plan.
- 6.3. Randall Anderson noted that information for businesses and residents should be available on both the City of London and London Borough of Hackney websites. Sandra Husbands responded that the wording in the plan would be revised.
- 6.4. Sandra Husbands added that the plan only went up until the end of June as we were unsure what funding would be available past that point.

## **7. Any Other Business**

- 7.1. There was none.



**North East London**  
Clinical Commissioning Group

# City & Hackney Vaccine Update

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13<sup>th</sup> May 2021

**City and Hackney**



# Data review



# Vaccination of C1-9 overview

Cohort	Cohort Description	Cohort Size	First Vaccination	% Vaccinated	Fully vaccinated	% Second Vaccination	Declined	% Declined	WoW change %	WoW change #
1	Older adult residents in a care home	329	302	92%	242	74%	17	5%	0%	-
2	Aged 80 or older	5,186	4,265	82%	3713	72%	661	13%	0.1%	5
3	Aged 75 years of age and over	3,940	3,272	83%	2880	73%	415	11%	0.4%	12
4	Aged 70 and over or shielding	20,984	15,782	75%	9740	46%	2508	12%	0.1%	16
5	Aged 65 and over	6,965	5,531	79%	4212	60%	562	8%	0.2%	11
6	Aged 16-65 in an at risk group	26,372	16,756	64%	6258	24%	2845	11%	0.2%	39
7	Aged 60-64	6,616	4,669	71%	856	13%	519	8%	0.4%	18
8	Aged 55-59	10,247	6,870	67%	1095	11%	693	7%	0.4%	26
9	Aged 50-54	12,783	8,318	65%	1139	9%	695	5%	0.3%	26
	Totals Cohort 1-4	30,439	23,621	78%	16,575	54%	3,601	12%	0.1%	32
	Totals Cohort 1-6	63,776	45,908	72%	27,045	42%	7,008	11%	0.2%	82
	Totals Cohort 1-9	93,422	65,765	70%	30,135	32%	8,915	10%	0.2%	152

**Vaccination Model:**

- 2 key local vaccination hubs: Bocking Centre and John Scott Health Centre
- Housebound and care home residents vaccinated through roving model (GPs and DNs)

**Commentary:**

- WoW change from dashboards released on 04.05.21 and 11.05.21
- Cohort 4 increased from 11,571 to 20,840 due to updated in how shielding guidance from 15.02.20



# Residual analysis by cohort (C1-9)

Cohort	Cohort Description	Cohort Size	# who have had 1st Vaccination	% who have had 1 <sup>st</sup> Vaccination
1	Older adult residents in a care home	329	302	92%
2	Patients ages 80 or older	5,186	4,265	82%
3	All those aged 75 years of age and over	3,940	3,272	83%
4	70 years of age and over or shielding	20,984	15,782	75%
5	65 years of age and over	6,965	5,531	79%
6	Adults aged 16-65 in an at risk group	26,372	16,756	64%
7	Aged 60-64	6,616	4,669	71%
8	Aged 55-59	10,247	6,870	67%
9	Aged 50-54	12,783	8,318	65%

	<b>Totals Cohort 1-4</b>	<b>30,439</b>	<b>23,621</b>	<b>78%</b>
	<b>Totals Cohort 1-6</b>	<b>63,776</b>	<b>45,908</b>	<b>72%</b>
	<b>Totals Cohort 1-9</b>	<b>93,422</b>	<b>65,765</b>	<b>70%</b>

# patients required to be vaccinated to meet targets (i.e. % of total of cohort size)

90%	85%	80%	75%
Met target	Met target	Met target	Met target
257	143	Met target	Met target
253	77	Met target	Met target
2,692	2,054	1,005	Met target
738	389	41	Met target
6,770	5,660	4,342	3,023
1,285	955	624	293
2,352	1,840	1,328	815
3,187	2,548	1,908	1,269

<b>3,196</b>	<b>2,252</b>	<b>730</b>	<b>Met target</b>
<b>10,704</b>	<b>8,302</b>	<b>5,113</b>	<b>1,924</b>
<b>17,528</b>	<b>13,644</b>	<b>8,973</b>	<b>4,302</b>

## Commentary:

- Data is snapshot from 11.05 – CEG dashboard
- Residual defined as: total cohort size – those vaccinated (1<sup>st</sup> dose) – those declined – those contraindicated
- If difference between those vaccinated and target is greater than residual, default value = residual
- The same analysis has been carried out at PCN level
- Total # patients required to be vaccinated to meet 90% target not the same when comparing by cohort and by PCN, as not comparing like for like exactly

# Residual analysis by PCN (C1-9)

Cohort	Cohort Description	Cohort Size	# who have had 1st Vaccination	% who have had 1st Vaccination	# patients required to be vaccinated to meet targets (i.e. % of total of cohort size)			
					90%	85%	80%	75%
1	Clissold Park (NW2)	10,561	7,569	72%	1,936	1,408	880	352
2	Hackney Downs (NE2)	11,459	7,642	67%	2,412	2,098	1,525	952
3	Hackney Marshes (SE1)	14,284	9,614	67%	2,686	2,527	1,813	1,099
4	London Fields (SW1)	12,684	9,171	72%	2,245	1,610	976	342
5	Shoreditch Park & City (SW2)	15,696	11,606	74%	2,520	1,736	951	166
6	Springfield Park (NE1)	8,148	5,124	63%	1,411	1,802	1,394	987
7	Well Street Common (SE2)	11,123	7,871	71%	2,140	1,584	1,027	471
8	Woodberry Wetlands (NW1)	9,467	7,168	76%	1,352	879	406	Met target
Total		93,422	65,765	70%	16,702	13,644	8,973	4,302

## Commentary:

- Data is snapshot from 11.05 – CEG dashboard
- Residual defined as: total cohort size – those vaccinated (1<sup>st</sup> dose) – those declined – those contraindicated
- If difference between those vaccinated and target is greater than residual, default value = residual
- Total # patients required to be vaccinated to meet 90% target not the same when comparing by cohort and by PCN, as not comparing like for like exactly

# NEL benchmarking (1 of 2)

C1-9

	18-Feb	22-Feb	26-Feb	02-Mar	05-Mar	10-Mar	12-Mar	18-Mar	23-Mar	30-Mar	06-Apr	15-Apr	22-Apr	27-Apr	04-May	11-May
City & Hackney	27.8%	31.8%	34.4%	38.7%	40.3%	46.2%	49.3%	52.7%	60.6%	65.8%	67.4%	68.7%	69.3%	69.5%	70.3%	70.4%
Barking	33.8%	38.6%	40.1%	44.7%	47.0%	51.2%	53.9%	59.0%	66.7%	71.4%	73.0%	73.8%	74.7%	75.0%	75.5%	75.7%
Havering	42.4%	48.8%	51.6%	56.6%	57.4%	62.3%	65.2%	69.0%	79.8%	84.5%	86.5%	86.9%	87.2%	87.4%	87.6%	87.8%
Newham	25.8%	29.9%	33.5%	38.2%	40.6%	46.2%	48.5%	53.3%	59.7%	66.0%	67.8%	69.4%	70.4%	70.8%	71.1%	71.4%
Redbridge	37.7%	42.3%	46.6%	53.8%	55.8%	61.0%	61.9%	66.2%	71.6%	76.7%	78.5%	79.1%	79.5%	79.8%	80.1%	80.4%
Tower Hamlets	27.6%	30.5%	33.5%	38.6%	41.5%	44.4%	48.9%	53.8%	63.8%	69.6%	72.5%	73.9%	74.7%	75.0%	75.4%	75.8%
Waltham Forest	35.5%	37.0%	43.7%	47.8%	50.9%	52.7%	55.1%	57.0%	62.8%	68.5%	71.0%	71.9%	72.5%	72.8%	73.0%	73.4%



# NEL benchmarking (2 of 2)

C4

	18-Feb	22-Feb	26-Feb	02-Mar	05-Mar	10-Mar	12-Mar	18-Mar	23-Mar	30-Mar	06-Apr	15-Apr	22-Apr	27-Apr	04-May	11-May
City & Hackney	67.2%	48.1%	50.1%	54.7%	56.9%	64.7%	66.6%	68.0%	69.7%	71.9%	72.7%	73.7%	74.3%	74.4%	75.1%	75.2%
Barking	68.7%	55.0%	56.4%	61.8%	64.7%	69.4%	71.1%	74.0%	75.8%	77.8%	78.8%	79.6%	80.2%	80.5%	80.9%	81.1%
Havering	85.7%	76.3%	77.6%	80.7%	81.2%	83.9%	85.4%	86.2%	87.6%	88.4%	89.0%	89.3%	89.6%	89.7%	89.9%	90.0%
Newham	61.1%	41.0%	46.0%	53.8%	57.5%	64.6%	66.9%	70.1%	72.6%	75.4%	76.4%	77.6%	78.4%	78.7%	79.0%	79.1%
Redbridge	73.3%	57.9%	62.6%	70.2%	72.8%	77.7%	77.6%	79.2%	80.3%	81.6%	82.4%	82.9%	83.3%	83.6%	84.0%	84.3%
Tower Hamlets	70.7%	39.8%	44.0%	54.2%	60.8%	65.7%	70.4%	74.3%	76.9%	78.6%	80.2%	81.1%	81.6%	81.9%	82.2%	82.5%
Waltham Forest	67.7%	45.0%	60.1%	65.5%	67.8%	69.6%	70.5%	71.2%	73.6%	75.7%	77.0%	77.7%	78.2%	78.5%	78.6%	78.9%

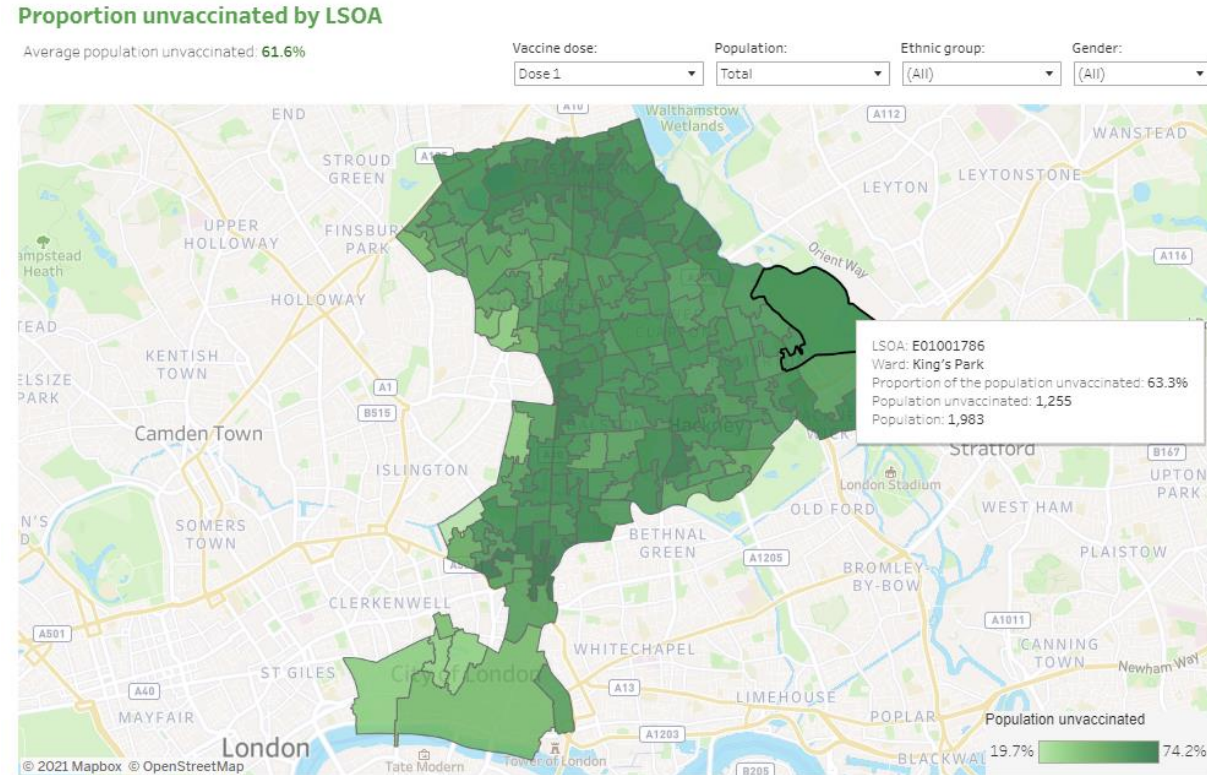
C4 made up of 70-74 + CEV population. Uptake of 70-74 is at 81% (population of 5642), CEV at 74% (population of 10,034)

C6

	18-Feb	22-Feb	26-Feb	02-Mar	05-Mar	10-Mar	12-Mar	18-Mar	23-Mar	30-Mar	06-Apr	15-Apr	22-Apr	27-Apr	04-May	11-May
City & Hackney	12.1%	19.6%	25.4%	33.7%	35.6%	44.6%	48.7%	52.0%	55.4%	59.1%	60.4%	61.4%	62.1%	62.3%	63.4%	63.5%
Barking	21.7%	29.8%	31.1%	37.9%	41.5%	48.9%	52.7%	59.4%	63.0%	65.9%	67.4%	68.1%	69.1%	69.5%	69.9%	70.3%
Havering	14.2%	28.1%	35.2%	48.8%	49.1%	59.2%	63.7%	68.8%	75.0%	78.7%	80.2%	80.7%	81.2%	81.4%	81.6%	81.9%
Newham	11.5%	18.0%	23.0%	28.8%	32.1%	39.8%	42.1%	48.0%	54.5%	59.7%	61.2%	63.1%	64.3%	64.6%	65.0%	65.3%
Redbridge	11.9%	22.7%	31.4%	45.2%	48.3%	60.6%	61.6%	65.0%	67.8%	70.7%	72.2%	72.6%	73.0%	73.3%	73.8%	74.3%
Tower Hamlets	13.0%	17.9%	21.2%	24.9%	26.6%	28.7%	31.2%	37.0%	52.1%	59.0%	62.4%	64.7%	65.9%	66.3%	66.9%	67.4%
Waltham Forest	17.3%	25.3%	32.1%	37.3%	40.4%	42.7%	44.0%	47.1%	55.5%	61.1%	63.8%	65.0%	65.8%	66.2%	66.6%	67.0%

# Proportion unvaccinated by LSOA

Heat maps have been developed (w.c 10.05) to show the proportion of the population that have not had a COVID vaccination by LSOA. This will be used to drive targeted outreach work. A clear plan on how this data will be used to be shared at the Vaccine Steering Group on 19<sup>th</sup> May.



This map shows the proportion of the population that have not had a COVID-19 vaccine by LSOA. Proportions unvaccinated have been calculated using the East London Database for 2020. The denominator for rates of 'total' populations includes all people aged 15 and over. The default view shows the proportion of the total population who have not been vaccinated. Hover over the graph to see the number and proportion of residents who have not been vaccinated.

# Vaccination of Cohort 10

	Cohort Size	First Vaccination	% Vaccinated	Fully vaccinated	% Second Vaccination	Declined	% Declined	WoW change (%)	WoW change (#)
Barking	27,803	12,983	47%	2,608	9%	446	2	11	1,284
City & Hackney	39,348	16,272	41%	2,347	6%	149	0	23	3,076
Havering	29,455	17,371	59%	3,034	10%	48	0	18	2,609
Newham	49,969	19,805	40%	2,908	6%	107	0	18	2,982
Redbridge	41,683	20,711	50%	4,333	10%	102	0	20	3,400
Tower Hamlets	38,450	17,214	45%	2,355	6%	33	0	21	2,926
Waltham Forest	42,404	18,844	44%	2,986	7%	112	0	20	3,079
<b>Total C10 NEL</b>	<b>269,112</b>	<b>123,200</b>	<b>46%</b>	<b>20,571</b>	<b>8%</b>	<b>997</b>	<b>0</b>	<b>19</b>	<b>19,356</b>

## Commentary:

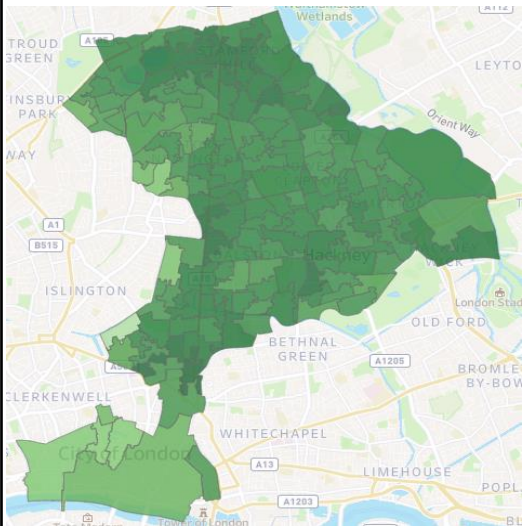
- Data is snapshot from 11.05 – CEG dashboard



# A community led outreach approach



# Programme Summary – Addressing the COVID Vaccination Inequalities across City and Hackney

Project Director	Graham MacDougall	Period	03/05/2021-10/05/2021	Programme Manager	Beverley Lignum
Average unvaccinated population – 61.1% (first dose)	Programme of work	Key achievements		Priorities over the next two weeks	
	<p><b>Community Outreach – Grant funded programme</b></p> <ul style="list-style-type: none"><li>MVCS &amp; VCH Programme Management Support</li><li>Voluntary organisations to deliver outreach support to local communities</li><li>Menu of options – buses and pop up clinic</li></ul> <p><b>Community outreach – Non grant funded</b></p> <ul style="list-style-type: none"><li>Door to Door visits</li><li>Standardisation and increase/recall at practice level</li><li>Increase dispersal to GP Practices</li></ul>	<ul style="list-style-type: none"><li>13 applications received: panel established and interviews taking place 11<sup>th</sup> and 12<sup>th</sup> May</li><li>PHIT COVID 19 Vaccination Dashboard with heatmaps created to support the identification of localities with high unvaccinated rates</li><li>HCVS and VCH agreement in providing programme management support to the programme and voluntary organisations</li><li>Excel Team ready to mobilise on the 2<sup>nd</sup> June for the first community clinics</li><li>Comms &amp; Engagement Inequalities plan drafted</li></ul>		<ul style="list-style-type: none"><li>Decisions made on successful community organisations; approval and sign off from Clinical Leads</li><li>MCVS and VCH NHS Grant Funding Agreements written and signed off</li><li>Work with MCVS and VCH programme management support team to mobilise successful community organisations</li><li>Paper to FPC detailing areas of investment and how it addresses areas of inequality and disparity</li><li>Menu of options paper written and approved</li><li>Learn from other areas on their successful delivery of vaccination buses/pop up clinics i.e. Redbridge</li><li>Work with Data Teams for further data interpretation of unvaccinated population</li></ul>	

Project Key Risks		
Risk	Impact and Mitigation	RAG
Voluntary organisations not ready in time to support vaccination delivery by Excel Team	Missed opportunities for support and uptake of vaccination. HCVS/VCH work closely with organisations to identify who is ready to mobilise with immediate effect and confirm with Excel Team	
Pop up clinics and vaccination buses not in appropriate locations to best support local needs	Low uptake of vaccination. Work with data teams to map high priority areas so clinics and buses are in the best locations to serve the communities	

Grant funded(GF) Non Grant Funded(NGF)	Programme Area	Description	Lead	Milestones	Target Date
GF	Hackney CVS Project Management Support	Overseeing Grants programme and budget lead. Ensuring projects are delivered strategically through system partnership.	Matt Bray	• Project management support in place	11/05/21
				• Panels taken place and applicants interviewed	13/05/21
				• Clinical lead sign off for successful voluntary organisations	17/05/21
				• Grants awarded to successful voluntary organisations	24/05/21
				• Delivery plan and reporting progress and outcomes agreed with Inequalities Programme Manager/PH Lead	26/05/21
				• First Voluntary Organisations mobilised	w/c 24/05/21
				• First pop up clinic delivered by Excel Team	02/06/21
				• All Voluntary Organisations mobilised	07/05/21
GF	Volunteer Centre Hackney	Overseeing the delivery of grants and working with the VCS organisations to make it happen	Lauren Tobias	• Project management support in place	20/05/21
				• Delivery plan and reporting progress and outcomes agreed with Inequalities Programme Manager /PH Lead	26/05/21
				• MECC Vaccine confidence training completed	TBC
GF	Menu of Options	Vaccine information buses, Pop up clinics ,Walk in Clinics (at existing sites) Vaccine buses	Panel	• Understanding of requirements from community organisations	13/05/21
				• Costing paper presented to Board for approval	20/05/21

# Page 20 Programme Milestones (2 of 2)

Grant funded(GF) Non Grant Funded(NGF)	Programme Area	Description	Lead	Milestones	Target Date
NGF	Door to door visits	Welfare check and visit to non-responders in partnership with LA, using cross matched shielding, social care and unvaccinated list	Graham MacDougall/Chris Lovitt	<ul style="list-style-type: none"> <li>Heat maps being finalised to determine suitable sites for door knocking and mobile bus</li> <li>Options appraisal for mobile vaccination team being finalised</li> <li>Teams mobilised</li> </ul>	14/05/21  19/05/21  11/06/21
NGF	Standardisation and increase call/recall at Practice level and Dispersal model	<ul style="list-style-type: none"> <li>Provide additional resource for clinicians/care navigators to telephone patients, address any concerns and book appointments</li> <li>Develop point of care prompts at routine calls to ascertain vaccine status</li> <li>Strengthen staff's confidence to make strong recommendations eg MECC training and use of presumptive announcements</li> </ul>	Graham MacDougall/Dr Tehseen Khan	<ul style="list-style-type: none"> <li>Practices to text all unvaccinated patients to ask if they wish Pfizer</li> <li>Practices to text all unvaccinated patients to determine if patients wish vaccine at practice</li> <li>PCN intensive support offer being finalised to assess if it increases vaccine uptake</li> </ul>	21/05/21  28/05/21
NGF	Data insights	Work with Data Teams for further data interpretation of unvaccinated population. To ensure continued targeted vaccination and that pop up clinics, buses and outreach are in the best locations	Ben Greenbury /Gwynedd Williams/Beverley Lignum	<ul style="list-style-type: none"> <li>PHIT COVID 19 Vaccination Dashboard developed</li> <li>TBC after discussions around further data interpretation</li> </ul>	Ongoing
GF/NGF	Evaluation	Evaluation will be used to understand the <b>short, medium and long-term impacts</b> and gather insight to inform future delivery:	HCVS/VCH/Comms & Engagement	<ul style="list-style-type: none"> <li>Known number of people vaccinated by key demographics and ethnicity profile</li> <li>Output of behaviour change framework informs future planning</li> </ul>	Ongoing/final report end of August
NGF	Lessons Learnt	Bring together any insights that can inform future planning for continued uptake of the COVID 19 vaccinations	Beverley Lignum	<ul style="list-style-type: none"> <li>Lesson learnt report written</li> </ul>	Ongoing/final report end of August



# VCS organisations and outreach dates

***Applications have been received from the following VCS organisations:***

- *Kurdish & Turkish community Centre*
- *African Development and Advocacy Centre*
- *Coffee Afrik/ Hackney Somali Community Centre*
- *Community African Network*
- *Bangla Housing Association & Hackney Central Mosque*
- *Hawa Trust (Migrant communities)*
- *Hackney Chinese Community Services Association*
- *Round Chapel Old School Rooms (multiple communities)*
- *Shomrim (Jewish/ Muslim communities)*
- *Turkish Cypriot Community Association*
- *Uprising Community Club (Black African communities)*

***The Barts Excel vaccination team are booked for the following dates to facilitate vaccination events. Once the panel has decided which VCS organisations will be funded, we will then know exact locations based on the need of the communities they are working with (i.e. community centre, place of worship, vaccination bus stationed in Estate)***

- ***Wednesday 2 June***
- ***Sunday 6 June***
- ***Wednesday 9 June***
- ***Sunday 13 June***
- ***Wednesday 16 June***
- ***Sunday 20 June***
- ***Wednesday 23 June***
- ***Sunday 27 June***
- ***Wednesday 30 June***
- ***Sunday 4 July***
- ***Wednesday 7 July***
- ***Sunday 11 July***

# Previous events

## 1. **2 x vaccination pop up clinics, in partnership with SWIM/CAN – community partners in the African and Caribbean heritage communities**

- Pembury – 15 April – 60 first doses administered
- Halkevi 16 April – 63 first doses administered
- Engagement is continuing with SWIM/CAN booking engaged residents into local pharmacy sites/ primary care slots when available

## 2. **Walk-in clinics at John Scott Vaccination Centre**

- 11 May – 436 first doses administered (text went out too all those eligible who had not received vaccination)
- 9 May – 217 first doses administered (event targeted at Turkish/ Kurdish community).

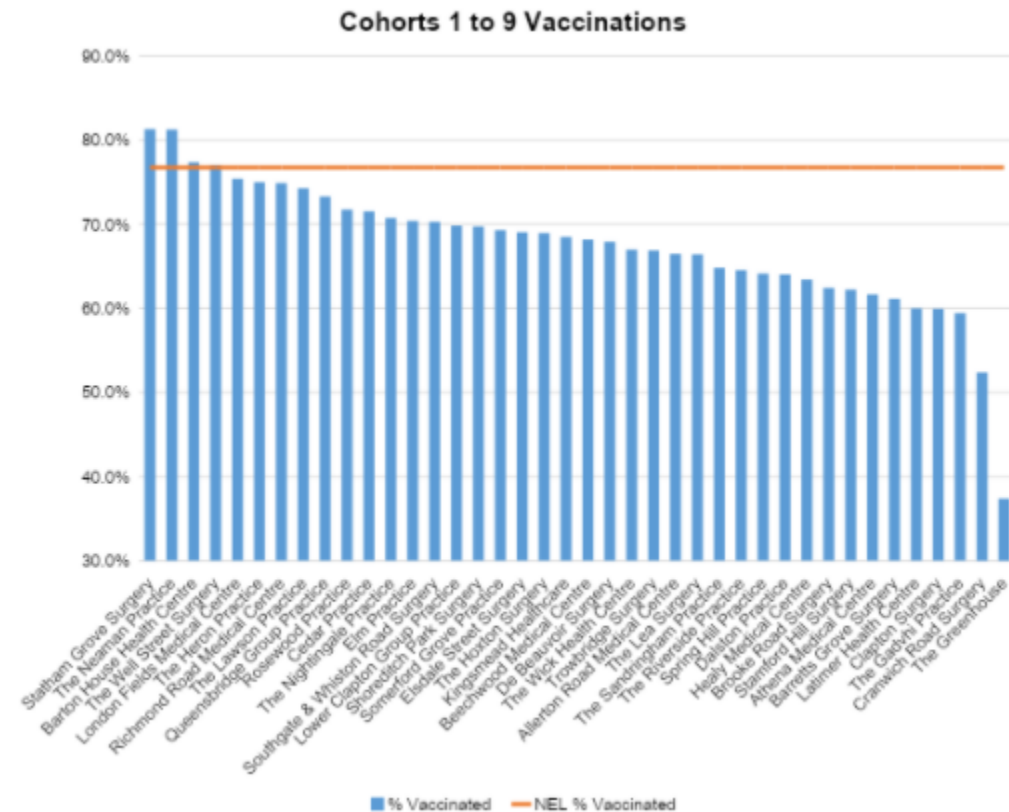


# Improving uptake priority cohorts 1-9



# Data driven approach & practice comms

- Comms to be shared with practices highlighting City & Hackney having lowest uptake in the country, with c18k still unvaccinated
- Visualisation of data showing stark difference between practices with lowest and highest uptake, with reference to NEL average. 3 ski slopes:
  - **C1-9**
  - **C2-5**
  - **C6-9**
- A clear ask for practices to reflect on what more they can do, and come back with response e.g.
  - Have all patients had a conversation with a GP to try and tackle hesitancy and misinformation
  - Can practices place greater emphasis on pushing a dispersed model, Pfizer offer and multigenerational vaccinations





# Text messages from practices to understand unmet need

We are keen to ensure that we have taken advantage of all routes to increase opportunities for our unvaccinated residents to be vaccinated. We are therefore asking for primary care to send out 2 separate texts to all unvaccinated patients, with a particular focus on **a)** offering the Pfizer vaccine and, **b)** offering the chance to be vaccinated at local GP practice as well as highlighting multigenerational offer

TEXT 1 (Sent 13th/14th May): *“This is your GP practice and we are concerned that you have not had your first dose Covid vaccination. A first dose Pfizer vaccine has been reserved for you. To book your appointment reply YES and a member of reception staff will contact you to arrange the appointment. Please respond as soon as possible to avoid disappointment. If you already have an appointment booked, or have had the vaccination, please ignore this text. Thank you”*

TEXT 2 (Sent 7 days after 1<sup>st</sup> message): *“This is your GP practice and we are concerned you have not had your first COVID vaccination. We are texting to let you know you can now have it here at xxxx. Please text back YES I WANT IT and reception will contact you to arrange an appointment. We are able to arrange for your family or your carer to be vaccinated too and reception can organise this for you ”.*

Note: We are asking patients if they would like to have the vaccine within their practice, and will be looking as a system, particularly a PCN system, how we support these patients to have their vaccine. The ask is NOT for GPs to be delivering all of the vaccinations where demand is identified.



# Transition to Primary Care Networks



# Transition to Primary Care Networks

- Transition Programme Director now appointed by Office of PCNs to manage the transition and programme management infrastructure being put into place and risk management
- 2 new Clinical Director leads to oversee the transition and provide clinical oversight
- Additional pump priming funding for Office of PCNs to commence mobilisation work including IT, software, systems
- Weekly Transition Working Group established w/c 3 May with draft ToRs and draft Transition Framework
- Aim to get agreement on transfer of all LVS vaccination activities from Confederation to PCNs on 1st June 2021 - this needs to be confirmed by all parties - to avoid dual operating model
- Financial model for 2021/21 to be developed taking account of June 1 transfer
- Risk around lack of workforce affecting capacity to deliver additional clinics at Local Vaccination Centres



<b>Title of report:</b>	Covid-19 Local Outbreak Control Plan update
<b>Date of meeting:</b>	13 May 2021
<b>Lead Officer:</b>	Dr Sandra Husbands, Director of Public Health
<b>Author:</b>	Zakia Variava, Project Manager
<b>Committee(s):</b>	Local Outbreak Control Board
<b>Public / Non-public</b>	Public

### Executive Summary:

As the national roadmap on releasing lockdown is eased and there is a move away from regional tiers, plans need to be updated to deal with the different environment we are now in. With this in mind, this paper contains a complete refresh of the Local Outbreak Control Plan, now a Local Outbreak Management Plan, along with a summary version.

### 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;

**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		
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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

Information is contained in the main report

### Specific implications for Hackney

Information 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 a range of issues that might make maintaining isolation difficult or impossible, especially for vulnerable or socially isolated individuals.

Information is contained in the main report

**Clinical/practitioner input and engagement:**

The Public Health team is providing extensive support via the Covid-19 inbox (Monday to Friday) which provides consultant support when needed, Local contact tracing receives support 7 days a week and working groups have clinical/practitioner input.

Information is contained in the main report

**Communications and engagement:**

Communications continue to focus on meeting the objectives of the LOMP 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 local testing contact tracing, as well as vaccination uptake. This includes the continued reinforcement of the prevention messages 'hands, face, space' 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, local contact tracing teams and community champions.

Information is contained in the main report

**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.

The Community Champions work and Covid-19 Grant Information programme is targeted at key communities and priority groups.

**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:**

Information is contained in the main report

**MAIN REPORT**

**UPDATE AGAINST KEY AREAS OF THE LOCAL OUTBREAK CONTROL PLAN**

**TESTING**

**Symptomatic Testing:**

There has been a decrease in the number of people testing through the [Gov.UK](https://www.gov.uk) and NHS portals for symptomatic testing. This decrease in numbers has been seen since the end of March and coincides with the easing of some of the national lockdown restrictions. In the week ending the 21st April Hackney saw a 6% decrease in PCR testing and the City saw a 3% decrease. The picture across London is slightly complicated with some boroughs performing surge testing, following which we see a spike in PCR tests in that area.

The testing positivity rate in City and Hackney has remained relatively stable for the past two months. While week-on fluctuations have been observed the rate remained



within 1%, on average, indicating that there is a relatively low level of Coronavirus in circulation.

### **Asymptomatic (rapid) Testing:**

Since March, access to rapid testing has been made widely available through a number of new channels. This increased accessibility has been made possible by the introduction of home rapid testing kits for self use. Everyone can access rapid testing and the advice is for everyone over the age of 11 to be testing twice a week. In their guidance to Local Authorities, the Department of Health and Social Care (DHSC) stated that the preferred model to encourage uptake of home rapid testing is for residents to collect boxes of rapid tests from rapid test sites (Asymptomatic Test Sites, ASTs) where residents can be guided through taking a test first. The four Hackney ASTs and the two City ASTs have Community Collect points where residents can collect two free boxes (containing 7 tests each) per visit and where AST staff can offer support to guide residents through the process. Numbers testing at the Hackney and City ASTs remain stable, with test numbers now nearer 2800 - 3000 a week across the 4 Hackney ASTs, while the two City ASTs see between 70-100 people a day, Monday to Friday. In addition to Community Collect, the Hackney ASTs also provide a helpline service where residents can either be guided through the process of reporting their test result, or AST staff will report the test result for the caller.

Home rapid tests are also now available from pharmacies across Hackney and the City, with Boots in the City providing very good coverage. Given the size of the population in the City there is not the need to add to the coverage provided by Boots with more Pharmacy Collect points. Further work is now being done with the local community pharmacies in Hackney to support the use of Public Health England (PHE) resources, to advertise participation in the Pharmacy Collect scheme.

Schools have also become Community Collect points, with pupils given home rapid test kits to take home with them. This initially provided good testing numbers, however, we have noticed a decrease in the number of tests being registered and reports recorded. At the beginning of April test results from schools accounted for the majority of our rapid testing numbers. This is not the case now. Workshops are planned with schools, to gain insights into how we can better support an increase in rapid test reporting. A workshop for schools within the Charedi community has already been held.





Assisted testing, the rapid testing offered by the ASTs, is still available for individual settings such as hostels and workplaces to participate in, however, the DHSC has also made home rapid tests available to workplaces with more than 10 employees. Businesses had until April 12th to sign up to this scheme, after which the option to register closed. From engagement work with businesses across Hackney and the City, it appears many workplaces did register to receive home rapid tests kits delivered directly to them. In Hackney, office based businesses signed up more readily than hospitality based businesses. This discrepancy might have occurred due to more hospitality staff being on furlough. Further work is underway to ensure messaging concerning the use of QR codes for contact tracing and information on how to access rapid testing is clear and available for all.

From 15th April, ASTs in Hackney and the City have been managed by a new rapid testing workforce provider, IfCrew. IfCrew also stood up a new City AST very quickly over the Easter weekend for a high profile inquest, which is now underway. The new Basinghall site replaces the Leadenhall AST, which closed at the end of April.

Our aims now are to roll out Community Collect across Hackney, either supporting organisations, charities and places of worship to deliver Community Collect themselves, or by offering Community Collect satellites with staff from the ASTs, at the times when the ASTs are generally quiet.

## **LOCAL CONTACT TRACING**

Local contact tracing activity has reduced as cases across the borough have subsided. This time has been used to revise our process documentation and strengthen governance around the service. The extra capacity of our call handlers has been offered to assist the GP Confederation with making bookings for second vaccinations and we have helped hundreds of residents secure their appointments.

## **OUTBREAK MANAGEMENT**

We are developing our local response to Outbreak Investigation and Rapid Response. This entails drawing together a range of data sources, which we review daily as a joint team between environmental health, public health and contact tracing. It allows us to be alerted to emerging COVID threats, as they arise, by flagging clusters and outbreaks quickly. We can then devise action plans to prevent further infections. We are finalising a bespoke dashboard to compliment new data streams provided by the national team and we are liaising with the London Coronavirus Response Cell (LCRC)



to demarcate the scope of our activity, so we can be clear on who should respond to situations in different circumstances.

## **ENHANCED ISOLATION**

We are moving forwards with our plans for enhanced isolation with support from DHSC, funding a pilot scheme in Woodberry Down & Pembury estates. We aim to improve health protection by providing a rapid, time limited, enhanced self-isolation package to mitigate risks associated with high density housing and personal circumstances. In addition to designated accommodation, the project will support residents struggling to isolate effectively by connecting them to important pathways of support. This includes access to food; welfare; infection prevention and control (IPC) assessment; advice and provision; access to wider testing and grants.

## **VACCINE HESITANCY**

### **Vaccine Q&A event, targeted at Caribbean Elders, 70 plus**

A number of vaccine Q&A events have taken place targeting various community groups. This includes an event hosted by Uprising Community Club targeting Caribbean elders, 70 plus, who had concerns about being vaccinated against Coronavirus. A follow-up event is planned for May.

[Uprising Community Club](#), is a voluntary organisation that works with elders from the Caribbean community, who are a key priority group to receive the vaccine due to their age. The Community Club runs weekly Zoom calls on a Monday, enabling their members to engage and interact with each other on a regular basis.

### **Vaccine Q&A event, targeted at migrants, hosted by Akwaaba**

The event took place on Thursday 22 April- 7pm to 8.30pm, hosted by Akwaaba. [Akwaaba](#) is a Hackney based social centre for migrants, providing support to migrants from a variety of backgrounds, including those without recourse to public funds.

It was an [informal vaccine Q &A session](#) where Dr Sandra Husbands and Dr Tehseen Khan, GP, Spring Hill Practice answered questions that Akwaaba members had about the vaccine. The event was attended by 25 to 30 residents, many of whom are migrants from a variety of backgrounds, some without recourse to public funds.



## CARE SETTINGS

There have been no cases of COVID in care homes or care settings in the last month. Acorn Lodge and St Mungos have the highest number of residents left to vaccinate but overall the vaccination rates in residents are good. A number of families have refused vaccination on behalf of their relatives and these discussions are being taken forward through 'best interest' meetings in association with the power of attorney for health.

Since 1<sup>st</sup> April Supported Living staff have been given access to rapid home testing kits to test for Covid 19, which has proved to be much more effective than setting up testing sites in each individual home. Setting up LFD testing on site is time consuming for staff and challenging for infection control reasons. So, home testing kits have been much more successful in ensuring all staff get tested.

There are still large numbers of staff left to vaccinate and further targeted working is being done with staff to understand the reasons for vaccine hesitancy in this group.

The Care Home Visiting policy has been updated to advise that all visitors to care homes need an onsite lateral flow test before visiting a family member. All NHS staff and other staff visiting care settings need to ensure that they do twice weekly testing in care settings.

There have been no infection control issues and the team is currently trying to recruit an additional infection control nurse.

## SCHOOLS AND EDUCATION SETTINGS

### **Schools Covid-19 testing data update**

Since the move to home testing for the majority of school staff and students, the DHSC subsequently ceased to provide a breakdown of the schools mass testing programme by school. This will limit our ability to compare schools in terms of staff/student population test uptake and registration.

The rapid tests undertaken as part of the schools mass testing programme still account for the greater proportion of all tests each week. In the week before 26th April, tests by schools accounted for 61 percent of rapid tests. However, the number of tests overall has fallen since March - from 9942 tests 29th March to 6443 tests by

5th April - and is continuing to decrease. The drop in early April may in part be attributed to the Easter break, but also to a move towards predominantly home testing and a greater reliance on self directed reporting of results by school staff and secondary age students. However, it is unknown if this reduction is actually due to fewer people testing or if pupils/staff are testing themselves, but not recording their results. There are known barriers for the registering of tests in some sections of the Haredi community, but limited insight into the general barriers experienced with testing/registering of results amongst families/carers and support bubbles of school aged children. Public Health are working with the Behaviour Change Team to explore this further and plan to hold a workshop to gather insights to inform future communication materials for the school population.

### **Schools Covid-19 positivity data update**

The tableau Covid-19 tracker, provides weekly updates on Covid-19 cases in educational settings. The number of cases remains very low with between one and three situations reported across early years, primary and secondary settings per week since April. The Haredi schools returned on 6th April, following the Passover festival, with the wider school population returning on the 19th. There has not been an observable increase in reported situations following the return of children to school so far.

### **Schools rapid testing policy change**

Most pupils and staff are testing at home although secondary schools have been strongly advised to retain some provision for onsite testing for those students who may struggle with home testing. From 10th May and when schools have exhausted their supply of onsite testing kits, they will be able to apply for the Orient Gene LFD kit. This test requires a double nasal swab only and can return a result in under 30 minutes. The new devices are for on site asymptomatic testing sites at schools and colleges only.

## **INCIDENT MANAGEMENT TEAM (IMT) MEETINGS**

The final Orthodox Jewish IMT with Haringey took place on 14th April, to review the situation and reflect on our response to the outbreak. It was agreed that this group had significantly helped the joint working between the boroughs and that further insight and intelligence could be sought from the Charedi Community Champions.

Vaccination and testing centre communication has been circulated widely in the community. Further work is being done with synagogues and the Rabbinate to

encourage testing and ensure that the community is able to respond to surge testing, if the need arises.

## **COMMUNITY ENGAGEMENT**

### **City and Hackney Public Health Community Champions Programme**

Since the expansion of the Community Champions to include people who live, work, study or volunteer in City and Hackney we have recruited 28 new Champions and now have over 160 Champions altogether. We are continuing to promote the role on the Volunteer Centre Hackney (VCH) website (<https://www.vchackney.org/phcc/>) and VCH are carrying out targeted outreach to ensure our Community Champions represent the diverse communities within City and Hackney. A new Programme Manager has recently been appointed who will be taking forward the ongoing support to all Community Champions, including developing a bespoke training offer, developing a peer support network and collaborative working in the newly established wider programme.

Community Champions now have two opportunities a month to attend volunteer forums. These continue to be very well attended and provide an opportunity to provide updates on a variety of areas including vaccines, testing, national guidance and broader public health topics, such as mental health. Community Champions have helped to shape our local approach to address inequity in vaccine uptake across City and Hackney. Local voluntary and community organisations have now been invited to apply for a small grant fund of up to £5000 each, to support community-led approaches. They are putting forward ideas of what will work and for what communities, which could include pop up vaccination clinics in local assets, vaccine buses, as well as intensive local outreach.

### **Collating insight and evaluation**

Council colleagues in the Change Support Team have been exploring digital solutions to managing and collating questions and insight from Community Champions and grant funded organisations. This will involve coding the information which is received and making it easier for insight to be collated and shared with relevant stakeholders across the system.

We have started to design our approach for evaluating the programme and have developed a logic model, in partnership with stakeholders. We are currently



exploring opportunities for working with an academic partner on the programme's evaluation.

### **COVID-19 information grants**

At the end of April, we held the panel to assess applications and award funding for the second round of the Public Health COVID-19 Information Grants. 15 organisations have been awarded funding, with clarification underway on another three bids.

The organisations who were funded in round 1 have submitted their quarter 1 monitoring reports and the Public Health Team are currently collating the insight from these reports, feeding into our local pandemic response.

### **Partnership Case Studies**

#### **Hackney Faith Forum**

Monthly Public Health engagement sessions are taking place to:

- improve partnership working
- amplify Public Health messages, drawing on the expertise and reach of faith leaders via improved communications

## **COMMUNICATIONS**

### **Ongoing communications**

Daily social media posts across all City Corporation and Hackney channels on testing, vaccination roll out and promotion of central government messaging on hands, face, space and lockdown rules. Both the City Corporation and Hackney websites are updated regularly, to provide information on the vaccine rollout and changes to local test operations.

### **Vaccination rollout**

#### **City Corporation**

1. Distribution of vaccination leaflet to all City residents and elected Members
2. Publication of 18 videos of local medical professionals, including GPs, to encourage people to take the vaccine
3. Widespread social media and resident communications in support of public Q&A events for marginalised groups, including diverse communities, to encourage take up of vaccines
4. Daily posts across City Corporation social media



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## Hackney Council

Hackney Council and its partners are delivering a major communications and engagement campaign in 2021 to encourage residents to get a Covid-19 vaccine. This campaign complements the national campaign, with a focus on more nuanced, culturally sensitive messaging for our diverse audiences. Research has gathered insights from local residents, particularly those from our diverse communities that may not engage with the national public health messaging. The insight gathered is informing the Hackney and pan London 'Keep London Safe' campaigns.

The Council is also working with VCH on the Community Champions programme, co-designing communications, messaging and collaterals, as well as providing communications training for the champions, to share public health messaging in their own circles.

- 60 JC Decaux posters up around the borough to encourage vaccination
- Daily digital posts across Council channels
- [4 pages of content in Hackney Life sent to all homes in Hackney](#)
- Weekly Orthodox Jewish newspaper adverts
- [Op-ed in Hackney Citizen on AstraZeneca issues](#)
- Public Q&A events set up with partners for: South East Asian communities, African communities, migrants (14 events in March, 7 events in April)

Insight has informed the development of communications assets and key outputs, as shown below:

- [Vaccine video aimed at those with learning difficulties](#)
- [Vaccine video from local Drag Queen aimed at those 25-35](#)
- [Vaccination booklet delivered to all homes](#)
- [Vaccination booklet translated into 5 community languages](#)
- [Public Health communications toolkit aimed at communicating with young people](#)

## **Testing**

### City Corporation

Continued push on digital channels for everyone to test twice a week. Informing businesses how they can access tests for staff.

## Hackney Council



There is direct engagement with the business community locally, including virtual meetings. Posters and leaflets have been sent out to businesses across the borough to encourage staff to take up the regular testing offer. Regular social media posts on rapid testing. A crisis communications plan on surge testing has been developed.

Rapid testing is being communicated through posters in Pharmacies, direct one-to-one conversations in vaccination centres, as well as through school communities. A letter to all homes is being prepared for May.

### **Targeted communications**

#### **City Corporation**

Seven news releases:

1. To highlight the City's reopening campaign announcing a string of events across the Square Mile designed to increase confidence in the City reopening for residents, workers and businesses after reaching stage 2 of [Roadmap](#)
2. To announce the first [dedicated vaccination site](#) in the City to encourage more people to get their vaccination.
3. To announce the City Corporation's action plan to be the [world's most innovative](#) and inclusive centre as Britain continues to move out of lockdown.
4. To announce the [plan](#) for the Square Mile following the pandemic to deliver a strong and sustainable recovery.
5. To announce the expansion of the scheme rating [COVID-19 safety measures](#) at London businesses.
6. To announce the reopening of the [Barbican library](#) after reaching stage 2 of the roadmap.
7. To announce the launch of a new COVID business [recovery fund](#) to support SMEs in the Square Mile.

We published a four-page [wraparound in City Matters](#) targeted at City residents and workers, including a joint letter from the Lord Mayor and Policy Chair.

#### **Hackney Council**

- Six press releases: [Dr Husbands' response to AZ](#), South East Asian community conversation, [press release](#), [stick to the rule of six](#), [vaccinations for migrants](#), [reopening of shops](#), [council enforcement of covid rules](#). Six



City and Hackney  
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pieces of Covid-19 related media coverage in April mentioning Hackney Council, including a BBC interview on Drivetime with Dr Husbands.

- Behavioural insights work: four social media posts have been developed using behavioural insights to encourage those aged 25-35 to stick to the COVID regulations.
- [Co-produced animation with young people encouraging people to comply with COVID rules](#)
- Orthodox Jewish community work:
  - Weekly adverts in Jewish community press on testing and vaccinations
  - Weekly meetings with Jewish community representatives on communications.

## STANDARD OPERATING PROCEDURES (SOPs)

The following SOPs have been reviewed and republished:- schools, workplaces, rough sleepers. All the SOPs on the City and Hackney websites have now been updated and republished.

A 'frequently asked questions' for places of worship has been developed in conjunction with the SOP and has been circulated widely.

## FINANCE

The total projected spend for the Test and Trace programme is currently standing at £2.815m. A detailed breakdown of the projected spend for each organization, including details of outbreaks plans agreed to date is shown in Appendix 1 below.

## SUPPORTING PAPERS AND EVIDENCE

[Local Outbreak Management Plan v. 3.1](#)

[Local Outbreak Management Summary Plan](#)

Financial summaries appendices 1A and B



## Appendix 1A - Finance Summary for Hackney

No.	Expenditure Type:	Description	2020/21 LBH Cost	2021/22 LBH Cost	Total Cost	Comments
1	Staffing Resources	Programme Manager - assignment commenced in July 2020)	72,000		72,000	Assumed will be in post till the end of the FY. Cost should be split 80:20 with the CoL.
2	Staffing Resources	PH Consultant - CURRENTLY VACANT (1 year fixed term contract)	30,010	31,220	61,230	80:20 allocation (Chief Officer 3) - commences on 1st July 20 to 30th June 21.
3	Pan-London Outreach Testing - ADPH London	ADPH London Pan-London Outreach Testing - (email from Tamsin 29June20)	13,755		13,755	Agreed expenditure.
4	VCS Test & Trace Programme	VCS Test and Trace Programme	482,871	246,354	729,225	£600k of Grants + £68,727 Hackney CVS + 60,474 VCH
5	IT Software	Tableau software platform for COVID dashboard	17,000	17,000	34,000	Purchased.
6	Communication Costs	Bereavement leaflet for frontline workers	1,340		1,340	
7	Community Covid Helpline - Bikur Cholim	Bikur Cholim Community Covid helpline - (3 months) 13 August to 12 November 2020.	7,000		7,000	It was agreed by the Board on 17 August with some appropriate KPIs to be developed by the service.
8	Staffing Resources	Keep London Safe Programme (Campaign Manager)	2,756		2,756	PO raised, awaiting invoice from the London Borough of Camden
9	Staffing Resources	Customers Services cost agreed for 6 months	52,000		52,000	£52k Customers Services cost agreed for 6 months (£1,968 per week)

10	Communication Costs	Covid Communication Plan	33,000		33,000	Covid Communication Plan - £33k agreed
11	Communication Costs	Further communications work (internal) £10k.	10,000		10,000	Further communications work (internal) £10k.
12	Covid Response Team (CRT)	Covid Response Team (CRT)	90,000		90,000	Start date 1st October 20-31st March 21 (Agreed on 21st Sept 20)
13	Covid Awareness - Interlink	Interlink Funding for COVID awareness work	22,500		22,500	
14	External Care provision	Electcare Health Emergency support over the weekend	8,100		8,100	Agreed on 5th October 20 (actuals TBC with the service area)
15	Welfare Support to Support Self Isolation	Welfare support to support self isolation	120,000		120,000	Agreed on 5th October 20 (actuals TBC with the service area)
16	Covid 19 Testing (Find & Treat Service)	Covid 19 testing (Find & Treat Service)	5,000		5,000	With the Find and Treat Team - we are the funder of last resort if the Home Office does not pick up the funding.
17	Local Contact Tracing Proposal	Local Contact Tracing Proposal	28,752		28,752	Agreed by Health Protection Board - may not be required if staff can be recruited from the redeployee pool (2XFTE Sc6 for 6 months)
18	Communication Costs	City and Hackney Coronavirus New Normal Budget (Further communication for residents & businesses)	30,000		30,000	Agreed by Health Protection Board on 26th October 2020 (incl £16k for specific City of London tier 2 work)
19	Staffing Resources	Tableau Data Manager post 1XPO5 for 6 mths - start date 2nd Nov 20	32,174	5,850	38,024	Agreed by Health Protection Board on 5th October 2020 (6 months forecast)

20	Community Covid Helpline - Bikur Cholim	Bikur Cholim Community Covid helpline additional grant 13 November to 31 Dec 2020	15,749		15,749	Helpline adviser's costs for 20 weeks £11,049 and Communications from August to December £4,700
21	IT Software	Coronavirus Call Handling Software	120,000		120,000	Agreed by Health protection board on 02 November 2020 (15 weeks).
22	Staffing Resources	Administrative support (forecast is for 3XSc5) for 6 mths	35,888	17,944	53,832	Admin 1: To provide dedicated and full time support to co-ordinate and report on the lifecycle of IMT meetings Admin 2 & 3: To help with day to day tasks and work flexibly on a full time basis over the next 6 months. Excellent organisational, administrative and design skills needed.
23	Staffing Resources	Senior Public Health Specialist: Health Protection Lead 1XPO10 for 6 mths	5,865	17,595	23,461	Oversight of outbreak control plan delivery, leading operational work and proposing strategic approaches for a minimum of 6 months, 0.6 FTE from 15th Feb21
24	Staffing Resources	Senior Public Health Specialist 2xPO7 for 12 mths (Local Contact Tracing Post & Community Engagement Post)	34,833	104,499	139,332	Management of contracts/relationships for Covid response, lead on testing and community engagement for 12 months
25	Staffing Resources	Senior Public Health Specialist: Communications 1XPO3 for 6 mths	13,790	13,790	27,580	Strategic oversight of communications across all LOCP workstreams. This role will oversee the work of PH comms officers, ensuring a good engagement strategy is delivered for SOPs across

						City and Hackney for a minimum of 6 mths.
26	Staffing Resources	IPC Health Protection Support	35,000	35,000	70,000	Technical input on infection prevention control to priority settings/partners. Agreed at HPB 1-Feb-21
27	Counselling/Training	Group Session Counselling – Covid team support	7,140		7,140	This was agreed at HPB on 16th Nov 20
28	Counselling/Training	Suicide in safeguarding training	800		800	Agreed at HPB 14 Dec 2020 split 80:20% Col
32	Staffing Resources	winter break planning, extension to Hackney Covid-19 helpline	1,300		1,300	Agreed at HPB 14 Dec 2020
33	Communication Costs	Local Contact Tracing Door to door letter drops	500		500	Agreed at HPB 21 Dec 2020
34	Staffing Resources	Senior Public Health Specialist 1xPO7 (Health Protection Board Lead, 18 Hrs a week)	9,054	9,054	18,108	As agreed by Sandra - 04/01/21
35	Staffing Resources	Testing operations lead 1xPO7	17,429	17,429	34,858	As agreed by Sandra - 04/01/21
37	Staffing Resources	Service Designer PO4/5, recruited by ICT, Support to Testing inc. Qmatic booking system, 6 months fixed term	15,764	15,764	31,527	As agreed by Sandra - 07/01/21
38	Contact Tracing	Training for Local Contact Tracers	5,500		5,500	Agreed at HPB 11-Jan-2021

39	Communication Costs	City and Hackney communications budget for January to March 2021	30,000		30,000	Agreed at HPB 11-Jan-2021
40	IT Software	CTAS form payment. This has been set up for up to 1,500 responses monthly at £55.40 pm. Anticipated for three months	166		166	Agreed by Sandra via email 15-Jan-2021
41	Staffing Resources	BI project to improve self-isolation and social distancing	22,000		22,000	Agreed by Sandra via email 25-Jan-2021
42	Staffing Resources	Senior Public Health Practitioner: (Testing Support)	9,851	19,703	29,554	Agreed by Sandra via email 25-Jan-2021
43	Staffing Resources	Expansion of Covid Response Team to Support Local Implementation of Enhanced Contact tracing. Funding for 2 x EHOs for 12 months respectively (PO4) at a cost of £173K comprising 85% staff costs and 15% non pay costs (with a 10% contingency).		172,718	172,718	Agreed at HPB 15-Feb-2021
44	Community Covid Helpline - Bikur Cholim	Bikur Cholim Community Covid helpline additional grant 1 January 2021 - 31 May 2021	14,000	8,615	22,615	Agreed at HPB 15-Feb-2021 (21 weeks @ £538.46 x 2 helpline advisors)

45	Behavioural Insights	Behavioural Insights to drive up local contact tracing success rates in City & Hackney	4,000		4,000	Agreed at HPB 15-Feb-2021. Split 80:20
46	Communication Costs	Additional communications funding to support vaccine take up	29,600		29,600	Agreed to fund £38k on 22nd Feb 21. Content to be approved by the Vaccination Steering Group. 80:20 allocation between LBH:CoL
47	Contact Tracing	To ensure routine genetic sequencing with subsample to monitor and suppress the spread of coronavirus and better understand new variants	40,050		40,050	Agreed at HPB 1 Mar 2021. One-off activity over 5 days (12 hour shifts). Only activated if there are cases of Variants of Concern (VOC). Should a VOC be found within Hackney and not the City, LB Hackney will fund the surge testing operation, and vice versa if a VOC is found in the City and not Hackney. Should a VOC be linked to postcodes across the City and Hackney boundaries, then the cost of surge testing will fall to both the City and LB Hackney, who then share the financial responsibility to fund all aspects of surge testing.
48	Staffing Resources	Covid Response Team (CRT)		90,000	90,000	Agreed at HPB 1 Mar 2021. Extending the current arrangement to fund three EHOs for 6 months (PO4) from the 1st April 2021 - 30th September 2021.

49	Staffing Resources	City and Hackney Public Health Intelligence Team (PHIT)		67,280	67,280	Agreed at HPB 8 Mar 2021. 80:20 split. In the absence of Sandra and Chris the paper will be tabled at Covid-19 Operational Working Group on Thursday instead for approval
50	Staffing Resources	Single point of access (SPOA) and Navigation Networks		99,044	99,044	Agreed at HPB 8 Mar 2021.
51	Staffing Resources	Local Contact Tracing (LCT) 6 month contract extension		153,168	153,168	Agreed at HPB 29 Mar 2021. There is an element for Clty but this is yet to be determined. April-Sept 2021
<b>Total:</b>			<b>£1,526,537</b>	<b>£1,142,026</b>	<b>£2,668,563</b>	



## Appendix 1B - Finance Summary for City of London Corporation

Item	Expenditure Type:	Description	20/21 CoL Cost	2021/22 CoL Cost	Total Cost	Comments
1	Staffing Resources	Programme Manager - assignment commenced in July 2020)	£18,000		£18,000	Assumed will be in post till the end of the FY. Cost should be split 80:20 with the CoL.
2	Staffing Resources	PH Consultant - CURRENTLY VACANT (1 year fixed term contract)	£7,503	£7,805	£15,307	80:20 allocation (Chief Officer 3) - commences on 1st July 20 to 30th June 21.
28	Counselling/Training	Suicide in safeguarding training	£200		£200	Agreed at HPB 14 Dec 2020 split 80:20% CoL
29	Communication Costs	City Matters for Covid 19 Wrap Around	£16,000		£16,000	First wraparound (Nov 20, Dec 20)
30	Communication Costs	City Matters for Covid 19 Second Wrap Around	£16,000		£16,000	This was agreed at HPB on 07th Dec 20 (Jan 21, Feb 21)
36	Communication Costs	City Matters for Covid 19 third Wrap Around	£8,000	£8,000	£16,000	Agreed at HPB 11-Jan-2021 (Mar 21, Apr 21)
45	Behavioural Insights	Behavioural Insights to drive up local contact tracing success rates in City & Hackney	£1,000		£1,000	Agreed at HPB 15-Feb-2021. Split 80:20
46	Communication Costs	Additional communications funding to support vaccine take up	£7,400		£7,400	Agreed to fund £38k on 22nd Feb 21. Content to be approved by the Vaccination Steering Group. 80:20 allocation between LBH:CoL

47	Contact Tracing	Surge testing. To ensure routine genetic sequencing with subsample to monitor and suppress the spread of coronavirus and better understand new variants	£10,012		£10,012	Agreed at HPB 1 Mar 2021. One-off activity over 5 days (12 hour shifts). Only activated if there are cases of Variants of Concern (VOC). Should a VOC be found within Hackney and not the City, LB Hackney will fund the surge testing operation, and vice versa if a VOC is found in the City and not Hackney. Should a VOC be linked to postcodes across the City and Hackney boundaries, then the cost of surge testing will fall to both the City and LB Hackney, who then share the financial responsibility to fund all aspects of surge testing.
49	Staffing Resources	City and Hackney Public Health Intelligence Team (PHIT)		£16,820	£16,820	Agreed at HPB 8 Mar 2021. 80:20 split. In the absence of Sandra and Chris the paper will be tabled at Covid-19 Operational Working Group on Thursday instead for approval
52	Communication Costs	City Matters for Covid 19 fourth Wrap Around		£16,000	£16,000	Agreed at HPB 22-Mar-2021 (May 21, Jun 21)
31	Other commitments - City of London	Other commitments - City of London remaining balance	£13,744		£13,744	Plans in development, awaiting further details
<b>Total:</b>			<b>£97,859</b>	<b>£48,625</b>	<b>£146,484</b>	