



Local Outbreak Board (Integrated Commissioning Sub-Committee)

Date: THURSDAY, 10 JUNE 2021

Time: 9.00 am

Members: Randall Anderson
Marianne Fredericks
Ruby Sayed

AGENDA

1. CITY AND HACKNEY LOCAL OUTBREAK BOARD

For Information
(Pages 3 - 38)

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 10th June 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	Paper	-	
3.	Minutes of the previous meeting	Chair	Paper	2-6	
4.	Questions from the Public	Chair	None	-	
5.	Vaccinations Update & Evaluation of the Vaccination Program	Siobhan Harper <i>For discussion</i>	Paper	7-16 17-25	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	26-45	09.40

Date of next meeting:

8th July 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 13 May 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 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

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 Scoullas

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. In terms of our outreach program, we had been working closely with the public health team to work on community champions and further with the voluntary sector in order to increase uptake and decrease hesitancy.
- 4.2. The supply of AstraZeneca had been severely impacted. There were also some concerns with the safety of the vaccine, as there are some rare side-effects reported. We were hoping that a Pfizer outreach programme would increase uptake of other covid-19 vaccines.
- 4.3. Cllr Kennedy asked about the transfer from GP Confederation to Primary Care Networks (PCN). Are we helping practices with lower vaccination rates to catch-up? Siobhan Harper responded that there was an active planning group meeting on a weekly basis that fed into the vaccine steering group. Jenny Darkwah added that there was a weekly transition meeting to ensure that this process was seamless for patients. This would not be a transactional handover but a collaborative process.
- 4.4. Andrew Carter asked when we would begin to see a timescale for some of these measures to have an impact. He also asked how we could get a complete picture in terms of the data from residents who were registered in Tower Hamlets. Siobhan Harper responded that this data could be included in the slide deck in future submissions. In terms of when an impact would be seen, the events we had held thus far had seen relatively small numbers of people vaccinated. We would likely see some impact from the outreach work but it would likely not significantly affect the figures, based on the evidence received thus far.
- 4.5. Mayor Glanville noted that heat maps were being looked at for door-to-door visits. He also raised the issue of buses and estate pop-ups – what was the rationale for not doing these interventions? He also noted that previous events had demonstrated that the more open the walk-ins were, the larger the numbers of people vaccinated. Siobhan Harper responded that a multi-generational approach had been authorized. We were making sure that our communications offer would be planned regularly to ensure that there was co-ordination across organisations; the buses were an available offer to the voluntary sector if they wanted it. We would be building on the heat maps which would provide intelligence from a geographical perspective as to where we needed to deploy resources.
- 4.6. Randall Anderson asked a question in relation to rough sleepers. He also asked whether door-to-door offers of the vaccine were still going ahead. Siobhan Harper responded that there had been offers made to hostels and hotels which were housing the homeless.

There was more, however, we could be doing with our partners around this. We were also liaising with pharmacists to offer walk-ins as there were rules governing community outreach. In terms of door-knocking, a proposal on this was due to go to the vaccination steering group next week.

➤ **Siobhan Harper to respond to Randall Anderson on the issue of City vaccination locations.**

4.7. Sandra Husbands added that the door-knocking program was not intended to offer the vaccination to anyone who wanted it, but was a form of outreach to people who had declined the vaccination by other means. We should, however, not underestimate the importance of persistence and patience.

4.8. Cllr Bramble highlighted the importance of community conversations and commended the work which had already been done – recent community Q&A sessions had been successful in alleviating peoples' fears and concerns.

➤ **Siobhan Harper to bring back evaluation report on community outreach to the next meeting.**

4.9. Haren Patel noted that we would need to use more Pfizer vaccines as we moved towards offering vaccines to cohorts 10-12. Siobhan Harper responded that some pharmacies were agreeing to use Pfizer.

5. Data Intelligence Update

5.1. Diana Divajeva introduced the item. There was currently a relatively stable situation with regard to covid-19 cases. Fluctuations were within single-digits. The situation was similar in the City of London.

5.2. The highest incidence rates were among the working age population and the under-20s. The lowest case rates were in the over-60s.

5.3. Whilst we had a comparatively high rate of covid-19 infections compared to other London boroughs, the rate of infection was low enough that this was not a significant difference.

5.4. Whilst case rates were low, there was still roughly one death per week in Hackney.

5.5. Jon Williams asked about the infection rate with regard to the variant B.1.617.2 and requested that this is not referred to as the "Indian variant". Sandra Husbands responded that we were concerned about the variant B.1.351 and the aforementioned variant – these were, respectively, first identified in India and South Africa. There was not much to report at the moment and currently there were no plans for surge testing.

5.6. Haren Patel asked why there had been an increase around certain areas. Diana Divajeva responded that case levels were still low and so small case clusters did not necessarily mean there was an outbreak in a certain area.

6. Local Outbreak Management Plan

6.1. Sandra Husbands introduced the updated Local Outbreak Management Plan. We had increased our capacity for local testing including standing up test sites.

- 6.2. We had also implemented a covid response team, which had done a lot of work with local businesses to provide support. This had been able to identify an outbreak in the borough before LCRC had done so.
- 6.3. We also had an enhanced isolation support program and were aiming to extend our provision to support people to self-isolate if they lived in high-density housing such as a house of multiple occupancy.

7. Any Other Business

- 7.1. There was none.

City and Hackney COVID 19 Vaccination Programme

Update briefing to Local Outbreak Board

10 June 2021



Update on the local vaccination roll-out

1. Overall over 120,000 1st & 63,000 2nd dose vaccinations have been undertaken
2. Although there has been 3% increase in vaccination uptake for 1st doses across Cohorts 1-9 (i.e aged over 50) since the last meeting, 26,600 residents remain unvaccinated
3. 17,000 residents in cohorts 1-6 (i.e aged over the age 65 and severe underlying health conditions) remain unvaccinated
4. Pfizer and Moderna now recommended for all those under 40 years of age
5. All those 30 years old and over now eligible to book their vaccine in addition to cohorts 1-9
6. Vaccinating Pharmacies and local vaccination centres now delivering Pfizer or Moderna as well as AstraZeneca (AZ)
7. Outreach work continues through June and July to provide support to specific communities and areas with local outbreaks with variants of concern
8. Further work required to encourage uptake of 2nd dose AZ and Primary Care Network led event to deliver 250 2nd dose vaccinations at Spring Hill Practice on 6 June 2021 with further weekend sessions planned
9. NEL planning a mass vaccination event for 10,000 at Olympic Park similar to event in NWL at Twickenham with date to be confirmed.

Key actions in the next two weeks

- Local surge planning for vaccination which prioritises cohorts 1-9 and increased uptake of second doses
- Range of activities to increase uptake of vaccination by wider social care workforce and carers (see slide 5)
- Roll out of 'at scale' general practice vaccination through launch of additional Primary Care Network centres, with Spring Hill commenced 6 June, then Lawson Practice and then further roll out plans
- Just under 1,000 unvaccinated patients in cohort 1-9 requested Pfizer 1st dose and now being booked into Pfizer clinics over next few weeks
- Roll-out of community outreach events to targeted communities with unequal uptake continues; aligning community groups funded for engagement to dates agreed with Excel team for outreach clinics

Vaccination of JCVI priority cohorts 01-11

Overview

Source: NEL Covid vaccination: Invite & uptake coded in Primary care

Updated: 09/06/2021



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	330	299	91%	266	81%	16	5%	-2%	-5
2	80 years of age and over	5177	4293	83%	3971	77%	644	12%	0%	0
3	75 years of age and over	3956	3308	84%	3104	78%	411	10%	0%	9
4	70 years of age and CEV	20950	16044	77%	13782	66%	2447	12%	0%	63
5	65 years of age and over	7054	5655	80%	5108	72%	578	8%	1%	36
6	16-64 years of age and at risk of COVID	26526	17304	65%	13478	51%	2893	11%	1%	137
7	60 years of age and over	6617	4764	72%	3801	57%	518	8%	0%	7
8	55 years of age and over	10276	7075	69%	4841	47%	728	7%	1%	49
9	50 years of age and over	12800	8619	67%	5226	41%	785	6%	1%	78
10	40 - 49 years of age	39555	21720	55%	4375	11%	181	0%	2%	513
11	30 – 39 years of age	73445	27987	38%	5307	7%	190	0%	25%	5,586
12										
	Totals Cohort 1-4	30,413	23,944	79%	21,123	69%	3,518	12%	0%	67
	Totals Cohort 1-6	63,993	46,903	73%	39,709	62%	6,989	11%	1%	240
	Totals Cohort 1-9	93,686	67,361	72%	53,577	57%	9,020	10%	1%	374
	Totals Cohort 1-12									

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 01.06.21 and 08.06.21
- Local vax programme was delayed due to need to replace Elsdale Street but C&H quickly caught up
- Cohort 4 increased from 11,571 to 20,840 due to updated in how shielding guidance from 15.02.20

Care home (a) residents and (b) staff and carers vaccination data uptake Hackney

(a)

	Total number of residents	Number of eligible residents reported to be vaccinated with at least one dose	% of eligible residents reported to be vaccinated with at least one dose	Number of eligible residents reported to be vaccinated with a 2nd dose	% of eligible residents reported to be vaccinated with a 2nd dose
Older adult care homes	225	199	88.4%	193	85.8%
Younger adult care homes	65	60	92.3%	57	87.7%
Total	290	259	89.3%	250	86.2%

(b)

	Total number of staff	Number of eligible staff reported to be vaccinated with at least one dose	% of eligible staff reported to be vaccinated with at least one dose	Number of eligible staff reported to be vaccinated with a 2nd dose	% of eligible staff reported to be vaccinated with a 2nd dose
Domiciliary Carers	1,603	601	37.5%	103	6.4%
Younger adult care homes	85	68	80%	47	55.3%
Older adult care homes	321	212	66%	186	57.9%
Non- registered settings & all other frontline social care	10,532	5,042	47.9%	1,478	14%
Total	12,541	5,923	47.2%	1,814	14.5%

Source: Figures relating to staff are as recorded on the Capacity Tracker tool and have been developed jointly with the Department of Health and Social Care.

Period: Extracted from Capacity Tracker on 7th June

Update on work to improve vaccination uptake in carers

1. Validate self reported vaccine uptake from care providers & twice weekly vaccine uptake reports
2. Engagement session with provider managers & vaccine improvement plans
3. Q&A sessions from Public Health and GP clinical leads with provider staff on vaccinations
4. Fast track access to vaccinations for care staff at vaccine centres
5. Financial incentive for staff to be vaccinated
6. Mobile vaccination service to be commissioned to take vaccinations to staff

Update on vaccination of homeless people

	Total population	Number vaccinated with at least one dose	% of total vaccinated with at least one dose	Number vaccinated with a 2nd dose	% of total vaccinated with a 2nd dose
Holiday Inn - Asylum seeker accommodation	217	132	60.8%	81	37.3%
Youth Hostels Association - Hostel	43	21	48.8%	8	18.6%
The Pembury Hotel - Hostel	49	16	32.7%	17	34.7%
Shuttleworth Hotel - Hostel	44	35	79.5%	25	56.8%
Global Lodge - Rough Sleepers and outreach clients currently placed in TA	29	13	44.8%	3	10.3%
Cape House - Rough Sleepers and outreach clients currently placed in TA	<i>Incomplete data</i>				
Ridley Villas - Rough Sleepers and outreach clients currently placed in TA	<i>Incomplete data</i>				
Hackney Night Shelter - Shelter	14	1	7.1%	0	0.0%
St Mungo's - Supported Housing Mare Street	64	14	21.9%	2	3.1%
St Mungo's - Supported Housing Lansdown Drive	24	11	45.8%	6	25.0%
St Mungo's - Supported Housing Church Walk	27	7	25.9%	5	18.5%
British Red Cross - Day centre for destitute asylum seekers and undocumented migrants	<i>Incomplete data</i>				
Total (partial total as sites with incomplete data excluded)	511	250	48.9%	147	28.8%

Source: Taken from City and Hackney Homeless COVID Vaccination Report: 28th May 2021

Update on upcoming community outreach events

Thursday clinic at St Leonards

- St Leonard's Hospital vaccine clinic on Thursdays 10am-3pm for the next 4 weeks so 10, 17, 24 June and 1 July

Community African Network and SWIM vaccine outreach project

- Community African Network and SWIM 2nd dose clinics on 24 & 25 June at Pembury Centre and Halkevi
- Community African Network and SWIM doing outreach signposting and booking people in on Tuesdays and Wednesdays across a range of locations in Hackney

Mass surge vaccination event

- Mass vaccination event similar to the one in Twickenham planned for 19 June at NEL level

VCS grant scheme activity and pop ups

Working with following community organisations to deliver community outreach events with opportunities for vaccination in June and July:

- Irish Elderly Advice Network
- Shomrin
- Hackney Chinese Community Association
- African Development Advocacy Centre
- Kanlungan
- Round Chapel Old School Rooms
- Uprising Community Club
- Turkish Cypriot Community Association
- Hawa Trust
- Bangla Housing / Hackney Central Mosque
- Halkevi – Kurdish and Turkish Community Centre

Key upcoming actions:	
First Voluntary Organisations mobilised	w/c 1 June
Vaccination plans for Health Inclusion Groups (homeless population, sex workers, travelling communities)	8 June
Outreach offer to communities with unequal uptake in cohorts 10-12 developed (menu of options)	25 June
All Voluntary Organisations mobilised	28 June
Delivery plan and reporting progress and outcomes agreed	w/c 1 June
Data insights and heatmaps inform decision making and planning	Ongoing
Programme of work evaluated	31 August

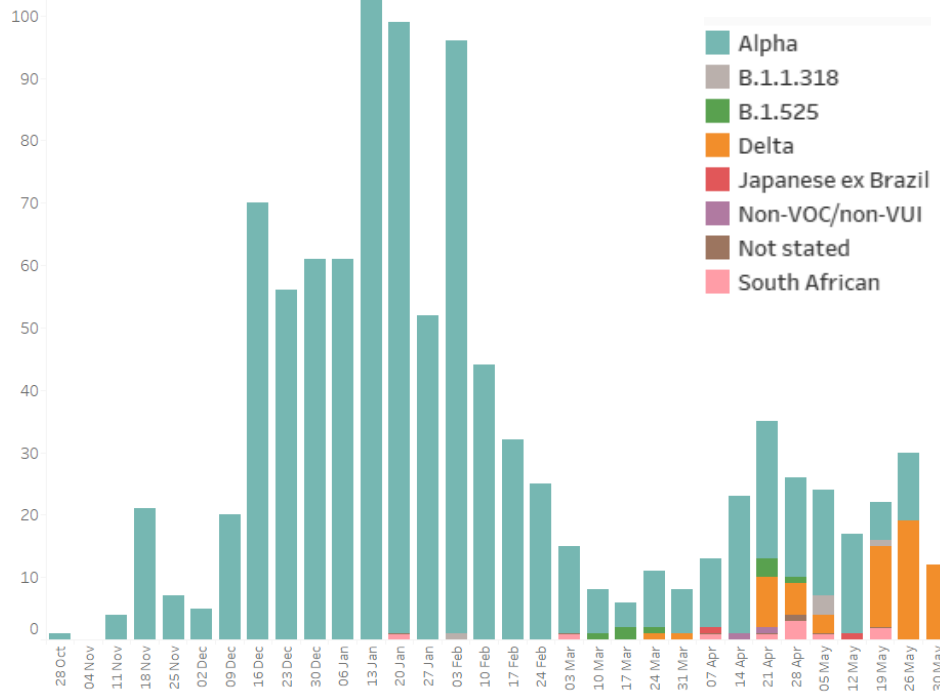
Communications – key actions in the next two weeks

- **Continued widespread comms** using **all** system partner channels/ networks – social, local publications, influencers, targeted ads/ posters, community champions etc.
 - New cohorts announced to encourage vaccination uptake
 - To encourage uptake of the second dose of COVID-19 vaccination and
 - To highlight over 50s having their second dose bought forward
- **Hackney specific**
 - New Jcdecaux / targeted ads on getting the vaccine put up across borough
 - Orthodox Jewish communications on fertility, pregnancy and the vaccine to be published
- **City specific**
 - News release to be issued this week which will include the importance of vaccination uptake
 - Wraparound City Matters including joint letter from Lord Mayor and Policy Chair (16th June)
 - Op ed piece in City Resident which will highlight the importance of vaccinations (next week)
- **Continued comms support for local outreach events**
 - 20th June Orthodox Jewish community event at John Scott (to be confirmed)
 - Thursday clinic at St Leonards 10am-3pm for the next 4 weeks -10,17,24 June and 1 July
 - VCS grant scheme activity and pop ups (interactive map and accompanying widespread comms where pop ups can be inclusive)
 - Community African Network and SWIM vaccine outreach project - 2nd dose clinics on 24 & 25 June at Pembury Centre and Halkevi
 - Mass vaccination event similar to the one in Twickenham planned for 19 June at NEL level (up to 15,000 doses) – NEL leading on comms with us supporting
- **Pharmacy appointments** – developing a 'live' public facing calendar that is updated on a daily basis showing which pharmacies are offering which vaccines, at what time, and where walk-ins area available
- **Weekly stakeholder briefing** – to be shared Thurs PM
- **Agreeing a process for insight reporting/ sharing** including ensuring we capture feedback from outreach activity (incl. 2nd dose barriers)
- Support CYPFM with **maternity specific online event** possibly in mid-to late July

Update on variants of concern (VOC) and variants of interest

The Alpha variant has accounted for 91% of VOCs recorded in Hackney and the City of London to date, while the Delta variant made up 83% in the latest week

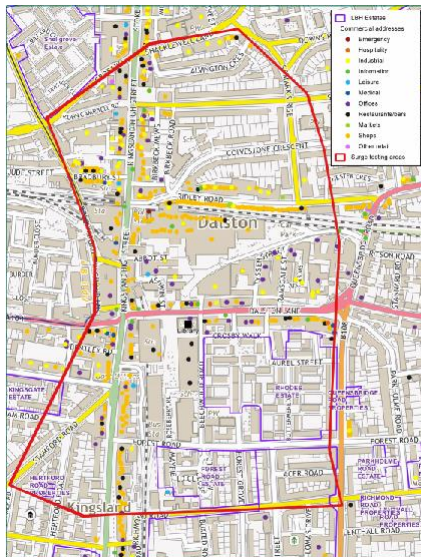
Number of VOC and VUI cases by week and type, Hackney and the City of London.



Data source: Public Health England.

- In London, as of 25 May, there were 5 variants of concern (VOCs) and 9 variants under investigation (VUIs).
- As of 30 May 2021, 1,003 VOCs/VUIs had been detected in Hackney and the City of London: 983 in Hackney and 21 in the City.
- While 91% of those recorded to date have been the Alpha (Kent) variant, 83% of those recorded in the latest week (ending 30 May 2021) were the Delta (Indian) variant.
- In the latest week of available data there were 24 VOC/VUI recorded, making up 42% of all cases recorded in Hackney and the City of London that week.
- Below is a breakdown of all VOCs to date by lineage:
 - Lineage B.1.1.7 (first detected in Kent): 916
 - Lineage B.1.617.2 (India): 59
 - Lineage B.1.351 (South Africa): 10
 - Lineage B.1.525: 8
 - Lineage B.1.1.318: 5
 - Lineage B.1.617.1 (India): < 5
 - Lineage P1 (Japan ex Brazil): < 5

Update on targeted testing in Shoreditch and Dalston



- Small number of beta & delta variants detected in Shoreditch & Dalston concentrated in a 3 businesses
- 2 weeks of targeted PCR testing started 14th May in order to identify further cases & limit transmission
- Genomic syncing of all positive PCR tests in London activated
- Mobile PCR testing units setup at St John's Baptists Church & Geffrye Centre
- COVID Community Champions undertook engagement in Shoreditch & Dalston stressing the support from the council for people who tested positive & importance of testing
- 2,000 businesses were approached and given test kits
- 15,451 test kits distributed with 3,355 completed tests returned to local drop off & other kits returned by post
- Analysis of tests for variants of concern is being undertaken by Public Health England and date will report in due course
- Vaccinations promoted throughout the 2 weeks and additional outreach vaccination centres set up at Gillett Square, Dalston 26th May, 2nd, 5th & 6th June and at St Leonards Hospital every Thursday in June & 1st July

Evaluation of effectiveness of vaccination programme in City and Hackney

Anna Garner, June 2021

The COVID-19 vaccination programme is being rolled out across NEL and is expected to achieve 90% uptake across all cohorts. There is evidence of lower vaccination rates in some population groups which, if not addressed, would exacerbate existing health inequalities.

A range of interventions have been put in place to understand and overcome barriers to vaccination uptake across our diverse communities of NEL (responding to cultural and ethnic differences in vaccine attitudes, trust and confidence), as well as interventions for communities experiencing vulnerability and exclusion who may require different pathways to enable them to take the vaccination (e.g. homeless, asylum seekers, people with learning disabilities).

We want to increase vaccination rates overall and among populations experiencing inequalities, but we also want our interventions to increase confidence and trust in our communities, and enable our residents to be able to make an informed choice as to whether or not to take the vaccine, and have equal access to protection from COVID-19 (whether or not they choose to take the vaccine). Further, many interventions will not be delivering vaccinations but working further upstream to provide information or increase trust.

The evaluation framework and measures will cover the whole of the vaccination programme across City and Hackney, but with a particular focus on the systematic community led approach to increase vaccine uptake in eligible cohorts (either registered or unregistered with a GP). Findings from the evaluation will be used to understand the short and medium-term impacts and gather insight to inform future delivery. This paper describes the ways in which we will be collecting evidence on the impact of the vaccination programme on outcomes for residents, and how we will monitor information on outcomes.

Aim of the evaluation: to provide evidence on impact of the vaccination programme on outcomes for City and Hackney residents.

What interventions are we providing to ensure uptake of vaccine across population groups locally?

- Vaccine provision (bookable via GP practices, national booking system, 119 and LBH helpline)
 - NHS:
 - Local vaccination sites (John Scott Health Centre and Bocking St)

- Vaccination centres
 - GP practices (not all)
 - Pharmacies (not all)
 - St Leonards (weekly during June/July)
 - Clinics for SMI patient registered lists (ELFT)
- Community sites (some vaccine events will include health advice, social prescribers and pharmacists to give out information about local services on the day of the vaccination): appointments can be booked via LBH helpline, but some also will be taking walk-in appointments. Most of these events supported by Community Champions providing information and signposting to local services/support:
 - Vaccine bus (in an area of high footfall e.g. market, estate).
 - Community centres
 - Faith or religious building
 - Bespoke outreach clinics (for care homes, homelessness, multi occupancy homes)
- Pre-engagement sessions
 - Pre-engagement information session about vaccines, gathering insight from community
 - Pre-engagement information session to inform the details of a vaccine event
 - Wellbeing event gathering insight from community and to inform the details of a vaccine event
- Communications
 - Weekly newsletter to Community Champions about the vaccine events (they are inclusive regardless if they are part of a community grant) – to share with their networks
 - Community Champions Forum every two weeks - for sharing information
 - Communications via LBH channels - Twitter, Facebook, LBH press releases

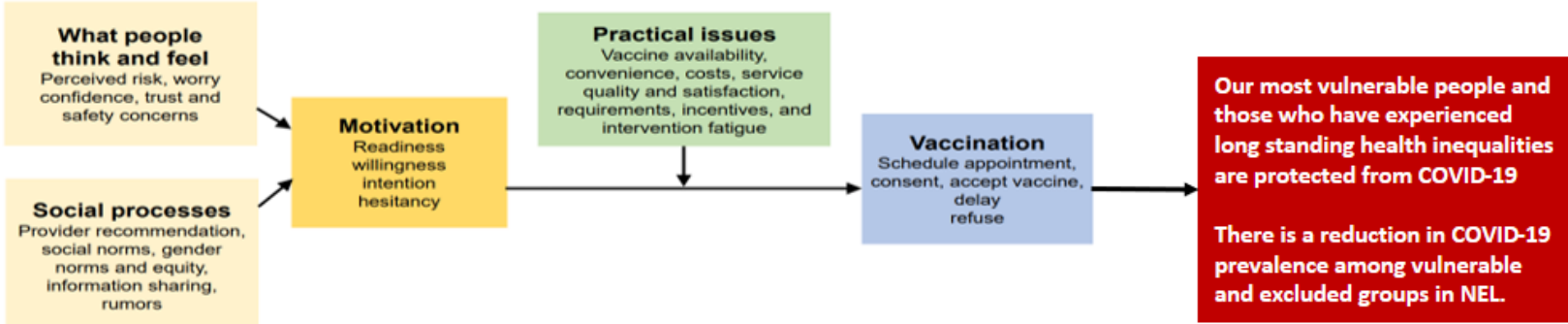
What are we measuring on the above interventions (activities and outputs)?

- *Attendance? Visits to e.g. bus/websites? Here to help phonenumber enquiries? Appts booked via helpline?*
- *Demographics of attendees? Postcode so know where resident?*
- *Categorising population groups on insight log (lower confidence levels, unconcerned, poorly reached, active resistor)? Whether registered with a GP (and whether supported to register)*
- *Activities: information giving? Signposting?*
- *# Community Champs conversation / Whatsapp messages*
- *Anything on workforce delivering vaccine: attitudes/confidence/experience?*

- *Comms*
 - *# FAQ's answered - distributed / accessed hits on website?*
 - *# Comms channels identified / #language translations*
 - *# of co-designed resources eg Social Media frames/invite a friend card*
 - *Reach of social media*

What outcomes do we want to see from the vaccination programme in City and Hackney?

We want to be able to measure the impact of all types of interventions (above) and for these reasons, this must include measuring more than just numbers/rates of vaccinations. For example, changing resident attitudes and confidence, even if not leading to vaccine, is a positive outcome (as hopefully that leads to a change in behaviour or interactions with others on the vaccine). NEL have developed a logic model and outcomes framework to articulate the impacts we want to see from our vaccination programme, including reducing inequalities. The outcomes are aligned to the WHO Increasing Vaccinations Model to show how the outcomes are expected to move people along the process towards vaccination:



Source: The BeSD expert working group. Based on: Brewer NT, Chapman GB, Rothman AJ, Leask I, and Kempe A (2017). Increasing vaccination: Putting psychological science into action. *Psychological Science for the Public Interest*. 18(3): 149-207

All movement of residents (from groups experiencing inequalities) along this process = successful outcome

Individual experience and motivation (community/resident insight):

- I am supported to make an informed choice about having the vaccine and I know where to get my questions answered.
- I am confident that the vaccine will protect my own health and that of my family and friends.
- I have an increased level of trust in health and care services being able to meet my needs.
- People who have received the vaccine encourage their friends, family and colleagues to be vaccinated.
- I am able to receive the vaccination at a time/location that is convenient to me.
- I had a positive experience of being vaccinated.

Workforce experience and motivation (staff/practitioner insight):

- I have the right skills, knowledge & capabilities to carry out my role.
- I am confident in being able to support and enable others to take up the vaccine.

Planning

- System partners work collaboratively to identify those who require additional information and support to access the vaccine (national and local evidence base is collated and used).
- Systems are able to monitor and track progress in vaccinating underserved groups.
- The system has an increased understanding of the local population: who is underserved + best ways to reach them.

Reducing vaccine inequality

- Vaccinations offered and accepted by populations of interest
- Increased vaccine uptake in populations of interest
- Reduction in the difference in vaccination rates between population groups
- Increased uptake of other vaccinations (e.g. flu vaccine)

Impacts

- Increased overall vaccination rates.
- Reduced hospitalisations from Covid19 among vulnerable groups and those who have experienced longstanding health inequalities
- Reduced mortality from Covid19 among vulnerable groups and those who have experienced longstanding health inequalities

Outcomes framework to support reducing inequalities in COVID-19 vaccinations across north east London (NEL)

I am confident that the vaccine will protect my own health and that of my family and friends.

- Proportion of people in group(s) of interest who feel confident that the vaccine will protect their own health and that of their family and friends.
- Proportion of people in group(s) of interest who feel confident that the vaccine is safe.

I am supported to make an informed choice about having the vaccine and I know where to get my questions answered.

- Proportion of people in group(s) of interest who feel supported to make an informed choice about having the vaccine and know where to get their questions answered.

I am confident in being able to support and enable others to take up the vaccine (staff).

- Proportion of clinical and administrative frontline staff delivering the intervention who feel confident in being able to support and enable others to take up the vaccine.
- Number of clinical and administrative frontline staff delivering the intervention who report having experienced supporting someone who has questions about the vaccination.

Increased vaccination uptake among groups experiencing inequalities

- Numbers of first/second dose vaccinations given to people in group(s) of interest as part of the intervention.
- Increase in rates of first/second vaccinations among group(s) of interest within 3-4 weeks of intervention.
- Number of people within group(s) of interest who self-report that the intervention has or will lead to them taking the vaccination
- Local vaccine uptake rates by ethnicity, deprivation, age, gender, and groups experiencing exclusion and vulnerability.
- Number of people who have not received a second dose within 12 weeks of their first dose.
- Numbers of people declining the vaccination, not attending or cancelling their appointment.

I am able to receive the vaccination at a time/ location that was convenient for me.

- Proportion eligible who reported that they were vaccinated and would not have gone anywhere else to take the vaccine.
- Proportion eligible who report that there is a vaccination centre convenient/accessible to them.

I had a positive experience of being vaccinated

- Resident feedback on service and satisfaction.

System partners work collaboratively to identify those who require additional information and support to access the vaccine

- National and local evidence base is collated and used.
- Priority population groups defined to inform targeting of interventions.

Systems are able to monitor and track progress in vaccinating underserved groups, and by protected characteristics and deprivation.

- Progress in vaccination coverage across groups are tracked across the system.
- System monitoring of interventions used to increase uptake in underserved groups.

How are we going to measure progress towards these outcomes?

Measures will vary depend on the type of intervention, so interventions in the table below are divided into:

- Pre-engagement events
- Booking events and processes
- Vaccination events
- Workforce (training/communication/support/confidence-building)?

The outcomes in the table below will need to be analysed by specific target groups/groups of interest (whether this is geographical/age group/communities/particular underserved groups), as well as considering the position across population groups.

How the measures will be collected will vary between types of intervention and different measures. For all types of event, uptake of vaccinations outside of the immediate event will need to be measures (with the lack of being able to follow individual residents and event attendees, this will involve identification of potential vaccination sites and monitoring uptake of vaccinations (by target groups if possible) from the date of the event until 4 weeks after.

To note – measures are still draft and need input from community groups on whether these are meaningful and can be asked of communities and event-attendees appropriately and acceptably.

Intervention	Outcomes	Measure	Data source	Period of measurement
Pre-engagement events (information giving, insight gathering; no vaccines provided)	I am confident that the vaccine will protect my own health and that of my friends and family I am supported to make an informed choice about having the vaccine and I know where to get my questions answered	% people in group(s) of interest who feel confident that the vaccine is safe. % people in group(s) of interest who feel confident that the vaccine will be effective in protecting their own health and that of their family and friends. % people in group(s) with future intention to discuss the vaccine with family and friends % people in group(s) of interest who feel supported to make an informed choice about having the vaccine and know where to get their questions answered.	Qualitative survey	Measure outcomes attendees before and after information events

	<p>Increased vaccination uptake among groups experiencing inequalities</p> <p>I am able to receive the vaccination at a time/ location that was convenient for me.</p>	<p>Collect information on sources of information <i>Are we missing anything on: health literacy? Trust of services?</i></p> <p># people within group(s) of interest who self-report that the intervention has or will lead to them taking the vaccination</p> <p>Increase in rates of first/second vaccinations among group(s) of interest within 3-4 weeks of intervention.</p> <p>% eligible who report that there is a vaccination centre convenient/accessible to them. Collect insight on reasons for missing second vaccines</p>	<p>Vaccination data (CEG/Foundry/NIMS)</p> <p>Qualitative survey</p>	<p>Date of event to 4 weeks after event</p> <p>Measure outcomes attendees before and after information events</p>
Booking events and processes	I am able to receive the vaccination at a time/ location and via a process that was easy and convenient for me	<p>Sources of information on clinics etc Convenience/acceptability of clinics vs GP invites</p>	Web survey (following booking)	
Vaccination events – walk ins and pop ups	<p>Increased vaccination uptake among groups experiencing inequalities</p> <p>I am able to receive the vaccination at a time/ location and via a process that was easy and convenient for me</p>	<p># first/second dose vaccinations given Local vaccine uptake rates by ethnicity, deprivation, age, gender, and groups experiencing exclusion and vulnerability. # people who have not received a second dose within 12 weeks of their first dose. # people declining the vaccination, not attending or cancelling their appointment.</p> <p>% eligible who reported that they were vaccinated and would not have gone anywhere else to take the vaccine.</p>	<p>Vaccination data (CEG/Foundry/NIMS)</p> <p>Qualitative survey</p>	Date of event to 4 weeks after event

		% eligible who report that there is a vaccination centre convenient/accessible to them.		
	I had a positive experience of being vaccinated	Resident feedback on service and satisfaction (including reported reasons for attending vaccination centre)	Qualitative survey	

How will we monitor outcomes (at City and Hackney and NEL level)?

To be monitored by City and Hackney vaccine steering group:

- 1. Attitudes and behaviours:
 - Qualitative data from outreach interventions
 - % eligible who reported that they were vaccinated and would not have gone anywhere else to take the vaccine.
 - % eligible who report that there is a vaccination centre convenient/accessible to them.
- 2. Vaccination data (monitoring trends):
 - # first/second dose vaccinations given
 - Local vaccine uptake rates by ethnicity, deprivation, age, gender, and groups experiencing exclusion and vulnerability (and inequalities gaps)
 - Local vaccine uptake rates by LSOA - linked to location of vaccine engagement/pop-up events
 - Overall vaccination rates
 - # and % people who have not received a second dose within 13 weeks of their first dose.
 - # and % people declining the vaccination, not attending or cancelling their appointment.
- 3. Impacts:
 - Covid19 cases among vulnerable groups and those who have experienced longstanding health inequalities
 - Hospitalisations from Covid19 among vulnerable groups and those who have experienced longstanding health inequalities
 - Mortality from Covid19 among vulnerable groups and those who have experienced longstanding health inequalities
- 4. System partners work collaboratively to identify those who require additional information and support to access the vaccine (self-assessment):
 - National and local evidence base is collated and used.
 - Priority population groups defined to inform targeting of interventions.

To be monitored by City and Hackney vaccine steering group and North East London vaccine inequalities group:

5. Systems are able to monitor and track progress in vaccinating underserved groups, and by protected characteristics and deprivation.
 - Progress in vaccination coverage across groups are tracked across the system.
 - System monitoring of interventions used to increase uptake in underserved groups.

Title of report:	Covid-19 Local Outbreak Management Plan update
Date of meeting:	10 June 2021
Lead Officer:	Dr Sandra Husbands, Director of Public Health
Author:	Zakia Variava, Project Manager
Committee(s):	Local Outbreak Control Board
Public / Non-public	Public

Executive Summary:

With an increasingly frequent occurrence of variants of concern (VOC) of coronavirus in London plans need to be updated to prepare for a possible third wave or significant outbreak of VOC.

This paper provides a summary of considerations in relation to:

- testing
- local contact tracing
- care settings
- schools and educational settings
- incident management team meetings
- community grants and community champions programme
- communications
- standard operating procedures
- finance

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 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	☑	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	☑	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

As a result of the increasingly frequent occurrence of variants of concern (VOC) of coronavirus in London and in order to identify VOCs in the community, from 10th May, all PCR test samples from Local Testing Stations across London are being submitted for genomic sequencing. To facilitate this, PCR testing availability is back to full days (8am to 8pm), 7 days a week. In Hackney a small number of VOC cases were identified within business settings. as these cases were not travel related or connected to known clusters elsewhere, a targeted testing operation, Operation Eagle was stood up. Additional rapid testing staff were deployed to deliver PCR test kits door-to-door to businesses, using an opportunity to check for Covid secure practices and to alert environmental health colleagues where possible. The Geffrye Community Hall rapid test site was repurposed as a PCR test site with pick up and collection point. Further pick up and collection points were deployed in Dalston and Shoreditch, along with a PCR mobile testing unit (MTU) at a church in Shoreditch. Bulk distributions and collections have been running at large organisations, such as St Leonards Hospital and TfL. Altogether, overall 15,451 tests have been distributed, with nearly 22% of them (more than 1 in 5) being returned to drop off points (3355 tests plus more by post). This percentage return is higher than previous operations, however we will evaluate the operation and collate the lessons learnt, to help us improve future operations. Staff on the ground have been involved in valuable community engagement and also showed great flexibility, adapting to different models of delivery throughout the fortnight and providing additional data for the evaluation. City and Hackney colleagues worked together in the planning phases of surge testing and The City has since further developed their plans and delivery personnel for a more effective response, should it become necessary to stand up an operation in the City.

Testing Strategy And Preparedness For A Third Wave

The present symptomatic testing infrastructure remains: Hackney has 3 Local Testing Stations (LTS) and the City has one, all offering 7 day a week access. Some risks are present for the Hackney LTSs, in that the host premises may be required by their owners for their business as usual activities. This appears to present more of a risk for some sites than others. PCR testing has increased slightly overall, following the targeted testing activity. Before the operation, PCR testing rates had been decreasing. We have been seeing some people with COVID-19 symptoms turn up at rapid test sites for a PCR test. To address the confusion concerning which test to use when, our testing strategy will need to prioritise messaging that clarifies when and how to seek a PCR and why twice weekly LFT testing is required. To date our webinars focusing on these messages have been well attended with good participation from attendees. The Hackney Change Support Team has used their behavioural science expertise to develop a poster and media messaging, to motivate residents to engage with both PCR and LFT testing, even beyond the end of the government roadmap in June.

Rapid Testing And Vaccination - Supporting Economic And Social Easing

Alongside the rapid test sites, we also have Community Collect points, to make it easier for residents and businesses to collect their lateral flow tests (LFT). The Hackney rapid testing helpline is now live and has received its first calls. There is new signage and staff interventions to promote twice weekly testing, including our first testing loyalty card. Providing Community Collect at vaccination centres is proving extremely popular, with over 5000 tests being given out in one week. We will continue offering Community Collect with Vaccination. Feedback so far is that many people do understand they need to keep testing after being vaccinated. The key issue continues to be ensuring that people report their results, to illuminate the blind spot that's presented by not knowing how many people are actually using their test kits and just not reporting, or not using their test kits at all. In Hackney we will be moving to a model of more pop ups and mobile assisted testing to engage communities that are not particularly well served by the current online system. Hackney and the City have started to provide bulk home rapid test kits to businesses who did not sign up through the Government portal and workplace testing will be a primary focus for the City into the next month.

LOCAL CONTACT TRACING

Following a low caseloads period in April/May, the Local Contact Tracing (LCT) Service has begun to prioritise handling suspected VOC cases and international arrivals coming through to Hackney. To strengthen LCT service delivery in preparation for establishing a Local 0 programme (cases coming straight to the local team for contact tracing, rather than after 24 hours with NHS Test and Trace) and a potential surge in cases when all restrictions are lifted, we are focusing on the following:

- Establishing door knocking processes and criteria for environmental health officers (EHOs), to work on 'refuse to engage' cases after LCT efforts
- Staff retention and LCT skills upkeep, through adding scope and depth to LCT full time call handlers' job roles and call handler-led knowledge sharing sessions
- Formalising a call handler competency framework and call quality monitoring framework
- Restarting job shadowing and refresher training for those previously trained for LCT, to ensure adequate surge capacity.

Vaccine Calls

During the period of reduced cases, the LCT team has assisted NHS colleagues to arrange vaccine appointments for residents' second doses. This has established a

set of skills and knowledge that will be deployed to support community vaccine efforts, such as special events and pop up clinics.

OUTBREAK MANAGEMENT AND RAPID RESPONSE (OMRR)

COVID outbreak management is now handled in the first instance by a joint partnership between the City EHOs, the Hackney covid response team (dedicated team in environmental health), Public Health and the LCT team. This is a new function with processes and protocols developing with assistance and advice from Public Health England (PHE) . PHE's Interactive Common Exposure Reporting Tool (i-Cert) is checked daily for potential clusters and triage of suspected situations. The initial assessment involves reviewing data from multiple sources - NHS Test & Trace webtool, Here to Help, etc., to establish if there is a likely case linkage in time and setting.

COVID Situation Review (CSR) meetings are held daily at 4pm, to review suspected situations and complex cases and discuss actions required, per Hackney priority and team capacity. Our next steps in developing this service, supported by a PHE standard operating procedure (SOP), are to:

- Join up data from multiple sources in one single CSR dashboard (WIP) to provide alerts for high risk situations based on local screening criteria
- Expedite the recruitment of 2 dedicated EHO resources for COVID Response.
- Automate the handling of outbreak management and bringing all disparate data, tools and systems onto one single platform (medium term).

The feasibility of Hackney LCT team to cover contact tracing for suspected VOC/priority cases in City of London postcodes at weekends is to be explored.

ENHANCED ISOLATION

Following approval of funding from DHSC, a pilot project to provide enhanced support for self-isolation is being rolled out across Woodberry Down and Pembury Estate. This includes a range of interventions including:

- Rapid, tailored infection prevention and control (IPC) advice
- Accessible and tailored 'how-to self-isolate guides', co-produced and informed by behavioural insights for different groups, e.g. clinically extremely vulnerable people, frontline workers, single parent households, student and migrant renters, multigenerational households and homes under multiple occupation.
- Additional supplies of personal protective equipment (PPE)

- The offer to accommodate outside of the home for 10 days
- Rapid referrals for emergency food provision and financial assistance and onward referral for longer term local support.

CARE SETTINGS

The City & Hackney GP Confederation have continued to visit care homes with test kits as well as review infection control procedures.

Since 1st April, Supported Living staff have been given access to rapid home testing kits to test for COVID-19. This was welcome news as setting up LFD testing on site is time consuming as staff are pulled away from other responsibilities to perform the testing. Also the room needs to be set up to meet infection control standards. Some Care settings are still reluctant to test residents and have been reliant on the City & Hackney GP Confederation to do this. Work is underway to ensure that they feel confident to test residents as well as themselves.

The Public Health Team has approached DHSC to enquire if LAMP testing could be an option for Service Users with Learning Disabilities and Severe Mental Illness. We are waiting to hear back from them regarding this pilot.

Vaccination uptake among staff in all care settings remains a cause for concern, particularly for domiciliary care staff. Work is being undertaken with the CCG and Adult Social Care to encourage vaccine uptake. The COVID champions lead has been approached to support this work and is in discussion with Adult Social Care.

SCHOOLS AND EDUCATION SETTINGS

Schools COVID-19 testing data update

Hackney Education receives data from DfE on school attendance (reported to the DfE on a daily basis), low attendance in a given period can be an indicator of students/staff self isolating. Whilst this can help to identify where schools are failing to report positive cases to Hackney Education, there is no statutory requirement for schools to report this information. We can be confident that we are up to date on staff and students testing that have tested positive as part of the mass testing programme for schools. Since the beginning of May the number of positive cases reported in educational settings has remained very low.

The schools mass testing data (Hackney & City residents only) shows that the reporting of rapid lateral flow testing has reduced week by week since April (this would include reports of both students and staff). Between 27 April and 4 May reporting rates fell by 14%, from 4 to 11 May they fell a further 16% and finally between 11 May and the most recent entry of 18 May there was a further reduction of 11%. Whilst these data are limited, due to the exclusion of students who are not

resident in Hackney and the City, they demonstrate that the number of tests registered by residents for the schools mass testing programme is in steady decline. On a positive note, the test positivity rates remain low.

Hackney Education continues to put out public health messages to Hackney and City schools via their channels, encouraging the reporting of tests to the government as well as to Hackney Education for surveillance purposes. In anticipation of the return of students following the school summer holidays, Hackney Education plans to recommend that secondary schools test pupils onsite at the start of Autumn term, similar to the approach taken prior to students returning in March 2021. Schools located in the postal codes identified for surge testing are also being strongly encouraged to continue with the policy on face coverings, whilst nationally this requirement has been rescinded.

The guidance for schools and education settings on Covid-19 has been updated to include changes in the requirements concerning face coverings and information on the Orient Gene device for asymptomatic onsite testing of pupils. The Orient Gene lateral flow device, is for use on the school premises only (assisted) and requires a double nasal swab only. The current home testing rapid testing kits by students and staff continue to require both the throat and nose swab for accuracy.

INCIDENT MANAGEMENT TEAM (IMT) MEETINGS

IMT Review Meeting - Hackney & Haringey Orthodox Jewish Community Outbreak

A final IMT meeting was held in April, to close down the IMT and review our actions and what we have learnt from the process. Some learning points from the discussion include:

- Further work needs to be done with the Rabbinate, to ensure COVID safe practices as people return to synagogues and also to ensure twice weekly testing amongst everyone that attends. Large households remain a barrier for testing and self isolation and further discussion has taken place within the Charedi community group to explore creative solutions to support this.
- We are trying to recruit Charedi members to join the City and Hackney Community Champions programme and work directly with the community.

COMMUNITY ENGAGEMENT

City and Hackney Public Health Community Champions Programme

We are currently welcoming a new cohort of at least 17 Community Champions to the programme. These Community Champions are either employees or volunteers from the VCS organisations who have been awarded funding in round two of the

Public Health COVID-19 Information Grants. Recent promotion of the Community Champions role has included engaging with the Learning Disabilities Team around promoting the programme among people with learning disabilities and their carers; presenting at the Hackney Business Network advice session; and meeting with the Primary Care Network Development Managers, to explore opportunities for joint working. At the last Community Champion's forum we collected feedback from existing Community Champions on how to promote the role among the communities they support. We have developed new promotional materials which will be distributed across City and Hackney.

In response to feedback from Community Champions, our forum events this month have included presentations on long COVID (delivered by Homerton Hospital) and mental health. We have also provided updates on testing (including surge testing and targeted testing), vaccinations and other key public health messaging.

Community Champions provided assistance during the targeted testing which took place in Dalston and Shoreditch, by raising awareness and providing translation support at the test sites.

Four. Community Champions volunteered to support the walk-in vaccination clinics, which were planned for 40+ year olds and took in Gillett Square between 26th May and 6th June.

Community Champions have also helped to shape our local approach to address inequity in vaccine uptake across City and Hackney and have informed the development of a vaccine grants programme. Local voluntary and community organisations have been able to apply for a small grant fund of up to £5k (or partnership bids of up to £10k), to help with community-led approaches to promoting vaccinations (e.g. pop-up events and engagement activities).

Our approach is underpinned by four enablers: working in partnership, removing barriers to access, data and information, conversations and engagement. All VCS organisations awarded the grant will be required to deliver on at least three elements and have responsibility for:

- **pre-engagement** - this could be engagement to inform where a vaccine event will be, signposting local vaccination sites, leaflet drops about a local vaccine event, contacting people and booking appointments where possible.
- **on the day support of a clinic/event** (vaccine bus, walk in, pop up clinic, use of information bus) depending on the needs of the community/group. VCS organisations/Community Champions will be available on the day providing information and advice as well as talking to passers-by.
- **post clinic follow up** will be required to demonstrate the impact of activity.

COVID-19 information grants

£184,553.51 has been awarded across 17 organisations in round two of the COVID-19 information grants. The organisations which have been funded are:

Akwaaba

Bikur Cholim Ltd
City and Hackney Carers' Centre
Connecting All Communities
ELATT
Hoxton Health
Kol Bonaich
Listening Place at the Stoke Newington Methodist Church
National Autistic Society
Positively UK
SkyWay Charity
SocialEyes 4Life
The Wickers Charity
Woodberry Aid
The Crib
Agroforep
African Arts and Advice Centre

During this grants round we were able to attract applications from some organisations that were underrepresented in the previous grants round, including those who work with African heritage communities and people with sensory disabilities.

Case Studies from two of the organisations funded in round 1 can be accessed [here](#).

We are preparing to launch our third grants round to support smaller grassroots organisations (funded by a successful bid to the Ministry of Housing, Communities and Local Government). This will involve distributing up to £150,000 in small grants of up to £5,000.

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.

In addition, business-specific messages continue to be shared to City and Hackney businesses through Hackney Business Network and Business Healthy newsletters, as well as through other business-facing channels.

Vaccination rollout

City Corporation

- Business Healthy hosted an online roundtable discussion aimed at employers in facilities and property management in the City. The session focused on ways in which employers can support their workforce in routine, service and

manual roles to get the COVID-19 vaccine, and sharing best practice. Insights drawn from this event and follow-up survey are being shared with NEL CCG colleagues to help inform vaccine rollout.

Hackney Council

- Released vaccine video by Drag Syndrome to encourage LD vaccine uptake (34,106 twitter impressions, 5,700 impressions on Facebook, 1,503 Instagram reach)
- Large print and 5 translations of vaccine booklet published online
- [2 week vaccine digital advertising campaign means over 15,000 residents from targeted BME groups clicked through to the link to book a vaccination](#)
- Vaccine selfie competition launched
- South East Asian vaccine webinar
- Hackney Council staff vaccine webinar put on intranet
- Black Communities vaccination event complete
- Communications and event aimed at increasing awareness of vaccination programme amongst migrant communities

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 Campaign'.

Testing

- Developed an interactive map displaying all pharmacy collection locations for rapid COVID-19 tests across City, Hackney and NEL. This was used in the interim until a national tool was produced.

Hackney Council

- Collaterals revamped for testing under 'test twice weekly' campaign
- Surge testing communications plan completed

Targeted communications

- Online COVID-19 advice session delivered to City and Hackney businesses, hosted by Hackney Business Network and Business Healthy. Speakers included Dr Sandra Husbands, and representatives from City and Hackney Environmental Health and Licensing teams. 114 people attended.

Hackney Council

- 4 press releases: [South East Asian community conversation press release](#), [Dr Husbands response to AZ](#), Lag Bomer [press release](#), [press release vaccines for migrants](#), [stick to the rule of 6 press release](#),
- Media coverage in: [Financial Times](#) 30 March, [Hackney Gazette](#), 30 March, [BBC Radio London](#), 26 March, Timestamp: 2:10:23, [Hackney Citizen](#), 19 April
- Young person don't meet indoors animation released and [toolkit shared](#) with councils across the UK, numerous seminars with other council communications teams to share learning including LGA
- First behavioural insights post, zoom version (1,949 twitter impressions, 1,356 facebook impressions, 1,016 instagram impressions)
- Second behavioural insight paid for advert re self isolation (7.3K combined post reach on facebook and instagram)
- April-June Covid communications plan [created](#)
- Weekly adverts in Orthodox Jewish newspress
- First WhatsApp message sent to community champions based on feedback
- Safe Ramadan social media posts and video created

City Corporation

Output continues to focus on:

1. Meeting the City of London Corporation's overall strategic aim to use communications to preserve life and deliver an effective recovery from the COVID-19 pandemic
2. Fulfilling the City Corporation's legal duty as a category one responder to warn and inform the public under the Civil Contingencies Act

Vaccination rollout

1. Publication of 18 videos of local medical professionals, including GPs, to encourage people to take the vaccine
2. Widespread social media and resident comms in support of public Q&A events for harder to reach groups, including BAME communities, to encourage take up of vaccines
3. Daily posts across City Corporation social media

Testing

Communicating move of COVID-19 test sites for those who are symptomatic and asymptomatic to 65a Basinghall and Aldermanbury.

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

Ongoing communications

Regular social media posts across City Corporation channels on:

1. Vaccinations
2. Testing
3. Hands, Face, Space and Fresh Air
4. COVID business accreditation scheme

The City Corporation website is updated regularly to provide information on the vaccine rollout and on testing sites for both PCR and lateral flow tests.

Targeted communications

Two news releases:

1. A [release](#) announcing a series of events to mark the reopening of indoor hospitality, cultural and heritage institutions based across the Square Mile.
2. A [release](#) on extending the deadline for submissions to its COVID Recovery Fund to 30 June 2021.

A paid-for digital campaign for the £50m Covid Business Recovery Grant.

- The campaign is running on LinkedIn targeting small and medium-sized enterprises in key eligible sectors (retail, health, hospitality), operating within the Square Mile.
- 51,367 people have seen the advert generating 217 clicks to the application page

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. It highlights the importance of getting your vaccine, getting tested, hands face space and fresh air and the support available for City residents.

STANDARD OPERATING PROCEDURES (SOPs)

All the Standard Operating Procedures (SOPS) are in the process of being updated to take into account the new guidance with the requirement to do a confirmatory PCR test within 48 hours of a positive lateral flow test. Otherwise, all SOPS will be reviewed and updated every six weeks

An SOP for large events is being jointly developed by Hackney and the City and will be helpful for ensuring that Park Runs and other large community events are organised within the COVID guidance.

A series of webinars for City and Hackney businesses took place and the feedback was very positive. Businesses are being encouraged to order rapid coronavirus tests for their employees.

FINANCE

The total projected spend for the Test and Trace programme is currently standing at £2.914m. 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:

Appendix 1A - Finance Summary for Hackney

Item	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 29 June 20)	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	10,000		10,000	Further communications work

	on Costs	work (internal) £10k.				(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 (we need to get the actuals from 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 (we need to get the actuals from 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 (2 x FTE 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. GW contract ending 21 May (TBC). New recruitment in May 2021 for a further 6 months
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	Communicati on 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	Communicati on 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	Surge testing. 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 City but this is yet to be determined. April-Sept 2021
53	Communication Costs	Coronavirus communications from April to June 2021		55,000	55,000	Agreed at HPB 13 May 2021. Covers period Apr-Jun21. Budget requested £65k however there is a £10k leftover from the previous budget (item 39?)
54	Vaccine Equalities	Community-led approach to increasing COVID-19 vaccine uptake / addressing vaccine inequalities		43,828	43,828	Agreed at HPB 25th May 2021
Total:			£1,526,537	£1,240,854	£2,767,391	

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	£18,000		£18,000	Assumed will be in post till the end of the FY. Cost should be split 80:20 with the CoL.

		2020)				
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
Total:			£97,859	£48,625	£146,484	

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