AGENDA REPORTS PACK

Wednesday, 8th July, 2020 at 4.00 pm

Until further notice, all Council meetings will be held remotely

Health &
Wellbeing
Board

For further information about this meeting please contact Peter Gray,
Governance Services Tel: 020 8356 3326
Email: governance@hackney.gov.uk

Tim Shields
Chief Executive

**The press and public are welcome to attend
this meeting**

Health & Wellbeing Board

Board Membership and Additional Attendees

Board Members	
Mayor Glaville (Co-Chair) Hackney Council	**Dr Mark Rickets (Co-Chair)** Chair, City and Hackney Clinical Commissioning Group
Dr Sandra Husbands Director of Public Health Hackney Council	**Malcolm Alexander** Interim Chair, Hackney Healthwatch
Raj Radia Chair, Local Pharmaceutical Committee	**Tracey Fletcher** Chief Executive, Homerton University Hospital NHS Foundation Trust
Anne Canning Group Director, Children, Adults and Community Health, Hackney Council	**Cllr Anntoinette Bramble** Cabinet Member, Children's Services
David Maher Managing Director, City and Hackney Clinical Commissioning Group	**Councillor Caroline Selman** Cabinet Member for Community Safety Policy and the Voluntary Sector
Councillor Christopher Kennedy Cabinet Member for Health, Social Care and Leisure	**Laura Sharpe** GP Confederation
Navina Evans Chief Executive, East London Foundation Trust	**Alistair Wallace** Health and Social Care Forum

Independent Advisers	
Jim Gamble Chair, City and Hackney Safeguarding Children Board	**Adi Cooper** Chair, City and Hackney Safeguarding Adult Board

Additional Attendees	
Moira Griffiths Group Care and Support Director, Family Mosaic Better Homes Partnership	**Jackie Brett** Health and Social Care Forum
Sonia Davis Chief Inspector, Metropolitan Police	**Peter Gray** Governance Services, Hackney
Ida Scoullos Community Empowerment Network	

Health & Wellbeing Board

AGENDA
Wednesday, 8th July, 2020

ORDER OF BUSINESS

Health & Wellbeing Board

ADVICE TO MEMBERS ON DECLARING INTERESTS

Hackney Council's Code of Conduct applies to **all** Members of the Council, the Mayor and co-opted Members.

This note is intended to provide general guidance for Members on declaring interests. However, you may need to obtain specific advice on whether you have an interest in a particular matter. If you need advice, you can contact:

- The Director of Legal
- The Legal Adviser to the committee; or
- Governance Services.

If at all possible, you should try to identify any potential interest you may have before the meeting so that you and the person you ask for advice can fully consider all the circumstances before reaching a conclusion on what action you should take.

1. Do you have a disclosable pecuniary interest in any matter on the agenda or which is being considered at the meeting?

You will have a disclosable pecuniary interest in a matter if it:

i. relates to an interest that you have already registered in Parts A and C of the Register of Pecuniary Interests of you or your spouse/civil partner, or anyone living with you as if they were your spouse/civil partner;

ii. relates to an interest that should be registered in Parts A and C of the Register of Pecuniary Interests of your spouse/civil partner, or anyone living with you as if they were your spouse/civil partner, but you have not yet done so; or

iii. affects your well-being or financial position or that of your spouse/civil partner, or anyone living with you as if they were your spouse/civil partner.

2. If you have a disclosable pecuniary interest in an item on the agenda you must:

i. Declare the existence and <u>nature</u> of the interest (in relation to the relevant agenda item) as soon as it becomes apparent to you (subject to the rules regarding sensitive interests).

ii. You must leave the room when the item in which you have an interest is being discussed. You cannot stay in the meeting room or public gallery whilst discussion of the item takes place and you cannot vote on the matter. In addition, you must not seek to improperly influence the decision.

iii. If you have, however, obtained dispensation from the Monitoring Officer or Standards Committee you may remain in the room and participate in the meeting. If dispensation has been granted it will stipulate the extent of your involvement, such as whether you can only be present to make representations, provide evidence or whether you are able to fully participate and vote on the matter in which you have a pecuniary interest.

3. Do you have any other non-pecuniary interest on any matter on

Health & Wellbeing Board

the agenda which is being considered at the meeting?

You will have 'other non-pecuniary interest' in a matter if:

i. It relates to an external body that you have been appointed to as a Member or in another capacity; or

ii. It relates to an organisation or individual which you have actively engaged in supporting.

4. If you have other non-pecuniary interest in an item on the agenda you must:

i. Declare the existence and <u>nature</u> of the interest (in relation to the relevant agenda item) as soon as it becomes apparent to you.

ii. You may remain in the room, participate in any discussion or vote provided that contractual, financial, consent, permission or licence matters are not under consideration relating to the item in which you have an interest.

iii. If you have an interest in a contractual, financial, consent, permission or licence matter under consideration, you must leave the room unless you have obtained a dispensation from the Monitoring Officer or Standards Committee. You cannot stay in the room or public gallery whilst discussion of the item takes place and you cannot vote on the matter. In addition, you must not seek to improperly influence the decision. Where members of the public are allowed to make representations, or to give evidence or answer questions about the matter you may, with the permission of the meeting, speak on a matter then leave the room. Once you have finished making your representation, you must leave the room whilst the matter is being discussed.

iv. If you have been granted dispensation, in accordance with the Council's dispensation procedure you may remain in the room. If dispensation has been granted it will stipulate the extent of your involvement, such as whether you can only be present to make representations, provide evidence or whether you are able to fully participate and vote on the matter in which you have a non pecuniary interest.

Further Information

Advice can be obtained from Dawn Carter-McDonald, Interim Director of Legal and Governance on 020 8356 6237 or email Dawn Carter-McDonald@hackney.gov.uk

Health & Wellbeing Board

Rights of Press and Public to Report on Meetings

Where a meeting of the Council and its committees are open to the public, the press and public are welcome to report on meetings of the Council and its committees, through any audio, visual or written methods and may use digital and social media providing they do not disturb the conduct of the meeting and providing that the person reporting or providing the commentary is present at the meeting.

Those wishing to film, photograph or audio record a meeting are asked to notify the Council's Monitoring Officer by noon on the day of the meeting, if possible, or any time prior to the start of the meeting or notify the Chair at the start of the meeting.

The Monitoring Officer, or the Chair of the meeting, may designate a set area from which all recording must take place at a meeting.

The Council will endeavour to provide reasonable space and seating to view, hear and record the meeting. If those intending to record a meeting require any other reasonable facilities, notice should be given to the Monitoring Officer in advance of the meeting and will only be provided if practicable to do so.

The Chair shall have discretion to regulate the behaviour of all those present recording a meeting in the interests of the efficient conduct of the meeting.   Anyone acting in a disruptive manner may be required by the Chair to cease recording or may be excluded from the meeting. Disruptive behaviour may include: moving from any designated recording area; causing excessive noise; intrusive lighting; interrupting the meeting; or filming members of the public who have asked not to be filmed.

All those visually recording a meeting are requested to only focus on recording councillors, officers and the public who are directly involved in the conduct of the meeting. The Chair of the meeting will ask any members of the public present if they have objections to being visually recorded. Those visually recording a meeting are asked to respect the wishes of those who do not wish to be filmed or photographed. Failure by someone recording a meeting to respect the wishes of those who do not wish to be filmed and photographed may result in the Chair instructing them to cease recording or in their exclusion from the meeting.

If a meeting passes a motion to exclude the press and public then in order to consider confidential or exempt information, all recording must cease and all recording equipment must be removed from the meeting room. The press and public are not permitted to use any means which might enable them to see or hear the proceedings whilst they are excluded from a meeting and confidential or exempt information is under consideration.

Providing oral commentary during a meeting is not permitted.

⊕ Hackney

MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD

MONDAY, 16TH MARCH, 2020

Present: Mayor Glanville in the Chair, Councillor Caroline Selman, Councillor Andrew Kennedy

Officers in Attendance: Anne Canning and Dr Sandra Husbands

1   Introductions and apologies

1.1   Apologies for absence were received from Bramble, Deputy Mayor Bramble, Dr Navina Evans, Raj Gupta, Tracy Fletcher, David Maher, Laura Sharpe, Dr Mark Rickets, Alistair Wallace, Rupert Tyson

2   Declarations of Interest - Members to Declare as Appropriate

2.1   There were no declarations of interest.

3   New Members of the Health and Wellbeing Board

3.1   The Board noted the appointment of Councillor Caroline Selman Councillor Andrew Kennedy as members of the Board

4   Minutes of the Previous Meeting

4.1   The minutes of the previous meeting were agreed as a correct record.

5   Action Log

5.1   The Board noted that all actions from the previous meeting had been actioned.

6   Community Voice

6.1   Abdi spoke to the Board on the inequalities in the Somali community. He told the Board that his focus was to start discussion on capturing real data in this regard. He referred to arrests of young Somalian boys, together with isolation and loneliness in the community. Further, anxiety was growing in the community as a result of the pandemic and inequality.

6.2   Mayor Glanville referred to the fact that these boys were not perpetrators. He considered that the Board could be a conduit to the EFT. He said that there was a need for community support and that grants and possible funding streams were available. Deputy Mayor Bramble told the Board that Somali boys continued to be seen as a problem and that there were mental health issues. Cllr Selman said that work was

ongoing with the Newham and Tower Hamlets Councils on this matter and stressed the need for increased support. Dr Sandra Husbands stressed the importance of not leaving this ethnic minority group behind.

6.3   Jon Williams told the Board that integrated commissioning was currently involved with a good cross section of the community involved in the design of measures to address the issues.

6.4   Reference was made to the census test run and work with the Somali community in hackney and tower hamlets and the need to state the importance of completing the census.

7   Questions from the public

7.1   Mr Maxwell stressed the need for increased use of plain English in a public meeting. He asked about the trial census. Cllr Selman confirmed this had been a test and that the data was not reliable. Details of numbers of people who responded online would be published.

7.2   Ida Scullos asked about accessibility to the Young Black Men Programme by black Africans and the Asian community. Mayor Glanville stressed that the strategy in place was to give a voice to these young people who feel isolated. Deputy Mayor Bramble referred to the important strategy that was in place. She stressed the need to support the community and focus on the young black men's strategy. Dr Sandra Husbands confirmed that efforts would be made internally to ensure that these black Africans were supported.

8   Role of the Health and Wellbeing Board in promoting health in all policies (For discussion)

8.1   The Board was asked to consider adopting a HiAP approach, becoming the strategic policy forum for health improvement and health inequalities. The board was also recommended to consider taking a number of actions to put this in place.

8.2   The Chair, Mayor Glanville, told the Board that the proposals had been endorsed by the CCG.

8.3   Dr Sandra Husbands referred to the statutory nature of the Board and that the approach gave the opportunity to focus on key issues including the wider determinants of health and how to improve health through, e.g. housing and environmental strategies.

8.4   Councillor Kennedy endorsed the proposals with the Board having responsibility for strategy and ensuring that there were proper mechanisms for monitoring the provision of services. The Chair supported this view, referring to the need for interacting evidence based strategies and the need to refresh the current system.

8.3   Jon Williams commended the report and asked for public engagement on it.

8.4   Anne Canning asked that the role of the Board in holding service providers to account be specified and the need for effective change.

RESOLVED:

1. To agree a set of principles for HWB partnership work – learning from Marmot or from the Wellbeing of Future Generations Act (2015) Wales (Welsh Government, 2015)

2. To adopt a HiAP partnership resolution, committing to identifying and pursuing opportunities to improve health and reduce inequalities, through coordinated action on named, wider determinants of health,

3. To prepare a new joint health and wellbeing strategy focused on wider determinants of health

4. To review the approach to preparing and publishing the joint strategic needs assessment, to ensure it supports the HiAP approach and provides information on health equity

5. To create a work plan for the board, to include overseeing action against relevant strategies, reviewing these through the lenses of health equity and the board's adopted principles

6. To publish an annual report on progress

9   Project proposal to develop a health and Wellbeing Board dashboard (For discussion)

8.1 The Board was asked to consider whether the indicators met the aim of informing about health outcomes across the life course, to discuss how these indicators align with the Council's strategic priorities across the departments, programmes and policies and to propose changes to the list of indicators, if applicable.

8.2 The Chair stressed the importance of breaking down and considering demographics, with an emphasis on improving health for all and engaging with partners on the indicators. Councillor Selman stressed the need to focus on a range of indicators that would widen the data available. Councillor Kennedy endorsed the paper and stressed the importance of the role of the Board in monitoring how services are provided.

8.3 Jon Williams endorsed the report and expressed the wish that the public engage with it.

RESOLVED:

To endorse the approach set out in the report.

10   Revised Terms of Reference

9.1   The Board considered the draft terms of reference. Sandra Husbands stated the need to discuss the terms of reference with partners. Jon Williams clarified that the Hackney Health watch chair was the representative on the Board. Ida stressed the need to take account of the voice of the voluntary sector was emphasised.

RESOLVED:

To agree the terms of reference.

11   Future Plans for Health and Wellbeing Board development

10.1 The Board was asked to enable the HWB to develop through implementing a work programme for the board and reviewing its governance and terms of reference and to consider engaging with further, bespoke development support from the Local Government Association. It was agreed to note the report with further consultation with partners on it.

RESOLVED:

To note the report

12   Any other business that the chair considers urgent

<u>Covid 19</u>

11.1   Dr Sandra Husbands updated the Board on Covid 19, stating that the number of people who had contracted the virus in the Borough was low. Plans were in place, based on and reflecting the flu pandemic plan. Dr Sandra Husbands told the Board that good strategic and operational plans were in place to deal with the pandemic. Engagement was taking place with partners on a weekly basis. Preparations were being made for a volunteer hub. Dr Husbands told the Board that clear guidance was awaited on accessing services. Jon Williams asked if this would be available in community languages. Dr Husbands told the Board that a number of these had already been translated. The Mayor told the Board that the Council would evolve and listen on this matter.

13. Dates of Future Meetings

13.1   The Board noted the dates of future meetings.

 Duration of meeting: 4 – 5:30pm

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Report to Hackney Health and Wellbeing Board

Date: 8 July 2020	
Subject:	Covid-19 response update
Report From:	Kate Dun-Campbell, Public Health Registrar
Summary:	Across City & Hackney we have developed our Local Outbreak Control Plan (see appendix). We are continuing work to support residents in accessing testing and engaging with contact training, working closely with colleagues in the VCS to train 'community champions' to support this.
Contacts:	Kate.Dun-Campbell@hackney.gov.uk Nicole.Klynman@hackney.gov.uk

Introduction

As the country moves out of lockdown the importance of testing and contacting tracing to control the spread of coronavirus becomes more pressing. Across Hackney Council and the City of London Corporation work is ongoing to support these two important aspects of the COVID-19 response.

Underlying all of our actions is our local outbreak control plan which provides an overview of how we will set up appropriate structures and governance to manage local outbreaks across a variety of settings across our communities. This includes ensuring that residents engage with the process through building trust and ensuring clear messages are delivered in a user friendly way.

Local Outbreak Control Plan

The City & Hackney local outbreak control plan (see appendix) and accompanying action log have been drafted. The plan follows the themes set by national government in addressing 7 key areas for our ongoing management of COVID-19:

1. Planning for local outbreaks in care homes and schools.
2. Identifying and planning how to manage other high-risk places, locations and communities of interest.
3. Identifying methods for local testing to ensure a swift response that is accessible to the entire population.
4. Assessing local and regional contact tracing and infection control capability in complex settings and the need for mutual aid.
5. Integrating national and local data and scenario planning through the Joint Biosecurity Centre Playbook.
6. Supporting vulnerable local people to get help to self-isolate and ensuring services meet the needs of diverse communities.
7. Establishing governance structures led by existing the Covid-19 Health Protection Board and supported by existing Gold command forums and a new member-led Board to communicate with the general public.

The plan will be published on the 1st July, as required by the National Advisory Board on Contact Tracing . Standard operating procedures (SOPs) are very much a part of the local outbreak control plan, particularly in planning for local outbreaks in care homes, schools and other high risk places. These provide information, advice and guidance for local settings to prevent and respond to a case or outbreak of COVID-19, including contact details for a single point of contact (SPOC) within the Public Health Team. The local SOPs also interface with those from Public Health England London Coronavirus Response Cell (LCRC), to ensure a coordinated and joined up response. Local SOPs are based on national guidance and a joint agreement between the Local Authority and LCRC about roles and responsibilities for each. We have completed the first phase of SOPs, prioritising those for care homes, schools, primary care and workplaces. For the next phase we are focusing on community clusters, religious spaces and providing more workplace specific SOPs.

To develop these SOPs we are working closely with our colleagues in Hackney Learning Trust and across the council. The SOPs are based on the most up to date national guidance and will be amended and updated as required going forward, so that they are informative and easy to use.

We have set up a City & Hackney COVID-19 Health Protection Board (HPB), which meets weekly to develop and oversee the local outbreak control plan and to make any amendments to the plan, going forward, as the situation develops. The HPB reports to the council Gold group and also direct to the member-led COVID-19 Outbreak Control Board. The latter has been developed as an addition to the City and Hackney Integrated Commissioning Boards, through amendment of its terms of reference.

Testing
Bentley Road car park is our current location in Hackney for our Mobile Testing Unit. This is providing 3 days per week of access to testing and there are plans to increase this going forward. Work is ongoing to ensure that all residents have access to testing in a timely manner which is key to reducing transmission throughout the community. At the moment a test needs to be ordered either online or using a telephone to call 119. The Testing working group is planning to address some of these issues via our VCS engagement and digital divide work.

Care homes continue to be supported and can access testing via the national portal.In order to ensure that staff in various care settings are supported with swabbing of residents for coronavirus, we are securing extra support for this via the GP Confederation.

Contact Tracing
Local support for the NHS Test & Trace includes working closely with the community and voluntary sector, regarding recruiting and training community champions to work with local groups, to build trust in the process and provide accurate information. The VCS is also playing an important role in providing support for vulnerable people, e.g. HVCS are already providing support to vulnerable individuals who may be self isolating or shielding and they will continue to do so.

Good Practice Network
The Good Practice Network continues to provide a platform for sharing good practice. It has circulated action cards for a range of local outbreak situations. These cards are similar to our

standard operating procedures and are useful tools for ongoing SOP development. They have also produced an assurance framework to assist in development of the local outbreak control plan and will provide additional support if needed.

Financial Considerations
There are no direct financial implications from the report. The Government allocated £300m to Local Authorities to support track and trace services in local communities. The London Borough of Hackney received £3.1m and the City of London received £146k respectively. The funding will be utilised to deliver the City and Hackney Outbreak Control plan which has been outlined earlier in the report. The City & Hackney COVID-19 Health Protection Board (HPB) meets weekly and will monitor the expenditure incurred to ensure that it does not exceed the grant funding available. Monitoring of expenditure will occur through the monthly Overall Financial Position (OFP) report to provide regular updates on spend incurred in relation to this project.

Legal Considerations
There are no immediate legal implications arising from the report.

Appendix

City & Hackney Local Outbreak Control Plan (DRAFT 25.06.20)

London Borough of Hackney
&
City of London Corporation

Covid-19 Local Outbreak Plan
DRAFT

	Name	Signature	Date
Plan Authors:	Kirsty Bell, Nathan Post, Kate Dun-Campell, Nicole Klynman		March 2020
Approved by:	Sandra Husbands		March 2020
Version Number:	1.0		

Document History

Version	Date	Amendment	Author
v4	27/03/20	Internal draft for comments	K. Bell
v5	19/0620	Converted to local outbreak control plan	S. Husbands
LOCP v1.0	24/06/20	Local outbreak control plan updated with actions in seven priority areas and appendices	K. Dun-Campbell
v1.1	28/06/20	Reviewed and edited for approval at: LBH HMT Gold CoL Covid-19 'Recovery From' Officer Group	S.Husbands

Exercise Record

Date	Type	Details
TBC	Workshop	Workshop around the plan in relation to scenarios took place as part of X meeting.

FOREWORD

The current Coronavirus pandemic has underscored the importance of working together, in partnership, to respond to outbreaks of infectious disease. In particular, it has highlighted the importance of having a clear plan and of everyone being aware of each others' roles and responsibilities in the event of a pandemic.

We already have the Pandemic Flu Plan. This COVID-19 Local Outbreak Control Plan has been written to ensure that we have clarity on operational roles and responsibilities for each responding service and organisation, in response to local clusters, outbreaks or cases in high risk areas, communities or settings within the City of London and/or Hackney. This local plan supports and is supported by national and regional plans and national guidance. In developing this plan we have drawn on learning from elsewhere, both nationally and internationally, as well as the specific work of the London-wide Chief Executives Group.

Signature (after sign off)

Dr Sandra Husbands
Director of Public Health City of London and London Borough of Hackney

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1. INTRODUCTION

Covid-19 was first identified in Wuhan, China, in December 2019 and has since spread to many countries. The City of London Corporation and the London Borough of Hackney have had plans in place for many years, to respond to an outbreak of an influenza-like-illness (ILI). Our local response to Covid-19 builds upon a comprehensive pandemic influenza plan that was developed to respond to outbreaks of various intensities and has been routinely revised and updated. In addition, since the beginning of the outbreak, a lot has been learned about the epidemiology, spread and containment of this infection and that learning has informed development of further guidance.

Local authorities (public health and environmental health teams) and Public Health England (PHE) have the primary responsibility for the delivery and management of public health actions to be taken in relation to outbreaks of communicable disease, through local Health Protection Partnerships (sometimes these are called Local Health Resilience Partnerships) and local memoranda of understanding. These arrangements are clarified in the 2013 guidance Health Protection in Local Government[1]. Therefore, it is imperative that local authority develops a plan, in collaboration with Health Resilience Forum partners, to enable us to prepare effectively for local outbreaks of Covid-19 and work together to manage them.

1.1 AIM

Building on the pandemic influenza plan, the aim of this document is to set out City and Hackney's Local Outbreak Control Plan (LOCP) for working with national and regional partners, to combat Covid-19, including infection prevention and control measures; coordinating testing; supporting contact tracing and providing help to vulnerable people who need to self isolate. This document should be reviewed in conjunction with the relevant national guidance from the UK Government and expert agencies such as Public Health England (PHE).

1.2 OBJECTIVES

The main objectives of the Covid-19 plan are to:
- Coordinate activity to prevent and mitigate the spread of SARS-CoV-2, ensuring an integrated response
- Identify early and manage clusters and local outbreaks of Covid-19 effectively

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[1] Protecting the health of the local population: the new health protection duty of local authorities under the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013

- Outline the governance arrangements to enable that effective response
- Ensure there is sufficient local capacity to deal with the pandemic, in terms of specialist expertise (from Public Health and Environmental Health); Covid-19 testing; contract tracing; communications; community engagement; infection control; and support for vulnerable people
- Collate and integrate data from multiple sources to support local decision making
- Communicate openly and honestly with key stakeholders, including local communities, key local leaders (e.g. head teachers, religious leaders, business owners, etc.) and local and national politicians
- Work with the community and voluntary sector, to support effective communications with local communities and develop capacity to support testing and contact tracing locally

1.3   PRINCIPLES

The City and Hackney LOCP is grounded in the principles for health protection set out in the joint statement from the Association of Directors of Public Health, UK Faculty of Public Health, Local Government Association, Public Health England, the UK Chief Environmental Health Officers Group,

The prevention and management of the transmission of COVID-19 should:
1. Be rooted in public health systems and leadership
2. Adopt a whole system approach
3. Be delivered through an efficient and locally effective and responsive system
including being informed by timely access to data and intelligence
4. Be sufficiently resourced

2. COVID-19

SARS-CoV-2 is a novel coronavirus, which had not been recognised in humans until December 2019, in Wuhan, when it caused an outbreak of respiratory illness. Because it had not infected humans before and the population had limited immunity to it, SARS-CoV-2 spread rapidly. The virus quickly began to spread from China around the world, leading the World Health Organization (WHO) to pronounce it a Public Health Emergency of International Concern at the end of January 2020. As a result of continued spread between and within countries, WHO declared a pandemic on 11 March 2020.

Covid-19 is the name given to the illness caused by SARS-CoV-2. The symptoms of Covid-19 are most typically fever, a dry cough and loss of taste and/or smell. It can also, in some cases, cause fatigue and shortness of breath. Many people will have

very mild or no symptoms at all. Whilst the majority of COVID-19 infections are mild, some individuals become very unwell and require hospital admission. Mortality rates from Covid-19 are highest among people who are older (over 70 years); those with underlying health conditions - particularly diabetes and high blood pressure; and people from some minority ethnic backgrounds .

2.1 THE UK RESPONSE

The UK Government in the response to Covid-19 was described in four stages, as below:

Contain	Detect cases early; identify and self-isolate all close contacts; prevent spread within the population.
Delay	Slow the spread of the disease; reducing the peak number of cases; pushing the peak away from the winter season when demand on the NHS is highest.
Research	Understand the nature and spread of the virus; develop innovative responses to diagnosis, treatment and prevention.
Mitigate	Minimise the impact of the disease by providing the best care for people affected, supporting clinical staff and hospitals to maintain their activities; and minimise the impact on public services and the economy.

The UK launched its own coronavirus strategy and moved into the delay phase of the epidemic on 12 March 2020, with efforts being taken to slow the spread of the disease and to reduce the impact on front-line services, particularly the NHS. Since then, social distancing policies have been in effect, to reduce the number of people being unwell and requiring hospital treatment at the same time.

A UK-wide lockdown was announced on 23 March 2020 to reduce transmission and to allow hospitals to prepare to treat patients requiring support. As the lockdown phase of the response to the coronavirus pandemic is lifted, and more interaction is seen within our communities, effective and timely testing and identification of contacts will be vital to further contain transmission of the virus and to control local outbreaks.

On 28 May 2020 the executive agency, NHS Test & Trace, was launched, to oversee delivery of testing and contact tracing. The system identifies those who are infected and helps contain and control any further spread of the virus, through local isolation, as the national lockdown measures are eased. Test and Trace provides testing for those with symptoms of Covid-19 and contact tracing for those who test positive. Those who are identified as being infected with SARS-CoV-2 (cases) via the test are advised to self isolate for 7 days and are asked to identify people who they have had relevant contact with (contacts), during their infectious window (from

around 48 hours before the case starts showing symptoms). Contacts are followed up by NHS Test and Trace to advise them about self isolation, symptoms to look out for and how to get help, if they should deteriorate.

This system is managed centrally and local authorities are charged with developing local outbreak control plans to complement Test and Trace at local level, led by Directors of Public Health. A Local Government National Advisory Board (the Advisory Board) has been set up to provide support to local authorities to develop their plans. A good practice network of 11 groups of local authorities has also been established, to develop and rapidly share effective practice for local outbreak control and also feed back to government. The Advisory Board coordinates this network.

A survey carried out on behalf of the Greater London Authority has found that less than half of Londoners would know how to get tested for COVID-19 and those who are over 65 or from minority ethnic backgrounds were least likely to know how. We are also aware that many residents may struggle with understanding the rationale behind the Test and Trace service and may not trust what they are being asked to do. Compliance with the system is essential for this to work and for coronavirus transmission within our communities to be stopped. We recognise that factually correct, up to date, easy to understand messages are crucial for helping people to engage with the system, as well as the importance of community engagement and effective communications. Therefore, these elements are given priority within this plan.

3. GOVERNANCE ARRANGEMENTS TO RESPOND TO COVID-19

A multi-agency response, via the Local Resilience Forums and Local Health Resilience Partnerships, is being taken to implement the local outbreak control plan (the plan), in line with guidance from the Government and national agencies, including the Advisory Board.

This is a dynamic plan and may be subject to change, in response to changing outbreak conditions, scientific evidence and government and other national guidance. It will be reviewed regularly, to ensure the actions are those that are most likely to be effective. It is supported by an action plan (Appendix 1).

The plan covers the seven themes suggested by the Advisory Board (Appendix 2):
1. Preventing and managing outbreaks in specific individual settings (e.g. schools, care homes, etc.)
2. Preventing and managing outbreaks in other high-risk locations, workplaces

and communities, e.g. religious settings, certain minority communities, business premises with multiple tenants, etc.)

3. Deploy local testing capacity optimally
4. Deliver contact tracing for complex settings and cohorts, including developing a plan for surge capacity and mutual aid
5. Access to the right local data to enable the other 6 themes and prevent outbreaks
6. Supporting vulnerable people and ensure services meet the needs of diverse communities
7. Governance, communication and engagement - local boards ensure local actions are taken to contain outbreaks and communicate with the general public

Testing capacity and contact tracing in complex settings have been combined in this plan, for ease of reading.

The Plan supports multi-agency working to support infection prevention and control and respond to local outbreaks of Covid-19. In addition to the City of London Corporation and Hackney Council, the following partners are actively involved in developing and implementing the local plan:

- City and Hackney Clinical Commissioning Group (CCG)
- Homerton University Hospital Foundation Trust (HUHT)
- East London NHS Foundation Trust (ELFT);
- Emergency services (including City of London/ Metropolitan Police, Fire and London Ambulance Services);
- City and Hackney GP Confederation
- Hackney Voluntary and Community Services
- Volunteer Centre Hackney

City and Hackney also recognises the huge benefits that the community and voluntary sector (CVS) provide to the area and the valuable role that they have been and can continue to play at this time. Community groups have been engaged in providing food and other support to vulnerable people and families during the lockdown. The sector is also important in supporting residents who have mental health or other complex social needs, related to lockdown or self isolation. The CVS will continue to play an integral role in delivering the local outbreak control plan, including supporting local communications and community engagement.

City and Hackney belongs to the London Good Practice Network (GPN - one of the 11 national networks), led by Camden Council. The London GPN is leading development of practice in four areas: supporting vulnerable communities; engaging with diverse communities (by ethnicity or other forms of diversity); transport hubs;

and data integration. Learning from the network is being disseminated across London, as well as fed back to the Advisory Board.

3.1 HACKNEY COUNCIL AND CITY OF LONDON CORPORATION

Both the City of London and the London Borough of Hackney have their own command group arrangements to ensure both a coherent local response to Covid-19 and to assess the impact on public services and their local populations.

- GOLD: Responsible for strategic decisions, allocation of resources and overall delivery of the Council/ Corporation's response.
- SILVER: Responsible for tactical decisions and implementation of the strategy set by Gold.
- BRONZE (Borough Emergency Command): Responsible for operational activities, including communications, the delivery of public services and business continuity.

Command groups are responsible for overseeing communication with external agencies, the public and community groups; delivery of Business Continuity Plans across all service areas; and managing the provision of temporary mortuary facilities.

Representatives from various, internal local authority departments are involved in these groups, including from Corporate, Emergency Planning, Human Resources, Adult Social Care, Children and Young People's services, Education (including Hackney Learning Trust), Policy and Strategic Delivery, Environmental Health, Housing and Communications. The City and Hackney Public Health Service provides expert advice and support to all command groups.

3.2 LOCAL SYSTEM GOVERNANCE

The Advisory Board suggests three levels of governance at local level:

1. A Covid-19 Health Protection Board - already established and meets weekly (for terms of reference, see Appendix 3)
   a. oversees development and delivery of the plan
   b. has oversight of working groups, including:
      i. Care homes & settings
      ii. Testing
      iii. Contact tracing
      iv. Volunteers recruitment and training
      v. Covid-19 intelligence and data integration
      vi. other groups mobilised, as necessary
   c. focused on infection prevention and control and provides expertise;

    d. chaired by the director of public health

    e. Leads development and delivery of local plans (DPH) & links directly to regional PHE team (London Coronavirus Response Cell - LCRC)

    f. Wider NHS resource mobilisation to support programme delivery (e.g. infection control)

    g. Financial control

    h. Regional / national escalation where needed

2. Local Strategic Coordination Groups (Gold) - stood up in March 2020

    a. Delivers swift resource deployment (e.g. mobile testing, local testing)

    b. Owns connection with Joint Biosecurity Centre, Whitehall & COBR

    c. Link directly to Local Resilience Forums (LRFs);

    d. support to maintain momentum & minimise impact of resources displaced; consider support for areas struggling to cope

    e. link to regional strategic coordination group

3. Local Outbreak Control Board (LOCB) - the Integrated Commissioning Board is being adopted as the LOCB. The LOCB will meet monthly, as an extension of the ICB, through amendment of its terms of reference (Appendix 3). Its functions are to:

    a. Provide member accountability and oversight of the Local Outbreak Control plan

    b. Provide public-facing delivery oversight of NHS Test and Trace locally

    c. Ensure regular and timely communications to the public are provided

    d. Act as liaison to Ministers, as needed

Figure 1, below, illustrates the relationships between these groups, the existing working groups and the reporting lines/accountability.

3.3 LOCAL LOCKDOWNS

Advice and guidance from the UK Government is awaited on exactly what powers have or will be conferred on local authorities to implement local lockdowns, in the event of a serious local outbreak of SARS-CoV-2. In the meantime, the existing powers under Health and Social Care Act 2012 and the amended Public Health (Control of Disease) Act 1984 and associated regulations, as well as powers held by Environmental Health Officers (EHOs), make provision for the Director of Public Health to work with the "proper officer" from PHE and/or local EHOs, in the event of a local outbreak, to:
- detain individuals who pose an infectious risk to the population (DPH); or

- close premises that pose an ongoing infectious risk to the public (EHOs)

This section to be revised as new guidance becomes available.

Figure 1. City and Hackney Local Outbreak Control Plan Governance Structure and Reporting
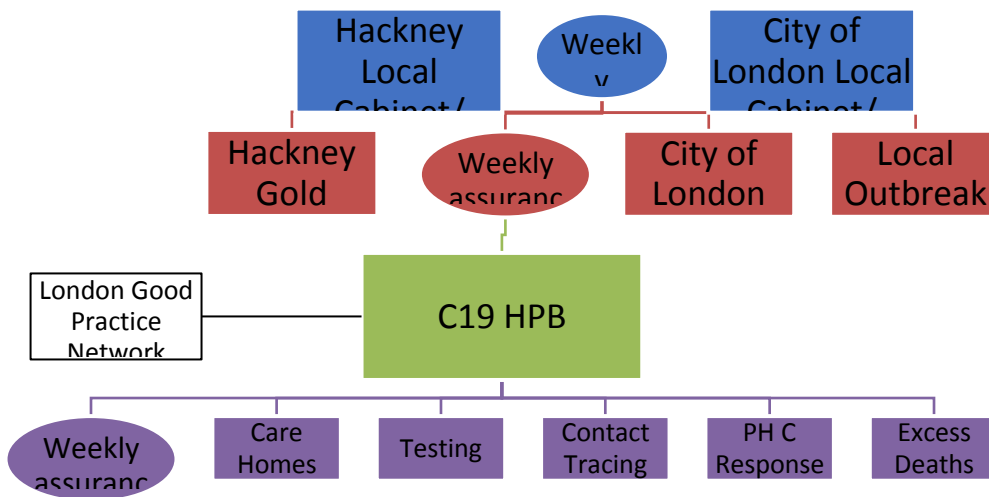
3.4 LONDON-WIDE HEALTH PROTECTION RESPONSE

LCRC has pulled together a pan-London health protection team (HPT) in response to the pandemic and agreed roles and responsibilities with local authority DsPH (table 1), to ensure a coordinated response. This joint agreement between PHE and local authorities (Appendix 4) describes the actions and responses from LCRC and local authorities, to prevent and respond to local outbreaks of Covid-19, working with NHS Test and Trace.

Table 1. Role and responsibilities for the PHE London Coronavirus Response Cell (LCRC) and the Council (from):

	PHE LCRC	Local Authority

Setting-specific outbreak	● Receive notification of outbreak from the setting and/or the Test and Trace system ● Gather information and undertake a risk assessment with the setting ● Provide advice and manage cases and contacts, testing and infection control ● Provide information materials to the setting ● Recommend ongoing control measures ● Convene Incident Management Team (IMT) if required ● Contact local authority for information or to request additional support	● Prevention work e.g. proactively sharing guidance & supporting with its implementation ● Respond to enquiries ● Support vulnerable contacts who are required to self-isolate ● Liaise with setting to provide ongoing advice and support for testing, communications, infection control and PPE ● Participate in IMT, if convened ● Local communications ● Liaise with CCG, GPs and other healthcare providers to provide ongoing healthcare support to setting and affected individuals, as appropriate
Community cluster	● Identify community cluster through Test and Trace system or other surveillance systems ● Support Local Authority in their risk assessment of and response to an identified community cluster	●Receive notification of community cluster from LCRC, or identify community cluster through local data, intelligence and surveillance ●Convene incident management team (IMT) ●Provide support to community, which may include translated materials, support to self-isolate, advice and enforcement ●Liaise with the local CCG, GPs and other healthcare providers, as appropriate ●Local communications

4. COVID-19 PRIORITIES FOR ACTION

4.1   PREVENTING AND MANAGING OUTBREAKS IN VARIOUS SETTINGS

To support local outbreak prevention and management, Standard Operating Procedures (SOPs) have been drafted, to be used across a range of settings for prevention and management of outbreaks. These also provide a useful overview of the Test & Trace procedure and highlight the (current) respective roles of Local Authority (Public Health and/or Environmental Health) and the LCRC in supporting this process.

Development of SOPs for certain high risk settings have been prioritised, including:
- [Care Homes](#)
- [Educational Settings](#)
- [Workplaces](#)
- [Primary Care](#)

These are available at Appendix 5.

Further SOPs are being developed, to cover, among other things, community clusters, religious spaces and transport, as well as providing more workplace-specific SOPs, as needed.

The City of London is home to over 23,000 businesses and workplaces, including schools, colleges and specialist workplaces, such as Smithfields meat market. We are urgently developing an SOP

with the emergency planning team to update local business plans to help them to prepare for situations where large proportions of the workforce are self isolating and carrying out a workforce impact checklist to help identify areas which require further support.

The intention is to keep the SOPs open and flexible, so that they can be adapted as guidance is updated and strategies for managing the pandemic change.

A single point of contact (SPOC) will be identified in each setting, to enable effective communication with Public Health or Environmental Health and follow up and support on infection prevention and control and outbreak management, as well escalation, as required. To manage enquiries from all settings there is a designated email inbox and telephone number will be established.

4.1.1 DECLARING AND MANAGING AN OUTBREAK

Two or more linked cases of Covid-19 are considered to be an outbreak, i.e. two (or more) people who have tested positive and are connected by time, location, or person, suggesting a common exposure. For an outbreak to be declared in a care home setting, it is only necessary to have one case test positive. An outbreak would usually be declared by PHE (LCRC). However, linked cases may come to the attention of LCRC and the C-19 HPB in different ways:
- The setting itself may become aware of cases (and follow the SOP), notifying:
    - Commissioners
    - LCRC
    - Public Health SPOC

- LCRC may be notified through the NHS Test and Trace system and notify DPH
- GPs may become aware through test results and notify LCRC & DPH
- Commissioners may notify LCRC and Public Health SPOC/DPH
- Through data monitoring, e.g. exceedance reports may show an increase in positive tests in an area

LCRC usually convenes the incident management team (IMT) for the specific incident and provides specialist advice and support.

The DPH will usually lead the local response to an outbreak within City and/or Hackney. However, this may be delegated to the Lead Consultant in Public Health for Health Protection.

The terms of reference for the IMT will be agreed at the first meeting and reviewed at regular intervals, until the outbreak is resolved. The IMT will report regularly to the C-19 HPB.

A general SOP for management of outbreaks is being developed, to complement the LCRC SOPs (Appendix 6).

4.2   LOCAL TESTING & CONTACT TRACING
4.2.1 Testing

Access to rapid testing and fast turnaround of results is vital to prevent an increase in transmission of SARS-CoV-2 as we move out of lockdown. Testing is currently co-ordinated at the national level via the NHS Test & Trace Programme. Symptomatic residents can book a test either online at: www.nhs.uk/coronavirus or by calling 119. They can either order a home testing kit, consisting of a nasal/throat swab or can attend a mobile testing unit (MTU). Key workers can access priority testing via the government website.

Residents in care homes and other care settings can access testing for both symptomatic and non-symptomatic residents and staff via a specific national care homes portal. In Hackney extra funding has been secured to support care facilities where staff do not feel confident in performing swab testing themselves. These are mostly mental health and substance misuse services, where care staff may not be used to providing this type of clinical care.

Some vulnerable residents may have difficulty with access to coronavirus testing, particularly those who have no or limited digital skills or internet access. Community Champions (see section 5) will provide support to individuals with booking a test, e.g. by helping them to access the test website or being a trusted person to receive a notice.

The MTU in Hackney is usually located at Bentley Road Car Park and is there once a week for two to three days. The CIty of London has no MTU at present. Local communications have been developed, to increase awareness of the Bentley Road MTU location and how to access it. Directors of Public Health now have the power to direct the MTUs to new locations to support local outbreak management. A protocol has been developed for this purpose by DHSC (Appendix 7)

4.2.2 Contact Tracing

There are 3 tiers, or levels of the Contact Tracing system in England:

1. Level 1 - PHE specialist health protection teams (LCRC), to manage outbreaks in complex settings alongside local authorities
2. Level 2 - NHS Test and Trace health professionals - provide advice to cases and identify their contacts
3. Level 3 - NHS Test and Trace call handlers provide advice to contacts on self isolation, recognising symptoms of Covid-19 and getting tested, if necessary

For the majority of cases contact tracing is performed by the national NHS Test and Trace Service, levels 2 and 3. The process is described in detail at Appendix 8.

To support this process at a local level

1. Communication - to ensure local people understand and are able to follow advice on how to prevent the spread of coronavirus, including hygiene, social distancing, as well as engaging with Test and Trace
2. Developing easy to follow SOPs, as outlined above
3. Recruiting and training community champions to support communications campaigns and help individuals in need to find support

4.3   DATA MANAGEMENT & INTEGRATION

Ensuring there are timely and reliable data flows between national, regional and local organisations is essential to help control local outbreaks of COVID-19.

Table 2. Data Sharing with Local Authorities

Subject	Content	Sender	Frequency
Contact Tracing Update yyyymmdd	Notification of daily contact tracing update by UTLA - daily COVID-19 surveillance reports and exceedance reports	Contact Tracing Cell: data and surveillance Field Service, National Infection Service	Daily

		Public Health England	
PHEC Daily COVID-19 surveillance report	Daily PHE regional report summarising data on laboratory-confirmed COVID-19 cases and reported COVID-19 outbreaks/clusters	PHE London Incident Coordination Centre	Daily
LCRC Daily Data Summary and LSAT data	London Coronavirus Response Cell Daily Data Summary (cases and situations) and LSAT Postcode Data (line listing with postcode, age)	PHE London Incident Coordination Centre	Daily
PHEC Weekly COVID-19 surveillance report	Weekly report summarising data on laboratory-confirmed COVID-19 cases; reported COVID-19 outbreaks/clusters; syndromic surveillance indicators; and hospital and ICU/HDU admissions	PHE London Incident Coordination Centre	Weekly
Care homes COVID-19 Order Report for Local Authorities (contains local data only, not London)	Information for each care home in borough on the following: • Registered places • Total no. of residents • Number / % of symptomatic residents • Total no. of staff • No. of tests requested • No. of tests delivered	DHSC Covid-19 Testing Programme	Twice per week
DHSC testing London dashboard	DHSC pillar 2 testing regional dashboard for London	DHSC Covid 19 team	Weekly
NHS Digital pillar 2 testing dashboard	NHS Digital Pillar 2 Testing Dashboards using current data to provide anonymous counts of Covid-19 tests completed and tests which are deemed void, aggregated by Upper Tier Local Authorities	NHS Digital Pillar 2 Service Team	N/a - dashboard
Joint Biosecurity Centre	TBA	TBA	TBA

Table 2 describes the current data flows regarding COVID-19 cases from PHE to Local Authority. The data flow is supported by a data sharing agreement (Appendix 9). These data and other information gathered locally and from across the subregion are gathered and analysed by the Public Health Intelligence Team (PHIT), in order to

provide routine and timely updates to the C-19 HPB, Gold groups, and LOCB about the current state of the outbreak in City and Hackney. This includes close surveillance of the trends in infection and mortality rates in City and Hackney; investigating clusters; identifying predictive indicators; and producing actionable insight.

The analysis will not only seek to identify general increases in numbers of cases (i.e. a rising epidemic curve), but also to recognize local clusters or outbreaks, in time to take action. The team is developing a secure local dashboard not only for storing these data, but also for making data available to partners and the public, in an appropriate format. This will allow us to use this data quickly and efficiently to inform the local response. We hope in time to extend this dashboard to include more widespread indicators from our colleagues in other council departments, such as domestic abuse figures. We undertake weekly System Intelligence Group meetings to share information between organisations, to facilitate data sharing.

The PHIT is also contributing to the LOCP and Good Practice Network programme by leading on the data integration workstream, working London-wide with PHE and nationally with the Joint Biosecurity Centre.

INSERT TEXT - BRIEF DESCRIPTION OF JBC

5. SUPPORTING VULNERABLE COMMUNITIES

Engagement with local communities, through community and voluntary sector partners, has allowed us to identify key issues for local people that will present barriers to them engaging effectively in Test and Trace. These include lack of trust in the system, lack of technology or access to the internet (digital divide) and language barriers.

We have identified several specific local communities which require additional support, either due to lack of technology or language barriers. Some individuals will find it challenging to understand and engage with the NHS Test & Trace process, for a variety of reasons, including low literacy or poor health literacy; English is not their first language; no internet access; and/or poor digital skills, etc. In order to ensure that a comprehensive support system is in place for all our residents, an online form and helpline have been set up for those most affected by the outbreak in both the City and Hackney. Residents that make contact online or over the phone are being referred to the right services within the Council, Department for Work and Pensions (DWP), independent advice providers or to local community and voluntary groups. To support this, a volunteering hub, drawing on the expertise of the voluntary and community sector, has been established to offer practical and social support to those

most in need. The hub takes referrals from the helpline and online form and has been supporting people during the lockdown period.

As the lockdown eases, Hackney Council and the City of London Corporation have responsibility to support people who are advised to self isolate by NHS Test and Trace and need support to do so. We plan to extend the existing support arrangements for this purpose.

Hackney Council has completed a community impact assessment and equality grid (Appendix 10), to use local data to identify vulnerable members of our community. Information from this will be used to develop support to the community via the Community Partnership Hub (see Appendix 10).

5.1   WORKING WITH VOLUNTARY AND COMMUNITY SERVICES, FAITH GROUPS & HEALTH CHAMPIONS

We have a wide range of diverse communities across Hackney and the City of London. Building on close existing links with the voluntary and community sector (VCS) and faith groups, we are recruiting and training health champions to build on our ability to keep residents informed, provide support to those who are vulnerable and help us to build trust in the Test & Trace process.

We are working with the VSC to develop training for "community champions", who will provide information to residents and support vulnerable residents who are self isolating or shielding. This will supplement work already being undertaken by the VCS.

 We have agreed the following principles for working with the VCS, to support contact tracing in our communities:
- A strong, community-owned communication strategy will be key to ensuring understanding, trust and confidence in the process to support local outbreak control and contact tracing
- A sustained and straightforward communication effort, co-produced with local organisations is crucial and can create a foundation for other key public health messages
- The need to build on the foundation of the current VCS response to the crisis and link individuals who are isolating to existing support in the VCS

- The importance of using community languages and community groups/ volunteers as messengers to reach and engage with diverse communities in Hackney and the City and, in particular, people described as "vulnerable" or with high support needs
- The importance of providing ongoing support to communities/groups and providing up to date information on staying safe from coronavirus, access to testing and contact tracing
- Building trust, conveying messages regarding benefits of testing and contact tracing and responding, where possible, to any data about hotspots or areas of low uptake

<mark>Data charter for building trust (Appendix 11)</mark>

5.2 DIGITAL DIVIDE

Access to and use of the NHS Test & Trace system is reliant on access to the internet or a telephone. This can disadvantage those who do not have access to these. We have been working with local ICT teams to draw up an agreement with broadband providers to get full fibre connections throughout Hackney Housing stock. A working group has been formed to address and mitigate the divide. Including development of a helpline, online how-to-video guides and support form the VCS. While the City of London has enabled access to free wifi for some residents.

5.3 COMMUNICATION AND ENGAGEMENT

Communication and engagement with residents and community groups is vital, building on principles set out in the Pandemic Flu Plan. There are three important elements of this work, namely:

I. Reinforcing messages from UK Government, PHE and other national agencies, as the national guidance evolves over time;
II. Identifying specific risks and issues for community groups with regards to engagement with national or local plans and following guidance; and
III. Tailored communications with residents who are self isolating - including those who are still 'shielding' from the virus - and may need additional support.

The success of Test & Trace is dependent on individuals trusting the information they are given, following advice and engaging with the service, if contacted. Effective communication is key for ensuring this. Our communications plan (see Appendix 12) provides a framework and sets our priorities for engagement with local communities. This links in with our work with the VCS, to ensure correct information and guidance is being accessed and understood across both boroughs.

6. FINANCE & RESOURCES

6.1 FUNDING ALLOCATIONS

DN - include text about amount of allocations

6.2 GOVERNANCE
Add text

6.3 LONDON-WIDE FUNDING
Add text on London-wide proposals, e.g. Find & Treat testing for rough sleepers

7. RISK

Key risks associated with COVID-19 outbreaks in local settings and actions to mitigate them will be outlined in the local Outbreak Management Plan Risk Register. The risk register will be reviewed regularly at the C-19 HPB, with key risks escalated to Gold groups, to obtain support and/or resources to effect the adequate controls. The risk register is available at Appendix 13.

APPENDICES

1. Action Plan (1)-
   https://docs.google.com/document/d/1BkFko9S8NUQaMLlWsuCtlwQXEfwKDaKpkIB
   kRdp9yT8/edit?ts=5ef08f44
2. Advisory Board hints and tips (2)-
   https://docs.google.com/presentation/d/19Sk33qiJJ4pM1IPKTeFLNrD-
   s7bNyCMa9Im6xSKrGyk/edit#slide=id.p1
3. C-19 HPB & LOCB TOR (3) -
4. PHE LCRC - local authority joint agreement (4)- Joint Agreement
5. Standard Operating Procedures (5) - Care Homes; Educational Settings;
   Workplaces; Primary Care
6. Outbreak control management SOP - in development
7. MTU deployment protocol (6) - https://docs.google.com/document/d/1fv5hA-
   sNm0h2rbFv9muakw7G4qgwM3sa/edit
8. Contact tracing (7) -
   https://docs.google.com/presentation/d/13b5vooc262ri253jS_gBXXi4wsJW5Et1oMK
   5kk40XWw/edit#slide=id.p1
9. PHE - LA DSA (9) - https://app.luminpdf.com/viewer/5ef573f651424100120afb2d
10. Community impact assessment & equalities grid (10) -
    https://docs.google.com/spreadsheets/d/14i2qTGOQV1kZUX6v01vREC0SPU_vwlm-
    aEjbXKYF1qo/edit#gid=1900758788,
    https://docs.google.com/document/d/1iahhobN5PW_gkfd5af2rPfaQT-
    zEOPyiKT5YhSL0cH0/edit
11. Data charter for building trust (Appendix 11)
12. Communications Plan (12) - https://docs.google.com/document/d/1-VULxkJ2a94-
    4cfAIZ6MvziIJ1IaXgcaSryp5mVumnQ/edit
13. Risk register (13) -
    https://docs.google.com/spreadsheets/d/1AmH99qm8s0LqtBOya3TagJHgKy2s-
    gJwmNtvEnr4ozk/edit?ts=5eeb7c2b#gid=0

Annex A: List of key contacts

HACKNEY

	Organisation/Service	Pandemic lead	Job title	Email	Telephone
LBH	Emergency Planning	N/A	Duty Emergency Planning Officer	Emergency.Planning@Hackney.gov.uk	020 8356 2366
	Public Health	Sandra Husbands Nicole Klynman	Director of Public Health Consultant in Public Health	nicole.klynman@hackney.gov.uk	020 8356 5013
	Adult Social Care	Amecie Steadman	Business Service and Data Governance Officer	emran.hussain2@hackney.gov.uk	020 8356 1947
	Children and Young People's Services (CYPS)	Ross Tuckley	Business Development and Support Manager	Ross.Tuckley@Hackney.gov.uk	020 8356 5923 07595 359791
	Hackney Learning Trust	Hilary Smith	Head of Strategy, Policy & Governance	hilary.smith@learningtrust.co.uk	020 8820 7036
	Environmental Health	Nilesh Lad Robert Gardner	Business Regulation Team Leader Enforcement and Business Regulation Manager	Nilesh.lad@hackney.gov.uk robert.gardner@hackney.gov.uk	020 8356 8538 020 8356 8567
	Hackney Housing	Sean Roche	Planned Works Manager	sean.roche@hackney.gov.uk	0208 356 6247 07815.713.348 07791.262.350
		Ben Knowles Polly Cziok	Media & Campaigns Manager Director Communications, Culture and Engagement	helen.clarke@hackney.gov.uk Polly.Cziok@Hackney.gov.uk	0208 356 3539 020 8356 3323 / 07545 635766 OOH Press office: 07528 969 363
LOCAL HEALTH COMMUNITY	City and Hackney CCG	Matthew Knell	Head of Corporate Services	Matthew.Knell@nhs.net	020 38163230
	GP Confederation	Laura Sharpe	CEOs	laura.sharpe1@nhs.net	020 7729 7236
	Homerton Hospital	Dr Alleyna Claxton Roz Wallis	Infection Control Doctor & Director of Infection Prevention and Control	Alleyna.Claxton@nhs.net	020 8510 7180

			Infection Control Nurse Consultant and Deputy Direct infections, Prevention and Control	roz.wallis@nhs.net	020 8510 5166
	East London Foundation Trust	Carol Shannon	Deputy Director Infection Control And Physical Health Lead Nurse	Carol.Shannon@.nhs.uk	07940 237087
OTHER	London Ambulance Service	Alan Palmer	Emergency Planning. & Resilience Officer	Alan.Palmer@lond-amb.nhs.uk	07717 808533
	Metropolitan Police	PC Lukas Guichard	North East Emergency Planning Officer	Lukas.S.M.Guichard@met.pnn.police.uk; lukas.guichard@met.police.uk	0207 161 4150 07876 391769
	British Transport Police	Cavita Lapper	B Division Resilience Planning Officer	B-resilience@btp.pnn.police.uk	02079183118
	Hackney Fire Service	Lee Sandy	Group Commander	Lee.Sandy@London-Fire.Gov.UK	0208.555.1200 ext. 58657 07557 800050
	Voluntary Sector rep	Jackie Brett	Director of Communities & Partnerships	jackie@hcvs.org.uk	
	St Joseph's Hospice	Debbie Pegram	Matron	D.Pegram@STJH.org.uk	020 8525 6008
	Faith representatives	Cllr Ian Rathbone Eusoof D Amerat Herzel Gluck	Christian faith Muslim faith Jewish faith	Ian.Rathbone@hackney.gov.uk e_amerat@yahoo.co.uk rabbigluck@hotmail.com	07890 654 068 07419 985 832
	Local Pharmaceutical Committee	Hitesh Patel	Chief Officer	candhlpc@gmail.com	07736300296
	NHS England (London)	Liz Clark	EPRR Engagement Support Officer	Liz.clark1@nhs.net	07585987802
	Public Health England London	Agnes Jung	Regional Lead EPRR and Sustainability London	Main email: PHEEPRR.London@phe.gov.uk Lead: agnes.jung@phe.gov.uk	020 849 53330 07717667964

				Out of hours: **07623 541132** (Page One paging service leave your message with contact details)	

Annex B: Contact details for the City of London

	Organisation	Pandemic Flu lead	Job title	Email	Telephone
City of London	CoL Resilience Team Out of hours city of London control room = 0207 332 3478 / 3896	Gary Locker Ben Morris Sharon Mclaughlin	Head of Resilience Contingency Planning Officer Departmental resilience lead – Community and Children's Services	Gary.Locker@cityoflondon.gov.uk benjamin.morris@cityoflondon.gov.uk Sharon.mclaughlin@cityoflondon.gov.uk	07876 545700 020 7332 1969 020 7332 3232 020 7332 3498
	Public Health Human Resources	Nicole Klynman Andy Liggins Tracey Janson	Consultant in Public Health (HP lead C&H) Consultant in Public Health (CoL) Assistant Director	nicole.klynman@hackney.gov.uk andy.liggins@cityoflondon.gov.uk Tracey.Jansen@cityoflondon.gov.uk	020 8356 5013 07803282998 020 7332 3289
	Community and Children's Services	Andrew Carter	Director of Community and Children's Services	Andrew.carter@cityoflondon.gov.uk	020 7332 1650
	People services	Chris Pelham	Assistant Director - People	Chris.Pelham@cityoflondon.gov.uk	020 7332 1636
	Adult Social Care	Ian Tweedie	Service Manager	Ian.Tweedie@cityoflondon.gov.uk	020 7332 3129
	Children's Social Care and Early Help	Rachel Green	Service Manager	Rachel.green@cityoflondon.gov.uk	020 7332 3501
	Housing	Paul Murtagh Liam Gillespie	Assistant Director - Barbican Estate & Property Services Head of Housing Management	Paul.Murtagh@cityoflondon.gov.uk Liam.Gillespie@cityoflondon.gov.uk	020 7332 3015 0207 332 3785
	Environmental Health	Tony Macklin	Assistant Director (Public Protection) Assistant Director (Public Protection)	Tony.Macklin@cityoflondon.gov.uk	020 7332 3377

		Rachel Pye		Rachel.Pye@cityoflondon.gov.uk	020 7332 3313
	Communications	Bob Roberts	Director of Communications	Bob.Roberts@cityoflondon.gov.uk	020 7332 1111
	City of London Police	Emergency Planning Officers	Emergency Planning Officers	emergencyplanningofficers@city-of-london.pnn.police.uk	020 7601 2222

Report to Hackney Health and Wellbeing Board

Date:	8 July 2020
Subject:	Health inequalities and the impact of Covid-19
Report From:	Kirsty Bell and Chris Caden, Hackney Public Health Team
Summary:	Covid-19 has had a huge impact on all of our lives; however it is evident that the health and social impacts of the disease may worsen existing health inequalities. Public Health England (PHE) has reviewed the available data on Covid-19 cases and deaths to begin to assess the extent to which certain groups are affected more than others. The Public Health team has undertaken a rapid review of the available research on health inequalities during Covid-19 and has looked at these findings alongside local data. In Hackney, we have found that, as with national data, mortality rates are higher amongst older people and men. They are also higher among people who are not born in the UK, with country of birth used as a proxy for ethnicity.
Recommendations:	The Board is asked to: ● Review the information provided on health inequalities and Covid-19 in terms of the direct health impacts of the disease and the indirect social consequences; ● Consider how we may want to understand these issues in greater depth; and ● Agree to the development of a working group to consider how some of these issues can be practically addressed.
Contacts:	kirsty.bell@hackney.gov.uk

Introduction

The impact of Covid-19 on our communities is likely to be ongoing for some time. National research has begun to show that older people, men, and people from Black and Asian communities have had disproportionately high rates of infection. PHE has also found that these groups have higher mortality rates, even when accounting for social deprivation and other factors.

Hackney is the 6th most diverse London Borough and the 18th most deprived local authority area in England. With this context in mind, it is important to understand the impact that Covid-19 has had, and will continue to have, on health inequalities. It is anticipated that the period of lockdown will also have unequal social consequences due to the economic consequences of job losses and redundancies.

This presentation has sought to synthesize the available research and evidence base on the impact of Covid-19 in the short term and beyond.

Recommendation

It is recommended that considerations are given as to what work is needed to address some of the anticipated challenges and issues that have been highlighted. This includes considering how we work best with partners across the local health and care system and in the community and voluntary sector, to support residents.

Financial Considerations

At present there are no financial consequences as more work is needed to understand the issues locally and to ensure that the relevant local organisations and communities are involved in discussions.

Legal Considerations

No immediate legal implications arising from this report

Attachments

The powerpoint presentation has been attached.
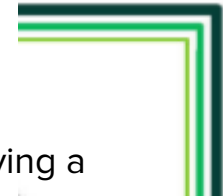
COVID-19's Impact on Inequalities
Comparing national evidence to local data

Briefing Paper

Introduction

There is clear emerging evidence that the impact of COVID-19 and the resulting lockdown is having a disproportionate impact on some communities. The recent Public Health England review into ***Disparities in the risk and outcomes of COVID-19*** concluded that 'the impact of COVID-19 has replicated existing inequalities and, in some cases, has increased them.'

This briefing paper shows what the national evidence tells us about different risks by

- Age
- Deprivation
- Ethnicity
- Gender
- Occupation
- Care homes

The paper will then supplement the national evidence with local data and insight to provide a better picture of the different levels of risk for communities in Hackney.

1a. Older People: national evidence

Risk of mortality
- Older people are at a much higher risk of dying from COVID-19.
- Several papers (ONS, OpenSAFELY, PHE) have all shown that the risk of dying from COVID-19 dramatically increases for older people (with the number of deaths rising significantly after age 60)
- This may reflect that older people are more likely to have (multiple) comorbidities.

The impact of lockdown
- The ONS has published findings from a survey which finds that 50.1% of Adults over the age of 65 reported loneliness as a result of lockdown. This is significantly more than the average for the Great Britain population which is 30.9%.
- VCS groups have raised concerns that the effects of lockdown will be damaging for older people, particularly the restrictions on social interactions
- The Centre for Ageing Better has produced a briefing which discusses how lockdown might impact old people's' mental health, their ability to be active and their access to information as a result of a digital divide

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1b. Older People: local data

Mortality and morbidity
- Out of 175 deaths in City & Hackney involving COVID-19, 119 (68%) were among people aged 70+
- Only 3% of the deaths involved persons who were younger than 50.
- Local data suggests we are starting to see more people of younger ages be infected with Covid-19 but this is likely to reflect changes to testing eligibility.

The impact of lockdown
- HCVS has highlighted that the digital divide for older people continues to be an ongoing concern
- HCVS have also raised concerns of prolonged isolation and its effect on physical and mental health
- Evidence from the City & Hackney JSNA says that older residents are at much higher risk of social isolation

Deaths by age, sex, and place of death

Proportion of deaths in Hackney involving Covid-19 infection, 1 March to 27 May 2020, by age

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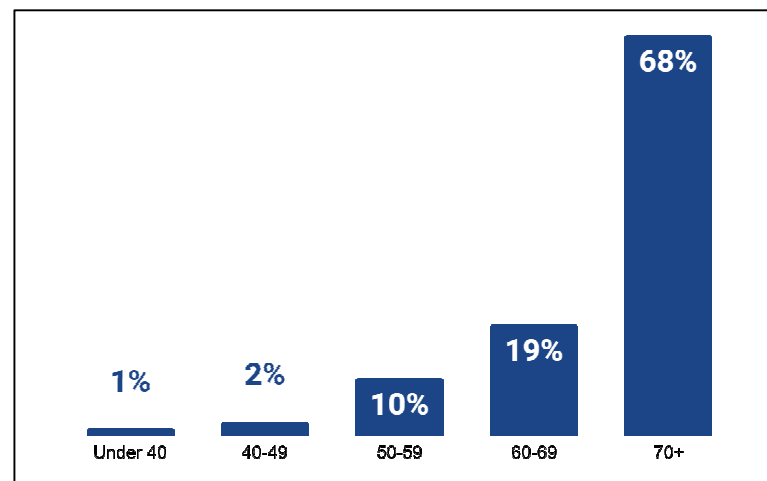
1c. Care homes

The Kings Fund have reviewed location of death from Covid-19 in England and Wales.

- By week ending 1 May 2020, the number of deaths in care homes was almost three times higher than the average weekly number of deaths in care homes over the past five years.
- Deaths in care homes started to decline somewhat later than hospital deaths.

In Hackney:

- 135 (77%) deaths occured in hospital, 24 (14%) at home and 15 (9%) in a hospice, care or a nursing home. This reflects the relatively low proportion of Hackney's population in older people's care homes.
- All 4 of the older people's care homes in Hackney reported at least one outbreak of Covid-19 to PHE over March and April.

2a. Ethnicity: national evidence
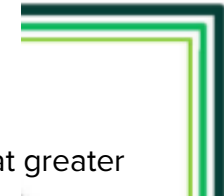
Morbidity and mortality

- Several studies (IFS, ONS, Health Foundation, OpenSAFELY, PHE) show all non-white ethnic groups to be at greater risk of dying from Covid-19 even once some socio-demographic factors were taken into account.
- Public Health England have reported that people from Black ethnic groups were the most likely to be diagnosed with COVID-19. Additionally PHE has found that death rates from COVID-19 were highest among people of Black and Asian ethnic groups. This is the opposite of what is seen in previous years, when the mortality rates were lower in Asian and Black ethnic groups than White ethnic groups.
- An ONS evidence review suggests that, while only 2% of White British households experienced overcrowding, 30% of Bangladeshi households, 16% of Pakistani households and 12% of Black households experienced this which may impact upon transmission.

The impact of lockdown

- According to the IFS, the economic impact of lockdown may be more significant in some ethnic groups.
    - Bangladeshi, Pakistani, Black African and Black Caribbean men are more likely to work in lockdown sectors;
    - Bangladeshis, Black Caribbeans and Black Africans are more likely to have limited savings to fall back on.
- The Fawcett Society has published survey findings which suggest additional pressures on Black and minority ethnic groups as a result of lockdown.
    - 42.9% Black and minority ethnic women said they believed they would be in more debt than before the pandemic compared to 37.1% of white women and 34.2% of white men.
    - 23.7% of Black and minority ethnic mothers reported that they were struggling to feed their children compared to 19% of white mothers.

2b. Ethnicity: local data

Morbidity and mortality

- [A paper by researchers](#) at Queen Mary University of London and King's College London studied COVID-19 presentations to GP practices in City & Hackney, Newham, Tower Hamlets and Waltham Forest. The paper concluded that there is a two-fold increase in odds of infection for South Asian and Black adults compared to White adults.
- Black and minority ethnic communities have higher rates of underlying health conditions like Diabetes and CVD which put them at greater risk of dying from COVID-19, although white groups have higher reported rates of COPD and asthma.
- Under-reporting within certain groups may also affect our local understanding of underlying conditions.
- We have information locally on positive cases and country of birth which we know is a poor proxy for ethnicity.

The impact of Lockdown

- There are some local concerns about lockdown being enforced unfairly, linked to the historic impact of Stop and Search on Black and minority ethnic communities, and how this could be exacerbated;
- We are yet to understand the impact of lockdown on mental health outcomes within the community but given the disproportionate impact of mortality in certain groups, we may also expect to see differences in long-term outcomes.
- Some groups may also struggle to access digital services more than others. We need to consider this as we move to the next phase on disease management via the track and trace approach.

2c. Ethnicity: local data

Covid-19 deaths by place of birth (12th March - 27th May 2020)

Proportion of population: 1%, 2%, 3%, 4%, 6%, 9%, 12%, 63%

Proportion of all deaths: 1%, 1%, 3%, 27%, 12%, 15%, 10%, 31%

Legend:
- North America
- Oceania
- Europe Other
- Central and South America
- Asia
- Africa
- Europe EU
- UK
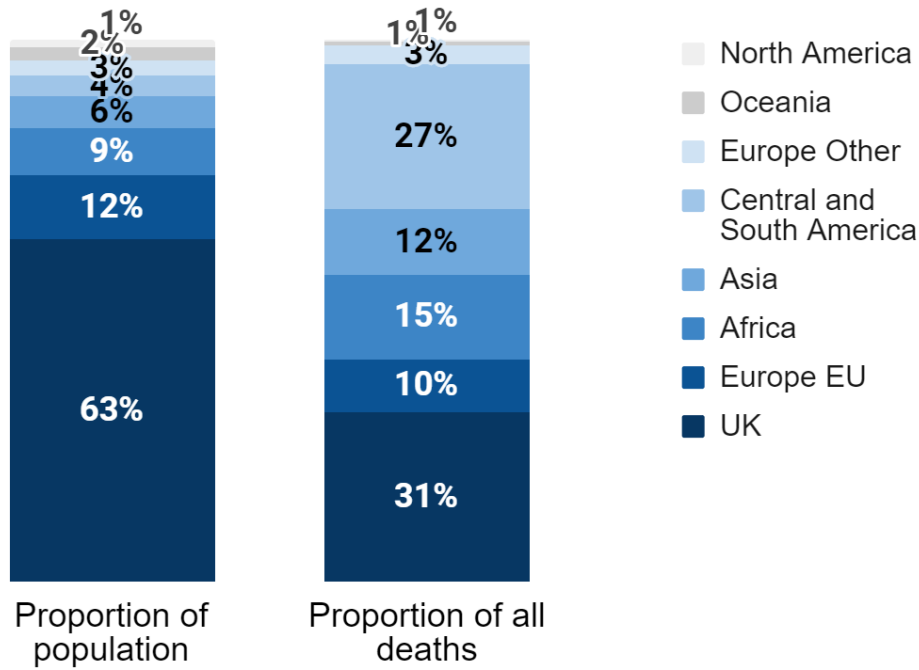
- Country of birth is not a great predictor of ethnicity.
- Out of 175 deaths, 120 (69%) were among residents born outside the UK.
- In comparison, only around 37% of Hackney residents were born outside the UK.

3a. Deprivation: national data

Impact upon mortality
- Both the ONS and PHE conclude that mortality rates from COVID-19 in the most deprived areas are more than twice that of the least deprived areas.

Impact of lockdown
- People in lower SES jobs may have reduced opportunities to work from home, which may make them more exposed to the virus or unable to work and therefore experience financial losses.
- The poorest groups in society are more likely to have underlying chronic conditions, which may increase their risk of dying from COVID-19.
- A number of papers show that poorer students are negatively impacted by lockdown. Teachers reported that students from poorer backgrounds have less resources to complete school work and the quality of their work is also lower than usual.
- The Children's Commissioner has also written about the greater risk that 2 million children at as a result of lockdown. This is due to them experiencing from food poverty or from living in households with higher needs - parental mental ill-health, substance misuse, domestic abuse.
- According to the Food Foundation, the COVID-19 pandemic has quadrupled the number of adults who experience food poverty.

3b. Deprivation: local data
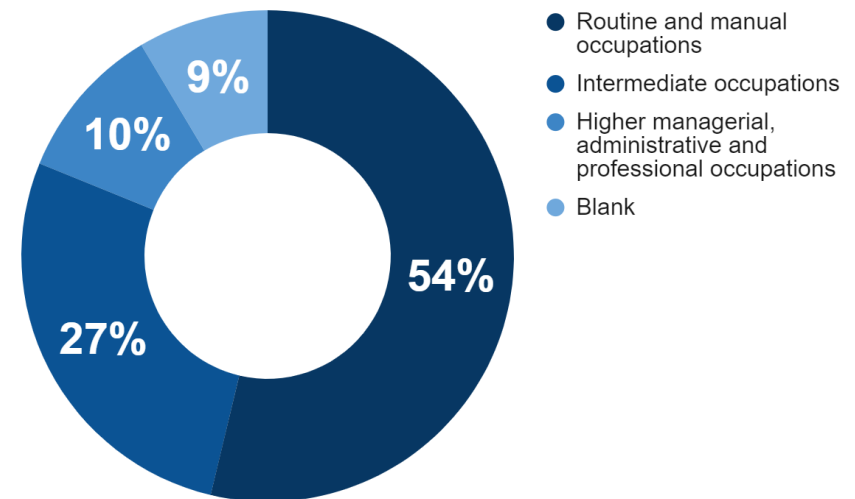
Occupation/ SES and Covid-19

- Most COVID-19 deaths were registered among people from a lower socio-economic background
- Of all deceased for whom the occupation was known, 94 (54%) of deaths were among people employed in routine and manual occupations.
- This is in contrast to around 32% of Hackney's population being in routine and manual occupations
- [Note - it is likely that most people were retired*]

Reviewing Hackney's data by postcode

- There are many challenges faced by reviewing Hackney's data by postcode. This doesn't always give a clear understanding of the impact of deprivation, particularly when numbers are small.

Deaths by social class

Proportion of deaths involving Covid-19 infection, 1 March to 27 May 2020, by socio-economic status

- Routine and manual occupations
- Intermediate occupations
- Higher managerial, administrative and professional occupations
- Blank

54%
27%
10%
9%

3c. Deprivation: local response

Food poverty

-Currently in Hackney around 1,800 households are receiving food parcels; however the local service is gradually being phased out. Of these recipients, 70% said they are struggling to pay for food.

-Recently Hackney's 'I Need Help' service made 85 referrals to the Food Bank; referrals are estimated to increase to around 500 people over the coming weeks.

Financial issues

-**Hackney JCP**: Between 13 March and 12 April 2020 Hackney Jobcentre Plus had 4442 new UC claims. By 12 April 2020 it had 13356 UC claims. Previously it had around 200 new claims a week and this is now 1000 claims a week.

-**Hoxton JCP**: Between 13 March and 12 April 2020, Hoxton JCP 3613 new UC claims. By 12 April 2020, Hoxton JCP had 10290 UC claims.

-Not specifically related to deprivation but the Council's Covid-19 Community Survey highlighted that around a ⅓ of respondents would face 'significant financial difficulties' for mortgage/rent payments; food shopping; and household bills, as a result of the pandemic and lockdown.

Digital divide

-This issue has come out repeatedly in Neighbourhood Conversations with the community.

-Groups are concerned about for children and young people who need to digital equipment and access to complete school work and access support services

-There are also concerns that the digital divide will mean that there will be issues for people in accessing the latest public health messaging

4a. Occupation: national evidence

National evidence

- [In the male population](), 5 out of 9 occupation groups had a higher risk of dying from COVID-19 than the overall male working age population. Workers in 'low-skilled' categories were at the greatest risk of dying from COVID-19.

- Male workers with increased risk include workers in construction, security, taxi services, bus and coach drivers.

- Among women, only 1 of the 9 occupation groups had a statistically significant higher mortality rate than the average for the female working population. This occupation group was 'Caring, leisure, and other service occupations.'

- **Both men and women care workers are at greater risk of dying of COVID-19** than the whole working population. However, male social workers had a significantly elevated risk of dying from COVID-19. Male care workers had a mortality rate of 23.4 per 100,000 (compared to 9.9 for whole male working population). Female care workers had a mortality rate of 9.6 per 100,000 (compared to 5.2 for whole female working population).

- The [Kings' Fund]()report that higher mortality is reported also for NHS and social care staff from Black, Asian and minority groups. This excess Covid-19 mortality in these groups is only partially attributable to clinical factors and deprivation.

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## 5a. Gender: Morbidity and Mortality

a. **National Evidence**
- There is clear evidence (Health Foundation; ONS; OpenSAFELY; PHE) that men are at greater risk of dying from COVID-19 than women.
- Research by the Health Foundation suggests that the socioeconomic gradient in mortality from COVID-19 could be steeper for women.
- The IFS warns that women may be vulnerable to long-term labour market disadvantages in the coming economic downturn.

a. **Local evidence**
- Using Hackney data (up to 3rd June), out of 175 deaths involving Covid-19 infection:
- 100 (57%) of these were male and 75 (43%) were female deaths.
- The age-standardised mortality among males is significantly higher compared to females.

Figure 2: Males had a higher age-standardised mortality rate compared with females for both all causes and deaths involving COVID-19

Age-standardised mortality rate per 100,000 population, deaths occurring in March and April 2020, registered by 15 May 2020, by sex, UK
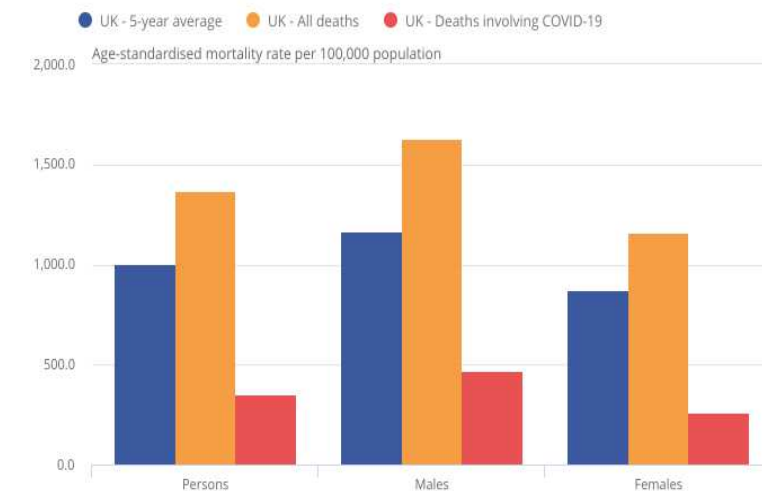
Source: Office for National Statistics, National Records of Scotland, and Northern Ireland Statistics and Research Agency

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7. Air Quality: National and international evidence

- [A paper published by researchers](#) at Harvard found that a small increase in long-term exposure to fine particulate matter (PM2.5) leads to a large increase in the COVID-19 death rate.

- [A paper published by researchers at the University of Cambridge](#) found that the levels of multiple markers of poor air quality, including nitrogen oxides and sulphur dioxide are associated increased numbers of COVID-19-related deaths across England, after adjusting for population density.

- [A paper published in April 2020](#) found a strong correlation between increment in air pollution and an increase in the risk of COVID-19 transmission within London boroughs.

Conclusion

- It is evident that the situation in the City and Hackney mirrors what we are seeing nationally and in other countries, with disproportionately high cases of infection and deaths amongst older people, people from Black and Asian Communities, people from lower SES backgrounds, and men.
- The social and economic consequences of Covid-19 will extend beyond the period of the outbreak and also need consideration.

- What do we need to do next?
  - Continue to review the literature as it emerges and assess the local data on cases, deaths and the impact of lockdown;
  - Co-ordinate our efforts with others locally to develop a comprehensive local understanding and response; and
  - Consider how the work of the HWB can support efforts to tackle health inequalities that are being exacerbated by Covid-19.

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Report to Hackney Health and Wellbeing Board

Date: 8th July 2020	
Subject:	COVID-19 VCS Recovery & Resilience planning
Report From:	Hackney CVS
Summary:	As we move out of the crisis phase, we need to develop a strategy that will steer Hackney's recovery, and acknowledges the crucial role of the VCS sector; and that clearly sets out how the VCS sector will be supported to lead the recovery. An effective approach will require a redistribution of resources that provides sustainability for the VCS sector and empowers communities facing stark inequalities.
Recommendations:	1. Consider for how the seven themes align with and inform other local COVID-19 health inequalities workstreams for which the HWB has oversight. 2. Consideration for how resources can be more equitably distributed across the system to achieve lasting equality; and to protect the sustainability of VCS sector partners crucial to the recovery from the impacts of COVID-19.
Contacts:	**Jake Ferguson** - Chief Executive Officer, Hackney CVS **Tony Wong** - Connect Hackney Programme Director, Hackney CVS

Financial Considerations

Non applicable

Legal Considerations

Non applicable

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COVID-19 VCS Recovery & Resilience

Developing a draft plan for the voluntary and community sector going forward

COVID-19 has impacted on people and communities in a myriad of ways; financial hardship and the inability to provide for oneself or his or her family; enforced isolation and therefore being separated from friends and loved ones leading to feelings on loneliness; increased racism directed towards them; a deterioration of general mental and emotional wellbeing; and increased risk of domestic abuse. This is not an exhaustive list, and it will not be possible to understand the full impact of COVID-19 for some time, given that a vaccine has yet to be developed, and life is not expected to return to 'normal' for some time.

However, swift mobilisation of community assets, within the public, private and VCS sectors has enabled Hackney to adapt quickly to the new environment we find ourselves in. Some of these new systems and pathways will enable continued support to reach those most in need. But as life slowly resumes *for some*, we now need to shift our focus to the short and long-term future to understand and plan for what the community needs to not just survive the crisis, but to recover from it. This document therefore considers seven identified themes, based on our knowledge, and observations gained through our work in co-ordinating and supporting the VCS COVID-19 crisis response during the past 10 weeks.

As such Hackney CVS is keen to work with local VCS organisations, VCS representatives across our networks and the VCSETLG[1], other infrastructure bodies, the Council and public bodies to start to think what a recovery and resilience plan could look like which has the voluntary and community sector at its heart. This briefing is intended to provide an initial starting point for further discussion. This initial outline has been informed by a range of discussions we have hosted with local VCS organisations through our networks, our discussions with the Council and CCG and feedback from the neighbourhood conversations.

It's important to acknowledge we are needing to plan within a fluid environment, and therefore an agile approach will need to be adopted when applying the COVID-19 VCS Recovery and Resilience plan to our work. In allowing that flexibility, we will be best able to respond to new and emergent needs as the situation evolves, particularly for example, if COVID-19 cases begin to rise and we see a second peak. We will also need to think in the context of a pre and post COVID-19 vaccine community, to ensure any plan developed is robust enough to guide us through the next phase, and any new challenges the community is likely to encounter.

Underpinning such a **COVID VCS Recovery & Resilience Plan** should be five guiding principles:

1. **Collaborative and Partnership working** – To ensure we are able to coproduce truly person-centred solutions, it will be crucial that we adopt a collaborative approach to our work, and use existing partnerships, as well as developing new ones to meet the holistic needs of the community; prioritising the local and grassroots, and being willing to adapt our style of working to enable inclusion from our diverse communities.

2. **Communication & Information sharing** – Key to our success of navigating the crisis has been our ability to ensure effective communication between the VCS and public sector, identifying linkages

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[1] The VCSETLG is the Voluntary and Community Sector Transformation Leadership group which is made of VCS representatives who sit within the Health & Care system infrastructure and are chairs of the various VCS networks that exist

between what's happening on the ground and the wider system; providing clear, accurate, timely and targeted information, underpinning our approach to collaborative working.

3. **Sustainable Funding** – The VCS was already working within a challenging environment; reduced funding with increased demand. The crisis has highlighted the valuable role the VSC plays in responding to acute local needs, however it has also exacerbated the already strained environment within which the VCS operates. Recovering from COVID-19 requires a long-term approach, and this needs to be sustainably funded, to protect the VCS, and ensure the community can indeed recover.

4. **Tackling inequalities** – At the core of our approach should be a collective commitment to addressing inequalities and creating the space and opportunities for our diverse communities to be at the forefront of change and to hold more power than they currently do. This means ensuring that local neighbourhood priorities, for instance, are driven by local grassroots communities as much as health & care professionals and that the system as a whole understands what challenges it faces in becoming better at addressing structural racism and disadvantage. Key to this will be an examination of what needs to happen to build social capital, community cohesion and an inclusive approach across the board. The VCS and the Public Sector still have a long way to go in terms of becoming more culturally competent so support will be needed from the system to enable this.

5. **Building on success and innovation arising from the crisis** – the crisis has, in some cases, allowed long standing problems and system blockages to be addressed e.g. VCS having access to Discharge Assessment information to aid the freeing up of hospital beds for COVID patients or the deployment of Mutual Aid volunteers into local VCS organisations. We want to ensure the good practice and learning from the first phase of the crisis is not lost and contributes to this strategy

Next Steps

1. **Conduct a survey** to:
    a. test if the seven themes, and the correlating objectives accurately reflect the current situation and the future needs of Hackneys diverse communities and the VCS orgs and groups that support them
    b. identify key stakeholders who can help develop the solutions, and play a key role in delivering against the COVID-19 VCS Recovery and Resilience Plan – focussing on engagement with the local VCS and public bodies

2. **Revise COVID-19 VCS Recovery and Resilience Plan** based on survey findings

3. **Work with existing VCS networks to identify hosts for working groups** and routes for inputting to working groups, and feeding back any actions and outcomes

4. **Hold meetings with the public sector to align priorities and plans**; with a view to establishing working groups for each of the agreed themes (for Theme 1, individual working groups to be established for each objective), to develop the necessary solutions and desired outcomes, with the working groups then responsible to executing delivery and maintaining oversight.

	Theme	Objective
1	**Inequalities** <u>**OVERARCHING AIM**</u>: To reduce and protect against inequalities which have arisen, or that have worsened due to the impact of COVID-19	**OBJECTIVE 1.1**: To support people from **ethnically diverse and religious / faith based** backgrounds to recover and build resilience.
		OBJECTIVE 1.2: To support people from **migrant and refugee communities,** including **undocumented migrants,** to recover and build resilience.
		OBJECTIVE 1.3: To support **working age people**, recover and build resilience from <u>financial hardship</u>.
		OBJECTIVE 1.4: To support **older people** (>50) recover and build resilience.
		OBJECTIVE 1.5: To support **children, young people, and maternity** (<25) recover and build resilience.
		OBECTIVE 1.6: To support **disabled people** recover and build resilience.
		OBECTIVE 1.7: To support people with a **learning disability** recover and build
		OBJECTIVE 1.8: To support people from the **LGBTQ+ community** recover and build resilience
		OBJECTIVE 1.9: To support wider system thinking about **structural racism, inequality and community empowerment**
2	**Fear and Anxiety**	**OBJECTIVE 2.1:** To tackle and alleviate fears and anxieties amongst residents which have arisen due to COVID-19; supporting re-engagement with the wider community.
3	**Safeguarding**	**OBJECTIVE 3.1:** To ensure that the correct safeguarding measures are in place to protect the most vulnerable within the community.
4	**Digital Divide**	**OBJECTIVE 4.1:** To work collaboratively across the system to find sustainable and long-term solutions to bridge the digital divide.
5	**Protecting and supporting VCS orgs at risk**	**OBJECTIVE 5.1:** To understand the impact of COVID on the sustainability of local VCS organisations
		OBJECTIVE 5.2: To explore sustainable funding options which enables effective delivery of the COVID-19 VCS Recovery and Resilience
		OBJECTIVE 5.3: To lobby for and identify funding streams and support for VCS organisations and groups to cover any associated costs
		OBJECTIVE 5.4: To understand the infrastructure needs of the VCS going forward, particularly in relation to the provision of PPE, creating safe spaces for service users, staff development and support and IT infrastructure/digital maturity needed for the VCS to deliver more efficiently

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		OBJECTIVE 5.5: *To better understand the socio economic impact that the sector makes, particularly in regard to how the sector can enable system savings to be made by addressing issues earlier on*
6	**Mental and Emotional Wellbeing**	**OBJECTIVE 6.1:** *To improve the mental and emotional wellbeing of Hackney residents adversely affected by COVID-19 e.g. through bereavement, isolation, delayed medical treatment etc.*
7	**Mobilising volunteers**	**OBJECTIVE 7.1:** *Volunteer Centre Hackney will lead on this theme to ensure the huge volunteering effort seen in Hackney is sustained and supported, to provide support to community groups and residents of all backgrounds to share their skills to tackle the issues and effects of COVID-19.*

What will we do with the information we collect and how will the strategy influence other local developments?

The information we will collect will be feed into the strategy so that evolves over time. We will use our relationships with the public sector to create a joined up action plan which responses to the priorities in the strategy.

The strategy also has the opportunity to influence a range of current initiatives which can be summarised as follows:

1. The Council's impact assessment work and approach to tackling inequalities
2. The Council's VCS Strategy and broader CCG approach to engaging and investing in the VCS
3. The proposed new VCS Enabler Group and operating model which will provide dedicated space within the Health & Care System for VCS issues to be addressed and actioned
4. The development of neighbourhood priorities and inequality plans

Report to Hackney Health and Wellbeing Board

Date:	8 July 2020
Subject:	Tackling health inequalities through a new Joint Health and Wellbeing Strategy
Report from:	Jayne Taylor, Consultant in Public Health
Summary:	The impacts of COVID-19 on population health are clearly reinforcing long-standing inequalities in Hackney, as elsewhere. The breadth and depth of these impacts requires collective and sustained partnership action. The Health and Wellbeing Board has a central role to play in setting the strategic direction for this work. This paper proposes a framework for meaningful local action to tackle health inequalities, to guide the development of a new Joint Health and Wellbeing Strategy for Hackney.
Recommendations:	The Board is recommended to: 1. review current membership to reflect its wider remit beyond the health and care system, and ensure representation from partners who can make the greatest contribution to reducing health inequalities 2. progress other actions agreed at the March meeting to refocus the Board's agenda on tackling the wider determinants of health and underlying causes of health inequalities, so that it complements (rather than duplicates) the work of the Integrated Commissioning Board 3. use the opportunity of the Joint Health and Wellbeing Strategy refresh to co-create a new strategic (population health) framework for tackling health inequalities through coordinated system-wide action, led by the Board 4. adopt a fully co-produced approach to developing the strategy, building on existing assets and resident engagement/involvement mechanisms 5. establish a working group to oversee the development of the new Joint Health and Wellbeing Strategy - and advise on the membership of this group.
Contacts:	jayne.taylor@hackney.gov.uk

1. Introduction and context

The unprecedented impacts, direct and indirect, of COVID-19 on population health are clearly reinforcing and exacerbating long-standing health inequalities, both nationally and locally.

The *direct* health impacts of COVID-19 disease are disproportionately affecting certain minority ethnic groups, older people, men,[1] people with underlying health conditions, care home residents and staff, those working in public facing occupations, as well as individuals and families living in socially deprived circumstances. Untangling the contribution of these various overlapping risk factors is complex, but it is clear that underlying structural inequalities are playing a role.

The *indirect* health impacts of lockdown and social distancing, and the longer-term economic consequences of the pandemic, will continue to affect some of our most vulnerable residents and communities for a long time to come - including many of those described above, as well as carers, certain faith communities, people with disabilities and those with no recourse to public funds.

The breadth and depth of these impacts emphasises the need for collective, system-wide action to address health inequalities that have been starkly exposed by the current pandemic. COVID-19 could be the catalyst for real change, and refreshing the Joint Health and Wellbeing Strategy at this moment gives the Board a unique opportunity to set a clear future strategic direction to achieve this.

2. Responding to the challenge

The current pandemic has added an urgency to our local response to health inequalities. Because of the scale, breadth and uncertainty of the impact of COVID-19, we need to plan our response over three time horizons.

2.1 Immediate priorities

An absolute priority in our ongoing response to the pandemic and in getting services back up and running must be to ensure that:
   a) we are not exacerbating existing inequalities
      ○ one example is the work being led by Hackney Council to address the digital divide, so that no residents are excluded from the digital Test & Trace system or disadvantaged by the 'virtual by default' approach to NHS service restoration;
      ○ another is the equalities 'checklist' that is being developed to support the local NHS phase 2 assurance process
   b) we are proactively targeting those who have been most disadvantaged by the pandemic and developing plans to reduce the unequal impact of any second peak, examples include:

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[1] While men are at greater risk of dying from COVID-19, there is some evidence to suggest that women are over-represented in some occupations considered most at risk of being infected with coronavirus; women are also more likely have been furloughed or made redundant during the lockdown, and to be suffering emotional impact from the pandemic.

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- targeted work, with HCVS, to prevent the spread of infection in vulnerable communities as part of local outbreak control plans, and
- action being taken to protect staff working in high risk roles.

2.2 Actions to implement over the short-medium term

Work is also needed to review, refresh and re-prioritise our pre-existing strategic plans through an explicit inequalities lens - both to ensure sufficient focus is placed on inequalities that have deepened as a result of COVID-19 (e.g. linked to ethnicity and deprivation) and that our plans are broadened to directly address the needs of vulnerable groups who have hitherto not been prioritised (e.g. people living in insecure, overcrowded accommodation who are at increased risk of infection and may have limited access to services).

Much of this work is already underway, including the development of an inequalities framework to inform the ongoing development of City & Hackney's integrated care plans, plus the extensive work being undertaken by Hackney Council to review existing priorities as part of its 'second phase' plans. Importantly, this work is being shaped not only by local and national data on COVID-19 inequalities, but by the rich community insight that has been (and continues to be) collected during the pandemic, which is providing powerful evidence on the local impacts on Hackney's diverse communities.

2.3 Longer-term strategic priorities

Ultimately, what is needed is a comprehensive strategy to meet the challenges posed by COVID-19. The wide-ranging impacts of the pandemic emphasise more than ever the need for sustained system-wide action to tackle the underlying causes of long-standing health inequalities in Hackney, going far beyond the health and care sector and working in partnership with our local communities.

## 3. The role of the Health and Wellbeing Board

There is a clear role for the Health and Wellbeing Board to lead the development of a shared strategic framework and coordinate the local response to tackling health inequalities. This requires a broad view of the multiple drivers of population health, but what does this mean in practice?

The unequal distribution of population health outcomes is driven by a complex interaction of individual, community and structural factors. Tackling health inequalities, and improving population health, requires action at multiple levels and across all sections of society. This means addressing all four 'pillars' of a population health system, as described by the King's Fund (see figure 1 below).

Figure 1: King's Fund Population Health Framework[2]

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[2] Buck et al (2018), *A vision for population health: towards a healthier future*, King's Fund
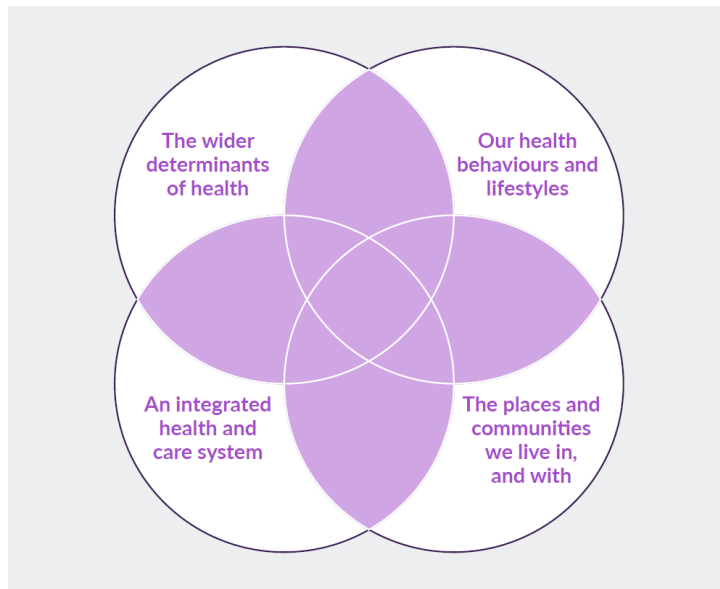
An effective, integrated health and care system is key to meeting population health needs and tackling inequalities, but is insufficient on its own. The biggest drivers of population health outcomes are linked to social, economic and environmental conditions (income, employment, education, housing, transport, etc), and it is structural inequalities linked to these 'wider determinants' that make the most significant contribution to health inequalities - as has been laid bare by the current pandemic.

As well as health behaviours (including smoking, physical activity, diet and alcohol), which themselves are socially patterned, this framework also emphasises the importance of 'place' - the neighbourhoods and communities in which we live - as being key drivers of health and wellbeing at an individual and population level. Working with, and drawing on the assets within, our local communities must therefore be central to our response to tackling health inequalities.

Adopting a 'health in all policies' approach (as discussed at the last Health and Wellbeing Board meeting in March) implies a clear strategic role for the Board in coordinating system-wide action, with a specific focus on actions in the areas of overlap and intersection of the four 'pillars' - where the greatest opportunities to reduce underlying health inequalities are expected. For example, this may include housing developments which promote social inclusion and encourage physical activity for all, as well as local authorities and NHS trusts using their anchor institution status to contribute to improvements in the economic and environmental determinants of health (through common employment and sustainable procurement policies, amongst other things).

The whole system, asset-based approach suggested by this population health framework is consistent with parallel work underway to review Hackney's Community Strategy and the principles underpinning this work (i.e. 'building back better' through system-wide action and proactive community engagement, targeting support where it is needed the most). Aligning the Health and Wellbeing Strategy with these broader

strategic aims will maximise the opportunities for tackling the underlying drivers of health inequalities across the borough.

4. Recommendations for the Board

6. Review the current membership of the Board to reflect its wider remit beyond the health and care system, and ensure representation from partners who can make the greatest contribution to reducing health inequalities.
7. Progress other actions agreed at the March meeting to refocus the Board's agenda on tackling the wider determinants of health and underlying causes of health inequalities - so that it complements, rather than duplicates, the work of the Integrated Commissioning Board.
8. Use the opportunity of the Joint Health and Wellbeing Strategy refresh to co-create a new strategic (population health) framework for tackling health inequalities through coordinated system-wide action, led by the Board.
9. Adopt a fully co-produced approach to developing the strategy, building on existing assets and resident engagement/involvement mechanisms (e.g. Neighbourhood conversations, HCVS networks, Kings Park Moving Together programme, Integrated Care Comms and Engagement Enabler Group, Hackney Council's 'community engagement, empowerment and resilience' next phase workstream).
10. Establish a working group to oversee the development of the new Joint Health and Wellbeing Strategy - and advise on the membership of this group.

5. Financial considerations

There are no direct financial implications arising from the recommendations of this report.

6. Legal considerations

There are no immediate legal implications arising from this report.

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Date	Health and Wellbeing Board - 8 July 2020
Subject	Developing the Health and Wellbeing Board forward plan using a Health in all Policies approach
Report from	Donna Doherty-Kelly, Principal Public Health Specialist
Summary:	Health inequalities are not caused by one single issue, but by a complex mix of environmental and social factors which play out in a local area, or place. Adopting a Health and Wellbeing Board (HWB) forward plan to systematically review a range of local policies will ensure that wider health drivers are considered across all policies within the council, and across health systems.
Recommendations:	The board is asked to: 1. Use the HWB forward plan as a framework for action to review policy and ensure that social, economic and cultural factors that influence health are systematically considered within all relevant local policy and strategy development - using a Health in all Policies approach. 2. Monitor the implementation of the policies to determine their impact on the health of the local population and vulnerable groups within this.
Contacts:	Donna.Doherty-Kelly@hackney.gov.uk

1. Introduction and context

Health inequalities are not caused by one single issue, but by a complex mix of environmental and social factors which play out in a local area, or place. Health is influenced directly and indirectly by our social and community networks and the physical, social and economic contexts in which we live. A number of studies have shown that between 40-57% of our health can be impacted by socio-economic factors[1]. We have recently seen significant direct and indirect health impacts as a result of the COVID-19 pandemic, and that structural health inequalities have played a role in this recent pandemic, as outlined in the accompanying '*Health inequalities and the impact of COVID-19*' Board paper.

The recent 2020 Marmot Review[2] showed that since 2010, there has been a slowdown in life expectancy improvement, deteriorations in physical and mental health and widening health inequalities.The report also set out an agenda for central and local government to take action to reduce health inequalities. One of the mechanisms that Marmot proposed to reduce health inequalities in the 2020 report was to consider equality and health equity in all policies, across the whole government, not just the health sector. This approach was proposed to the Health and Wellbeing Board in March 2020 (*Future Plans for Health and Wellbeing Board Development - Draft for Discussion*[3]). This paper proposed that the HWB Board should have a clearer focus on the wider determinants of health through a 'Health in all Policies' approach, which would accomplish two things:

- Provide a single forum for leadership on the wider determinants of health, where they can be considered in relation to each other - maximising synergies, reducing unintended consequences and monitoring the overall impact on health and wellbeing
- Provide a separate focus from the Integrated Commissioning Board.

The accompanying '*Tackling health inequalities through a new Joint Health and Wellbeing Strategy'* HWB Board paper also proposes that we review, refresh and re-prioritise our pre-existing strategic plans through an explicit inequalities lens - both to ensure sufficient focus is placed on inequalities that have deepened as a result of COVID-19 and that our plans are broadened to directly address the needs of vulnerable groups. This requires system-wide action on the 'wider determinants' of health to tackle underlying structural inequalities.

Work on addressing the wider determinants of health through council policies is not something new for Hackney. A recent example includes the collaboration between Public Health and Planning colleagues in developing the Local Plan[4], ensuring that health considerations are explicitly included in planning policy and practice - which, if adopted, will go further than the London Plan in promoting positive wellbeing through the planning system. The HWB Board is well-placed strategically to implement a more systematic approach to ensure that all relevant local policies consider the wider determinants of health during policy development and implementation.

2. Health in all Policies (HiaP)

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[1]Buck et al (2018), *A vision for population health: towards a healthier future*, King's Fund
[2] Marmot et al (2020). *Health Equity in England: The Marmot Review 10 Years On,* Institute of Health Equity.
[3]Hackney HWB Board Paper, March 2020.
[4] Hackney Local Plan 2033.

Shaping local policies to include consideration of the socio-economic and environmental determinants of health and health behaviours can have a significant impact in the lives of our residents.

Building on the previous paper which proposes a population health framework to guide the future strategic direction of the Board, we are proposing that the HWB Board forward plan adopts a 'HiaP' approach. This would involve taking a systematic approach to using each meeting to review a key local strategy/policy, selected on the basis of its expected significant contribution to population health. An example of what this may look like is provided in the appendix. The forward plan can be designed to provide timely input into strategies and plans as they come up for review, giving the Board greater influence on reducing inequalities and improving population health through positive action on the 'wider determinants'.

The County Health Rankings Model below is a useful framework for shaping the forward plan using a HiaP approach, identifying areas where local authorities and wider partners can make a difference to embed work to address the wider determinants of health. While this is based on U.S. data (and the distribution of influences may differ in the U.K. context), it highlights that factors beyond the health system play a significant role in driving population health outcomes (clinical care, in this model, is estimated to contribute just 20%).

Using this framework, local policies to consider for the HWB Board forward plan include (but are not limited to) transport, housing, economic inclusion, children and young people, leisure, green space, education, benefits, crime, environment and housing - as well as Hackney's Community Strategy that sets the broad strategic framework for all of the council's work.

Figure 1. County Health Rankings Model[5]

County Health Rankings model © 2014 UWPHI
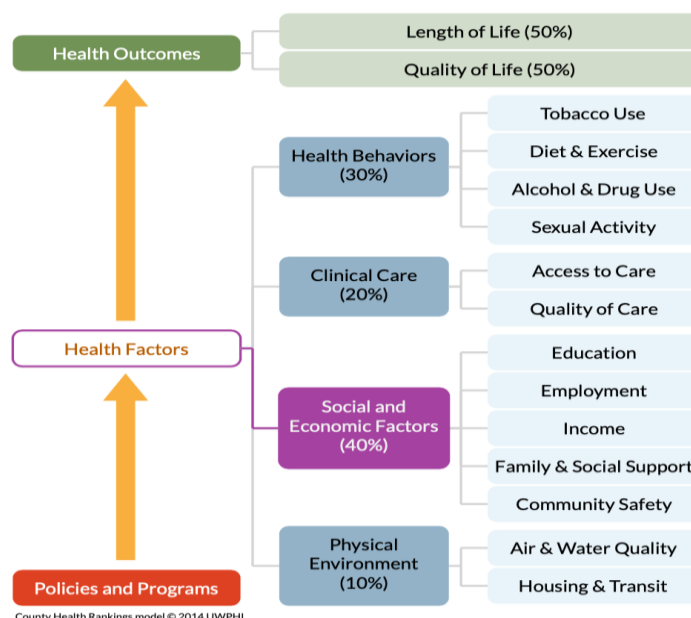
3. Recommendations for the Board

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[5] UWPHI (2014) County Health Rankings Model

1. Use the HWB forward plan as a framework for action to review policy and ensure that social, economic and cultural factors that influence health are systematically considered within all relevant local policy and strategy development - using a Health in all Policies approach.
2. Monitor the implementation of the policies through an inequalities lense to determine their impact on health of the population and vulnerable groups within this.

Financial Considerations

None

Legal Considerations

There are no immediate legal implications arising from this report.

Attachments

Forward plan example

Appendix 1
Example forward plan

HWB Board Date	Strategy/policy to review	Rationale for HiaP policy review
October 2020	Hackney Housing Strategy	The evidence that good quality housing is critical to health is well established.
		Fuel poverty and homelessness have important consequences for health.
		Children are particularly affected by living in poor-quality housing and unintentional injuries in the home are a leading cause of morbidity and mortality.
		It is estimated that the cost of poor housing to the NHS is £1.4 billion per year (BRE 2015).
January 2021	Hackney Transport Strategy	Transport can be integral to improving equality, by increasing access to jobs, education and services.
		Transport is an important facilitator of social inclusion and wellbeing, which can affect economic and social outcomes, and therefore inequality.
		Transport barriers can be intimately related to job opportunities.
		Different socio-economic groups have differing levels of access to transport options.
		Some groups can be at higher risk of poverty and transport poverty.
		Building walking or cycling into daily routines in the form of 'active travel' are the most effective ways to increase physical activity.
		There are a number of other benefits associated with increased walking and cycling through active travel, including reduction in traffic congestion, improvements in local air quality, reductions in carbon emissions and road casualties, improvements in social cohesion and quality of life.
April 2021	Hackney Inclusive Economy Strategy	There is a strong social gradient in health outcomes. People living in disadvantaged conditions, with poor access to (good) employment, are much less likely to experience positive physical and mental health than those in well paying jobs
July 2021	Hackney Children and Young People's Strategic Plan	Investment in improving early child development, and reducing exposure to adverse child experiences can

| | | reduce antisocial behaviour and crime in addition to its beneficial effects on mental and physical health. |
| | | Giving children the best start in life is a fundamental part of improving population health and reducing health inequalities. |