

City Integrated Commissioning Board
 Meeting in-common of the
 City and Hackney Clinical
 Commissioning Group and the City of
 London Corporation

Hackney Integrated Commissioning Board
 Meeting in-common of the
 City and Hackney Clinical
 Commissioning Group and the London
 Borough of Hackney

City & Hackney Local Outbreak Board

**Joint Meeting in public of the two Integrated Commissioning Boards and the
 Community Services Development Board on
 Thursday 10th June 2021
 09:00 – 09.50
 Microsoft Teams**

[Click here to join the meeting](#)

Chair – Dr Mark Ricketts

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

Date of next meeting:

8th July 2021, Microsoft Teams



**City and Hackney
 Clinical Commissioning Group**

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

and

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

and

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

Integrated Commissioning Board – Local Outbreak Board Session

Minutes of meeting held in public on 13 May 2021
Microsoft Teams

Present:

Hackney Integrated Commissioning Board

Hackney Integrated Commissioning Committee

Cllr Christopher Kennedy	Cabinet Member for Health, Adult Social Care and Leisure (ICB Chair)	London Borough of Hackney
Cllr Robert Chapman	Cabinet Member for Finance	London Borough of Hackney
Cllr Anntoinette Bramble	Cabinet Member for Education, Young People and Childrens' Social Care	London Borough of Hackney

City & Hackney CCG Integrated Commissioning Committee

Dr. Mark Rickets	Chair	City & Hackney CCG
Siobhan Harper	Transition Director	City & Hackney CCG
Honor Rhodes	Governing Body Lay member	City & Hackney CCG

City Integrated Commissioning Board

City Integrated Commissioning Committee

Randall Anderson QC	Chairman, Community and Children's Services Committee	City of London Corporation
Ruby Sayed	Member, Community & Children's Services Committee	City of London Corporation
Marianne Fredericks	Member, Community and Children's Services Committee	City of London Corporation

In attendance

Anne Canning	Group Director: Children's, Adults and Community Health	London Borough of Hackney
Andrew Carter	Director of Community and Childrens' Services	City of London Corporation
Caroline Millar	Chair	City & Hackney GP Confederation
Diana Divajeva	Principal Public Health Analyst	London Borough of Hackney
Haren Patel	Clinical Director	Primary Care Network
Helen Fentimen	Member, Community & Children's Services Committee	City of London Corporation
Jake Ferguson	Chief Executive Officer	Hackney Council for Voluntary Services
Jonathan McShane	Integrated Care Convenor	City & Hackney CCG
Jon Williams	Executive Director	Healthwatch Hackney
Kiran Rao	Project Officer: Public Health	London Borough of Hackney
Paul Coles	General Manager	Healthwatch City of London
Philip Glanville	Mayor	London Borough of Hackney
Sandra Husbands	Director of Public Health	London Borough of Hackney
Simon Cribbens	Deputy Director of Community and Childrens' Services	City of London Corporation
Stella Okonkwo	IC Programme Manager	City & Hackney CCG
Sunil Thakker	CFO	City & Hackney CCG
Tracey Fletcher	Chief Executive	Homerton University Hospital NHS Foundation Trust
Tim Shields	Chief Executive	London Borough of Hackney

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

Apologies – ICB Members

Other apologies

Ida Scoullos

Anne Canning

1. Welcome, Introductions and Apologies for Absence

- 1.1. The ICB for the first 50 minutes was operating in its capacity as the Local Outbreak Board.
- 1.2. Apologies were noted as listed above.

2. Declarations of Interests

2.1. The City Integrated Commissioning Board

- **NOTED** the Register of Interests.

2.2. The Hackney Integrated Commissioning Board

- **NOTED** the Register of Interests.

3. Questions from the Public

- 3.1. There were no questions from members of the public.

4. Vaccinations Update

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

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

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

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

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

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

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

5. Data Intelligence Update

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

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

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

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

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

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

6. Local Outbreak Management Plan

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

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

7. Any Other Business

- 7.1. There was none.