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 August 2020
09:30-10.00
Microsoft Teams

Join Microsoft Teams Meeting

Chair – Cllr Christopher Kennedy

Item	Item	Lead and	Documentation	Page No.	Time
no.		purpose	type		
1.	Welcome, introductions and apologies	Chair	Verbal	-	
2.	Declarations of Interests	Chair For noting	Verbal	-	
3.	Questions from the Public	Chair	None	-	09:30
4.	Standard Operating Procedures	Sandra Husbands For noting	Paper	2-6	09.30
5.	Finance Report	Sandra Husbands For noting	Paper	7-10	09.40
6.	Covid Intelligence Presentation	Diana Divajeva For noting	Presentation	11-17	09.50

Date of next meeting:

10 September, Format TBC







Title of report:	LOCP Update - Standard Operating Procedures			
Date of meeting:	9 August 2020			
Lead Officer:	Dr Sandra Husbands, Director of Public Health			
Author:	Kiran Rao			
Committee(s):	Local Outbreak Control Board			
Public / Non-public	Public			

Executive Summary:

The purpose of the report is to update the board on the development of a whole suite of standard operating procedures (SOPs) to demonstrate our preparedness to local businesses, organisations and communities by having these published, reviewed and used in a timely and effective manner.

By 12th August we will have published 9 SOPs in total for the following high risk settings: workplaces; education and schools; primary care (GPs); CQC registered care settings, non-CQC registered care, accommodation based support, day centres and at home (domiciliary) care settings; places of worship; transport hubs; takeaway and mobile catering; and rough sleeper settings.

Recommendations:

The City and Hackney Local Outbreak Control 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	Χ	
prevention to improve the long term		
health and wellbeing of local people and		
address health inequalities		
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City and Hackney Clinical Commissioning Group

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	X	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	х	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

To provide accurate and useful standard operating procedure guidance for high risk settings in the City.

Specific implications for Hackney

To provide accurate and useful standard operating procedure guidance for high risk settings in Hackney.

Patient and Public Involvement and Impact:

Consultation has been completed with all single points of contact and stakeholders in City and Hackney to develop SOPs. Consultation has taken place with service users, for example, from businesses in the City to multi faith forums, including the Hackney Faith Forum.

Clinical/practitioner input and engagement:

Where appropriate, working groups that have clinical expertise have been involved in designing and signing off SOPS.







Communications and engagement:

Communications and stakeholder engagement is underway with all published SOPs. Communication leads for City and Hackney have distributed the SOPS via communication channels and single points of contact will be leading on stakeholder engagement with the support of the SOP working group. Communications will be amplified on phase 2 publication (12th August) with joint and improved communications across City and Hackney including enhanced internal systems to ensure each SOP is shared through all channels.

Comms Sign-off

Nathan Rodgers, Xenia Koumi - City of London, Tara Hudson - London Borough of Hackney

Eα	ualities	implications	and	impact of	on I	priority	groups
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No specific equalities impacts have been identified
Safeguarding implications:
N/A

Impact on .	/ Overlap	with	Existing	Services:
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None			







Main Report

Background and Current Position

The City and Hackney local outbreak control plan (LOCP) is underpinned by standard operating procedures (SOP) that operationalise the plan in various settings and contexts. SOP guidance is in production to ensure that accurate and useful information is provided to high risk settings. Each SOP provides information for prevention, mitigation and control of coronavirus. We explain how the test and trace system works locally in relation to the symptomatic individual(s) and to the setting. We also describe how support is activated by Public Health England London Coronavirus Response Cell (PHE LCRC) and City and Hackney Public Health with multi-agency partners. The guidance is intended to keep the setting safe and enables key individuals to know what to do in the event of symptomatic cases of coronavirus in their setting. Information aligns with national guidance, where possible, and includes frequently asked questions (FAQs).

Individual/ collective responsibilities and external support are described in easy to follow flowcharts and queries, support and early warning requests are directed to a local, centralised email service testandtrace@hackney.gov.uk which is fully operational.

The SOPs specify that each setting needs a single point of contact, to both receive information from the local authorities in relation to the SOP and/or LOCP. From late August we will further induct all Single Points of Contact (SPoCs). SPoCs conduct stakeholder engagement and resolve escalated queries via the email support service. We are also considering additional support services, for example, surgery sessions for businesses and other settings. From September onwards we will be testing these SOPs and using them in context to scenario planning. The following SOPs have already been completed and published: care homes; education and schools; primary care; and workplaces (generic). By early September further SOPs for the following high risk settings will be published and/or used internally: bars and restaurants; retail and close contact businesses; libraries; places of worship (including a specific SOP for the Charedi community); community clusters and mass gatherings.

The test and trace inbox has a management system with a rota of staffing that provides a 24 hour on call response to every query raised. A senior consultant is on duty to answer more complex queries and to accelerate concerns through an internal governance structure. A spreadsheet is completed to record all emails received and tasks and actions are recorded. We have good practice agreements in place, with crib sheets and supporting materials to effectively resource this service.







Conclusion

By early September we aim to have published a total of 15 SOPs and 2 internal only SOPs for high risk settings. We are communicating and engaging with high risk settings using these SOPs and have good systems in place to provide an email service and to review SOPs in line with national guidance changes.

Supporting Papers and Evidence:

SOP workplan to timeline

Gantt chart to illustrate progress made

Sign-off:

Dr Sandra Husbands, Director of Public Health







Title of report:	LOCP Finance Report
Date of meeting:	9 August
Lead Officer:	Dr Sandra Husbands, Naeem Ahmed, Mark Jarvis
Author:	Sandra Husbands
Committee(s):	Local Outbreak Control Board
Public / Non-public	Public

Executive Summary:

Local authorities in England were allocated £300 million to support local work to prevent and manage outbreaks of COVID-19. These "Test and Trace" grants were based on the public health grant allocations and the City of London Corporation received £146,484, while the London Borough of Hackney received £3,100,891. This funding will enable both organisations to develop and implement tailored local Covid 19 outbreak plans. Both grants are being managed by the Director of Public Health, with decisions on spend being overseen by the COVID-19 Health Protection Board (which includes finance partners from both the City and Hackney) and scrutinised by this committee.

Anticipated spend is £913k to date for Hackney and £49k to date for the City of London.

As additional responsibilities for testing and contact tracing continue to be devolved to local level, and there will likely be further demands on this budget. The HPB will submit regular, monthly finance reports to the LOCB, so that the board can be assured that there is appropriate use of the funds, in line with the grant conditions.

Recommendations:

The City and Hackne	v Local Outbreak (Control Board is	s asked to N 4	OTE the report
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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	g brief statement]	ŀ
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Deliver a shift in resource and focus to	
prevention to improve the long term	







City and Hackney Clinical Commissioning Group

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	Х							
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities								
Empower patients and residents								
Specific implications for City								
Specific implications for Hackney								
Patient and Public Involvement and Impact:								
N/A								
Clinical/practitioner input and engagement:								
N/A								
Communications and engagement:								
N/A								
Equalities implications and impact on priority groups:								
N/A								
Safeguarding implications:								
N/A								
Impact on / Overlap with Existing Services:								
N/A								







Main Report

	Anticipated spend			Actuals		
Test and Trace related spend	2020/21 Cost	2021/22 Cost	Total Cost	Actuals to date	System commitments	Comments
1 Programme Manager	90,000		90,000		12,500	Costs based on Programme Manager in-post till the end of the FY. Cost to be split 80:20 with the CoL
PH Consultant 2 (1 year fixed term contract)	117,074	39,025	156,098	0		80:20 cost split with Co: (Chief Officer 3) - commences on 1st July 2020.
Pan-London Outreach Testing - ADPH London	13,755		13,755	0		
4 VCS Test and Trace Programme	389,725	278,375	668,100			Agreed by the Health Protection Board.
Tableau software platform for 5 COVID dashboard	17,000	17,000	34,000	0		Agreed by the Health Protection Board
Communication costs including photography, leaflet creation + distribution and advertising costs	3,840			2,010	1,830	Comms plan agreed by the Health Protection Board
	631,394	334,400	961,953	2,010	14,330	

Supporting Papers and Evidence:

Appendix 1. Letter: Local Authority Test and Trace Service Support Grant Determination (2020/21) [No 31/5075].

https://drive.google.com/file/d/1AMwKGbMz9oa5r8zUrlu8RXwdeeROzgh3/view?usp=sharing

Sign-off:

Dr Sandra Husbands, Director of Public Health

Finance

London Borough of Hackney: Naeem Ahmed, Head of Finance







City of London Corporation: Mark Jarvis,





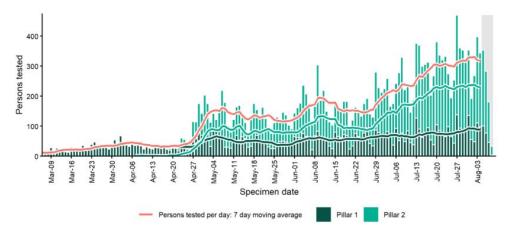


COVID-19 report to the Local Outbreak Board

Prepared by the City and Hackney Public Health Team 13 August 2020

Recent figures suggest that nearly three times more tests are now done in the community (Pillar 2) with a positivity rate of 2.8% compared with 0.7% for Pillar 1

Numbers of persons tested for Covid-19 cases daily in Hackney, by specimen date (up to August 8 2020)*



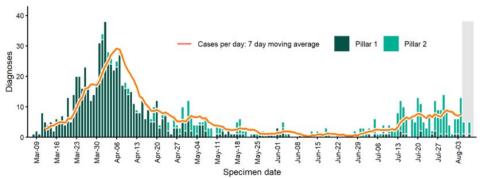
*4 most recent days subject to reporting delay - indicated by grey background

- The number of Covid-19 tests conducted through both Pillar 1 and 2 has increased month-on.
- In March and April 2020 the vast majority of tests was carried out via Pillar 1; in the following months, most tests were carried out via Pillar 2 route.
- Up to 8 of August a total of 22,459 were performed in Hackney: 8,183 were Pillar 1 and 14,276 Pillar 2.
- In the most recent fortnight (up to 8 of August), the number of Pillar 2 tests was nearly three times higher the number of Pillar 1 tests in Hackney: 3,039 versus 1,122, respectively.
- The latest fortnight data also show that tests done via Pillar 2 have higher positivity rate compared with Pillar 1: 2.8% versus 0.7%, respectively.

Data source: Public Health England

After a significant decline in the number of new Covid-19 cases in City and Hackney, an increase in cases was noticed starting July 2020

Epidemic curve of daily confirmed COVID-19 cases over time in Hackney, by specimen date (up to August 8 2020)*

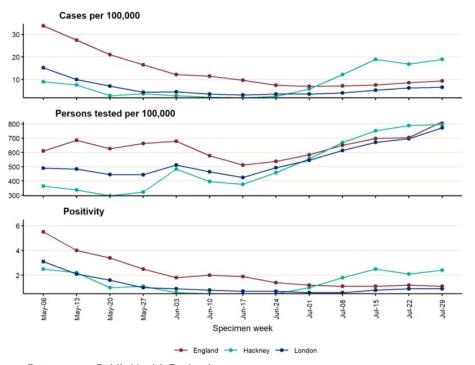


- The number of new Covid-19 cases registered in City and Hackney each day peaked in late March and beginning of April.
- The lowest number of daily cases were registered throughout June with the total of 30 cases that month.
- The number of new cases started increasing in July; the total number of new Covid-19 cases in July was 178.
- In the last 14 day period (25 July to 7 of August) there were 96 new cases in City and Hackney.
- This is comparable with the previous 14 day period (11 to 24 of July) when 95 new Covid-19 cases were diagnosed.

13

^{*4} most recent days subject to reporting delay - indicated by grey background

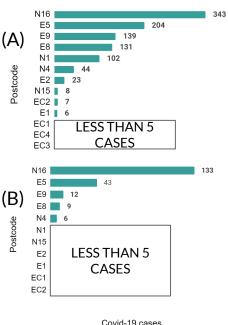
Starting July, crude incidence rates per 100,000 population in City and Hackney were higher than London and England average rates



- The crude incidence rates per 100,000 population in City and Hackney were lower than England average rates until the end of June.
- In July, the incidence rates in Hackney surpassed the national and regional averages and remain higher than London and England incidence rates.
- The rate of testing per 100,000 population is currently comparable to the rates in London and England overall.
- Similarly to the incidence rate, the positivity rates have increased since July and are currently higher than those in London and England.

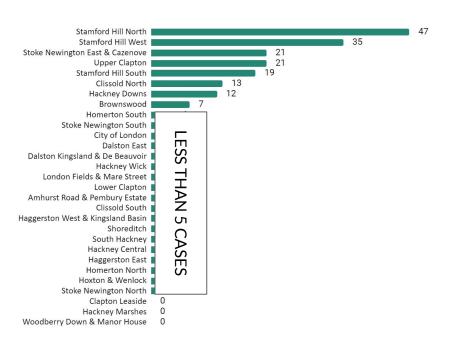
N16 and E5 postcode areas in Hackney accounted for 82% of all the new cases registered between July and 7 of August

Total Covid-19 cases up to 7 of August (A) and cases between 1 of July and 7 of August (B), by postcode area



- The following five postcode areas accounted for the 91% of all Covid-19 cases registered to date:
 - N16 343 (34%)
 - o E5 204 (20%)
 - o E9 139 (14%)
 - o E8 131 (13%)
 - o N1 102 (10%)
- Two postcode areas in Hackney accounted for 82% of all the new cases registered between July and 7 of August:
 - o N16 133 (62%)
 - o E5 43 (20%)

Eight Hackney MSOAs in the north of the borough accounted for over 80% of the total 216 cases since 1 July



- Eight Middle Super Output Areas (MSOAs) in the north of the borough accounted for 175 (81%) new Covid-19 cases since 1 July
- The number of new cases in the remaining Hackney MSOAs and the City of London was either less than five or none
- The top five MSOAs with the highest cumulative number of Covid-19 cases up to 7 of August are:
 - Stamford Hill North, 83
 - Stamford Hill West, 68
 - Stoke Newington East & Cazenove, 57
 - Haggerston West & Kingsland Basin, 49
 - Stamford Hill South, 49

Unlike the age distribution of all Covid-19 cases to date, most of the recent cases are diagnosed among the youngest age group

Total Covid-19 cases up to 7 of August (A) and cases between 1 of July and 7 of August (B), by age

