

**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 11 February 2021  
09:00 – 09.50  
Microsoft Teams**

[Click here to join the meeting](#)

**Chair – Dr Mark Ricketts**

<b>Item no.</b>	<b>Item</b>	<b>Lead and purpose</b>	<b>Documentation type</b>	<b>Page No.</b>	<b>Time</b>
1.	<b>Welcome, introductions and apologies</b>	Chair	Verbal	-	09:00
2.	<b>Declarations of Interests</b>	Chair <i>For noting</i>	Paper	-	
3.	<b>Minutes of the previous meeting</b>	Chair <i>For approval</i>	Paper	3-8	
4.	<b>Questions from the Public</b>	Chair	None	-	
5.	<b>Vaccinations Update</b>	Richard Bull <i>For discussion</i>	Paper (to follow)	-	09.05
6.	<b>Data Intelligence</b>	Diana Divajeva <i>For discussion</i>	Paper (to follow)	-	09.30
7.	<b>Local Outbreak Control Plan Update</b>	Dr Sandra Husbands <i>For discussion</i>	Paper	9-24	09.40

**Date of next meeting:**

**11 March, Microsoft Teams**



**City and Hackney  
Clinical Commissioning Group**



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 14 January 2020**  
**Microsoft Teams**

**Present:**

**Hackney Integrated Commissioning Board**

Hackney Integrated Commissioning Committee

Cllr Christopher Kennedy	Cabinet Member for Health, Adult Social Care and Leisure (ICB Chair)	London Borough of Hackney
Philip Glanville	Mayor	London Borough of Hackney
Cllr Caroline Woodley	Cabinet Member for Family, Early Needs and Play	London Borough of Hackney

City & Hackney CCG Integrated Commissioning Committee

Dr. Mark Rickets	Chair	City & Hackney CCG
David Maher	Managing 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
Helen Fentimen	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
Ann Sanders	Governing Body Lay Member	City & Hackney CCG
Caroline Millar	Chair	City & Hackney GP Confederation
Denise D'Souza	Strategic Director: Adults, Public Health and Integration	London Borough of Hackney
Diana Divajeva	Principal Public Health Analyst	London Borough of Hackney
Gary Marlowe	GP Member	City & Hackney CCG
Henry Black	CFO	NE London Commissioning Alliance
Ian Williams	Group Director, Finance and Corporate Services	London Borough of Hackney
Jake Ferguson	Chief Executive Officer	Hackney Council for Voluntary Services
Jonathan McShane	Integrated Care Convenor	City & Hackney CCG
Jon Williams	Executive Director	Healthwatch Hackney
Nina Griffith	Workstream Director: Unplanned Care	
Paul Coles	General Manager	Healthwatch City of London
Sandra Husbands	Director of Public Health	London Borough of Hackney
Stella Okonkwo	IC Programme Manager	City & Hackney CCG
Sunil Thakker	CFO	City & Hackney CCG

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

### **Apologies – ICB Members**

Cllr Anntoinette Bramble

Cllr Rebecca Rennison

### **Other apologies**

Denise D'Souza

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

1.1. The ICB for the first 90 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 Richard Bull. Cohorts 1-4 were expected to have been offered a covid-19 vaccination by mid-February though currently only the highest priority cohort were being offered vaccines.
- 4.2. Primary Care Networks had been asked to identify local sites. Geography did not, however, warrant eight individual sites spread across the City & Hackney region – three sites had instead been identified: Elsdale, Lawson and John Scott. Elsdale was the first to go live.
- 4.3. The observation period post-vaccination had increased to 15 minutes – this had led to Elsdale being considered a less suitable site for vaccinations due to its size. The Council had helpfully identified the Bocking St training site as a more suitable location. John Scott was also due to go live soon. GP Practises would also likely be able to vaccinate people as with the flu jab soon, though logistically it is not currently feasible.
- 4.4. Jon Williams noted that the Orthodox Jewish community had been offered vaccinations on days which were not appropriate for their religious observations. Richard Bull agreed that this was unacceptable and disappointing and it was being addressed to ensure this doesn't occur again.
- 4.5. Demand was high for the vaccine although there were no data at the moment on vaccine uptake. Data would come back into primary care and reported by the Clinical Effectiveness Group.
- 4.6. Roughly 1,000 people had been vaccinated so far. Although national guidance had changed on the timescale for the second dose of the vaccine, a decision had been taken locally to honour the commitment to provide those already vaccinated with a second dose within three weeks. All over-80s were expected to have been offered the vaccine by the end of January.
- 4.7. Randall Anderson noted that for many people over 80, the vaccination sites were relatively far away. He asked if there was hope for getting pharmacy sites open, or indeed any other sites that could be closer to home for City residents. Richard Bull responded that the authorization of sites was held nationally and it was unlikely that new pharmacy or primary care sites would be authorized immediately, however this would happen in due course.
- 4.8. Cllr Kennedy enquired as to the definition of "frontline" healthcare workers as there was concern that frontline council staff who regularly interacted with people could potentially

be exposed to covid-19. Richard Bull responded that the Homerton University Hospital would be leading on vaccinating health and social care staff. Siobhan Harper was leading on the local definitions of frontline workers and such concerns about council staff had already been relayed to her.

- 4.9. Helen Fentimen stated that she had many contacts with residents who had concerns about the programme, particularly in relation to the need to use public transport to access vaccination sites. Many elderly and vulnerable residents were not comfortable using minibus transport and the possible exposure to covid-19 that this would entail. Richard Bull said he was surprised that minibuses had been used and he would feed back these concerns to improve this situation.
- 4.10. Richard Bull stated that the Astra-Zenica vaccine required a 15 minute observation period only in instances where it was deemed clinically appropriate.
- 4.11. Honor Rhodes highlighted the need for us to consider how we would provide vaccines to homeless people on the street. Richard Bull stated that there was a practice which provided to homeless people and the discussions on vaccinating them had just started.
- 4.12. Nina Griffith also updated the Board on the health crisis being faced on the acute side of things as a result of the pandemic. The number of people currently in hospitals had far exceeded the numbers seen last spring and the situation was very pressured on the clinical side of things. The peak was expected to hit at around 18 January, possibly slightly later.
- 4.13. The areas of work most being focused on were: admission avoidance, discharge of patients where clinically appropriate and new pathways we could implement to support people clinically out of hospital. The pulse oximetry service was a key part of this management of patients out of hospital. This would monitor oxygen rates of covid-positive patients in the community and determine whether hospital admission was appropriate.
- 4.14. Of City & Hackney residents, 79% of those presenting had at least one long-term condition and 38% had three long-term conditions. We were therefore building on existing pathways and services to support those with long-term conditions out of hospital.
- 4.15. We were also working on running an enhanced discharge service which would be in place in the next week or so.
- 4.16. Domiciliary care providers currently have capacity but this was a fragile position as indeed it was across all health and social care providers.
- 4.17. In terms of staff burnout and exhaustion – this was not hypothetical but was in fact a reality of the current situation. We were providing support to staff, however unlike the first peak the numbers of people in hospital were not expected to decrease quickly but would likely go down slowly. Frontline staff would therefore have very high expectations on them for a long time.
- 4.18. Jon Williams asked what comms would be sent out to the public to notify them of the pressures on the hospital sector. Nina Griffith responded that this was a crucial reminder and she would discuss this with comms leads. John Gieve noted that this was a delicate issue as we also do not want to dissuade people from seeking care if they need it.

- **Nina Griffith stated that she would raise the matter of communicating to the wider public about hospital pressures with comms officers.**

4.19. The City Integrated Commissioning Board

- **NOTED** the update.

4.20. The Hackney Integrated Commissioning Board

- **NOTED** the update.

## **5. Data Intelligence Update**

5.1. Diana Divajeva introduced the item. The new variant of the coronavirus had become prevalent in London and this had also been the case in Hackney. There were also increasing numbers of cases, as well as a higher test positivity rate.

5.2. Nearly every area of Hackney had either household clusters or individual cases. Case rates seemed to be associated with higher density of housing. High numbers of household clusters were also associated with high numbers of contacts.

5.3. Modelling estimates of the number of people in City & Hackney who had had the virus ranged from 20% - 35%.

5.4. Of those who tested positive for covid-19, 15% were admitted to hospital. This was likely an overestimate, however, as community testing had not been widespread throughout the pandemic. Whilst most people who tested positive had no comorbidities, the majority of those admitted to hospital had at least one. 83% of the deaths were aged 60+. 70% were born outside the UK.

5.5. David Maher noted that some hospital areas were operating at full capacity and therefore some patients may need to be treated in other areas of NE London.

5.6. Cllr Woodley asked whether there was any reliable evidence in relation to potential asymptomatic transmission amongst young children. Dr Sandra Husbands stated that small children were less likely to become seriously ill and were also probably less likely to spread the virus. However regarding household clusters, it was often difficult to ascertain who the index case was in a household cluster. People with symptoms were more likely to be spreading the virus by virtue of coughing spreading droplets and high levels of viral load.

5.7. The new variant was more infectious across all settings. In addition to the previous areas where cases were traceable, there were also cases that had no immediately obvious origin.

5.8. We now had the opportunity to book 50 test slots a day. This had been coupled by a comms plan including a letter campaign notifying people of the availability of testing.

5.9. The City Integrated Commissioning Board

- **NOTED** the report.

5.10. The Hackney Integrated Commissioning Board

- **NOTED** the report.

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

- 6.1. Sandra Husbands introduced the item. Asymptomatic testing pilots had been set up across NE London.
- 6.2. We were likely at the peak of infection rates which would likely be coupled with an increase in hospitalisations in a week or two. There would also be a peak of colder weather at the end of January / early Feb which is what our modelling had predicted.
- 6.3. The City Integrated Commissioning Board
  - **NOTED** the report.
- 6.4. The Hackney Integrated Commissioning Board
  - **NOTED** the report.

## **7. Any Other Business**

- 7.1. There was none.

<b>Title of report:</b>	Covid-19 Local Outbreak Control Plan update
<b>Date of meeting:</b>	11th February 2021
<b>Lead Officer:</b>	Dr Sandra Husbands, Director of Public Health
<b>Author:</b>	Kiran Rao, LOCP Senior Project Manager
<b>Committee(s):</b>	Local Outbreak Control Board
<b>Public / Non-public</b>	Public

**Executive Summary:**

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

- testing
- local contact tracing
- vaccine hesitancy
- 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]:



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Clinical Commissioning Group

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

#### Specific implications for City

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 on a range of issues that might make maintaining isolation difficult or impossible, especially for vulnerable or socially isolated individuals. Information on other areas is contained in the main report

**Clinical/practitioner input and engagement:**

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 on other areas is contained in the main report

**Communications and engagement:**

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

**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

A [draft testing strategy](#) has now been produced and is being presented to key stakeholders for feedback.

##### **Symptomatic testing**

Testing rates have reduced by 9.5% in Hackney and by 8.2% in the City. The number of tests returning a positive result has also reduced by 13.5% in the last week. The lockdown restrictions will be a factor in both of these reductions and they track with London-wide reductions in PCR testing. Continued communications and messaging in print and digital media encourages residents to test if symptomatic and lists the 5 testing sites in Hackney and the 1 testing site in the City. Barriers such as needing photo ID to book a test have been removed. Perceived barriers to testing have been discussed with Community Champions to assist them in their work with residents and in providing Public Health messaging.

##### **Asymptomatic testing**

A third testing site has opened on Mare Street in Hackney this month, at [Maurice Bishop House](#). This test site is open from 7am to 4pm, 7 days a week. There has been a huge communications push via social and digital media to publicise and support those residents who need to leave their homes to work or volunteer in understanding why and how often to use rapid tests. Please refer to the communications section for more information.

In the near future, Public Health, in partnership with the BECC, are looking to open three more smaller rapid test sites in the south of the borough (Shoreditch or Hoxton), Homerton or Lower Clapton and in the north east of the borough in Upper Clapton. We will be monitoring site utilization and moving resources to ensure good access for all residents. This also includes changing opening hours to meet local needs.

The work to set up smaller rapid testing pilots continues with the focus being on vulnerable groups and settings with higher incidence rates, such as supported living settings, rough sleeper hostels, primary schools and early years settings.



## LOCAL CONTACT TRACING SERVICE

Local contact tracing work continued over the Christmas and New year period, experiencing a drastic increase in cases since the start of January. This has required support from PHE to manage, leading the contact tracing team to develop a geographic prioritising framework to target our resources where they are needed most. We have also expanded capacity to handle the increase in cases. We have now completed well over 1,000 cases, over 40% of all cases passed to us. We recently received communication from DHSC as one of the best performing boroughs in London, with Ministers keen to use us as an example to promote the value of local contact tracing.

Our new IT system *Here to Help* is in the process of being rolled out live for contact tracers. This system brings together other aspects of our coronavirus response such as shielding calls, welfare support and our helpline. We are developing plans to build on this system for outbreak management purposes, and a strengthened Covid Response Team, led by EHOs with Public Health support. This new infrastructure will bring together national and local intelligence for early detection and rapid response to emerging Covid-19 threats.

## VACCINE HESITANCY

Hackney Council and its partners are delivering a major communications & engagement campaign in 2021 to encourage residents to get a Covid-19 vaccine. This campaign will complement the national campaign, with a focus on more nuanced, culturally sensitive messaging for our diverse audiences. The research aims to gather insights from local residents, particularly those from our diverse communities that may not engage with the national public health messaging.

Key areas of research include;

- Understanding what the barriers are to people getting the Covid-19 vaccine
- Understanding who the trusted advisors and influencers of vaccination decisions are
- Exploring trust, to debunk the myths/ misconceptions about Covid-19 vaccine

Methodology involved quantitative research via a GLA YouGov survey and short poll and local qualitative research involving focus groups and a 1:1 discussion guide for Community Champions. The completed outputs to date are the [Keep London Safe Covid-19 Insight Toolkit](#) and [Covid-19 vaccine insight plan 25th January update](#).



## CARE SETTINGS

### Vaccination

At the time of writing, all but 2 CQC registered care homes have received the vaccine with an 80% approximate uptake amongst staff. Further staff auditing is taking place to better understand those that have declined the vaccine in order to produce targeted communications.

### Infection Prevention and Control (IPC)

A proposal to introduce a combined swabbing and IPC service has been approved by the Health Protection Board. The service aims to support care settings and other services to test staff and residents/service users, to follow IPC best practice and to ensure that providers can respond safely to reduce the spread of infection. Early identification of those who develop symptoms, mass testing where possible, knowledge of and adherence to IPC best practice will help to reduce morbidity and mortality for service users, residents and staff. The service will be jointly funded by the CCG and Test and Trace grant.

### Staff flu vaccination

Staff are being encouraged to go to high street pharmacies to get a flu vaccination. A recent care home audit report recommends a focus on targeting staff working in non-CQC and extra care settings alongside the coronavirus vaccination role out.

### Care homes audit report

Completed by the care home working group to identify areas where more support is needed in care settings across Hackney, the care homes audit focused on several areas of IPC practice, including:

- Covid-19 testing (including GP confederation swabbing service)
- Staff training
- Infection prevention and control
- Flu vaccination
- Visiting policy

Recommendations are contained in the [Care Home Audit Report: Exec Summary](#) and [Full Report](#) and will be reviewed and taken forward by the Care Homes Working Group.

## SCHOOLS AND EDUCATIONAL SETTINGS

Key policy changes in January included:

- The suspension of rapid daily testing as an alternative to self isolation pending a national evaluation to determine effectiveness.
- the temporary suspension of the requirement for a confirmatory PCR following positive LFD test, whilst prevalence rates are high.

Schools continue to be closely supported with suspected and confirmed cases by Hackney Education (HE), the City of London Department of Community and Children's Services (DCCS) and Public Health, with appropriate IPC advice. Covid-19 cases are reported by schools to the DfE school helpline and/or the Hackney and City Education teams. Public Health continues to monitor and report on the PHE Covid-19 dashboard and are currently in the process of creating a Tableau dashboard. The dashboard will enable the monitoring of testing by site and allow for deeper analysis of the schools mass testing datasets.

### Mass rapid testing in secondary schools

Public Health is supporting schools in the process of implementing rapid testing via localised guidelines for rapid testing, sharing of good practice and keeping schools updated on policy developments. Of 21 secondary schools contacted, 16 have established rapid testing of students and staff onsite and this service is for predominantly children of key workers and those deemed vulnerable, who are still in attendance.

### Mass rapid testing in primary schools

A national programme for rapid testing in primary schools commenced in January with Hackney primary schools receiving their allocation of recently approved home testing kits between the 20th - 26th January. The kits have not yet been approved for wider use. A further seven schools have expressed an interest and plans are in progress to get testing up and running.

### Early years workforce

Whilst many early years settings are open, they are not currently part of any national testing programme, with staff encouraged to access community testing sites. At present, the early



years workforce has access to three rapid testing sites in Hackney. Two children centres have expressed an interest in on-site testing and Public Health will support them with this.

## **COMMUNITY GRANTS AND COMMUNITY CHAMPIONS PROGRAMME**

### **Public Health Community Champions programme**

127 Public Health Community Champions (CC) are trained, including frontline staff from primary care and 56 VCS organisations are now engaged with the programme. The forums are well attended and support co-design of training materials, exchange of information and consultation on vaccine hesitancy and testing. The outputs have resulted in over 120 contacts with the local population with soft intelligence informing local communications. The new [Community Champions webpage](#) on Volunteer Centre Hackney's website now contains centralised CC resources.

### **Covid-19 information grants**

27 organisations were funded in Round 1 and are currently delivering their Covid-19 Information projects, serving a diverse range of communities across City and Hackney. A [full list of grants](#) can be found in *Hackney Giving's response to the Covid-19 pandemic, March - December 2020*, on page 13 onwards. The first grant holders' forum was held on 19 January. The forum covered reporting expectations, branding and translation of materials, as well feedback opportunities.

The Round 2 grant programme is due to go live mid-February. This funding will be used to address gaps in provision from Round 1. Identified gaps include further work with:

- Projects supporting Black African and Black Caribbean heritage communities
- Projects supporting adults with sensory and learning disabilities

### **Ministry Housing, Communities and Local Government (MHCLG) Community Champion: Local Authority Fund**

City and Hackney has successfully secured £288k from MHCLG, which provides additional resources to build upon the Community Champions and Covid-19 Information grant programmes. The proposal was underpinned by two key enablers - communications and translations - and covers four key areas:

1. Enhancing our community champions programme
2. Enhancing our Covid-19 information grant programme



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3. Bespoke insight with key target communities
4. Communications resources and translations

## INCIDENT MANAGEMENT TEAM MEETINGS

### Charedi Wedding review 1<sup>st</sup> February

An emergency meeting review by the council, Police and other partners was undertaken to look at what actions were taken in relation to information received about weddings and other breaches of COVID regulations within the Charedi community. Engagement work with community organisations / leaders was discussed and reviewed alongside review of COVID breaches in settings. Ongoing engagement was discussed across the partnership and a plan for additional communications and engagement is in development to reinforce the need to follow COVID regulations.

### Charedi IMT, 16th January<sup>[1]</sup> <sup>[2]</sup>

Context: Cazenove, Springfield and Stamford Hill West are not amongst the wards with the highest incidence rates reported in the 1st week of January. However, these wards have some of the lowest testing rates and some of the highest positivity rates. Haringey has the same trends in rising numbers, but does not have the testing issues that appear to be in Hackney. Hackney and Haringey primary care teams are working to support high take-up of the Covid vaccine across both boroughs. Hackney Council and CCG have been asked to identify community leaders over the age of 70 years to be early adopters of the Covid vaccine. Interlink will be sending out a series of communications to the community about risk in the community and in places of worship.

## COMMUNICATIONS

**Joint communications:** Daily social media posts across all Hackney and City channels on testing, vaccination roll out and promotion of central government messaging on 'hands, face, space' and lockdown rules continues at pace.

**Vaccination roll out:** Hackney and City officers have worked together to create a suite of videos with Dr Sandra Husbands responding to concerns frequently voiced by residents about the COVID-19 vaccines.

Recent Covid-19 communications from Hackney includes:

### Strategy



Implementation of a communications summary plan for [rapid testing](#), [vaccination roll out](#) and targeted BME vaccination communications.

### Vaccine

- Hackney Council's website now includes a page on [vaccinations](#) with general information on priority groups, sites and FAQ's.
- Creation of 20 videos to support the coronavirus vaccination roll out in Hackney.
- Dissemination of two videos through Orthodox Jewish networks of [Rabbi Gluck](#) and [Dr Opat](#), as well as coverage of the Dr Opat video in the [Hackney Gazette](#).
- Supporting partners to open vaccination centres, organising signage at John Scott and Bocking Street. Media coverage secured on the Bocking Street site via [Sky News](#).

### Rapid testing

- The Hackney website now promotes rapid testing more prominently.
- A text was sent to all 21,000 social housing residents in Hackney promoting rapid testing.
- Messaging promoting rapid testing at bus stops, on refuse vans and sent out through stakeholder networks and via the work of the Community Champions.
- Our Single Points of Contacts (SPoCs) linked to 18 SOPs are disseminating the importance of rapid testing via their networks.
- Leaflets and direct business communications on rapid testing sent to 6,000 businesses and leaflets distributed via enforcement teams.
- Full page advert in the Hackney Citizen on rapid testing and a [four page letter sent to all homes](#) in the borough on testing, the national lockdown and support available.
- Press coverage on rapid testing in [Hackney Citizen](#) and broadcast press visit from Al Jazeera to a rapid testing site. Other communications work is captured in the testing update. Production of a JCdecaux poster on rapid testing to be released on 9 February.

### Ongoing communications

- Ten press releases: [open letter](#) to the Orthodox Jewish community on mass gatherings, a [response to the illegal wedding](#), [response to the illegal rave](#), a release on [Covid-19 enforcement work](#), [Sandra Husbands blog - 18 Jan](#), [Mayor blog- 15](#),



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[enforcement release-15 Jan](#), [getting tested for coronavirus](#), [lockdown update on council services](#), [national lockdown announcement](#).

- Three pages on Covid-19 issues in the [January Hackney Life](#) as well as one page on health and wellbeing delivered to 109,000 homes.
- Daily social media posts across all Council channels on testing, vaccination roll out and promotion of central government messaging on hands, face, space and lockdown rules.
- Green lanes: Lamp post banners reminding residents of 'hands, face, space'.

### **Responsive communications**

Major press responses on large gatherings flouting Covid-19 regulations included broadcast on [BBC](#), [ITV](#) as well as national press including the [Guardian](#), [the Metro](#) and community press; [Jewish News](#) and [Jewish Chronicle](#). Reactive press work with [Jewish Chronicle](#) on Charedi schools.

### **Targeted communications**

Eight adverts placed in Jewish community press on testing, lockdown rules, and government coronavirus updates. Weekly meetings with Jewish community representatives on communications.

Recent Covid-19 communications from **the City Corporation** includes:

- A [summary communications plan for LFT](#) in the City
- Seven news releases: [response to national lockdown](#), [support available](#), [increased enforcement](#), [urging workers to complain](#) if they are being forced into work (gaining widespread coverage, incl. BBC London and Guardian), [urging Londoners to follow lockdown rules](#), announcing [12,000 tests have been conducted](#) in Guildhall Yard and [urging people to stay local](#).
- The City Corporation co-signed [a letter](#) on open spaces from Royal Parks custodians on staying safe in open spaces.
- A [joint letter](#) was published and sent out from the Lord Mayor and Policy Chair on the national lockdown and support available to residents. This also featured in a [wraparound in City Matters](#) amplifying public health messages
- Matrix boards put up in the City highlighting the Stay at Home message.



- Targeted comms on business channels, for example in [CityAM column](#), leaflets for construction workers being produced, planning for wider communications with the rollout of new testing centres.

**Vaccine A** flyer was sent to all City residents aged 70 and above advising them on St Barts vaccine rollout. Three videos were produced on the vaccine rollout and shared on social media- [1](#), [2](#), [3](#).

## STANDARD OPERATING PROCEDURES (SOPs)

- 10 SOPs have been updated in January and early February, to reflect new thresholds in reporting outbreaks to PHE LCRC and other changes including return to work guidance after testing positive and other national guidance changes
- All 18 SOPs are reviewed on a continual basis
- The website SOP [holding page](#) has been updated to encourage organisations and businesses to conduct rapid testing for their staff or volunteers, where appropriate
- A poster to complement the SOP for rough sleeping settings: hostels, hotels and temporary accommodation is near completion
- Monthly meetings with Single Points of Contact (SPoCs) are well attended and provide a useful conduit for information exchange with the public health team in general and most recently on Covid-19 testing, in particular

## FINANCE

The total projected spend for the Test and Trace programme is currently standing at £2.06m. 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:

See appendix 1A and B

## Appendix 1A - Finance Summary for Hackney

Item	Expenditure Type:	Description	2020/21 Cost Projection	2021/22 Cost Projection	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)	36,904	31,220	68,124	80:20 allocation (Chief Officer 3) - commences on 1st July 20 to 30th June 21.
3	Pan-London Outreach Testing - ADPH London	ADPH London Pan-London Outreach Testing - (email from Tamsin 29June20)	13,755		13,755	Agreed expenditure.
4	VCS Test & Trace Programme	VCS Test and Trace Programme	389,725	278,375	668,100	
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 - Bikor Cholim	Bikur Cholim Community Covid helpline - (3 months) 13 August to 12 November 2020.	7,000		7,000	It was agreed by the Board on 17 August with some appropriate KPIs to be developed by the service.
8	Staffing Resources	Keep London Safe Programme (Campaign Manager)	2,756		2,756	PO raised, awaiting invoice from the London Borough of Camden
9	Staffing Resources	Customers Services cost agreed for 6 months	52,000		52,000	£52k Customers Services cost agreed for 6 months (£1,968 per week)
10	Communication Costs	Covid Communication Plan	33,000		33,000	Covid Communication Plan - £33k agreed
11	Communication Costs	Further communications work (internal) £10k.	10,000		10,000	Further communications work (internal) £10k.
12	Critical Response Team (CRT)	Critical 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	Emergency support over the weekend	8,100		8,100	Agreed on 5th October 20

15	Welfare Support to Support Self Isolation	Welfare support to support self isolation	120,000		120,000	Agreed on 5th October 20
16	Covid 19 Testing (Find & Treat Service)	Covid 19 testing (Find & Treat Service)	5,000		5,000	With the Find and Treat Team - we are the funder of last resort if the Home Office does not pick up the funding.
17	Local Contact Tracing Proposal	Local Contact Tracing Proposal	28,752		28,752	Agreed by Health Protection Board - may not be required if staff can be recruited from the redeployee pool (2XFTE Sc6 for 6 months)
18	Communication Costs	City and Hackney Coronavirus New Normal Budget (Further communication for residents & businesses)	30,000		30,000	Agreed by Health Protection Board on 26th October 2020 (incl £16k for specific City of London tier 2 work)
19	Staffing Resources	Tableau Data Manager post 1XPO5 for 6 mths - start date 2nd Nov 20	32,174	5,850	38,024	Agreed by Health Protection Board on 5th October 2020 (6 months forecast)
20	Community Covid Helpline - Bikor 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	26,067	13,034	39,101	Oversight of outbreak control plan delivery, leading operational work and proposing strategic approaches for a minimum of 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.
27	Counselling/Training	Group Session Counselling – Covid team support	7,140		7,140	This was agreed at HPB on 16th Nov 20
28	Counselling/Training	Suicide in safeguarding training	800		800	Agreed at HPB 14 Dec 2020 split 80:20% Col
32	Staffing Resources	winter break planning, extension to Hackney Covid-19 helpline	1,300		1,300	Agreed at HPB 14 Dec 2020
33	Communication Costs	Local Contact Tracing Door to door letter drops	500		500	Agreed at HPB 21 Dec 2020
34	Staffing Resources	Senior Public Health Specialist 1xPO7 (Health Protection Board Lead, 18 Hrs a week)	9,054	9,054	18,108	As agreed by Sandra - 04/01/21
35	Staffing Resources	Testing operations lead 1xPO7	17,429	17,429	34,858	As agreed by Sandra - 04/01/21
37	Staffing Resources	Service Designer PO4/5, recruited by ICT, Support to Testing inc. Qmatic booking system, 6 months fixed term	15,764	15,764	31,527	As agreed by Sandra - 07/01/21
38	Contact Tracing	Training for Local Contact Tracers	5,500		5,500	Agreed at HPB 11-Jan-2021
39	Communication Costs	City and Hackney communications budget. The £16,000 request is to produce A3 wraparounds on two further editions of the City Matters newspaper	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
<b>Total:</b>			<b>£1,362,986</b>	<b>£558,957</b>	<b>£1,921,943</b>	

## Appendix 1B - Finance Summary for CoL

Item	Expenditure Type:	Description	20/21 CoL Cost	2021/22 CoL Cost	Total Cost	Comments
1	Staffing Resources	Programme Manager - assignment commenced in July 2020)	£18,000		£18,000	Assumed will be in post till the end of the FY. Cost should be split 80:20 with the CoL.
2	Staffing Resources	PH Consultant - CURRENTLY VACANT (1 year fixed term contract)	£9,226	7,805	£17,031	80:20 allocation (Chief Officer 3) - commences on 1st July 20 to 30th June 21.
18	Communication Costs	City and Hackney Coronavirus New Normal Budget (Further communication for residents & businesses)	£16,000		£16,000	Agreed by Health Protection Board on 26th October 2020 (incl £16k for specific City of London tier 2 work)
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	Committed and agreed
30	Communication Costs	City Matters for Covid 19 Second Wrap Around	£16,000		£16,000	This was agreed at HPB on 07th Dec 20
36	Communication Costs	City Matters for Covid 19 third Wrap Around	£8,000	8,000	£16,000	Agreed at HPB 11-Jan-2021
31	Other commitments - City of London	Other commitments - City of London remaining balance	£47,253		£47,253	Plans in development, awaiting further details
<b>Total:</b>			<b>£130,679</b>	<b>£15,805</b>	<b>£146,484</b>	