

City & Hackney Integrated Care Partnership Board

Local Outbreak Board Session

Thursday 8th July 2021

09:00 – 09.50

Microsoft Teams

This is also a meeting of the **Integrated Commissioning Board** which is a Committee in-Common meeting of the:

- The London Borough of Hackney Integrated Commissioning Sub-Committee ('The LBH Committee')
- The City of London Corporation Integrated Commissioning Sub-Committee ('The COLC Committee')
- North East London CCG Governing Body City and Hackney ICP Area Committee (The 'CCG Area Committee')

[Click here to join the meeting](#)

Chair – Randall Anderson QC

| 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 <i>For approval</i> | Paper | 2-7 | |
| 4. | Questions from the Public | Chair | None | - | |
| 5. | Vaccinations Program Update | Siobhan Harper <i>For discussion</i> | Paper | 8-17 | 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 | 18-43 | 09.40 |

Date of next meeting:

9th September 2021, Microsoft Teams



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

and

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

and

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

Integrated Commissioning Board – Local Outbreak Board Session

Minutes of meeting held in public on 10 June 2021
Microsoft Teams

Present:

Hackney Integrated Commissioning Board

Hackney Integrated Commissioning Committee

| | | |
|--------------------------|--|---------------------------|
| Cllr Christopher Kennedy | Cabinet Member for Health, Adult Social Care and Leisure | London Borough of Hackney |
| Cllr Robert Chapman | Cabinet Member for Finance | London Borough of Hackney |

NE London CCG Area Committee

| | | |
|------------------|-------------------------------|---------|
| Dr. Mark Rickets | ICP Clinical Lead (ICB Chair) | NEL CCG |
| Siobhan Harper | Transition Director: C&H ICP | NEL CCG |
| Honor Rhodes | Associate Lay Member | NEL CCG |

City Integrated Commissioning Board

City Integrated Commissioning Committee

| | | |
|---------------------|---|----------------------------|
| Randall Anderson | 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

| | | |
|------------------|---|---|
| Andrew Carter | Director of Community and Childrens' Services | City of London Corporation |
| Alex Harris | Integrated Commissioning Governance Manager (minutes) | NE London CCG |
| Caroline Millar | Chair | City & Hackney GP Confederation |
| Chris Lovitt | Deputy Director of Public Health: City & Hackney | City of London Corporation |
| Diana Divajeva | Principal Public Health Analyst | London Borough of Hackney |
| Haren Patel | Clinical Director | Primary Care Network |
| Helen Woodland | Group Director: Adults, Health and Integration | London Borough of Hackney |
| Ida Scoullos | Patient Representative | Homerton University Hospital NHS Foundation Trust |
| Jake Ferguson | Chief Executive Officer | Hackney Council for Voluntary Services |
| Jonathan McShane | Integrated Care Convenor | NE London CCG |
| Jon Williams | Executive Director | Healthwatch Hackney |
| Paul Coles | General Manager | Healthwatch City of London |
| Philip Glanville | Mayor | London Borough of Hackney |
| Stella Okonkwo | IC Programme Manager | NE London CCG |
| Tracey Fletcher | Chief Executive | Homerton University Hospital NHS Foundation Trust |

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

Apologies – ICB Members

Cllr Bramble (LBH)

Other apologies

Sunil Thakker

Steve Collins

Sandra Husbands

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. Jon Williams asked a question on behalf of a member of the public. He noted that there had been some instances of adverse reactions to the vaccine. We need to encourage people to take the vaccine and address any issues as they arise.
- 3.2. Mark Ricketts noted that this was an important issue and that whilst complications were extremely rare, they still occurred. The risk of complications from vaccination were far lower than risk of complications from Covid-19 infection, even in young people who were otherwise unlikely to suffer severe illness.
- 3.3. Siobhan Harper noted that a key priority was getting the approximately 17,000 people in the cohorts 1-9 who had not yet come forward for a vaccine.

4. **Vaccinations Update & Evaluation of the City & Hackney Vaccination Programme**

- 4.1. The item was presented by Siobhan Harper. She made reference to the 17,000 people who were unvaccinated in the cohorts 1-9, who represented the most vulnerable cohorts in the population. These cohorts were currently a major priority. There had been a variety of outreach efforts through PCNs re-offering the Pfizer vaccine to those who had previously been offered AstraZeneca (AZ) (and had not taken up the AZ offer), with the aim of keeping momentum within these areas. We had also opened up the vaccine to younger cohorts, and these were being booked actively and frequently.
- 4.2. Furthermore, extra capacity had been made available at St. Leonard's hospital and at the Homerton Hospital. We were also adapting our comms outreach to focus on addressing people's concerns. Work was also being done to target at carers, particularly homecare staff who had a relatively low level of vaccine uptake.
- 4.3. Cllr Chapman asked if some of the issues around hesitancy were due to people favoring one vaccine over another. Siobhan Harper responded that many people were opting to take Pfizer over AZ and this was now the main vaccine offer available. This may mean that providers would need to have detailed clinical conversations with people who had concerns around the AZ vaccine.
- 4.4. Cllr Kennedy asked if we had an idea about the number of people who had accepted an offer of Pfizer and had previously declined other vaccines. Siobhan Harper responded that an exact number of people officially listed as 'declined other vaccines' was not readily available but anecdotal feedback suggests that this is happening.
- 4.5. Randall Anderson noted that whilst there had been progress, we were still not at the level of vaccinations amongst the homeless that we would like to see. Siobhan Harper responded that this work was ongoing. We had mobilised 'find and treat' teams who were now part of the outreach to homeless people.
 - **Data on Homeless Vaccinations to be brought as part of the regular data updates to the Local Outbreak Board.**

- 4.6. Haren Patel advised that in relation to vaccine side-effects, we will need to make sure that any potential severe side-effects were captured and reported via the appropriate channels to ensure that there was good data, which would ultimately be the best way to alleviate anxieties around the vaccines.
- 4.7. Honor Rhodes asked if there had been any hesitancy amongst pregnant women and if there were any comms targeted to this cohort. Siobhan Harper responded that we were doing targeted outreach within communities, ie to Orthodox Jewish women. Chris Lovitt added that there had been a degree of hesitancy but this was declining. Things were much easier now as it was Pfizer or Moderna that needed to be used. We had run events with midwives and other clinical leads in Havering, which had been very successful. We may be able to do some more targeted work around the Stamford Hill area.
- 4.8. With regard to the variants of concern, this was likely to become more pertinent as we were opening up international travel, however some countries were making travel contingent on vaccination status.
- 4.9. Jake Ferguson asked if we could make the choice explicit to people, as this would make them more likely to come forward. Siobhan Harper responded that our outreach to the cohort 1-9s was specifically offering Pfizer to those who had declined AZ. Chris Lovitt noted that nationally people over the age of 40 were offered AZ due to vaccine supply, however locally, our events were offering Pfizer. Jake Ferguson added that we needed to empower people and encourage communities to exercise choice. Siobhan Harper noted that supply was dictated nationally and some of this would be outside our control, however from July, Pfizer was likely to be the main offer.
- 4.10. Anna Garner presented the proposal on evaluation of the vaccine programme. This evaluation will be looking at whether the programme has achieved its set goals. The aim will be to measure outcomes within pharmacies, GP practices and other settings. This would generate findings which could show which elements of the programme were the best value, so that we could generate sustainability in the future. She noted that the effectiveness of the program was not necessarily just about jobs in arms but ultimately about reduction in harm from covid-19. We would aim to see some results from this within a few weeks.
- 4.11. Mayor Glanville noted that the outcomes framework was very positive. A lot of the reporting on the outcomes, however were currently being monitored by the vaccination steering group and asked if this monitoring could be extended to the Local Outbreak Board as well. Anna Garner responded that this was possible for future reports.
- **Evaluation of vaccination programme to be received periodically by the Local Outbreak Board.**
- 4.12. Regarding the outreach work, Mayor Glanville enquired if there was a possibility of deploying an alternative means of reporting to capture specific cohorts such as undocumented migrants and homeless people as this could aid reflections on how we performed in these specific areas in the future. Anna Garner responded that this could be looked into for future reporting. Siobhan Harper added that the learning from these programmes could help us deliver services across the board.

5. Data Intelligence Update

- 5.1. Diana Divajeva introduced the item. We had seen a sustained increase in the number of Covid cases week-on-week. This was not just due to increased testing, as the

positivity rate had also gone up. The majority of infections were among the young adult population, which was not surprising as these were largely unvaccinated.

- 5.2. Whilst overall case rates were much lower than in January and December, the increase has been exponential week-on-week. Some areas are seeing higher rates than others – in particular Hackney Wick and Dalston which were seeing case rates of around 50 per 100,000 population.
- 5.3. The highest increase in cases had been amongst the un-vaccinated cohort. There had been no deaths reported within the past few weeks. However, due to the new variants of concern we were monitoring the situation closely.

6. Local Outbreak Management Plan

- 6.1. Chris Lovitt introduced the item. He reported that the roll-out of both the PCR and the lateral flow testing was going well. The message nationally was that testing was still important. We had an increase of outbreaks in both the City & Hackney. Many of these outbreaks were due to poor social distancing, people not wearing masks, etc. ie in workplace settings. Furthermore, the message also needed to be clear that immunity was conferred several weeks after the second vaccine dose.
- 6.2. In addition, there were reports of increased hospitalisations from Covid. Hospitalisations usually lagged about four weeks behind infections. Data from real-world trials were showing that Pfizer, Moderna and AstraZenaca were all effective against variants of concern such as the Delta variant but data also showed that both doses of the vaccine was important.
- 6.3. There was an enhanced self-isolation offer for people who had tested positive. We also needed to make sure that the message was clear that people who were symptomatic would need to come forward for a PCR test and then to self-isolate.
- 6.4. Cllr Chapman enquired about the current situation in schools, as the report suggested there had been a decline in testing in schools. Chris Lovitt responded that there was a degree of fatigue around testing, and people were not always reporting on their test results. We were addressing this by aiming to make it as easy as possible for people to access tests, and there was plenty of supply of lateral flow tests.
- 6.5. Andrew Carter asked if there was more the board could do to engage businesses and make sure that workplaces were complying. Chris Lovitt responded that businesses had been through a very difficult time and many hospitality venues were finding it difficult to cope with the level of activity. However, businesses which were complying with Covid restrictions were generally not seeing any outbreaks of Covid-19.
- 6.6. Marianne Fredericks added that testing was an important part of our means of keeping the pandemic under control. She enquired if there were any developments to make testing easier, as many people found the PCR and lateral flow tests unpleasant to operate and quite intrusive. Chris Lovitt responded that there were a variety of innovations which were presented to the public health deal and the Department of Health. However there were regulatory hurdles that needed to be cleared and the required up-scaling of production before any testing kit could be rolled out nationally.

7. Any Other Business

- 7.1. There was none.

City and Hackney COVID 19 Vaccination Programme

Update briefing to Local Outbreak Board

8 July 2021



Update on the local vaccination roll-out

1. For cohorts 1-12, 156k (59%) 1st & 90k (34%) 2nd dose vaccinations have been undertaken (as of 6th July).
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, 25k residents remain unvaccinated
3. Although there has been a 3% in vaccination uptake for 1st doses across cohorts 1-6 (i.e aged 65 and over and at risk of Covid), 16k residents remain unvaccinated
4. All vaccine delivery sites and outreach events in C&H now offer booked and walk-in appointments
5. Pfizer and Moderna now recommended for all those under 40 years of age
6. All those 18 years old and over now eligible to book their vaccine in addition to cohorts 1-9, however we are seeing demand slowing down
7. Vaccinating Pharmacies and local vaccination centres now delivering Pfizer or Moderna as well as AstraZeneca (AZ), with two new pharmacies going live in the week commencing 5th July
8. Outreach work continues through to provide support to specific communities and areas with local outbreaks with variants of concern
9. PCN clinics specifically for 2nd dose AZ (Springfield PCN, Shoreditch Park and City PCN, Hackney Downs PCN, Lower Clapton surgery)

Key actions in the next two weeks

- On track to deliver a mass vaccination event at the Hackney Service Centre this weekend aiming for 4,000 doses to be delivered
- Targeted communications to each of the unvaccinated cohorts (i.e. invited, declined, no contact coded)
- Range of activities to increase uptake of vaccination by wider social care workforce and carers (see slide 6)
- Community outreach targeted in five LSOA clusters where uptake is low from the most high risk cohorts (four in Hackney, one in the City) (see slide 8)
- Centralised call and recall team to target unvaccinated population, including writing to patients; to go live week commencing 12th July
- Continued use of social media to encourage walk-in and maximise use of available capacity

C&H vaccination snapshot by cohort (as of 6th July)

| Cohort | Cohort Description | Cohort Size | First Vaccination | % Vaccinated | Fully vaccinated | % Second Vaccination | WoW Change 1 st doses (%) | WoW Change 1 st doses (#) | WoW Change 2 nd doses (%) | WoW Change 2 nd doses (#) |
|--------|---|-------------|-------------------|--------------|------------------|----------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| 1 | Older adult residents in a care home | 321 | 293 | 91% | 279 | 87% | -1% | -3 | -1% | -2 |
| 2 | 80 years of age and over | 5,169 | 4,327 | 84% | 4,102 | 79% | 0% | 0 | 0% | 14 |
| 3 | 75 years of age and over | 3,981 | 3,351 | 84% | 3,221 | 81% | 0% | 9 | 1% | 18 |
| 4 | 70 years of age and CEV | 20,961 | 16,342 | 78% | 15,004 | 72% | 0% | 38 | 1% | 144 |
| 5 | 65 years of age and over | 7,102 | 5,730 | 81% | 5,445 | 77% | 0% | 4 | 1% | 40 |
| 6 | 16-64 years of age and at risk of COVID | 26,555 | 17,973 | 68% | 15,625 | 59% | 1% | 125 | 2% | 262 |
| 7 | 60 years of age and over | 6,669 | 4,880 | 73% | 4,496 | 67% | 0% | 20 | 1% | 64 |
| 8 | 55 years of age and over | 10,324 | 7,275 | 70% | 6,506 | 63% | 1% | 53 | 2% | 129 |
| 9 | 50 years of age and over | 12,797 | 8,889 | 69% | 7,762 | 61% | 1% | 50 | 3% | 199 |
| 10 | 40 - 49 years of age | 39,617 | 23,231 | 59% | 12,485 | 32% | 1% | 250 | 41% | 3,612 |
| 11 | 30-39 years of age | 73,636 | 38,857 | 53% | 10,343 | 14% | 3% | 1,078 | 23% | 1,950 |
| 12 | 18-29 years of age | 58,576 | 24,867 | 42% | 5,208 | 9% | 17% | 3,602 | 12% | 539 |
| | Totals Cohort 1-6 | 64,089 | 48,016 | 75% | 43,676 | 68% | 0% | 173 | 1% | 476 |
| | Totals Cohort 1-9 | 93,879 | 69,060 | 74% | 62,440 | 67% | 0% | 299 | 1% | 868 |
| | Totals Cohort 1-12 | 265,708 | 156,015 | 59% | 90,476 | 34% | 3% | 5,226 | 8% | 6,969 |

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

Note; Average decline rate 4% (or 10,005) across all cohorts: no contact coded 13% (34,159). Targeted work taking place to address.

Week on week change in 1st doses = 5226 (+3%), wow change in 2nd doses = 6969 (+8%). WoW change from CEG dashboard 6.07 vs. 29.06

How we are putting on capacity to meet the challenge

| | 21st June | 28th June | 5th July | 12th July | |
|---------------------------------------|-----------|-----------|----------|-----------|---------------|
| LVS | 6,282 | 8,406 | 9340 | 9,340 | |
| GP / PCN dispersed | 480 | 755 | 755 | 500 | |
| St Leonards | 800 | 300 | 300 | 300 | |
| Small pop up events | 183 | 300 | 480 | 300 | |
| Larger pop up events | 0 | 0 | 2000 | | |
| Community Pharmacy | 10,532 | 10,532 | 12,512 | 12,512 | |
| 10/11th Surge event | 0 | 0 | 4,000 | | |
| Total planned capacity: | 18,277 | 20,293 | 29,387 | 22,952 | 90,909 |
| Target to deliver 90% uptake:* | 25,393 | 25,393 | 25,393 | 25,393 | 101,573* |
| Gap between target and plan: | 7,116 | 5,100 | (3,994) | 2441 | 10,664 |

This is total planned optimal capacity, including:

- Hackney Service Centre surge event on 10/11th July (AZ & Pfi)
- North MSOA large pop-up on 11th July (AZ)
- Community AZ events in LSOA clusters
- Practice-based and PCN events
- Walk-ins

- Across NEL we are seeing a slowing rate of uptake especially for 1st dose Pfizer
- NEL review of communication plan for 18-39 taken place and actions being implemented

Note: Capacity required assumes (1) 20% of 1st and 2nd dose activity required over the next 4 weeks goes to mass vac sites (2) a DNA rate of 15% (3) 90% of eligible City and Hackney residents will be vaccinated with 1st dose and 2nd doses will continue as per JCVI guidance

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 (65+) | 187 | 172 | 92% | 167 | 89% |
| Younger adult care homes | 97 | 88 | 91% | 83 | 86% |
| Total | 284 | 260 | 91% | 250 | 87% |

(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 | 1,646 | 1075 | 65% | 643 | 39% |
| Younger adult care homes | 124 | 112 | 90% | 106 | 85% |
| Older adult care homes | 276 | 215 | 77% | 201 | 73% |
| Non- registered settings & all other frontline social care | 2,841 | 1,340 | 47% | 695 | 24% |
| Total | 4,887 | 2,742 | 56% | 1,645 | 34% |

Source: Figures extracted from Department of Health and Social Care Capacity Tracker

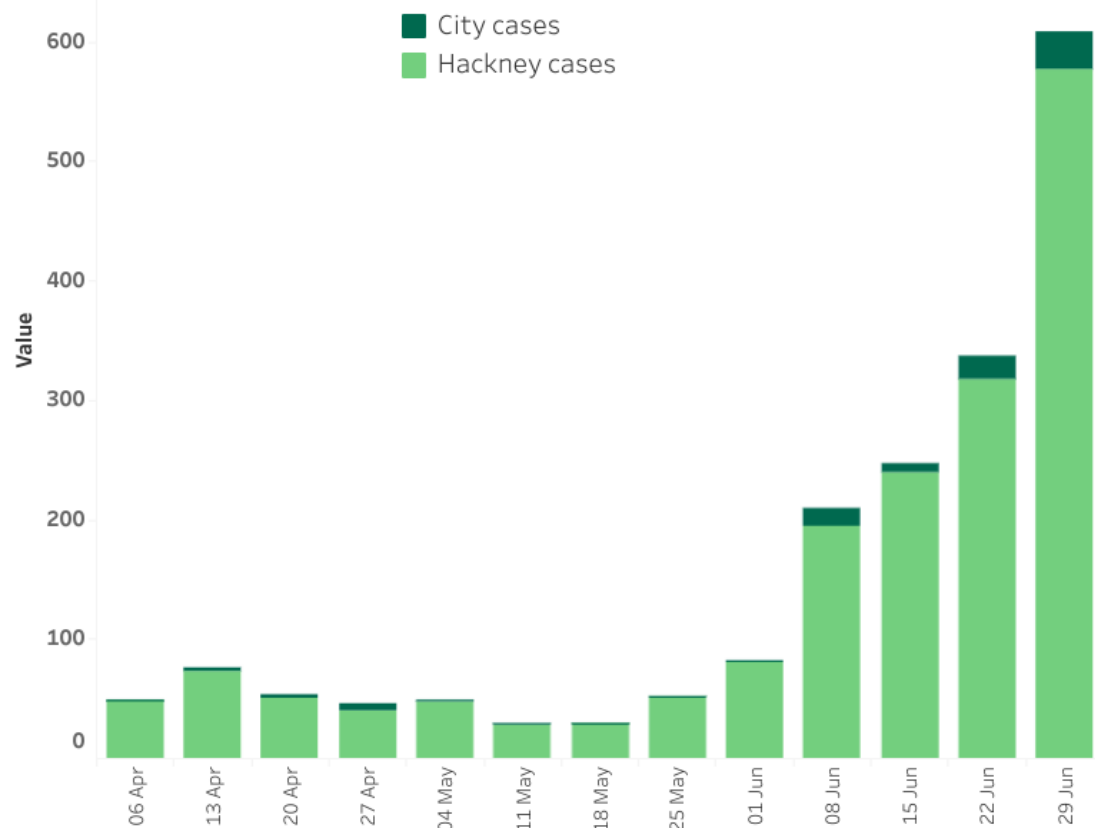
Period: 6th July 2021

Update on work to improve vaccination uptake in Care Homes

1. **Data validation** - ensuring self-reported vaccine uptake from care providers is reflected within Capacity Tracker, twice weekly vaccine uptake reports for Homecare data is reported via MIT Adaas into Capacity Tracker
2. **Management Action Plans** – case-by-case approach to increase vaccination take-up within each Care Home for staff and residents (in line with SAGE compliance)
3. **Engagement Session 6th July** - Q&A session between clinical experts and staff in Care Homes, offering resources/ support/ 1:1 individual sessions
4. **Direct Engagement** - between residents in Care Homes and Public Health / GP clinical leads to help address individual concerns
5. **Community Champions** - have been trained by a Clinical Expert to help support conversations with staff working in Care settings
6. **Fast track access to vaccinations** - pop in clinics across the borough for care staff (staff ID)
7. **Financial incentive** - offered to all care staff to help increase uptake

COVID-19 Cases Weekly Trend

Cases have been increasing steeply in City and Hackney, since late May



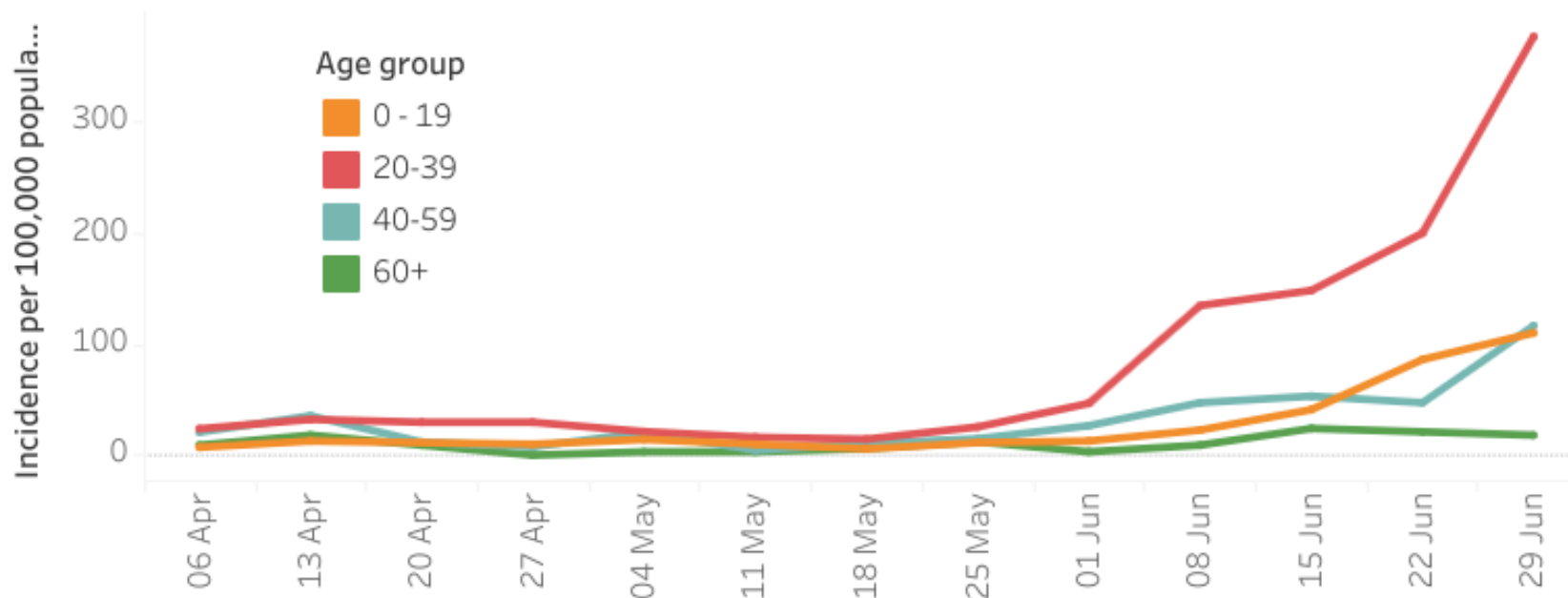
- Cases have been rising exponentially in London, as well as locally
- Rates have increased by as much as 80% week on week
- Current incidence rate is over 230/100,000 population in Hackney

Data from **Public Health England (PHE)**. Last updated 5 July 2021. Next update 8 July 2021.

Note: In line with recent PHE guidance, both cases identified by lateral flow testing and PCR are included.

Weekly Cases by Age and Sex

Majority of cases in young adults

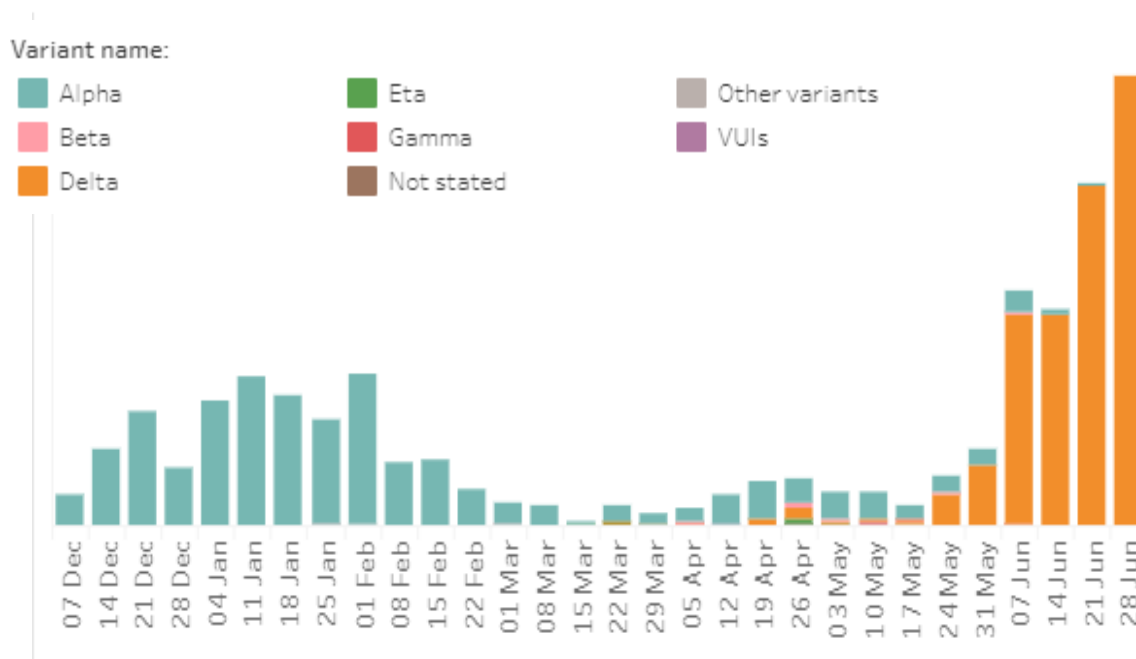


- Most cases are occurring in young people
- The highest proportion of cases occur in young, working-age adults and there is also the steepest rise in this group
- Young people (0 -18) and older working age adults also saw increases over the past 5 - 6 weeks

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

Combined Alpha and Delta variants account for 98% of all of the variants detected in City and Hackney starting December 2020 onward

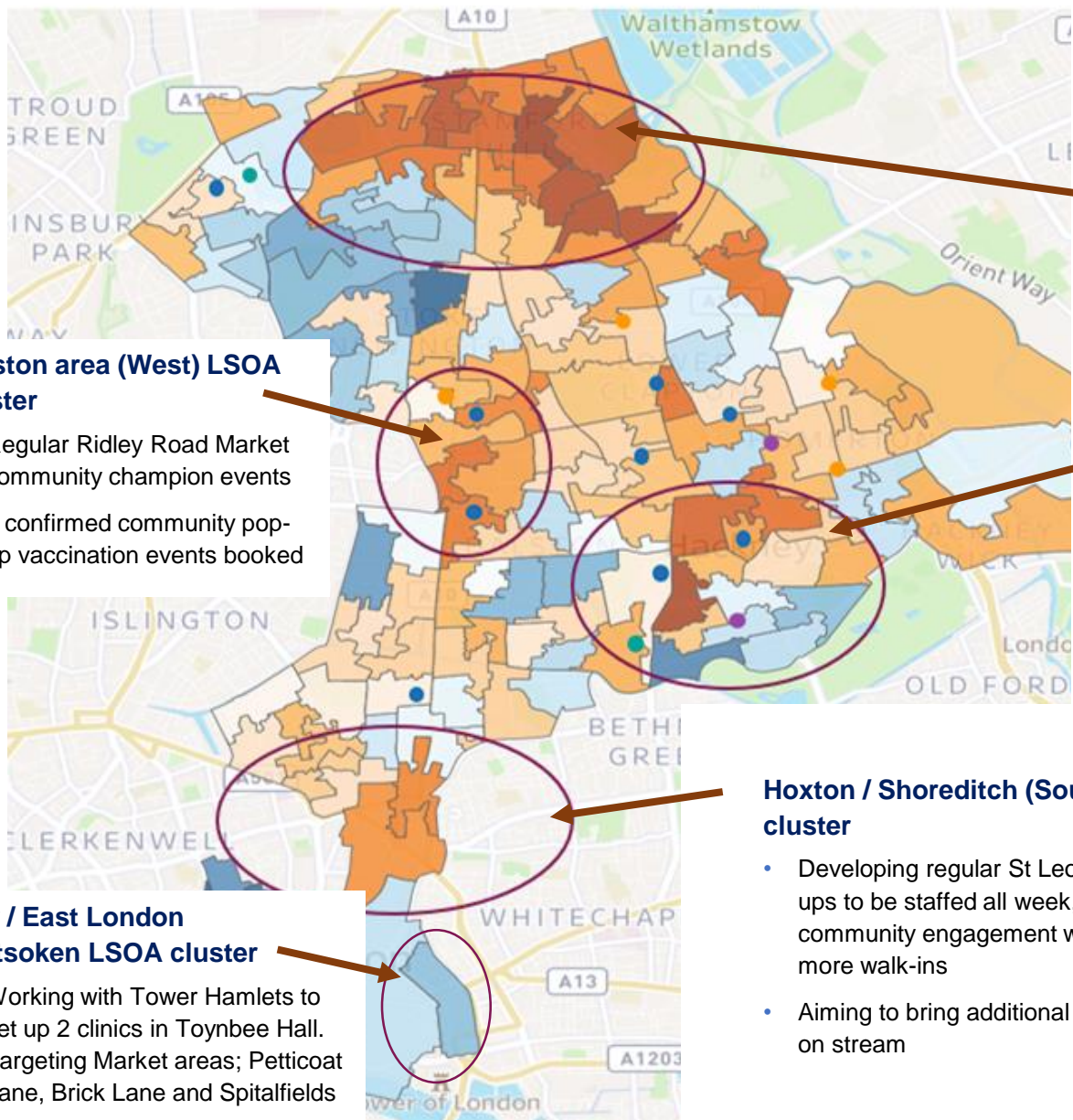
Number of VOC and VUI cases by week and type, Hackney and the City of London



Data source: Public Health England.

- The Alpha variant (Kent) has been the dominant variant in City and Hackney from December 2020 until about the end April 2021, when a new variant emerged
- The new variant, Delta (India), has since become the dominant variant accounting for about half of all the COVID-19 cases in the last week of available data (up to 28 of June 2021)

Targeted local outreach and community action in five LSOA clusters



Dalston area (West) LSOA cluster

- Regular Ridley Road Market community champion events
- 6 confirmed community pop-up vaccination events booked

City / East London Portsoken LSOA cluster

- Working with Tower Hamlets to set up 2 clinics in Toynbee Hall. Targeting Market areas; Petticoat Lane, Brick Lane and Spitalfields

All clusters include:

- On-street engagement using community champions
- Grant-funded events with VCSE sector

Springfield / Cazenove (North) LSOA cluster

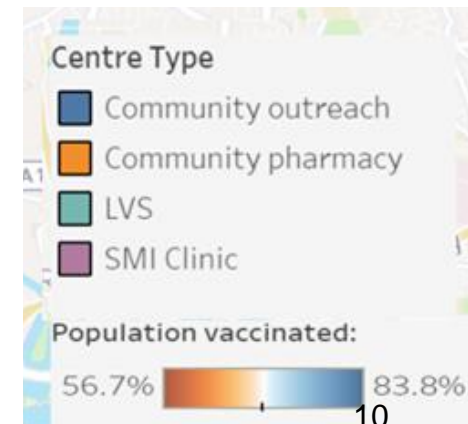
- PCN surge event in w/c 12th July
- Using Council Charedi networks
- 4 confirmed community pop-up vaccination events booked

Homerton / Victoria (East) LSOA cluster

- Town Hall Service Centre mass event 10th/11th July
- 6 confirmed community pop-up vaccination events booked

Hoxton / Shoreditch (South) LSOA cluster

- Developing regular St Leonards pop-ups to be staffed all week, allowing community engagement work to direct more walk-ins
- Aiming to bring additional pharmacies on stream



Source: LBH PH Tableau data, 23rd June 2021

Communications – key actions in the next two weeks

- **Continued widespread comms** using **all** system partner channels/ networks – social, local publications (Hackney Life 21st July), influencers, targeted ads/ posters, community champions etc.
 - Encourage vaccination uptake amongst all adults
 - To encourage uptake of the second dose of COVID-19 vaccination and
 - To highlight over 50s having their second dose bought forward
 - Addressing vaccine concerns throughout messaging
 - Amplifying national messaging and campaigns/ events
- **Targeted messaging/ activity** for following groups:
 - **Younger adults (18-25 years old)**
 - Steering group established to look at ways to reach these audiences/ communities through relevant channels/ clinics
 - Planning for vaccination clinics at local colleges
 - Young Hackney vaccine toolkit to be shared across system/ all workforce
 - Targeted social media campaign
 - Behavioural insights project (with LBH Change Support Team) to test different messages about vaccines with younger cohorts
 - **Pregnant women**
 - Support CYPFM with maternity specific online event on 14th July
 - **Orthodox Jewish community through local publications**
- **Continued comms support for local outreach events/ clinics**
 - Halkevi Community Centre Dalston Lane E8 3DF – Wednesday 7 July 10.30am-2.30pm
 - Hindle House Community Centre Arcola Street E8 2DZ – Saturday 10 July 12-4pm
 - Hackney Service Centre – 1 Hillman Street E8 1DY – Saturday 10 and Sunday 11 July 9am-7pm
 - Spring Hill Practice, 57 Stamford Hill - Sunday 11 July, 11am-3pm
 - Ridley Road Market Ridley Road E8 2NH – Wednesday 14 July 10am-2pm
 - St Thomas Moore Church 9 Henry Road N4 2LH – Friday 16 July, 10am-2pm and Tuesday 20 July 10am-2pm
 - Woodberry Down , N4 1SN – Wednesday 21 July 10am-2pm
 - Clissold Park House Church Street N16 9HJ – Saturday 24 July 11am-3pm
 - Uprising Community The Ark Suite, Cricketfield Road E5 8NS – Monday 26 July 11am-3pm

| | |
|----------------------------|--|
| Title of report: | Covid-19 Local Outbreak Management Plan update |
| Date of meeting: | 8 July 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:

This report provides an update against the Local Outbreak Management Plan and an overview of activities in following key areas:

- Testing
- Local contact tracing
- Outbreak management, including OIRR, incident management teams, outbreaks & exposures in settings
- Support for isolation, including enhanced isolation pilot
- Community engagement, including community champions
- Communications
- Finance - Test & trace and COMF budgets

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 | <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

Specific implications for Hackney

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.

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.

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 are 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:

| |
|--|
| |
|--|

FINANCE

The total projected spend for the Test and Trace programme is currently standing at £3.371m. A detailed breakdown of the projected spend for each organization, including details of outbreaks plans agreed to date is shown in Appendix 1 below.

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) | 74,656 | 24,885 | 99,541 | 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 work (internal) £10k. | 10,000 | | 10,000 | Further communications work (internal) £10k. |
| 12 | Covid Response Team (CRT) | Covid Response Team (CRT) | 90,000 | | 90,000 | Start date 1st October 20-31st March 21 (Agreed on 21st Sept 20) |
| 13 | Covid Awareness - Interlink | Interlink Funding for COVID awareness work | 22,500 | | 22,500 | |
| 14 | External Care provision | Electcare Health Emergency support over the weekend | 8,100 | | 8,100 | Agreed on 5th October 20 (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 | Staffing Resources | 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 the Health protection board on 02 November 2020 (15 weeks). Here to Help |
| 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 | Communication Costs | City and Hackney communications budget for January to March 2021 | 30,000 | | 30,000 | Agreed at HPB 11-Jan-2021 |

| | | | | | | |
|----|---|---|--------|---------|---------|---|
| 40 | IT Software | CTAS form payment. This has been set up for up to 1,500 responses monthly at £55.40 pm. Anticipated for three months | 166 | | 166 | Agreed by Sandra via email 15-Jan-2021 |
| 41 | Staffing Resources | BI project to improve self-isolation and social distancing | 22,000 | | 22,000 | Agreed by Sandra via email 25-Jan-2021 |
| 42 | Staffing Resources | Senior Public Health Practitioner: (Testing Support) | 9,851 | 19,703 | 29,554 | Agreed by Sandra via email 25-Jan-2021 |
| 43 | Staffing Resources | Expansion of Covid Response Team to Support Local Implementation of Enhanced Contact tracing. Funding for 2 x EHOs for 12 months respectively (PO4) at a cost of £173K comprising 85% staff costs and 15% non-pay costs (with a 10% contingency). | | 172,718 | 172,718 | Agreed at HPB 15-Feb-2021 |
| 44 | Community Covid Helpline - Bikur Cholim | Bikur Cholim Community Covid helpline additional grant 1 January 2021 - 31 May 2021 | 14,000 | 8,615 | 22,615 | Agreed at HPB 15-Feb-2021 (21 weeks @ £538.46 x 2 helpline advisors) |
| 45 | Behavioural Insights | Behavioural Insights to drive up local contact tracing success rates in City & Hackney | 4,000 | | 4,000 | Agreed at HPB 15-Feb-2021. Split 80:20 |
| 46 | Communication Costs | Additional communications funding to support vaccine take up | 29,600 | | 29,600 | Agreed to fund £38k on 22nd Feb 21. Content to be approved by the Vaccination Steering Group. 80:20 allocation between LBH:CoL |
| 47 | Contact Tracing | 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 previous budet (item 39?) |
| 54 | Vaccine Equalities | Community-led approach to increasing COVID-19 vaccine uptake / addressing vaccines inequalities | | 43,828 | 43,828 | Agreed at HPB 25th May 2021 (either funded from T&T or COMF) |
| 55 | | Prevention and Promotion Fund for Better Mental Health 2021/22 | | 123,765 | 123,765 | Agreed at HPB 8th June 2021 |
| 56 | Staffing Resources | Community Champions/Covid-19 Information Grants Communications Officer funding. The costs for a 1 FTE PO3 Communications Officer, for 6 months (July-December 2021) | | 22,740 | 22,740 | Agreed at HPB 8th June 2021 |
| 58 | Communication costs | Additional comms funding | | 16,000 | 16,000 | Agreed at HPB 22 Jun 2021 |
| 59 | Staffing Resources | 1 FTE PO3 Communications Officer, for 6 months (July-December 2021) | | 26,262 | 26,262 | Agreed at HPB 22 Jun 2021 |
| 60 | Staffing Resources | Senior Public Health Specialist: Health Protection Lead 1XPO10 for 6 mths | | | | - New recruitment following GW contract end in May21 for a further 6 months (Recruitment underway) |
| 61 | Staffing Resources | Strategic Consultation & Engagement lead (PO5) | | 31,527 | 31,527 | Agreed at HPB 22 Jun 2021 50% of the salary costs for a Strategic Consultation & Engagement lead (PO5), to lead the delivery of consultation & engagement activity related to the Covid-19 pandemic; within the Communications, Culture and Engagement directorate |
| 62 | Staffing Resources | 4 x PO2 Community Support Managers | | 163,706 | 163,706 | Agreed at HPB 22 Jun 2021 4 x PO2 Community Support Managers to replace the staffing provider (IF Crew) site managers currently in place for 9 months |
| | | | | £1,489,143 | £1,689,788 | £3,178,931 |

Appendix 1B - Finance Summary for City of London Corporation

| Item | Expenditure Type | Description | 20/21 CoL Cost | 2021/22 CoL Cost | Total Cost | Comments |
|------|----------------------|---|----------------|------------------|------------|---|
| 1 | Staffing Resources | Programme Manager - assignment commenced in July 2020) | 18,664 | 6,221 | 24,885 | Assumed will be in post till the end of the FY. Cost should be split 80:20 with the CoL. |
| 2 | Staffing Resources | PH Consultant - CURRENTLY VACANT (1 year fixed term contract) | 7,503 | 7,805 | 15,307 | 80:20 allocation (Chief Officer 3) - commences on 1st July 20 to 30th June 21. |
| 28 | Counselling/Training | Suicide in safeguarding training | 200 | | 200 | Agreed at HPB 14 Dec 2020 split 80:20% CoL |
| 29 | Communication Costs | City Matters for Covid 19 Wrap Around | 16,000 | | 16,000 | First wraparound (Nov 20, Dec 20) |
| 30 | Communication Costs | City Matters for Covid 19 Second Wrap Around | 16,000 | | 16,000 | This was agreed at HPB on 07th Dec 20 (Jan 21, Feb 21) |
| 36 | Communication Costs | City Matters for Covid 19 third Wrap Around | 8,000 | 8,000 | 16,000 | Agreed at HPB 11-Jan-2021 (Mar 21, Apr 21) |
| 45 | Behavioural Insights | Behavioural Insights to drive up local contact tracing success rates in City & Hackney | 1,000 | | 1,000 | Agreed at HPB 15-Feb-2021. Split 80:20 |
| 46 | Communication Costs | Additional communications funding to support vaccine take up | 7,400 | | 7,400 | Agreed to fund £38k on 22nd Feb 21. Content to be approved by the Vaccination Steering Group. 80:20 allocation between LBH:CoL |
| 47 | Contact Tracing | Surge testing. To ensure routine genetic sequencing with subsample to monitor and suppress the spread of coronavirus and better understand new variants | | 10,012 | 10,012 | Agreed at HPB 1 Mar 2021. One-off activity over 5 days (12 hour shifts). Only activated if there are cases of Variants of Concern (VOC). Should a VOC be found within Hackney and not the City, LB Hackney will fund the surge testing operation, and vice versa if a VOC is found in the City and not Hackney. Should a VOC be linked to postcodes across the City and Hackney boundaries, then the cost of surge testing will fall to both the City and LB Hackney, who then share the financial responsibility to fund all aspects of surge testing. |
| 49 | Staffing Resources | City and Hackney Public Health Intelligence Team (PHIT) | | 16,820 | 16,820 | Agreed at HPB 8 Mar 2021. 80:20 split. In the absence of Sandra and Chris the paper will be tabled at Covid-19 Operational Working Group on Thursday instead for approval |
| 52 | Communication Costs | City Matters for Covid 19 fourth Wrap Around | | 16,000 | 16,000 | Agreed at HPB 22-Mar-2021 (May 21, Jun 21) |
| 55 | | Prevention and Promotion Fund for Better Mental Health 2021/22 | | 30,941 | 30,941 | Agreed at HPB 8th June 2021 |
| 56 | Staffing Resources | Community Champions/Covid-19 Information Grants Communications Officer funding. The costs for a 1 FTE PO3 Communications Officer, for 6 months (July-December 2021) | | 5,685 | 5,685 | Agreed at HPB 8th June 2021 |

| | | | | | | |
|---------------|---------------------|--|----------------|-----------------|-----------------|-----------------------------|
| 57 | Communication Costs | Continuation of City Matters wraparounds | | 16,000 | 16,000 | Agreed at HPB 8th June 2021 |
| Total: | | | £74,766 | £117,485 | £192,251 | |

COVID-19 Local Outbreak Management Plan – Update to Local Outbreak Control Board

Meeting: 8th July 2021



Summary

This report provides an update against the Local Outbreak Management Plan and an overview of activities in following key areas:

- Testing
- Local contact tracing
- Outbreak management, including OIRR, incident management teams, outbreaks & exposures in settings
- Support for isolation, including enhanced isolation pilot
- Community engagement, including community champions
- Communications
- Finance - Test & trace and COMF budgets

Testing

Symptomatic (PCR) Testing

- The easing of restrictions, with the arrival of more transmissible variants of concerns (VOCs) has triggered an increase in the number of people taking PCR tests.
- In Hackney, by the 15th June, the number of PCR tests taken increased to 3,128 per 100,000 and 2.5% returned positive results.
- The City recorded 9,011 PCR tests taken per 100,000 and 0.7% returned positive results.
- Public Health messaging continues to focus on which test to take when, and to encourage testing when symptomatic.

Testing continued:

- Symptomatic testing infrastructure is still provided by the Government. Hackney has 3 Local Testing Stations and the City has 1 Local Testing Station.
- There are no immediate plans to reduce this provision.
- Since the 10th May all PCR tests taken in London have been genomically sequenced for variants of concern (VOCs)
- 59% of cases reported in Hackney and the City of London in the week ending 15 June were VOCs. All but two of these were the Delta variant

Testing

Asymptomatic (LFT or rapid) testing

- DHSC funding for LFT testing will be reduced after June 2021
- A rate card and unit costs will be introduced to achieve value for money
- The footfall in the Hackney and the City static Asymptomatic Test Sites (ATS) has fallen (from 1,289 across Hackney's ATS' at the beginning of May, to 778 in the w/c 14th June). Hackney closed Homerton Library and Geffrye Community Centre sites on the 18th June. [Mare Street and the Arts Assembly](#) in Hackney and [Aldermanbury](#) in the City remain open.
- This decrease in ATS use is in conjunction with home rapid tests being widely available. However, we do not have data on how many people are using home rapid tests due to barriers to reporting results.
- The Community Collect point at John Scott vaccination clinic distributes >2000 boxes of rapid tests per week.

Testing continued:

- Businesses in the City and Hackney are provided with bulk collections of boxes of home rapid tests. This is working particularly well for smaller businesses.
- To date **1,843** home rapid test kits have been ordered online by City residents and **31,661** home rapid test kits have been ordered by Hackney residents.
- Post June LFT Community Testing will focus on underserved groups and communities disproportionately impacted by Covid -19. The 'general public' will continue to order online, or collect from pharmacies and Community Collect points.
- Local Authorities have 5 testing delivery models from which to deliver Community Testing for the next 9 months.
- The overall focus is outreach and better integration and collaboration with voluntary organisations and charities.
- The focus locally will also be to integrate testing into the Covid Response Team and local contract tracing.

Local contact tracing

- Cases completion rate stands at ~85% (w/e 16 June - 88%)
- Suspected VOC (variant of concern) cases - call agents reported:
 - These cases took longer to complete in terms of getting hold of the index case and to complete the tracing questionnaire
 - Much harder to make contacts without personal email address or phone number provided on NHS Test and Trace web tool. Sometimes a test laboratory website address or shared work email addresses were used (escalated to Local Trace Partnerships)
 - Cases blocked our number after one or two call attempts
- In an effort to achieve 100% of cases coming through to Local Contact Tracing, door knocking is being considered.
- The New Integrated Tracing System 'ITS' (a complete replacement of existing NHS Test and Trace webtool 'CTAS') is now undergoing replanning of project dates. Targeted roll out to all LAs in mid July.

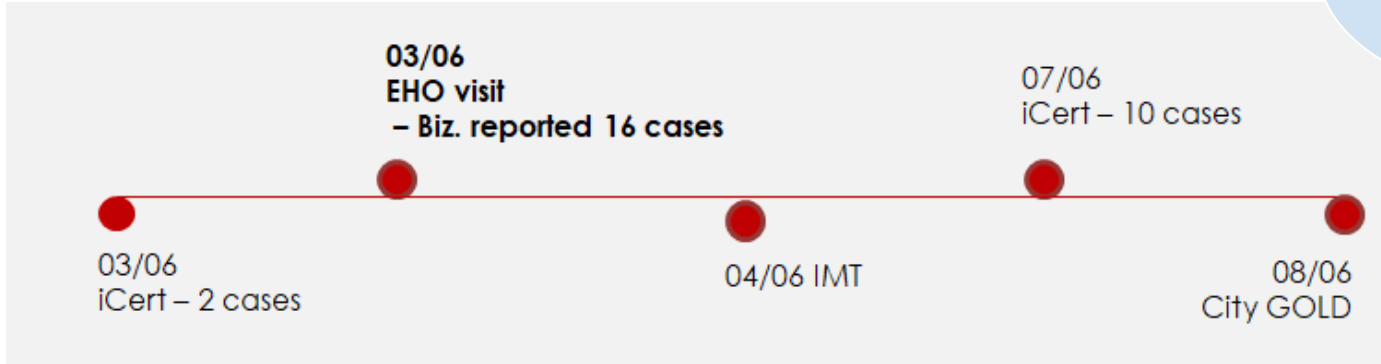
Outbreak Management - Outbreak identification and rapid response 'OIRP'



- Now largely BAU
 - New data pathways (iCert - Interactive Common Exposure Reporting Tool) provide earlier alerts. Triage and investigation uncovering significant outbreaks, largely associated with poor practice around covid security
 - Between early June to 18 June alone, we have reviewed and worked on **33** Hackney and City situations.
- Efforts on containing transmission and strengthening COVID measures in situations and settings seems to be yielding positive outcomes
 - EHO announced, unannounced and follow-up visits
 - Working with Test Team to arrange workplace mass testing
 - Advising smaller numbers of workers returning to office or to close, etc.

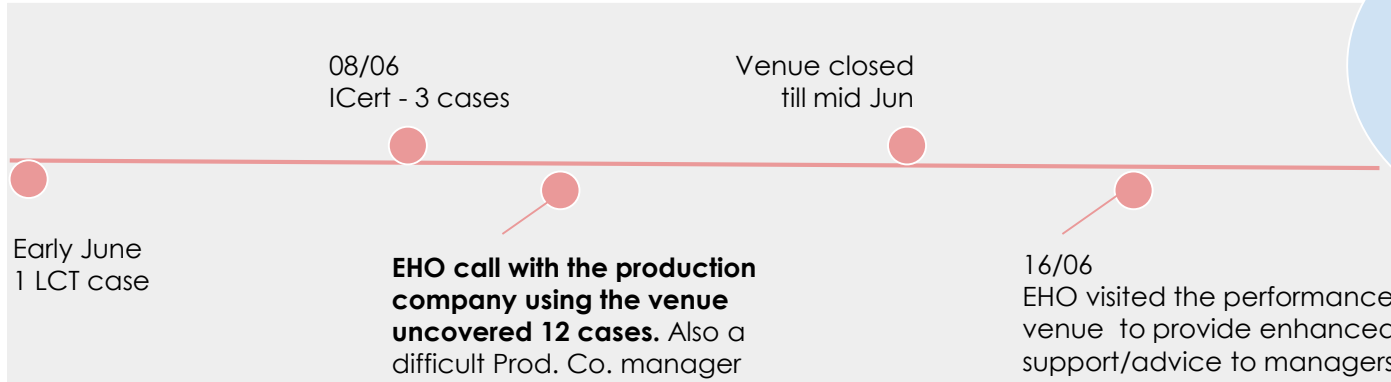
OIRR - selected examples

A financial service company



This business did not engage proactively despite large outbreak. We had to uncover the problem.

A performance venue - a live event production company



The production company did not follow through safe COVID measures at rehearsals and did not notify the performance venue of the outbreak of the touring team.

Support for isolation

- DHSC funded, 8-week enhanced self-isolation support offer trial at Pembury and Woodberry Down estates in July-August for cases and their household contacts
- Support offer will include free hotel room for cases or contacts, PPE, PCR, tailored IPC guidance and referral to existing support (food, £500 grant) as well as e.g. regular welfare calls
- Co-design: engaging with residents, Community Champions, Housing staff to develop the offer to assure its relevance
- Key challenge: speed. Contact cases as soon as possible

Community engagement

Community Champions

- 190 Community Champions have been recruited to date. 146 of these Champions are based within Voluntary and Community Organisations and 44 make up the second cohort of Champions, which includes anyone who lives, works, volunteers or studies in Hackney and the City of London.
- Community Champions have recently received training on COVID-19 vaccinations and Community Collect and asymptomatic testing.

COVID-19 Information Grants

- The third round of funding for COVID-19 Information grants is now open. This is aimed at supporting smaller voluntary and community organisations. More information can be found at: <https://hackneygiving.org.uk/apply/apply-now/covid-19-information-grants>

Community engagement

Community-led vaccination events

- Four pop-up vaccination clinics have taken place in Gillett Square, Dalston, as part of ongoing work to support local Covid-19 vaccination uptake. These were supported by Community Champions and volunteers from Community African Network.
- Over the next few weeks Community groups across Hackney are running nine pop-up, walk-in vaccination clinics. This is part of a community-led approach to addressing vaccine uptake inequality. More information can be found here: <https://drive.google.com/file/d/1fZX1Al2Pe2-EtFrf-DjsSfNwXXRRFfIF/view>

Targeted work

Care homes - encouraging testing and supporting new government regulations for all staff being vaccinated in the next 16 weeks

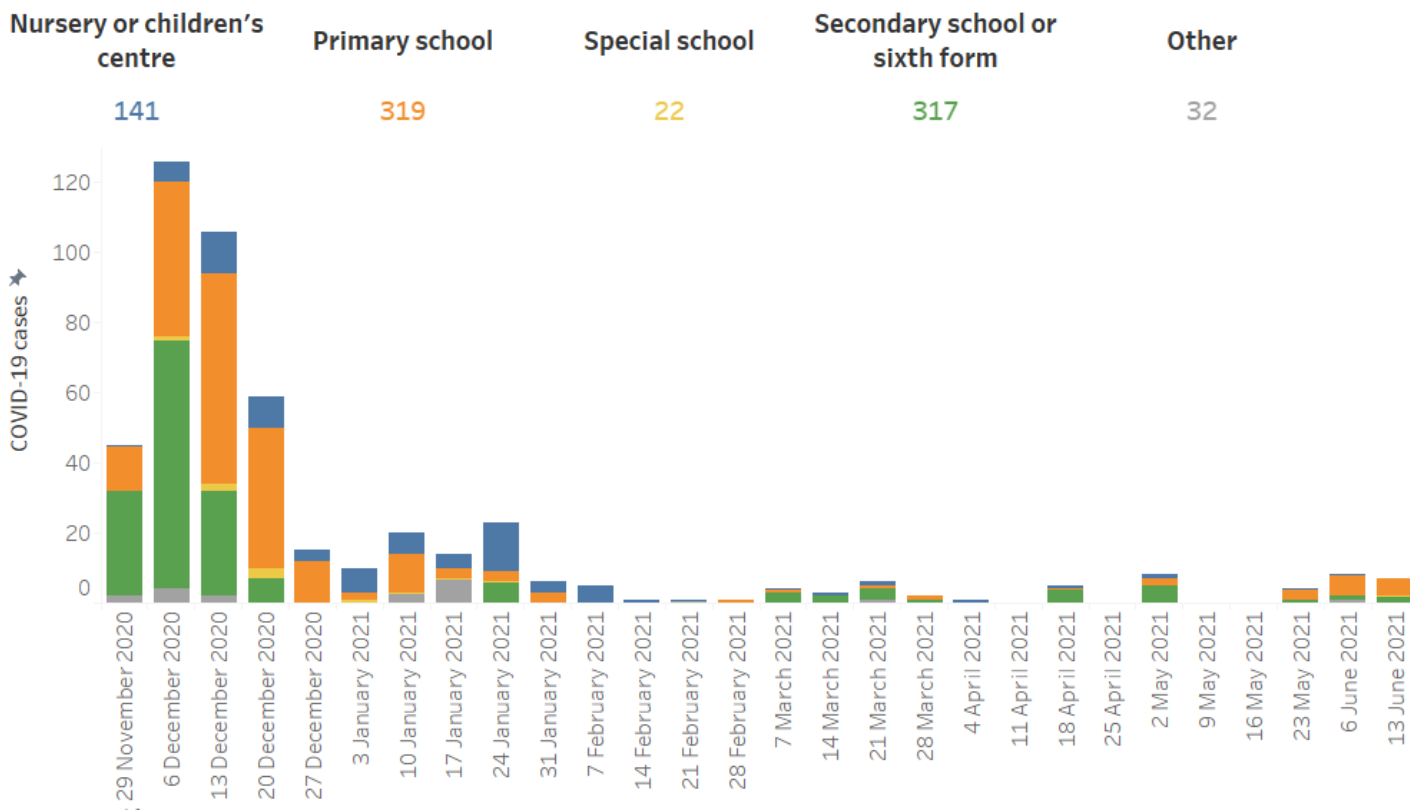
- Training of the community champions to support individuals in care homes
- Talks to groups of care home workers and care home managers

Schools

There is an increase in reports of positive cases in both children and school staff (see graph on slide 14). Reported rapid flow tests among secondary age school children in Hackney and the City continues on a downward trend, since the move from onsite mass testing in schools to home testing in April. Measures to increase testing include:

- Communications to all settings
- Talks to head teachers and engagement of the unions
- Targeted work with Charedi schools
- Targeted messaging to early years settings

COVID-19 cases among students



Data provided by education and early years settings and supplemented with Public Health England data on COVID-19 in schools. Please note that no data on cases in education and early year settings is available for the City of London.

Communications

- Overall strategic aim to use communications to preserve life and deliver an effective recovery from the COVID-19 pandemic.
- 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. Daily posts across social media.
- Communicating move of COVID-19 test sites for those who are symptomatic and asymptomatic to [Mare Street and the Arts Assembly](#) in Hackney and 65a Basinghall and Aldermanbury in the City.
- Continued push on digital channels for everyone to test twice a week. Informing businesses how they can access tests for staff.

Finance

- The total projected spend for the Test and Trace programme currently stands at £3.371m.
- A detailed breakdown of the projected spend for each organization, including details of outbreaks plans agreed to date is shown here:
<https://docs.google.com/document/d/1IAfPR82imJX6ZnlHX8JijldKJguchybK/edit>