

## City & Hackney Integrated Care Partnership Board

### Local Outbreak Board Session

Thursday 8<sup>th</sup> July 2021

09:00 – 09.50

Microsoft Teams

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

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

[Click here to join the meeting](#)

Chair – Randall Anderson QC

Item no.	Item	Lead and purpose	Documentation type	Page No.	Time
1.	<b>Welcome, introductions and apologies</b>	Chair	Verbal	-	09:00
2.	<b>Declarations of Interests</b>	Chair <i>For noting</i>	Paper	-	
3.	<b>Minutes of the previous meeting</b>	Chair <i>For approval</i>	Paper	2-8	
4.	<b>Questions from the Public</b>	Chair	None	-	
5.	<b>Vaccinations Program Update</b>	Siobhan Harper <i>For discussion</i>	Paper (to follow)	-	09.05
6.	<b>Data Intelligence</b>	Diana Divajeva <i>For discussion</i>	Verbal	-	09.30
7.	<b>Local Outbreak Control Plan Update</b>	Dr Sandra Husbands <i>For discussion</i>	Paper	9-33	09.40

**Date of next meeting:**

**9<sup>th</sup> September 2021, Microsoft Teams**



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

and

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

and

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

**Integrated Commissioning Board – Local Outbreak Board Session**

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

**Present:**

**Hackney Integrated Commissioning Board**

Hackney Integrated Commissioning Committee

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

NE London CCG Area Committee

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

**City Integrated Commissioning Board**

City Integrated Commissioning Committee

Randall Anderson	Chairman, Community and Children's Services Committee	City of London Corporation
Helen Fentimen	Member, Community & Children's Services Committee	City of London Corporation
Marianne Fredericks	Member, Community and Children's Services Committee	City of London Corporation

**In attendance**

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

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

## **Apologies – ICB Members**

Cllr Bramble (LBH)

### **Other apologies**

Sunil Thakker

Steve Collins

Sandra Husbands

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

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

## **2. Declarations of Interests**

- 2.1. The **City Integrated Commissioning Board**

- **NOTED** the Register of Interests.

## 2.2. The **Hackney Integrated Commissioning Board**

- **NOTED** the Register of Interests.

## 3. **Questions from the Public**

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

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

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

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

## **5. Data Intelligence Update**

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

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

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

## **6. Local Outbreak Management Plan**

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

## **7. Any Other Business**

- 7.1. There was none.

<b>Title of report:</b>	Covid-19 Local Outbreak Management Plan update
<b>Date of meeting:</b>	8 July 2021
<b>Lead Officer:</b>	Dr Sandra Husbands, Director of Public Health
<b>Author:</b>	Zakia Variava, Project Manager
<b>Committee(s):</b>	Local Outbreak Control Board
<b>Public / Non-public</b>	Public

**Executive Summary:**

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

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

**Recommendations:**

The **City and Hackney Local Outbreak Control Board** is asked to **NOTE** the report

The **City Integrated Commissioning Board** is asked:

- To **NOTE** the report;

The **Hackney Integrated Commissioning Board** is asked:

- To **NOTE** the report;

**Strategic Objectives this paper supports** [Please check box including brief statement]:

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities		



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

#### **Specific implications for City**

#### **Specific implications for Hackney**

#### **Patient and Public Involvement and Impact:**

Local contact tracing: Patients are called for contact tracing purposes but also to connect them with the Welfare Line if needed. This can help support a range of issues that might make maintaining isolation difficult or impossible, especially for vulnerable or socially isolated individuals.

Information is contained in the main report

#### **Clinical/practitioner input and engagement:**

The Public Health team is providing extensive support via the Covid-19 inbox (Monday to Friday) which provides consultant support when needed. Local contact tracing receives support 7 days a week and working groups have clinical/practitioner input.

### Communications and engagement:

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

### Equalities implications and impact on priority groups:

Local contact tracing: Covid-19 is understood to have disproportionately frequent and severe effects on specific high risk groups, who may be the least likely to be contacted by the national NHS Test and Trace team. The local service offers an opportunity to address this inequality both directly, by contacting harder to reach individuals at higher risk, and indirectly by contributing to the national and global fight against the virus.

The Community Champions work and Covid-19 Grant Information programme are targeted at key communities and priority groups.

### Safeguarding implications:

All contact tracing staff undertake mandatory safeguarding training, before being able to access the national database to make calls.

### Impact on / Overlap with Existing Services:

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## FINANCE

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

### Appendix 1A - Finance Summary for Hackney

Item	Expenditure Type	Description	2020/21 LBH Cost	2021/22 LBH Cost	Total Cost	Comments
1	Staffing Resources	Programme Manager - assignment commenced in July 2020)	74,656	24,885	99,541	Assumed will be in post till the end of the FY. Cost should be split 80:20 with the CoL.

2	Staffing Resources	PH Consultant - CURRENTLY VACANT (1 year fixed term contract)	30,010	31,220	61,230	80:20 allocation (Chief Officer 3) - commences on 1st July 20 to 30th June 21.
3	Pan-London Outreach Testing - ADPH London	ADPH London Pan-London Outreach Testing - (email from Tamsin 29 June 20)	13,755		13,755	Agreed expenditure.
4	VCS Test & Trace Programme	VCS Test and Trace Programme	482,871	246,354	729,225	£600k of Grants + £68,727 Hackney CVS + 60,474 VCH
5	IT Software	Tableau software platform for COVID dashboard	17,000	17,000	34,000	Purchased.
6	Communication Costs	Bereavement leaflet for frontline workers	1,340		1,340	
7	Community Covid Helpline - Bikur Cholim	Bikur Cholim Community Covid helpline - (3 months) 13 August to 12 November 2020.	7,000		7,000	It was agreed by the Board on 17 August with some appropriate KPIs to be developed by the service.
8	Staffing Resources	Keep London Safe Programme (Campaign Manager)	2,756		2,756	PO raised, awaiting invoice from the London Borough of Camden
9	Staffing Resources	Customers Services cost agreed for 6 months	52,000		52,000	£52k Customers Services cost agreed for 6 months (£1,968 per week)
10	Communication Costs	Covid Communication Plan	33,000		33,000	Covid Communication Plan - £33k agreed
11	Communication Costs	Further communications work (internal) £10k.	10,000		10,000	Further communications work (internal) £10k.
12	Covid Response Team (CRT)	Covid Response Team (CRT)	90,000		90,000	Start date 1st October 20-31st March 21 (Agreed on 21st Sept 20)
13	Covid Awareness - Interlink	Interlink Funding for COVID awareness work	22,500		22,500	
14	External Care provision	Electcare Health Emergency support over the weekend	8,100		8,100	Agreed on 5th October 20 (we need to get the actuals from the service area)
15	Welfare Support to Support Self Isolation	Welfare support to support self isolation	120,000		120,000	Agreed on 5th October 20 (we need to get the actuals from the service area)
16	Covid 19 Testing (Find & Treat Service)	Covid 19 testing (Find & Treat Service)	5,000		5,000	With the Find and Treat Team - we are the funder of last resort if the Home Office does not pick up the funding.
17	Staffing Resources	Local Contact Tracing Proposal	28,752		28,752	Agreed by Health Protection Board - may not be required if staff can be recruited from the redeployee pool (2 x FTE Sc6 for 6 months)
18	Communication Costs	City and Hackney Coronavirus New Normal Budget (Further communication for residents & businesses)	30,000		30,000	Agreed by Health Protection Board on 26th October 2020 (incl £16k for specific City of London tier 2 work)
19	Staffing Resources	Tableau Data Manager post 1XPO5 for 6 mths - start date 2nd Nov 20	32,174	5,850	38,024	Agreed by Health Protection Board on 5th October 2020 (6 months forecast)
20	Community Covid Helpline - Bikur Cholim	Bikur Cholim Community Covid helpline additional grant 13 November to 31 Dec 2020	15,749		15,749	Helpline adviser's costs for 20 weeks £11,049 and Communications from August to December £4,700

21	IT Software	Coronavirus Call Handling Software	120,000		120,000	Agreed by the Health protection board on 02 November 2020 (15 weeks). Here to Help
22	Staffing Resources	Administrative support (forecast is for 3XSc5) for 6 mths	35,888	17,944	53,832	Admin 1: To provide dedicated and full time support to co-ordinate and report on the lifecycle of IMT meetings Admin 2 & 3: To help with day to day tasks and work flexibly on a full time basis over the next 6 months. Excellent organisational, administrative and design skills needed.
23	Staffing Resources	Senior Public Health Specialist: Health Protection Lead 1XPO10 for 6 mths	5,865	17,595	23,461	Oversight of outbreak control plan delivery, leading operational work and proposing strategic approaches for a minimum of 6 months, 0.6 FTE from 15th Feb21. GW contract ending 21 May (TBC). New recruitment in May 2021 for a further 6 months
24	Staffing Resources	Senior Public Health Specialist 2xPO7 for 12 mths (Local Contact Tracing Post & Community Engagement Post)	34,833	104,499	139,332	Management of contracts/relationships for Covid response, lead on testing and community engagement for 12 months
25	Staffing Resources	Senior Public Health Specialist: Communications 1XPO3 for 6 mths	13,790	13,790	27,580	Strategic oversight of communications across all LOCP workstreams. This role will oversee the work of PH comms officers, ensuring a good engagement strategy is delivered for SOPs across City and Hackney for a minimum of 6 mths.
26	Staffing Resources	IPC Health Protection Support	35,000	35,000	70,000	Technical input on infection prevention control to priority settings/partners. Agreed at HPB 1-Feb-21
27	Counselling/Training	Group Session Counselling – Covid team support	7,140		7,140	This was agreed at HPB on 16th Nov 20
28	Counselling/Training	Suicide in safeguarding training	800		800	Agreed at HPB 14 Dec 2020 split 80:20% Col
32	Staffing Resources	winter break planning, extension to Hackney Covid-19 helpline	1,300		1,300	Agreed at HPB 14 Dec 2020
33	Communication Costs	Local Contact Tracing Door to door letter drops	500		500	Agreed at HPB 21 Dec 2020
34	Staffing Resources	Senior Public Health Specialist 1xPO7 (Health Protection Board Lead, 18 Hrs a week)	9,054	9,054	18,108	As agreed by Sandra - 04/01/21
35	Staffing Resources	Testing operations lead 1xPO7	17,429	17,429	34,858	As agreed by Sandra - 04/01/21
37	Staffing Resources	Service Designer PO4/5, recruited by ICT, Support to Testing inc. Qmatic booking system, 6 months fixed term	15,764	15,764	31,527	As agreed by Sandra - 07/01/21
38	Contact Tracing	Training for Local Contact Tracers	5,500		5,500	Agreed at HPB 11-Jan-2021
39	Communication Costs	City and Hackney communications budget for January to March 2021	30,000		30,000	Agreed at HPB 11-Jan-2021

40	IT Software	CTAS form payment. This has been set up for up to 1,500 responses monthly at £55.40 pm. Anticipated for three months	166		166	Agreed by Sandra via email 15-Jan-2021
41	Staffing Resources	BI project to improve self-isolation and social distancing	22,000		22,000	Agreed by Sandra via email 25-Jan-2021
42	Staffing Resources	Senior Public Health Practitioner: (Testing Support)	9,851	19,703	29,554	Agreed by Sandra via email 25-Jan-2021
43	Staffing Resources	Expansion of Covid Response Team to Support Local Implementation of Enhanced Contact tracing. Funding for 2 x EHOs for 12 months respectively (PO4) at a cost of £173K comprising 85% staff costs and 15% non-pay costs (with a 10% contingency).		172,718	172,718	Agreed at HPB 15-Feb-2021
44	Community Covid Helpline - Bikur Cholim	Bikur Cholim Community Covid helpline additional grant 1 January 2021 - 31 May 2021	14,000	8,615	22,615	Agreed at HPB 15-Feb-2021 (21 weeks @ £538.46 x 2 helpline advisors)
45	Behavioural Insights	Behavioural Insights to drive up local contact tracing success rates in City & Hackney	4,000		4,000	Agreed at HPB 15-Feb-2021. Split 80:20
46	Communication Costs	Additional communications funding to support vaccine take up	29,600		29,600	Agreed to fund £38k on 22nd Feb 21. Content to be approved by the Vaccination Steering Group. 80:20 allocation between LBH:CoL
47	Contact Tracing	Surge testing. To ensure routine genetic sequencing with subsample to monitor and suppress the spread of coronavirus and better understand new variants		40,050	40,050	Agreed at HPB 1 Mar 2021. One-off activity over 5 days (12 hour shifts). Only activated if there are cases of Variants of Concern (VOC). Should a VOC be found within Hackney and not the City, LB Hackney will fund the surge testing operation, and vice versa if a VOC is found in the City and not Hackney. Should a VOC be linked to postcodes across the City and Hackney boundaries, then the cost of surge testing will fall to both the City and LB Hackney, who then share the financial responsibility to fund all aspects of surge testing.
48	Staffing Resources	Covid Response Team (CRT)		90,000	90,000	Agreed at HPB 1 Mar 2021. Extending the current arrangement to fund three EHOs for 6 months (PO4) from the 1st April 2021 - 30th September 2021.
49	Staffing Resources	City and Hackney Public Health Intelligence Team (PHIT)		67,280	67,280	Agreed at HPB 8 Mar 2021. 80:20 split. In the absence of Sandra and Chris the paper will be tabled at Covid-19 Operational Working Group on Thursday instead for approval
50	Staffing Resources	Single point of access (SPOA) and Navigation Networks		99,044	99,044	Agreed at HPB 8 Mar 2021.
51	Staffing Resources	Local Contact Tracing (LCT) 6 month contract extension		153,168	153,168	Agreed at HPB 29 Mar 2021. There is an element for City but this is yet to be determined. April-Sept 2021

53	Communication Costs	Coronavirus communications from April to June 2021		55,000	55,000	Agreed at HPB 13 May 2021. Covers period Apr-Jun21. Budget requested £65k however there is a £10k leftover from previous budet (item 39?)
54	Vaccine Equalities	Community-led approach to increasing COVID-19 vaccine uptake / addressing vaccines inequalities		43,828	43,828	Agreed at HPB 25th May 2021 (either funded from T&T or COMF)
55		Prevention and Promotion Fund for Better Mental Health 2021/22		123,765	123,765	Agreed at HPB 8th June 2021
56	Staffing Resources	Community Champions/Covid-19 Information Grants Communications Officer funding. The costs for a 1 FTE PO3 Communications Officer, for 6 months (July-December 2021)		22,740	22,740	Agreed at HPB 8th June 2021
58	Communication costs	Additional comms funding		16,000	16,000	Agreed at HPB 22 Jun 2021
59	Staffing Resources	1 FTE PO3 Communications Officer, for 6 months (July-December 2021)		26,262	26,262	Agreed at HPB 22 Jun 2021
60	Staffing Resources	Senior Public Health Specialist: Health Protection Lead 1XPO10 for 6 mths				- New recruitment following GW contract end in May21 for a further 6 months (Recruitment underway)
61	Staffing Resources	Strategic Consultation & Engagement lead (PO5)		31,527	31,527	Agreed at HPB 22 Jun 2021 50% of the salary costs for a Strategic Consultation & Engagement lead (PO5), to lead the delivery of consultation & engagement activity related to the Covid-19 pandemic; within the Communications, Culture and Engagement directorate
62	Staffing Resources	4 x PO2 Community Support Managers		163,706	163,706	Agreed at HPB 22 Jun 2021 4 x PO2 Community Support Managers to replace the staffing provider (IF Crew) site managers currently in place for 9 months
				<b>£1,489,143</b>	<b>£1,689,788</b>	<b>£3,178,931</b>

## Appendix 1B - Finance Summary for City of London Corporation

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

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



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

Meeting: 8th July 2021



# Summary

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

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

# Testing

## Symptomatic (PCR) Testing

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

## Testing continued:

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

# Testing

## Asymptomatic (LFT or rapid) testing

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

## Testing continued:

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

# Local contact tracing

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

# Outbreak Management - Outbreak identification and rapid response 'OIRP'

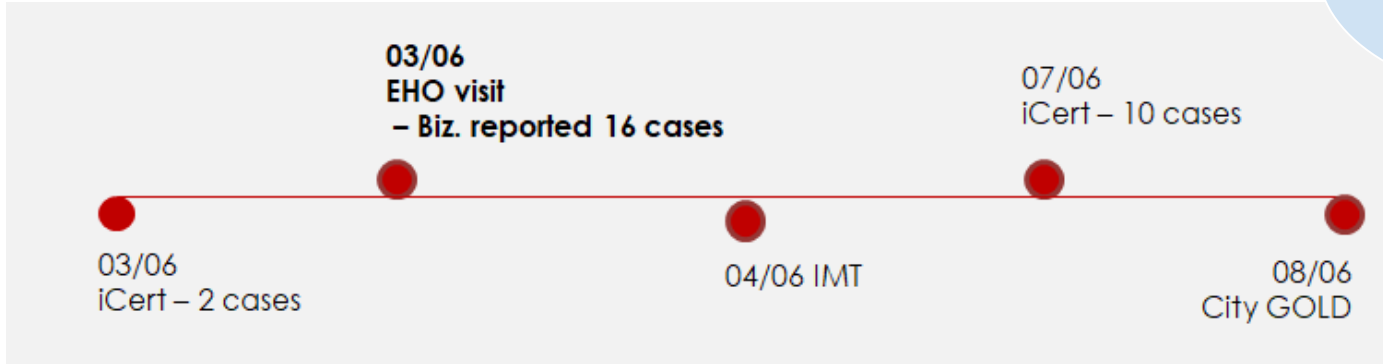


- Now largely BAU
  - New data pathways (iCert - Interactive Common Exposure Reporting Tool) provide earlier alerts. Triage and investigation uncovering significant outbreaks, largely associated with poor practice around covid security
  - Between early June to 18 June alone, we have reviewed and worked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



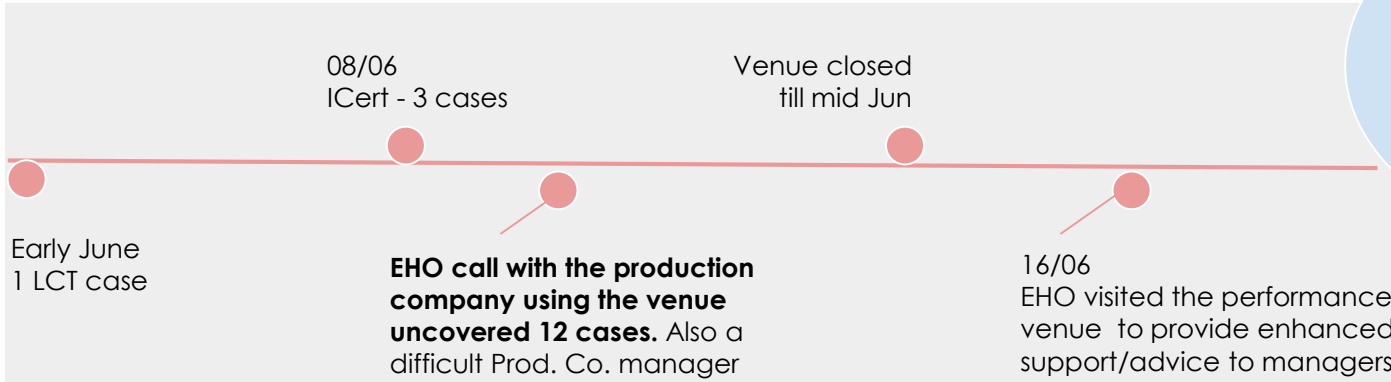
# OIRR - selected examples

## A financial service company



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

## A performance venue - a live event production company



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

## Support for isolation

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

# Community engagement

## Community Champions

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

## COVID-19 Information Grants

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

# Community engagement

## Community-led vaccination events

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

# Targeted work

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

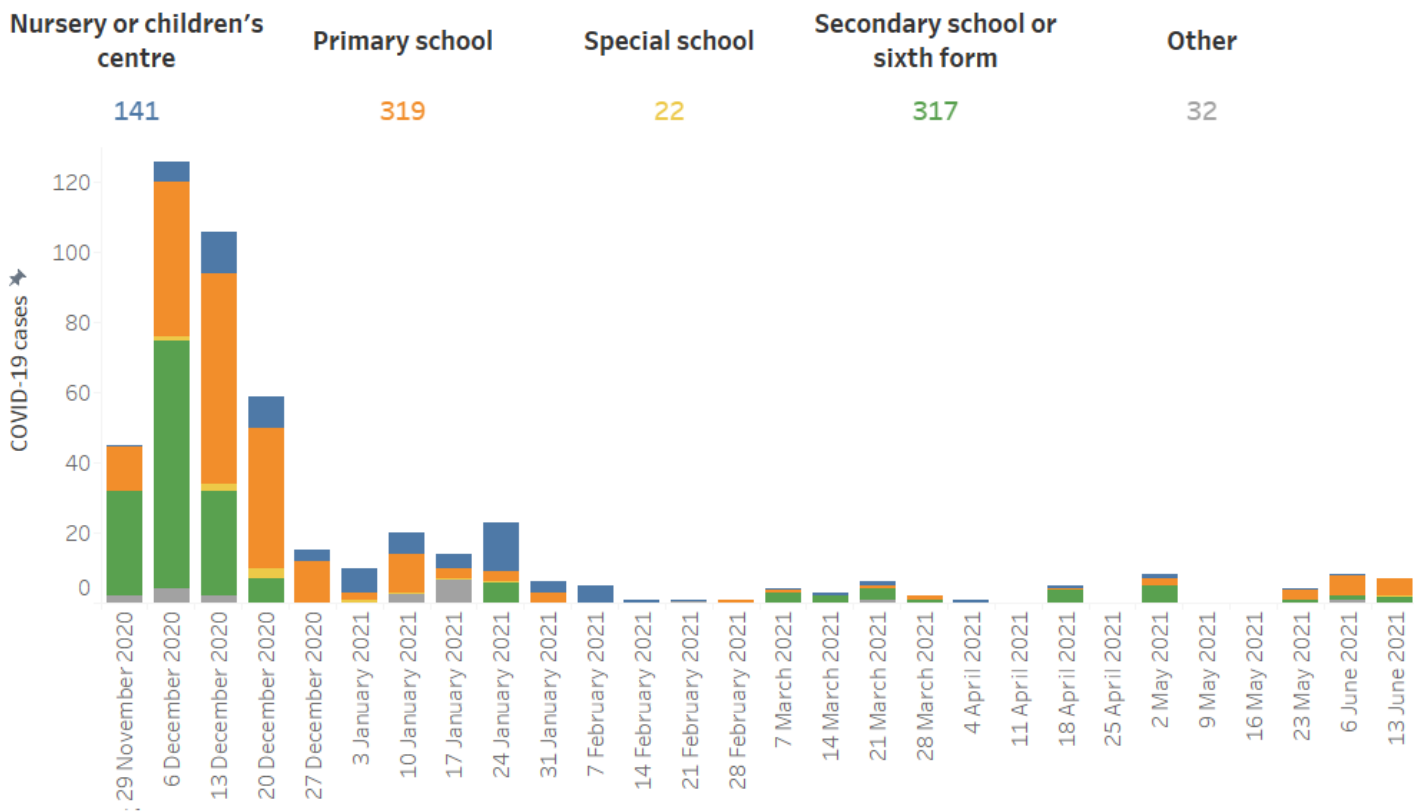
- Training of the community champions to support individuals in care homes
- Talks to groups of care home workers and care home managers

## Schools

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

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

# COVID-19 cases among students



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

# Communications

- Overall strategic aim to use communications to preserve life and deliver an effective recovery from the COVID-19 pandemic.
- Widespread social media and resident comms in support of public Q&A events for harder to reach groups, including BAME communities, to encourage take up of vaccines. Daily posts across social media.
- Communicating move of COVID-19 test sites for those who are symptomatic and asymptomatic to [Mare Street and the Arts Assembly](#) in Hackney and 65a Basinghall and Aldermanbury in the City.
- Continued push on digital channels for everyone to test twice a week. Informing businesses how they can access tests for staff.

## Finance

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